Integrated Employee
Wellbeing & Welfare Strategy

HSE

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HEALTH & SAFETY

OCCUPATIONAL HEALTH SERVICE

WELLBEING

EMPLOYEE ASSISTANCE SERVICE

HEALTH PROMOTION

2009 - 2014

Mission

HSE Mission

"To enable people to live healthier and more fulfilled lives".

HR Mission

Capable people working together to deliver safe and efficient healthcare services every day. To Support the HSE & HR Mission; Employee Wellbeing & Welfare will provide the necessary systems and processes to enable all staff to reach and maintain their full potential in the workplace and thus deliver high quality services.

Vision

HSE Vision

'Easy access, public confidence and staff pride'.

HR Vision

We provide an exceptional working environment – challenging, developmental and supportive for all our people committed to meeting the needs of those in our care. To support the HSE & HR Vision; Employee Wellbeing & Welfare will ensure HSE create/provide an environment and processes where staff are supported, motivated, fulfilled and healthy, taking pride in delivering high quality care and services to patients and clients.

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Foreword

Integrated Employee Wellbeing and Welfare Strategy

Our ultimate aim in the HSE is to make it easy for patients and clients to access all the care they need swiftly and with minimum inconvenience. I recognise that to achieve this we must support you by focusing more on your wellbeing.

I welcome the completion of the first Integrated Employee Wellbeing and Welfare Strategy for the HSE. It is designed to support us in our journey of organisational change and to successfully manage our way through the challenging times in which we operate.

This strategy was developed in the HR Directorate through a joint union-management steering group representative of the services, the wellbeing providers i.e Occupational Health, Employee Assistance, Health & Safety, Health Promotion and partnership/unions.

It responds to issues raised in the Employee Wellbeing Survey conducted last year in areas such as the need to provide better support for line managers, increased awareness of Occupational Health, Employee Assistance and Health Promotion supports available and the need for clear lines of communication.

The plan assigns a central role to managers to continue to shift the organisation towards a more contemporary approach to Employee Wellbeing and Welfare by fostering a more inclusive style of management in which managers engage effectively with their teams. This will align well with our pursuit of full service integration.

I would like managers to integrate the key strategic objectives - Prevention, Promotion, Rehabilitation, Development of Employees, Development of Information Systems and Communication into your business plans and do what you can to support the overall health and wellbeing of your staff.

To all staff, I encourage you to respond positively to opportunities the strategy provides to improve the quality of your working life, enable you to embrace change for the future and work together for better outcomes for patients and clients.

Professor Brendan Drumm
Chief Executive Officer
May 2009

Introduction

I welcome the completion of the first Integrated Employee Wellbeing and Welfare Strategy for Health Sector employees. I recognize that staff are our most important asset and as professionals working in a demanding and challenging environment, coupled with the additional challenges in this tough economic climate, it is important that we have structures and processes in place to support us all in our work endeavours.

As you are all aware, the delivery of the Service Plan for 2009 and beyond will pose serious challenges for all our employees. We have to learn to do more with less, to survive and thrive in an era of reduced resources and changing structures. This will require each manager to focus on delivering better outcomes through teamwork and the development of innovative ideas to improve service delivery. It will also require each employee to move out of their comfort zone and seek new ways of completing tasks. As we proceed, this will no doubt cause some pressures and challenges for staff and managers.

This strategy is a comprehensive framework that will incorporate a suite of initiatives and policies to support managers and employees. It will assist in the reduction of absenteeism and in maintaining a healthy workforce, thus ensuring staff are at work delivering a high quality service to patients and clients.

Importantly the completion of this strategy coincides with the launch of a strategy for prevention and management of aggression & violence in the workplace entitled "Linking Service and Safety – Together Creating Safer Places of Service". This strategy was developed under a HSE EA joint Union/Management working group. It was developed following comprehensive research into international best practice and analysis of trends in Ireland and elsewhere.

Additional policies and programmes at various stages of development include:

- Managing Attendance Policy
- Revised Dignity at Work Policy and Legal Framework Programmes
- Prevention & Management of Stress Policy
- Policy to support Lone Workers
- Rehabilitation Policy
- Management of Contractors
- Policy on Moving & Handling
- Prevention & Management of Alcohol & Drug Abuse

It is important that the overall Strategy is mainstreamed into the way we do our business. I request each manager to integrate employee wellbeing and welfare into existing team agendas and incorporate the actions form the strategy into their business plans each year.

Implementation of the strategy will be monitored to ensure delivery.

I wish to acknowledge the work of the Steering Group and Project Team in bringing this strategy to completion.

I confirm my support and that of the Human Resources Team to the implementation of the strategy.

Sean McGrath
National Director of Human Resources

May, 2009

Integrated Employee Wellbeing And Welfare Summary

Definition of Employee Wellbeing and Welfare:
Workplace health and wellbeing is a state of being for each employee and employer which enables each individual to reach and maintain their full potential in the workplace by ensuring their **work ability** through the **promotion** of mental, physical, emotional and psychological health and wellbeing. It includes the **prevention** of all types of illness and disease in these areas and the **rehabilitation** of individuals who experience such illness and disease.
(ref: Health & Safety Authority – Workplace Health & Wellbeing Strategy Report of Expert Group)

WHAT IS THE EMPLOYEE WELLBEING AND WELFARE STRATEGY?

The HSE is the largest employer in the state with over 72,695 WTE employees. A long-term strategic approach to developing a healthy workplace is needed, both to safeguard the investment in employees and to provide improved service delivery for service users.

The foundation for any workplace health strategy is the promotion of attendance, management of absence, a reduction in workplace related illness and its causes and a reduction in the length of time employees are absent from the workplace.

