EASTERN REGIONAL HEALTH AUTHORITY

Údarás Réigiúnda Sláinte An Oirthir

Improving Working Lives:

Becoming an Employer of Choice in the Health Services

Deloitte.

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FOREWORD

The old adage 'people are our greatest asset' is well appreciated in a labour intensive sector such as the health services. The new National Health Strategy: Quality and Fairness recognises that there is a need to develop a more strategic approach to human resource management policies in order to develop this valuable resource. In so doing staff will be enabled to contribute to the achievement of the objectives of the heath strategy and to respond to increasing day to day service demands and pressures.

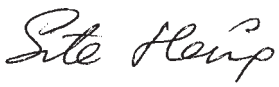
Research shows that in increasingly pressurised work environments, the management of the psychological contract– that is the relationship between the employer and employee and the values of trust and commitment which underpin this relationship – assumes significant importance. Best practice evidence shows that good people management policies and initiatives can contribute to both the achievement of organisational objectives and the employee's need for and entitlement to quality of working life.

This report sets out practical guidelines and initiatives to assist employers in meeting the above objectives, and in so doing to be recognised as 'Employers of Choice'. It does so based on an analysis of practices and case studies across the eastern region and of practices nationally and internationally. This research drew upon the findings of our regional HR Survey, which was completed in 2003, followed by a series of workshops and interviews with key stakeholders.

The findings of the report are in effect a good news story and they highlight the many very positive features in relation to the range of initiatives and practices underway across the region that aim to improve working lives. We hope that the research and findings will contribute to the further development of such initiatives and to the sharing and dissemination of good practice across health sector agencies through our regional HR forum and through con-joint initiatives under the Action Plan for People Management. The further development of such policies will be an important factor in the achievement of modernisation as set out in Sustaining Progress and to the effective recruitment, development and retention of staff. The range of policies, which are outlined to assist in improving working lives, will also form an essential building block in the restructuring of the health services in which the management of change and the development of employee-centred people management policies will be critical success factors.

To HR practitioners in the region, this report should provide additional stimulation to enhancing the workplace environment and the quality of working life thus giving real added value through the HR function to the benefit of staff, organisations and service delivery. It will assist us to fully embracing the key strand in developing Human Resources as set out in Quality and Fairness, that of becoming an Employer of Choice.

We are delighted to present this report and we look forward to working with agencies in implementing its findings.



Síle Fleming,
Director of HR and OD, ERHA

Michael Lyons
Regional Chief Executive, ERHA

February 2004

1. EXECUTIVE SUMMARY

INTRODUCTION

In the last three years the Health Service in Ireland has been experiencing significant difficulties in relation to the attraction and retention of staff. Recognising the central role that staff play in delivering a quality service, the Human Resources and Organisation Development Directorate (HR and OD) of the Eastern Regional Health Authority (ERHA) commissioned this report to examine the current recruitment and retention issues among staff in provider agencies in the region and make recommendations to improve the quality of working life of staff. The report also places the current situation in context by examining international best practice, with respect to the types of initiatives that are currently being utilised to drive recruitment and retention in the health service globally.

Arising from the health service concerns about the attraction, retention and development of its staff, the following report also draws and builds on the work of the agency-wide HR Survey conducted by the HR and OD Directorate of the ERHA and published in August 2003. It also links closely with the Action Plan for People Management (APPM) in examining the progress and the types of HR initiatives that have been put in place by agencies to tackle recruitment and retention issues over the last two years.

The project, which was undertaken by Deloitte Management Consultants, was overseen by a Steering Group comprised of key stakeholders, including provider agencies, the Office for Health Management and the ERHA. The approach adopted for the report was structured into four main phases. These included a project, planning and initiation phase, a current situation analysis and review, an international best practice research phase, and report finalisation.

A key element of this approach was the consultations that took place between Deloitte and a sample of exemplar agencies identified for the purposes of the study. In these consultations a selection of current HR best practices employed in the Eastern region, in respect of the recruitment, retention and training and development of staff, were identified and examined.

Consultations also extended further to a number of workshops that were conducted with representatives from a cross section of agencies in the ERHA. As part of these workshops participants identified a number of other initiatives, outside of those identified by the exemplar agencies. Details of these consultations are included in the body of the document.

The key findings of this report are summarised in this section.

1.1 BEST PRACTICE RESEARCH

1.1.1 Employer of Choice organisations defined

The new National Health Strategy: Quality and Fairness (2001) identified two key strands in developing Human Resources, one of which was that of becoming an Employer of Choice. The concept of Improving Working Lives has grown from this concept and is seen as a means of progressing health service employers along the path to becoming Employers of Choice. This is also reflected in the various themes in the Action Plan for People Management. Improving Working Lives mirrors a similar concept/initiative currently in place in the National Health Service in Britain.

Employer of Choice organisations can generally be characterised by the following set of factors:

Psychological reasoning

Employers of Choice make individuals believe they are both valued and recognised. The majority of people are motivated by a sense of achievement, recognition and work itself. Research has shown that salary on its own is not high on the list of priorities, although it can be strongly demoralising for employees if it is not positioned at the correct level. The psychological contract is the key relationship between the employer and employee. It is a relationship based on trust and communication, and consistently and regularly needs to be reaffirmed.

Organisational values

Organisational values are key determinants in the Employer of Choice concept. It is critical that organisational values are clearly defined and articulated. Organisations classified as Employers of Choice consistently align their own values with the career goals and objectives of the staff they employ. This enables them to create a better fit between the organisation and people who choose to join. As a consequence, Employer of Choice organisations have lower turnover rates and more content and satisfied employees than the industry average. This in turn has a positive impact on productivity.

Behavioural styles

Employers of Choice organisations have a clear understanding of what motivates the people that they employ. They also clearly define the way their employees relate to each other and the way they interact in teams. This helps them assign people to the right roles and projects that in turn can lead to higher levels of job satisfaction for the employees assigned to them.

Learning culture

Employers of Choice focus strongly on developing learning and development initiatives. Learning and development initiatives are actively resourced, encouraged and supported. A commitment to learning and development is what motivates their employees. It is a key constituent of organisational culture, which Employers of Choice view as an integral part of their development and the development of their employees.

Employee consultation

Employer of Choice organisations communicate effectively and regularly with their employees. Clearly defined and open communication channels for upward and downward information flows are viewed as critical. Knowledge transfer is supported and facilitated across the organisation with the use of tools such as intranet and by using more simple measures such as regular staff and team meetings, notice board and newsletters. All these measures serve to foster a sense of community and shared purpose.

Endorse staff need for better work–life balance

Employer of Choice organisations have clearly articulated policies on job sharing and part-time working. These flexible working arrangements are generally made available to employees depending on the type of organisation. The focus for these organisations is on the performance and productivity of their staff as opposed to strict attendance.

Market-driven realism

Work and employment patterns have changed dramatically over the last ten years. Organisations now compete for talented people in very competitive markets. Organisations classified as Employers of Choice constantly look for innovative ways in which to tackle attrition rates. This is not a static process. Employer of Choice organisations are pro-active in their efforts to make working for their organisation as rewarding for their employees as is possible.

Social interaction

Employers of Choice plan and define ways for their staff to interact at a social level. This adds to the sense of community and can improve job satisfaction, morale and productivity in the workplace. The more ways you can find to relate to people, the stronger the sense of community will be. Formal team-building activities are vital, but social activities outside the work context are also typical of Employer of Choice organisations.

1.1.2 International research/literature

The following is a summary of the key findings of this report with respect to the best practice research conducted.

Key messages from international best practice research

The international best practice research in this report focused on three main countries: the United Kingdom, Australia and Canada. These countries were selected with the objective of providing best practice examples from countries considered as leaders in their own right at promoting effective recruitment and retention in their respective healthcare sectors. In addition they were also useful for comparative purposes in the Irish context in that the best practice examples were applied in public as opposed to private healthcare settings.

A number of key themes emerged when comparing initiatives currently employed by healthcare agencies in these countries. It is critical to acknowledge, when distilling the key themes emerging from these countries, that many of the initiatives employed are specific to the context of the individual countries. While many of the initiatives are generic in their appearance they are designed to tackle specific recruitment, retention and development initiatives that have arisen in those countries.

HR planning and policy development

It is only in the last five years that governments have made real efforts to incorporate recruitment and retention needs in the context of HR planning and development. This has largely been brought on by the huge increase in attrition rates in health care settings internationally.

Performance and career management

Performance and career management vary widely from country to country. Of all the themes identified in our best practice research this has been the hardest area to tackle. Performance and career management particularly in the context of personal performance evaluation and assessment is driven in a consultative process. In this respect performance and evaluation largely take place at a group, ward or team based level.

Work environment

There has been a focused effort in recent years in all our country examples to improve the working environment for healthcare staff. The work environment in healthcare settings has markedly improved across all countries detailed in best practice research. A wide number of measures have been employed to tackle work environment issues and these vary widely from country to country. Key areas of commonality across countries include initiatives that have focused on security, flexible working arrangements and tackling discrimination in the workplace.

Training and development

Training and development has been one of the key areas of development. Much of the emphasis in this area has been primarily focused on providing staff with the necessary skills and training to deal with difficult and stressful situations in work. Another area of commonality across countries has been the focus on the development of staff's softer people management skills. Being able to competently manage the patient dynamic personally, as well as in a professional capacity has become increasingly important in the modern healthcare setting.

Selection and recruitment

One of the key developments with respect to recruitment and retention in the international healthcare setting has been the focus on the use of technology as a tool to improve recruitment initiatives. All the countries identified in this research now harness the web as a facilitator in improving recruitment effectiveness. Outside of this, recruitment and retention initiatives that are in place are often very specific to the context of the country in which they are implemented.

Comparison of public and private sector research

A final component of the best practice research in this report compares HR practices currently employed in the private sector with those employed in the public sector. These practices are examined in detail in the body of the report. While there is a wide range of similarities between the two, it is important to note here a number of the key differences that exist.

Resource constraints

In the context of the private sector companies have more flexibility with respect to the financial incentives and remuneration they can offer to employees. This is not the case in the public sector where national wage agreements dictate how public sector workers are icentivised. What is important to note, however, and what is evidenced in our research is that healthcare agencies have been very creative at designing measures to compensate for their inflexibility on pay. More importantly, in the context of the modern work environment, employees are often influenced by incentives outside of those that directly relate to pay.

Performance management

The other key difference between the public and private sector is the level to which performance management programmes have been implemented. In the private sector, performance management is generally focused on the individual. This allows companies in the private sector to assess an individual's performance. By contrast in the public sector, performance evaluation in the context of the health service is for the most part at a team or group level.

In summary, the gap between HR practice in the public and private sector is not as wide as it may first appear. HR practitioners in the public sector have been both highly effective and creative at designing overall packages/employee environments that match those offered in the private sector. Most importantly, they have used their flexibility in work practices and other areas to compensate for their lack of flexibility on pay.

1.2 CURRENT SITUATION

This section of the summary deals with initiatives that are currently employed by agencies in the eastern region with a view to tackling recruitment, retention and the training and development of agency staff. The body of this report facilitates detailed comparison of initiatives employed across the selected agencies. The following is a summary of some of the cross agency Key Success Factors.

1.2.1 Summary of cross agency Key Success Factors

In summarising areas of commonality that exist across the exemplar organisations selected for this study there are a number of Key Success Factors that emerged which are common across agencies and that can be identified as having contributed toward their achievement. These success factors may also offer some practical guidelines for other agencies seeking to advance their own HR practices with respect to recruitment, retention and improving the working lives of their respective employees.

Planning

In all cases the HR function in the agencies examined in this study is represented at senior management level. Critically, this means that the HR planning process is carefully integrated into the overall corporate planning of all these agencies. This is a significant step in ensuring that the HR function is properly represented and that correct action is taken with respect to matching the overall long-term goals of the agency with the appropriate HR strategy.

Communication

Communication is viewed as a priority in all the agencies. Processes and procedures are in place to ensure that information flows freely around the organisation and that employees are kept abreast of developments. Without this communication it would be very difficult for the HR departments in the respective agencies to function as effectively as they do.

Monitoring and evaluation

Exit interviews are a key component of HR strategy for all the agencies identified in this report. The agencies have realised the importance of tracking the reasons as to why staff may be leaving. This allows them to identify and remedy potential problem areas at an earlier stage. In addition to exit interviews the respective agencies also track turnover rates and pay careful attention to figures gleaned as a result of the exit interview process. For example, key metrics that are analysed at a minimum include:

- Staff turnover including average length of stay for staff in specific job categories;
- Staff absence including maternity and bereavement;
- The time it takes to fill available positions.

While metrics are beginning to be used, there is potential to make greater use of them, particularly as PPARS takes effect across the health system.

Support

The agencies have put support structures in place for staff who may be experiencing personal problems in work or outside of the work environment. The pressures of working in the healthcare industry although highly rewarding can also cause high levels of stress. In this respect and with a view to making staff feel valued and cared for, formal structures and procedures are in place in all these agencies to assist staff in dealing with problems if they occur.

Flexibility

The agencies identified in this study place a great deal of focus on providing their staff with the flexible work practices to allow them to tailor a reasonable work/life balance. In offering their staff these practices, agencies are very focused in ensuring that the quality of service delivery and patient care is not affected as a result.

Development and training

All the exemplar agencies place strong emphasis on training and development within the context of recognised budgets. In particular, training programmes to facilitate the development of the softer skills of employees has been a focus.

1.2.2 Progress made and "GAP"

This section draws together the various strands of this report. Our principal conclusion is that the health and social care providers in the Eastern Region are implementing and planning to implement many initiatives which are in line with Improving Working Lives: Becoming an Employer of Choice.

At a macro level, the context has been set by the Health Strategy, the National Agreement "Sustaining Progress" and the Action Plan for People Management. At a local level, most service providers are endeavouring to develop a HR strategy, which is consistent with the overall Corporate Plan and indeed the annual service plan.

By comparison with the private sector and other international equivalents, based on our benchmarks, it is evident that the health and social care providers are currently performing at a high level, which would merit the Employer of Choice description. We believe that there is scope to explore a range of initiatives and developments that would further enhance their status as quality employers and in turn enable them to attract, retain and develop a high calibre of staff and continue to improve their quality of service.

Overall, health and social care providers have a good story to tell. Employees are well looked after with a wider range of initiatives than would apply in the private sector. This is particularly true in relation to flexible working hours and the work environment, which are very important considerations in the context of work-life balance.

Health and social care providers need to let their employees know of the extent of the supports that they enjoy. These supports are not all an automatic right of employment – they actually reflect initiatives to Improving Working Lives: Becoming an Employer of Choice.

Table 1.1: Gap assessment

Area	Assessment
HR planning and policy	Progress is being made and in general the quality of planning is regarded as good. However, HR staff are not playing the strategic role that is required although they are aware of the need for the HR function to be more of a 'business/service partner'. The focus tends to be on short-term issues and on industrial relations.
Performance and career management	The service providers are behind where they should be but going in the right direction with team-based assessment. It is important that the incidence of team-based assessment is brought forward. Individual assessment is employed in some agencies and needs to be considered more broadly going forward.
Training and development	The practice is quite extensive while perceptions of the availability of programmes differ between employee and management. Also, training and development is not linked to personal development or performance management. In general, the service providers are behind where they should be but going in the right direction.
Work environment	The service providers are ahead of the private sector in terms of flexible arrangements. There are some interesting situation specific initiatives from our benchmark research.
Recruitment and selection	There is a need for more coordination across providers and for more varied recruitment techniques (e.g. competency based interviews)

1.3 NEXT STEPS

To help service providers in the ERHA progress along the Employer of Choice spectrum, we have identified:

- The need to develop an audit tool, which would ensure that a structured process is followed. We set out in section 5 some sample questions, which form part of such a tool.
- A menu of pragmatic initiatives, which are currently in place in some service providers in the region. We have also identified at a high level a cost-benefit framework (see Table 1.2 below).
- Roles for the ERHA, central HR and line management as all have a key role to play (set out in this section) in ensuring that the "Improving Working Lives: Becoming an Employer of Choice in the Health Services" status becomes the norm in the ERHA region.

Possible initiatives and cost/benefit initiative framework

Below, we have set out our thinking on the initiatives that should have medium/high impact. We give a view on ease of implementation and resource cost. However, we have not costed these measures, as the costs will be particular to each specific situation. Our views do, however, give some guidance in a relative sense and should help with a comparison of initiatives.

Table 1.2: Cost/benefit initiative framework

HR planning and policy

Initiative	Impact assessment	Ease of implementation	Resource cost
HR representation at senior management level	High	Easy	Low
HR planning incorporated as part of overall agency planning and strategic goals	High	Medium	Medium
Exit interviews	High	Medium	Medium
Use of metrics to track HR effectiveness	High	Greater difficulty	High
Structured induction programme	High	Easy	Medium

Performance and career management

Initiative	Impact assessment	Ease of implementation	Resource cost
Effective performance evaluation at team or ward based level	High	Medium	Medium
Linking team performance with training plans and requirements	High	Greater difficulty	High
Personal development evaluation	High	Greater difficulty	High
Individual training needs assessment	High	Medium	Medium

Work environment

Initiative	Impact assessment	Ease of implementation	Resource cost
Flexible work practices	High	Easy	Variable
Workplace safety initiatives	High	Medium	Low/Medium
Intercultural committees	High	Easy	Low
Employee assistance and support programmes	High	Medium	Low/Medium
Information sharing initiatives	High	Medium	Low/Medium

Training and development

Initiative	Impact assessment	Ease of implementation	Resource cost
Funding for third level courses	High	Medium	Variable
Interest free loans	High	Greater difficulty	High
Dealing with abusive parents and angry parents programmes	High	Easy	Medium
Formalised training plans for staff	High	Medium	Medium
Dedicated training and development unit	High	Greater difficulty	High

Selection and recruitment

Initiative	Impact assessment	Ease of implementation	Resource cost
Use of metrics to assess selection and recruitment effectiveness	High	Medium/High	Medium
Provision of crèche facilities	High	Medium/High	High
Availability of health club membership	Medium	Medium	Medium
Availability of corporate health insurance	High	Medium	Medium

Roles

To make progress as an Employer of Choice focusing on Improving Working Lives requires that HR and line management are clear on their roles. We are of the view that the HR and OD Directorate of the ERHA can play a leading role. Becoming and maintaining one's status as an Employer of Choice is a continuous process but most service providers should find something in this report to help that transition.

Below, we set out/suggest some key roles for the HR and OD Directorate of the ERHA and the service providers, distinguishing the role of central HR in provider agencies from the HR role of Line Managers.

Table 1.3: Implementation roles

ERHA: HR and OD Directorate	
1.	Run awareness seminars/briefings.
2.	Provide periodic support and advice.
3.	Consider awards for best providers/best initiative.
4.	Develop HR audit tool to guide HR and Line Managers.
5.	Consider supporting service providers actively on the ground with implementation strategy.
6.	Consider provision of service to monitor and evaluate progress made.
Central HR in provider agencies	
1.	Ensure that a HR strategy exists.
2.	Build awareness of Employer of Choice initiatives that are actually implemented.
3.	Work with ERHA and receive benefit of work/research/tools available centrally.
4.	Ensure that Line Managers are aware of their role in HR and people management.
5.	Implement quick wins.
6.	Notify staff of successes.
Line Manager	
1.	Contribute to the HR strategy.
2.	Understand HR strategy and link to corporate plan.
3.	Actively work with HR to implement Employer of Choice initiatives.

2. BACKGROUND

INTRODUCTION

In the last three years the Health Service in Ireland has been experiencing significant difficulties in relation to the attraction and retention of staff. Recognising the central role that staff play in delivering a quality service, the HR and OD Directorate of the ERHA commissioned this report to examine the current recruitment and retention issues among staff in provider agencies in the region and make recommendations to improve the quality of working life of staff. The report also places this in context by examining international best practice, with respect to the types of initiatives that are currently being utilised to drive recruitment and retention in the health service globally.

The following report draws and builds on the work of the agency-wide HR Survey conducted by the HR and OD Directorate of the ERHA and published in August 2003. It also links closely with the Action Plan for People Management (APPM) in examining the progress and the types of HR initiatives that have been put in place by agencies to tackle recruitment and retention over the last 2 years.

2.1 TERMS OF REFERENCE

The purpose of the project was to develop best practice options for Improving Working Lives: Becoming an Employer of Choice in the Health Services. ERHA commissioned Deloitte Management Consultants to undertake the project following a competitive tendering process.

The terms of reference as supplied by the ERHA are as follows:

- Research and catalogue international best practice in place in the eastern region;
- Outline case examples of best practice initiatives in place in the eastern region;
- Highlight policy goals and trends relating to retention initiatives in the workplace in the eastern region.
- Outline a process for progressing best practice Employer of Choice initiatives in the workplace in the eastern region;

Specifically, the consultants have examined the options for best practice among provider agencies in the following areas:

- HR planning and policy development;
- Performance and career management;
- Training and development;
- Work environment; and
- Recruitment and retention.

2.2 APPROACH TO THE STUDY

The project was overseen by a Steering Group of key stakeholders who worked with Deloitte in the development of the project. Membership of the group was as follows:

- Ms. Mary O'Connor, Senior Human Resources Officer, KARE.
- Mr. David Aberdeen, HR Director, St. James's Hospital.
- Ms. Ann Judge, Management Development Specialist, Office for Health Management
- Ms. Síle Fleming, Director of HR and OD, ERHA
- Ms. Bridget McGuane, Senior HR Officer, ERHA.
- Ms. Liz Roche, Assistant Director, Nursing and Midwifery Planning and Development Unit, ERHA.

This review has been structured into four phases:

1. Project initiation and planning;
2. Current situation analysis and review that included consultations with a number of exemplar agencies detailed below;
3. International best practice research;
4. Report finalisation and seminar.

Phase 1 involved:

- Drafting and agreement of project plan;
- Assignment of roles and responsibilities;
- Identification of risks;
- Agreement of logistical arrangements;
- Introductory meetings with project sponsor and project steering committee; and
- Scheduling of consultations.

Phase 2 involved:

- Extensive review of relevant background documentation and reports; and
- Consultations and focus groups with HR and nursing staff in the region, as well as with key bodies and various service providers.

The consultation process consisted of two elements – a best practice stream as well as a general policy stream. As part of the consultation process in relation to best practice, three sites were selected as examples of best practice. As part of this process we met with the following:

- Mr. David Aberdeen, HR Director, St. James's Hospital;
- Ms. Mona Baker, HR Manager, Temple Street Children's Hospital; and
- Mr. John Pepper, HR Director, Hospitaller Order of St. John of God.

As part of the consultation process in relation to best practice, three sites were selected in order to provide a shared learning experience in the development and implementation of quality of working life issues. These three sites, St. James's Hospital, St. John of God and Temple Street Children's Hospital, are representative of the cross-section of agencies in the region and within their cohort of provider agencies were identified as having examples of innovative practices in place through the ERHA Regional HR Forum and the Regional HR Survey.

As part of the consultation process for the policy driven stream, we met with the following:

- Mr. Killian McGrane, Assistant Principal, Personnel Management and Development, Department of Health & Children;
- Mr. Larry Walsh, Director, Health Services National Partnership Forum (HSNPF);
- Voluntary Hospitals HRM Group.
- HR Directors, DATHs;
- Ms. Maura Donovan, Chairperson, National Federation of Voluntary Bodies. Ms. Mary O'Connor, Senior Human Resources Officer, KARE also attended this meeting.
- A workshop was held with the following senior HR staff from the Area Health Boards, Eastern Health Shared Services and the ERHA Corporate:

  Ms. Mary Sheehan, SWAHB;

  Mr. Micheal Doran, ECAHB;

  Ms. Geraldine Murtagh, NAHB;

  Ms. Amanda Pathe, EHSS;

  Ms. Bridget McGuane, ERHA; and

  Mr. Frank O'Leary, ERHA.

