



**WNWHG**

Grúpa Ospidéal an Iarthair/an Iarthuaiscirt  
West / North West Hospitals Group



# HUMAN RESOURCES STRATEGY

2014 - 2018





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# 1

## DIRECTOR OF HUMAN RESOURCES FOREWORD

The Galway and Roscommon University Hospitals Group (GRUHG) was one of the first Groups in Ireland when formed in January 2012 and brought four hospitals together – Roscommon County Hospital, Portiuncula Hospital, Ballinasloe, Merlin Park University Hospital, Galway and University Hospital Galway. It has since evolved into a new entity with Mayo General Hospital (MGH), Sligo Regional Hospital (SRH) and Letterkenny General Hospital (LGH) forming the West/North West Hospitals Group. The Human Resources function is at the heart of the Group and how we develop and deliver HR services is set out in this strategy. It is a strategy for our greatest asset – our people.

A model for future human resource planning has a simple foundation – the concentration of staff efforts for the improvement of the patients' experience - easy to say but not so easy to do. We have achieved a lot in the short time we have existed as a Group but there will be more demanding targets set for us as we evolve which can only be met by a concentrated effort from each and every member of staff, following a plan of action which is collaborative and clearly focused on quality improvement.

We take encouragement from the way we have handled all that was required of us since the Group's inception. A formidable change management process was faced and embraced by all. The integration of seven hospitals was completed under one Board of Directors, one Management Team and one body of staff now clearly identified as employees of a Group rather than an individual hospital.

Significant flexibility was given by staff in pursuit and successful achievement of the Patient Treatment List targets, the considerable reductions achieved in the number of patients waiting on trolleys in our Emergency Departments, the reduction in our spend across a range of areas, the increases in activity in many patient services and the achievement of all of these milestones with fewer staff than we had at the beginning of the year. There was a significant impact from the Voluntary Early Retirement Scheme and Voluntary Redundancy Scheme as the Group lost almost 200 Whole Time Equivalents. This follows the 2010 scheme when GUH alone lost 52 staff. It is a great testimony to the quality and positivity of all our staff and their representative associations that we achieved these successes without any breakdown in industrial relations, with the minimum of fuss and with such a positive impact on patient care.

This HR Strategy is being launched at a time of ongoing challenges to our resources, human and other, as we again experience contraction with a simultaneous increase in already onerous activity targets. I believe that the substantial reduction in finances available to the health sector over the last number of years has increased the commitment of staff to improve how they work and how they take care of the patient. This gives great encouragement to management that we will again rise to the occasion and ultimately emerge from these difficult times stronger, leaner in how we do our business and more purposeful in our determination to always deliver the best possible service to our patients.



The Public Service Agreement (2010 - 2014) and the Haddington Road Agreement (2013 - 2016) places demands that we must meet and the Group will not be found wanting in embracing change as we move towards improved staff attendance levels, the introduction of a formal performance management programme for all staff and the constant search for efficiencies in service delivery. We know our staff representative organisations will work with us in our endeavours to jointly bring about savings, flexibility and quality improvement at every opportunity. Most of all, we hope our staff see the Group as a model employer, despite all the challenges and that we realise everyone's potential while also improving morale. In shaping this Strategy we have sought the views of our staff in a comprehensive survey which has identified a number of aspects of our Strategy and reaffirms our commitment to an inclusive approach.

**John Shaughnessy (Group Director of Human Resources)**



Future Leaders participants



# 2

## WHY DO WE NEED A HUMAN RESOURCES STRATEGY?

Staff would be forgiven for asking what relevance does a HR strategy hold for them? They may see this as a purely administrative exercise removed from the patient-care areas. I invite staff to consider the following reasons why a HR strategy is not only desirable but essential to how we conduct the important business of healthcare for the people of the West.

The Whole Time Equivalent (or WTE) number employed by the Group at the end of February 2014 was 7,694 (9,038 staff) which is 291 WTE (or 3.93%) over the current allocated ceiling. The Group continues to monitor employment levels whilst working to fill essential front-line posts.

Management are accountable for the substantial public investment in the Group's hospitals. The budget for the Group for 2013 was €609.8 million and this has been reduced by 2.7% to €593.4 million in 2014. The Group spent €501 million (77% of our net expenditure, 68% of our gross) on payroll alone in 2013. This places an onus on us to make savings on premium payments, overtime and agency costs.

83.4% of staff are involved in direct patient care and the remainder indirectly support them in some way. On the basis of these facts alone, the Group has a responsibility to maximise the impact of the investment in the service we provide through our people. Employees are our most valuable asset - we are a service industry which can only achieve our goals through the expertise, commitment and dedication of our staff.

A HR strategy is essential most of all because ultimately it informs how we can improve the patients' experience and outcome. It is the base-line for how we meet our service delivery targets, how we prioritise the allocation of staff, how we ensure we are attracting, developing and retaining the best. Our obligation to give the public the best service we can within our funding and scope of practise is worthy of careful planning and consideration. It is staff who give that service and the HR Strategy exists to support staff.

**In essence, how we attract, select, induct, develop, support, recognise, performance manage, engage and communicate with and value our staff is essential to improving the quality of care all of our patients receive.**

We will be guided by the Mission, Vision and Values of the Group where our patients are our *raison d'être*, where we will strive for excellence and be always mindful of the essential fundamentals in how to interact with our public. We must all 'live' these values in our everyday working lives if we are to make a difference to patients who rely so much on us, place so much trust in our expertise and ultimately need us to bring them through a difficult time in their lives when they feel most vulnerable. The expert judgement, team work, kind words and deeds that bring about a positive outcome for a patient and



their family, or give comfort and hope to those who are facing serious illness – all have a place in the Human Resources strategy.

While this strategy is co-developed with the Senior Management Team and the Human Resources Management Team, it can only be effective if it is implemented through Line Management and Staff. It is staff who are critical to the patient experience and outcome, staff who are the essence of our service, staff who personify the health service and for these reasons, it is vital that we consider in some detail how we engage, utilise and support them in this most important of tasks.

The Strategy identifies a number of key action points at the end of each section which together form an overall implementation plan. This plan will be endorsed and regularly reported to the Executive Council, Clinical Directorates and our Joint Union Management Forum.



Portiuncula Newborn Hearing Screening

# 3

## 'THE BIG PICTURE' – THE GROUP'S BUSINESS STRATEGY

The driving force behind a HR strategy is the business of the organisation – the provision of health care to the 820,880 people who live in our catchment area. Staff make the single most significant contribution to the performance of the Group. The activity levels in Table 1 reflect the magnitude of the anticipated service demands we face in the coming years and we will have to maximise the integration opportunities across all sites if we are to achieve the likely targets set.

Table 1

WNWHG Activity 2013	Target
Inpatients	110,124
Day Cases	158,029
ED Presentations	195,843
Births	10,223
Outpatients	519,603
Urgent Care Centre	4,276

Activity in the constituent hospitals will be reconfigured to meet the objectives set out by Government and will place the Group in a strong position to evolve into an Independent Foundation Trust by the beginning of 2015. This includes meeting the requirements set out in the Small Hospitals Framework.

The ongoing amalgamation of the current hospitals and employees into a viable Group is an essential business requirement. The implementation of the Higgins Report means we have to integrate hospitals across seven sites. The 'new partners' will necessitate the development of governance arrangements appropriate to the expanded Group, Clinical Directorates and the not insignificant challenge of creating a unified service delivery platform across a very large geographical area. The creation of a strong management team to meet the current and future demands of this large-scale change is essential, and central to delivering on the Group's strategy.

Another essential is the creation of a strong Group identity. There needs to be a unified focus from all of our hospitals. A strong identity will enable the Group to attract prestigious partners internationally and to benefit from shared experience, expertise, research and profile. It will keep our priorities to the fore and be a constant reminder of what we expect of each other.

The delivery of services within our financial and staffing allocation is, as always, a task which will test all of us. Cost containment will continue to be a key priority as will management of staffing resources in the most efficient manner possible. The WNWHG financial challenge in 2014 will be in the order of a €50 million deficit and, as payroll accounts for 68% of our gross expenditure, pressures will come into play with respect to overtime, premium payments and agency savings. The ability of our public to access services in a timely fashion is a measure on which we will rightly be judged and the Group will





have to manage performance and to achieve key service targets in 2014 in respect of (see Table 2):

- Reducing In-Patient Waiting Lists to guarantee maximum access
- Reducing Out-Patient Waiting Lists
- Implementing the National Clinical Programmes
- Achieving the In-Patient Targets for Children, Endoscopes and Surgery

**Table 2**

Scheduled Activity	Target
Inpatient / Day Case	No adult waiting longer than 8 months for an elective procedure
Outpatient	No person waiting longer than 52 weeks for an appointment
Paediatric	No child waiting longer than 20 weeks for an elective procedure
GI Endoscopy	No person waiting longer than 13 weeks for procedure

We will also have to meet Unscheduled Care targets such as admitting or discharging 95% of ED presentations within six hours of registration, ensuring 95% of all new medical patients attending the Acute Medical Unit (AMU) spend less than 6 hours from ED registration to AMU departure, and embedding the HIQA Safer Better Healthcare standards in all we do.

