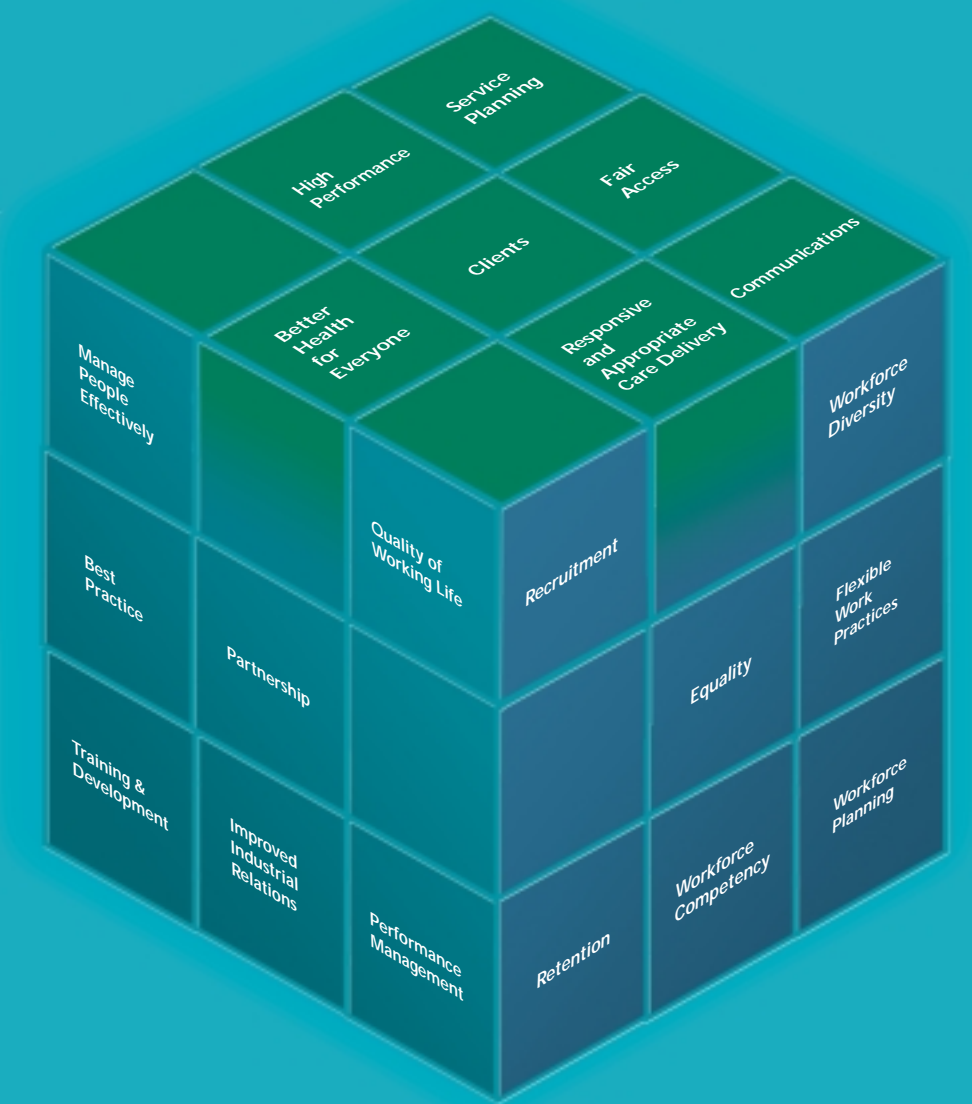
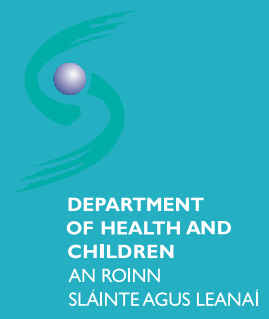


## Quality & Fairness - A Health System For You



Action Plan for People Management in the Health Service



# Action Plan for People Management in the Health Service

## Foreword

The *Action Plan for People Management* is a vital document for the health service and all the people who work within the system. In many organisations people get promoted in to people management positions based on their proficiency in their existing job, rather than any demonstration of people management competencies. This approach to promotion, and recruitment fails to acknowledge the very real challenges that are faced by people managers. All managers in the health service need to have people management skills.

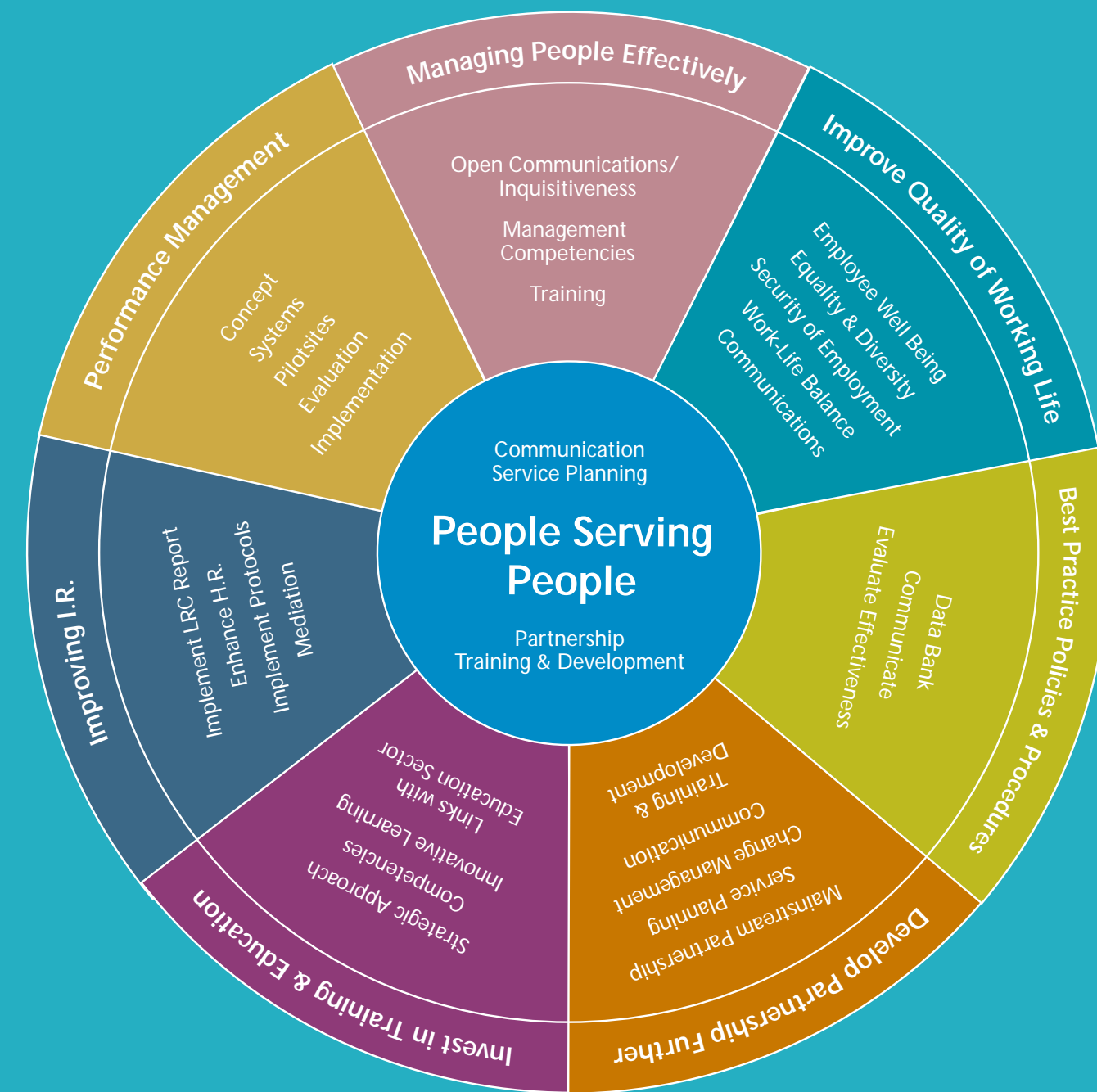
The Action Plan is a document that has been designed to address very real and tangible issues. Not only is it a key component in the delivery of *Quality and Fairness* but it also tackles issues that have been raised by the people delivering the service through the consultative process. Therefore the Action Plan deals with both the strategic and operational issues.

Perhaps the key strategic issue that needs to be addressed is the role of Human Resource Management in the design and delivery of services. Too often in the past the personnel administration approach has been used, which fails to align the organisational and personal needs. Human Resource Management must become an integral part of the service planning process, which is the key determinant of business objectives. This must be achieved through integrated planning, rather than as an after thought. The role and position of Human Resource Management is critical to the successful achievement of service imperatives.

At an operational level the Action Plan tackles issues, which negatively impact on working relations. Through the conjoint and participative approach used in developing this plan, hard issues have been worked through and a joint problem solving approach adopted. The plan is all the stronger for this approach.

While people management is only one strand of the broader Human Resource Management agenda, it is an essential element that must be improved. This Action Plan has now provided all the stakeholders in the system with the direction, and actions that are required to bring people management to the standards that are required.

John Collins  
Chairman  
*Action Plan for People Management Plenary Group*



## Contents

Minister for Health and Children's Foreword	1
Introduction	2
<b>Theme 1: Managing People Effectively</b>	<b>8</b>
<b>Theme 2: Improve the Quality of Working Life</b>	<b>12</b>
<b>Theme 3: Devising and Implementing Best Practice Employment Policies and Procedures</b>	<b>18</b>
<b>Theme 4: Developing the Partnership Approach Further</b>	<b>22</b>
<b>Theme 5: Investing in Training, Development and Education</b>	<b>29</b>
<b>Theme 6: Promote Improved Employee and Industrial Relations</b>	<b>35</b>
<b>Theme 7: Developing Performance Management</b>	<b>43</b>
Implementation	49
Implications for all Stakeholders	51
Glossary	59

# Minister for Health and Children's Foreword



The health service is about "People Serving People". The service is delivered in multiple locations and by almost 100,000 individuals. Each person, who works in the health service, whether in a full time or part time capacity, plays a crucial role in the provision of quality health care.

When I launched the new National Health Strategy "*Quality and Fairness – A Health System for You*" I did so acknowledging that a number of the objectives had to be realised in a short time frame. Clearly the Action Plan for People Management is and will remain an essential component of the change programme that is required. The challenges posed by "*Quality and Fairness*" are significant, and will require new approaches. In the health sector, where service delivery is almost completely dependent upon people this will require new approaches to the management of those charged with service delivery.

This action plan has been developed in a consultative manner, and many of the key stakeholders on both the management and union sides have played an important role in ensuring its completion. The plan acknowledges and recognises many of the difficulties that have beset people management in recent years. Whilst there is a common objective of improved patient outcomes, often there have been differences of opinion in achieving that objective. These differences have led to conflict and have impacted on morale. This action plan will help to address these issues. It provides the blueprint for improving the management of people, and continuing to foster the partnership approach of working together.