- A HR forum consisting of a cross section of senior HR managers and nursing representatives from agencies across the region. Participants included:

  Ms. Tina Kennedy,
  Temple Street Children's Hospital

  Ms. Hilary Coffey-Farrell,
  Drug Treatment Centre Board

  Ms. Dympna Gibbons, Daughters of Charity

  Ms. Mary Kirwin, Our Lady's Hospice

  Ms. Sharon Toal, Mater Hospital

  Mr. Ian Maguire, St. Michael's Hospital

  Ms. Elisa Doyle,
  Hospitaller Order of St. John of God

  Ms. Margaret Woodlock,
  Dublin Dental Hospital

  Mr. Lauri Cryan,
  National Maternity Hospital

  Ms. Pauline Doherty,
  Central Remedial Clinic

  Ms. Lorraine Flynn, Beaumont Hospital

  Ms. Mary Brady,
  Northern Area Health Board

  Ms. Grace Carew,
  James Connolly Memorial Hospital (NAHB)

  Ms. Jenny O'Hara, St. Michael's House

  Ms. Sorcha O'Quigley,
  St. Vincent's Hospital, Elm Park

A special template was devised for each type of meeting. The purpose of the meetings with the HR practitioners of the three sites selected as good examples of best practice was to explore their experience in areas such as HR planning and policy development, performance and career management, training and development, work environment, recruitment and retention, and compensation and benefits. A detailed template was devised with appropriate questions to explore each issue. A more open-ended template was devised for the consultations with the stakeholders from the general policy stream. This included a discussion of the state of the current environment nationally and/or in the ERHA region, and best practice options in relation to the above headings.

Phase 3 involved:

- Review of documentation and research in relation to the international context.

We conducted a general review of best practice in healthcare internationally. There was limited information available on an international level. In association with the Steering Group, we decided to focus on initiatives in a number of key countries including (in order of significance): the United Kingdom, Canada, Australia and the United States. This research was combined with an international and domestic best practice dimension in relation to both the private and public sector.

Phase 4 involved (to date):

- Review and analysis of the information gathered during the consultation process;
- Review and analysis of the information gathered during the international research stream; and
- Preparation of an interim report (this document) for consideration by the Steering Committee.

2.3 STUDY OUTPUTS

The key deliverables arising from our work are detailed as follows:

1. "Current Situation" paper outlining current retention initiatives in the Eastern Region. This paper is based on feedback from the regional HR survey, the consultation and focus group programme, and case studies describing best retention practices in the region.	Section 4
2. Best practice paper in relation to retention initiatives of International Health and Social Care Providers.	Section 3
3. National policy paper outlining trends in relation to retention initiatives.	Sections 2 and 3
4. Paper outlining a process for developing practical best practice retention initiatives in the Eastern Region.	Section 5

2.4 CONTEXT

The health service is one of the largest employers in the state with an employment level approaching 96,000 employees in 2002[1]. These employees are spread across a large number of different service providers, settings and locations. Because of the significant number of employees and the crucial service they provide, it is vital that the health service has the highest possible standards and procedures in relation to human capital management to support the delivery of that service. A number of reports and recommendations have been issued in recent years that aim to address the issues of HR management in the health service.

In November 2001 the Government launched its new National Health Strategy – "Quality and Fairness, A Health System for you". The Strategy is a blueprint to guide policy makers and service providers in achieving the vision of a future health system. It identifies overall goals to guide activity and planning in the health system for the next seven to ten years. Part of the strategy sets out six "frameworks for change" that will be used to achieve the vision, principles and goals of the strategy. One of these frameworks for change is developing human resources.

These frameworks for change recognise that changes are required in how people are managed if the objectives of the strategy are to be realised. A key target was the development of an "Action Plan for People Management". The Plan (APPM), published in 2002, was developed in a consultative manner involving key management and stakeholders. The plan was developed using a three-staged approach: diagnosis of the current approach, vision of HR for the health service following implementation of APPM, and determining the appropriate actions required to move from the current position towards the future vision. It sets out how, over the next five to seven years, changes in people management approaches will address the challenges in the health service. One of the seven themes addressed was "devising and implementing best practice employment and procedures" with the objective of "ensuring that managers have the right formal supports to manage people fairly and effectively through ensuring that all employees have access to best practice policies and procedures"[2]. The recommendations of this and other reports should be implemented uniformly across the health and social care provider agencies nationally.

1 Department of Health & Children Personnel Census, 2002

2 Action Plan for People Management in the Health Service, Department of Health & Children, 2002, p18

In the most recent National Partnership Agreement "Sustaining Progress"[3] the issue of performance management in the public sector was addressed. It is deemed as essential that appropriate performance and accountability systems be put in place at individual, team and organisational levels to ensure that the full potential contribution of all those who work in the public service could be realised and to ensure that resources are used effectively in line with defined national priorities.

"Robust performance and financial management systems are essential in this regard. Where these are not already in place, the parties agree that appropriate performance management systems will be introduced so that developed performance management systems will be fully operating in each sector of the public service by 1st January, 2005".

In relation to the Health Service, the report noted that a model of performance management, integrated with service planning and human resource planning, is currently being developed. This process is to be expedited and the rollout of a performance management scheme accelerated to successfully align effective utilisation of human resources with strategic and operational performance priorities. This should lead to an appropriate national uniform system of performance management for the health service, based on the process for the introduction of performance management detailed in the Action Plan for People Management to help units and teams improve performance. The model will encompass the integration of service planning, human resource planning and organisation goals with personal development (e.g. rollout of competency frameworks, the provision of appropriate resources and personal development planning), leading directly to improved services to customers and the public.

The issue of recruitment and especially the promotion of the health service as an Employer of Choice was also reinforced:

"It is accepted that a more intensified focus is required on the modernisation of human resource management, the continued promotion of open recruitment procedures and the continued promotion of the health, local authority and education sectors as employers of choice".

The focus of these recruitment and retention policies in relation to the health service as an Employer of Choice therefore, need to be addressed at local as well as national level for maximum effectiveness.

The Eastern Regional Health Authority (ERHA) was established in 2000 as the statutory body with responsibility for health and personal social services for the Dublin, Wicklow and Kildare areas. "The ERHA's responsibilities include the strategic planning of services, commissioning of services and funding services through service agreements with the three Area Health Boards, the Voluntary Hospitals and other Voluntary Agencies in the region".[4] As the population it accounts for is such a significant proportion of the overall population of the country, the work of the ERHA will have "significant impact on the success of the overall National strategy".[5]

The ERHA's strategy; "A Human Resource Strategy for the Eastern Region" outlines the current environment within which the human resources agenda for the Eastern region has to be developed and managed, the key human resources issues to be addressed within the Region, as well as a framework for the Regional Human Resources strategy and recommendations for the way forward. It recommends that the Regional Human resources strategy should require all Service Providers to adhere to a consistent set of values, objectives, agendas, policies and practices that support the overall Regional strategy.

3 Sustaining Progress: Social Partnership Agreement 2003-2005, Government of Ireland, p110

4 A Human Resource Strategy for the Eastern Region, The Eastern Regional Health Authority, 2000, p3

5 ibid

In relation to recruitment, it found that the majority of Service Providers within the Eastern Region spend a significant proportion of their management time on recruitment and selection activities due to the shortages of skills in the health sector, as well as an increased demand by the public on the level of service provided. However, there was no uniform approach to recruitment in the region and a wide range of recruitment practices were employed by Health Service Providers without conducting an analysis of the most effective approaches in terms of reaching target audiences or providing the best response rate. Therefore, it can be assumed that resources are being wasted due to the lack of adoption of a best practice framework to guide recruitment and retention decisions across the Service Providers for which the ERHA is responsible.

3. BEST PRACTICE RESEARCH

INTRODUCTION

The purpose of this section is to examine a selection of best practice Employer of Choice-Improving Working Lives initiatives in the healthcare sector internationally. The research in this section will also draw on examples from both the private and other comparable areas of the public sector to provide further supporting evidence of relevant best practice.

Best practices for each of the selected benchmark countries and for other public and private sector examples are presented under the following headings:

- **HR planning and policy development**;
- **Performance and career management**;
- **Work environment**;
- **Training and development**; and
- **Selection and recruitment**.

Before outlining best practices that are applicable to the ERHA in the context of any Improving Working Lives initiatives, it is first necessary to examine in brief the types of organisational behaviour that characterise Employer of Choice organisations.

3.1 EMPLOYERS OF CHOICE AND ORGANISATIONAL BEHAVIOUR

It is often not any single factor in isolation that contributes toward an organisation being classified as an Employer of Choice[1]. Instead, it is the way numerous different constituent factors interact to create the right culture for Employer of Choice organisations to function. As a general, rule the types of behaviour that characterise Employer of Choice organisations are:

Psychological reasoning

Employers of Choice make individuals believe they are both valued and recognised. The majority of people are motivated by a sense of achievement, recognition and work itself. Research has shown that salary on its own is not high on the list of priorities, although it can be strongly demoralising for employees if it is not positioned at the correct level. The psychological contract is the key relationship between the employer and employee. It is a relationship based on trust and communication, and consistently and regularly needs to be reaffirmed.

Organisational values

Organisational values are key determinants in the Employer of Choice concept. It is critical that organisational values are clearly defined and articulated. Organisations classified as Employers of Choice consistently align their own values with the career goals and objectives of the staff they employ. This enables them to create a better fit between the organisation and people who choose to join. As a consequence, Employer of Choice organisations have lower turnover rates and more content and satisfied employees than the industry average. This in turn has a positive impact on productivity.

Behavioural styles

Employers of Choice organisations have a clear understanding of what motivates the people that they employ. They also clearly define the way their employees relate to each other and the way they interact in teams. This helps them assign people to the right roles and projects that in turn can lead to higher levels of job satisfaction for the employees assigned to them.

1 CIPD Magazine, 28th August 2003

Learning culture

Employers of Choice focus strongly on developing learning and development initiatives. Learning and development initiatives are actively resourced, encouraged and supported. A commitment to learning and development is what motivates their employees. It is a key constituent of organisational culture, which Employers of Choice view as an integral part of their development and the development of their employees.

Employee consultation

Employer of Choice organisations communicate effectively and regularly with their employees. Clearly defined and open communication channels for upward and downward information flows are viewed as critical. Knowledge transfer is supported and facilitated across the organisation with the use of tools such as intranet and by using more simple measures including regular staff and team meetings, notice board and newsletters. All these measures serve to foster a sense of community and shared purpose.

Endorse staff need for better work–life balance

Employer of Choice organisations have clearly articulated policies on "job sharing" and part-time working. These flexible working arrangements are generally made available to employees depending on the type of organisation. The focus for these organisations is on the performance and productivity of their staff as opposed to strict attendance.

Market-driven realism

Work and employment patterns have changed dramatically over the last ten years. Organisations now compete for talented people in very competitive markets. Organisations classified as Employers of Choice constantly look for innovative ways in which to tackle attrition rates. This is not a static process. Employer of Choice organisations are pro-active in their efforts to make working for their organisation as rewarding for their employees as is possible.

Social interaction

Employers of Choice plan and define ways for their staff to interact at a social level. This adds to the sense of community and can improve job satisfaction, morale and productivity in the workplace. The more ways you can find to relate to people, the stronger the sense of community will be. Formal team-building activities are vital but social activities outside work context are also typical of Employer of Choice organisations

Improving Working Lives

Overall, it is the complex interaction of wide ranging organisational behaviours identified above that characterise organisations classified as Employers of Choice. It must be noted that we have not included the remuneration factor in the criteria detailed above as the ability to change compensation and benefits in the public healthcare sector as a means of rewarding employees is limited.

The concept of Improving Working Lives has emerged from the notion of Employer of Choice and should be viewed as a means of progressing health service employers along the path to becoming quality employers. The challenge of being Employers of Choice in the health services was identified as a key strand in developing human resources in the new National Health Strategy: Quality and Fairness (2001). The two terms can also often be interchangeable. Improving Working Lives mirrors a similar concept/initiative currently in use in Britain in their National Health Service and elsewhere in achieving improvements in the workplace environment for healthcare professionals.

Health sector best practice

The following section presents a selection of relevant international Employer of Choice/Improving Working Lives best practices from the international arena. In particular the research focuses on:

- **The United Kingdom**;
- **Canada**; and
- **Australia**.

It also looks briefly at the United States, providing an overview of the Magnet Hospital programme.

The material presented is not designed to be a comprehensive view of all initiatives currently employed across the international health sector, but is instead focused on providing a targeted selection of some of the most important and relevant initiatives taking place based on secondary research. It also sets out to provide at a practical level detail around the types of initiatives that are currently being run in hospitals and agencies.

It is important to note that in the case of the best practice research detailed below many of the initiatives implemented in international healthcare settings to date have focused on the nursing profession. This does not however preclude such initiatives from being applied to other professions within the healthcare setting.

3.2 UK BEST PRACTICE

The following section details best practice with respect to initiatives that have been employed in the United Kingdom, to both attract new staff to the National Health Service (NHS) and to retain the skilled staff that are currently employed. The Improving Working Lives (IWL) initiative was put in place in the United Kingdom to improve the lives of staff working in the NHS. The rationale behind the initiative was that through improving the working lives of NHS staff the government could also improve levels of service delivery and patient care in medical facilities throughout the country, while at the same time making the NHS a better and more attractive place to work. In this respect the IWL initiative was also designed to boost recruitment and retention in the NHS which had seen increasing numbers of staff leave throughout the 1990s.

As part of the IWL programme, a wide range of initiatives was introduced with the goal of improving the working environment of staff. The programme was based on:

- Providing staff with more flexible, family friendly working arrangements;
- Improving diversity across the workforce;
- Tackling discrimination and harassment in all medical facilities;
- Developing staff members' skills at all levels with targeted training;
- Involving staff in the decision making process; and
- Developing the NHS as model employer (which is commensurate with the concept of Employer of Choice in the Irish public health services).

3.2.1 HR planning and policy development

In a bid to tackle the problem of falling resource levels in the National Health Service, the government launched The NHS Commitment Plan in 2000. As part of this policy it was agreed that one of the key strategic goals would be centred on delivering sufficient well-trained staff to provide the treatment and care that patients in a modern NHS demanded.

The NHS Plan committed that every member of staff in the NHS should be entitled to work for an organisation that could demonstrate its commitment to a range of flexible working conditions, including:

- Flexible work patterns;
- Team-based self-rostering; and
- Annual hours and flexitime.

In this context the **Improving Working Lives** standard, which was launched in October 2000, sets a model of good human resources practice against which all NHS Employers are now benchmarked. All employers within the NHS need to provide a portfolio of evidence of achievement against a set of core criteria to demonstrate that they are committed to delivering good employment practices and providing improved working conditions for NHS staff in their working lives.

Achieving Improving Working Lives national targets

The IWL initiative is an integral part of the human resources performance management process within the NHS. There are three stages for employers in the NHS to achieve the IWL standard:

- **Pledge** – The Pledge stage requires organisations to put in place policies, procedures and plans to achieve accreditation. This is a public commitment by NHS employers to provide staff with a better deal in their working lives. The target date for achieving the Pledge was April 2001. Emerging NHS organisations such as Primary Care Trusts, Strategic Health Authorities, Workforce Development Confederations and Care Trusts were given until April 2003.
- **Practice** – The Practice stage of the IWL accreditation required organisations to provide a portfolio of evidence over a wide range of policies and procedures that improved the working lives of staff. This stage did allow for some flexibility. Organisations could be accredited assuming they did not have the policies and procedures in place for all staff, and as long as those organisations could show they had a time limited action plan to deliver for all staff in the future.
- **Practice Plus** – The Practice Plus stage is finally awarded when all the gaps in organisational policy and procedure have been addressed. There is no set date for achieving Practice Plus but it is envisaged that organisations will be required to reach Practice Plus around 6 months after achieving Practice.

The idea behind this rigorous accreditation process is to produce a level of standardisation of best work practices across the NHS. The IWL initiative also dovetails with other initiatives such as Investors in People and the Department of Trade & Industry's Work Life Balance initiative.

3.2.2 Performance and career management

As a result of the IWL mandate there have been a number of key initiatives that have focused on the career management of doctors. One of these programmes is the "Flexible Careers Scheme for Doctors".

"Flexible Careers Scheme for Doctors"

The Flexible Careers Scheme (FCS) was developed as part of the IWL initiative. It provides doctors with an opportunity to work part-time and have temporary career breaks. It is useful for a wide range of doctors, including:

- Doctors who want to work less than 50% of full time;
- Doctors who want a career break or cannot work full time, but wish to keep in touch with the profession;
- Doctors retired or semi-retired from the NHS, or those nearing retirement who wish to continue working but at a different pace; and
- Doctors currently not working who wish to return to practice and need a period of supervised work.

In each case the scheme can be adapted to different circumstances and provides sufficient medical/clinical practice for revalidation purposes. The FCS is time limited at the outset, with the possibility of a later extension and is centrally administered by NHS Professionals. Doctors on the scheme can work up to 50% of full time and these hours can be calculated on an annualised basis to enable more work to be carried out at one time (for example, term time) and less at others (for example, school holidays). Other features of the scheme include:

- Doctors on the scheme are entitled to the same employment rights as other NHS colleagues including access to the NHS pension scheme;
- Doctors are paid for sessional work according to their grade on entry to the scheme;
- Doctors receive a fixed annual amount (currently STG£700) to cover professional expenses, including General Medical Council (GMC) registration, professional indemnity, subscription to a professional journal and membership of a Royal College; and
- Salaries of doctors in training and those returning to the NHS are fully funded by the scheme and up to 50% of consultants salaries are also funded.

The scheme is open to GPs, providing a pathway to return and a way to work more flexibly. The Department is currently working with the profession and key stakeholders to determine how the scheme will be adapted to work for GPs.

3.2.3 Work environment

One of the key areas that the IWL mandate focused on improving was the work environment of staff employed in the NHS. In this respect, there have been many initiatives designed at improving working conditions. A selection of these initiatives is detailed below.

Improving Working Lives - NHS zero tolerance policy

A cross-Government campaign, NHS zero tolerance zone, was launched in October 1999 to underline the Government's commitment to stamp out violence against NHS staff. Guidance for managers and staff on risk assessment and prevention, how to make the best use of the criminal justice system and examples of good practice were issued at the same time. This is a practical tool to assist NHS managers and staff develop effective violence reduction strategies.

In June 2001, the Department of Health announced it would be supporting the efforts of managers to tackle violence by allocating funds to support a range of initiatives, ranging from making improvements in the risk assessment process to the purchase of personal alarms. The new funding was matched by employers, which has meant that over the last three years over STG£3m has been invested in new initiatives to tackle violence against staff.

In November 2001, the Department of Health also published guidelines to help employers develop their own local policies for the withholding of treatment from violent and abusive patients in NHS Trusts. As part of the campaign, the Department of Health is currently developing new guidance and publicity materials on how to deal with NHS service users and members of the public who harass or bully NHS staff. This will enable NHS employers to meet their statutory duty to ensure that their staff have a safe and healthy place to work. It will also help employers to meet the requirements of the IWL Standard set out in the NHS Plan.

Valuing diversity

As part of the NHS commitment plan, a standard has also been introduced to help tackle discrimination in the workplace. This standard makes it clear that every member of staff in the NHS is entitled to work in an organisation that can prove that it is investing in improving diversity, and tackling discrimination and harassment in the workplace.

In 2003, the UK Department of Health set aside STG£300,000 to support local initiatives and pilot activities to encourage diversity in the workplace. This was supplemented with additional funding of around STG£37,000 per region for the development of local initiatives.

Childcare Strategy

The development of a Childcare Strategy for the NHS plays a key role in improving the working lives of NHS staff and in the overall recruitment, retention and return of staff to the NHS. The Childcare Strategy centres on providing good quality, accessible and affordable childcare. Funding of over STG£70m in the 3 years from April 2001 has been made available to build 150 on-site nurseries with places subsidised at an average of STG£30 per place, per week. To date, capital funding has been allocated for 120 on-site nursery schemes. Funding has also been provided to pump-prime childcare posts. Revenue funding is currently held by Workforce Development Confederations.

The service is on track to meet the NHS Plan targets – 120 new on-site nursery schemes have been recently opened providing an extra 5,200 new nursery places for NHS staff.

Flexible retirement

The flexible retirement initiative was launched in July 2000 to ensure that the NHS makes the most of valuable experienced staff, at the same time as enabling them to extend their earning lives. Together with local flexible retirement schemes, this enables staff nearing retirement to:

- Move into part time work in ways that does not reduce the pension benefits they may be entitled too; and
- Move into a new roles in a way that, even though it may be a lower paid post, preserves the pension entitlements from the higher-level post they may have retired from.

In addition, all NHS Trusts have been asked to establish "*keep in touch*" schemes. Retiring staff are asked if they are willing to go on a register to be called on to do casual work at pressure times. This enables staff to work on a casual basis for the NHS as and when they choose. Flexible retirement is already included as evidence for organisations in the IWL standard. This has now been extended to include pensions planning and promotion in support of flexible careers.

Improving Working Lives for Doctors

IWL for Doctors assists the recruitment and retention of doctors by making the NHS a more flexible employer. This means that the NHS is also a more family friendly place to work. Part of the overall IWL for Doctors programme is looking at workforce issues and ways in which the workforce can be expanded, for example, through international recruitment. IWL for Doctors also supports the wider healthcare team such as clinicians encouraging them to work more effectively together.

IWL is already having a significant impact for all NHS workers, including doctors. Trusts have signed up to the principles of IWL and are now working towards achieving them.

The NHS GP Delayed Retirement Scheme

The Delayed Retirement Scheme, which replaced the GP Golden Goodbye Scheme, was launched in July 2002 with the aim of encouraging GPs to delay retirement beyond the age of 64. The scheme pays STG£2,000 per year to GPs working under General Medical Council (GMC) arrangements between the ages of 60 and 64 inclusive.

The Doctors' Forum

The Doctors' Forum was created after the first IWL for Doctors conference. Currently the Doctors' Forum consists of GPs, consultants, doctors in training, medical students and medical directors. The Forum also has Royal College and British Medical Representation (BMR) and includes members working in all parts of the country. The Doctors' Forum is a substantive and useful forum providing for the cross fertilisation of ideas.

It is also helping the Department of Health develop a programme for action that will scope both the national and local action needed to improve the working lives of doctors. The recent Improving Working Lives for Doctors toolkit, launched in 2003, provided guidelines on the critical issues to be covered. Members have identified a number of key issues to work on in more depth. These include:

- The Working Time Directive;
- Setting up a returnee's scheme;
- Career development;
- Welfare and support mechanisms;
- Appraisal and mentoring; and
- Communications.

Family friendly policies: Improving Working Lives for General Practitioners

In November 2001 new measures were introduced to improve working lives in primary care and to enable GPs to spend more time with their families. These measures included increased funding for locum cover for family doctors and increased cover on maternity leave from 14 to 18 weeks. Locum cover was also introduced for paternity and adoptive leave.

3.2.4 Training and development

A number of training and development initiatives have also been introduced as part of the IWL mandate to support the development of staff across the NHS. Staff who have left the NHS are now entitled to free refresher training under the IWL initiative if they decide to return to work.

Return to practice

As a measure of effectiveness of some of the measures introduced as part of the IWL initiatives, by the end of September 2002, in total over 13,140 former nurses and midwives had returned to work in the NHS since February 1999.

As an additional measure nurses, midwives, health visitors, allied health professionals and healthcare scientists who now decide to return to the NHS, will be eligible for a returnees package which includes re-training. Healthcare professionals returning to the NHS now receive at least STG£1,000 income to support them whilst they are retraining (STG£1,500 for midwives). In addition the amount of childcare assistance that can be offered to returnees whilst they retrain has been standardised. This means that a returnee receives:

Free refresher training

- A minimum of STG£1,000 financial support whilst retraining (STG£1,500 for midwives);
- Assistance with childcare support of up to STG£135 per week for one child and STG£200 for two or more children; and
- Assistance with travel and books.