### Networking and Partnerships

We will develop our research, education and innovation agenda. Positive partnerships with national institutions and our local university will continue to be vital in supporting the ongoing development of the Group, securing research income and improving Consultant recruitment prospects. New partnerships are being forged with international institutions such as Long Island Jewish Healthcare Group, New York and Northumbria NHS Foundation Trust.

We will endeavour to earn the right to influence change at national level by proving our credentials through delivering on key priorities. Our improving reputation will open more doors and enable us to contribute to formulating policy as well as delivering it. The more targets we meet, the more our credibility and our ability to influence our own destiny increases. Patients however will be at the heart of everything we do.

We are committed to developing and maintaining strong communications channels to our staff as an instrument in our efforts to become leaders in Irish healthcare. The Group HR team will strive to serve our customers, the employees of the Group, so they can give of their best. We will measure our efforts, seek staff feedback and respond in the most timely fashion as part of our contribution to organisational success. Our goal is to deliver a top quality service through a dedicated work force fully committed to providing a world-class health service, and to do so within resource constraints through the opportunities presented by the scale and scope of the West/North West Hospitals Group (WNWHG). Developing our staff in a planned and progressive way is essential for success.

# 4

## OBJECTIVES OF THE HR STRATEGY

If this strategy is to have meaning, it must be clear on what it strives to achieve and must be relevant and aligned to the West/North West Group's business plan as articulated here. To that end, the strategy sets out to:

- Assist our staff in dealing with the challenges that arise in the work-place from time to time.
- Be relevant to the operational needs of the hospitals
- Adopt a modern attitude to staff management, working to an inclusive approach
- Provide managers with the best advice, information and support as they strive to effectively line manage staff
- Enhance the delivery of care for our patients through enabling our staff and our teams to grow and develop as professionals.





# 5 ■ OUR TOUCHSTONES

## Our Mission Statement

Patients are at the heart of everything we do. Our mission is to provide high quality and equitable services for all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion and respect, whilst developing our staff and becoming a model employer.

## Our Vision Statement

Our Vision is to build on excellent foundations already laid, further developing and integrating our Group, fulfilling our role as an exemplar, and becoming the first Trust in Ireland.

## Our Guiding Values

**Respect** - We aim to be an organisation where privacy, dignity, and individual needs are respected, where staff are valued, supported and involved in decision-making, and where diversity is celebrated, recognising that working in a respectful environment will enable us to achieve more.

**Compassion** - we will treat patients and family members with dignity, sensitivity and empathy.

**Kindness** - whilst we develop our organisation as a business, we will remember it is a service, and treat our patients and each other with kindness and humanity.

**Quality** – we seek continuous quality improvement in all we do, through creativity, innovation, education and research.

**Learning** - we will nurture and encourage lifelong learning and continuous improvement, attracting, developing and retaining high quality staff, enabling them to fulfil their potential.

**Integrity** - through our governance arrangements and our value system, we will ensure all of our services are transparent, trustworthy and reliable and delivered to the highest ethical standards, taking responsibility and accountability for our actions.

**Teamworking** – we will engage and empower our staff, sharing best practice and strengthening relationships with our partners and patients to achieve our Mission.

**Communication** - we aim to communicate with patients, the public, our staff and stakeholders, empowering them to actively participate in all aspects of the service, encouraging inclusiveness, openness, and accountability.

*These Values shape our strategy to create an organisational culture and ethos to deliver high quality and safe services for all we serve and that staff are rightly proud of.*





## The Group Human Resources Department Mission, Vision and Values

The Mission of the Human Resources department is to provide key people services and supports which will create a quality working and learning environment, enabling all staff to reach their full potential, and to participate in the planning and delivery of quality patient-focused services in the West/North West Hospitals Group.

Our Vision is to provide a broad range of personnel and organisational services which cover all aspects of an employee's journey into, through and out of the West/North West Hospitals Group, with the ultimate goal of providing best quality patient care.

### **Our Values:**

- We will treat all persons with respect and dignity
- We will create a welcoming, caring and informative environment
- We will take responsibility for the quality of service that we provide
- We will show loyalty and commitment to the Group, adopt a professional attitude and respect the confidentiality of personal information
- We will evaluate and seek to improve our personal performance at work and take responsibility for our personal and professional development
- We will be supportive, helpful and honest in all aspects of our work
- We will take responsibility for the effective and efficient use of resources
- We will adopt a positive approach and promote a positive image of the Group.



# 6

## SKILL AND CAPABILITY IN THE WEST NORTH/WEST HOSPITAL GROUP

This strategy is not just a high-level aspirational document which sets out our ambition as a Group - it is also about how we propose to operate as an employer moving towards Trust status. It embraces our ability to, among other things, develop a proactive workforce plan, recruit and select staff, develop a cohesive and productive training programme, identify and meet skill-mix requirements, create and deliver staff development programmes, support staff welfare, contribute to organisation development and many other facets of the business.

It is about developing a culture that is focused on quality for the patient, achieving cost efficiencies in spending the tax-payers' euros and always seeking the best outcomes in all our activities. We need to look at where we are currently along with where we are going, and we must plan how we will get there.

The strategic HR goals are directed to supporting staff, managers, uni-disciplinary and multi-disciplinary teams and, through our people, ultimately the patient and their family. To set a strategy framework, conducting a basic SWOT Analysis is helpful. Briefly identifying our broad strengths and weakness can focus us on what we do well and on what needs improvement.

### 6.1 Strengths

- Highly trained, experienced, dynamic, energetic, efficient and committed staff
- Evidence of significant flexibility from staff over the past four years in particular
- Strong Corporate and Clinical Governance structures across the Group
- Dynamic leadership with a clear vision for the organisation in this new era
- A positive and enviable reputation in many areas of care
- More clinical involvement in decision-making than ever before
- The foundations on which to build more effective and dynamic team-work
- Performance measurement of a higher standard than ever before at many levels in the Group

Achievements of which we should be proud in the early stages of our existence are hitting the national in-patient waiting list target of 8 months for adults, 20 weeks for children and 13 weeks for routine scopes by year end. In addition, the Group met the national out-patient waiting list target which is that no patient should have to wait longer than 12 months for an appointment. We also reduced trolley waits, coped with staffing losses, managed major external and internal change and established our Board of Directors.



## 6.2 Weaknesses

- Low morale - a result of staffing reductions, economic uncertainty etc and how that can impact on services and staff, and sustained and often unfair criticism of the health service and its staff.
- Improved Training Needs Analysis to inform investment in staff development
- Team-based and individual Performance Management across all grades and departments
- Staff Engagement, Staff Communication and Staff Empowerment

## 6.3 Opportunities

- Leading the way nationally in the new acute structures – different and inventive approaches
- Implement and embed the National Clinical Programmes
- Implement the restructured Quality, Safety and Risk structure and system
- Implement the Safer Better Healthcare standards (HIQA)
- Continue to build on the Acute Medicine and the Surgical Care Programmes
- Further develop the Rehabilitation Services across the Group
- The scope to promote a learning environment - improving skills and knowledge
- Evolution to the next stages of Group development as a seven hospital service
- Imaginative and innovative approaches to organisational development and change management
- The development of a Centre for Learning and Innovation – a designated environment for simulating scenarios from which we can learn to deliver a better patient service – both clinical and non-clinical

## 6.4 Threats

- Staff turnover
- Staff attendance levels (absenteeism)
- Labour market (due to economic conditions)
- Achieving financial breakeven (control of overtime, agency and other pay costs)
- Pace of change.

# 7

## HR CONSIDERATIONS

Robust structures are essential for organisational success. The Group has the right structures in place, structures proven to work in both the UK and Ireland. If we ensure the most appropriate use of our staff – doing the core tasks to the highest standard - we are on the right track for success. There are priorities that require attention if we are to be equipped to meet our medium- and long-term goals and these are considered below:

### 7.1 Staffing

The Group Management Team have striven to improve our staffing complement and will continue to do so. The establishment of the Employment Control Committee (ECC) was the first step to taking an organised approach to evaluating staffing levels. The Committee evaluates every application in the context of the organisation's needs and is the ultimate decision-maker regarding recruitment. We will continue to prioritise patient care and to fill vacancies that are critical, while also being required to work within our budget. Recent additions to the committee will improve its operation and we will further streamline the decision-making process.

There is a need to improve how we recruit if we are to effectively respond to requirements. The recent appointment of a Group Recruitment and Retention Manager is the first step in building capacity in this area. There are system deficiencies in our recruitment service as there has been no investment in an integrated Human Resources system to date. Over the coming months, a business plan will be developed to seek the necessary system improvements. It is envisaged that there will be integrated recruitment within the West North/West Group and the management team have committed to providing support for the development of an efficient and effective system.