The action plan has set out a lot of straightforward and practical steps that can be taken to make a positive impact, whilst also addressing issues that have a longer strategic effect. The difficulties of the past number of years can be addressed by working together to implement the type of change that is required, and by doing this in a manner, which is as inclusive as possible.

I believe that this action plan has identified not only the key areas that need to be addressed, but also how best to proceed. If we work together to implement this action plan I believe it will play a vital role in achieving the objectives of "*Quality and Fairness*".

A handwritten signature in black ink that reads "Micheál Martin". The signature is written in a cursive, flowing style.

**Micheál Martin, T.D.**

Minister for Health and Children

# Introduction

In November of 2001 the Government launched its new National Health Strategy – “*Quality and Fairness, A Health System for you*” (hereafter referred to as Quality and Fairness). *Quality and Fairness* was developed following one of the largest consultation processes ever undertaken in the public service. It sets out the vision for the health service, the four principles upon which this vision will be built, it also establishes four National goals and finally sets out six ‘frameworks for change’, which will be used to achieve the vision, principles and goals.

One of the six frameworks for change is Developing Human Resources. The health service is one of the largest employers in the public sector, with the employment level at the end of 2001 approaching 93,000 full time employees. These employees are spread across a large number of organisations, in multiple locations and settings across the country. Each employee plays a key role in the delivery of health service, in all settings, to the public.

While all organisations claim that their human resources are their most valuable asset, nowhere is that more accurately reflected than in the health service. Medical and technological developments continue to improve the provision of health care, but ultimately health care is provided through people. The demands on these people are very significant, with ever-increasing services, changing demographics, new treatments and a continual need to stay abreast of important developments. Furthermore these services are delivered 24 hours a day, 365 days of the year. That is the context in which the health service operates.

The frameworks for change, as set out in *Quality and Fairness* recognise that changes are required in how people are managed if the objectives of the strategy are to be realised. *Quality and Fairness* poses significant challenges to the current service delivery approach, and this Action Plan for People Management (APPM) sets out how, over the next five to seven years, changes in people management approaches will address those challenges.

## Human Resources

*Quality and Fairness* recognises that while there has already been a shift towards the more contemporary Human Resource Management (HRM) approach to people management further work needs to be done to complete the switch from the traditional personnel administration model. Within the health service Directors of Human Resources have already been appointed in each health board/authority, recognising the need to ensure that HRM has a key strategic role. There have been a significant number of programmes and initiatives launched, which address many of the aspects of this action plan. What this action plan attempts to do is build upon those developments to date, acknowledge the shortcomings and try and set the direction for HRM in the health service over the next five to seven years.

The development of the action plan is only one of nine actions under the heading HRM. This document focuses on the themes as defined in *Quality and Fairness*, but explicitly recognises that really enhancing HRM involves activity along all nine actions. This is best illustrated through the diagrams on the inside cover page, and the back page of this action plan.

A key aspect of Human Resource Management is ensuring that it is a central component in service delivery, and has equal importance with any other function, rather than viewing it as peripheral to service provision. In order to ensure that HRM plays its key strategic role service plans should detail explicitly how HRM supports service delivery. This is integral to the enhancement of the role of HRM.

## Context

*Quality and Fairness* was launched following a period of exceptional growth, and investment in the health service. The number of people employed has risen from 69,726 in 1998 to almost 93,000 in 2001. This increase of over 23,000 full time employees raises new additional challenges for the people managers in the health service. In the late 1990's the traditional personnel administration system was firmly in place, however that system is no longer appropriate in a modern dynamic sector, which strives to deliver a world-class service.

Recognition has also been taken of difficulties that exist in the current environment. The 2001 Labour Relations Commission report entitled *“Review of Industrial Relations in the Health Service for the Minister of Health and Children”*, outlined a number of deficiencies in the current system that need to be addressed. There have been other specific difficulties such as recruitment and retention of certain categories of staff for many employers.

The APPM also recognises the significant developments that have taken place in the past number of years. These developments include the number of conjoint working groups and committees that have been formed to examine HRM issues, and determine the appropriate way of moving forward. While recruitment and retention has been difficult a number of independent reports were commissioned in relation to grades and professions experiencing supply problems, and work has been ongoing in furthering relationships with 3rd level educational providers.

## Developing the APPM

Action 108 of *Quality and Fairness* set out that the APPM would be published in October 2002. The development of the plan has been the responsibility of the Department of Health and Children (DoHC) and the Health Service Employers Agency (HSEA) in consultation with the National Partnership Forum (NPF).

Following the example of *Quality and Fairness* it was decided that a consultative approach would be adopted in developing the APPM. The development process was commenced in February 2002 when DoHC organised a meeting with some of the major stakeholders on the management side to assess the scope of the project. The stakeholders included the HSEA, DoHC, the Office for Health Management (OHM), the Human Resource Directors (HRDs) of the Health Boards and Eastern Regional Health Authority (ERHA), and the Human Resource Managers from the Dublin Academic Teaching Hospitals (DATHs). Following the initial meeting, the Health Service National Partnership Forum was briefed on the approach and four trade union representatives joined the plenary group.

In recognition of the significant work that has taken place in recent years it was decided to develop the plan using a three staged approach. The first step was a diagnosis of the current position. This set out where the current positives and negatives lie. The next stage was to determine the vision of HRM for the health service following the implementation of the APPM. The final stage was determining the appropriate actions that are required to move from the current position, towards the future vision.

In order to progress the plan between plenary sessions a subgroup was formed. The composition of this group is set out below:

- Mr David Aberdeen, Head of Personnel, St. James Hospital
- Mr Kevin Callinan, National Secretary, IMPACT
- Ms Jackie Crinion, Management Development Specialist, Office for Health Management
- Ms Síle Fleming, Director of Human Resources, Eastern Regional Health Authority
- Ms Helen Franklin, National Secretary, Medical Laboratory Scientists Association
- Dr Laraine Joyce, Deputy Director, Office for Health Management

- Mr Matt Merrigan, National Secretary, SIPTU
- Mr Martin McDonald, Project Manager, Health Service Employers Agency
- Mr Kilian McGrane, Assistant Principal, Department of Health and Children
- Ms Mary Power, Section Development Officer, Irish Nurses Organisation
- Ms Bernie Ryan, Assistant Principal, Department of Health and Children

It was also decided to organise major consultative workshops to seek the views of HR professionals, union officials, line managers and staff across all agencies on what the APPM should contain. There were two separate consultative workshops, in Naas on May 22nd and Tullamore June 28th, with almost 400 attendees in total. These workshops examined the seven themes under the headings of diagnosis, future vision and actions required. The output from these consultations has proved to be the crucial element in the writing of the action plan. The workshops involved breaking into smaller facilitated groups to work on specific tasks. These groups had a Health Service National Partnership Facilitator assigned, and these facilitators played an important role in ensuring a successful outcome from the consultative events. (Details of all the deliberations of the workshops will be made available in the near future).

The plenary group of the APPM would like to express their gratitude to all those who participated in the production of this document. The people, who attended the workshops, sat on various working groups and sent on their views and ideas. The group would like to acknowledge the contribution of partnership facilitators for their design, organisation and input into the consultative process, and their contributions throughout. The group would also like to express its appreciation for facilitation skills brought by Ms Alison Gardner, who led the group through the process from start to finish.

## Themes

*Quality and Fairness* defined the seven key elements that the APPM needed to address. The seven themes are:

1. Manage people effectively.
2. Improve the quality of working life.
3. Devise and implement best practice employment policies and procedures.
4. Develop the partnership approach further.
5. Invest in training, development and education.
6. Promote improved employee and industrial relations in the health sector.
7. Develop performance management.

Reflecting the extent of the challenge and the complexity of the environment, the plenary group sought assistance from Bill Roche, Professor of Human Resources and Industrial Relations at the Smurfit Business School. Professor Roche gave an opening address at both consultative workshops and provided assistance to the group throughout the process.

The seven themes identified in *Quality and Fairness* and developed in the APPM have a very high degree of inter-dependence. While each theme is important in its own right, the overall benefit will be derived from the cumulative changes across all seven. Furthermore many of the proposed changes are applicable to more than one theme. Consequently the plan reflects these interdependencies, and common actions diagrammatically. The first diagram (inside cover) demonstrates that by addressing the common issues listed in the centre of the diagram, progress can be made in all of the seven themes. These issues are therefore the priority issues for development, in order to progress the objectives of the APPM. The second diagram (on the back cover) shows how the action plan fits with service delivery imperatives, and with the broader HRM agenda.



## Resources

In developing the APPM it has been clear from the outset that the successful implementation of improved people management is an integral part of *Quality and Fairness*. In order to successfully implement *Quality and Fairness* it will be necessary to have a modern and robust Human Resource Management system that is capable of adapting to change, and also to aligning the goals of the organisations with those of the service providers. Consequently in terms of resource allocation it is crucial that investment in *Quality and Fairness* is matched by a proportional investment in the broader HRM agenda, and in the detailed specifics as set out in the APPM.

Great enthusiasm has been shown by all who have participated in developing this plan. The emphasis has been continually on the need to “work smarter not harder”, and about how existing resources can be redeployed to improve the overall efficiency and effectiveness of the organisations. There is clear commitment to implementing change by examining how things are currently being done, and using the principles set out in this action plan to set in train a new model of working. However, there are aspects of the action plan that will require additional resources. The HRM function in each agency will need to be developed (this is Action 107 from *Quality and Fairness*) with additional skilled staff to be in a position to progress this challenging agenda, and therefore to ensure the successful implementation of *Quality and Fairness*. To meet the challenges of *Quality and Fairness* the investment in training will also need to be increased to match the professional and personal requirements of the service providers.

# Theme 1: Managing People Effectively

Objective: To build and enhance management capacity in order to deliver the change management programme required by *Quality and Fairness*.

## Introduction

Building and enhancing management capacity will be central to the ability of the health system to deliver the kind of organisational change required by *Quality and Fairness*. High turnover rates, low morale and high stress levels can be improved through the effective management of people. While clearly not the only cause, poor people management skills can exacerbate problems.

A more enlightened and participative style of management, with an emphasis on delegation and empowerment of frontline staff, needs to be fostered and supported. Managers need to be clear about their own managerial purpose and how this contributes to the overall goals of the organisation. They need to motivate and develop their people by involving them in planning and decision-making and by providing them with opportunities to undertake more challenging work in line with their knowledge, skills and experience. People management needs to be formally recognised as an integral part of every line manager's job and feature as a core competency in the recruitment and development of managers at all levels. As a result, managers will need to be trained and supported to equip them to fulfil this enhanced role.