The Return to Practice portfolio programme

To support the National Recruitment Campaign and the Return to Practice programme, a portfolio of case studies from NHS staff has been developed to share good practice and demonstrate the wide variety of benefits enjoyed by staff working in the NHS. The portfolio currently includes around 160 individuals working within the NHS. They comprise people from many different disciplines – nurses, midwives, healthcare scientists, allied health professionals and the wider healthcare team, as well as doctors and GPs.

3.2.5 Selection and recruitment

As part of the programme to encourage new staff to the join the NHS and encourage leavers, the Department of Health have run National Recruitment Campaigns.

2003 Campaign

2003 was launched with the start of a television advertising campaign that builds on the successes of the previous "*Join the Team and Make a Difference*" campaigns. The campaign is targeted at all staff groups and aims to help the NHS recruit new staff and attract back returnees. It continues to promote the NHS as an Employer of Choice and highlights the positive changes and developments made within the NHS over the last few years. The purpose of the national campaign is to:

- Raise the profile of careers in the NHS;
- Encourage new entrants into training;
- Encourage applicants to vacancies;
- Attract back returnees;

- Promote recruitment from a wider base; and
- Provide national brand in NHS careers.

The campaign is designed so that it can be adapted at a local level to increase the impact of local recruitment activities throughout the year. The campaign involves a co-ordinated high profile promotion of careers in the NHS through television, press and radio advertising, both at a national and local level. This year includes digital television for the first time, which allows viewers to request further information directly through their television upon seeing the advertisements.

An important part of previous campaigns has been communicating the principles of the IWL Standard, highlighting the change in flexible working and childcare, as well as promoting the increased pay and better working conditions. The 2003 campaign builds on these themes and also focuses on other benefits, such as the NHS pensions scheme.

2002 campaign

The 2002 campaign was also a success. There was a strong focus on careers in nursing and attracting back returnees, and included scientists, radiographers and pharmacists. Local initiatives continue to build successfully on the momentum of the national campaign and were supported by the publication of a campaign tool-kit.

Careers website

At a national level, the NHS Careers service began in April 1999 and offers careers information for nurses, health visitors, midwives, allied health professionals, healthcare scientists and doctors. The objective is to cover all NHS careers in the long run.

NHS Careers operates an interactive service providing information and advice on careers in the NHS to young and mature people and their advisers, as well as current NHS staff and former NHS staff that may wish to return. NHS Careers also supports and facilitates national and local careers activities. NHS Careers receives, on average, 20,000 e-mails and telephone calls per month.

Building Careers booklet

As an addition to the national recruitment campaign identified above the recent HR Strategy for Allied Health Professionals was accompanied by a booklet called "Building Careers", which aims to help managers and staff promote rewarding careers in the health service. The booklet illustrates the varied careers available to staff within The Allied Health Professions and the vital contribution they make to patient and client care.

3.3 CANADIAN BEST PRACTICE

The following section details international best practice with respect to Canada. In this case, best practice to date has focused on recruitment and retention in nursing. High quality nursing staff are often perceived as a catalyst in attracting high quality physicians and other medical professionals. In this respect attracting and retaining other high quality performing medical professionals is partly dependent on being able to recruit and retain high quality nursing staff in the first instance. In addition, there are clear benefits as to the value of improving nursing working conditions for both multi-professional teams and ultimately the standard of patient care.

3.3.1 HR planning and policy development

Canada, like many other countries around the world, is experiencing a shortage of health care human resources including nurses. Nurses comprise about one-third of all health care professionals. In the current climate, there are simply not enough nurses to meet the requirements of the health care system and more importantly, there are too few nurses to meet future requirements.

In September 1999, the federal, provincial and territorial Ministers of Health in Canada directed their ministries to prepare options to strengthen the development of health human resources. In 2000, the Conference of Deputy Ministers of Health directed the Advisory Committee on Health Human Resources to develop a strategy for nurses for

Canada. The Working Group on Nursing Resources and Unregulated Health Care Workers were charged with dealing specifically with the issue of nursing supply.

The issues associated with the nursing workforce are complex and dynamic and involve multiple stakeholders, including governments at all levels, employers, professional associations, unions and educators. Following consultation with key stakeholders throughout the country, and with the active participation of many parties including nurses, the Working Group on Nursing Resources produced a guiding document. This document formed the basis of *The Nursing Strategy for Canada*, which was released by the Ministers of Health in October 2000.

- The goal of *The Nursing Strategy for Canada* was to describe strategic plans to achieve and maintain an adequate supply of nursing personnel who are appropriately educated, distributed throughout Canada and deployed to meet the needs of the Canadian population.
- The Nursing Strategy also considered that the delivery of nursing services should be cost-effective and that the mobility of nurses in the practice of their profession should not be restricted. Moreover, all Canadians should have access to safe, competent nursing services.

3.3.2 Performance and career management

To encourage nurses in the development of their careers and to establish a benchmark for excellence in reaching the top of their profession, there is now a Chief Nursing Officer established in every hospital in the country. In addition, many hospitals facilitate career management by offering relocation assistance. Prince Edward Island, Nova Scotia and isolated settings such as Labrador all provide relocation assistance.

3.3.3 Work environment

One of the critical areas that The Nursing Strategy for Canada sets out to address is the work environment in hospitals. It identified one of the critical factors for governments, employers and policy makers in attracting and retaining high quality staff in the health service, as creating a stable and healthy work environment. This applied not just for nurses, but also for other staff across the entire medical profession.

For example, nurses need safe, accessible parking. Nurses in many settings work around the clock; those working on weekends or in the middle of the night have the same need for hot food as those who work weekdays. Nurses need responsive, flexible and innovative schedules that allow a female-dominated workforce to balance home and working lives, and to meet unpredictable family care needs.

At a local level there a number a number of initiatives that have been introduced in Canadian hospitals to improve the working environment for staff. For example, the Montreal General Hospital has implemented a number of strategies to address workplace violence. They have increased security at key locations and have ensured a 24-hour presence in the emergency room. Employees have also been trained in non-violent crisis intervention. An employee assistance programme is available for staff that have been subjected to or feel vulnerable to violence or abuse.

Social support initiatives

Hospitals are also beginning to implement programmes that provide solid social support structures for their staff. **The Winnipeg Hospital Authority** is considering strategies to improve inter- and intra- professional relationships, vacation scheduling, and access to prevention and wellness programmes such as back care, stress management and fitness. At the **Calgary Regional Health Authority**, accessibility to supplies has been improved and cafeteria services have been enhanced to provide staff with hot meals 24 hours a day. **St. Michael's Hospital Foundation** in Toronto provides "innovation

grants" to nurses who submit proposals for creative unit projects. For example, one particular unit received funding for a "laughing room" that was developed for patients, staff and visitors to relax in.

Employers are also beginning to recognise their responsibilities beyond the work setting. The staff at the **Calgary Regional Health Authority** have been surveyed to determine their childcare needs so that appropriate initiatives can be implemented. The **Registered Nurses Association of British Columbia** has established a Support for Fitness to Practice Programme whose purpose is to protect the public by offering education and consultation services to promote good nursing practice and to prevent or intervene in poor nursing services.

Other initiatives encourage support among colleagues within an organisation. In Newfoundland, the **Association of Registered Nurses of Newfoundland and Labrador** and the **Council of Licensed Practical Nurses** has created a "*Learning Circles Project*" to promote collaboration and multi-disciplinary teamwork in acute and long-term care. The project enables nurses to develop a greater understanding of registered nurse and licensed practical nurse professional roles and competencies, recognise the value of each other's professional contribution to client care and gain skills to objectively resolve practice issues.

Workforce planning initiatives

Other initiatives again have focused on workforce planning in an effort to improve the working environment for nurses and reduce stress levels associated with overworking. Where budgets have allowed, a number of hospitals such as Montreal General Hospital, have hired floor clerks to concentrate on completing administration tasks that would previously have been completed by nurses. This is in response to the fact that studies have shown nurses in Canada were spending up to three quarters of their time on work that did not contribute to patient care. This not only destroys productivity; it also destroys motivation and pride of the nurses. In cases where hospitals have concentrated paper work and assigned it to a floor clerk, nurses' productivity has doubled as has their levels of contentment and job satisfaction. They have found they have had more time to focus on the work they have been trained for: patient care. This has driven up levels of employee satisfaction significantly.

A number of hospitals in Canada who have established quality workplace initiatives and practice programmes in this respect includes: **Saskatchewan, Ontario, Nova Scotia** and **British Columbia**.

Other initiatives employed by what could be considered exemplar organisations in Canada, in an effort to improve working environments, are detailed:

- **St. Michael's Hospital, Toronto** has undertaken many workplace initiatives such as adding an acute-care nurse practitioner to every unit to make sure that nurses can access expert knowledge for medically complex and acutely ill patients. While specific safety programmes and protocols are relatively common across hospitals in Canada, St. Michael's Hospital in partnership with The Institute for Work and Health is also creating a Healthy Workplace Balanced Scorecard. It includes both mental and physical exposure to workplace hazards and health outcomes.

- **Calgary Regional Health Authority** is improving its nursing workplaces by converting overtime expenses into full-time nursing positions and hiring more support staff including nursing attendants, personal care attendants and clerical staff. Nursing instructors have been hired to orient and mentor new staff, and re-certify and upgrade existing staff.

One final initiative of note is "**The Healthy Work Environments**" project. This is a multi-stakeholder working group that was created with a mandate to develop and encourage employers to implement healthy work environment strategies. A "Healthy Work Places in Action" conference was scheduled for November 2003 to profile initiatives currently underway in employment settings.

3.3.4 Training and development

The training and development of nurses has been a key issue in relation to the attraction and retention of staff. It has also been important in delivering superior levels of patient care. An early response in many jurisdictions in Canada to nursing shortages was to increase the number of admissions to nursing studies. This was perceived as a short-term measure to alleviate the crisis. It takes nurses years to graduate however, and increased admissions alone are unlikely to solve the problem.

To add further confusion, occasional voices in Canada have suggested that the solution to the shortage lies in reducing educational qualifications, allowing more nurses to graduate more quickly. This is a quick fix solution however and one which would eventually lead to poorer levels of patient care in the future. In stark contrast, The Canadian Nursing Advisory Committee lends its strongest support to the trend for increased education for all categories of nurses and urges abandoning any discussion of rolling back entry-to-practice educational requirements. Some of the initiatives currently being utilised across regions include:

- Increasing seats in nursing education programmes by more than 10% (**most provinces**); and
- Increasing funding for continuing education, specialty education, and professional development (**Alberta, British Columbia, Nova Scotia** and **Yukon**).

Other initiatives of note within the training remit have included "**Putting Patients First**" a programme to offer resources and educational support for nurses and provide care delivery models that promote continuity of care and caregiver.

Finally, some hospitals offer further training incentives by establishing programmes to give **student** educational loans for nursing students who undertake to work in remote areas e.g., **British Colombia**.

3.3.5 Selection and recruitment

The focus on selection and recruitment has been about delivering increased retention levels by achieving a better fit between candidates and employers. The development of a centralised recruitment service has facilitated this in some cases. For example:

Health Match BC is an innovative and unique no-fee physician and registered nurse recruitment service funded by the **Government of British Columbia**. It recruits both domestically and internationally on behalf of over 100 health care facilities across the province of British Colombia. Experienced recruitment consultants help potential candidates to determine the opportunities that best correspond with their professional and lifestyle interests.

They help candidates:

- Match their skills and interests with job vacancies;
- Educate candidates about communities of interest;
- Facilitate contact with prospective employers;
- Guide candidates through British Columbia's registration (licensing) and immigration procedures;
- Assist candidates in identifying education and property options, and facilitate spousal employment in communities of interest; and
- Provide support for candidates in making a seamless transition to a new job.

Increasing assistance for candidates with finding an appropriate fit with their employer and local surroundings can provide for a more satisfied employee and only serve to increase retention in the long run.

Nursing jobs within Canada are now actively promoted internationally on the web across a number of portal sites, for example, **www.canadianrn.com** and **www.nursingwebsearch.com**. A number of other schemes have also been employed to recruit additional nursing resources. These have included:

- The "***Nurses Back Home***" USA job fair, led by the Royal Nursing Association of Ontario (RNAO), was a concerted effort among nursing stakeholders, employer organisations and the government to attract back the high proportion of Ontario registered nurses who were working in Houston, Texas. This followed the results of a survey of Ontario Registered Nurses working in other countries. The survey found that a majority of these nurses (78%) would consider returning to nursing in Ontario. The most important factor cited for returning to Ontario is the availability of full-time employment (65.5%). Over 60% mentioned relocation expenses as an incentive to return.
- A number of print campaigns have been run to promote nursing and the image of nursing in the community. In January 2002, brochures were printed and distributed to all English elementary and secondary schools, libraries and college and university nursing programmes. The material was also distributed to French language schools in spring 2001.
- A Career Awareness programme and Speakers Bureau is included in the College Information Fair and promoted the "**Nursing A Career for Life**" theme in 2003.
- In January 2001, The Terms of Reference for a Student Placement Working Group were developed. The purpose of the group was to increase opportunities for interested high school students to become exposed to the nursing career through participation in short-term and/or co-op placements in hospitals, community agencies and long-term care organisations.
- To kick-off nursing week in 2002-2003, a public awareness and marketing campaign was launched including subway posters, radio public service announcements and television advertisements.
- Critically to assess achievements, the RNAO in 2003 planned to review The College of Nurses of Ontario statistics on nurses' employment i.e., full time, part time and casual and collect information on the number of attendees and any hires from Nurses Back Home U.S. job fairs. Out of this analysis they plan to develop targeted strategies for addressing recruitment and retention challenges.

3.4 AUSTRALIAN BEST PRACTICE

Australian recruitment and retention initiatives like the Canadian example have also focused their attention on the nursing profession. The Department of Health and Aged Care is the government department in Australia tasked with managing and improving the working lives of staff in the health service. While some research has been conducted into the areas of recruitment and retention, many of the initiatives are still in the early stages of development. Like the Canadian example, the perception has been that through improving the quality of working lives for nurses there is a catalyst effect with respect to improvements in the overall working environment. For example, a better overall working environment will lead to the attraction and retention of higher quality physicians.

3.4.1 HR planning and policy development

In 1998, the **Department of Health and Aged Care** commissioned an evaluation of the National Occupational Health Strategy (NOHS) that had been run by the department for the preceding three years. The strategy was a landmark development signifying the commitment of all Australian governments, as well as the Australian Chamber of Commerce and Industry, and the Australian Council of Trade Unions, to work cooperatively

on national priorities for improving Occupational Health and Safety and to achieve minimum national targets for reducing the incidence of workplace deaths and injuries. The incidence of workplace injuries was a particular worry for the Department of Health and Aged Care in the context of the nursing profession, which had seen an increase in the numbers leaving the nursing profession and a significant fall in the numbers of students who wanted to begin a career in the profession.

The evaluation showed that while the experience of work-related injuries was improving for most occupations, for nurses the trend was the reverse. The report also noted that there was qualitative evidence that occupational stress was an increasing cause for concern, a factor potentially important in the context of workers' compensation.

In January 2000, the Australian Council for Safety and Quality in Health Care was established by the Australian Health Ministers to lead national efforts to improve the safety and quality of health care provision. It reports annually to all health ministers and is supported by all State and Territory jurisdictions. The Council works closely with other national bodies to ensure that its work programme complements the efforts of others.

The role of the Council is to:

- **Lead the way**, by developing a national strategy for improving safety and quality, defining national standards and influencing others to act to improve safety and quality in health care;
- **Define a framework for action**, by identifying national priorities and recommending specific actions that address the priorities;
- **Form partnerships**, by working with health care professionals, the Commonwealth, States and Territories, professional associations, private, non-government and consumer organisations;
- **Coordinate existing activity** to better achieve action in priority areas;
- **Put consumers first**, by making sure that safety and quality measures are practical and will make a real difference;
- **Encourage public understanding** and increase the community's confidence in the steps being taken to improve the safety of health care; and
- **Promote monitoring and research**.

3.4.2 Performance and career management

To facilitate flexible and active career management the government introduced The Support Scheme for Rural Specialists (SSRS).

The Support Scheme for Rural Specialists (SSRS) is an activity of the Committee of Presidents of Medical Colleges and was established with a $4 million grant from the Department of Health and Aged Care. Each of the 11 colleges and their faculties contribute to the scheme by developing appropriate CPD programmes for rural members of their college.

The first round of funding supported nine projects developed by individual colleges, including the Royal Australian College of Physicians, the Australian and New Zealand College of Anesthetists and the Royal Australian College of Obstetrics and Gynecology.

In the past, access to appropriate CPD programmes had been difficult for many rural specialists due to the time needed away from their practices to keep abreast of changes. This particular scheme focuses on clinical practice improvements in particular specialties, as well as issues relating to safety and quality that are relevant to all disciplines. These include training in clinical and practice management audit activities, as well as self-assessment.

The scheme provides an opportunity for all medical specialist colleges to develop structured programmes for their rural members, particularly those who have previously not had access to programmes, focusing specifically on rural practice issues. One of the SSRS's main aims is to reduce the need for travel. Programmes will be delivered via video, teleconferencing media

and the Internet. Although each programme aims to reduce the need for travel, many will also contain workshops in metropolitan centres.

Plans are also underway to establish an easy and convenient method for rural specialists to conduct an annual practice risk assessment with help from risk assessors from associated medical organisations.

3.4.3 Work environment

The Department of Health and Aged Care in Australia has identified the work environment of medical staff as a key factor in developing high quality workplaces and increasing the attraction and retention of staff. Ensuring staff satisfaction in this context is one of the key aspects of the challenge.

Employee satisfaction study

In this respect, one particular pilot scheme in Queensland attempted to define the link between the way people are managed and sustained levels of performance. This formed the basis of a best practice with quality initiatives project. The pilot also included an assessment of the organisational climate and morale as a mechanism for measuring employees' level of satisfaction with the other factors.

To analyse these factors in detail, in 1998 the Queensland Public Agency Staff Survey (QPASS) was conducted in a number of Rockhampton Health Service Districts (RHSD) workplaces, to identify particular areas of concern to staff.

The Eventide Home, an RHSD aged care, was one example of note where the staff survey produced particularly insightful results. At the time the survey was conducted, the agency was undergoing a period of sustained change and uncertainty. The agency had seen the resignation of a number of senior staff.

When the survey was repeated across the RHSD agencies in 2000 to assess the results of changes that had been introduced in the two-year period, it produced marked results for the Eventide Home. This particular agency was an example of a workplace where, following the 1998 survey, staff concerns were tackled, identified and addressed in three key areas:

- **Participative decision-making**

  This had been enhanced by the implementation of a new model of care. This new model introduced a flatter administration structure, facilitated staff involvement in decision-making and instituted changes to reporting relationships. The 2000 survey showed an increase of 16.2% in staff satisfaction.

- **Professional growth and development**

  Staff concerns about opportunities were also addressed. The systems being set up for accreditation and the transition to a new facility provided a framework to assist the change management process, develop a wider consultation process and foster staff involvement in unit quality meetings and in education programmes. The 2000 survey showed an increase of 10.4% in staff satisfaction in this area.

- **Appraisal and recognition of staff**

  The appraisal and recognition of staff, including the "quiet achievers", was addressed through a deliberate strategy of spending time supporting and working with staff of all disciplines as they planned their move to the new facility. This led to a positive increase of 5.6% in staff satisfaction.

The comparison between survey results of 1998 and 2000 found that for other RHSD agency workplaces that had scored favourably in 1998, but had not built on their achievements nor made further changes, they subsequently had far less favourable results in 2000. The key issue here is that it is critical to keep all positive momentum going and have strategies in place to constantly improve the organisational climate. Where agencies do not put strategies in place organisational inertia can set in and good work previously accomplished can be dissipated.

Action plans and constant communication with staff are critical. The strategy can assist in the retention of staff and improving the quality of the working environment, whereby staff feel they are valued and respected within the organisation. In this case, happier staff are more likely to contribute to the delivery of better quality services and consequently improved patient outcomes.

Workplace safety

Environmental safety is often a key differentiator in workplace satisfaction. An unhealthy place to work can be viewed as one of the primary causes for increases in staff attrition rates in Australian hospitals. In this context, monitoring and improving environmental safety is an important part of an organisation's quality assurance and risk management activities.

The **Royal Adelaide Hospital** devised one initiative of note that focused on workplace safety. Under this programme, the hospital aimed to identify environmental risk factors for falls to staff. Strategies to minimise these risks were considered and an environmental assessment tool was developed. A trial of the tool in a sample of patient care areas found that the assessment was quickly and easily administered as an annual quality activity.

This project arose from previous work of the **Royal Adelaide Hospital Falls Prevention Working Party**. Wide consultation with various wards and departments throughout the Hospital was part of the project, which took place in three stages:

- **Assessment of patient care areas**

  A representative sample of patient care areas including ward areas, an outpatient department clinic and allied health department facilities was taken. The sample included recently upgraded and older facilities, their patient populations and a range of equipment and environmental requirements. Falls risk issues included: floor surface (slip resistance, colour contrast), lighting, bathrooms and toilets (position of rails, call bells, equipment provided), seating (height, appropriateness), beds and bed areas (height, circulation space), general access and equipment.

- **Discussions with clinicians in patient care areas**

  Focus groups using a representative sample of staff from patient care areas identified potential environmental risk factors and possible solutions. Themes common to those identified in the first stage emerged, leading to the compilation of assessment findings and recommendations for both immediate solutions and redevelopment considerations.

- **Development of environmental falls risk assessment tool**

  Finally, based on the information generated from stages one and two of the project, an environmental falls risk assessment tool was developed and designed for use by clinicians.

The benefits and effects of the project materialised not only in the development of the assessment tool, but also in a number of other key areas that it is important to highlight. These included:

- **Staff involvement**

  Staff discussion groups offered a breadth of perspectives on the issues. In addition, staff believed they had a voice and were able to contribute to improve their own work environment.

- **Inclusion and utilisation of staff with relevant expertise**

  Appointment of an experienced occupational therapist to the project, with awareness of current falls risks and hospital environmental issues was also valuable.

- **Planning and support**

  An allocated person with steering committee support enabled efficient use of limited time. A defined structure and well planned approach also highlighted to staff the purpose and intent of improving working conditions in the hospital and were critical for the projects success.

The success of this project is not specific to this agency. The lessons learned can clearly be identified and disseminated as a best practice measure in other health service agencies. In this respect there are a number of lessons that other agencies may consider in adapting such an initiative. These include:

- **Local adoption**

  The environmental assessment tool developed during this project can be applied to other health settings to identify and reduce risk factors for falls. The tool has been tailored to issues identified as specific to this organisation. While most issues are generic, the assessment may reflect the greater prominence or frequency of occurrence at this hospital. Other users may encounter issues that have not been included.

- **Multilevel approach**

  This strategy is best considered as one part of a multifaceted falls prevention programme conducted by a multidisciplinary working group.

- **Broaden the focus**

  Keep the focus of the project as broad as possible.

The programme introduced at the **Royal Adelaide Hospital** was subsequently introduced in other agencies. For example, the **Calvary Health Care Agency** adopted the programme. As a measure of its effectiveness after its implementation at the Calvary Health Care Agency, the number of falls among hospitalised patients halved. A large proportion of patients at Calvary were elderly and prior to the project, falls accounted for more than one-third of incident reports. At the start of the project in January 2002, the mean number of falls per month was 36.6. After two months, the pilot ward achieved a 43% reduction in falls. The programme was expanded to the rest of the hospital and by December 2002, the number of falls decreased to a mean of 18.5 per month.

One of the critical success factors identified was raising the level of awareness about falls among staff throughout the hospital. This was achieved by in-service education and included incorporating information about falls in orientation programmes for new staff, poster displays about falls and encouraging a team approach to falls prevention.

Technology

Another key development with respect to improving the working lives of both doctors and nurses alike has been the harnessing of technology solutions. The use of technology in many case examples has facilitated an improved working environment for both doctors and nurses. Its importance as a tool in the context of Improving Working Lives initiatives is not to be underestimated.

