The Contribution of Human Resource Management to Organisation Performance

Health Services People Strategy 2015-2018

Institute of Public Administration

Contents

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1   Introduction

The objective of this research paper is to provide an overview in relation to Human Resource Management (HRM) and in particular its contribution to organisation performance, and secondly, to review key achievements under the Health Services People Strategy 2015-2018.

The first part of the report provides a critical overview of the contribution of HRM to organisations. It explains the concept of strategic HRM, while noting that in recent years there has been a renewed emphasis on HR being a 'people partner' in addition to a 'business partner'. The role of the HR function and in particular the development of HR strategies is then discussed. The final section considers the contribution of HR to organisation performance.

The second part of the report reviews the contribution of the HSE People Strategy 2015-2018, in particular noting the key achievements in respect of the eight priority actions identified in the People Strategy:

Priority 1 Leadership and Culture

Priority 2 Staff Engagement

Priority 3 Learning and Development

Priority 4 Workforce Planning

Priority 5 Evidence and Knowledge

Priority 6 Performance

Priority 7 Partnering

Priority 8 Human Resource Professional Services.

A number of research vignettes are also included. These highlight relevant, up to date, academic and applied research in the field of HR and provide supporting evidence of how the priority actions in the People Strategy 2015-2018 are oriented towards better organisation performance in the HSE.

This review has been carried out following the conclusion of the People Strategy 2015-2018 and in advance of the publication of the successor People Strategy 2019-2022. The concluding section of the report identifies a number of areas for HR to focus on over the duration of the next HR Strategy.

2   The contribution of Human Resource Management

2.1   What is Human Resource Management?

Human Resource Management (HRM, or sometimes abbreviated to HR) is concerned with all aspects of how people are employed and managed in organisations.

There are many definitions of human resource management of varying degrees of complexity. Two of the more meaningful are:

> Human resource management is a strategic, integrated and coherent approach to the employment, development and well-being of the people working in organisations (Armstrong, 2016:7).

> Human resource management is the process through which management builds the workforce and tries to create the human performances that the organisation needs (Boxall and Purcell, 2016).

The goals of HRM

Drawing on almost forty years of debate and research in relation to HRM, Armstrong and Taylor (2015) identify the goals of HRM as to:

- Support the organisation in achieving its objectives by developing and implementing HR strategies that are integrated with business strategy
- Contribute to the development of a high-performance culture
- Ensure that the organisation has the talented, skilled and engaged people it needs
- Create a positive employment relationship between management and employees and a climate of mutual trust
- Encourage the application of an ethical approach to people management.

2.2   Strategic HRM

Since the 1990s textbooks and commentators have increasingly referred to strategic HRM (sometimes SHRM) rather than simply HRM. This is a cause of much confusion, particularly as one of the key characteristics of HRM is that it is strategic, that is that HR policies and practices

are informed by the overall objectives of the organisation. The terms are widely used interchangeably and to a large extent differences between the two are conceptual and of academic concern.

SHRM has been described by Boxall (1996) as the interface between HRM and strategic management. In other words, it describes how the future development of the organisation and the achievement of its objectives can be supported by its HR policies and practices. Having a skilled, capable and motivated workforce is perceived as fundamental to competitive advantage and SHRM is oriented towards recruiting, supporting and developing high-quality employees.

Integration and alignment are fundamental characteristics of SHRM. In organisations practising SHRM, people strategies are informed by business strategy (described in the HR literature as 'vertical fit'). In addition, HR policies should be integrated or consistent with each other ('horizontal fit' or sometimes described as 'bundling' HR practices). For example, if your organisation structure is based on team-based working, as is frequently the case in the public sector or voluntary organisations, individual pay for performance would not represent good horizontal fit.

The further objective of SHRM is to provide a sense of direction. Consistent with its origins in strategic management, planning is central to SHRM. Management identify a range of employee-related priorities and objectives which will contribute towards the achievement of the objectives of the organisation. An action plan is also required, that is, the means by which it is proposed the objectives will be met.

Being 'strategic'

Reilly (2012) claims that 'HR has been too loose in defining the meaning of strategic or it has not bothered at all'. He continues that whether this is due to an assumption that its meaning is self-evident or a belief that strategic HR is an illusion, its effect has certainly been harmful to HR. He concludes that for HR the word 'strategic' is something of a code word for being aligned with the interests of the organisation. He further adds that business leaders are frequently bemused by HR professionals for the manner in which they over-complicate HR. For them being 'strategic', beyond doing the basics well, means solving people-related business problems and building future organisational capability.

However, there has also been a backlash against HR 'being strategic', with some commentators suggesting that it's an over-used term and Alvesson (2009:52) arguing that one 'sometimes gets the impression that there is very little 'non-strategic' HRM going on'. In discussing the reality of running a HR function one HR manger commented that, 'My credibility depends on running an extremely efficient and cost-effective administrative machine…if I don't get that right, and consistently, then you can forget about any big ideas' (Caldwell, 2004:203). There is also increasingly a sense that HR has become too identified with the needs of the business at the expense of promoting the interests of employees. According to Reilly (2012) there is a need to talk less about being a 'business partner' and more about 'people partners'. There is some evidence that this may be happening. According to Brown (2019) increasingly practitioners are referring to strategic people management, rather than strategic HR. A case of back to the future!