The following actions are proposed in order to enable the achievement of the above objective.

## Action 1.1

## Develop a Culture of Open Communication and Inclusiveness

The objective is to foster a more open manager/staff relationship and to facilitate greater staff input to service delivery. Communication within an organisation is a key issue in effective people management. In order to make progress on developing a culture of open communication and inclusiveness, a systematic evaluation of present processes, followed by a planned approach to change, is required. Communication needs to be three-way: up, down and across. This will require a mix of formal and informal methods - ranging from briefings and team meetings to intranets and newsletters and to an agreed and documented understanding regarding the culture within which managers and staff interact in day-to-day service delivery.

To ensure maximum benefit to service users, it will be essential to link these initiatives to service planning and wider organisational needs. Partnership working at local department/unit level needs to become the norm and line managers must be trained and supported to deliver upon agreed objectives.

Develop a Culture of Open Communication and Inclusiveness						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
1.1.1	Managers at all levels, particularly unit/department level, to meet with their staff to discuss and document purpose and objectives re <i>Quality and Fairness</i>	Senior managers	All people managers All staff	Document produced and circulated	Early 2003	By end June 2003 and by end March each year thereafter
1.1.2	Develop and implement a corporate Communications Strategy, to include:  (a) Communications skills courses (b) Development of intranets (c) Development of management information systems (MIS)	Corporate management team  (a) Training units (b) Corporate management team	Managers All staff  (a) Front-line managers  (b) Managers and IT staff  (c) Managers and IT staff	Published strategy Audit of corporate communications, including staff survey, to create baseline then review every year (a) No. Managers who have completed training (b) No. Staff members with access to intranet (c) No. Managers with access to MIS	Early 2003	Strategy completed by end of December 2003  Ongoing

## Action 1.2

### Implement Management Competency Frameworks

The objective is to assist the organisation in identifying the managerial knowledge, skills and attributes which are needed to deliver a quality service to clients and to recruit and develop managers accordingly. There is evidence of a gap between the skills and competencies perceived as most critical to delivering today's health service and those actually possessed by managers.

The implementation of competency frameworks will encourage managers to focus on their skills in specific areas, develop accordingly and, ultimately, improve the performance of the service. Competency frameworks are a powerful tool in changing the culture of an organisation and are central to integrating the elements of a human resource strategy.

Implement Management Competency Frameworks						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
1.2.1	Complete and launch management competency frameworks for clerical/admin/management staff, and health and social care professionals	OHM	All key stakeholders	Frameworks developed, and launched	2002	Early 2003
1.2.2	Develop management competency frameworks for other groups who have people management responsibilities	OHM	DoHC/HRDs/ Unions	Competency framework produced	Begin process by end June 2003 and then publish timeframe	Ongoing
1.2.3	Implement competency frameworks with regard to:  (a) Recruitment & Selection (b) Management development (c) Personal development planning (d) Career planning	Corporate management team and HR department.	OHM/DoHC  All stakeholders	Number of groups/job families with competency framework implemented	Begin process by end 2003	End 2005

## Action 1.3

### Train Managers in People Management

The objective is to improve the “people management” skills of all managers. *Quality and Fairness* says “building and enhancing management capacity is central to the service’s ability to deliver real change” and “people management skills and communication skills are to be considered core competencies for managers and training in these areas is to be prioritised”. To deliver real results, training programmes will need to focus on specific skills development in order to bring about behavioural change.

Develop Training for Managers in People Management						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
1.3.1	Initiate/enhance management training programmes to target specific people management skills. Priority areas include communication skills, giving & receiving feedback, motivating and influencing, handling conflict/ disciplinary procedures and grievance issues	Corporate management team HR Depts/HSEA	All managers Change facilitators OHM	Documented pilot projects including evaluation results	Early 2003	Pilot programme by end 2003  Evaluate and roll out in 2004
1.3.2	Align management development to organisational development, i.e. health strategy implementation and change management	Corporate management team HR department	All managers OHM	Documented plans	Mid 2003	Plans available by end 2003 and implemented fully by 2005
1.3.3	Develop and implement ‘growing leaders for the future’ initiatives, to include: - Futures: planning for future service needs - Mentoring programmes - Coaching for senior managers - Career planning initiatives	CEOs Corporate management team HR department	All managers OHM	Document future leader plan Implementation of plan	Mid 2003	Leader plan available by end 2003 and fully implemented by end 2005

## Theme 2: Improve the Quality of Working Life

Objective: To contribute to the quality of clients/services users' experience of the health services by ensuring that appropriate attention is paid to managing the quality of employees' working life.

### Introduction

*Quality and Fairness* declares that "a working environment where people feel valued, recognised and safe is important to the improvement of morale and the retention of staff," which, in turn, are vital to the development and improvement of services. Growing pressure at work and increasing difficulties balancing work and family life are being felt in the health services just as they are in the wider economy. But factors specific to the health services, including growing demands and expectations and staff shortages, have exacerbated these problems.

There is an acknowledgement that the quality of working life has improved in most organisations in recent years with advances in areas like communication, the availability of IT, family friendly initiatives, flexible working and, the development of more participative management styles. But there are still substantial shortcomings in these and other areas, including inconsistency in the application of policies. The following Actions are proposed to contribute to the improvement in the quality of working life for health services employees.

## Action 2.1

### Promote Employee Well-being

Feedback from the consultative process included concern that the health service has no common integrated approach to managing the health and safety of employees at work. Services and facilities (and even attitudes implied in certain policies) vary widely between agencies and, despite the core business of the health service, were not regarded as best practice.

The lack of a focus on rehabilitation encourages a compensation culture whereby the effect of an injury or illness is dealt with via litigation. Any motivation to pursue a recovery in this scenario is tempered by the effect it may have on damages awarded. In addition, the service would seem to do less than it could to assist employees to remain at work through injury prevention (including stress management and harassment), employee assistance services, integrated collection of incident and accident data and staff education.

Promote Employee Well-being						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
2.1.1	Produce implementation plan for the Guidelines on an Occupational Health Safety and Welfare Service for the health service as devised by the expert group  Agencies should establish a time frame for their adoption and report on it in the annual report. Agency service plans should make specific reference to the achievement of the objectives of this strategy	HSEA to finalise the national OHSW strategy	Unions, HSEA, DoHC, CEOs	Strategy launched	By end 2002	Early 2003
		DoHC (establish nationally consistent performance indicators and reporting mechanisms) through service planning process		OHSW included as explicit section in service plans	Mid 2003	End 2003
		Agencies devise plans and commit resources to demonstrate the satisfaction of the standards established in the strategy	All staff	Implementation plans devised and operational in all agencies	Mid 2003	Mid 2004

## Action 2.2

## Ensure Equality and Value Diversity

Equal opportunities/accommodating diversity in the workplace recognises the talents and skills of all staff and provides access to employment and promotion to the widest possible pool of employees and potential employees. Equal opportunities and diversity is also about creating a culture that seeks, respects, values and harnesses difference.

In addition, perceived inequality is a significant cause of work place dissatisfaction. Where this is not resolved, it may lead to grievances, absenteeism and turnover as well as reduced productivity. The transparent application of good HR policies will contribute to a reduction in dissatisfaction.

Ensure Equality and Value Diversity						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
2.2.1	Prepare an Equal Opportunities/ Accommodating Diversity Strategy and Action Plan	HSEA	Employers, Unions, OHM & DoHC	Strategy and Action plan produced	Nov 2002	Mid 2003
2.2.2	Develop tools which will assist managers in the equal opportunities/diversity aspect of their people management role	HSEA	Employers, Unions, OHM, DoHC	Tool kit produced and rolled out to all agencies	Early 2003	End 2003
2.2.3	Finalise and roll out Equality/Diversity guidelines and Dignity at work policy	HSEA/HR reps	All agencies	Endorsement and Implementation of policies by agencies	Underway	Early 2003
2.2.4	Mainstream Equality/Diversity training in the health services	OHM/HR Mgrs/ HSEA/DoHC	All agencies	Programmes in place in all agencies	Jan 2003	Ongoing
2.2.5	Each agency to assign responsibility for equality to a senior executive and include a statement on initiatives in the annual report  Where agency size warrants, assign resources to the appointment of an Equality Officer	Agencies	Unions, HSEA, DoHC, CEOs, HSNPF	Nominated person/Equality Officer in each agency  Statement in Annual Report re: equality-promoting initiatives	2003	Ongoing
2.2.6	Conduct research to determine the effect of abolishing the distinction between officer/non- officer/servant, employment status and, if appropriate, implement a strategy that removes these labels	HSEA DoHC	Unions, HSEA, DoHC, CEOs, HSNPF	Research-based recommendations re: abolition of distinction Strategy for removal of distinction	2003	2004



## Action 2.3

### Review the Basis of Temporary Employment Contracts

Substantial portions of the health service workforce are engaged on non-permanent arrangements, in many cases via consecutive multi-month contracts that can extend over years. Such employment arrangements are no more cost effective than tenured employment, but entail uncertainty for the employee, preclude commitment to mortgages and create unnecessary turnover as individuals seek secure employment. The primary difficulty is where staff are employed via a series of temporary contracts over a long period of time.

Review the Basis of Temporary Employment Contracts						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
2.3.1	Initiate a process to review the incidence of temporary contracts and ensure they are being used appropriately	DoHC/HSEA	Unions, Employers	Review completed	Jan 2003	Mid-2003
	Following review, examine the impact of converting temporary staff to permanent in relation to existing permanent panels, service pressures, duration of continuous temporary contracts, and need for flexibility		Unions, Employers	Impact assessment agreed by all parties, and system put in place	Mid-2003	End-2003

## Action 2.4

### Introduce Greater Flexibility in Times of Work/Attendance Patterns

Flexible working has been available for some time but is normally associated with less than full-time working patterns. Staff and employers may acquire mutual benefit if a more flexible and creative approach was taken whereby 'full-time' hours could be worked on an atypical basis to accommodate employee needs whilst at least satisfying if not enhancing existing service delivery requirements.

For example, long days may allow the operation of services beyond existing hours whilst simultaneously meeting employee desire for fewer days of attendance each week. Such an arrangement may see an employee forgo premium payments in lieu of attendance patterns that suit their permanent or temporary needs. Arrangements of this nature need to be voluntary for all parties, have a cost neutral impact, and be piloted to determine their feasibility for a given workplace.