While there is obviously a resource constraint involved in many cases, technology has been actively identified as a critical enabler in allowing medical staff to concentrate more time on the jobs that they were trained to do. This raises levels of job satisfaction for medical staff across the board in hospital settings. For example a major new IT initiative at **Northeast Health Wangaratta** (NEHW) in rural Victoria was completed in 2003. The system allows for on-line viewing of patient data, computerized ordering of medications, laboratory tests, radiology procedures and automated discharge summaries to GPs.

The system's smooth implementation was due to clinician and nurse engagement in the project. In addition senior doctors are now assessing approaches to enhance their use of the technology, such as incorporating applications to reduce medication errors and examining ways to transfer some management protocols into electronic format.

Staff education was a critically important component of successful implementation with a full-time project worker employed to instruct up to 400 staff. Education is an ongoing priority as intern and registrar rotations occur every 10 weeks and six months respectively.

Innovations in skill mix and rostering in hospitals

Programmes to promote a flexible working environment for staff have also contributed to significant improvements in the working environment of medical professionals and support staff alike. In this respect, the **Australian Resource Centre for Hospital Innovations** (ARCHI) has played a key role. ARCHI has run workshops, with

respect to innovations in skill mix and rostering in hospitals, where agencies meet to discuss best practice in hospital rostering. The aims of these workshops apart from disseminating best practice across the Australian Healthboards are:

- To showcase innovative models of work organisation and job redesign in hospitals, particularly practices that enhance medical, nursing and allied health workforce attraction and retention;
- To highlight strategic approaches to staff management;
- To showcase innovative projects focusing on skill mix and/or rostering that have successfully impacted on workforce efficiency; and
- To provide training in principles and practical tips in developing a roster.

The workshops are targeted at Allied Health Professionals, clinicians and clinical managers, consumers, divisions of general practice, health consultants, health service executives, health recruitment organisations, information technology professionals, management consultants, nurse practitioners, occupational health and safety professionals, patient flow managers, payroll managers, policy makers, private hospitals and other private health companies, programme managers interested in skill mix and rostering challenges, and risk and quality managers. In this way, they address all functional elements of the rostering process and develop value added approaches to improving them. Workshops also act as an excellent forum for the cross fertalisation of ideas.

The Australian Resource Centre for Hospital Innovations (ARCHI)

The Australian Resource Centre for Hospital Innovations (ARCHI) noted above plays an important role in the knowledge transfer and best practice dissemination process across Australian hospitals. The Department of Health and Aged Care funds ARCHI. ARCHI supports and increase the implementation of effective quality innovations in clinical care in the Australian healthcare sector. Through its website, newsletter, discussion groups, enquiry service and seminars, ARCHI helps to promote information sharing while preventing duplication of effort. The ARCHI mission is to support and increase the implementation of effective and quality innovations in clinical care in Australian hospital settings and at the interface of hospitals and other healthcare providers.

In this respect ARCHI aims to:

- Collect and collate information on quality innovations in acute care and other related settings;
- Disseminate information and resources on quality innovations that are accessible, acceptable and comprehensible for clinicians; and
- Market the products and services of ARCHI to clinicians and health service decision makers.

Its main activities include:

- The provision of a fortnightly e-bulletin, ARCHI Net News that showcases initiatives in healthcare delivery around Australia;
- The provision of a wide range of electronic documents on the ARCHI website;
- The establishment of email-based discussion groups;
- An enquiry service for health professionals that provides relevant resources and contact people; and
- ARCHI also responds to requests for resources and information from public and private hospitals, Divisions of General Practice, community health services, universities, research groups and private health organisations in all of the States and Territories.

As a consequence, ARCHI plays a key role in the dissemination of best practice across the country.

3.4.4 Training and development

The focus on training and development best practice has been to provide staff not only with excellent professional skills, but also with a set of more effective soft skills for managing patient and colleague dynamics in potentially difficult work situations.

Mastering Difficult Interactions workshops

Training in the context of clinical professional skills is often perceived as very strong. In contrast, the development of a skill set with respect to softer people management competencies is viewed as underdeveloped in many settings. In this context, a key factor in addressing stress in the workplace has been training and development with respect to managing difficult interactions. Difficult people and situations are probably the biggest cause of stress for healthcare professionals. In conjunction with the cognitive institute of Australia, ARCHI has developed a series of workshops to help hospital staff to deal with difficult interactions they encounter in their workplaces. Workshops such as these are focused on developing the softer skills necessary to help staff successfully negotiate difficult situations whether those dealings are with colleagues or patients.

Mastering Difficult Interactions has been developed in conjunction with the Cognitive Institute – Australia's largest provider of communication skills. The aim of the workshops has been to provide hospital staff with practical set of skills and techniques that can be used to deal with difficult and stressful situations they encounter.

Specific communication skills are required to avoid arguments and to ensure that interaction is focussed on finding an effective solution both parties are satisfied with. The workshops cover key areas of effective communication such as:

- The causes of difficult interactions;
- How to look past words and emotion to find people's real motivations and meaning;
- Practice proven skills for effectively handling difficult interactions; and
- Learning techniques to avoid escalating arguments.

Many difficult interactions are ultimately rooted in confronting people about problems. The workshops teach a step-by-step approach for handling problems that keep staff focused on successful outcomes rather than falling into the trap of attempting to prove who is right or wrong. The Mastering Difficult Interactions workshops also help staff address one of the major causes of difficulty in professional life: correcting and changing behaviour. Whether it is staff, colleagues or patients trying to change behaviour, to achieve better outcomes can be an extremely challenging and can raise significant defensive emotions from both staff and patients.

The workshop were also designed with a view to assisting staff:

- Understand what motivates people to change;
- Understand the stages of change and how to move people along;
- Learn how to provide feedback as a coach, not a referee; and
- Develop strategies for dealing with resistance to change.

The Rural Australia Medical Undergraduate Scholarship

Educational scholarships have been introduced as a further measure demonstrating the commitment to training and development. The Rural Australia Medical Undergraduate Scholarship (RAMUS) scheme is a government initiative to encourage students who come from designated rural areas to pursue a career in medicine. The scholarship scheme was developed in response to research that showed students from rural backgrounds are more likely than their urban counterparts to practice in rural areas once their training is complete.

Rural students face considerable financial barriers to taking up tertiary education, particularly the costs of moving away from their family support structure and living in a city. The Rural Australia Medical Undergraduate Scholarship (RAMUS) reduces the financial burden faced by rural medical students and their families by helping with accommodation, living and travel expenses. Scholarships are available to students in any year of a medical degree.

RAMUS scholarships are not bonded. Instead, scholarship holders' ties to regional and rural Australia are reinforced though a rural mentorship scheme. The scholarships awarded under RAMUS are exempt for the purposes of income tax assessment.

One of the critical problems for the Department of Health and Aged Care has been that of location. Many physicians, as a result of geographical location, may believe they are isolated and removed. This can be a major demotivating factor when not properly addressed. As a result, a new scheme has been introduced which seeks to address the professional development and career management needs of rural specialists. Australia's 2,100 specialists who live in rural and remote areas can now access Continuing Professional Development (CPD) activities through a new scheme specifically aimed to reduce professional isolation due to geographical distances.

3.4.5 Selection and recruitment

Like other international best practice examples The Australian Resource Centre for Hospital Innovations (ARCHI) has developed a portal to facilitate with the recruitment of relevant staff to hospitals across Australia. This involves the recruitment of not just nurses, but all types and grades of medical staff. Positions are openly advertised and can be applied for over the web or via e-mail at www.archi.au.net.

Developments in travel and the use of the Internet have improved international recruitment efforts in the global arena as well. This is particularly the case in Australia, as young medical professionals often perceive it as a popular travel destination. Portals such as **www.nursing.camrev.com.au** allow nurses and medical staff alike to search with ease and convenience for relevant careers throughout the country that they would previously have had great difficult finding.

3.5 REVIEW OF INTERNATIONAL BEST PRACTICE

The following table 3.1 summarises the list of best practice initiatives currently employed across the countries identified in this study. These include

- The United Kingdom;
- Canada; and
- Australia.

In reference to the table it is important to recognise that many of the initiatives employed in respect to the countries identified are specific to the context of the countries. While many of the initiatives are generic in their appearance, they are designed to tackle specific recruitment and retention initiatives that have arisen in those countries.

For example, in the case of Canada many recruitment and retention initiatives have been specifically designed to attract nurses and other medical professionals back from the United States where nurses can achieve greater levels of remuneration from working in private healthcare. In the case of Australia, many initiatives have focused on recruiting, retaining and encouraging medical professionals to work in geographically remote areas. In the case of the UK, the government has invested significant financial and budgetary resources in providing fiscal incentives for medical professionals to return to the NHS.

The key issue is to understand that different initiatives can be tailored and designed for different contexts. This does not mean that such initiatives are not readily transferable across borders and from country to country, simply that initiatives should be tailored to tackle specific problems.

Table 3.1: Summary of international recruitment and retention initiatives being employed in key best practice countries

	United Kingdom	Canada	Australia
HR planning and policy development	NHS Commitment Plan Improving Working Lives	The Nursing Strategy for Canada 2000	National Occupational Health Strategy The Australian Council for Safety and Quality in Healthcare
Performance and career management	Improving Working Lives Flexible Careers Scheme	Chief Nursing Officer in each hospital Relocation assistance	Support Scheme for Rural Specialists
Work environment	NHS Zero Tolerance Zone NHS Commitment Plan – fund to help tackle discrimination in the workplace Childcare Strategy Flexible retirement initiative Improving Working Lives Delayed Retirement Scheme Doctors' Forum	The Nursing Strategy for Canada 2000 Local initiatives in relation to security Local social support initiatives in relation to childcare, facilities, education etc. Local workplace planning initiatives Healthy Work Environment project	Local pilot scheme initiatives, e.g. Queensland Public Agency Staff Survey, Royal Adelaide Hospital, Northeast Health Wangaratta The Australian Resource Centre for Hospital Innovations
Training and development	Return to Practice packages Return to Practice portfolio programme	Putting Patients First initiative Increased nursing education programme places Increased funding for continuing education	The Australian Resource Centre for Hospital Innovations workshops, e.g. Mastering Difficult Interactions Rural Australia Medical Undergraduate Scholarship
Selection and recruitment	National recruitment campaigns NHS careers website NHS careers booklet	Health Match BC Job web portals Numerous provincial PR campaigns	The Australian Resource Centre for Innovations portal Other web portals

3.5.1 Summary of key themes in international best practice

The following section offers a high level overview of the key themes that have emerged from the international best practice research.

- **HR planning and policy development**

  It is only in the last five years that governments have made real efforts to incorporate recruitment and retention needs in the context of HR planning and development. This has largely been brought on by the huge increase in attrition rates in health care settings internationally.

- **Performance and career management**

  Performance and career management varies widely from country to country. Of all the themes identified in our best practice research, this has been the hardest area to tackle. Performance and career management, particularly in the context of personal performance evaluation and assessment, are driven in a consultative process. In this respect, performance and evaluation largely take place at a group, ward or team based level.

- **Work environment**

  The work environment in healthcare settings has markedly improved across all countries detailed in best practice research. There has been a focused effort in recent years in all our country examples to improve the working environment for healthcare staff. A wide number of measures have been employed to tackle work environment issues and these vary widely from country to country. Key areas of commonality across countries include initiatives that have focused on security, flexible working arrangements and tackling discrimination in the workplace.

- **Training and development**

  Training and development has been one of the key areas of development. Much of the emphasis in this area has been primarily focused on providing staff with the necessary skills and training to deal with difficult and stressful situations in work. Another area of commonality across countries has been the focus on the development of staff's softer people management skills. Being able to competently managing the patient dynamic personally, as well as in a professional capacity has become increasingly important in the modern healthcare setting.

- **Selection and recruitment**

  One of the key developments with respect to recruitment and retention in the international healthcare setting has been the focus on the use of technology as a tool to improve recruitment initiatives. All the countries identified in this research now harness the web as a facilitator in improving recruitment effectiveness. Outside of this, recruitment and retention initiatives that are in place are often very specific to the context of the country in which they are implemented.

3.6 UNITED STATES OF AMERICA

No review of international recruitment and retention initiatives with respect to the health service would be complete without a brief discussion of the Magnet Hospital programme that was developed in the United States.

3.6.1 Magnet Hospital status defined

During a severe nursing shortage in the 1980s, research was conducted to determine characteristics of hospitals that were able to keep nurses despite the shortage. As a consequence of their ability to attract and retain nurses, these organisations were called "Magnet" hospitals. This prestigious designation has evolved to recognise nursing services that affect high-quality clinical outcomes for patients.

More than 20 years of research shows that Magnet hospitals have lower patient mortality, fewer medical complications, improved patient and employee safety, and higher patient and staff satisfaction scores. Magnet status also provides consumers with information to help determine where to seek care. From an employee perspective for experienced nurses, Magnet recognition can be a guide to choosing an employer and nursing schools now are informing students about the advantages of working at a Magnet hospital.

There are currently 69 Magnet hospitals across the Unites States. Some of the characteristics that the appraisers look for in a potential Magnet hospital include a culture where concern for the patient is paramount, autonomy for nurses, collaborative relationships among all members of the health care team, support for professional development, flexible and appropriate staffing and ongoing interdisciplinary performance improvement initiatives.

3.6.2 Guiding criteria for Magnet status recognition

The Magnet Recognition programme was established in 1993 and the first organisation was awarded Magnet status in 1994. It is the highest level of recognition that the American Nurses Credentialing Centre can accord to organised nursing services in national and international health care.

This programme provides a framework to recognise excellence in:

- The management philosophy and practices of nursing services;
- Adherence to standards for improving the quality of patient/resident/client care;
- Leadership of the Chief Nursing Officer, in supporting professional practice and continued competence of nursing personnel; and
- Attention to the cultural and ethnic diversity of patients/residents/clients, and key family members, as well as care providers in the system.

This recognition indicates excellence in nursing services, development of a professional milieu, and growth and development of nursing staff. The baseline for the programme is the *Scope and Standards for Nurse Administrators* (ANA, 1996). Magnet designation is valid for a four-year period, after which the recipient facility must apply for redesignation.

3.6.3 Objectives of the Magnet programme

The detailed objectives of this programme are to:

- Recognise nursing services that utilise the *Scope and Standards for Nurse Administrators* (ANA, 1996) to build programmes of nursing excellence in the delivery of nursing care to patients/residents/clients;
- Promote quality in a milieu that supports professional nursing practice; and
- Provide a vehicle for the dissemination of successful nursing practices and strategies among Health Care Organisations utilising the services of registered professional nurses.

3.6.4 How are Magnet Hospitals graded?

Hospitals applying for accreditation to the magnet programme are graded on a series of criteria. The 14 forces on which hospitals are assessed include:

- Quality of nursing leadership;
- Organisational structure;
- Management style;
- Personnel policies and programme;
- Professional models of care;
- Quality of care;
- Quality improvement;
- Consultation and resources;
- Autonomy;
- Community and the hospital;

- Nurses as teachers;
- Image of nursing;
- Interdisciplinary relationships; and
- Professional development.

These are known as the 14 forces of magnetism.

3.6.5 Benefits of the Magnet programme

Recognition of excellence may be publicised by the recipient and be used in its marketing strategies directed toward consumers and potential nursing personnel. It will enhance recruitment and retention of highly qualified professional nurses, thus facilitating consistent delivery of quality patient/resident/client care. Since this recognition award indicates excellence in nursing services, the recipient is a model for other nursing service systems. In this respect, the excellence of nursing service characteristics may be emulated by others, thus contributing to upgrading the quality of nursing service in the national environment. Additionally, staff nurses within the recognised Magnet nursing service system may be contacted by other nurses for mentoring services. Further outcomes may include:

- Enhanced recognition within the community for nursing services and the health care organisation;
- Increased utilisation of the agency by health care consumers and health care networks;
- Increased stability in patient/resident/client care systems across the organisation; and
- The creation of an environment that is efficiently structured, with a collaborative, influential Chief Nursing Officer, using unit based problem solving and decision-making processes that promote autonomy at the bedside.

Findings from a series of independent research projects[2] conducted indicate that organisations with Magnet recognition possess the following characteristics.

- Reduced Medicare and morbidity rates;
- Reduced mortality rates associated with the care of patients/residents/clients admitted to acute care settings with a diagnosis of AIDS;
- Increased levels of patient/resident/client satisfaction;
- Have a powerful and influential Chief Nursing Officer;
- Nurses in Magnet facilities perceive that their contributions are greatly appreciated;
- Decreased likelihood of feeling burned out, emotionally drained or frustrated by their work;
- Decreased likelihood of nurses reporting that they are dissatisfied;
- Improved nurse-to-patient/residents/clients ratios;
- Significantly higher educational preparation of the registered nurse workforce;
- High levels of nurse autonomy and nurse control over practice;
- Positive relationships with physicians; and
- Nurses' perception that they have adequate support services and enough registered nurses to provide high quality care.

3.7 BEST PRACTICE FROM THE PUBLIC AND PRIVATE SECTOR

In this section we set out best practice innovations in relation to other key areas of the public and private sector. A range of examples is also selected from a wide variety of leading private and public sector employers. These examples provide further substantive evidence to support the international best practice detailed in the preceding sections.

2 ANCC Magnet Recognition Program 2003-2004: "Healthcare Organization Instructions and Applications Process manual"
Aiken, L.H. 1990 "Charting the Future of Hospital Nursing". Image: Journal of Nursing
Aiken, L.H., Smith, H.L. 1994. "Lower Medicare Mortality Among A Set of Hospitals Known for Good Nursing Care" Medical Care

Best practice with respect to the private sector and other public sector bodies is presented in the same format as the preceding sections:

- **HR planning and policy development**;
- **Performance and career management**;
- **Work environment and benefits**;
- **Training and development**; and
- **Selection and recruitment**.

In this section we have however expanded the work environment component. This is simply to reflect the private sectors increased flexibility in rewarding employees through compensation and benefits. For example, profit sharing schemes for employees may only be used as retention measure in the private sector.

3.7.1 HR planning and policy development

HR policy should be directly linked to organisational planning and business requirements in order to be effective. Below we examine workforce planning and succession planning.

Workforce planning

Best practice standards are identified as follows:

- HR plans/workforce plans are developed in consultation with Line Managers;
- Plans must be flexible and able to adapt to changing environments; and
- Emphasis on skill/competencies as well as numbers required for the future.

In terms of organisational examples of best practice planning:

- HR analyse the workforce requirements obtained from top management and business units for nature and type of employment and specific skill/competencies required. This is presented to senior management and updated on a quarterly basis.
- Workforce plans are developed on a numerical basis through consultation with divisional mangers in relation to productivity, cost etc. This is supported qualitatively by gap analysis and competency requirement reviews.
- HR from individual business units forecast the likely number of vacancies. Line managers use these forecasts to determine a plan to fill the vacancies. The process is reviewed on a quarterly basis.

Succession planning

Succession planning is a critical element of HR planning. There are a number of approaches to succession planning. These include:

- The integrated approach: The emphasis is on multi-skilling and up-skilling so that recruitment and selection is drawn predominately from internal sources.
- A "candidate slate" is compiled which contains profiles of managers. This "slate" is then used in the recruitment and selection process, succession planning and the development of staff.

The benefits of active planning include:

- Workforce "fit" with business needs;
- Skills "fit" with business needs;
- Effective management planning;
- Individual and organisational needs more accurately met; and
- Senior positions can be quickly filled with high quality candidates.

The requirements for successful HR planning, in particular succession planning include:

- Competent line management with a clear understanding of organisational objectives;
- Open consultation and communication throughout the organisation;

- Continual commitment to learning and training by line management; and
- Commitment of Line Managers/staff to succession planning.

Common practices to ensure sustained improvement of HR policy development include:

- Interviewing associates who are leaving the company;
- Interviewing job candidates who have taken positions with other companies to determine the factors that influenced their decision; and
- Questioning job candidates to gain feedback on recruiting process and facilitate benchmarking.

3.7.2 Performance and career management

Formal performance management systems are found in most organisations (e.g., PMDS in the Civil Service, Global Excellence Model in Deloitte, etc.). A Deloitte survey of performance management practices in the US in 2002, found that 95% of 1,200 organisations had implemented performance management systems. Turn the question around, however, and a different picture emerges. When organisations are asked about their satisfaction levels with their performance management systems, only 64% respond positively. The reasons for dissatisfaction are similar across organisations, for example:

- Employees don't believe in the objectivity of the system;
- Managers aren't skilled in evaluating performance or giving feedback; and
- The criteria that the system uses isn't relevant to the jobs we have today.

Essentially performance management systems sometimes lack credibility within organisations and are not regarded as appropriately linked to overall business objectives. The challenge for organisations and HR professionals is to develop new or improved performance management systems that establish clear performance measures leading to increased productivity and value added to the organisation's bottom line.

Before setting out the steps involved in developing a value-adding performance management system, let us first review the business case for performance management systems. HR professionals and some business managers have long held the belief that performance management systems and related activities are critically linked to improvements in organisational and individual performance. This belief has now been confirmed through empirical research and studies.

It has been demonstrated that organisations who have developed performance management systems:

- Experience improved financial results;
- Are perceived as industry leaders;
- Outperform organisations without a performance management system; and
- Attract and retain a more talented workforce.

The advantages of a performance management system apply irrespective of industry sector or organisational size.

Having established a compelling business case for implementing a performance management system, the next step is to develop a system that will lead to increases in organisational performance and which is accepted by management and staff alike. A good performance management system is one that links individual competencies to individual objectives that in turn are directly linked to the qualitative and quantitative business objectives of the organisation. Individual competencies must be specifically defined for staff in each area of the organisation (e.g., team leaders, senior management, branch managers, warehouse management, stock control staff, shop floor staff, etc.).

Designing and implementing a Performance Management System (PMS)

Performance Management Systems (PMS) are usually introduced within companies over a two-phased process, consisting of design and then implementation.

The design phase involves three main steps:

- Identification of qualitative and quantitative performance measures based on organisational objectives relevant to individuals in each functional area in the organisation.
- Identification of the key competencies that contribute to high performance and the key competencies that are required by individuals in each functional area to achieve their performance measures. By understanding the critical competencies that are necessary for individual jobs, management and individuals can work together to identify and address areas for development.
- Agreement on a formal performance management system. The performance management system sets out: the meetings that are required including an initial career planning meeting, a mid year progress meeting and an end of year review meeting; who should attend; and what supports should be available including forms, manager training and quality assurance from HR. Usually forms would be designed for each meeting and these would link into the competency frameworks and the performance measures. In fact, the forms explicitly allow identification of both qualitative and quantitative measures of performance. In addition to the formal performance management system, performance management should take place at an informal level between management and staff throughout the year.

The great benefit of carrying out a competency identification exercise is that the one competency framework can be used for all HR processes including recruitment, training needs analysis, putting together staff development plans and providing a link to remuneration and promotion.

The second phase deals with implementation. Key activities include informing staff of the rollout, providing training to Line Managers who are to conduct the relevant meetings, providing "participation" training to all staff, and then carrying out a quality check to ensure that everything is going to plan.

The success of a performance management system is very much dependent on the buy-in of staff and the existence of all necessary support structures. It is important that appropriate attention is paid to both of these issues throughout the design and implementation phases.

Buy-in from staff can be fostered through a number of approaches, including:

- Early communication of the likely process and the financial and career progression related benefits to individuals;
- Involvement of relevant individuals in the design stage (e.g., workshops to help define and understand competencies);
- Frequent and timely provision of update information in relation to roll-out dates, etc.; and
- Championing of the system at senior level across functional areas.

Necessary support structures include:

- Training in relation to participation at job holder level;
- Training in relation to participation at supervisor/management level;
- Accessibility of necessary documentation (e.g., job descriptions by families/levels, review forms, etc.); and
- Availability of a simple tracking database for monitoring purposes.

It is important that the performance management system that is ultimately implemented is reviewed at regular intervals (e.g., annually) so as to ensure that it remains flexible and in tune with the ongoing needs of the organisation and its environment.

Integration is key

Throughout the performance management system design and implementation phases the key point to remember is that all elements of the performance management system must be integrated i.e.