We are going through a period of economic uncertainty and this impacts on services and staff. It difficult for any one service to influence the national health agenda but Group senior management repeatedly articulate the needs of the Group to the most senior and influential figures in the health sector, highlighting the historical under-funding arrangements (which led to a 7% increase in budget for 2013) and seeking to improve the Group's share of national resources.

### 7.2 Morale

Sustained criticism of the health service has taken a toll on morale. Staff who have endured pay cuts, accepted less favourable terms and conditions and undertaken additional work and responsibility over the past four years are understandably impacted by the cumulative effect of these. The Group's Communications Strategy has led to more proactive and structured management of issues that are in the public arena and we will continue to articulate our positions as appropriate. We will ensure the media are informed of all sides of issues and Management will provide public support to staff, seek to put in place enhanced employee support services and work to boost morale through staff involvement, good communication and the enhancement of a progressive culture of engagement. Management will also continue to develop the new internal communication arrangements so staff are properly informed of developments.



## **The CEO Employee Recognition Scheme**

We want to promote an affirming workplace as it is likely that staff who feel appreciated by their employer feel more positive about themselves and their ability to contribute to an organisation's success. The Group proposes to implement a CEO Award Scheme to provide recognition to staff for their efforts to improve patient care.

The Group is committed to developing and delivering a sustainable Employee Recognition and Reward Scheme and leading the way in acknowledging the contribution of staff to the delivery of a top quality acute health service to the people within our constituency. By prioritising employee recognition, the Group can nurture a positive, productive and innovative organisational climate to the ultimate benefit of the patients and families we serve.

### **7.3 Staff Development**

In times of austerity, businesses reduce and even eliminate investment in training as the first response to budgetary difficulties. This has also been the case in the HSE. There has been a steady reduction in staff training investment in GUH and this has been replicated in all of the other hospitals in the Group. The recommended staff development spend of 3% to 4% of budget has not been met and this is not desirable in an environment where innovation and learning is intrinsic to improved outcomes for patients. While senior management are being asked to improve investment in staff development over the next five years, front-line management and staff will need to invest time and effort in conducting a focused Training Needs Analysis to inform our Training Strategy. Our staff development programme for 2014 to 2018 will require consultation between staff and line management to provide the foundation for future investment in staff education. The HR department will facilitate the Training Needs Analysis process and will support managers and staff in focusing on the areas that will add most value to the Group and to the patient.

### **7.4 HR Service Delivery**

The Group HR team is structured to reflect the key services we must provide in meeting our contribution to the success of the organisation:

- 7.4.1 Staff Support
- 7.4.2 Medical Workforce
- 7.4.3 Recruitment and Retention
- 7.4.4 Employee Relations and Engagement
- 7.4.5 Performance, Learning and Development
- 7.4.6 The Centre for Learning and Innovation
- 7.4.7 Site-based Human Resources services in each Hospital and Clinical Directorate

#### 7.4.1 Staff Support

We will provide staff support services across all sites – Occupational Health, Employee Assistance and access to Human Resource advice. There will be an emphasis in the initial stages on providing training sessions to staff on how to identify and manage stress with associated tools to minimise its impacts. Counselling services will be developed and capacity to improve support to staff will be built as resources are prioritised in the context of overall service demands.

#### 7.4.2 Medical Workforce

Medical Workforce will coordinate all Consultant and Non-Consultant Hospital Doctor recruitment. Contracts will be offered to NCHDs on a 'Group basis' and NCHDs will rotate through all hospitals in the Group. This should make the filling of posts easier to achieve as there will be scope for experience across level two, three and four hospitals.

We aim to run our own recruitment campaigns, to be creative in where and how we recruit and to offer an attractive opportunity to all grades and professions.

We will address the challenge to reduce overtime, locum and agency spend whilst meeting our obligations under the European Working Time Directive.

We will also improve our probation management for all Medical grades.

The challenge of recruiting quality specialists under the current salary regime will be significant and will place a strong emphasis on improved marketing of the Group and offering other attractions to applicants that will compare favourably with our peers.

On-going support for the integration of the Clinical Directorate structure in the West North/West Group will be important as we strive to build Clinical Management capacity on all sites and across the Group as a whole. This process is underway with the revised arrangements in respect of the appointment of the Associate Clinical Directors and the development of Speciality Leads.

#### 7.4.3 Recruitment and Retention

There will be a HR presence in each hospital and certain services which will be delivered centrally with a Central Recruitment and Retention office to coordinate all recruitment processes. They will be supported by a business partner in each site who will specialise in the Recruitment and Retention process. This local presence will be critical to progressing the needs of their parent hospital while enabling the central function to process the applications for staff and decisions to advertise, recruit and select.

#### 7.4.4 Employee Relations and Engagement

The Employee Relations and Engagement service to staff is critical to the effective running of the Group. The Public Service Agreements have impacted significantly on all of us. The development of more capacity in Employee Relations and Engagement will enable proactive management of staff relations and a more timely identification of issues. The Group Employee Relations Manager will bring expertise to this critical area and will free local HR managers from dealing with detailed and onerous issues which require sensitive and time-consuming handling.

If we are to continuously improve HR services in the West North/West Group (WNWHG) and





contribute to changing and developing the organisation we also need to engage and communicate with our staff. For this reason, we consulted with our staff in a Group-wide Employee Engagement Survey ('Have Your Say') in late 2013. There are a lot of positives emanating from the survey and, as expected, a number of areas that require our attention and a progressive response from management:

- 89% of staff feel they have a clear understanding of their responsibilities and duties
- 73% get personal satisfaction from their work
- 71% feel their supervisor is approachable
- 67% say there is a friendly work environment
- 62% feel the hospital has strong values around patient care
- 53% of staff expressed contentment in working in the Group.

On the other hand, there are areas where improvement is required

- 58% of staff feel that no one has talked to them about their progress in the last 6 months
- 57% of staff feel the organisation doesn't deal with poor performers
- Only 40% feel change is managed well
- 38% feel they are valued as an employee
- Only 30% know generally what the Board of Directors does.

An Implementation Steering Group has been established to consider what priorities should be identified for attention, develop plans to improve the way staff are managed and to enhance service delivery within the Group. On each site, a local Implementation Group will be tasked with giving expression to the required improvements at ground level and to progress the aspects identified for attention. Staff will be invited to assist in these Groups. Action Plans will be drafted and every effort will be made to bring about change and development throughout 2014 and 2015.

We will commence the survey process again in late 2015 to seek staff views on how we have responded to the survey and how we have addressed the important issues raised relating to employee engagement and patient care.

We learned much from the responses we received - there were also more than 800 comments included in the results, and we hope that we will work together in addressing short-comings in the organisation. As with Recruitment and Retention, and Medical Workforce, local HR staff in each hospital will be developed and will be key to identifying issues and responding to alleviate problems and maintain morale.

#### **7.4.5 Performance, Learning and Development**

One of the first priorities will be to engage a Group Performance, Learning and Development Manager tasked with reviewing our current status with respect to mandatory training, particularly in relation to health and safety, manual handling, fire training and such basic essentials. This role will be critical to integrating our training efforts across the Group and to

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**“To support the development of a team that delivers Patient Quality and Patient Safety, we must provide the tools to nurture, grow, empower and challenge people to deliver excellence each and every day they come to work” .**

maximising access to staff development opportunities.

Simultaneously, the current level of support for academic and Continuous Professional Development education will have to be evaluated and a structured plan for its enhancement formulated by key stakeholders in association with partners like the Nursing and Midwifery Planning and Development Unit and the Corporate Performance and Development section of the HSE.

Existing policies around attendances at seminars, conferences and similar training events will be reviewed and standardised across the Group. A core committee will be established to oversee all aspects of training for the Group and terms of reference governing this committee will be cognisant of the need to advocate for the funding that is required to provide a cohesive and progressive learning and development agenda within the Group.

The Group will seek to develop accredited programmes in partnership with academic bodies nationally and internationally. We will continue to develop existing links with our academic partner, the National University of Ireland, Galway and, as previously indicated, our international partners, the Long Island Jewish Health Care Group, New York and Northumbria NHS Foundation Trust.

#### **7.4.6 The Centre for Learning and Innovation (CLI)**

It is recognised that staff need support to become and remain “work ready” in a complex health system. It is also recognised that there is a gap in providing formal Teamwork, Communication and Clinical Decision/ Critical Thinking skills to our employees whether a manager or front-line core worker. To support the development of a team that delivers Patient Quality and Patient Safety, we must provide the tools to nurture, grow, empower and challenge people to deliver excellence each and every day they come to work. Prompted by the Group's vision and strategy, the provision of a Centre for Learning and Innovation (CLI) will provide the environment to build this concept and develop a sustainable approach to learning, best practice and development for all our staff.