Introduce Greater Flexibility in Times of Work/Attendance Patterns						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
2.4.1	<p>Determine principles for variable attendance arrangements and consult with unions and other stakeholders, via partnership forums</p> <p>Determine staff interest at agency level and establish non-binding trials with joint evaluation (staff/management)</p>	<p>HSEA to sponsor joint forum to examine issues and devise principles</p> <p>Agencies to communicate scheme principles and evaluate work places and client needs for trial introduction</p>	Unions, HSEA, DoHC, CEOs, HSNPF, all staff	<p>Staff satisfaction survey results</p> <p>Evaluation of trials in different agencies</p>	Early 2003	End-2003
2.4.2	<p>Revise principles as necessary and publish guidelines, which would govern the application of the scheme. (This will entail reconsidering the relevance of existing regulations and collective agreements constraining these arrangements)</p>	<p>HSEA/DoHC</p> <p>Agencies</p>	Unions, CEOs, HSNPF, all staff	<p>Revised Scheme published and disseminated</p> <p>Decreased turnover and absenteeism following implementation of revised Scheme</p>	Mid-2003	Mid-2004

## Action 2.5

### Enhance Communication in the Workplace

Several of the issues raised in the consultative process related to communications, e.g. service planning, job definition, workplace change, performance feedback and staff/management relations.

Effective communication is a significant factor affecting work place culture, and the lack of it contributes to grievances, perceptions of isolation, inefficiency and resistance to change and continuous improvement. Complex, dynamic organisations require communication methods that ensure information is exchanged between stakeholders in time efficient and accurate ways.

The objective of the following action is to improve communications in general within health services organisations by committing them to regular two-way communication with staff and with clients/service users. The implementation of the charter could be facilitated by the development of formal responsibilities for communication for each tier of health service staff, e.g. executive, management, supervisory and operational levels.

Enhance Communication in the Workplace						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
2.5.1	Develop a staff communications charter, describing the health services' commitment to providing regular and meaningful information relevant to employees, to listen and respond to feedback from patients and staff	DoHC (to determine performance standards by which agency commitment can be evaluatee)  OHM (to develop a Charter for consultation and endorsement)  Agencies (to develop implementation strategies)	Unions, CEOs, DoHC	Production and Dissemination of agreed Charter  DoHC Performance standards  No. agencies with (working) implementation strategies  Feedback from clients/service users and from staff via surveys  Reduced time lost in grievances and improved employee relations	Early 2003  Survey started by end 2003	Charter completed by end-June 2003  Ongoing

## Theme 3: Devising and Implementing Best Practice Employment Policies and Procedures

Objective: To ensure that managers have the right formal supports to manage people fairly and effectively through ensuring that all employees have access to best practice policies and procedures

### Introduction

The health service is an essential public service. To deliver a quality health service we must ensure that our employment policies and procedures support and facilitate the delivery of that service. Action 108 of the National Health Strategy (*Quality and Fairness: A Health System for You*) identifies the devising and implementation of best practice employment policies and procedures as a central theme of the Action Plan for People Management. Insofar as policies and procedures can be considered as Human Resource Management tools to assist line managers in the management of their staff, these actions are critical to the overall success of the Action Plan. In summary, the benefits to be gained from the actions proposed are threefold:

1. The creation of a comprehensive set of tools to support people management
2. An enhanced level of awareness, knowledge and compliance with employment policies and procedures among line managers
3. An immediate enhancement of the body of policies and procedures in use throughout all agencies within the health system through the creation of a policy and procedures data bank and, in the medium term, the ongoing development and improvement of policies and procedures.

In addition and most significantly, these internal benefits should contribute to the delivery of a quality health service by facilitating the effective management of highly skilled, developed and well-motivated staff. The following actions are proposed to facilitate the development of best practice policies and procedures relating to the employment of staff. Health service policies and procedures, when developed, will be assessed in relation to equality and diversity. The aim is not just to ensure compliance, but to strive for best practice.

## Action 3.1

### Establish a Databank of Policies and Procedures

This databank should cover all those materials which comprise the formal policy base for managing people within the health service, i.e. the relevant legislation, circulars, collective agreements and HR policies covering Recruitment, Promotion, Training, Staff Involvement (for example, in-service planning) and Grievance & Disciplinary Procedures. In addition, the databank should take cognisance of current ongoing activities, which may determine/revise policy and procedure in a number of ways (for example, the development of the PPARS Rule Book and NJCs Reviews). The implications of such ongoing/developmental work will be taken into account in the review proposed as Action 2.3 below.

Establish a Databank of Policies and Procedures						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
3.1.1	Establish a national databank of policies and procedures relating to employment and human resource policies and procedures	DoHC HSEA HR Departments	HR/Recruitment managers, unions, and Partnership Committees	Production of comprehensive directory/databank	Begin mid 2003	Ongoing

## Action 3.2

### Communicate Policies and Procedures

Once the databank of policies and procedures is established (see above Action 3.1), it should then be communicated to all health service agencies for information, for relevant attention, and for immediate use. There are a number of channels, which could facilitate timely and effective communication of the databank including the HSEA at national/all-agency level, the Boards and agencies themselves at local level, and existing relevant websites for more general information and communication. In addition, national communications networks, such as the DoHC circulars mailing list, could be used to promote awareness. The use of ICT, through intranets or websites can, of course, be complemented by targeted communications to certain groups.

Communicate Policies and Procedures						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
3.2.1	Communicate the policies and procedures databank for information and for relevant attention/use	HSEA/DoHC	DoHC, HSEA, HR/ Communications managers, unions, line managers, staff and Partnership Committees	Extent and ease of access by managers and staff Use of databank by managers and staff	End 2003	Ongoing

## Action 3.3

### Ensure Policies and Procedures Support Quality Service Delivery

A review process should follow the establishment and communication of the databank. The purpose of this review would be to ensure the quality of the policies and procedures being used to manage people and to regulate employment through comparison against recognised best practice standards, and to make appropriate recommendations for change. In order to action the review, a joint working group should be convened through the HSNPF to prioritise the scope, methodology and desired outcomes from the review. In particular, the review should identify and focus on:

- i. issues of a policy nature which do not impact on core terms and conditions;
- ii. issues which are central to terms and conditions for health services employees but which may offer limited scope for change for cost effective reasons or because of the implications for the wider public sector/economy.

The review should have cognisance of the links with traditional collective bargaining arrangements. Finally, while the nature of the review would be national, there needs to be sensitivity to the local impact of any research and/or recommendations in order to strike an appropriate balance between the autonomy of individual agencies in relation to their existing policies, procedures, structures, capacity, and ethos, and the desirability of national agreements.

Ensure Policies and Procedures Support Quality Service Delivery						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
3.3.1	Ensure policies and procedures support the delivery of services through reviewing and assessing current practice against recognised best practice benchmarks	DoHC HSEA HSNPF	All agencies and unions	No. of policies reviewed No. of policy amendments No. of new policies	Begin March 2003	Ongoing

## Theme 4: Developing the Partnership Approach Further

Objective: To further develop partnership working within health services organisations to help manage change and implement *Quality and Fairness*.

### Introduction

*Quality and Fairness* states that 'The partnership approach can play a key role in driving the changes proposed in *Quality and Fairness* and it will be strongly supported by the Government. The Action Plan for People Management will reflect the Government's commitment to assisting partnership in the health system to reach its potential and will deal with how best to develop further the role of the Health Services National Partnership Forum and its local partnership structures. In line with *Quality and Fairness*' aim for improving performance through organisational change being developed by the NCPP, the action plan will place particular emphasis on the development of organisation-based projects on which all staff can work together to be part of the change process'. Partnership is deemed the most appropriate vehicle for the implementation of the new change agenda and, in that context, can play an important role in the implementation of the APPM.



After a successful introductory period, where partnership has focused on a project-based approach, a mainstreaming process is required to enable the partnership approach support the objectives of *Quality and Fairness*. This will require deepening awareness about partnership, which will improve buy-in and understanding of the process and the potential of partnership working. This in itself can help the development of an organisational culture in which joint problem solving and joint decision-making becomes the norm.

Mainstream Partnership						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
4.1.1	To enable partnership play a key role in the change process, develop a clear action agenda for implementing the agreed health service national partnership forum strategy	HSNPF (lead) PC Joint Chairs Facilitators/HRDs	PCs Stakeholders, unions and staff	Action plan being implemented	End 2002	Mid 2003
4.1.2	Commission Joint Awareness-Raising Training Programmes using a 'Train the Trainers' approach	HSNPF (lead) Trainers	Facilitators CLD/Training managers, line managers, staff and unions	Percentage of staff trained and level of awareness (aim for 1% within 1 year)	Early 2003	Ongoing
4.1.3	Communicate the message via formal awareness-raising workshops within agencies	HSNPF PCs (lead) Trainers Facilitators	Recipients of training mentioned in 7.2.1, all staff	Percentage of staff at workshops (aim for 300 in 1 year, 600 in 2 years) Staff surveys	Mid 2003	Ongoing
4.1.4	Review existing training, development and education programmes to assess whether they include the need for partnership as a core way of working	HSNPF (lead) HRDs/CLD and Training departments	Training Officers in agencies. Managers/staff/ unions and clients External experts	Review completed  Plan developed	Start 2003	Ongoing

## Action 4.2

### Increase Staff Involvement in Service Planning

Service planning affords an excellent opportunity to increase the level of staff participation in designing the service they wish to deliver, and partnership can play a key role in increasing staff involvement. Service planning will help employees better understand the need for changes in Health Services. The HSNPF has funded agencies to improve staff participation rates.

Work has already been initiated in relation to deepening the understanding of the service planning process and this work should inform further developments.

Service Planning						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
4.2.1	Arrange information sessions to ensure staff awareness of the annual process of service planning	CEOs PCs	All staff	No. staff attending information sessions.  No. staff involved in each service plan (50% in one year, 75% in two years, 100% in 3 years).  Staff survey	End 2002	Ongoing
4.2.2	Ensure compilation and circulation of handbooks/e-learning packs on Service Planning	CEOs PC	All staff/OHM	Handbook produced and No. issued to staff measured  No. of staff who have completed e-learning programme	End 2002	Ongoing
4.2.3	Communicate the corporate (organisational) goals, activities and priorities in service plans	CEOs PCs	All staff	Availability of service plans in each agency location/workplace (aim for all agencies in 1 year)	January 2003	Ongoing
4.2.4	Design and implement an annual review and evaluation mechanism for HSNPF Service Planning pilot projects, and if necessary, make recommendations to improve participation	HSNPF	PCs Health agencies	Use of review and evaluation mechanism  Participation rates  Recommendations produced	January 2003	Ongoing

## Action 4.3

### Use a Partnership Approach to the Management of Change

A central focus of partnership for the future will be to explore ways of achieving organisational change and new, more flexible forms of work organisation. Key projects should be driven by the needs of *Quality and Fairness* and should include new systems of work and new roles and responsibilities for health service staff and managers. All stakeholders will need to be visibly supported in adjusting to their new roles and responsibilities. It is essential that due process is upheld and adhered to by all parties, where necessary, in addressing any industrial relations issues that may arise from projects.