- Clear performance measures for individuals must be in place;
- Both formal and informal performance management must take place in order to assess the achievement of performance measures and to identify competency development needs; and
- The extent to which performance measures are achieved must be linked to remuneration, promotion and other rewards.

It is only when all elements are integrated that the ultimate objective of the performance management system i.e., performance improvement, can be achieved.

It is imperative that there is one single performance management system that drives all functions i.e., both development and promotions. The scenario whereby different systems and forms exist for different purposes is entirely at odds with an integrated and consistent system, and potentially leads to the invalidity of one or more of the systems.

3.7.3 Work environment and benefits

There is an extensive range of benefit options in use across the public and private sectors. These range from:

- Pay/cash related rewards (e.g., salary, bonus, commission, profit share, stock options, etc.);
- Benefits in kind (e.g., company car, telephone, club subscription, etc.);
- Security benefits (e.g., pension scheme, life assurance, health insurance, etc.);
- Work environment (e.g., friendly environment, employee empowerment, participative decision making, provision of social activities, etc.);
- Career development (e.g., training and development programmes, internal promotion, etc.); and
- Terms and conditions of employment (e.g., work/life balance measures such as reduced work hours, part-time working, etc.)

Actual rewards vary from company to company, reflecting corporate cultures and value systems. Interestingly, the companies that were voted the top 50 employers in Ireland (Irish Independent 13/2/03) were in most cases very strong on work environment and career development benefits.

The most significant features of these companies (as rated by their employees) are listed in the table below.

Table 3.2: Retention and reward mechanisms in the top 50 employers in Ireland 2002

Retention and reward mechanism	Example companies
Importance of Diversity/Dignity to the Company, Openness to Disability	Microsoft, Arup Consulting Engineers, Whirlpool SSC, IBM, Westin Hotel, Superquinn, AIB, Mil Gandon Logistics
Provision of Employee Social and Sporting Activities	Microsoft, Hilton Hotels, Quest, Mill Gandon Logistics, Intel, Watson Wyatt, Analog Devices, Diageo, Banking 365, Hibernian, AXA Insurance, Whirlpool SSC, Westin Hotel, Vodafone, The Lisheen Mine, Canada Life
Provision of Healthcare/ Wellbeing Interventions	Deloitte, Microsoft, BUPA, Filestores, Arup Consulting Engineers, Analog Devices, Invesco Asset Management, Guidant, AXA Insurance, Emuse Technologies, Fehily Timoney & Co., Westin Hotel
Good Benefits (e.g., Non Contributory Pension Scheme)	MBNA, Guidant, SAP SSC, Dell
Friendly Environment	Deloitte, MBNA, Arup Consulting Engineers, Marks and Spencer, Trócaire, Emuse Technologies, Transition Optical, Boston Scientific
Corporate Support for the Community/Charity	MBNA, Bank of Ireland, Intel, GE Capital Aviation Services, Marks and Spencer
Internal Promotion/ Progression Opportunities	Deloitte, Filestores, Hilton, Mill Gandon Logistics, Radisson SAS, Corporate Travel Partners, Royal Bank of Scotland, Quintiles, Superquinn, Canada Life, BUPA
Work-Life Balance	Deloitte, Mill Gandon Logistics, Quest, GE Capital Aviation Services, Creative Labs, AXA Insurance, SAP SSC, Allianz, Filestores
Participative Decision Making	Mill Gandon Logistics, Bank of Ireland, Indaver
Effective Feedback/ Communication Channels	Deloitte, Mill Gandon Logistics, Hilton Hotels, Filestores, BUPA, Intel, Indaver, Quest, Heineken, Invesco Asset Management, Banking 365, Hibernian, Campbell Catering, Westin Hotel, The Lisheen Mine
Stock Offers/Bonus Schemes	Mill Gandon Logistics, Bank of Ireland, Arup Consulting Engineers, Analog Devices, Banking 365, Guidant, AXA Insurance, SAP SSC, Dell, Canada Life
Transport To and From Work Scheme	Mill Gandon Logistics, Arup Consulting Engineers, Vodafone
Sense of a Common Purpose	Mill Gandon Logistics, Filestores, BUPA

Retention and reward mechanism	Example companies
Acceptance of Human Error	Filestores, Hilton Hotels, Mill Gandon Logistics
Training, Education and Staff Development Opportunities	Deloitte, Hilton Hotels, Bank of Ireland, The Electric Paper Company, Arup Consulting Engineers, Indaver, Marks and Spencer, Mill Gandon Logistics, GE Capital Aviation Services, Heineken, Watson Wyatt, Analog Devices, Invesco Asset Management, Banking 365, Hibernian, Creative Labs, Radisson SAS, Whirlpool SSC, Emuse Technologies, Corporate Travel Partners, Fehily Timoney & Co., Ulster Bank, Campbell Catering, IBM, Westin Hotel, Superquinn, Dell, The Lisheen Mine, Canada Life, AIB, Department of Enterprise, Trade and Employment
Employee Empowerment	Bank of Ireland, GE Capital Aviation Services, Analog Devices, PEI, Boston Scientific
Employee Involvement	Bank of Ireland, The Electric Paper Company, Intel, GlaxoSmithKline, Boston Scientific
Provision of Career Breaks	Bank of Ireland, Marks and Spencer, Banking 365
Provision of a Saving Scheme	Bank of Ireland, Marks and Spencer
Autonomy/Individualism	The Electric Paper Company, Intel
Profit Sharing/Shared Ownership	Arup Consulting Engineers, Indaver, Marks and Spencer, Heineken, SAP SSC, Allianz, Dell
Opportunities to Work Abroad	Arup Consulting Engineers, Analog Devices, Radisson SAS
Interactive/Friendly Management	Intel, The Electric Paper Company, Arup Consulting Engineers, Filestores, Mill Gandon Logistics, Indaver, Analog Devices, Banking 365, AXA Insurance, Emuse Technologies, Corporate Travel Partners, Campbell Catering, PEI
Staff Discount Schemes	Marks and Spencer, Hilton Hotels, Westin Hotel, Allianz
Flexible Benefit Plan	Diageo, Hibernian, GlaxoSmithKline, Allianz
Performance Related Pay	Guidant, AXA Insurance, Emuse Technologies, GlaxoSmithKline, Allianz
Varied Work Environment/ Choice of Career Path	Royal Bank of Scotland, AIB
Performance Evaluation	Deloitte, Guidant, AXA Insurance, Emuse Technologies, GlaxoSmithKline, Department of Enterprise

Source: '50 Best Companies to Work for in Ireland 2002'

Recent Deloitte research in the US has found that there are eight factors that employees seek in terms of employment rewards. These are:

- Pay;
- Benefits;
- Skill development;
- Promotional opportunities;
- Holidays;
- Job security;
- Independent work; and
- Positive culture/people.

This research found that priorities in terms of actual rewards differed depending on the category of employees surveyed. The results of this research are set out in the table below:

Table 3.3: What employees want – Deloitte US research, 2002

Reward rank	All staff	Administrative	Professional	Manager/ Director	High earners (over €100k)
1	Pay	Benefits	Skill Development	Pay	Pay
2	Benefits	Job Security	Pay	Benefits	Culture/People
3	Skill Development	Pay	Benefits	Culture/People	Benefits
4	Promotional Opportunity	Holidays	Independent Work	Skill Development	Skill Development
5	Holidays	Skill Development	Holidays	Promotional Opportunity	Promotional Opportunity

Source: Deloitte 2002

Quality of working life

Increasingly, organisations are addressing the issue of work-life balance. Work-life balance is about people achieving a balance between their commitments and responsibilities at work and those outside the workplace. Finding ways to link individual employee needs to those of the organisation makes sense to both parties. Work-life balance is about identifying a more imaginative approach to working practices and helping people think about how to do things differently in order to benefit the organisation and the workforce. The illustration below lists a number of work-life balance options in terms of employer purpose.

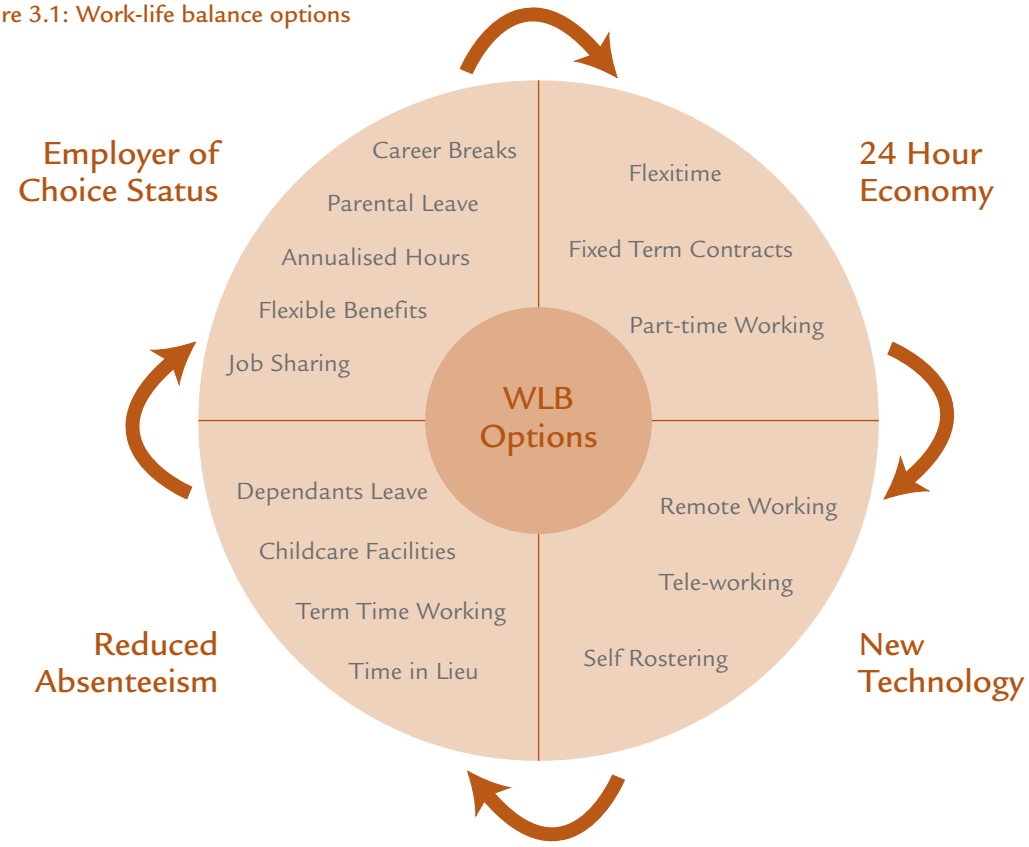
Employees today are demanding work-life balance. For example:

- A recent survey carried out by Lloyds TSB in the UK revealed that 50% of managers would not hesitate to change jobs in exchange for better work-life balance.
- Work-life balance was the second top career priority in a survey of 1,000 young professionals in Europe, Asia and North America. In addition, 41% said that they would value more choice over working hours and 20% said that they would like to work part-time (Career Innovation Research Group, 1999).

- In the UK, approximately 500,000 people are believed to be suffering from work-related stress or depression and they take 6.5 million days off sick every year (Health and Safety Executive, June 2001).

Nearly half of the 6,000 managers in a UK study found it increasingly hard to meet both work and personal commitments. Half of middle managers said long hours were caused more by inefficiency than workload. Most would prefer to work a four-day week with longer hours (WFD/Management Today, 1998).

Figure 3.1: Work-life balance options



High performing and successful organisations share some common practices in terms of work-life balance initiatives. The fundamental principle is that best-in-class organisations recognise work-life balance to be a significantly broad issue that impacts on and is influenced by a range of factors. These factors are referred to by Deloitte research as the nine building blocks of work-life balance best practice. They are:

- Leadership and vision;
- Commitment;
- Performance management;
- Policies and procedures;
- Ways of working;
- Working environment;
- Career & personal development;
- Communication & involvement; and
- Monitoring & evaluation.

3.7.4 Training and development

A recent study conducted by the New Zealand Public Service explored public servant's perceptions of the public service work environment and their career progression opportunities. There were a number of findings, particularly in the area of Public Sector training and employee development.

The study examined:

- How effectively do public sector departments provide opportunities for employees to demonstrate their skills and abilities?
- Do public sector departments allow employees to gain experience in a range of tasks?
- Do public sector departments provide good on-the-job training opportunities?
- Do public sector departments provide valued training courses and seminars?

For the most part it found that public servants appear to consider unstructured learning and continuous development as of greater value to their jobs and careers than more formal development and training activities.

In general, however, their satisfaction with development and training could only be described as moderate. Public servants indicated that there was inadequate attention paid to training and staff development and they were unhappy with the absence of any overall training and development strategy and/or a separate training function.

Managers emerged as key players in facilitating the career development of their staff. Public servants indicated clearly that they valued good management. They painted a positive picture of supervisors and managers that are supportive and allow staff to use their initiative. However, managers were perceived as less skilled at actively encouraging and supporting their staff's career development and at giving regular and constructive performance feedback. In this context, there was scope for more active coaching by managers and/or more experienced colleagues and for more access to formal mentoring arrangements.

Management of senior public service

A wide range of countries (the US, UK, Australia, New Zealand, the Netherlands) formally recognise a distinct group of civil servants who have distinct needs with respect to training and development opportunities.

The Senior Civil Service (SCS) in the UK is made up of about 3,700 civil servants (about 0.7% of the public sector). The SCS is considered "a key cadre of senior people responsible for underpinning collective Cabinet Government, leading management change and preserving the professionalism and values of the public service". The individuals in the SCS are considered to be the corporate glue in an increasingly devolved environment.

Senior management training and development in the UK public sector

In the UK, the basis of management development lies in the 1999 Modernising Government White Paper that places considerable focus on leadership training.

The process includes:

- Defining what is needed in terms of leaders and then making appointments accordingly;
- Developing better targeted training programmes; and
- Creating a more open and diverse Civil Service (with the implication that this diversity will reflect at the senior manager level as well).

The leadership development strategy being pursued now is intended to achieve five strategic objectives:

- Provide individuals with the relevant experience on strategic leadership;
- Create a broader-based, more professional SCS with experience outside;
- Spot and develop talent;
- Recruit in mid-career; and
- Create a broader, more diverse base across the whole of the civil service.

Some examples of leadership training in the SCS include the Public Sector Leadership Development Forum brought together by the Centre for Management and Policy Studies (CMPS), the Public Service Leaders Scheme (the piloting of which started in 2000) and the Careers Research Forum that seeks to create a collaborative approach to leadership development with private sector companies. Other programmes focused at SCS members include a programme for new appointees, the "Trevelyan" programme to provide current SCS members with a chance to refresh their skills, and the "Young Node" programme for newer entrants which matches them with private sector peers for networking purposes. CMPS has also established a programme to support Ministers and senior civil servants in their leadership role (e.g., several discussion forums have been held specifically for Ministers) and it has also developed new leadership programmes in areas such as E-Government.

Within the Civil Service College (CSC), the Executive and Organisational Development Group provides development opportunities to senior civil servants. Recent initiatives on such opportunities to this group of civil servants include the SCS Development Centre and the Top Managers' Forum. Private sector managers are also invited to participate in the training courses alongside their public sector counterparts. On the other hand, the primary aim of the Senior Civil Service Group (SCSG) is to provide the corporate support and framework necessary to ensure that the management of the SCS fully reflects the Government's objectives, and to carry through a range of development initiatives. In this regard, the SCSG has continued to work on developing succession-planning systems for the SCS. The SCSG also manages open competitions for Permanent Secretary and Head of Department posts and ensures that before vacancies at the highest level are filled, the case for open competition is systematically considered (of the most senior 135 jobs, one third of the occupants won their post in open competition).

In terms of mentoring, several senior women have been identified who have agreed to mentor other women progressing through to senior levels of the service. This is a key part of the government programme to enhance diversity and leadership development for women in the SCS. Also in the SCS, an induction course for new members has now been established together with a training route map for their development. At present, a review is being undertaken on how the training framework can be further developed, including ways of increasing networking opportunities (such as through inter-departmental mobility).

Use of competency frameworks

The UK Senior Civil Service is now subject to a common performance appraisal system based on a set of core competencies. This competency framework was finalised after several iterations. It was piloted for validation in 18 agencies. In its essence, the idea is to use the framework to find out what kinds of leadership behaviours and competencies are needed in the leaders of tomorrow and then to assess promising individuals. This is achieved by inviting 100 promising individuals for a series of leadership challenging workshops; these workshops are complemented by a series of psychometric assessments designed to give the selectors a better idea of the match between the competencies and the individuals. The aim is to develop a leadership profile for each promising candidate so that individual-specific training and development interventions can be made down the road.

This is further put into context by the fact that the SCS members are expected to have gained a broad range of experiences and outlook (not only through mobility within and interchange outside but also through ensuring the right opportunities for those below to equip themselves for promotion). This sort of direct intervention by the government in the development of leaders is rather unique to the UK although other jurisdictions, such as Singapore, have begun to develop similar systems.

3.7.5 Selection and recruitment

Best practice recruitment and selection techniques are in place in the public sector and in leading multinational companies. Techniques employed include:

- Psychometric testing;
- Role plays and assessment centres; and
- Competency based interviews.

The public sector leads in terms of application of the principles of job relevance, fairness and open access, while multinationals lead in terms of innovative approaches to attracting candidates and completing the "sell".

As the Civil Service currently has a central agency at the forefront of good recruitment and selection practice in Ireland, and is responsible for recruitment to all established Civil Service positions, the focus of this section will be on innovative approaches relating to candidate sourcing and selection in the multi-national sector operating from a devolved HR model.

Devolved recruitment practices:

- Line management plays an important role in competency profiling and job analysis. This helps HR to effectively design a recruitment process.
- In team-based structures, team members are responsible for selecting new members.
- HR primarily advice and support Line Managers on the most appropriate selection technique. HR only get actively involved in the recruitment of high level management and specialist positions.
- HR leverage their capabilities by training managers in basic recruitment techniques i.e., interviewing and selection.
- Team based selection process – for advancement and appointment.

Benefits of these strategies include:

- Line management/teams have ownership of the recruitment and decisions process; and
- Team based recruiting facilitates teamwork after a new employee joins the organisation.

Success requirements:

- Line management must have clear understanding of needs and competencies required to achieve organisational goals;
- Proper support and co-ordination from HR; and
- HR must keep line management informed of relevant policies and legislation impacting on recruitment practices.

The following are examples of good recruitment practice in action:

Southwest Airlines – Southwest Airlines are known for their recognition of the importance of fit in selecting candidates. This is reflected in their motto: "hire for attitude and train for skill".

Goldman Sachs – Goldman Sachs focus on skills and role destination rather than generic recruitment. This means that most recruitment is into a specific department where skills and roles are right, rather than a general pool where people may not quite fit the role.

Cisco – Cisco make use of the Internet to match up potential recruits with employees who participate in the recruitment process.

PricewaterhouseCoopers – PricewaterhouseCoopers are very marketing driven and hold firm the belief that good publicity attracts good people.

J.P. Morgan – The recruitment process within J.P. Morgan is based on alignment with manager's needs. HR works closely with management to ensure skills and suitability fit.

Hewlett Packard – Hewlett Packard are very customer driven and candidates are selected to best suit the customers and communities they serve.

Irish Financial Services Firm – this firm has established a Central Recruitment Unit to handle recruitment of entry-level and temporary staff. Job skill requirements are matched to an existing pool of candidates.

Before this section concludes it is useful to make note of the new Economic & Social Research Institute Study (ESRI) that benchmarks the attitudes of Irish employees to the workplace in Ireland. This study provides some interesting insights as to the attitudes of both private and public sector employees to their workplace and employers in Ireland.

3.7.6 Comparison of public and private sector research

While there are a wide range of similarities between HR practice in the public and private sector, there are also a number of key differences. These include:

- **Resource constraints**

In the context of the private sector companies have more flexibility with respect to the financial incentives and remuneration they can offer to employees. This is not the case in the public sector where pay and conditions are prescribed by central government in line with national wage agreements. What is important to note, however, and what is evidenced in our research is that healthcare agencies have been very creative at designing measures to compensate for their inflexibility on pay. More importantly, in the context of the modern work environment, employees are often influenced by incentives outside of those that directly relate to pay.

- **Performance management**

The other key difference between the public and private sector is the level to which performance management programmes have been implemented. In the private sector, performance management is generally focused on the individual. This allows companies in the private sector to assess an individual's performance. By contrast, in the public sector performance evaluation, in the context of the health service, is for the most part at a team or group level.

In summary, the gap between HR practice in the public and private sector is not as wide as it may first appear. HR practitioners in the public sector have been both highly effective and creative at designing overall packages that match those offered in the private sector. Most importantly, they have used their flexibility in work practices and other areas to compensate for their lack of flexibility on pay.

3.8 OTHER RESEARCH

3.8.1 The Economic & Social Research Institute study

A recent study by the Economic & Social Research Institute carried out for the National Centre for Partnership and Performance, entitled "Experience of and Attitudes to the Workplace in Ireland", provides some useful benchmarks in comparing the experience of public and private sector employees. The final report and findings of this study will not be made available until December.

The study was prepared as an input to the forum on the workplace of the future. Its objective was to gain an understanding of the Irish workplace of today with a view to the strength of the competitive levers that mould it. The fieldwork for the survey was conducted between June and early September 2003. Based on the analysis of 5198 employee questionnaires, the study revealed that:

- 9 in 10 Irish employees are satisfied with their jobs;
- 86% of Irish employees find their work interesting;
- 87% are satisfied with their hours of work; and
- 90% are satisfied with their physical working conditions.

Benchmarking job satisfaction in the public and private sectors

Critically, with respect to benchmarking employee levels of job satisfaction, very little difference was found in job satisfaction between those in the public and private sectors. The study used a grading scale that was based on a mean job satisfaction score of +2 for employees who were perfectly satisfied with their job, to –2 for employees who were completely dissatisfied with their job. The mean score for private sector employees was .88, while the mean score for public sector employees was marginally higher at .97, indicating very little difference with respect to satisfaction levels.

4. CURRENT SITUATION

INTRODUCTION

The following section of this study is divided into two parts:

Firstly it details the current state of HR practices across the eastern region. It specifically examines some of the key initiatives that are currently being employed at an agency-wide level in the context of improving the working lives of employees. Current practices are detailed from two primary sources:

- A survey of the scope and functioning of the HR section of each provider agency conducted by the ERHA HR Directorate and published in August 2003; and
- An SHL study focusing on a review of training, development and lifelong learning practice in the Public Health Service (October 2003).

The second part of this section identifies a number of exemplar agencies operating in the eastern region. A small cross section of agencies was selected. These agencies were selected on the basis of identifying and examining the impact of initiatives being implemented within the context of different types of provider agencies in the region and different organisational cultures.

The organisations selected for this study were:

- **Temple Street Children's Hospital**;
- **Hospitaller Order of St. John of God**; and
- **St. James's Hospital**.

Based on our consultations, we then set out examples of best practice from the selected organisations. The objective of this section is to outline a selection of the most important initiatives currently employed by agencies considered as some of the leading practitioners of effective HR in the region.

Initiatives employed by each organisation in this section are identified and grouped in the same way as those in the international best practice section. This will facilitate context sensitive comparison between eastern region best practice sites and initiatives currently employed in organisations in countries identified in the international best practice section of this report. Initiatives will therefore be presented for each exemplar organisation under the following headings:

- **HR planning and policy development**;
- **Performance and career management**;
- **Work environment**;
- **Training and development**; and
- **Selection and recruitment**.

We have submitted the contact details for the HR sections of each of the exemplar agencies in Appendix 1.

4.1 CURRENT SITUATION ACROSS THE REGION

In August 2003 the ERHA HR Directorate published the results of a Regional HR Survey in a report entitled "Profiling the HR function among health and social care provider agencies in the eastern region". The survey, conducted in late 2002 at the request of HR professionals in the region, examined the scope, nature and functioning of the HR section of each provider agency.