2.3   Developing and implementing HR strategies

When organisations seek to improve their people management arrangements they will typically consider developing a HR Strategy. A HR strategy sets out what the organisation wants to do about its human resource management policies and how delivering on these will help to achieve the overall objectives of the organisation.
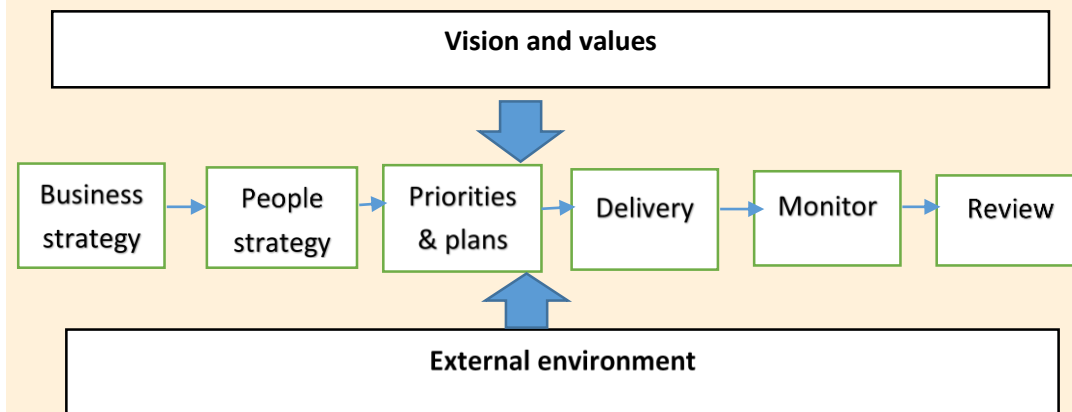
In some organisations a HR strategy may exist without necessarily being deliberate or even written down. It may simply exist in the collective minds of the relevant people. However, obviously this is something of a precarious situation and most organisations evolve to a situation whereby their strategy is somewhat more deliberate and planned, while also being responsive to changing circumstances and the environment.

Because all organisations are different, all HR strategies are different. However, Armstrong and Taylor (2015) and Reilly (2012) provides some general criteria and guidance with regard to HR strategies:

- It satisfies organisation needs
- It is researched and evidence-based, not just wishful thinking
- It can be turned into actionable initiatives
- Its components are coherent and integrated
- It takes account of all stakeholders in the organisation and doesn't reflect only the views of senior management or the HR function

- It is informed by the external environment

- It reflects and promotes the values of the organisation

- It is monitored and reviewed.

The stages involved in formulating a HR strategy:

Vision and values

| Business strategy | → | People strategy | → | Priorities & plans | → | Delivery | → | Monitor | → | Review |

External environment

Source: Reilly, 2012:133

According to Armstrong and Taylor (2015:26), 'the main argument for articulating HR strategies is that unless you know where you are going, you will not know how to get there or when you have arrived'. HR strategies set out what the organisation's overall convictions are in respect of its people and provide a framework for future decision making and action. However, it's important for those developing HR strategies to remind themselves of Fombrun's (1984) long-standing dictum that organisations and managers should perform well in the present to succeed in the future. In other words, 'there is no great strategy, only great execution' (Gratton, 2000: 30).

The other very prominent development in how HR is delivered over recent decades is the involvement of line managers in the delivery of HR. According to Purcell et al (2003), good HR practice is not only about having a range of best-practice policies in place. What makes the difference is how these policies and practices are implemented by line managers. The research of Purcell and his colleagues in particular emphasises the contribution to improved organisation performance of line managers in 'bringing HR policies to life'.

People centred aspects of a manger's role such as defining roles, interviewing, reviewing performance, providing feedback, coaching, identifying learning and development needs and conducting performance reviews all require special skills. Some managers by nature are better at this type of activity than others, but all benefit from guidance and support. In particular, organisations need to recognise people management duties as part of a manger's role and give them the time required to do it. Armstrong and Taylor (2015:49) suggests a number of ways in which organisations can achieve 'better implementation and better ownership by line managers of HR practices':

- Identify how input in the area of people management demonstrably benefits them
- Involve them in the development and the testing of the practices
- Ensure practices are not too complicated, bureaucratic or time-consuming
- Ensure their responsibilities are defined and communicated clearly
- Provide them with the guidance, support and training required to implement the practice.

One in five employees has resigned over a terrible manger

A Glassdoor survey of 2,000 UK employees published in May 2017 found that two out of three people will work for an annoying boss at some point in their career, and one in five will resign because of them.

The survey also found that over 41 per cent of respondents had skipped work because of a terrible boss, 20 per cent had been forced to take sick leave, while two per cent simply left without telling anyone.

The saying 'you don't leave your company, you leave your manager' still holds true according to David Whitby, UK country manager at Glassdoor, 'The good news is that you can become a better manager if you are willing to be self-reflective and open to feedback. Very few are born with the innate ability to become a leader so, just like any other skill it can be honed to help you get to where you want to be'.

Source: People Management, May 2017
http://www2.cipd.co.uk/pm/peoplemanagement/b/weblog/archive/2017/05/19/one-in-five-uk-employees-have-resigned-over-a-terrible-boss.aspx

2.4   HR and performance

An ongoing challenge for the HR profession has been the need to prove that good HR practice, in addition to being something that it is good to do, contributes to better organisation performance. This is necessary to prove that HR rather than representing a cost to the organisation 'adds value'. Thinking in this regard is based on the premise that good HR practices enhance the motivation and commitment of staff which in turn impacts positively on productivity and performance (Armstrong, 2015).

In order to unlock what is sometimes referred to as 'the black box phenomenon', the Chartered Institute of Personnel and Development (CIPD) commissioned major quantitative research across UK companies (Purcell et al, 2003). The findings identified six key work practices that jointly applied were shown to improve performance. The research emphasises particularly that pay was not regarded as a primary motivating factor in any of the organisations in the study, all of which were trying to be progressive in respect of HR. The six key work practices in descending order of importance are:

- Career development and opportunities for advancement
- Training opportunities
- Job influence and challenge
- Involvement and communication
- Performance management and appraisal processes
- Work-life balance.