The centre will be run by staff with a range of skills across the Health Service. It will be in an off-site location in which dedicated one-to-one feedback can be delivered in a simulated environment using real scenarios. The experiential learning acquired in such a setting is very powerful. The Centre's programmes will be based on a 'no blame' approach to rectifying practices that are (or are potentially) incorrect. One of our international partners already successfully uses this model (the Long Island Jewish Healthcare Group, New York) and their 12 years experience will be of great assistance to us in bringing the Centre into being in 2014.

The ethos of the Centre will be to develop a culture which will encourage staff to pick out 'teachable moments' from their work for attention and correction, rather than identifying 'failures of care'. The Centre will assist staff in ensuring that they deliver a Patient First, Patient Safe environment. It will incorporate a Patient Safety Institute that uses simulation methodologies and encourages Clinical transformation by re-engineering human factors to reduce errors. It will focus on these human factors and, for example, deconstruct sentinel events to develop the competencies required in a wide variety of clinical settings and circumstances. An emphasis will be placed on inter-professional team-work, continuously improving communications between clinical staff in the delivery of front-line care and ultimately, enhanced Quality, Safety and Risk awareness. The Quality, Safety and Risk Department will assist through identifying key learning to improve care and inform part of Curriculum development.

It is also envisaged that the programmes can be progressed to involve post graduate and undergraduate training for all grades of staff through our University partners to include fellowships, PhDs and research models. High Potential Development Programmes for the multi-disciplinary teams are also part of the plan as we seek to continue our succession management agenda as introduced in 2012. We will continue to deliver Leadership Development programmes (CNM/CMM Development programme, Future Leaders 1 and 2, Clinical Directorate Development etc.) as we plan for the future of the Group.

Collateral benefits of the CLI include potentially improving the Group's recruitment and retention prospects in an increasingly competitive market. It provides opportunities to employees to progress further on educational pathways and presents a potential income-generating opportunity as other health care providers, both public and private, see the benefits offered over time. This is a project that will create an exemplar workforce for our Group, reduce risk, improve quality and keep our focus on our Staff and Patients as a constant. It will combine learning with research, support the development of technique and skills, and ultimately, a positive work environment that improves patient outcomes.

#### **7.4.7 Site-based Human Resources services in each Hospital and Clinical Directorate**

While there is an emphasis above on the development of specific HR expertise and the hub and spoke model that will facilitate standardised approaches in each of the Group's hospitals, the presence of a local site HR Manager is critical to the interests of each hospital. Each of our hospital HR Managers must be aware of all developments, be familiar with all 'issues' and be the receiver and communicator of all HR messages to staff locally. He or she will be the local champion who will represent staff interests to general management while protecting the employer's interests on the ground. Currently, there is a mixture of arrangements in the hospitals and there will be consultation with local General Management on the best approach to fill these critical roles on each site.

HR Managers will also support the emerging Clinical Directorates as the Group develops the new governance arrangements which are currently under consideration. The value of a structure that is both site-specific and Group service-specific is considerable and will bring synergies to the delivery of many aspects of the HR service.

### **7.5 Quality in Human Resources**

To enable a better service to staff, the HR team must continue to strengthen our processes and our systems. The GUH HR service is ISO 9001 (2008) accredited and the focus will be on replicating the same standards and processes in the HR department in PHB in 2014, with efforts being concentrated on the HR function in RCH the following year. Discussions will take place with management in MGH, SRH and LGH with regard to their HR departments.

HR must use structured aligned processes and audit our own effectiveness if we are to be a value-adding service to the organisation.

This internationally recognised benchmark will enable us to be efficient, consistent and responsive through the development and maintenance of best-practise in our area. It will reduce the scope for error in our service delivery and create confidence among the staff body in the service they receive from HR.



## 7.6 Shared Services

The Group will continue to access services that will remain centrally-administered like Superannuation and Recruitment until it is enabled to become self-sufficient in such areas.

It is also conceivable that extensive training programmes for staff can be provided under a shared services umbrella, particularly in the areas of Leadership and Proactive Customer Engagement.

Other potential benefits from a negotiated Shared Services arrangement could include the provision of census data, a payroll query service and some basic data (e.g. monthly Group staff turnover).

In the hospitals with PPARS Phase 2 (SRH and LGH), it may be possible to access enhanced SAP System:

- Support
- Configuration Testing
- Business Process Reviews
- Configuration/Business Requirement Gathering

## 7.7 Staff Information – Sharepoint

As part of the HR agenda to improve the availability of information to staff, it is proposed to develop an Employee Relations Information portal on Sharepoint in which essential policies, circulars and procedures are stored for easy access by all staff. Work is on-going on this project and information on how to access these documents will be disseminated to staff in due course.



Dental Surgery Team at Roscommon Hospital



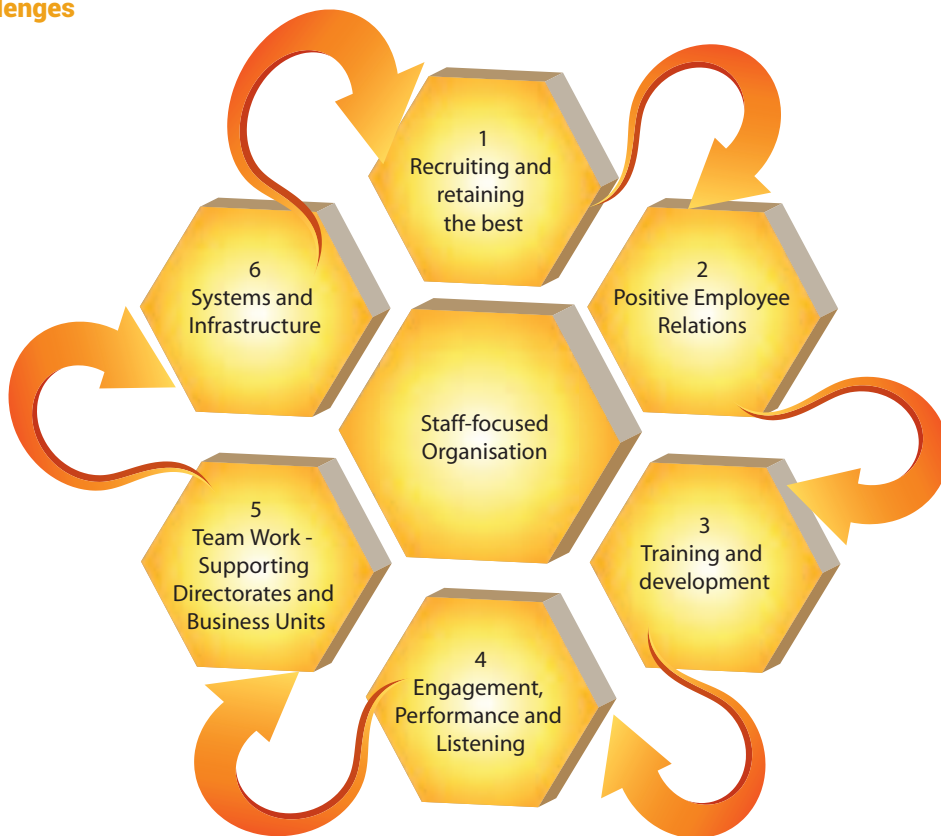
# 8

## OUR CURRENT CHALLENGES

The above represents the Human Resources challenges and how we propose to address them. While we need to conduct a more detailed analysis of our services, our HR resources, the demands arising from the implementation of national agreements and the demands arising from the creation of the West North/West Hospitals Group, the Group's HR department will initially focus on the themes below with the patient at the core of all we do.

The strategy is designed to address these challenges in a cohesive and structured way, to ensure staff and all stakeholders are aware of the key issues and what is proposed to do to address them.

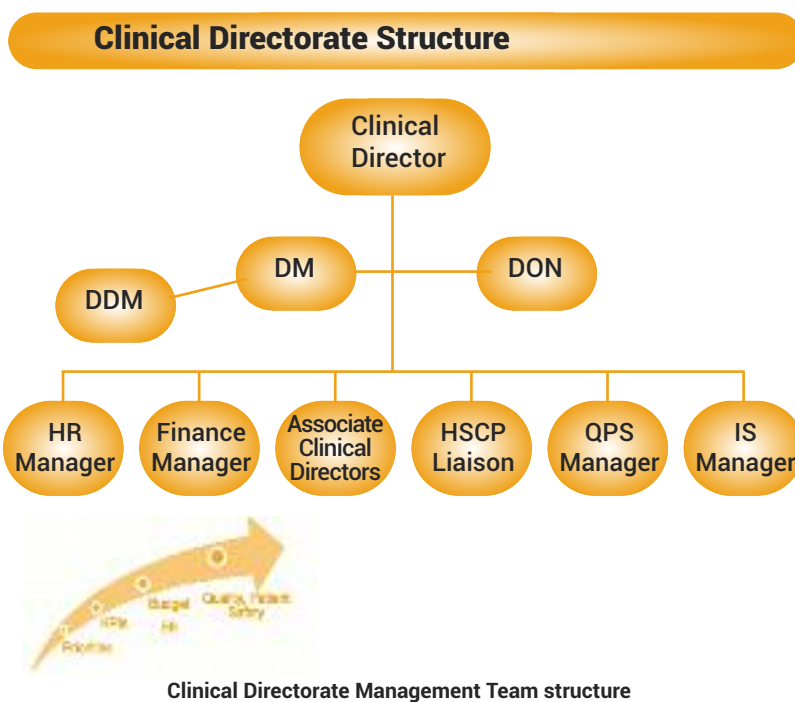
### HR Challenges



As the Group is committed to the further development of the Clinical Directorates, the appointment of HR support to the Directorates is a key priority. This will be a core part of our HR Strategy and the more



active the HR participation at Directorate level, the more likely the 'people outcomes' will be positive. The availability of essential performance management data at department and directorate level, supplemented by a two-way communication process between the HR department and the Directorate management teams will enable better decision-making at all levels. In essence, this person will be a Directorate HR resource.