Following is an overview of the key findings of the report.

4.1.1 HR planning and policy development

The Senior HR role was allied to the public sector grades in the majority of cases with 33.3% at Grade 7, a further 26.7% at Grade 8 and a smaller number at higher grades.

Importantly, 69% of agencies indicated that the senior HR person was also a member of the top management team. Among the agencies that identified the absence of HR on the senior management team the role was a reporting one or a consultative/advisory one.

Functions of the HR department

In relation to the most prevalent activities carried out by the Heads of HR the following emerged in rank order:

- Industrial and Employee Relations
- External Relationships/Networking
- Recruitment and Selection
- Training and Development
- General Administrative/Other
- Strategy and Planning
- Policy and Procedure
- Pay and Remuneration
- Manpower Planning

The findings indicate that Industrial and Employee Relations is the activity that consumes the most time of the Senior HR professional in the region. In contrast Strategy and Planning ranked relatively low in the order time investment by Senior HR professionals.

HR expertise

The results demonstrate a number of routes of passage into HR in the eastern region. 97% of responding agencies indicated that the Senior HR person held an accredited qualification while the number of disciplines varied widely. Most Senior HR professionals had undertaken some formal training in HR. Overall, the level of qualifications indicates a high level of training and expertise among the Senior HR roles in the region, which can only be beneficial in the context of effective overall HR planning in the long run.

Senior HR professionals indicated an openness to further training and development with the majority identifying areas with respect to upskilling their HR expertise for the future. These included Strategic HRM and best practice.

In summary:

- Most agencies have a full time senior HR role. This was most frequently described by agencies as a Human Resource Manager and was most frequently at Grade 7.
- The Senior HR person spends most of their time on Industrial and Employee Relations activity. HR strategy and planning ranked lower on the list of priorities than it should be.
- Career routes into HR varied considerably and agencies wished to see the ERHA provide upskilling specific to the senior HR person in areas such as Strategic HRM.

4.1.2 Performance and career management

Critically, not all the agencies have a performance or career management programme in place. Where they are in place there is wide variety in the methodology used.

- **Management training programmes**

  73% of agencies had management-training programmes with a wider variety of interventions being employed in this regard.

- **Personal development planning**

  60% of participating agencies indicated they had Personal Development Planning (PDP) initiatives in place. Interestingly, 16.7% of agencies had developed their own internal performance management system.

  The Office for Health Management was piloting its model of PDPs at the time the data was collected, which perhaps both influenced the number who were implementing this system (6.7%) and the pervasiveness of the use of PDP in organisations in the region.

- **Career progression system**

  Only 33% of agencies indicated that they had a career progression system in place. This varied widely in target audience, function and method of implementation.

A number of additional HR initiatives that relate directly to performance and career advancement employed by agencies across the region included:

- Long service recognition (6.7%)
- Line Manager development (6.7%)
- Job enrichment (3.3%)
- Acting opportunities (3.3%)

In summary, while progress is being made in the range of initiatives employed by agencies in developing performance management, it remains an underdeveloped area of HR practice across the region.

4.1.3 Work environment

Importantly, 40% of agencies indicated that measures related to comprehensiveness in work safety were in place.

There are a wide variety of flexible work practices employed by agencies across the region to improve the work life balance for their employees and arguably remain a source of competitive advantage for health sector employers. The range of policies in place supporting such flexible arrangements include:

- Career break policy (83.3%)
- Job sharing policy (80%)
- Flexi-time policy (66.6%)
- Term time leave policy (26.7%)
- Tele-working policy (26.7%)

Agencies have also incorporated a variety of other practices to improve the work environment. Such initiatives include:

- Free car parking (26.7%)
- Subsidised restaurant (23.3%)
- Free or discounted recreation programmes (10%)
- On-site crèche and subsidised off-site crèche (6.7% each).

In summary, a wide range of benefits and flexible work arrangements are available to staff throughout the eastern region. Agencies in the region have made significant progress in improving the working environment for their staff.

4.1.4 Training and development

There is a wide spectrum of training and development programmes in place across the eastern region. Added to this 43.3% measure the spend in this area as a percentage of payroll. However, only 13.3% of responding agencies conducted training needs analysis on a regular basis.

The variety of training and development initiatives reported included the following:

- **Induction**: 90% of responding agencies indicated that they had a formal induction programme in place.
- **Continuous Professional Development (CPD)**: 83% of responding agencies indicated deliver CPD to their staff.
- **Equality and Diversity**: 40% of respondents indicated that they delivered programmes related to equality and diversity. There were a mixture of equality and diversity programmes all varying in scope and function. This is an issue that perhaps needs to be explored further in light of the growing multi-cultural workforce in the region.
- **Additional training provision**: 87% of responding agencies implement other accredited programmes and 60% implement non-formal training programmes.

Delivery method

In respect of the delivery of training courses, the classroom style was identified as the most commonly used training and development method (80%), followed by mentoring (33%) and action learning methodologies (33%).

In summary the health sector provider agencies in the region are implementing significant levels of training with staff. This is to be commended. The relatively low level of formal needs analysis, coupled with the relatively low usage of PDPs and performance management, indicated a need for greater focus in training and development activity.

4.1.5 Selection and recruitment

There were a wide range of measures employed by agencies across the region with respect to recruitment and selection.

- 96.7% of respondents indicated that they used national newspapers as a recruitment source while 70% indicated that they used local newspapers; and
- An increasing number of agencies are now using the web to advertise positions. In addition agencies in the region did indicate significant links with a range of third level institutions, including teaching agreements and professional links.
- There were also a wide variety of recruitment initiatives in place for overseas recruitment and significant interest in developing this channel for further recruitment going forward.

In summary, agencies are exploring a range of recruitment sources in order to secure staff. The low supply of skilled workers in some disciplines places agencies in a competitive environment for the same talent pool in some cases. Alongside this there are some examples of collaborative recruitment practices in the region. Overall, there is significant room for exploring con-joint recruitment on a larger scale.

SHL (Ireland) Study October 2003

In addition to findings from the survey detailed above a recent study by SHL Ireland, "A review of Training, Development and Lifelong Learning Practice in the Public Health Services", was carried out over the course of 2003 and published in October of this year. The SHL Study was an independent audit of current education and training arrangements within Public Health Services that was commissioned by The Health Services National Partnership Forum (HSNPF). The Audit arose from a commitment to developing and implementing a life long learning policy for Health Service staff as outlined in the APPM and produced some interesting findings in the context of training and development.

Critically, the studies sample included:

- 12 Health Boards including The Pre Hospital Emergency Care Council (PHECC) and The ERHA;
- 5 Voluntary Hospitals; and
- 4 Intellectual Disability Organisations.

The main findings of the survey were detailed into 6 main headings:

Strategy

While a lot of positive work had been done at a local level to drive training and the lifelong learning agenda, it was clear that training representatives operated in a context that was highly fragmented at the organisational level. It was clear, therefore, that in comparison to external benchmark organisations, the Public Health Services lagged behind in respect of strategic orientation with most organisations having no education training and lifelong strategy in place. In addition, only half the health service organisations conduct any form of systematic training needs analysis and the general approach tends to be rather informal and reactive as opposed to planned.

One clear consistent theme that did emerge from the review within the public health service was that the development of training strategies has been put on hold until human resource and organisational strategies have been fully developed. This has resulted from the desire to have a training strategy that is fully integrated with other HR and organisational strategies.

Policy and procedure

This explored the existence of policies and procedures, and the discretion levels operating within the training departments in relation to these. While most organisations seemed to have polices and procedures in place to cover all grades, these varied significantly in both coverage and content. One particular contributing factor was identified in that training departments were less likely to be in existence in the Public Health Services than in the external benchmark organisations. The research into staff perceptions outlined a major gap in how existing training, development and education policy, and procedure is communicated and applied to all staff. While all training professionals point to having some form of training policy and procedure in place, the perception on the ground was very different.

There is significant work in progress in this area. The APPM points to the need to establish a central database of policies and procedures relating to HR policies. Moreover, Line Managers should play a central role in ensuring the consistent applications of these policies and should be supported through building their awareness.

Planning

This section explored the extent to which training, development and lifelong learning activity was a planned and proactive intervention for staff. In general, the study found that the overall approach within the Public Health Services tends to be more reactive by comparison with the external benchmark groups. This is not a surprise given the overall levels of fragmentation. Only 25% of the Health Boards and 50% of the hospitals surveyed described having a comprehensive training plan in place. Benchmark organisations by comparison for the most part had formal structures in place to support training. This could be put down to a largely more sophisticated planning process for benchmark organisations where training is linked to the overall organisational goals and culture, which promote a more proactive approach to training and development than the Public Health Services where other priorities may dominate.

Resources

Data in this part of the study was blurred due to the lack of hard tangible data regarding finance, people resources and number of days training delivered. Overall, however, the study concluded that the proportion of payroll allocated to training and development within the Public Health Services (approximately 1.7%) is somewhat less than that of the Private and Public Sector (approximately 3%).

Delivery

This section of the study looked at the breakdown of training types across the Public Health Services and benchmark groups. It also looked at the formats utilised in the delivery of the different types of training.

Overall, the study found that within the Public Health Services, the delivery formats used to provide training were narrow. The most comm on formats such as face-to-face training, formal education programmes and conferences were the most widely used. There was little use of delivery methods however, such as coaching or mentoring or the use of new technology.

Access and availability

This section of the study dealt with employee perceptions of the extent to which they can gain access to various types of training and development. Overall, while induction training and formal academic courses are regarded as quite accessible by many staff in the Public Health Services, lack of time, lack of staff cover and lack of financial resources are seen by as many major impediments to accessing other training in general.

Now that we have examined the current state of HR practices in the health services generally and the eastern region in particular we will provide an analysis of a selection of initiatives employed at agencies that have been identified as exemplars for the region.

4.2 BEST PRACTICE CASE STUDY: TEMPLE STREET CHILDREN'S HOSPITAL

In our first example we look at the case of **Temple Street Children's Hospital**. Temple Street Children's University Hospital was established in 1872 as a hospital for the poor children of Dublin under the care of the Sisters of Charity. Now under the care of the Sisters of Mercy and renamed The Children's University Hospital, it provides an acute paediatric service and specialist paediatric healthcare for children from all over the country. There are 960 skilled and dedicated staff in the hospital, including 60 consultants. As a teaching hospital, it is one of the leading educators of paediatric nurses in Ireland and provides medical training for doctors at both undergraduate and post graduate level. Over 140,000 children attended the hospital last year. This included more than 50,000 children to the Accident and Emergency Department, one of the busiest paediatric emergency units in Europe.

Temple Street is dedicated to the care and welfare of children and has capitalised on the nature of its service provision to create an organisational culture that is nurturing while emphasising quality of service. This culture attracts staff that have made a career decision to work with children and who are highly motivated and derive a large degree of job satisfaction from their work

4.2.1 HR planning and policy development

The Human Resource Department is represented at board level in Temple Street Hospital. As part of this board level representation, an explicit Human Resource Strategy has been developed and put in place. It plays an important part of the overall corporate plan for the hospital.

Critically, while Human Resource planning is an important component of the corporate plan, it is still to a large extent dictated by the Action Plan for People Management (APPM). In this respect while plans may be developed and put in place their implementation often depends on having the required resources to push them through.

Two key areas of HR policy which Temple Street have incorporated and standardised include:

- Exit interviews; and
- Induction.

Exit interviews

Every staff member who leaves the hospital is asked to conduct a voluntary exit interview. These interviews involve a series of questions that helps the hospital gauge why the employee may be leaving. While the exit interview is voluntary, the vast majority of staff do complete it. The objective is to capture comments on the organisation so that the hospital can use the information to improve its experience for staff in the future. It also serves as a mechanism for identifying specific problem areas with respect to why staff may be leaving.

The information gathered at the interview is used for both statistical purposes and to improve the service provided to and by the hospital staff. The interview itself is based on an informal conversation between the staff member and the HR department. To encourage staff to be as frank and honest as possible all information derived over the course of the interview is highly confidential and staff members are explicitly made aware of this to encourage them to be as honest as possible.

The main focus of the interview is to listen to staff member's comments. The hospital will endeavour to bring about any appropriate changes to the issues raised. If an issue continues to reoccur through the exit interview process, it is identified as a priority and tackled appropriately.

In addition to the above information gathering exercise, where staff decline to attend an exit interview the hospital has introduced a structured questionnaire that they ask staff to fill out upon leaving the hospital. While not providing as much detail as the exit interview process, this does provide some basic insight as to why staff may have been leaving the hospital.

The exit questionnaire covers a number of key areas including:

- **Overall levels of satisfaction over the term of employment**

  This elicits staff members overall satisfaction with the hospital over the duration of the term of their employment.

- **Present work environment**

  This includes issues such as on the job training, guidance and instruction, challenging and satisfying work content, personal workload, allocation of work in area, utilisation of skill and expertise in area and finally, updating of skills.

- **Opportunities for career progression and development**

  This covers issues such as general promotional prospects, personal development opportunities, equality of opportunity, training courses appropriate to career, and progress and development.

- **Pay & conditions**

  This covers salary, working conditions, physical environment, working hours, up to date technology and health & safety compliance.

- **Communications**

  This includes the availability of information to enable staff to work effectively, feedback on performance, effectiveness of staff meetings, opportunity to discuss and influence issues, openness to staff views and opinions, and understanding of hospital's policies and procedures.

Induction

As matter of policy when new staff members join the hospital, Temple Street have introduced a structured induction programme for providing the employee with an overview of the organisation. This is to facilitate the arrival of new staff members, to make them feel welcome and provide them with an overview of the organisation. The programme itself consists of a whole day of information sessions and workshops.

Key elements of the induction programme include:

- **Welcome and introductions session**

  This is primarily used to welcome the employee and acquaint them with key personnel and staff.

- **A history of hospital and outline of mission effectiveness**

  This provides the employee with a history of the hospital and details the strategic goals of the hospital with respect to patient care and quality of service delivery.

- **Hospital structure and the Eastern Regional Health Authority**

  New staff are also informed about the hospital structure and the role and position it occupies within the framework of the Eastern Regional Health Authority.

- **The role of nursing**

  In the context of specific skilled occupations such as nursing, staff are directed about the role they serve in the hospital. This is important in providing context in respect of more effectively aligning the goals of staff with those of the organisation.

- **Salary information**

  Staff are provided with information on their salary and how they can expect this to progress with respect to promotion and career advancement.

- **Health and safety**

  Critical to the well being of staff within the organisation is health and safety. Staff are thoroughly briefed on health and safety measures in the hospital and how they can contribute to a better quality workplace.

- **The role of Occupational Health Department**

  Staff are also informed about the role that the Occupational Health Department fulfils. Counselling is available to help them deal with a stressful work environment.

- **Risk management and record keeping**

  Staff are briefed on effective risk management in the hospital setting and also on the importance of rigorous record keeping.

- **The role of the Human Resource Department**

  Staff are briefed on the role of the Human Resource Department, their availability and the process to follow if there is a concern they need addressed. Critically, the support role of the HR function is emphasised.

- **Institutional abuse workshop**

  Finally, in addition to a tour of the hospital, staff attend a workshop on institutional abuse. This is to assist staff in dealing with abuse and to inform them of the process to follow should they believe they are the subject of abuse. This serves as a measure for improving education around abuse and also demonstrates to staff that there are procedures in place should they believe they are being abused.

As matter of HR policy, another key area that the HR strategy has specifically set out to tackle is non-attendance at work. Temple Street now has an explicit process in place for measuring levels of non-attendance and produces reports on a monthly basis to identify potential issues.

Attendance

High levels of non-attendance can be a critical inhibitor, both of improving the performance of service delivery and on reducing stress levels inherent on staff. It can also generate a knock on effect where some staff members can feel over burdened and stressed at work as a result of the absence of other team members. This can create high levels of dissatisfaction with both the organisation and with their own job. In effect, it can generate a "snowball" effect where the quality of service delivery and patient care suffers. In addition, as levels of job satisfaction fall the stress levels of staff and organisational dissatisfaction may increase. Individual staff members may then leave the organisation or in some cases the profession. Temple Street Children's Hospital place critical importance on monitoring levels of attendance in work and have developed an explicit policy for that purpose.

Managing non-attendance

Attendance at work is a primary requirement for the operation of any hospital. The hospital recognises that absence may occur for genuine reasons. As a consequence, the hospital makes a policy distinction between unscheduled absence and absenteeism that may be the result of work related accident or some other definitive cause. In this respect, the primary focus of the hospitals policy and procedure on monitoring and managing what is termed unscheduled absence is to reduce its occurrence.

There are obvious financial costs to the hospital where absence is catered for through the hospital's Sick Leave scheme. There are many additional other indirect costs. The hospital has found that high levels of unscheduled absence may give rise to problems such as:

- Difficulties in finding a replacement at short notice;
- The cost of replacing the absent staff member;

- The lack of continuity of patient care/service;
- The negative impact on the Health & Safety environment in the workplace; and
- The de-motivation of the other staff members of the team, particularly if they have to carry an increased workload as a result of the absence.

It also likely to have a major impact on management's time in reorganising schedules and rosters. Accordingly, an unscheduled absence has an impact on the staff member's colleagues, their Line Manager and the provision of the service to which they were assigned in addition to associated direct financial costs.

A critical goal of the hospital is to manage, improve and reduce the costs, financial and otherwise, of unscheduled absence and if at all possible, to avoid the ultimate sanction of dismissal against a staff member arising from non-attendance difficulties. It is in the staff's and the organisation's interest that this issue is tackled in a fair, equitable, uniform, consistent, systematic and proactive manner.

As a consequence, the scope of this policy and procedure extends to all staff member, sections, departments and divisions in the hospital. Line Managers may, however, incorporate local arrangements in monitoring and managing absenteeism in line with the Absence Control Programme. The **Absence Control Programme** provides the framework for tackling absence in a systematic manner.

Through this monitoring system, the hospital has successfully reduced the level of unauthorised absence to "acceptable" levels. It also seeks to support staff members in difficulties they may encounter in attending work. It is, however, ultimately the staff member's responsibility to be able to present themselves at work in line with the terms of their contract of employment.

Responsibilities for each individual party are well defined. Part of the reason the scheme has been so successful is the clarity of definition in the processes. Respective responsibilities for the parties are detailed as follows:

Staff member

Staff members are required to comply with their respective Department's method of recording their attendance at work. Failure to so comply will result in the unaccounted time being treated in the first instance as unexplained absence and may result in disciplinary action. The staff members' responsibilities include:

- Informing the appropriate Supervisor/Line Manager in accordance with local direction/ arrangements when they are unable to attend at work. In the main, this requires staff members to inform their Line Manager/Supervisor, preferably before the commencement of their roster/shift or at least within two hours of its commencement, as to their ability to attend work and the reason for it.
- Submission of medical certificates where warranted/required by third day absence.
- Keeping their Supervisor/Line Manager informed on an ongoing basis as to their inability to report for work, and to furnish the necessary supporting documentation in a timely fashion.
- To provide, where possible, a likely date as to when they can resume their duties. Failure to do so may result in the non-attendance being treated as unexplained absence.
- Attendance at the Occupational Health Department/Independent Medical assessment when requested. In cases where staff are absent for a prolonged period, they may be referred to the Occupational Health Department who may provide support in the case of specific problems.

Line Manager

Responsibility for good attendance lies in the first instance (after the individual responsibility of the staff member) with the Line Manager. Their role is crucial to the hospital's awareness of the extent of an absence problem and also its capacity to encourage full attendance. They are nearest to the source of the problem and through their knowledge of the individuals and the circumstances associated with the non-attendance, they should be best able to assess the validity of explanation for periods of unscheduled absence and to recommend the appropriate action to achieve improvement. Included in the Line Manager's responsibilities are:

- Recording of employee absence – authorised or unauthorised.
- Recording the reason for the absence and identifying any patterns (e.g., Monday/Friday absences)
- Interviewing employees on their return to work.
- Assessing the validity of explanations for absences and recommending appropriate follow-up actions as required.
- Liaison with the Human Resources Department in regard to the operation of the procedures relating to attendance and non-attendance at work.
- Liaison with the Operational Health Department.
- Monitoring the overtime of staff members who have recently been absent. In the allocation of overtime, attention should be paid to absence records. Earnings lost by employees should not be allowed to become a substitute for days lost through absence.
- Submission of attendance, absentee returns and exception reports to the Human Resources Department in a timely, accurate and complete manner.
- When a suitable Human Resources Management Information System is established between the Department and the Human Resources Department, inputting of attendance information will become the responsibility of the Department Heads.

Human Resources Department

The Human Resources Department's responsibilities in monitoring and managing unscheduled absence incorporate the following areas:

- Monitoring the implementation of the Hospital's Policy;
- Maintaining staff members' Personnel Files;
- Inputting returns on attendance and non-attendance into the Hospital's Management Information System (MIS);
- Ensuring compliance with the Department of Health & Children, the Eastern Regional Health Authority, Health Service Employers Agency (HSEA) and hospital instructions circulars in the areas of sick pay scheme and staff member entitlements for holidays;
- Liasing with Finance/Salaries in relation to payments and deductions arising from attendance and non-attendance;
- Liasing with the Occupational Health Department regarding non-attendance due to medical reasons and referring employees in consultation with the Line Manager in such circumstance;
- Assisting Line Managers with information in the monitoring of attendance and non-attendance with the objective of the adoption of a proactive approach to reducing the levels of absenteeism; and
- Assisting and advising Line Managers in the application of Disciplinary Procedure where appropriate.

Intercultural Committee

As a means of improving diversity in the workplace, one final initiative of note introduced by the hospital was the founding of The Temple Street "Intercultural Committee" in October 2001. This was in response to the large numbers of foreign nationals, both doctors and nurses, now employed in the hospital. The initiative has been a great success in encouraging communication between nationalities and cultures employed in the hospital, and is important in the context of encouraging cross-cultural communication going forward.

4.2.2 Performance and career management

There is no performance evaluation on an individual basis. Instead, performance and career management is linked to the APPM. As previously noted, evaluation and performance assessment under the APPM is conducted on a team basis. Individuals are not assessed in isolation. This means for example that a specific group may be evaluated on performance.

In the context of career management, Temple Street Hospital has looked at an informal Personal Development Planning (PDP) programme for its staff, which is based on guidelines provided by the Office of Health Management. This is essentially a strengths and weaknesses or SWOT analysis of each employee. The Line Manager conducts the analysis with each individual staff member in an informal discussion. The objective is for employees to work with their respective managers to identify potential weaknesses and accentuate potential strengths. In this context, possible training courses and training requirements may be identified as a result of a PDP discussion.

4.2.3 Work environment

One of the key drivers in improving the working lives of staff is creating the right work environment. This is an environment where staff feel safe and comfortable and where adequate facilities are available to provide for their well-being.

Temple Street has implemented a series of IWL initiatives as a foundation toward creating a better working environment for its staff. These include:

The Occupational Health Department and workplace safety

The Occupational Health Department has now been made available to all employees of the hospital. A part-time Occupational Health physician and full-time Occupational Health advisor staff the department. All consultations with employees are in strict confidence. The aim of the Occupational Health Department is to promote and maintain the physical mental and social well being of the employees in the hospital.

They achieve this through the explicit goals of:

- Advising both employees and management on health issues pertaining to the workplace;
- Working with management with employees managing health risks in the workplace;
- Assisting employees who may be experiencing personal difficulties; and
- Promoting employee health maintenance.

In this context, all accidents/injuries and near miss incidents at work must be reported as a matter of process in the hospital. Accidents are first reported to the head of the relevant department. The staff member then completes a "Risk Management Occurrence" form. This is a mechanism for both tracking specific work related accidents and identifying trends in respect of particular workplace safety issues that may occur on a regular basis.

If the staff member requires treatment, they are required to contact the Occupational Health Department. In addition, if the injury or accident occurs outside normal hours, staff can refer to their Head of Department or Deputy on call that will organise first aid/assessment where appropriate.