However, as is widely noted in the HR literature, good HR practices are not enough. What makes a bigger difference is 'the way people work together to be productive and flexible enough to meet new challenges' (Purcell et al, 2003: 32). This is facilitated by two key ingredients – organisation culture and the attitudes of line managers. Meaningful and easily understood organisation values help to unite an organisation around a shared mission, while the way in which managers implement policies and exercise leadership is positively related to affirmative employee attitudes in respect of range of issues that support increased motivation and productivity. As the authors conclude (Purcell et al, 2003: 33):

Their managerial behaviour - in implementing HR policies, in showing leadership by involving staff and responding to their suggestions, and in controlling quality, timekeeping and absence – makes a real difference to employees' attitudes. It's not something that can be legislated for because it's a behaviour rather than a duty. It's strongly linked to the way that the line managers are themselves managed and to the wider values and culture of the organisation.

2.5   Conclusions

For organisations trying to implement an authentic version of HRM it is important to recognise that good HR strategies and practices are not enough. Research around the link between HR and organisation performance has shown that a positive approach to people management, in its very broadest sense, is necessary. Transformational or value-based leadership from the top is essential in that it helps to create a positive organisation culture. So too are the actions and attitudes of line mangers who are responsible for bringing 'HR policies to life'.

In many organisations HR is challenged by the multiple roles it is required to fulfil – administrator, strategic partner, challenger, champion of good people management, guardian of organisation values, conscience of the organisation and governor (Reilly, 2012). Achieving the right balance is dependent on HR investing in its own capacity and actively listening to the needs and concerns of mangers and staff. Ultimately, there is no one best practice model of HR. The function within each organisation needs to build its approach based on a deep and evidence based understanding of the mission and culture of their organisation.

3 Review of Health Services People Strategy 2015-2018

The HSE's People Strategy was published in 2015. The strategy was developed in recognition of the vital role of staff at all levels in addressing the many challenges experienced in delivering health services and to set out the HSE's commitments in respect of engaging, developing and valuing the health service workforce. As noted in the background to the People Strategy (HSE, 2015:7),

> The evidence clearly indicates how HR policies interconnect with line management practices to create employee satisfaction, motivation and commitment leading to high performance. The research also indicates that we could reduce mortality, decrease morbidity and improve the quality of life of our patients and service users through better quality management.

Consultation with staff and stakeholders from all parts of the health system was an important aspect of the development of the strategy. The People Strategy encompasses eight priority areas of action. Each of these is supported by work plans that set out the detailed actions and deliverables for each of the interrelated priorities. Members of the HR national team take lead responsibility in respect of each of the eight priority areas.

This chapter reviews the key achievements in respect of each of the priority action areas in the People Strategy 2015-2018. A number of research vignettes are also included. These identify up to date HR research showing the relevance of the priority area and how actions in this area contribute to better organisation performance.

Priority 1: Leadership & Culture

Leadership is different to management. Achieving better performance requires leadership at all levels in an organisation. This is dependent on value-based leadership from the top and a culture that promotes leadership behaviours at all levels and in all professions. Also vital is to

support line managers who 'bring HR policies to life' (Purcell, 2003) through the way in which they support and develop staff reporting to them.

Leadership and culture is the first priority area in the HSE's People Strategy. It encompasses sub-themes on leadership strategy, leadership presence, leadership culture and leadership accountability. Together these actions are aimed at providing the HSE with strong leadership at all levels and a more unified organisation. There is also a strong emphasis on the development and support of leaders. These are reflected in the priority outcomes which are identified as: Effective leadership at all levels, working collectively towards a common purpose, creating a caring and compassionate culture and inspiring innovation, creativity and excellence throughout the organisation.

Key achievements:

1   The HSE Leadership Academy

The Health Leadership Academy was created to shape leadership and culture within the Irish health services. It is a place where staff can seek leadership development, gain access to expertise, and tap into support to develop as leaders.

To ensure a rich learning experience, the resource is aimed at all staff and has a countrywide geographical spread. All teaching is underpinned by a clear focus on improving the experience for service users as evidence shows that better leadership leads to more engaged staff, which leads to safer and more compassionate care. By developing leaders at all levels an opportunity is created for the health service to be more efficient, effective and creative, as well as being more responsive to changing needs.

Research vignette: **The contribution to healthcare reform of distributed leadership**

Distributed leadership has emerged as an influential concept in discussions about how to achieve sustainable improvements in health care.

The expressed intent is to reconstruct leadership as a shared responsibility rather than just the province of executive elites at the top of managerial and medical hierarchies. At one level, this reflects degrees of disenchantment with orthodox notions of leadership and 'leaderism'

which have been linked to serious care failures and shortfalls in performance relative to expectations. Distributed leadership has also gained traction from accounts of the growing complexity of health care. The prevalence of 'wicked problems' ostensibly stretches the capacity of concentrated hierarchical leadership. Distributed leadership offers a pragmatic means of harnessing relevant expertise to tackle long-term pressures, in addition to restoring public confidence and containing the problems posed by orthodox approaches. It delivers valuable outcomes by drawing more fully and effectively upon available talent, with role-sharing and collective influence improving the quality of decision-making.

The research findings indicate that clinicians without formal leadership titles are inspiring change and driving improvements, although countervailing pressures are limiting this in practice. Greater attention could be given to educational and developmental programmes that claim space for distributed influence among current and aspiring leaders, and for enabling arrangements that can help 'ordinary leaders' to feel less vulnerable and more confident about this aspect of their practice. Established approaches to leader development could be usefully refocused to prioritise collective processes and refine relational abilities, ideally with more inclusive, joint venture initiatives that bring formal and informal leaders together for mutual learning and effective engagement.

Source: Beirne M (2017), British Journal of Healthcare Management, Vol 23, No 6, June 2017, pp. 262-270.