Clinical Directorate Management Team structure

A 'HR Directorate Support' role will be developed and moved closer to operational functions within the Clinical Directorate management teams. This detail in relation to the role is under discussion and will emerge as the new Clinical Directorate structures evolve.

Diagram 2 illustrates the structure of each Clinical Directorate's Management Team (CDMT) and the reporting relationship to the Group Clinical Director and ultimately to the Executive Council. The HR priorities for each Directorate are decided at CDMT level and the HR Key Performance Indicators are also measured and reviewed

by the CDMT, both of which are informed by the Directorate's Cost Containment Plan.

## 8.1 RECRUITING AND RETAINING THE BEST

### Workforce Planning

If the Group is to meet its ambitions the development of a Workforce Plan is vital.

The Workforce Plan entails profiling the current workforce (workforce analysis), aligning it with the Group's Strategic Plan and making decisions based on resource availability and service demands. A Workforce Plan is a structured and planned approach which considers the nature of acute healthcare, the needs of patients, developments in services, relationships with partner organisations and budgetary considerations.

Workforce Planning is done through dialogue with stakeholders, understanding the complementary and competing demands on the ground, and ultimately profiling the organisations staffing needs into the future.

Predicting retirements and planning for their replacements is key. Pre-empting the recruitment needs arising from the development of new services and preparing the contractual, administrative and operational basis for a selection campaign is another component to the Workforce Plan, and it involves maximising the use of the Group's human capital.

Managing the regular rotations of certain grades of staff also inputs to this plan – Non-Consultant Hospital Doctors (NCHDs) and cohorts of graduate nurses and midwives being good examples of this. These are large scale inputs, with associated exits for the NCHDs, which require strong administrative organisation and timely, accurate and efficient payroll set-ups.

The impact of external employment control mechanisms like the Voluntary Redundancy and Voluntary Early Retirement Schemes, the Incentivised Career Break Scheme and the Targeted Voluntary Redundancy Scheme must also be factored into the Workforce Plan.

The HSE Employment Control Framework under which we operate makes it very difficult to meet our staffing needs as quickly as we want. This will continue for the foreseeable future but service demands require that we work towards overcoming the difficulties. Consideration of redeployment possibilities are a legitimate Workforce Planning exercise.

In a nutshell, the Workforce Plan is about:

- Forecasting
- Analysing
- Developing/Implementing
- Evaluating

### **Key Action 1: Develop a Workforce Plan to facilitate proactive recruitment**

#### Attracting the Best

We aspire to recruiting and selecting staff who add maximum value to the Group. We seek the best available talent and work towards attracting them to join our team. We want the best people working to the best standard in the best organisation! This ambition will be achievable if we enhance the Group's reputation for best practise in quality of service and patient care.

The continuous pursuit of performance and service improvement is an attraction for the best professionals. In recruitment, we will advertise our appetite for performance-focused candidates, our commitment to promoting a Performance Culture, our ambition to increase investment in staff development, our participation in progressive pilot programmes and quality initiatives as we seek to attract the best fit for our teams.



## **Key Action 2: Develop a Recruitment Strategy to be an attractive employer**

### Retaining

Recruiting staff is key but retaining them in the face of competition from others is also important. We plan to put in place the best retention instruments we can but the reputation of the Group, our willingness to invest in staff development and the stability of our current workforce will be persuasive in keeping new talent.

Staff who place pride in their professional standards are easier to retain if we set high standards and support them in achieving them.

Recognising the input and achievements of our staff is essential to retaining loyal, progressive and motivated professionals. Performance planning, monitoring and managing is central to the recognition of staff effort. Staff engagement surveys are also key to a Retention Strategy.

Providing a succession planning model within the Group is an incentive too.

## **Key Action 3: Develop a Retention Strategy to keep staff motivated to remain with us**

### **8.2 POSITIVE EMPLOYEE RELATIONS**

The changing face of health care has impacted significantly on staff. The environment of uncertainty has been challenging for all and this will continue over the next two to three years as the impact of the abolition of the HSE and the associated creation of alternative management structures such as Groups and Trusts evolves. The creation of the WNWHG is the first step in the transition to a Hospital Trust. This change is being introduced in a climate of recession and major reductions in public expenditure, and we are being asked to deliver more for less by making more efficient and effective use of resources. The increased stress and pressure which staff already feel are understood and acknowledged.

The WNWHG has a programme of initiatives under the Public Service Agreement which it has been progressing during 2013. We will seek to embrace further organisational change, deliver more efficiency and contribute to the cost containment process through the Public Service Agreements while not compromising patient care. Staff and unions are to be complimented for their contributions to leaner ways of doing things, "doing more with less", striving to achieve cost containment targets, waste reduction, considering new ways of doing things, exploring technology options and cooperating with redeployment.

## Role of Employee Relations

Employee relations will operate within agreed industrial relations and employer procedures, processes and employment legislation, and will:

- **Support** line managers in managing their staff through providing information and advice on terms and conditions of employment, HSE policies, Industrial Relations Processes and employment legislation.
- **Advise** managers and staff to deal with organisational change in line with service needs, and the national reform programme of the Health Service to match organisational needs and resources.
- **Consult** on and manage the significant ER risks associated with the implementation process of the above national agreements to minimise impact on hospital and on services to patients.
- **Manage** access and represent at third party interventions such as the Labour Relations Commission, Rights Commissioner Service, the Labour Court and Employment Appeals Tribunal as necessary.
- **Monitor** and review the implementation of Human Resource policies
- **Provide** training, as appropriate, on policies and procedures and employment legislation in conjunction with colleagues in other departments

## Objectives

WNWHG aim to:

- Have a stable industrial relations environment, abide by National Industrial Relations policy and procedures and reduce the risk of industrial action to the employer.
- Ensure the co-ordinated and consistent implementation of national HR policies and circulars as appropriate
- Empower managers to deal with staff issues through advice, assistance, information and training.
- Achieve reductions in absenteeism to bring us in line with nationally agreed targets.
- Progress change initiatives to finality through the Public Service Agreements or other agreed procedures.

We will need to promote improvements in a variety of areas like team working, performance and development feedback, conflict and work-stress management, while being cognisant of the demands on time at the front-line.

Managers or staff who may have concerns regarding fairness in the workplace, interpersonal difficulties or any issue that is broadly governed by the relationship between employer and employee should, in the first instance, contact the local HR site manager for advice. The decision to refer to the Group Employee Relations service or to address the matter through the site-based HR team will be taken after this initial consultation.





#### **Key Action 4: Work Proactively with Unions to promote strong Employee Relations**

##### Employee Engagement

The 'Have Your Say' survey identified several areas which require attention from a morale point of view. Some of the results indicate a need to improve the performance of management, particularly in the following areas:

- Caring for Staff
- Managing change
- Managing conflict
- Valuing staff and their opinions
- Dealing with poor performance
- Encouraging staff/career development
- Communicating appropriately with staff
- Discussing staff progress and performance

### **8.3 TRAINING AND DEVELOPMENT**

There have been significant shortfalls in our investment in staff development over the past five years. Annual training reports indicate a decline in the support provided for all aspects of training with the exception of internally organised and delivered short courses which have come under pressure from difficulty in releasing staff to attend training in-house.

Attendance at mandatory training events is proving challenging as staff reductions impacted on services' ability to release staff. A recent Data Protection training audit indicates staff are not accessing this essential training to an acceptable extent. It goes without saying that the necessity for staff to attend all health and safety training is unarguable but the fact is that this is increasingly difficult in the current environment.

Skill and knowledge development are essential in health care settings. Support for staff access to academic programmes at certificate, diploma and degree level has noticeably reduced. This is due in part to the reduction in demand for Nursing and Midwifery courses over the past number of years. Staff from non-Nursing grades have had great difficulty accessing funding and study leave. Many who would previously have self-funded training can no longer afford to do so. This contributes to the dual negative impact of reducing the knowledge and skill pool within the organisation and to depleting morale.