Critically, with respect to exposure to blood/body fluids/body tissue, the incident must be reported to the Occupational Health Advisors. Occupational Health Advisors provide staff with both support and advice after the event. This is an important support mechanism as such events may be traumatic and increase the stress levels for affected employees.

The hospital also has a structured process in place for such incidents that occur outside of normal working hours or on occasions when the Occupational Health Department may be closed. In this case, the appropriate medial/surgical registrar on call should be contacted. All staff are subsequently followed up by the Occupational Health Department on the next working day.

Finally, if a staff member misses work because of an accident in the Hospital or work related illness, they are requested to inform the Occupational Health Department as a matter of process. Normally, the occupational health physician/advisor will follow up if an employee is out of work because of an accident in the workplace or ill health associated with work.

All these measures serve to assist staff in dealing with accidents in the workplace. Critically, staff are aware of the fact that the support structures are in place to assist them should they have an accident.

The Occupational Health Department and personal staff matters

The Occupational Health Department also fulfils another key role in improving the working lives of staff in the hospital. In cases where a staff member's performance in work is affected as a result of problems specific to that individual a confidential advice and counselling advisory service is offered to all employees. The Occupational Health Department may also in specific cases refer a staff member to appropriate outside agencies if necessary. For example, it may be necessary to refer a staff member to a counsellor who deals with psychological problems. Again, what is important in the context of Improving Working Lives is that staff know that the support structures are in place should they require help.

Flexible work practices

Temple Street Hospital has introduced a number of flexible work practices in an effort to accommodate the work life balance of their employees. The experience of the hospital has been that there are limits to what can be achieved in the context of balancing the introduction of such work practices and maintaining sufficient levels of quality in service delivery and patient care. There is a danger that flexible working can affect patient care if it not tightly managed.

In this respect "Job Sharing" was the most effective flexible work practice for helping staff balance their work and personal commitments and also maintaining appropriate levels of quality care for patients. With "Job Sharing" staff have assumed total responsibility and commitment for their work when it is their rotation. The most common "Job Sharing" arrangement has been one week on followed by one week off. The real problem with "flexible working" in the experience of the hospital has been in areas like "changeovers" where staff can be late. Consequently, in the context of flexible work practices, Temple Street has encouraged "Job Sharing" arrangements where appropriate.

4.2.4 Training and development

Temple Street Hospital places a strong emphasis on training and development of their staff. A training needs analysis was conducted in 2001. In this respect, there are a number of schemes that are designed to facilitate staff in their career goals. For example, paid study leave may be allowed to a permanent officer in respect of third level course examinations as follows:

- A staff member pursuing, in their own time, primary degree courses may be allowed 10 days' study leave with pay for the entire period of the course.
- A staff member should be given as much freedom as possible as regard spreading the leave over the various course examinations, subject to the condition that a maximum limit of 5 days' study leave with pay will apply to each academic year.

- The first two arrangements also apply to other third level courses that last for three years or longer. For shorter third level courses, three days study leave with pay may be allowed for each year of the course, repeat years excluded.
- A staff member pursuing the following courses will be recognised as eligible for study leave:
  - University courses leading to the degrees of Bachelor of Masters or Arts or Commerce;
  - The course leading to the Diploma in Administrative Science and the one-year course in Public Administration provided by the Institute of Public Administration;
  - Courses also included in the scheme include: Accountancy, Business Administration, Business Studies, Computer Science, Economics, General Management, Hospital Administration, Law (for BCL, BL or Diploma in European Law only), Personnel Management, Public Management, Secretaryship (Institute of Chartered Secretaries) and Sociology.

It should be noted that examination leave is only granted by the hospital when the examinations are during the normal working day. A copy of the examinations timetable must be submitted prior to this leave being granted.

Funding for third level courses

Members of staff who are planning to start third level education courses or continue third level education courses are entitled to receive funding (a percentage of their course fee) for their endeavour.

Each student must seek and gain approval, prior to commencing the course, if assistance with funding is being sought. Consequently, a formal application must first be submitted to the departmental manager and then to the human resources department. A copy of the course syllabus and cost must also be submitted with all applications for funding.

Interest free loans

Facilities for interest free loans to assist with course fees are also available for staff. Repayment of the loan is made by deduction from salary. This measure was initially introduced to stem the attrition rate of nurses leaving the hospital and to encourage further professional development. This measure was a great success and contributed to reducing the levels of nurses leaving the hospital.

4.2.5 Selection and recruitment

Like many of the agencies in the ERHA region, the HR Department at Temple Street looks after all its own recruitment and selection needs. The rationale for this lies in quality control.

Temple Street hospital has also used specific metrics to evaluate its recruitment and retention initiatives. These include:

- The time the advertisement for a job was placed to the time the position was filled; and
- The average cost of advertising the post to the hospital.

4.3 BEST PRACTICE CASE STUDY: HOSPITALLER ORDER OF ST. JOHN OF GOD

In the second of our best practice examples we look at the case of the Hospitaller Order of St. John of God, an international organisation with over 250 hospitals and centres in 48 countries throughout the world. In Ireland, The Order provides mental health services, care for older people, and services for children and adults with intellectual disabilities. It also manages programmes in Malawi, Africa and New Jersey, USA. Every year up to 8,000 individuals receive support through the services operated by more than 3,000 staff and volunteers.

4.3.1 HR planning and policy development

The Hospitaller Order of St. John of God has an explicit Human Resource strategy that is developed at a corporate level and works in conjunction with the Human Resource policies and procedures of the organisation. At a local level, services issue their own annual report and these are compiled into the Order's overall corporate report that sets out goals for the coming year. These goals for the coming year are also carefully aligned to the Action Plan for People Management (**APPM**).

In addition to formal Human Resource Planning at a strategic level the Order has also:

- Set up a "Promoting Professional Development" group that meets on a monthly basis to plan training and development for the Order's staff;
- Set up a dedicated "Administrative/Human Resource Officer" forum that meets on a quarterly basis to examine future trends and keep up to date on current legislation; and
- Provides its entire staff with an employee handbook detailing important Human Resource guidelines.

As an effective measure for ensuring that the Order's human resource policies and procedures are effectively disseminated throughout the organisation, the Order has developed a formal communications strategy. This is known as the "Info Share" programme.

Communication

The Order defines communication as "*informing and achieving understanding with the aim of bringing about action*". As part of the process for ensuring that policies and decisions are effectively communicated to staff, the Order has developed an information sharing methodology. The Order has placed specific emphasis in ensuring that information flows from management to staff and from staff to management in a timely and effective manner. Effective communication is not perceived to work unless the recipient of that information whether it be a manager, supervisor or other employee understands the message being communicated and is persuaded to act upon it.

The purpose in developing this defined methodology for information sharing is to ensure that the Order's staff are supplied with the information they need to enable them to become involved with the organisation and do their jobs effectively. Failure to communicate is perceived as costing the Order in terms of time, morale, effectiveness and efficiency, and can hinder the achievement of the Order's mission. In this respect one of the primary goals of the "Info Share" programme is ensuring that the organisation's objectives are tightly aligned with those of its staff. It is the task of the leadership at each Centre/Service to pass on information, check understanding and to bring about action.

The "Info Share" programme puts in place a set of dedicated and systematic processes to ensure that all staff are kept informed by their direct supervisors about issues that affect them and their jobs.

Information sharing is based on a number of core principles:

- Information is shared in staff groups or teams;
- Information is shared by the team's own supervisor;
- Information is shared "face to face" and as close as possible to the team's workplace;
- Information is shared regularly and consistently;
- Information shared with the teams is relevant to the staff; and
- Information Sharing System is monitored and evaluated constantly.

There have been many benefits that the Order has derived from "Info Share" and it has been established as an effective tool. For example, it has reinforced the role of directors, managers and supervisors in leadership positions and encouraged them to take on more responsibility. In addition, other positive impacts of the programme have included reduced levels of misunderstanding, improved commitment to the organisation and increased co-operation particularly when change is needed.

How does the "Info Share" programme work?

Information sharing works and is facilitated by directors, managers and supervisors who meet with their respective teams on a regular basis to explain, in an open and honest way, matters that directly affect the work and morale of the team. The subjects suitable for information sharing can conveniently be grouped as follows:

- People;
- Policy;
- Progress; and
- Points of action.

Managers and supervisors are frequently required to pass on information that has originated from a variety of sources, such as The Provincial, The Provincial Administration, the director, the management team, the safety committee or the social committee. As the information moves downwards through the structure, managers and supervisors at each level add information that is local and relevant to their team or department. The input of local information is crucial to the success of the "Info Share" programme. The content of the information given by the manager or supervisor to the team should include:

- Information that relates to all the services of the Order;
- Information that is local; and
- Information about other items.

Information sharing follows the general principle that the individual conveying the information must be the manager or supervisor who is accountable for the work of the team. It is important therefore, that this person is the one who shares the information with the group or team. In this respect, and to ensure the effective transfer of information as a matter of policy, each manager or supervisor is instructed that they should maintain a folder containing:

- A list of the staff members in the team;
- Copies of notes of previous information sharing sessions;
- A list of questions not answered during the last information sharing;
- Notes and reminders of policies or procedures and points for action;
- Visual aids where possible to help make a point; and
- "Handouts" with details of the information to be shared where appropriate.

The fact that these guidelines are explicitly detailed helps with the "Info Share" implementation and demonstrates the organisational intent.

4.3.2 Performance and career management

As a result of discussions with unions, and because of the benefits that the organisation conveys on staff and its commitment to improving personal excellence, the Order has implemented an individual Performance Development and Review (**PDR**) programme for all its employees. The PDR assesses staff performance on an individual basis. It also looks at the individual training needs of employees and what is required to advance them both in their personal development and in their career.

Effectively, the Order has sought to develop an organisational culture that encourages and supports improved performance and individual development for staff. As part of this process, a regular review with an employee's relevant manager is included as a benchmarking and assessment tool. To date, the scheme has been readily embraced by employees who have seen it as a mechanism for better tailoring their individual development needs with their long-term career goals.

The PDR is based on a number of key development stages throughout the course of the evaluation process. These are detailed as follows:

- **Achieving clarity on the job to be done**

  There should be no misunderstanding between an employee and their manager as to the nature of the job to be done. Clarity between manager and staff member is key.

- **Setting standards of performance**

  Based on identified criteria goals are set for the employee based on their completion of specific tasks relating to their job. A number of "Key Result Areas" are identified. 'Key Result Areas' are those areas of an employee's job that are critical if they are to achieve the overall objective.

- **Reviewing performance in the job**

  The employee's performance on the job is then thoroughly reviewed by relevant supervisor or manager.

- **Preparing for the performance discussion**

  Both the employee and the manager prepare in advance of the review meeting.

- **Conducting the performance discussion**

  The manager and the employee sit down and thoroughly review the staff members' performance in respect of the goals that were created at the outset.

Once the PDR has been completed the staff member and their manager are better able to identify the training needs of the individual staff member based on potential weaknesses identified over the course of the review. In this way, career goals and future development needs are identified and linked through the PDR framework. The Human Resource department believe that this has provided for a more accurate and targeted training and development programme for staff, and consequently a higher return on investment in training programmes in respect of improving the overall levels of quality in service delivery.

4.3.3 Work Environment

The Human Resource department has identified a number of work practices that it has introduced to facilitate an improved working environment for the Order's staff. These programmes have included: flexible work practices, safety programmes and employee assistance programmes. In addition to these programmes, which we will now explore in more detail, the Order has recently incorporated a policy for "Equality and Diversity" into its overall Human Resource policy. As in the case of Temple Street, this has been necessitated by the huge growth and diversity in the nationalities of staff now working for the Order in Ireland.

Flexible work practices

In respect of creating a flexible work environment, staff at St. John of God are offered job sharing, career breaks, part-time work and flexible hours. In addition, managers are actively encouraged to help and facilitate their staff in finding the right work life balance.

Safety

As well as a safety officer at each St. John of God centre, the Order has also put in place a manual handling policy. This has been accompanied by the setting up of a research group, which is involved in ongoing work in the area of manual handling.

Employee Assistance and Support Programme (EASP)

In its commitment to improve the working environment and consequently the working lives of its staff, the Order recognises that personal, family, social and work problems may effect an employee's well being or health in the workplace and hence may also affect their work performance. In this respect the Order has made an explicit commitment to assisting, in a confidential manner, any employee who may be experiencing such problems and difficulties.

EASP makes available to all employees and their immediate families (i.e., children/spouses) professional services required to facilitate the resolution of the above social and work related problems. The EASP facilitates employees in assisting them resolve their personal, family and work related issues through improved personal coping skills and effective use of the Order's organisational structures. It is not the role, however, of the EASP to become directly involved in the resolution of such issues.

There is no limit to the number of contacts an employee may have with the EASP and the employee may avail of the programme at a location of their choice. In this respect, the programme also provides employees with the flexibility often required in dealing with such problems. Generally, contact outside of the employee's working hours is the preferred option. However, contact during working hours is also provided for.

In order to preserve confidentiality, requests to avail of the EASP are made directly by the employee. Records maintained by the EASP do not become part of an employee's personal file. The EASP also provides proactive group educational and training programmes with regard to personal and work stress. These programmes are provided on a service basis either on-site or off-site, and both introductory and advanced programmes are provided for.

How does the EASP work?

Personal contact is the preferred manner of getting in touch with the EASP. Employees are encouraged to avail of the EASP outside of normal working time. If circumstances, however, dictate that this is not possible the employee will make their arrangements for time off in accordance with the centre's organisational procedures. The location of the EASP can be either on-site or off-site. The employee is also facilitated in respect of flexibility around location.

4.3.4 Training and development

St. John of God's has demonstrated a continuing commitment to education and training at all levels throughout the organisation. The Order has clearly recognised that to meet the challenges of modern care environment, staff need to continually develop their skills both from the perspective of maintaining the high standards of the organisation and also from the perspective of personal development. In this respect, regular education and training is identified by the Order as a key success factor in the process. The Order has both an annual training budget and also "on a needs basis" training reserve. In its continuing commitment to training its staff, it has also developed a computerised training database which records the type and levels of training completed by all its employees.

While the professional training and development of its employees is of the utmost importance, the Order has also actively sought to develop the softer skills of its employees in dealing with patients, parents and colleagues alike. Two excellent examples of initiatives introduced in this case have been the introduction of the "*Dealing with Angry Parents*" and the "*Dealing with Abusive Parents*" training programmes.

Dealing with Angry Parents

This training course is based on assisting staff develop their skills in using a process to help a distressed parent or family member work through their distress and arrive at point where problems can be explored and solved cooperatively. In a commercial world, turning angry customers into satisfied customers is the aim of most organisations. Consequently, organisations train their front line staff in this process. Customers who have had their complaints resolved by an employee who "cared" about them become satisfied customers and feel supported by the organisation.

The same rules apply in a medical care situation. In this respect, as a customer or client/patient-facing organisation, the Order has focused on assisting their staff develop the same customer facing skill set that they would in a commercial environment. A customer who feels "cared" for by an employee has been treated with respect and dignity. They have been valued despite the display of emotion. The employee is highlighted in their minds and likewise, the organisation. Employees who have defined and developed their interpersonal and problem solving skills in this respect are great ambassadors for the organisation.

The Order's mission and values creates a similar expectation of employees:

"*Springing from the Christian values and holistic approach advocated and practiced by its founder, the Hospitaller Order of St. John of God is dedicated to the provision of social, education, welfare and health services. It has a mission to ensure that persons availing of its services receive the highest quality care, education, training, treatment or assistance in accordance with their needs*".

The values of "hospitality, care, compassion, respect, accountability and justice" are signposts that define the actions of the organisation. Through using the knowledge, skills and attitudes taught in "Dealing with Angry Parents", staff are effectively aligning themselves and delivering on the overall goals of the organisation. Critically, from a customer facing perspective, they are relaying the mission and values of the Order by helping angry parents or family members understand and cope more effectively with their issues and concerns. Training for staff in this area covers the following:

- Understanding the importance of empathy in successfully dealing with parents who are displaying anger or other emotion;
- Being able to use "listening skills" or to "read" nonverbal communication from parents in these settings;
- Using a process that will help successfully handle situations with parents who are angry or displaying other strong emotions;
- Being able to make decisions about appropriate follow up action in such situations;
- Gaining insight on how anger impacts on you as a staff member; and
- Gaining an insight into the feelings of a parent of a child or adult with an intellectual disability.

Dealing with Abusive Parents

Occasionally, staff may be confronted with a situation where they will meet with abuse from parents or relatives of patients. There is a difference between "upset" parents and parents who are "abusive".

Upset parents may often be looking for understanding and help from a staff member and on occasion may be angry. This is in stark contrast to abusive parents who may be demeaning towards a staff member and devalue their integrity and the contribution that they make as an employee of St. John of God Services. They may do this through the medium of physical violence, foul language, false accusations or denying a staff member's capabilities or competencies.

In this respect, staff at St. John of God's are well trained and briefed in dealing with such situations. This helps to reduce stress levels for staff when confronted with difficult situations. In this respect, it also equips staff with the skills for dealing with such situations.

The guidelines on dealing with abuse from families are very specific. It provides staff with a process in how to deal with the parents or other relatives who are abusive towards them. They have been developed as part of a training package for staff in dealing with angry families and do not in any way replace the Order's policy on harassment.

Examples of abuse from parents or family members include those that:

- Demean staff;
- Devalue staff integrity;
- Belittle a staff member as a person;
- Make false accusations;
- Use physical violence;
- Use abusive language;
- Use threatening behaviour; and
- Use verbal abuse.

Procedure

In the event of staff experiencing any of the above, staff are trained to adopt the following procedures.

The staff member involved should:

- Remain calm;
- Remain objective;
- Ask the person to cease the behaviour;
- Inform the family that they are not happy with the way they have been treated and will be discussing the matter with their supervisor;
- Advise the family member of the complaints procedure; and
- Report the incident immediately to the supervisor/senior manager.

Once the event has occurred and been reported, the respective staff members and their supervisor will meet to discuss the events. In this respect, the supervisor will:

- Meet with the staff member as soon as possible;
- Listen calmly to the staff member;
- Advise the staff member of the EASP and how they can make contact with the programme;
- Discuss the matter with the management team;
- Ensure that the matter is dealt with promptly; and
- Document action taken in support of employee.

In training staff to deal with such situations, the Order equips its staff with the necessary skills to deal with difficult and stressful situations. As a consequence, staff members display more confidence in their day-to-day jobs and are able to handle difficult situations such as dealing with abusive parents more effectively and professionally when they arise. This reflects well on the organisation.

Dublin Institute of Technology accreditation programme

With a view to adding further weight and authority to many of the Order's training programmes, it has developed a relationship with the Dublin Institute of Technology (DIT). As a comprehensive higher education provider, DIT is committed to working in partnership with appropriate institutions and organisations in Ireland and abroad. The Institute recognises the mutual benefits that can arise from the development of collaborative programmes of study and, and importantly, the increased opportunities which such provision makes available to a wider range of students.

In this context, the Order is currently pro-actively seeking accreditation for its training schemes as a means of adding further credibility and weight to the training it provides to its employees.

Through its partnership unit reporting to the Director of Academic Affairs, DIT will provide a validation and franchising service for some of the Order's training courses, based on a set of rigorous quality assurance procedures that the Order must pass. In developing formal collaborative programmes that involve a DIT award, The Institute first assures itself that its partner institutions offer an ethos and environment for teaching and learning appropriate to higher education and to the particular proposed collaboration.

This approach will hopefully provide accreditation for many of the Order's training courses and confer a direct benefit on the staff and employees of the Order in achieving a recognised qualification.

Additional training

A selection of other courses offered by the Order to staff this year demonstrates the commitment to training and development. A selection of other courses offered by the Order this year have included:

- Basic Supervisor – Development Programme;
- Advanced Supervisor – Development Programme;
- Hospitaller Leadership Programme;
- Manual Handling Instructors Course;
- Manual Handling;
- Care Skills for Managers;
- Certificate in Community Health Services;
- Job coaching in Supported Employment;
- Business Intelligence Training;
- Employee Selection Workshops; and
- Primary Food Hygiene.

Stress in the workplace

The Order held a conference on the topic of dealing with stress in the workplace in October 2002 as a means of providing further awareness and education. Over 120 people attended the conference. It included presentations from experts on the psychology of work, stress related issues, human resource concerns and the legal implications for employers.

4.3.5 Selection and recruitment

The Order places a lot of emphasis on the selection and recruitment process. They have a formal strategy in place for attracting high quality staff both at the local and corporate level. Critically, the Order set up a retention study group whose express objective was to devise methods to attract and retain staff.

They have introduced measures such as:

- A crèche;
- A Credit Union;
- Corporate health insurance; and
- Health club membership.

Staff have welcomed and seen great advantages in the schemes that have been introduced. Evidence for this can be observed in the great successes of the introduction of the crèche care facilities provided in centres such as Glenageary. There has also been a high percentage of uptake in the corporate health insurance scheme.

4.4 BEST PRACTICE CASE STUDY: ST. JAMES'S HOSPITAL

Our final exemplar is St. James's Hospital, Dublin. St. James's has emerged as the largest acute general hospital in the Republic of Ireland. It provides a comprehensive range of diagnostic and treatment services for patients both public and private. The hospital accommodates approximately 800 beds and employs approximately 3,500 staff at any one time.

4.4.1 HR planning and policy development

HR is represented at senior management level in the hospital. Critically, St. James's Hospital has a HR Strategy developed in conjunction with the Hay Group 2000/2001 and a five-year Corporate Plan covering the period 1998-2003. The link between the corporate plan and the HR strategy is currently weak, but will be strengthened when the current review of the existing five-year Corporate Plan is completed.

A defined Human Resource strategy

In 2000, the Hospital's HR Strategy project team in conjunction with Hay Group developed a proposed human resources management framework under the following headings:

- Recruitment;
- Pay and reward;

- Employee relations;
- HR planning;
- Career development; and
- Training and competency development.

For each specific policy area:

- An overall objective or mission statement was created. This was founded on the principles of equality, fairness and transparency.
- The key principles that would drive the implementation of policy in each area were identified. It was also clearly stated what the respective roles and responsibilities of the "Centre" and the "Line" would be under future policy.
- It emphasised the auditing and monitoring role of the centre in ensuring effective implementation.
- Finally, it detailed the business benefits of implementation.

How will the implementation of the Human Resource Strategy affect the roles of directors, managers and staff in the hospital?

In the future Line Managers and supervisors will have responsibility for:

- The consistent delivery of HR management processes;
- The planning and review of HR requirements;
- Local personnel administration, eg the production of job descriptions and advertisements;
- Identification and sourcing (through Central HR as appropriate) of the necessary training to implement the agreed HR policies;
- Responsibility for both the prevention and management (up to 'second' level) of IR issues; and
- Engage with other areas of the Hospital and Central HR to ensure consistency of practice.

In the future "The Centre" will have responsibility for:

- The development of HR policy, standards and guidelines including policy on numbers of staff;
- Support of line management in expertise provision;
- Corporate wide processing and administration;
- The Hospital's HR interests outside the organisation;
- The management of the hospital wide partnership agenda as well as specific escalated IR issues; and
- The research and development of strategic HR projects e.g., new recruitment approaches or performance management design initiatives.

The real benefits of the Human Resource strategy devised by the hospital is two fold:

- It clearly identifies a set of policies and procedures to move Human Resource practice across the organisation forward; and
- It clearly identifies the roles and responsibilities on management at all levels in ensuring the effective implementation of the plan.

Such effective planning can only help to serve both the organisation and its employees well in the long run.

In addition to putting in place HR planning at a strategic level, St. James's Hospital also carefully produces and manages reports with respect to staff turnover. The Key Performance Indicators (KPIs) used for benchmarking and analysis include:

- Staff turnover including average length of stay for staff in specific job categories;
- Staff absence including maternity and bereavement; and
- The time it takes to fill available positions.