Use the Partnership Approach to the Management of Change						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
4.3.1	Identify, plan and implement projects that facilitate new forms of work and/or enhance service delivery in line with the health strategy	DoHC, NPF, OHM	PC Clients HR Managers/ staff	No. new projects.  Staff participation and satisfaction surveys	End 2002	Ongoing
4.3.2	Design and implement evaluation tool/mechanism to enable assessment of the value of these projects	HSNPF, Joint Chairs, TUs, HSEA	PC Facilitators Managers/staff External experts	Tool/mechanism agreed and in use	Early 2003	Ongoing

## Action 4.4

### Develop Communication Strategies to Promote the Benefits of Partnership Working

Organisations that are developing and using a partnership approach to working need a lot of communication. Within each agency/organisation in the health services, partnership and staff communications should be integrated so that there is a single, effective system for communication and involvement. This system needs to provide very specifically for 'two-way' channels of communication and also have a cross-agency dimension.

Develop Communication Strategies to Promote the Benefits of Partnership Working						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
4.4.1	Develop a communications "map" to ensure exchange/transfer of information and cross-fertilisation of ideas and experience across the whole system	CEOs HSNPF (lead) PCs Facilitators	Communications Officers in agencies. Managers/staff/unions and clients External experts	Map designed.  Review of performance of channels	End-2002	Mid 2003
4.4.2	Develop and maximise the use of ICT to facilitate communication and improve effectiveness	CEOs HSNPF (lead) PC Facilitators	ICT and Communications Officers in agencies. Managers/staff/unions and clients External experts	Audit extent of ICT access and penetration.  Feedback via staff survey on access to IT	Early 2003	Ongoing
4.4.3	Ensure that corporate communications strategies encompass the partnership developments	CEOs  PC	ICT and Communications Officers in agencies. Managers/staff/unions and clients, HSNPF, Facilitators, External experts	Strategy produced	End 2002	Ongoing

## Action 4.5

### Adopt a Partnership Approach to Problem Solving

The Labour Relations Commission's review of industrial relations in the health concluded that there is a great deal of frustration in the service. Local managers are frustrated at their lack of empowerment and at the tactics used by unions to overcome this problem. Unions are frustrated at the delays and the perceived negativity of management responses to legitimate issues raised on behalf of their members.

The Review concluded that a first step in overcoming these frustrations would be the implementation of the proposals set out in Part 6 of that Review in a spirit of partnership and co-operation. Although some work has been done in this area, further steps must now be taken.

Adopt a Partnership Approach to Problem Solving						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
4.5.1	Use partnership structures, through joint workshops; to develop Interest based Problem solving/bargaining	HSNPF	PCs Facilitators Managers/staff/ unions	No. of workshops and nos. attending	March 2003	Ongoing

## Action 4.6

### Measure and Evaluate the Partnership Process

Good practice suggests that performance should be measured to enable mid-term corrective action and to facilitate learning after the event/period in question. Feedback allows people a clearer view of their successes and helps them to build on this success. Measurement equips decision makers – joint decision makers in the context of partnership – with good data so their decisions are better informed and timely. This area appears to be the least developed of the Health Services National Partnership Forum.

Measurement and Evaluation of the Partnership Process						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
4.6.1	Develop and launch diagnostic tool	HSNPF (lead) PCs Joint Chairs CEOs	Facilitators	Diagnostic tool launched	End 2002	March 2003
4.6.2	Train a core group of staff in each agency in the use of the Diagnostic Tool for measuring partnership activities	HSNPF (lead) PC	Facilitators Managers and staff	Occurrence of training	End 2002	Ongoing
4.6.3	Establish a small group to scope reward and recognition mechanisms (to enable celebration of successes/achievements rewarded) and to make proposals for mechanisms, which might be adopted by health service agencies	HSNPF (lead) HRDs	PCs Managers and staff External expertise	Group established Proposals produced No. agencies using reward mechanisms Staff feedback via surveys	March 2003	End 2003
4.6.4	Review effectiveness of Diagnostic Tool and make recommendations for enhancement where required	HSNPF (lead) PCs	Facilitators Managers and staff  External expertise	Review completed Recommendations published (if required)	End 2003	Ongoing

## Theme 5: Investing in Training, Development and Education

Objective: To ensure that all staff have the knowledge, skills and attitudes required to deliver a quality health service.

### Introduction

The delivery of quality patient-centred services requires a renewed focus on education, training and development in the health sector. In order to develop an evidence-based case for a changed approach to training and development, which may imply the need for additional resources, it will be necessary to carry out a stocktaking exercise at organisational level in each agency in order to establish existing practice. This would identify:

- the extent, cost and nature of training, development and education
- an evaluation, where possible, of the benefits which have arisen to date from the approaches to education, development and training initiatives in the health service (i.e. the return on investment).

The Health Services National Partnership Forum (HSNPF) is currently developing a national training and lifelong learning project. It will comprise an external audit of current education, training, and lifelong learning arrangements within the Irish health sector, both statutory and non-statutory. This will include all national training, professional updates, technical and work-related training, management training and personal development. A final report will be produced in December 2002, which will contain recommendations regarding policy for the future, with a view to standardising (in as much as is appropriate) training, development and education policy and practice throughout the Irish health services.

Investment in education, training and development should be primarily focused on and integrated with improved service provision and enhanced patient care. Training, development and education (TDE) must help provide each health service employee with the ability to improve how work is done. In order to achieve this it is necessary to develop a strategy for training, development and education, which is rooted within a corporate-wide framework. It is recognised that, while there is ample evidence of good practice within a range of boards and agencies, there is a broad need to remodel the approach to education, training and development to one which is more strategic.

A framework for corporate learning, the 'Learning and Development Needs Analysis Toolkit' was developed by the OHM at the request of the Health Board HR Directors Group in 2002. A number of pilot projects to implement and test this framework are currently underway. This framework provides a mechanism by which corporate and individual learning needs are linked to service needs (i.e., as set out in the service plan). A process for individual development through the use of Personal Development Plans (PDPs) and competencies/skills and attributes is incorporated, and an evaluation mechanism is also included. A review of these pilot projects should inform a wider implementation of this framework.

As part of a more rigorous approach to evaluation, it is also essential that quality assurance is embedded within the approach to training, development and education.



## Develop a Strategic Approach to Education, Development and Training *(continued)*

	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
5.1.1	Identify TDE needs relating to annual service plans taking account of the recommendations of the HSNPF HR Group Report on training/lifelong learning	Each Agency responsible for implementation locally HSNPF HR Group to review annually	Managers with staff	Integration of TDE needs into Service Plans annually from 2003	2003	Annual
5.1.2	Develop health service-wide strategy for implementation of Learning and Development Needs Analysis Toolkit based on evaluation of pilot initiative	OHM	Agencies CEOs and HRDs	Strategy developed, following evaluation	March, 2003	Jan. – March, 2004
5.1.3	Put in place a mechanism/IS to enable tracking and evaluation of expenditure on training, development and education	Each Agency	CLD/Training Managers	Variance between planned vs. actual expenditure on TDE	Information recorded 2003 onwards	First report early 2004 and annually thereafter
5.1.4	Develop guidelines on ensuring quality in sourcing and delivery of training, development and education	OHM	CLD/Training Managers	Production of QA Guidelines	Early 2004	End 2004
5.1.5	Develop a comprehensive evaluation/ROI framework for T&D	OHM to commission external expertise	HRDs/HR Mgrs, OHM	Agreement/Adoption by agencies	Jan 2003	Apr 2003

## Action 5.2

### Implement an Approach to Education, Training and Development which Ensures the Development of the Competencies Required to Deliver on the Objectives of *Quality and Fairness*

Delivery of the objectives outlined in *Quality and Fairness* will be dependent on the availability and development of a range of core competencies. Competency frameworks are an effective mechanism through which training, development and education needs can be identified and developed, in particular where there are generic core competencies required of particular job families or professions. A Nurse Management Competency Framework has already been developed by the Office for Health Management (OHM), and two others – for health and social care professionals and for managers and administrative staff – are in the process of being finalised, in consultation with trade unions. These frameworks have the potential to act as a mechanism through which people management skills for line managers can be developed. The prioritisation of resources towards the strengthening of line managers' competencies will play a key role in improving employee relations and staff performance, leading to improved patient care and service delivery.

A Personal Development Plan (PDP) is a form of self-managed learning that is owned by the individual and enables a strategic approach to setting learning and development goals. It provides people with the opportunity to benefit in terms of receiving feedback, planning their careers and receiving support from their line manager for their professional and personal development. For the organisation, PDPs provide a mechanism for managing and developing people effectively, enhancing quality of working life and supporting the provision of quality services on a value for money basis. The Office for Health Management has been concentrating a major part of its efforts on developing PDP tools and resources. Two waves of pilot projects have been completed and evaluated at this stage. The use of PDPs is a voluntary exercise and largely dependent on local resourcing and implementation.

Implement a Competency Based Approach to Training, Development and Education						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
5.2.1	Implement initiatives which focus on priority areas which must be addressed to deliver on objectives of NHS (incl. Team building, people mgt, customer care, Occ health safety and welfare)	DoHC, All agencies	Training mgrs	No. of initiatives/Staff trained per year	Jan 2003	Ongoing
5.2.2	Develop and implement a generic induction programme for the health services	Team led by HRDs/ Hr Mgrs	All agencies	The no. of staff receiving induction within 3 months of starting new job	Jan 2003	July 2003
5.2.3	Develop an implementation plan for use of competency frameworks	OHM working with stakeholder steering group	All Stakeholders	Action plan produced	From 2003	Ongoing
5.2.4	Roll out implementation of PDPs across the health service utilising a proactive communications approach	Each agency to implement locally OHM to provide tools and support	All Stakeholders	No. staff offered/ using PDPs	From 2003	Ongoing

## Action 5.3

### Further Develop On-the-Job Learning and Innovative Learning Delivery Methods

Approaches to the design and delivery of training and development have frequently tended to be primarily traditional in the health service i.e., an emphasis on formal off the job, externally provided learning. Building on the good practice underway in many boards and agencies, more use should be made of other effective approaches to training and education, i.e. mentoring, coaching, and action learning. The potential for e-learning should also be more fully exploited, building on existing projects and practice underway. The need for a greater emphasis on the development of internal training expertise was also highlighted strongly during the consultation process and larger organisations must be prepared to invest the time and resources required to develop and utilise this internal expertise.