2   Establishment of the Health & Social Care Professionals (HSCP) Unit

The primary focus of the HSCP Unit is to strategically lead and support HSCPs in order to maximise their potential to support the design, planning, management and delivery of safer, better healthcare. The key priorities include visibility, extended scope of practice, supporting innovation, information sharing sessions and professional supervision for HSCPs.

A three-year HSCP Educational and Development Strategy was launched in 2016 and is being implemented. A HSCP Consultative Workshop takes place annually. This is an opportunity to give voice to HSCP staff and to showcase the work carried out during the year. February 1 2018 was the National Health and Social Care Professions Day. This provided an opportunity for staff to share knowledge and experience, network and most importantly, to recognise and celebrate the impact that HSCP staff have on the health service:

It is important that we provide opportunities to recognise and celebrate the commitment and outstanding contribution of health and social care staff across the organisation – Rosarii Mannion, National Director HR.

3   Accreditation and Awards

The HR directorate have been recipients of a range of awards recognising their contribution to better leadership and management:

- HSE HR teams and HSE organisations have been both shortlisted and selected for many awards at the HR Leadership and Management Awards over the duration of the People Strategy, including best change management programme and best learning and development strategy at the 2019 awards.
- The HSE National Human Resources team won the 2018 International Coaching Federation International Prism Award. This prestigious global award honours the coaching programmes of organisations which fulfil rigorous standards, address strategic goals, shape organisational culture, and yield discernible and measurable impacts.
- The National Director HR accepted the 'Special Recognition Award' at CIPD Ireland HR Awards 2017 on behalf of National HR. It was awarded to recognise the organisation's strong foundations, pointing to reform that will have a durable impact into the future.

Priority 2: Staff engagement

The notion of employee engagement repackages various organisation concepts, in particular motivation and commitment, it also emphasises employees' well-being and performance. As such, it offers a mutually beneficial perspective on the employment relationship, seeking the good of employees and the organisation in tandem.

Within the HSE, there have been many staff engagement activities, initiatives and outputs since the publication of the People Strategy and, in particular, in response to the findings of the Staff Survey 2016. The sub-themes in respect of staff engagement are staff voice, staff

commitment, staff health and wellbeing and the staff working environment. The objective is to deliver on the following outcome: Staff have a strong sense of connection to the service, take personal responsibility for achieving better outcomes and support team colleagues to deliver results.

Key achievements:

1   National Staff Engagement Forum

The first National Staff Engagement Forum (NSEF) was established in 2016. It has since expanded to include 60 members from all levels and grades within the HSE and voluntary sector and with proportional representation of health and social care staff.

The purpose of the forum is to promote staff engagement throughout the health sector and to create a positive working environment for staff and service users. The forum is a means of sharing good examples, providing feedback and advice and building positive communication in respect of staff engagement and wellbeing.

In 2017 the NSEF developed a shared health sector definition of staff engagement:

> Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service…when each person knows that what they do and say matters and makes a difference.

Several local engagement forums have been established, including HR Corporate Division, Nurses and Midwives, National Ambulance Service (NAS), Coombe Women and Infants University Hospital, and Mayo University Hospital.

2   Staff Engagement Surveys 2016 and 2018

The purpose of the 'Your Opinion Counts' staff survey is to assess current staff opinions in order to identify opportunities for improvement which will help build a better health service for all. The surveys have been extremely useful in identifying priorities for National HR. The

Staff Engagement Forum reviews learning from surveys and tracks developments and improvements in response to surveys.

3   Staff Engagement Strategic Plan

Currently in development, the strategic plan draws from the results of the 2018 staff survey and outlines the key enablers for an engaged staff. The plan is expected to contribute to the development of the revised HSE People Strategy and the Sláintecare implementation plan.

Research vignette: **Linking patient experience and staff experience**

In 2018 NHS Employers commissioned the Institute for Employment Studies to look at the relationship between staff engagement and positive patient experiences at high performing NHS Trusts in the North of England. The research highlights some common themes between the organisations and lessons for other employers in developing initiatives in this area.

The research suggests that all four trusts recognised that staff experience and behaviours are inextricably linked to patient experience, such that patient experience is an outcome of staff experience and engagement.

The research highlights that lessons learnt across these four NHS trusts cold be applied to other trusts without a great deal of financial outlay. For example, the report suggests that the HR teams in the study have consistently sought to put organisational values at the forefront when reworking HR policies, or when designing training events for staff and managers. Likewise, all trusts used evidence from staff and patients as the basis for business decisions.

Source: Robinson D, (2018) *Linking patient experiences and staff experience – common themes from successful trusts,* Institute for Employment Studies, https://www.employment-studies.co.uk/resource/linking-patient-experience-and-staff-experience-common-themes-successful-trusts

4   Workplace Health & Wellbeing Unit

The Workplace Health and Wellbeing Unit is committed to supporting staff members through improving staff health, providing supports for staff to manage their own health and wellbeing, and supporting staff with health conditions to stay in employment.

5   Diversity, Equality and Inclusion Unit (DEI)

The Diversity, Equality and Inclusion Unit (DEI) was established to promote Diversity, Equality and Inclusion across the HSE.

6   Preventative Measures for Bullying and Harassment in the workplace

The principles and objectives of the Dignity at Work Policy for the Health Service identify the need for preventative measures to resolve workplace conflicts at the earliest possible stage. The People Strategy 2015-2018, refers to the need to 'Build on positive workplace initiatives that recognise the HSE's social and collective responsibilities to create sustainable and nurturing environments that recognise staff and value resilience and innovation' (Action 2.13).

The 2018 Staff Survey found that four in ten employees had directly experienced harassment or bullying, almost half had witnessed bullying or harassment taking place, and over one third of employees had been verbally or physically assaulted at work. Employees have a right to dignity at work. Bullying and harassment undermines employee morale and can result in absenteeism, stress-related illness and high staff turnover – ultimately impacting on patient/client care. A series of preventative measures have been developed by National HR over the duration of People Strategy.