4.4.2 Performance and career management

There is no formal career progression system in place. In addition, St. James's Hospital has no Performance Development Review (PDR) in place for individual based staff assessment. Instead, as part of the agreements reached with social partners under benchmarking agreements and as outlined in the APPM and "Sustaining Progress", a standard Performance Review system is to be introduced at the hospital in the first quarter of 2004. The focus of this evaluation tool will be at a team or group level. Individuals therefore will not be assessed.

Office for Health Management Competency framework

The hospital is planning the introduction on voluntary trial basis of the Office for Health Managements Competency framework for Managers of the Health and Social Care Professions. The competency frameworks are the result of research commissioned by the Office for Health Management in 2001.

The competency frameworks focuses exclusively on the management component of specific roles within the health and social care professions, as opposed to the development of technical or professional skills. The competencies are broken down into four key areas which include:

- **Managing the service**
  - Planning and managing resources;
  - Evaluating information and judging situations;
  - Assuring high standards in the service today; and
  - Being a champion for the service user.
- **Managing people**
  - Influencing people and events;
  - Managing individual performance;
  - Being the communication channel;
  - Creating team spirit; and
  - Supporting personal development.
- **Managing yourself**
  - Being a leader in ones profession; and
  - Maintaining composure and quality of working life.
- **Managing change**
  - Working towards a user centred service; and
  - Creating the services of the future.

Having prioritised the competencies most relevant to their own job and selecting the appropriate level of the framework provided by the Office for Health Management, managers identify their strengths and areas for development by self assessing against the indicators for each competency. The Office for Health Management has developed a Personal Development Planning (PDP) framework with associated resource materials to guide this process. To facilitate its ease of use and development, the PDP e-learning programme and guidelines can be accessed online.

4.4.3 Work environment

In respect of the work environment, St. James's has recently put in place a number of practical initiatives to improve the work environment for employees. A selection of these include:

Equal opportunities policy

An equal opportunity policy has recently been implemented to ensure equality and fairness for staff and employees across the organisation.

The creation of a Senior Cultural Officer post

While there is currently no formal diversity strategy in place the hospital is in the process of appointing a senior cultural diversity officer for both staff and patients alike. This has been particularly important given the increasing diversity and multicultural profile of staff employed and treated at the hospital.

Flexible work practices

Flexible work practices are available to accommodate staff in creating the right work life balance. For example out of a total of 3,800 staff currently employed, there are over 200 part time job arrangements and 240 on job sharing schemes.

Internal communication strategy and plan

In a bid to facilitate communications throughout the organisation, including improving communication between staff and departments, a comprehensive internal communications plan is currently being implemented. The Partnership Group representing both managers and unions has supported this initiative closely.

This plan is the result of a "Communications Needs Analysis" programme conducted among staff at the hospital last year. The initiatives being introduced are based on what staff have suggested in relation to improving communications across the hospital. The aim is to create a communications culture that is effective, flexible and transparent to meet the needs of all staff throughout the organisation.

- **Staff newsletter** "***In Touch***" (hard copy and online). This publication has been produced bi-monthly and contains information about key projects around the hospital.
- **Briefing sessions**: Since June 2003, briefing sessions have taken place under two key headings:
  - **Health Service reform**:

    A series of six presentations were conducted in different locations across the hospital on reforms in the Health Service.

    The success of briefings sessions has been measured by attendance and by a questionnaire. Attendance at the Health Service Reform Briefings varied from venue to venue. Overall, about 150 people attended 6 briefings. A number of areas have requested additional briefings, which would indicate that it has been successful.

  - **Service planning and key hospital developments**:

    Two briefing sessions were held. The sessions provided an update on the hospitals service planning process and progress and highlighted a number of key developments. In total, 104 staff attended reflecting a very high turnout and representation from every Directorate, Department and Service Area.

- **The Intranet Booth Project**

  The purpose of the Intranet Booth Project is to provide equality of access for all staff to the Hospital Intranet and email facilities. It is important to place the project in the context of the broader framework of communications. It will act as an essential support mechanism in the overall plan to create a communications culture that is effective, flexible and transparent to meet the needs of all staff throughout the organisation.

  In addition, interest in the organisations intranet has escalated, as the information is now more up to date. A wide variety of staff now use it as a mechanism to promote information about developments in their area. A survey of users earlier in the year was very positive in terms of content and ease of navigation.

- **Facts at your fingertips**

  Working with a sub-group of staff from a number of disciplines across the hospital, a directory of information called "*facts at your fingertip*"' has been complied. This contains information for staff on:

  - A list of what information exists and where you can access it;
  - A staff handbook;
  - A staff phone/email directory and updated newsletters;

- The monthly CASCADE messages for an area;
- Personnel policies that apply to all members of staff; and
- Frequently asked questions from areas like Finance, Personnel and IMS.

- **Newsletter**

  The newsletter has been well received by staff and union representatives. Union representatives requested that they be put on the mailing list to receive a copy. Much of the staff feedback is verbal and staff seem to be more interested now that they can see that it is both a regular and consistent publication. Many staff are now submitting articles for submission well before the deadline.

- **The CASCADE system**

  This is a progressive initiative, which is used in many large multi-national organisations. It is currently being pioneered at the hospital. The system provides a mechanism through which key corporate messages and developments can be communicated to all staff, in a timely manner and in a language that they understand.

  The system will use an identified group of messengers in each Department/Directorate/ Service Area to deliver the message. There will also be an inbuilt monitoring procedure to ensure the system is effective in all areas at all levels. This will provide evidence that the communication took place and who was communicated with.

4.4.4 Training and development

St. James's Hospital, like all of our exemplars, has a training plan in place. The annual budget for the plan is in excess of €350,000. Currently, however, the hospital has not reviewed the impact of training interventions and plans to be more formal about on-the-job training and the impact of investment in training. Features of the training programmes employed at the hospital include:

Formalised training plan

A formal and defined training plan is in place.

Reimbursement

Participants in professional training courses receive up to 40% of their fees back in the form of a reimbursement. This is to encourage staff to develop their professional skills as far as possible.

Training and development unit

Training itself is co-ordinated by a training and development unit. The is no training needs assessment, however, and as a result training does tend to be skewed in the direction of white collar staff.

Additional training courses

The hospital runs training programmes for CPR/Life Skills and Manual Handling. It also has a safety-training course for staff.

4.4.5 Selection and recruitment

There have been a number of focused initiatives that have been targeted in recruitment and retention. St. James's Hospital has developed a strategic plan for attracting high quality staff to the organisation. As part of this plan it has used a recruitment consultants. The emphasis has primarily been on website recruitment.

In the future, the hospital also plans to introduce competency based interviewing as part of its recruitment process.

Brand study

In an innovative move the hospital asked UCD to conduct a brand study. The primary objective of this study was to assess the effectiveness of print media recruitment advertisements for St. James's Hospital.

How was the study conducted?

To achieve the primary objective of the study a number of key areas were examined. These included:

- **An assessment of attitudes and perceptions**

  An assessment was carried out as to the attitudes and perceptions of recruiters, potential applicants, and past successful and unsuccessful applicants toward St. James's Hospital's new advertising format. This format had been launched in December 2001. In this context particular attention was paid to:

  - Appearance;
  - Placement;
  - Content;
  - Style;
  - Language;
  - Brand awareness;
  - Areas of improvement; and
  - Any other issues deemed relevant.

- **An assessment of satisfaction levels**

  An assessment of satisfaction levels was then carried out with the new advertisements from the perspective of recruiters, successful and unsuccessful applicants. The focus was on the same factors identified above for assessing attitudes and perceptions.

- **An assessment of effectiveness**

  An assessment of St. James's Hospital satisfaction levels with the effectiveness of the new advertisements was then conducted, with a focus on:

  - Compatibility of applicants with job;
  - Creative input from the advertising agency;
  - Communication with the personal department;
  - Personnel's relationship with advertising agency; and
  - Any other areas deemed relevant.

- **An assessment of competitor formats**

  An assessment of attitudes and perceptions towards competitor's advertising formats among recruiters, successful and unsuccessful applicants was conducted paying particular attention to the same factors identified above in the first two steps

- **An assessment of attitudes and perceptions**

  Finally an assessment of attitudes and perceptions towards St. James's Hospital among successful and unsuccessful applicants was conducted focusing on:

  - St. James's Hospital as an Employer of Choice;
  - Brand awareness as compared to other employers in the Health Service in Ireland;
  - Perceptions towards competitors, with a focus on number and type of services available to staff, staff opportunities, location, safety levels, and any other areas deemed relevant;
  - Key reasons for choosing/not choosing St. James's Hospital over other Health Service employers; and
  - Any other areas deemed relevant.

Table 4.1: Selection of best practice initiatives in exemplar organisations

	Temple Street Hospital	**St. John of God**	**St. James's Hospital**
HR planning and policy development	HR function incorporated as part of strategic planning process Exit interviews Structured induction programme Use of metrics to track and measure HR effectiveness	HR function incorporated as part of strategic planning process Exit interviews Structured induction programme Use of metrics to track and measure HR effectiveness	HR function incorporated as part of strategic planning process Exit interviews Structured induction programme Use of metrics to track and measure HR effectiveness
Performance and career management	Team based evaluation	Individual performance evaluation (PDR)	Team based evaluation
Work environment	Flexible work practices Intercultural Committee Workplace safety initiatives	Employee Assistance and Support Programme (EASP) Safety Officer Flexible work practices Infoshare	Equal opportunities policy The CASCADE system Flexible work practices Senior Cultural Officer post Internal Communication Strategy and Plan Staff newsletter '*In Touch*' The Intranet Booth Project
Training and development	Funding for third level courses Interest free loans	Training linked to individual performance evaluation Dealing with Abusive and Angry Parents Programmes Dublin Institute of Technology Accreditation programme	Formalised training plan Reimbursement for professional training courses Dedicated training and development unit
Selection and recruitment	Use of metrics to analyse recruitment effectiveness	Crèche, Credit Union, Corporate health insurance, Health club membership	Independent evaluation of recruitment strategy

4.5 SUMMARY OF KEY SUCCESS FACTORS IN EXEMPLAR ORGANISATIONS

In summarising areas of commonality that exist across the exemplar organisations, there are a number of Key Success Factors that can be identified as having contributed toward their achievement. These success factors, while offering some practical guidelines for other agencies seeking to advance their own HR practices, must be taken in the context of both the size of the agency and the resources at their disposal.

- **Planning**

In all cases, the HR function in these agencies is represented at senior management level. Critically, this means that the HR planning process is carefully integrated into the overall corporate planning of all these agencies. This is a significant step in ensuring that the HR function is properly represented and that correct action is taken with respect to matching the overall long-term goals of the agency with the appropriate HR strategy.

- **Communication**

Communication is viewed as priority in all the agencies. Processes and procedures are in place to ensure that information flows freely around the organisation and that employees are kept abreast of developments. Without this communication, it would be very difficult for the HR departments in the respective agencies to function as effectively as they do.

- **Monitoring and evaluation**

Exit interviews are a key component of HR strategy for all exemplar agencies. All agencies realise the importance of tracking the reasons as to why staff may be leaving. This allows them to identify and remedy potential problem areas at an earlier stage. In addition, all the agencies track turnover rates and pay careful attention to figures gleaned as a result of the exit interview process. For example, key metrics that are analysed include:

  - Staff turnover including average length of stay for staff in specific job categories;
  - Staff absence including sick leave and maternity leave; and
  - The time it takes to fill available positions.

- **Support**

All the agencies have put support structures in place for staff who may be experiencing personal problems in work or outside of the work environment. The pressures and stress of working in the healthcare industry can often be a heavy burden. In this respect, and with a view to making staff feel valued and cared for, formal structures and procedures are in place in all these agencies to assist staff in dealing with problems if they occur.

- **Flexibility**

Agencies place a great deal of focus in providing their staff with the flexible work practices to allow them to tailor a reasonable work/life balance. In offering their staff these practices, agencies are very focused in ensuring that the quality of service delivery and patient care is not affected as a result.

- **Development and training**

All the exemplar agencies place strong emphasis on training and development within the context of recognised budgets. In particular, training programmes to facilitate the development of the softer skills of employees has been a focus.

4.6 SUMMARY OF PROGRESS AND CURRENT GAPS

Our principal conclusion is that the health and social care providers in the Eastern Region are implementing and planning to implement many initiatives which are in line with Improving Working Lives: Becoming an Employer of Choice.

At a macro level, the context has been set by the Health Strategy, the National Agreement "Sustaining Progress" and the Action Plan for People Management. At a local level, most service providers are endeavouring to develop a HR strategy, which is consistent with the overall Corporate Plan and indeed the service plan.

By comparison with the private sector and other international equivalents, based on our benchmarks, it is evident that the health and social care providers are currently performing at a level that would merit the Employer of Choice description. This is encouraging, while our findings also show that there is scope for improvement in some important areas. Overall, it is now time to capitalise on the good work currently being done as well as initiate new developments in order to move agencies in the eastern region forward toward achieving new international standards.

Table 4.2: Gap assessment

Area	Assessment
HR planning and policy	Progress is being made and in general the quality of planning is regarded as good. However, HR staff are not playing the strategic role that is required although they are aware of the need for the HR function to be more of a 'business/service partner'. The focus tends to be on short-term issues and on industrial relations.
Performance and career management	The service providers are behind where they should be but going in the right direction with team-based assessment. It is important that the incidence of team-based assessment is brought forward. Individual assessment is employed in some agencies and needs to be considered more broadly going forward.
Training and development	The practice is quite extensive while perceptions of the availability of programmes differ between employee and management. Also, training and development is not linked to personal development or performance management. In general, the service providers are behind where they should be but going in the right direction.
Work environment	The service providers are ahead of the private sector in terms of flexible arrangements. There are some interesting situation specific initiatives from our benchmark research.
Recruitment and selection	There is a need for more coordination across providers and for more varied recruitment techniques (e.g. competency based interviews)

Overall, health and social care providers have a good story to tell. Employees are well looked after with a wider range of initiatives than would apply in the private sector. This is particularly true in relation to flexible working hours and the work environment, which are very important considerations in the context of work-life balance.

We believe that a significant issue for some health and social care employers in the region is an apparent perceptual difference between employer and employee in relation to the supports that are available at present. This factor arose in interesting ways in the course of our research. Employers in the sector need to communicate with employees the supports that they enjoy at this time in comparison with their private sector counterparts. Such supports are not an automatic right of employment but reflect real initiatives to Improving Working Lives. This factor will prove important in reaping the benefits of developing further Employer of Choice initiatives. The case studies from the highlighted best practice sites and our recommendations will provide managers with guidance in progressing this important area of work.

5. NEXT STEPS

INTRODUCTION

The objective of this section is to provide a series of next steps which HR directors or managers of agencies can use to address key messages of the report that they found useful and that they believe may be beneficial to their own service.

In this respect, it outlines two approaches managers can use with a view to improving HR practice in their own agency in the context of any Improving Working Lives initiatives they may wish to introduce.

- Firstly, it provides some sample questions that could form part of a HR audit best practice tool that managers could use to assess the current state of HR practices in their own agency with respect to Improving Working Lives initiatives. Such a tool is worthy of development, possibly by the ERHA for use by service providers;
- Secondly, it provides a menu from which managers may want to select a number of relevant yet pragmatic initiatives that are currently in place in some agencies in the region; and
- Finally, we suggest roles for the ERHA and HR and management staff in service providers.

Before addressing any improvements that they believe can be made at their agency HR directors and managers alike need to make a summary assessment of the current state of their HR practices. In this respect the following sample audit tool provides examples of key strategic questions that can guide any such analysis.

5.1 SAMPLE QUESTIONS - AUDIT TOOL FOR LINE MANAGERS AND HR MANAGERS/ DIRECTORS

HR planning and policy

- Is the HR management function represented on the senior management team?
- Do all HR Staff report to the HR manager?
- Are the HR department's objectives aligned with those of the organisation?
- Do line management understand the role of the HR division and view the HR staff positively?
- Is the HR department's relationship with other sections clearly defined?
- Are long term HR plans reviewed by top-level management?
- Do line management regularly seek support and advice from the HR division and implement their recommendations?
- Does the HR function have an annual budget?
- Are the accountabilities of HR staff clearly established and defined?
- Do HR staff receive appropriate training and development?
- Are HR policies are monitored and their effectiveness evaluated?

Performance, professional development and career management

- Are staff aware of policy/procedures for performance management?
- Is the performance management model clear and consistent?
- Are organisational goals formally established within departments/wards/teams?
- Does the performance management function link with succession planning and individual careers planning?
- Are managers who develop their staff recognised and rewarded?
- Are employees given the opportunity to discuss training and development activities as a result of the performance management process?

- Do managers have a positive view and commitment to the performance management process?
- How is poor performance managed? Is there a structured process for addressing issues that may arise with specific staff?
- Does your organisation implement Personal Development Plans?
- Does your organisation implement a Competency Framework as a basis of determining performance?

Work environment

- Does the agency have work practices in place to encourage appropriate work/life balance for staff?
- Does the agency provide other staff support services such as a crèche?
- Does the agency have formal workplace safety initiatives in place?
- Does the agency have a formal workplace safety committee? Is there a safety officer in the agency's employment?
- Does the agency have a system in place to promote proactive equality initiatives and diversity management?
- Is there a formal employee assistance and support programme in place?
- Are agency staff fully aware of the support structures available to them?
- Is there a formal communications strategy in place to facilitate communication across the organisation? Does the strategy support the flow of information in an open, transparent, frequent and timely manner?
- Does your organisation implement staff satisfaction surveys? How are the results used?

Training and development

- Is there a formal training needs analysis in place and updated on a regular basis?
- Are training needs aligned with an ongoing Human Resource plan?
- How are training plans established? Are employees involved in developing their own training plans?
- Are training activities meeting training objectives?
- Are training plans developed and approved by senior management?
- Are cost/benefit plans for meeting training needs determined?
- Are skills learned adequately assessed?
- Is the range of training initiatives adequate?
- How are employees encouraged to attend training?
- What are the avenues that employees have to go through to get a training programme approved?
- Are training and development opportunities delivered in a variety of ways, e.g., Job rotation, special projects, online training, and formal education?

Selection and recruitment

- How does line management determine recruiting/selection priorities and needs?
- Are staff aware of the policy/procedures for employment?
- Are recruitment policies realistic and cost effective?
- Do procedures exist to evaluate the effectiveness of the recruiting/selection strategies?
- Do recruitment policies/procedures exist for internal strategies such as promotion lateral transfer?

- Are job profiles accurate, periodically reviewed and updated?
- How valid are the selection techniques and procedures used?
- Is there a formal induction programme for new employees? What is the quality of the induction process?
- Are exit interviews performed? How is the resulting process managed?

5.2 IDENTIFYING INITIATIVES – UNDERSTANDING COST/BENEFIT INITIATIVE FRAMEWORK

Below, we have set out our thinking on the initiatives that should have medium/high impact. We give a view on ease of implementation and resource cost. However, we have not costed these measures, as the costs will be particular to each specific situation. Our views do, however, give some guidance in a relative sense and should help with a comparison of initiatives.

Table 5.1: Cost/benefit initiative framework

HR planning and policy

Initiative	Impact assessment	Ease of implementation	Resource cost
HR representation at senior management level	High	Easy	Low
HR planning incorporated as part of overall agency planning and strategic goals	High	Medium	Medium
Exit interviews	High	Medium	Medium
Use of metrics to track HR effectiveness	High	Greater difficulty	High
Structured induction programme	High	Easy	Medium

Performance and career management

Initiative	Impact assessment	Ease of implementation	Resource cost
Effective performance evaluation at team or ward based level	High	Medium	Medium
Linking team performance with training plans and requirements	High	Greater difficulty	High
Personal development evaluation	High	Greater difficulty	High
Individual training needs assessment	High	Medium	Medium

Work environment

Initiative	Impact assessment	Ease of implementation	Resource cost
Flexible work practices	High	Easy	Variable
Workplace safety initiatives	High	Medium	Low/Medium
Intercultural committees	High	Easy	Low
Employee assistance and support programmes	High	Medium	Low/Medium
Information sharing initiatives	High	Medium	Low/Medium

Training and development

Initiative	Impact assessment	Ease of implementation	Resource cost
Funding for third level courses	High	Medium	Variable
Interest free loans	High	Greater difficulty	High
Dealing with abusive parents and angry parents programmes	High	Easy	Medium
Formalised training plans for staff	High	Medium	Medium
Dedicated training and development unit	High	Greater difficulty	High

Selection and recruitment

Initiative	Impact assessment	Ease of implementation	Resource cost
Use of metrics to assess selection and recruitment effectiveness	High	Medium/High	Medium
Provision of crèche facilities	High	Medium/High	High
Availability of health club membership	Medium	Medium	Medium
Availability of corporate health insurance	High	Medium	Medium

5.3 ROLES

To make progress as an Employer of Choice, focusing on Improving Working Lives requires that HR and line management are clear on their roles. We are of the view that the ERHA itself can play a leading role. Becoming and maintaining one's status as an Employer of Choice is a continuous process, but most service providers should find something in this report to help that transition.

Below, we set out/suggest some key roles for the ERHA and the service providers, distinguishing the role of central HR from the HR role of Line Managers.

Table 5.2: Implementation Roles

ERHA: HR and OD Directorate	
1.	Run awareness seminars/briefings.
2.	Provide periodic support and advice.
3.	Consider awards for best providers/best initiative.
4.	Develop HR audit tool to guide HR and Line Managers.
5.	Consider supporting service providers actively on the ground with implementation strategy.
6.	Consider provision of service to monitor and evaluate progress made.
Central HR in provider agencies	
1.	Ensure that a HR strategy exists.
2.	Build awareness of Employer of Choices initiatives that are actually implemented.
3.	Work with ERHA and receive benefit of work/research/tools available centrally.
4.	Ensure that Line Managers are aware of their role in HR and people management.
5.	Implement quick wins.
6.	Notify staff of successes.
Line Manager	
1.	Contribute to the HR strategy.
2.	Understand HR strategy and link to Corporate plan.
3.	Actively work with HR to implement Employer of Choice initiatives.

APPENDIX 1: CONTACT DETAILS FOR BEST PRACTICE SITES

Temple Street Children's Hospital
HR Manager,
Temple Street Children's Hospital,
Dublin 1.
Phone: 01 8095232

Hospitaller Order of St. John of God
HR Director,
Hospitaller Order of St. John of God,
Hospitaller House,
Stillorgan,
Co. Dublin.
Phone: 01 2831201

St. James's Hospital
HR Director,
St. James's Hospital,
James's Street,
Dublin 8.
Phone: 01 4103568

APPENDIX 2: LIST OF USEFUL WEBSITES

Republic of Ireland Websites

www.doh.ie (Department of Health)

www.erha.ie (Eastern Regional Health Authority)

www.familyfriendly.ie (Family friendly workplaces)

www.officeforhealthmanagement.ie (Office for Health Management)

www.ncpp.ie (National Centre for Partnership and Performance)

www.hsea.ie (Health Services Employers Agency)

www.cipd.ie (Chartered Institute of Personnel and Development)

UK websites

www.doh.gov.uk (Department of Health)

www.york.ac.uk/inst/crd/NHS (Centre for Reviews and Dissemination

www.nice.org.uk (National Institute of Clinical Excellence)

www.audit-commission.gov.uk (Audit Commission)

www.bmj.com (British Medical Journal)

www.thelancet.com (The Lancet)

www.omni.ac.uk (OMNI information gateway)

www.hsj.co.uk (Health Service Journal)

www.cipd.co.uk

US websites

www.dhhs.gov (the US Department of Health and Human Services)

www.nih.gov (National Institutes for Health)

Canadian websites

www.healthcanada.com (Federal Department of Health)

www.cihr.ca (Canadian Institutes of Health Research)

www.statcan.ca (Statistics Canada)

www.cihi.ca (Canadian Institute for Health Information)

Australian websites

www.archi.net.au (the Australian Resource Centre for Hospital Innovations (ARCHI))

Eastern Regional Health Authority
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Dublin 20

Telephone: 01 620 1600
Fax: 01 620 1627

EASTERN REGIONAL HEALTH AUTHORITY
Údarás Réigiúnda Sláinte An Oirthir