Further Develop On-the-job and Innovative Learning Delivery Methods						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
5.3.1	Develop and implement action plans to increase the use of action learning projects and mentoring and coaching programmes	HR depts OHM to provide support and guidance	Teams of staff across agencies	No. of projects implemented in each agency	2003	Ongoing
5.3.2	Further develop the potential for e-learning in the health service	OHM project team to be established	CLD and IT specialists	No. of e-learning programmes developed and utilised	End 2003	Ongoing
5.3.3	Develop Client/Patient training and development initiatives to support achievement of policy objectives of NHS	Each agency locally HR depts	Clients/Staff	No. of new initiatives developed	Jan 2003	Ongoing
5.3.4	Further develop a system to increase and utilise internal training expertise	OHM to provide support and guidance	All larger agencies	Use of competent internal trainers	2003	Ongoing

## Action 5.4

### Forge Greater and More Effective Links with the Education Sector

In order to meet the workforce planning and skills needs of the health service, significantly better integration with education and training authorities is required. Efforts must be made to ensure that the third level sector reflects the 'vocational' (i.e. practical) nature of skills requirements in the health service. There should be clear linkages with the lifelong learning agenda as analysed in detail in the NESC Strategy document and prioritised in the PPF. In addition, development related to enhancing capacity for multi-disciplinary team working should be integral to the agenda for health services professional education and training.

Strengthen Links with the Education Sector						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
5.4.1	Strengthen links with third level institutions to address workforce planning issues and the competencies required to deliver on health strategy objectives	DoHC – lead Boards/agencies	Dept of Education Third level institutions/Colleges	No. of new collaborative initiatives per year	Beginning of 2003 onwards	Ongoing
5.4.2	Work with third level educators to incorporate appropriate responses to service developments into educational programmes	DoHC – lead Boards/agencies	Third level institutions/Colleges	No. of collaborative mechanisms to review course responsiveness to service developments	From 2003	Ongoing

## Theme 6: Promote Improved Employee and Industrial Relations

Objective: To promote good relations between employees and managers and so to contribute to maximising quality of service.

### Introduction

Improving employee and industrial relations is a vital objective for the Irish health service in that poor relations have an impact on service users and providers alike. When industrial relations are under pressure strikes and works-to-rule result in reduced availability of services to the general public. Equally the service providers, whose goal is the provision of a quality service, find that poor employee and industrial relations result in lower staff morale and may increase staff turnover.

This focus on improving employee and industrial relations (EIR) is particularly important given the perceived lack of clarity relating to what such relations really mean. The identification of requirements for new and amended EIR policies and procedures will change the focus to prevention rather than cure. The proposed changes will help to ensure management and unions have a common purpose i.e. the orderly resolution of disputes in a manner that minimises the risk of disruption to essential health services. This should, in turn lead to more effective conflict resolution, fewer industrial relations problems and overall better service delivery.

The review carried out by the Labour Relations Commission provides hard evidence of the impact that poor industrial relations currently has on the health services. That review, allied to the recommendations in *Quality and Fairness*, has led to the analysis in this document.

## Action 6.1

### Implement the Recommendations of the LRC Review of Industrial Relations

The LRC's report analysed the current state of industrial relations, and made a series of recommendations. The Commission's report shows the need to improve industrial relations and to ensure that corrective measures are taken that will have a long-term benefit, as opposed to short-term remedial action.

Implement the Recommendations of the LRC Review of Industrial Relations						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
6.1.1	Create working group to oversee the implementation of LRC's recommendations	NJC	DoHC, Unions, Managers and all employees	Establishment of working group Six-monthly Reports	Early 2003 Mid 2003	2004
6.1.2	Review of operations of HSEA	HSEA and its clientele	DoHC and all Health Service employers	Report detailing proposed changes	2002	End 2002
6.1.3	Train shop stewards and line managers in the operation of the newly developed policies and procedures	HSNPF TUs HSEA HRDs	Unions, Managers, Shop Stewards and line managers	Develop a training programme for joint training Implement training plan	Early 2003	End 2003

## Action 6.2

### Create a National Database of Local Disputes and their Resolution

Many of the disputes that occur at a local level have already occurred previously in another setting. There is limited information available, other than anecdotal, of the real causes of the dispute and how it was resolved. In an attempt to learn from past experience within and across organisations, and allow for more timely resolution of disputes, a national database is required.

Creation of a National Database of Local Disputes and their Resolution						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
6.2.1	Define and agree what constitutes a 'dispute'	NJC working group	Unions, Managers, shop stewards and line managers	Agreed definition of a dispute	Jan 2003	Mid 2003
6.2.2	Research and review recent disputes according to agreed template (covering causes, consequences and resolution), and agreement on which disputes to research and document	NJC working group	Unions, Managers, shop stewards and line managers	Agreed list of disputes researched and documented	Mid 2003	End 2003
6.2.3	Post database on a web site and establish links to this site from other health-services sites	NJC working group	Unions, Managers, shop stewards and line managers	No. visits to website User feedback on website design and content	End 2003	Mar 2004

## Action 6.3

### Enhance the Expertise of Human Resource Management Personnel

One of the current characteristics of Human Resource Management (HRM) in the health service is the employment of “generalists”. Whilst this can be beneficial in terms of providing staff with a broad range of operational experience and can help ensure that the HR department has access to ‘field experience’, all too often, in practice, it means that many of these employees will have little or no specialist HRM expertise or knowledge before being brought into a HR department. In this regard there has been a lack of focus on developing core HR skills.

Enhance the Expertise of Human Resource Management Personnel in the Health Services						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
6.3.1	Develop an agreed set of required core skills/competencies for all HRM staff	HSEA, HRDs, OHM	Unions, HRDs, and HR departments, managers and staff	Agreed set of skills or competencies for HRM employees	End 2002	Ongoing
6.3.2	Audit/development needs analysis of existing levels of skills/competencies of HRM staff	HRDs	HSNPF, managers and staff	Report indicating where deficits lie	Early 2003	Mid 2003
6.3.3	Establishment of training, development and/or education programmes to address the HRM competencies	HSNPF, HR Depts, OHM	Unions, managers, staff, universities	TDE programmes available for existing or new HRM staff to up skill	Mid 2003	End 2003
6.3.4	An accreditation system for people management should be developed, along the lines of the national Hospital accreditation process, which includes HR.	DoHC project group	HRDs, OHM, HSEA, HSNPF	Accreditation system developed	Mid 2003	Mid 2004



## Action 6.4

### Initiate Screening Process to Assess Scope (Local/National) of Industrial Relations Issues

Through the consultative process, a common theme that recurs is the reluctance on behalf of local managers to resolve local issues. However, this reluctance often stems from the fact that a deal negotiated and implemented locally may have national implications, and may even have an impact in the greater public service. In order to address these genuine concerns, on behalf of both sides, a policy or mechanism for distinguishing between local and national issues is required.

Screening Process to Assess Scope (Local/National) of Industrial Relations Issues						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
6.4.1	Working Group to propose a policy or mechanism, which enables assessment of scope (local/national) of disputes	NJC	HRDs/ managers and Union officials	System developed and agreed for pilot	Early 2003	Mid 2003
6.4.2	Implement agreed policy/mechanism, which enables line managers to determine whether locally occurring disputes, have national implications and, if so, how to access appropriate support to deal with them	NJC working group	Line managers	System in operation and increase in local resolution of disputes	Mid 2003	End 2003
6.4.3	Create a conjoint review mechanism to assess how well the screening process is working, and whether it is resulting in speedier issue resolution	NJC working group	Line managers	Indicators in use which show effect of screening system	Early 2004	Ongoing

## Action 6.5

### Develop a Communications Protocol for Agreements

In the context of employee and industrial relations, poor communication has an impact on many levels including difficulties between unions and management, between managers and staff and between unions and their members. At the core of the difficulties is a lack of understanding of agreements, and consequently a lack of consistency in application. The action proposes the development of a health services-wide protocol relating to communication about agreements, including specifying who needs to know; determining the most appropriate communication channel; assessing how the message is received and understood; and ensuring that there is consistency in implementing the agreement on all sides.

Develop a Communications Protocol for Agreements						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
6.5.1	Develop a communications protocol relating to agreements	NJC, HSEA, DoHC	All staff, named individuals	Agreed protocol produced	Early 2003	Mid 2003
6.5.2	Develop a review mechanism to ensure that the new protocol has been implemented and to evaluate its impact	NJC	All staff, named individuals	Review mechanism established and first progress evaluation report produced and disseminated	End 2003	Mid 2004 & ongoing

## Action 6.6

### Develop a Template for the Implementation of Agreements

One of the difficulties that manifests itself when industrial relations issues or disputes are resolved is that there may be gaps in the agreements, which cause further difficulties down the line. This has been demonstrated in recent agreements where further negotiation was required to enable implementation to take place. The development of a bulletproof template for the implementation of agreements should ensure that areas of confusion are addressed before all sides approve the agreement. This template should clarify the main areas that need to be covered in an agreement to enable speedy and effective implementation.

Develop a Template for the Implementation of Agreements						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
6.6.1	Develop a template for agreements to ensure that all key headings are covered in order to facilitate its implementation	NJC working group	Unions, managers, staff	Production and dissemination of agreed template	Early 2003	Mid 2003

## Action 6.7

### Explore the Further use of Mediation in Resolving Disputes

Mediation is a voluntary process where a mediator, who is neutral or independent of those involved in a disagreement, attempts to help the parties find a mutually agreed resolution. The mediator does not give a judgement or take sides, but rather facilitates the parties to find common ground and to generate their own solution to the problem.

Explore the Further Use of Mediation in Resolving Disputes						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
6.7.1	Establish an HSNPF group to examine and report on the possible further use of mediation in resolving disputes	HSNPF	Mediation Institute of Ireland, line managers, staff	Publication of Report	Early 2003	October 2003
6.7.2	Communicate the outcome to all relevant parties and potential users together with details of agreed mediators	HSNPF	HSEA, TU's all agencies	Publication of agreed arrangements	October 2003	End 2003

## Theme 7: Developing Performance Management

Objective: To help Units and Teams to Improve Performance through the Introduction of a System of Performance Measurement and Feedback.

### Introduction

*Quality and Fairness* proposes the development of performance management aimed at “providing clear feedback to individuals in order to make best use of available skills and help advance the strategic objectives of the organisation.”

It says performance management can also help set personal developmental goals and provide opportunities for staff to contribute ideas for service improvements. It notes that performance systems are already being introduced across the public sector and says they will be extended in the health system in consultation with staff and unions. Finally, the strategy notes that “performance programmes must be fair and transparent”.

Feedback on performance is generally desired and appreciated by staff and can help improve morale, future performance and service delivery. It also has the potential to match skills with roles and assist with personal career development. There is a fairly widespread sense that explicit recognition for achievement is relatively rare in the health services and that under-performance can often go untracked because managers are unsure of how to handle it and of the supports that are in place.

Performance management is about setting goals and objectives, which link, to the service plan thereby ensuring effective service delivery. However, there is much work needed to clarify how performance might be best assessed and managed, and to assure people that it is not about identifying ‘the guilty party’ or apportioning blame, but rather focusing on improving performance.

Performance Management is a way of managing people in organisations so that the performance of all staff is linked to organisation goals and both the organisation and individual objectives are managed through a cycle of planning and review.