In 2017, the HSE and the Irish Medical Organisation developed and signed a new Respect Charter aimed at tackling bullying of young doctors.

Research vignette: **Changing the bullying culture in healthcare**

Research shows that not only is bullying common in healthcare, but it also has serious consequences. 45 per-cent of nurses have been verbally harassed or bullied by other nurses, says an RNnetwork study. The survey also found that 41 per-cent of nurses were verbally harassed or bullied by managers or administrators, and 38 per-cent reported verbal harassment or bullying by physicians. More than half of the nurses who reported harassment at work were considering leaving the profession altogether.

'Bullying can take all kinds of forms', explains Angie Mitchell, RN, director of nursing services at HealthTrust. 'It could be nonverbal communication, such as the lack of willingness to help

a co-worker who needs assistance with a patient. Or it could be more obvious—like mocking or even verbal abuse. What's key is that the definition of bullying is in the perception of the person who bears this type of behaviour.

Regardless of how it is defined, bullying can have major implications for hospitals and other healthcare organisations. In one large healthcare facility, up to 70 per-cent of nurses left their jobs after being bullied, reports American Nurse Today.

While seasoned clinical professionals may tell you that bullying has always been present at patient care facilities, some experts believe it's on the rise, likely because of health policy changes putting massive financial pressures on the healthcare system. 'Stressful job demands can lead to bullying', according to Patrick Beaver, chief nursing officer at a South Carolina healthcare facility. 'Healthcare professionals are dealing with life and death, and there may be fewer resources available to help them. Across clinical disciplines, caretakers are spending less face time with patients than they once did'. While certainly not an excuse for bad behaviour, he adds, all of this could be making bullying "more prevalent". Adding to caregivers' stress are difficult working conditions such as the inability to take breaks during long shifts, limited supplies, pressure to rush patient care, and scant recognition of nurses' skills and contributions to the clinical team. Nurses can be left feeling overwhelmed and stressed, and pass along those negative emotions to colleagues. Bullying in healthcare has been prevalent for so long that many nurses have come to accept it as part of the job.

For years, healthcare bullying has been widely tolerated because nurses have failed to report harassment, and nurse managers haven't followed up on bullying accusations. However, bullying has increasingly garnered public attention, prompting more patient care organisations to put protocols and programmes in place to improve workplace culture and mitigate the risk of abusive behaviour. 'The best counterattack is follow-through', says Shaun McCamant, chief nursing officer at HealthTrust Workforce Solutions. 'Facilities need to get at the root cause of bullying, just like they would any other dangerous event, such as someone slipping and falling or a behavioural health crisis. Only then will we be able to prevent it with actions to improve the workplace environment for everyone'.

Source: Healthtrust (2018), *Taking a stand against bullying,*
https://healthtrustpg.com/professional-development/taking-stand-bullying/

Priority 3: Learning & Development

The concept of a learning organisation is very closely aligned with that of a high performance organisation. The sub-themes in this priority are aimed at developing a Learning and Development Plan for the HSE, and ensuring more coherent delivery and evaluation of learning and development interventions. Developing coaching and mentoring in the HSE and promoting 'on the job' learning are all identified as key action points. The identified outcome

of delivering on priority three is: A learning culture that prioritises development to ensure staff are equipped to confidently deliver, problem solve and innovate safer better healthcare.

Key achievements:

1   HSELand

HSELand is an online portal available to all health care professionals and has become the dominant online medium for e-training. It provides courses and learning resources with a focus on facilitating ongoing learning and self-improvement. The HSE has over 250,000 HSELand e-learning users.

The Change Hub is the HSE's online change management service that supports staff to have the skills, knowledge and confidence to bring about and sustain service improvement through sharing practical insights and experience. It has a multimedia case study repository of service improvement stories drawn from health and social care settings.

> Having recently completed an MSc in Leadership with the Institute of Leadership, RCSI, I have found the HSE Change Hub an excellent go-to resource. The Change Hub provided resources, e-learning programmes and links to tools for change management, effective leadership, communication and team building, which are very helpful in undertaking any change project. Deirdre Lang, Director of Nursing National Clinical Programme for Older People (NCPOP) and Leadership Development Nursing Profession Older People

The Dignity at Work Policy e-learning module is a convenient and easy way for staff to become familiar with the current policy. It sets out the responsibilities of everyone to ensure a positive work environment and to foster a climate of dignity and respect.

2   Coaching and Mentoring

The HSE developed coaching and mentoring programmes to support staff learning and improved performance. The objective is to enhance employees' capacity to lead and flourish

in their role, and to unlock a person's potential in order to maximize performance, promote development and solve problems.

Other initiatives in this area include:

- The Leadership, Education and Talent Development Unit developed the Leaders in Management Programme, to develop the leadership capability of health service management.
- Accredited ICF National HR Coaching Service, for staff who wish to develop their coaching skills in order to become an internal coach with the HSE.
- HSE mentoring programmes for employees wishing to pass on some of what they have learned to someone else who will benefit from the experience.
- Mentoring programmes supporting Women in Leadership.

I've had the benefit of some very helpful and generous mentors who have been of great assistance to me at key points in my working life. I have also participated as a mentor in other mentoring programmes and have always found it a very enjoyable and rewarding experience'

Louise Doyle, General Manager – Leadership, Education & Talent Development.

Research vignette: Promoting nurses' performance and work attitudes through coaching and mentoring

In a research study of nurses in a large, metropolitan hospital in Australia, Johnson et al (2010) investigated the relationship between learning and development activities and work attitudes and performance. The results clearly showed that developing clinical practice improved self-rated performance and coaching improved work attitudes.

The research further found that role breadth self-efficacy and flexible role orientation mediated these relationships and emerge as important mechanisms in the link between learning and development and work attitudes and performance.