Successive Annual Reports for training also indicate a declining pattern in attendance at regional, national and international seminars, conferences and courses which are the mainstay of continuous professional development. If we are to be in the vanguard of service delivery, we must reassess our position on staff development and commit to a structured investment in key training over the next five years. We must develop a cohesive and productive training programme, based on a structured and standardised Training Needs Analysis and ensure release of staff to all relevant Health and Safety training as the matter of highest priority.

'Best in Class' is the goal we are setting. The Group has placed a particular focus for the medium term on a number of major programmes which support and equip us on our journey – the Clinical Nurse and Midwifery Development Programme, the Clinical Directors Development programme and the Future Leaders programme, two of which have been completed by two cohorts and preparation for the third

cohort is currently underway, while we will commence the Clinical Directors programme in April 2014.

**Key Action 5: Further develop the Clinical Nurse and Midwifery Manager Development programme, the Clinical Directors Development programme and the Future Leaders programme**

We have supported 18 staff to date to attend the National Quality and Leadership Programme (NQLP) in the Royal College of Physicians in Ireland and there are a further three applications submitted for the next intake.

**Key Action 6: Further invest in, and continue to nominate staff to attend, the NQLP**

Key to our plans for staff development is the Centre for Learning and Innovation (CLI) - see 7.4.6 above.

**Key Action 7: Develop the CLI to promote experiential learning for staff**

#### **8.4.1 ORGANISATIONAL DEVELOPMENT AND PERFORMANCE**

The Human Resources service must be a major contributor to organisation development and success. The advent of hospital licensing, the increasing emphasis on Quality, Safety and Risk, and the Safer Better Healthcare standards are all change agents which will require a response from the Group. HR must provide support to enable these changes find expression ultimately in the standard of care we provide to patients. This will require consultation and collaboration with partner stakeholders.

HR must be involved in innovative staff-related projects, develop networks with 'market leaders' in healthcare and education and build relationships that will connect the Group to organisations at the cutting edge of healthcare. HR can open the flow of knowledge from progressive partners through exchange programmes, training opportunities and mutually advantageous information exchange.

##### **Planning for Managing**

Succession planning is an essential contributor to Organisational Development. HR will play a role in advising management how to best plan for succession and how to promote interest among junior staff in looking to career development and aspiring to fill roles at critical senior levels in the Group.

By supporting and coaching teams and managers in the development of Key Performance Indicators, promoting and developing appropriate management practice and a performance-based culture, and maintaining an up to date Workforce Plan, Human Resources can add significant value to the organisation in managing its overall development needs.

HR can most influence WNWHG development through delivering a comprehensive Performance Management programme and developing a culture that reflects the value of good performance in the workplace. The tools with which to deliver on this essential component are available though some employee relations barriers remain. This strategy will provide a policy position which will assist in the ultimate implementation of the concept of wide-spread Performance Management in the Group.



Performance management contributes to the development of organisational culture with an emphasis on accountability and responsibility balanced with a commitment to support staff. It ensures our focus is on targets, and that regular monitoring is in place through our Key Performance Indicators at service level, and through the formal one to one interaction between the line manager and the individual staff member. Performance management provides the opportunity to acknowledge strong delivery of services from staff and the associated opportunity to put in place a plan to improve performance where that is appropriate. This regular reporting and accountability process is mutually beneficial to the employer and the employee as it sets out expectations from the former and associated development commitments to the latter.

**Key Action 8: Further roll out of Key Performance Indicators and Performance Management across the Group**

**Key Action 9: Development of Organisational Strategy for Staff Development**

**8.4.2 COMMUNICATION**

The Group has many tools available to promote engagement and communication:

- Discipline-specific meetings
- Website
- Multi-disciplinary meetings
- Heads of Discipline briefings
- The West/North West Newsletter
- Staff briefings
- Committees and project teams
- Intranet and e-mail

**Informing** staff is critical in an organisation that is growing in complexity as we integrate to a seven site entity and there are associated communication challenges to be met. We strive to provide relevant information to the relevant individuals in a timely manner. Support for effective communication will come from the HR team. The more aware staff are of issues, the more likely it is that we can resolve any difficulties or ensure progress.

**Updating** colleagues is critical to success and HR will engage and communicate to ensure staff:

- know the Group's Mission and Values
- promote a positive experience of work
- know the parameters within which the Group is operating
- are aware of the direction in which the organisation is moving
- are aware of the Group's structure and of developments within that structure
- maintain the patient as the most important stakeholder in the Group

Interacting effectively is vital to ensure we communicate effectively as we strive to promote:

- Improved communications at Line Management level through briefing sessions on all key issues
- Greater awareness and use of the Group's communications strategy
- More regular meetings with unions and representative bodies on matters pertaining to the development of the Group and national agreements
- Staff initiatives, alternatives, and suggestions for change, gleaned from its staff engagement survey and regular dialogue.

**Key Action 10: Launch the WNWHG Website in collaboration with other key stakeholders**

**Key Action 11: Re-launch the new-look Newsletter across the seven sites**

**8.4.3 EMPLOYEE ENGAGEMENT**

**Asking** - the views of staff on a variety of 'people areas' are important at this point of the Group's evolution. It is a critical part of the Human Resources agenda as we seek to engage meaningfully with our staff. We aim to:

- understand what are the main concerns of staff currently
- ask how aware are they of the Group's structure and vision
- ask what they see as essential matters for them as employees
- invite their suggestions to management as the best approach to meet their needs
- establish what our staff need to know more about
- hear what they need to tell us
- increase the support that our staff feel they receive from management
- get their views on planning for the future

The results of the survey will inform and shape our strategy and an Action Plan will be developed to respond to staff concerns and feedback.

The survey was carried out in Autumn 2013 and covered all seven sites in the Group. It elicited a representative sample of views across all grades and disciplines. It was professionally collated, analysed, interpreted and reported upon. The survey will inform management in its decisions and every effort will be made to action what can be actioned in the short-term while planning for the longer-term responses.

The survey is planned on a longitudinal basis as we hope to conduct a corresponding exercise in 2015 to establish what has been achieved, what requires further attention and what new needs have arisen.

**Key Action 12: Develop an Action Plan to support the findings of the Employee Engagement Survey**



#### 8.4.4 STAFF SUPPORT PROGRAMMES

Employee support is important to us. There is a vast body of research to endorse the positive impact of progressive employee support services in the workplace. Many companies have invested heavily in programmes that provide tangible benefits to the organisation, the employee and the balance-sheet. The Group would like to invest in staff supports also but this is perhaps the worst possible time to seek funding for what is perceived to be 'non-core expenditure'.

Nonetheless, this should not stymie our ambition to assist staff in whatever way we can when they require it. We have recently invested in improved Occupational Health facilities in UHG with additional clinical and therapy space and equipment. This has been supplemented by some short-term additional clinician support as we strive to make inroads in the back-logs that inhibit our ability to bring staff back to work. We have also agreed the provision of a limited dedicated Physiotherapy service for staff as we strive to enable colleagues to deal with injuries while continuing to work.

Despite these improvements, our service is still under-resourced relative to the demands placed on it – both routine and non-routine. The former alone absorbs a significant proportion of Physician and Nursing time and the scope to innovate, be proactive and to promote preventative practise to staff is limited.

Counselling is a key part of employee welfare. The recent retirement of the HSE West's Employee Support Services Manager further eroded access to counselling services for a period. The new contracted replacement service is welcome but untested at this point. There is no formal 'Wellness' programme available to staff currently, i.e. a programme designed to prevent illness through the promotion of targeted education and services to the benefit of staff.

The strategy proposes that there is further investment over the coming years in a well-resourced and integrated Occupational Health, Wellness and Employee Support service to Group staff. How we support and value our staff is essential to improving the quality of care our patients receive. It will not be easy to achieve an ambitious goal like ultimately having an 'in-house' service for the Group but this important item will remain on the HR agenda until there is a tangible increase in investment in staff welfare.

**Stress – Prevention and Management** is a service we provide throughout our hospitals and we aim to build further on this.

#### 8.5 TEAM WORK – SUPPORTING CLINICAL DIRECTORATES AND BUSINESS UNITS

Clinical Directorate and Site-based Human Resources services are critical in each hospital and to each Directorate. The local HR Managers are the generalists of the Group's services and are central to ensuring all relevant policies and procedures are known to Group staff. They are much more than the message-bearers for HR as they have a broad range of knowledge and experience across most HR functions. The Clinical Directorate and Site specific HR Manager and his or her team are the 'face' of the service to our staff, line managers and senior managers. They are the providers of direction and support while being the implementers of policies on the sites and in Directorates. The HR managers have designated priorities which are as follows:

## 1 **Attendance Management**

Each HR manager will review current practices in managing attendance and identify gaps in their areas of responsibility to the local Clinical Directorates, General Manager and Line Managers. Providing quality data in a timely manner through regular reports, the HR Manager is available to support management in improving attendance levels in the organisation. They will develop an Attendance/Absence Management Plan for their hospital and Directorate which will reflect the Group's approach to this issue and involve all line managers in assuming ownership of the plan for their area of responsibility.