The essential features of a Performance Management system are:

- Role clarity
- Agreed standards of performance
- Two-way communication
- Coaching
- Training for the job
- Timely and specific feedback
- Addressing obstacles to effective performance e.g. systems, facilities and training

There are many types of systems and it is proposed that different approaches will be evaluated. A representative group will continue to develop the process so that a comprehensive system that adds value to organisations within the Health Service is approved.

Define and Elaborate on the Concept of Performance Management						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
7.1.1	Agree definition and elaboration of the management of performance concept and the operation of same	HRDs, TUs, HSEA, DoHC, Stakeholders Group	All stakeholders	Having an agreed definition and P.M. system, inclusive of all materials, draft procedures, forms and training structures	Early 2003	By mid to late 2003
7.1.2	Negotiate and formalise agreed pilot performance management system	NJC	All stakeholders	Pilot system agreed	Mid 2003	Early 2004

## Action 7.2

### Communicate Understanding and Agreement of Types of Performance Management Systems

Once the concept and understanding of what is meant by Performance Management is agreed, and a range of performance management systems reviewed with relevant materials and proposed training structures selected, it should then be communicated to all stakeholders at all levels within the Health Service. Effective communication structures, to enable comprehensive consultation, are essentially aimed at facilitating consultation with all stakeholders to ensure all legitimate concerns are aired and addressed. These consultative processes should also be inclusive of details relating to the essential features of Performance Management; objectives of the system for both the performance of the Organisation and the Individual and ultimately how it helps the enhancement of the Health Service. It is considered that there should only be one system of Performance Management operating on an organisation-wide basis however the depth and complexity may vary at different levels within a given Organisation.

Communicate Understanding and Agreement of Types of Performance Management Systems						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
7.2.1	Communicate and discuss options for systems of performance management	DoHC project group	Stakeholders including the HSEA and Trade Unions Partnership committees	Workshop Evaluation	By late 2003	Ongoing

## Action 7.3

### Agree Pilot Sites in Interested Agencies, Conduct Relevant Training and Implementation

Select an appropriate variety of locations at different levels within different sites to pilot the system. The following features should pertain to these locations:

- Commitment to *Quality and Fairness*
- Key performance indicators and business plans at department level exist
- Sufficient management time and resources are committed
- Communication and consultation are ongoing
- There is shared ownership of the system between all stakeholders
- Partnership process is active

Awareness and skills training is mandatory for all the staff, this will assist with providing a clear understanding of the process, facilitate a positive orientation and enhance the developmental focus within the department/organisation.

Agree Pilot Sites in Interested Agencies, Conduct Relevant Training and Implementation						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
7.3.1	Source interested Agencies to conduct a pilot project. Provide all relevant training to support the project	DoHC project group	Participating Board/Agencies and staff, TUs, HRDs, Partnership committees	Training in process. System of Performance management in operation	Early 2004	Complete pilot by end 2004



For the successful roll out of Performance Management, it is necessary to test the effectiveness and outcomes of the pilot sites experience openly and transparently. This will ensure that all training and system problems are considered and addressed. It is recommended that this evaluation should be conducted independently.

Commission Independent Evaluation of Pilot Project						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
7.4.1	Commission independent evaluation of pilot project	DoHC project group	Participating Agencies/staff	Satisfaction rating. Targets established and met for training	End 2004, when pilot has been completed	Early 2005

## Action 7.5

### Implement Performance Management throughout the Health Service

Effective implementation of Performance Management systems will only occur if there is commitment, by all stakeholders, for same within given Agencies/ Boards and that it can demonstrate that it will yield significant benefits to the Health Service. Linking the system to Business/Service Plans is a vital part of the process with a cascade approach through divisions to individual work units.

Constant review and improvement is necessary for the continued successful implementation of Performance Management.

Implementation of Performance Management through out the Health Service						
	Activity	Responsibility	Involvement	Measure	Start Date	Completion Date
7.5.1	Realistic and phased roll out of Performance Management process	DoHC project group	All stakeholders, TUs, HRDs in remaining Agencies/Boards	Outcome: More focused service plans	From mid 2005 onwards	Ongoing

# Implementation

The action plan sets a challenging action plan for the next 3 years. While the plan has a duration of 5 to 7 years the vast majority of the tasks are to be commenced within an initial 3 year period. This clearly reflects the desire of those in the system to implement change.

*Quality and Fairness* sets out that the action plan will be implemented jointly through management, unions and partnership structures.

A National APPM implementation monitoring committee will be established. This committee should comprise of senior personnel from the key stakeholders on both the union and management sides. The purpose of the committee will be to oversee the implementation of the APPM. Explicit senior management commitment is essential to the successful implementation of large change programmes. A separate implementation group, representative of all the key stakeholders across the system, will be established to drive forward the implementation process. The implementation group will develop detailed implementation plans, provide knowledge and assistance to the various organisations, ensure deadlines are met and provide quarterly reports to the monitoring committee. The monitoring committee in turn will report into the Department of Health and Children's health strategy implementation committee at regular intervals.

The overall objective of the action plan is to underpin the objectives of *Quality and Fairness* and assist the health service in becoming an employer of choice. To achieve these objectives will require every agency within the health sector to consistently apply the same HRM practices. That will take a considerable amount of time. The dates as set out in the action plan show when progress will commence and finish on each action. In some cases a small number of agencies may commence work on a project, and the success of their efforts will be used to assist implementation elsewhere. It is not proposed that every agency would commence work on each action on the date set out. Decisions in relation to the implementation timeframe will be determined by the monitoring committee and implementation group, and be influenced by the available resources.

## Summary

With almost 93,000 full time employees the health service is one of the largest employers in the public service. Health services are delivered to people right across the country, in hundreds of locations. The services that are provided are essential to the well being of the nation. The human resource component of the health service is perhaps more important than in any other sector. The highly skilled, trained and committed staff deal with challenging, life threatening and complex issues on a daily basis. The health service seeks to operate as a system, with the benefit to the service users being derived from the combined contribution of all staff.

It is in that context that the staff in the health service must be valued, respected, encouraged, managed and assisted to provide the world class service to which we all aspire. The actions set out in the APPM have been devised to address the needs expressed by those who are challenged with delivering the service. But *Quality and Fairness* has changed the service delivery approach, and the existing level of service is no longer appropriate. The health service has to prepare itself for these new challenges, and the human resource function within the health service must to be capable of supporting that change. *Quality and Fairness* has set out a new approach for service delivery and working together, and this action plan provides the road map.

# Implications for all Stakeholders

## Implications of the Action Plan for Staff

There are implications for all members of staff of health services organisations arising from the implementation of this Action Plan over the next few years. The whole point of this Plan is to change the way people work and are managed within the health services so if nothing has changed for you within three years of the publication of this plan, something is wrong! So what can you expect to change or be different as a result of this plan? In brief, you can anticipate the following changes:

- As a result of an increased emphasis on partnership and participation of all staff, you can expect to **be involved (if you are not already) in the preparation and discussion of the annual service plan** for your area/unit/department, and you will be clearer on the relationship between the service plan and the overall goals of your organisation in the context of the National Health Strategy.
- You can expect that account will be taken of any training and development needs that you may have arising out of the agreed service plan and that, in time (and assuming you do not already have one), you will be invited to complete your own **personal development plan** to facilitate you to undertake development actions relating to your career aspirations, the service plan for the part of the organisation you work in, and the competencies associated with effective performance in your job (or a similar one).
- You can expect more **multi-disciplinary team working**, where possible and appropriate, in the implementation of your service plan.
- You can expect **a greater focus on customer (client/service user/patient) care**.
- You can expect a greater focus on ensuring **equality of opportunity** for all staff including the nine categories under the equality act
- For new staff, you can expect timely and comprehensive **induction** to the health services, to your organisation, and to your particular role.
- You can expect to be **treated in an open and transparent way** in relation to recruitment, selection, promotion, training and development, benefits, grievance and discipline and other areas which are all covered in **published (and readily-accessible) directories of organisational policies and procedures**.

- You can expect to be made aware of or directly involved in periodic **piloting of projects and initiatives and in research and attitude surveys** designed to tell whether this Action Plan is working and whether the health strategy is making a difference.
- Where possible and appropriate (given client/service needs) you can expect to see **more flexibility in working hours** within your organisation.
- You can expect your organisation to bolster the measures it has in place to **promote the well-being of all employees** through attention to health and safety, employee assistance, occupational health and risk management.
- You can expect to be consulted in the design, development and implementation of a **performance management** system within your organisation.
- You can expect **communication** in general to improve within your organisation (including technology-enabled communication and information).

### Implications of the Action Plan for Line Managers

Line managers are a critical group of actors in the implementation of this Plan. Line managers are the health services front-line people managers and, for this reason, any changes which are to take place in the way people work and are managed will require changes in some of the management behaviours of line managers. For this reason, a key focus of this Action Plan is (a) the development of people management competencies through the health service and (b) support for line managers to enable them to manage people more effectively. This is not to suggest that health services line managers are not competent in their people management to date, but is a reflection of the views of those line managers who took part in the consultation meetings associated with the development of this Plan.

So what can you expect to change or be different as a result of this Plan? In brief, in addition to what you can expect as a member of staff of your organisation (see above), as a line manager you can anticipate the following changes:

- You can expect to be offered an opportunity to develop a **personal development plan**, based on your career aspirations, the needs of your service and the competencies associated with effective performance in a management role. If required you can also expect to be offered training and development in the skills of managing people. You can also expect to be **working more closely with your own staff** to help them identify their training and development needs and to take steps towards meeting those needs. You will also be **coaching and mentoring staff** more, and providing **induction** to staff who are new to your area/unit/team.

- As a result of an increased emphasis on **partnership** and participation of all staff, you can expect to **involve your staff more in the preparation and discussion of the annual service plan** for your area/unit/department, and to **communicate with staff on a wider and more frequent basis** in relation to, for example, service planning and developments which may impact on the process or outcome of the service plan, the relationship between the service plan and the overall goals of the organisation in the context of the National Health Strategy, and the criteria and factors which impact on day-to-day decision-making. You will be expected to contribute to and you can expect to see **greater transparency in decision-making**.
- You can expect much more explicit and structured **support for your handling of local grievances and disputes**, including access to information on agreements which may impact on you or your staff, information on how similar problems were handled elsewhere, access to specialist HR support, a guidance mechanism to help you assess the potential IR scope of a problem, guidance on the use of mediation and access to updates on best practice in employee relations and human resource management.
- You can expect to have **ready access to a comprehensive databank of all relevant policies and procedures** relating to different aspects of employment and managing people in use in your organisation (for example, relating to recruitment, selection, promotion, training and development, benefits, grievance and discipline, as well as circulars, agreements and legal obligations relating to terms and conditions of employment).
- You can expect to be involved in the development and implementation of a system of **performance management** to be introduced for health services employees.
- You can expect your service plans to reflect heightened attention to **client/service users** and to **multi-disciplinary team-working**.
- Some line managers (and their staff) can expect to be asked to **pilot or trial different projects or research initiatives** in their areas.
- You can expect a **reduction in staff turnover and an increase in morale** if all of the above are implemented (and assuming all other things are equal).