The authors conclude that investment in learning and development activities for nurses improves outcomes for nurses, the organisation and patients.

From: Johnson A et al (2010) *Learning and development: promoting nurses' performance and work attitudes,* Journal of Advanced Nursing 67(3), 609-620

Priority 4: Workforce Planning

Commenting on the UK National Health Service, the King's Fund, a healthcare research charity has concluded that 'the workforce challenges in England now present a greater threat to health services than the funding challenges' (the King's Fund, 2019). Similarly, in Ireland, ensuring that the HSE has the right number and mix of healthcare staff is vital to achieving organisation objectives. This priority encompasses the development of a workforce planning framework, workforce and service design, workforce talent management and workforce organisation. The stated outcome is 'the implementation of a comprehensive workforce plan based on current and predicted service needs, evidence informed clinical care pathways and staff deployment'.

Key achievements:

1   Establishment of an Integrated Multi-Disciplinary Workforce Planning Framework

The Integrated Multi-Disciplinary Workforce Planning Framework is aimed at attracting and retaining talent, and is an enabler in delivering safer and better healthcare. It recognises the need for plans to optimise current workforce and multi-disciplinary teams, and to deliver a self-sufficient, sustainable health workforce capacity capable of meeting Ireland's future healthcare needs. The current areas of focus for the framework are aligning workforce planning governance structures appropriately with organisational structures; building an evidence base and data to develop workforce planning methods; building capability for workforce planning; and enhancing communication and engagement.

The Integrated Health Workforce Planning Unit was developed to support the implementation of the strategic framework by providing a supporting role in workforce intelligence, research, and analytics. It develops workforce plans for the entire workforce in Ireland. This ensures greater coordination of all health workforce planning activities.

The National Strategic Framework for Health and Social Care Workforce Planning is a collaboration between the Integrated Health Workforce Planning Unit and the Strategic

Workforce Planning and Intelligence Unit. The implementation of the framework is an ambitious, multi-year undertaking involving actions and activities at various levels of the system. It will support the recruitment and retention of a mix of health workers across the Irish health system to meet planned and projected service needs.

Research vignette: **Why workforce planning matters**

According to the HR Society (2013:6), 'the case for WFP hits us in the face daily. How often do we find 'shortages of staff' as an excuse for poor customer service…Workforce planning will not solve all our resource problems, but for relatively minor effort, it can make us aware of risks, help us to plan to overcome them, and minimise disruption to meeting the demands of our mission'.

Workforce planning goes beyond forecasting headcount and filling vacancies. The objective is a detailed understanding of the organisation's workforce requirements and how those requirements can be addressed both now and in the future. Rather than simply reacting to political or market events, the organisation has a planned approach to the recruitment, deployment and development of staff. Some of the specific benefits of workforce planning identified by the HR Society include:

Employees:
Reduced stress due to overwork, insufficient co-workers, poorly deployed staff
Reduced stress occasioned by dissatisfied clients
More effective performance management and development
Better career path planning

Managers:
Having sufficient people to meet the demands of the task
Better able to meet targets
Better staff morale and productivity
Avoiding adverse effects of poor workforce planning on costs

Senior management:
Avoiding adverse effects on costs and service delivery
Ensuring continuity of business
Avoiding poor publicity

HR Departments:
Effectively supporting organisation needs
Achieving departmental goals
Benefits from more streamlined processes (e.g. recruitment)
Gaining professional credibility

Adapted from HR Society (2013), *The Complete Guide to Workforce Planning*
https://www.peopleanalytics.org.uk/file/workforce-planning-chapter-one_draft_02.pdf

2   Workforce Planning Research

The National Doctors Training and Planning (NDTP) unit considers the needs of service delivery across public and privately funded healthcare systems. It addresses future projections for the staffing of the medical workforce.

- A report was published in 2015 that focused on the demand for GPs over the next 10 years

- In 2016, the NDTP developed a methodology to predict the medical workforce requirements, 'Medical Workforce Planning Ireland: A Stepwise Approach'. The methodology involves analysing models of care, future trends in demographics, epistemology, policy and staffing models, among other things

- NDTP are currently developing medical workforce specialty reviews that outline, for each area of medicine, current service delivery models, future drivers of change as well as planned models of care, with high-level recommendations related to future demand for the specialty.

Research vignette: **The value of workforce planning research**

Workforce planning is a big deal because the supply of skills cannot be turned on like a tap – training places need to be planned, funded, filled and the throughput deployed effectively and in concert with local needs.

In work for Cancer Research UK, IES looked at the future non-surgical oncology workforce needs if a 'best practice treatment model' was adopted. It highlighted key skill gaps that agencies such as Health Education England (HEE) should be targeting.

IES also identified that the growth in the over-85s population represented the biggest draw on NHS resources and that NHS organisations, where this risk is compounded by a reduction in EU-born nurses and midwives, were likely to face the biggest resourcing 'squeeze' in the coming decade.

Bevan S (2019), Workforce planning remains a missing link in the NHS long-term plan, Institute for Employment Studies, https://www.employment-studies.co.uk/news/workforce-planning-remains-missing-link-nhs-long-term-plan

Priority 5: Evidence and Knowledge

An evidence-based approach to decision-making is based on a combination of using critical thinking and the best available evidence. HSE managers have an obligation to find the best

evidence when making decisions that have a bearing on health services staff and service users.

Sub themes in respect of the priority area are data gathering and reporting, data analysis, knowledge management and application of evidence. The long-term outcome is where work practices and client pathways are evidence informed and decision making is based on real time and reliable data.

Key achievements:

1 HR reports and employment data

Since the publication of the People Strategy, HR reports have been published regularly which include key data and messages on the health sector workforce. These reports include effective collection of employment data across all sectors in compliance with the European Working Time Directive.