## 2 **Service Planning**

Each HR Manager is responsible for ensuring the HR Service Plan is applied in their hospital and Directorate. The Plan must incorporate the parameters set out in Theme 6 (Workforce) of the HIQA standards.

## 3 **HR Function Support**

The availability of functional services (Employee Relations, Recruitment and Retention, Performance, Learning and Development, Medical Workforce etc.) on each site is part of the remit of each site manager. This includes ensuring there is access to induction, appropriate communication on all HR matters, engagement with staff, promotion of training, support for Performance Management etc.

## 4 **Quality**

An emphasis will be based on quality in the delivery of services to staff both locally and Group-wide.

## 5 **KPIs for HR in each hospital and Directorate**

The HR Managers must implement and monitor the HR KPIs within their hospitals. They will identify trends while ensuring all stakeholders are informed of, and facilitated in responding to, such trends.

## 6 **Implementation of National Agreements**

One of the most critical priorities for the HR Site Managers will be the implementation of the Public Service Agreements.

## 7 **Group Culture in HR**

HR Managers will contribute to developing a strong HR team with a clear culture that is Group - focussed while respecting the needs of local sites and Clinical Directorates.

## 8 **Integration**

HR Managers will assist the Group Director of HR in integrating the hospitals into a viable and efficient Group Human Resources framework.







## 9 Key Performance Indicators.

A suite of Key Performance Indicators for Human Resources has been developed (appendix 2) to inform Group Management decisions, to improve data/reporting capability and to highlight essential trends in relation to staff matters. HR Managers will be key to developing and managing these.

The rationale for developing such Indicators is to:

1. Inform staff of performance so they can strive to continuously improve quality
2. Know what is important to measure and why
3. Understand how the measures are relevant to our core business
4. Focus on what are our priorities
5. Be aware of what will happen if we fail to address these.
6. Focus our efforts and resources.

The KPIs guide management and staff on what options are open to them as they note trends in the key performance areas. The KPIs can challenge existing assumptions about how things were done in the past and what the consequences of these are in the current environment. They can lead to a call for a change in approach and assist in redirecting efforts to a more productive goal.

**Key Action 13: Develop HR Support role to Directorates and Business Units – assign staff and agree Job Description**

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Nursing Leadership Programme Launch 6339



## 8.6 SYSTEMS AND INFRASTRUCTURE

One of the greatest obstacles to the delivery of this strategy is the shortfall in the technical systems essential to any modern business – an integrated Human Resources/ Payroll/Management Information System which can eliminate or reduce the multiplicity of manual processes currently in place. Good technology can provide real-time information, facilitate greater efficiency and be an enabler of better management decision-making.

There has been no meaningful investment in a HR system since the PPARS project of almost a decade ago. Most of the hospitals in the Group did not get access to Phase 2 of PPARS. This is particularly disconcerting in the context of peers who are significantly better served by systems which free up HR staff to provide more meaningful service to managers.

It is essential that any system to enhance our HR and Payroll interface must go beyond a one-dimensional aspect and must be designed, equipped and commissioned to deliver all Management Information System requirements that the evolving Group deems essential to entering Foundation Trust status. Group management require detailed reports and analysis of data which emanates from line managers. It is manually collected and then collated by HR. The administrative workload of front-line managers can be reduced through the use of a bespoke system that can be front-loaded and can process data in a fraction of the time required under our current 'system'. Technology is now available which provides for manager and staff 'self-service' and is proving functionally friendly as well as efficient.

HR staff should be supporting department and line managers in developing plans for staff training, retention, succession planning, generating efficiencies, reducing risk, supporting staff, improving attendance, managing performance, engaging with staff, developing relationships and other value-adding aspects of a HR service that is proactive and forward-thinking.

There must be investment in a value-adding HR MIS which supports management decision-making and ultimately frees up Line Management time to allow them to be even more focused on improved care for our patients. Line managers must be technically facilitated to complete their HR tasks in a fashion that releases them to spend their time on managing their staff and service more directly. The Group must move to a more strategic approach to its use of HR assets and free resources to carry out high-level tasks which contribute more to the goals of the organisation.

**Key Action 14: Work with Shared Services and National IT to implement HR systems**

# 9

## ■ WHAT DIFFERENCE WILL THE IMPLEMENTATION OF THIS STRATEGY MAKE?

There are many parties 'involved' in the strategy – the patient, employees, line managers, heads of service, the senior management team and the board of directors - all can benefit from this plan.

### **Patients**

The Group's staff support, care for, nurture and comfort patients and their families. The Group serves hundreds of thousands of satisfied customers every year and, despite pay cuts and associated disappointments, our staff put the worries and concerns of their patients and families to the fore.

This commitment, this selflessness is evidence that our staff will support us in doing what we have planned in the strategy so that the patients will:

- get even better quality of care from the best staff we can recruit, working to a continuous quality improvement agenda
- have quicker access to all services
- experience our focus on them as 'customers' of our services
- experience Respect, Compassion, Kindness, Quality, Integrity, Communication and Teamwork
- witness these values being applied equally to all of our patients, our colleagues and our public
- benefit from better service in a performance-focused environment and culture
- be cared for by staff who have access to more training and skill development opportunities

### **Employees**

Our staff deliver quality services through working even more closely together, being accommodating and flexible, resilient and willing to cooperate. This means we can deliver the changes proposed in this strategy to ultimately benefit all stakeholders.

Management's commitment to keeping staff informed, to engage with them and ascertain their views is vital to meeting our targets and serving our patients while also setting us on the road to improvement. We will endeavour to respond positively to suggestions and we will take a positive approach to staff support and performance management.

Staff will continue to enjoy the security that working for the Group brings and the comfort of being able to plan for the future in that knowledge. Management will unrelentingly seek a fair share of resources for the Group and the development of services so that we evolve into an organisation for which employees will be proud to work.

The commitment to improving learning opportunities and employee support services is encouraging for staff and the Group's new Mission, Vision and Values statements are positive indicators of the direction





in which management want to go. This HR strategy supports these plans and core values. Staff can expect that the Group will:

- Listen to them and encourage them to contribute their ideas to improve services
- Promote a work/life balance
- Recruit fairly and openly
- Train and develop them in their profession and career
- Manage them professionally and support them
- Keep them safe in work
- Treat them with dignity and respect
- Recognise and acknowledge their contribution

### **The Group**

The Group's strategy and service plan can only be delivered through people. Managers will benefit from knowing that there is a coherent and considered approach adopted by the Group Management Team in respect of HR business over the coming four years. They will receive the support of both staff and Group Management in facing and resolving the difficulties while following a planned approach to same. The succession planning initiatives articulated in the strategy give comfort to staff and managers who wish to develop their careers within the Group.

Improvements in communication will provide further assistance to managers at the front line. The strategy's aspiration to improve the HR Management Information Systems, enabling easier access to more (and more relevant) data/information to improve front-line people management is a further positive for the managers of services. Managers will also benefit from the support of HR in implementing the Public Service Agreements. A focused Training Needs Analysis approach will be positive for managers who wish to develop staff. A unified approach to service delivery with staff and management moving in one direction for the benefit of the patient is the ultimate manifestation of the strategy.

The Group will expect that Staff will:

- Contribute to improving services
- Be capable of undertaking their job
- Be customer-focused and a team-player
- Perform to the best of their abilities at all times
- Treat all patients, visitors and colleagues with dignity and respect
- Be loyal to the Group and support the achievement of service and performance plans

### **Line Managers**

Our front-line managers are critical to applying the strategy and, as employees, have the same expectations as other staff while also expecting the Group to:

- Develop their management skills
- Support them in their service development decisions
- Have their voice heard in the management of their service area

In turn, the Group will expect Line Managers to:

- Manage service provision to meet the Group's performance plan
- Be ambassadors for the Group's mission, values and culture
- Empower, develop and motivate their team members
- Contribute to strategic and operational decisions
- Manage consistently and fairly

### **Heads of Service and Heads of Departments**

Heads of Service and Department have a responsibility to ensure their area of responsibility is professionally managed and that services are delivered safely and in a timely fashion. In addition, the Head of Service/Department can expect that the Group will:

- Be accountable for their service
- Support them in their policy decisions
- Endorse their authority to shape their service
- Provide them the opportunity to manage and facilitate change

The Group will expect Service and Department Heads to:

- Be innovative
- Lead people effectively
- Uphold the top professional standards
- Consult and work in partnership with the Clinical Directors
- Direct service provision to meet the Group's performance plan

### **Senior Management**

The Senior Management Team will work in partnership with the Board to shape the Group. They will:

- Guide the future agenda and vision of the Group
- Manage the interface with the Board of Directors
- Work with the Board to lead and encourage organisational development
- Work in partnership with the Board to develop a leadership style which empowers
- Safeguard and develop a culture founded on the mission, vision and values of the Group.