## Implications of the Action Plan for Human Resources Departments including Training and Development Units

This Action Plan is, as its name suggests, all about how people are managed – not surprisingly, therefore, its success will depend upon the Human Resource function in the relevant agencies and organisations. Human Resource Directors (and their colleagues in Corporate Learning/Training & Development) will have to take the lead in driving and enabling many of the actions of this Plan. In many cases, Human Resources departments are already working to effect actions very similar to those contained in this Plan and the Plan may simply validate the existing work and priorities of HR departments. In other organisations, the Plan may entail significant challenges for HR Directors/departments but it is hoped that it will help them to set their work in a wider context and to prioritise their resources and attention over the coming years.

So what are the general implications for HR Directors and for their colleagues and staff as a result of this Plan? In brief, the following changes will need to be driven by you in order for this Action Plan to be an effective lever for management and organisational development and the implementation of the National Health Strategy:

- You may<sup>1</sup> need to re-orientate and even up-grade your **training and development** systems (needs assessment and delivery) so that they are much more closely aligned with strategies (national and organisational), service plans and performance needs. You may also need to introduce new **training and development evaluation** systems to enable you to judge the quality and value for money of your investments. If you have not already introduced **Personal Development Planning**, you will be expected to do so from 2003 onwards. In particular, your education, training and development actions will be expected to be targeted towards developing line managers and staff in the competencies required for them to **deliver upon the objectives of National Health Strategy**.
- You may need to ensure that all line managers **employ best practice in managing staff** through ensuring that they have easy access to all of the formal written policies, procedures and protocols that they need, covering such areas as recruitment, selection, promotion, training and development, benefits, grievance and discipline. A health services-wide **databank** of such policies and procedures will be produced next year and you will need to ensure that all managers have access to it (with supporting training and development, if required). This databank of policies and procedures will be complemented in

<sup>1</sup> All of these points are suggested by different actions within this Plan but they are phrased conditionally to reflect the fact that the HR function in some health services agencies/organisations will already be working in this way.



time (starting in 2003) by the development of generic people management **competency specifications** relating to recruitment, selection, management development, and career management.

- You may need to assess the extent of the use of temporary contracts, and how appropriate they are to service needs, and the employees themselves
- You will be expected to take the lead to ensure that your organisation operates in ways which actively promote for all staff **partnership, communication, involvement and transparency** in planning and decision-making, and which limit any risks to occupational **health safety** and welfare or threats to **diversity/equality** of opportunity.
- Over the next two years, you will be expected to play a leading role in the design and implementation of a performance management system and, if agreed, a mechanism which enables recognition of achievement.
- You will be expected to further facilitate line managers in their **management of employee and industrial relations** through implementation of the Labour Relations Commission recommendations for health services organisations, through contributing to the development of a disputes impact assessment tool and through communicating the existence of agreements relating to their areas.
- You and your HR colleagues and staff will be given an opportunity to **supplement your existing HR specialist knowledge and expertise**, if necessary.

### Implications of the action plan for trade union representatives

As already indicated, there are implications for all members of staff of health services organisations arising from the implementation of this Action Plan over the next few years and trade union representatives are no exception to this! Unions helped to write the Action Plan and your support will be critical to implementing it fully. The Action Plan will affect the work of full time union officials who are not employed by health service bodies and local representatives who are. For example, as more issues and problems are resolved at organisation level without the assistance of third parties and indeed between employees and local supervisors/managers the volume of queries and complaints being referred to union representatives should reduce over time. In addition, the working relationships between union representatives and specialist and line managers should become more co-operative and take on more of a problems solving tone.

If this doesn't happen then the Action Plan will not be working as intended! The following paragraphs suggest some particular implications of the Action Plan for trade union representatives:

- You should be familiar with the contents of the Action Plan and with the **opportunities** that it provides for members and representatives such as access to enhanced training as well as with the **commitments** entered into through the Action Plan such as working with management and members to **improve industrial relations**.
- You should find yourselves receiving much **more information from local and central management** as a matter of good practice rather than having to constantly ask for it. This should lead to reductions in the types of misinformation and rumours that can frequently be sources of discontent leading to industrial relations problems. You should find local and central management **more available for meetings and consultations** and less inclined to "long finger" problems that may fester and sour relationships unnecessarily. It will take time for the changes among managers to take place and a degree of patience may be required!
- You will be expected to **actively support the improvement of industrial relations** along the lines set out in the Labour Relations Commission recommendations for health services organisations. This will mean encouraging members to bring queries about pay, conditions and other local issues to the attention of line managers in the first instance for answer. It will also mean having a sound understanding of agreed procedures for **handling of local grievances and disputes**, and sticking to these in all cases. You will be expected to try to resolve issues on behalf of members with local managers rather than bringing all issues to central HR departments.
- The Action Plan will provide opportunities for you as union representatives to build better relationships with your counterparts among management through the sharing of useful information and through skills development through separate and **joint industrial relations training** courses and workshops. In addition to any joint training that may be provided, full time officials should also ensure that upon taking up office all lay representatives have access to good quality trade union training to equip them with the knowledge and skills to represent members within the framework of existing agreements and procedures.

- The increased emphasis on partnership and participation by all staff will have implications for trade union representatives. For example, as full time officials and lay representatives you should be capable of briefing members on how partnership works, on what is expected of them and of **supporting** them when they become directly involved in partnership activities. To do this effectively you will need to be familiar with partnership structures and practices as well as with organisational strategies and goals and organisational processes such as **service planning** through which members will be offered regular opportunities to make inputs and have influence. Trade unions should include partnership on meetings agendas and on training courses for members.
- As local union representatives you are also likely to become **members of partnership committees and working groups**. This will mean developing the ability to work effectively through industrial relations channels on certain issues and through partnership channels on other issues. This will also mean **developing group work skills** not usually associated with the role of union representative such as joint problem solving and consensus decision-making.

## Implications of the Action Plan for CEOs and for Corporate Management Team Members

It is something of a cliché but, nonetheless, true to say that people are the health services' most valuable resource: put simply, the service could not be delivered without them. Getting the balance right between managing and taking care of staff (the means) and ensuring that the service delivered to the right people in the right way (the ends) is, ultimately, the role of the corporate management team, led by the Chief Executive Officer. This Action Plan is designed to help CEOs and their corporate teams to manage this balance and its success will depend, in so short measure, on the attention and support it gets from the top.

## What are the Actions and Changes which Need Your Support?

- There is a consistent emphasis within the Plan on **transparent decision-making** and **alignment of national, organisational and service-level plans and objectives**. Managers and staff need guidance and clarity on the national and corporate priorities and resources attaching to them so that, at service level, they can ensure coherence, integration and alignment. In addition, **the involvement of staff in service planning** and decision-making is still, too often, seen as a 'nice to have' and at the discretion of individual service managers – culture change is needed (and must be championed from the top) to ensure that consultation and participation are the norm whilst accepting that tough (non-consensual) decisions are also required from time to time.

- People management is primarily a 'soft' skill but it needs 'hard' support, specifically in the form of **management information systems** to enable much better monitoring, evaluation and timely corrective action. Additional investment is needed in ICT, both centrally and locally, to enable better tracking and management of HR investment (e.g. on training and development), and direct and indirect HR cost (e.g. including hidden costs such as the cost of staff turnover and absenteeism). Effective HR management information systems are also needed so that health services organisations and agencies can demonstrate that they can effect as much control as possible over such budget-critical issues as headcounts and staffing levels.
- **Communication** with all staff in large health services organisations is difficult and many organisations have already taken significant steps to improving it through staff newsletters and intranets. Consistent attention is needed at all levels to ensure that face-to-face communication and involvement are the norm and modelled/ promoted by corporate team members.
- **Feedback and performance management systems** need to be enhanced/developed in most health service organisations to ensure that services users' views and opinions are gauged and reflected in service plans and organisational priorities and to ensure that the 'temperature' of the people within the organisation is monitored from time to time. The responsibility for the development of such systems needs to be located at corporate level – they are organisational issues.
- Other important organisation-wide issues, which require corporate attention, are **quality of working life** and well-being at work, as well as equality of treatment and diversity.
- The National Health Strategy and this Action Plan are both designed to **lead to change**. All members of the corporate management team should be acting as champions and agents of change and may themselves need a 'refresher course' in managing people through change. There needs to be cognisance at all levels that change takes time and will, inevitably, take longer if time and other resources are not available (especially important in a time of rising demand/activity levels and restricted financial resources). If this Plan is not leading to change, CEOs and their corporate management teams should seek to explore, analyse and understand the underlying reasons why this is so, and to share their understanding amongst each other.

# Glossary

<b>APPM</b>	Action Plan for People Management	<b>NPF</b>	National Partnership Forum
<b>CEO</b>	Chief Executive Officer	<b>OHM</b>	Office for Health Management
<b>CLD</b>	Corporate Learning Development	<b>OHSW</b>	Occupational Health Safety and Welfare
<b>DATHs</b>	Dublin Academic Teaching Hospitals	<b>PC</b>	Partnership Committee
<b>DoHC</b>	Department of Health and Children	<b>PDP</b>	Personal Development Plan
<b>EAP</b>	Employee Assistance Programmes	<b>PM</b>	Performance Management
<b>EIR</b>	Employee and Industrial Relations	<b>PPARS</b>	Personnel Payroll Attendance & Recruitment Systems
<b>ERHA</b>	Eastern Regional Health Authority	<b>PPF</b>	Programme for Prosperity and Fairness
<b>HR</b>	Human Resources	<b>QA</b>	Quality Assurance
<b>HRDs</b>	Human Resource Directors	<b>ROI</b>	Return on Investment
<b>HRM</b>	Human Resource Management	<b>SIPTU</b>	Services Industrial Professional & Technical Union
<b>HSEA</b>	Health Service Employers Agency	<b>TDE</b>	Training Development and Education
<b>HSNPF</b>	Health Service National Partnership Forum	<b>TU</b>	Trade Union
<b>ICT</b>	Information & Communications Technology		
<b>IMPACT</b>	Irish Municipal Public and Civil Trade Union		
<b>IR</b>	Industrial Relations		
<b>IS</b>	Information Systems		
<b>IT</b>	Information Technology		
<b>LRC</b>	Labour Relations Commission		
<b>MIS</b>	Management Information Systems		
<b>NCPP</b>	National Centre for Partnership and Performance		
<b>NESC</b>	National Economic and Social Committee		
<b>NHS</b>	National Health Strategy		
<b>NJC</b>	National Joint Council		

# Notes