2 Research to improve the experience of working parents on return to work following the birth or adoption of a child

The HSE is committed to supporting parents after the birth or adoption of a new baby. The purpose of this research was to explore how the HSE could further enhance the experiences of women returning to work and to inform future policy development in the areas of:
- Increased supports for post-maternity employees
- Increased female participation in senior management roles
- Increased levels of employee engagement and staff wellbeing.

3 Health and Social Care Professions (HSCPs) Research Conferences

This annual conference brings together a broad range of health and social care professionals to share their experience through oral and poster presentations and research and practice-based workshops. The conferences are also designed to support HSCPs in undertaking their

own research. The fifth conference ran in 2018 with the theme 'Translating Health and Social Care Professions Research into Policy and Practice'.

Priority 6: Performance

Good performance management is critical for organisational success. Employees must understand what's expected of them, and to achieve those goals they need to be managed in a way that ensures they are motivated, have the necessary skills, resources and support, and are accountable.

The performance priority area encompasses performance governance, performance management and performance capacity. The stated outcome is that staff and teams are clear about roles, relationships, reporting and professional responsibilities so that they can channel their energy and maximise performance to meet organisational targets.

Key achievements:

1   Performance Achievement

Action 6.4 of the People Strategy is to 'Implement and roll-out a revised, redesigned performance management system that is supportive and developmentally based'. In 2016, following a period of consultation, engagement and workshops, the HSE and the staff panel of the National Joint Council reached agreement on the commencement of Performance Achievement across the health sector, marking a significant and positive development for health service staff and service users. Work is ongoing in respect of the implementation of Performance Achievement in the HSE.

The objective of Performance Achievement is to help organisations in translating strategic plans into action. It enables them to set clear goals for their staff, monitor performance, provide feedback and develop staff competencies and capabilities. The core objectives for the implementation of a Performance Achievement process is to ensure that:

•   Each member of the HSE workforce has an equitable opportunity to establish, develop and maintain a personal appraisal in line with their personal, service and organisational goals

•   Each member of the HSE workforce has the opportunity to discuss his or her Performance Achievement Framework with his or her line manager.

2   Mediation

Action 6.5.1 of the People Strategy is to 'Reinvigorate Mediation Services to ensure the deployment of the service to the most appropriate need where best outcomes can be achieved'. A key deliverable in this regard was the establishment of the HSE National HR Mediation Service. Key outcomes from the first year of service included:

•   A 70% increase in the number of cases dealt with by the internal panel of professional mediators across the Health Services

•   A success rate of 80% in reaching successful outcomes for the parties involved.

Cases taken on in the mediation service include the areas of interpersonal conflict, breakdown in working relationships, manager/staff difficulties, performance issues, difficulties arising from organisational change and allegations of harassment or bullying. The successes of the mediation service to date shows that it is an effective and positive process to resolve issues in the workplace and allow normal working relationships to resume.

Research vignette: **Supporting line managers**

Line managers rarely join an organisation with the specific aim of being a manager. Added to this, line managers in the NHS and beyond face competing pressures which can often impact on their time spent as a line manager. Workloads, targets and line management reporting are all cited by managers in the NHS as aspects of their working lives that impact on their ability to engage in people management activities.

In response to these challenges, this research paper on behalf of NHS Employers, highlights actionable solutions for HR and senior leaders. If mangers feel positive and calm, these sentiments can pass on to their teams. The paper therefore suggests that training on personal wellbeing, such as mindfulness or positive psychology, could help to improve wellbeing amongst teams and, in turn, improve employee engagement. HR and senior leaders can also ask themselves whether communication channels are working, both in terms of line managers communicating with their reportees in an appropriate manner, knowing who to speak to for help, and questioning whether line managers are able to give feedback up the line.

HR must also recognise the role it has to play. Is HR referring line managers to the intranet or are there support systems in place, from HR or a more seasoned manager to talk a given situation over?

The paper also offers some exploratory ideas that HR teams and senior leaders can consider. Buddying, celebrating success, networking for line managers across departments and forums are all discussed as other potential solutions to develop line manager's capability and improve shared learning across teams and departments.

Source Robinson D, 2018, Report on behalf of NHS Employers
https://www.nhsemployers.org/news/2018/07/supporting-line-managers-to-foster-engagement

Priority 7: Partnering

Effective partnering is critical to the achievement of the Health Services objectives. Person centred care must be at the heart of everything the HSE does, however, partnering with staff,

their representative organisations, service providers, other government organisations and communities is also critical.

The sub themes for this priority action are partnering with staff, service users and local communities; partnering with stakeholders; and partnering with service providers. The stated outcome is that partnerships with staff, service managers and stakeholders is effectively developed and managed to add value and support the delivery of safer better healthcare for local communities driving change and improving the client experience

Key achievements:

1   Junior Achievement Ireland 2018

HSE National HR have engaged with Junior Achievement Ireland to support educational outreach activities and to provide structured and well-managed volunteering opportunities for HSE staff to work with local students.

- The programmes are delivered by health service employees which identifies the HSE as an inclusive and diverse employer.
- They provide students with experiences to gain knowledge and skills as well as making connections between their in-school work and what they see as the 'real world'.
- Volunteers come from all sectors within the health service, with the opportunity to gain presentation and communication skills, which can add value to their health service role.

2   Global Forum on HR for Health

The Fourth Global Forum on Human Resources for Health, the theme of which was 'Building the health workforce of the future, was held in November of 2017 in Dublin. Over 1,000 delegates from 90 countries attended the conference. The main objectives were advancing implementation, promoting innovations in policy, practice and research, and promoting the engagement of stakeholder groups.

- The HSE HR division led sessions outlining the Health Services People Strategy 2015-2018 and objectives in planning to support staff to deliver health and social services.