### **Board Members**

The Board of Directors oversees the services we are entrusted to deliver. It expects professionalism, dedication, integrity and compassion in how we serve our public. This strategy gives them a template against which our service can be measured. In turn, Board will:

- Promote the efforts of the Group to develop and improve services in all our hospitals
- Endorse activity that is congruent with the Group's performance plan
- Represent the Group's interests at the highest levels of authority







# 10.

## ACTION PLAN FOR IMPLEMENTING THE HR STRATEGY

Choosing priorities and time-scales for actioning the components of the strategy will take account of the operating environment and demands on us over the coming years. The Group Management team and Executive Council will evaluate and review the needs of the organisation and direct our efforts accordingly. A separate document to this strategy will set out the key actions for delivery, the timetable, milestones and persons charged with the actions. This will be reviewed to take account of the evolving landscape which is particularly appropriate in an environment of rapid change.

Nonetheless, there will be immediate action taken on bringing progress to bear in the following key success areas:

- Integration of the Group – working together with colleagues in all of the Group's hospitals will be a top priority for the Director of HR for the duration of the strategy. It will entail standardising the approach to all HR business and working to the common goal of maximising the resources available to the Group, meeting the employer's obligations to staff and creating a unified identity which will give unity of purpose as we embark on an arduous but ultimately rewarding journey.
- Integration of the Group's HR teams - will be based on the goals set out in the strategy and led by the Group Director of HR (DHR). Champions on each site will drive the change through communicating a clear vision and keeping it to the fore. Existing practices and resources will be reviewed to establish what scope exists to streamline HR services. The local HR Site Manager will assume ownership for the process of change and will work with their team and the Director of HR to bring it to fruition.
- Boosting morale – promoting positive developments, communicate with staff before a third party does, reducing the strain on staff by improving attendance levels, improving staff support programmes, highlighting performance improvements and improving management skills at the front line are some of the ways in which morale can be boosted. Each HR function and site manager will prioritise this process for the duration of the strategy and beyond.
- Attendance Management – designing, communicating and implementing a standardised and robust Attendance Management Strategy across the Group. This will seek to put in place all possible supports to line managers which will equip them with the tools to address attendance levels in their areas of responsibility and to effect positive change. Led by the DHR and the Group Lead on Attendance Management, each HR site manager will progress this key component of the strategy from the outset, contributing to reaching established targets which will be set out in the HR KPI suite.
- Proactive Succession and Workforce Planning – this will be prioritised due to the critical nature of optimising our staffing resources as employment control framework and financial constraints impose even more demands on services. The Group Recruitment and Retention Manager with the



Group Medical Workforce Manager will be responsible for developing and implementing a Workforce Plan.

- Staff Development – educating our staff is even more critical now as we face the challenges presented by hospital licensing requirements and increasing standards of care. A HR Officer will be assigned a Group Lead role to promote Performance, Learning and Development. The design and delivery of internal Learning and Development Programmes for each hospital will be a medium-term project. There are leadership programmes and mandatory training programmes which will receive near-term priority. Work will also commence immediately on the development of links to partner educational institutions.
- Improved management development opportunities - the strategy will pursue the provision of management training over the coming years and will promote access to coaching services for all line managers who require it. This will be driven by the Group Lead on Performance, Learning and Development with the assistance of other senior HR staff.
- Engaging with our staff – listening to and involving our staff in Group business is a cornerstone of this strategy. Management acknowledge that there is much to learn from our staff and are fully supportive of the process of staff engagement and its consequent outcomes. The Employee Engagement Survey was completed and reported on in 2013 and will be actioned from 2014. We will revisit the outcomes mid-strategy.
- Communications – informing staff of matters of interest to them is an essential part of staff engagement. The Communication Strategy will continue to be promoted across the Group and we will broaden the reach of information to as many staff as possible. All senior HR staff will have a lead role in ensuring communication is constantly improving throughout the lifetime of this strategy.
- Organisation Development – all HR staff will support employees in managing change, initiating innovative projects and research programmes and entering into partnerships with stakeholders (internal and external) which will further develop our capacity to provide healthcare to the highest standards. We will encourage and facilitate, where possible, connections with progressive institutions with a view to learning and improving.
- Key Performance Indicators – HR will promote and develop a performance-based culture and will assist service managers in devising, developing and maintaining KPIs. This will be facilitated by HR site managers and function specialists who will provide assistance on request.
- HR will continue to promote and support a Performance Management programme and will continue to address the current industrial relations impasse while providing Line Managers with the necessary training to enable them to roll out this critical component of our agenda. It is a top priority for our organisation that we manage the performance of staff, respond to their development needs and improve patient care as a consequence.

- Improving Staff Support Programmes is a goal of this strategy. A Wellness programme, Occupational Health services and Employee Support resources are areas of staff welfare that will be examined and for which resources will be sought. The DHR and the Deputy Director of HR will lead on this project.
- An integrated HR/Payroll system is needed to enhance and inform management decision-making and facilitate the best use of staff throughout the organisation. This will be pursued during the tenure of the strategy and resources freed up by the commissioning of improved technology will be used to support staff and line managers.

### SUMMARY OF KEY ACTION POINTS

<b>Key Action 1:</b>	<b>Develop a Workforce Plan to facilitate proactive recruitment</b>
<b>Key Action 2:</b>	<b>Develop a Recruitment Strategy to become an attractive employer</b>
<b>Key Action 3:</b>	<b>Develop a Retention Strategy to motivate staff to remain with us</b>
<b>Key Action 4:</b>	<b>Work Proactively with Unions to promote strong employee relations</b>
<b>Key Action 5:</b>	<b>Further develop the Clinical Nurse and Midwifery Manager Development programme, the Clinical Directors Development programme and the Future Leaders programme</b>
<b>Key Action 6:</b>	<b>Further invest in, and continue to nominate staff to attend, the National Leadership Programme</b>
<b>Key Action 7:</b>	<b>The development of the Centre for Learning and Innovation to promote experiential learning for staff</b>
<b>Key Action 8:</b>	<b>Further roll out Key Performance Indicators and Performance Management across the Group</b>
<b>Key Action 9:</b>	<b>Development of an Organisational Strategy for Staff Development</b>
<b>Key Action 10:</b>	<b>Support the launch of the WNWHG Website in collaboration with key stakeholders</b>
<b>Key Action 11:</b>	<b>Re-launch the new-look Newsletter across the seven sites</b>



**Key Action 12:** Deliver on developments from 'Have Your Say', the Employee Engagement Survey

**Key Action 13:** Develop HR Support role to Directorates and Business Units – assign staff and agree Job Description

**Key Action 14:** Work with Shared Services and National IT and implement HR Systems



Antibiotic Awareness at Mayo General Hospital

# 11

## CONCLUSION

Continuously improving Human Resources services in this hospitals Group is the goal of this strategy.

There are many demanding targets set out over the four year term and these are ambitious by any standard but if this Group is to aspire to be the first Independent Foundation Trust, then a coordinated, flexible and unified approach to the changes ahead is essential. The strategic approach to Human Resource Management that aligns the services and supports for staff to achieve the corporate and care mission of the Group is the goal. It seeks to identify the priorities and articulate them in a structured plan to follow.

Over this period, we must prepare for more challenges and we will need more innovative solutions to them. External factors will also come into play during this time and will offer opportunities and frustrations, both of which I am confident we will embrace and overcome as required.

**This strategy highlights the possibilities that are open to the Group in the context of an appropriately resourced HR department. If we strengthen HR's ability to deliver enhanced services – support, advice and intervention – we raise the possibility of real and sustainable progress on our people-management agenda.**

The implementation of a HR strategy is supported by the HR function. However the purpose, results and outcomes of the strategy are not about the HR function. They are focussed on staff, managers and teams, the care they deliver to patients and the support they give to each other.

The sustainability of the strategy will depend on a coordinated, supportive Human Resources service driving forward the Group's people agenda in cooperation with Line Managers at the front line and with the imprimatur of the Group's Board and Management Team to give it legitimacy.

Cooperation and goodwill is required from all employees to enable the plan to succeed and this can only be done through the on-going and unwavering commitment of our staff. This Human Resources Strategy is for the Group as an evolving organisation. It will guide us but will not, on its own, deliver the necessary outcomes.

There is something in this strategy for all stakeholders and I ask managers and staff to accept and embrace it. Each and every staff member has a part to play, whether they are managing, delivering or supporting a service, all of us have a real contribution to make in creating a cutting-edge organisation for which we will be proud to work.



# HUMAN RESOURCES STRATEGY

2014 - 2018



**WNWHG**

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West / North West Hospitals Group

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