- The Forum also convened a Youth Forum, which served as a venue to build networks of young change agents to generate ideas and network with young leaders from different backgrounds and professions.
- During the Forum the HSE Global Health Programme met with delegates such as the Sudanese Federal Ministry for Health, with whom a partnership agreement was signed to enhance collaboration regarding health services between Ireland and Sudan.

Research vignette: **The importance of partnering in healthcare**

The human and material cost of type 2 diabetes is a cause of increasing concern for health professionals, representative organisations and governments worldwide. The scale of morbidity and mortality has led the United Nations to issue a resolution on diabetes, calling for national policies for prevention, treatment and care.

There is clearly an urgent need for a concerted response from all interested parties at the community, national and international level to work towards the goals of the resolution and create effective, sustainable treatment models, care systems and prevention strategies. Action requires both a 'bottom-up' approach of public awareness campaigns and pressure from healthcare professionals, coupled with a 'top-down' drive for change, via partnerships with governments, third sector (non-governmental) organisations and other institutions.

Source: Alberti G (2007), Partnering with governments and other institutions: driving change in diabetes care, International Journal of Clinical Practice, 61 (s157), December 2007, pp.38-46.

Priority 8: Human Resources Professional Services

The HR function or division supports an organisation in achieving its objectives by effectively managing people and performance. However, delivering on the multiple roles required of HR in many organisations represents a challenge. Reflecting on its own capacity and contribution to the organisation is vital.

The sub-themes under this priority are the HR delivery model and structure, HR process, the HR profession and e-HRM. The long-term outcome is HR services designed to create value, enhance people capacity and positioned to deliver organizational priorities.

Key achievements:

1   People's Needs Defining Change – Health Services Change Guide

People's Needs Defining Change - Health Services Change Guide is an organisational policy and approach to change. It is a step-by-step guide to help lead and bring about change based on an organisation-development approach that places people's needs at the centre of change. Striving for change through early and ongoing engagement enables people to make a real investment in the change and to develop a shared sense of purpose. The Health Services Change Guide provides:

- Assistance in driving service improvement and change capacity to prepare for key organisational change opportunities such as the implementation of Sláintecare
- Peoples Need Defining Change has been shortlisted in the CIPD awards

> Hats off to the health system in Ireland for producing a coherent model for guiding change in health and care. It's worth exploring their website for some great resources, models and templates that can be downloaded.
> Helen Bevan, Chief Transformation Officer, Horizons, NHS, 10th July 2018.

2   Human Resource Helpline

The National Employee Helpline is a support tool to keep employees informed, involved and included as well as to meet the needs of staff. It is an additional communication channel in conjunction with local HR Offices and the Corporate Employee Relations Services (CERS). It serves as a point of contact regarding benefits, terms and conditions of employment, and advice on the operation of the grievance and disciplinary processes. It was developed in response to action 8.5 in the People Strategy that commits HR to 'Develop a strong customer service focus within HR to respond in a consistent and efficient manner to the needs of service managers and staff'.

3 Future Recruitment Model for the HSE

In recognition of the increasingly global recruitment market that the HSE operates within and challenges in respect of recruitment, the National Director of HR has established a multi-stakeholder working group to consider the recruitment and retention operating model within the HSE and in particular to review international and national evidence in respect of organisation capacity.

HR developing its own capacity

According to Reilly (2011:22), HR needs to reflect more both on its own capacity and on the roles it plays in organisations. While supporting the organisation in achieving its objectives will always be central to the mission of HR, the following roles also matter:

- Doing the basics right (paying people, recruiting efficiently, responding quickly to queries), but while adopting a 'customer mindset' neither should HR 'get trapped into a situation where it simply delivers what the customer wants without objection'.
- Supporting line mangers, providing good quality people data and a provider of 'workforce intelligence', which can only be obtained by 'HR staff getting out more, talking and listening to staff, and not relying only on employee surveys'.
- HR's role as a challenger, champion of good people management, guardian of organisation values, conscience of the organisation and governor.

Part of HR taking stock should also involve asking what customers of HR want from the function. Research by Hirsh (2008: xii) found that they valued a HR function that was proactive, fair, knowledgeable, did not hinder their work and protected employee interests. Customers of HR support the function in becoming more strategic in its influence on the organisation, but it has to be from a very practical standpoint. This means being responsive, professional and proactive, that is 'neither too bogged down by inefficient administration nor too remote in an ivory tower of policy and strategy'.

4   Conclusions

The objective of a HR or People Strategy is to set out what an organisation wants to do about its human resource management policies and how delivering on these will help to achieve the overall objectives of the organisation. For the HSE, the People Strategy 2015-2018 set out a range of actions in respect of eight priority HR-related areas. The People Strategy was informed by the HSE Corporate Plan 2015-2017 and health services staff were consulted in respect of its development. It has the overarching objective of supporting the delivery of safer, better healthcare in Ireland.

Implementation of the People Strategy was supported by work plans that set out the detailed actions and deliverables for each priority. In addition, a formal programme management approach was developed to ensure that work was undertaken in a planned and systematic manner.

Over the lifetime of the People Strategy excellent progress has been made. This report provides details in respect of the key achievements. However, as the literature discussed in chapter two of this report emphasises, good HR policies and practices do not in themselves promote better engagement and performance, a positive approach to people management in its broadest sense is also necessary. This requires transformational and values-based leadership from the top, a focus on line managers who 'bring HR policies to life' but need to be supported and developed to do so effectively, and initiatives that enhance organisation culture, which if not aligned with the HR Strategy, can easily derail even the best of plans.

In many organisations HR is required to fulfil multiple roles – administrator, strategic partner, challenger, champion of good people management, guardian of organisation values, conscience of the organisation and governor. Naturally there is an onus on HR to review its own capacity and listen to the needs and concerns of managers and staff. But equally, neither should those groups underestimate the wide-ranging contribution of HR to organisation performance and organisation life.

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