This strategy will provide the opportunity to integrate the HSE's Occupational Health, Employee Assistance, Health Promotion and Health & Safety Services throughout the HSE into an overarching strategy that can be easily communicated to all managers and employees and embedded in the management processes of the organisation.

The plan is aligned to the HSE Corporate Plan and HR Strategy and is the first such plan developed for the HSE. Its launch signals the recognition that the wellbeing and welfare of employees is a central component in delivering quality health services. The plan was developed after a comprehensive consultation process, taking account of internal and external influences that will shape the HSE's environment in the coming years. It provides a framework for understanding and addressing Employee Wellbeing and Welfare priorities so that the HSE is a better place to avail of a service and a better place to work.

Employee Wellbeing encompasses:

- Occupational Health
- Employee Support
- Health Promotion
- Health & Safety

Welfare encompasses:

- Terms & Conditions of Employment
- Family Friendly Policies
- Sick Leave Entitlements
- Pensions & Gratuities

Who is the Strategy for?

The strategy is aimed at management and staff employed in the HSE. The strategic objectives and actions are intended to have broad-ranging, positive impacts right across the organisation and their implementation will require the active engagement of all concerned. The strategies and actions aim to benefit HSE clients, employees and the organisation.

The strategy is the result of a comprehensive consultation process in which employees in all parts of the organisation had an opportunity to contribute their views. The strategy has also been shaped by expert input from key areas such as Occupational Health, Employee Assistance, Organisational Psychology, Quality & Risk, Health Promotion, Equality, HR, Hospital Network, P.C.C.C., Partnership and National Union Representatives. The strategy was approved by the CEO and HSE Senior Management Team.

Key Stage in Development

- Assess needs/data collection
- Planning – consult employees, research
- Develop strategy and implementation plan
- Implement strategy
- Mainstream – "making it the way we do our business"
- Evaluation and learning

What Strategic Objectives does the Plan set?

The plan sets six strategic objectives linked to the H.S.E. Employee Wellbeing & Welfare Survey Results, 2008, the Health and Safety Authority Workplace Health & Well-Being Strategy Report of Expert Group and research on best practice including the Workplace of the Future.

The objectives are:

- **Prevention** - To manage safety, health and welfare in the workplace, thereby reducing the risk of employees suffering an illness or injury as a result of their work activities. The focus of prevention is on identifying and assessing the risks to employees and implementing mitigating actions to reduce or eliminate these risks (health surveillance, ergonomic design).
- **Promotion** – To identify and prioritise initiatives to promote the Wellbeing of HSE staff and thereby to improve organisational functioning
- **Rehabilitation** - To successfully reintegrate the individual in so far as possible, back into the workplace. Reintegration strategies require a range of activities, including early intervention and mediation, advocacy, case management, workplace rehabilitation and work adaptations.
- **Staff Development** – To develop a range of initiatives so that all staff are encouraged to reach their potential within the HSE
- **Information Systems** – To develop a range of information systems that will ensure the availability of timely, accurate data.
- **Communications** – To work with the National Communications Unit (NCU) to ensure that all matters relating to Employee Wellbeing & Welfare are communicated to all levels of the organisation.

These objectives are explained in detail in the full strategic plan. The plan also sets out specific actions that will be taken to achieve each objective within the first two years of the plan and within the lifetime of the plan. Some of the work on implementing the plan has already started.

How will the strategy benefit employees?

The plan details many actions aimed at benefiting employees and making the HSE a better place to work. The HSE attaches great importance to developing excellent employment practices so that it can attract and retain quality employees, and to creating a work environment in which employees feel valued, motivated and able to give their best in their job. The objectives contained in the strategy aim to benefit employees by:

- Taking action to improve the health, safety and well-being of employees in the workplace.
- Fostering a more open and inclusive work culture in which employees are informed, listened to, able to have input into service planning and have their achievements recognized.
- Supporting employees through the changes arising out of the Transformation Programme.
- Actively promoting diversity and equal opportunity throughout the HSE.
- Providing improved opportunities for ongoing learning and development so that employees are able to develop the skills and competencies they need to provide an excellent service.

- Improving the management skills of managers in critical areas such as communicating, setting work objectives, giving feedback, and dealing with grievances.
- Strengthening the Partnership approach so that employees and their representatives can collaborate in managing change in the organisation.
- Ensuring that standardised HR policies and procedures are developed and communicated in a clear, fair and consistent way across the organisation and that employees are well informed.

How will the strategy benefit managers?

The Plan assigns a central role to managers in continuing to shift the organisation towards a more contemporary approach to Employee Wellbeing and Welfare. The strategies contained in the plan aim to support and assist managers in their people management responsibilities by:

- Enabling managers to support employees who face challenges, physical or psychological during their working life.
- Fostering a more open and inclusive style of management in which managers can engage effectively with their teams.
- Supporting managers in dealing with organisational change
- Developing the HR function and HR systems to better meet the needs of managers, in terms of local support and organisational policies and frameworks and having up to date accurate data available to enable informed decisions be made.
- Giving managers more responsibility for managing their people and supporting them in exercising this role.
- Investing in developing the skills and competencies of managers.
- Strengthening the Partnership process as a basis for building collaborative ways of working and managing change.
- Adapting HR policies and procedures to ensure they support service delivery needs and good employment practices and easy for managers to access and understand.
- Allowing managers take a pro-active approach in ensuring a healthy workforce

What else is in the full Strategy?

As well as providing more detail on the strategic objectives and the actions that will be taken to implement them, the full Strategy includes information on:

1. The context for the Strategy
2. The Employee Wellbeing & Welfare Mission, Vision and Values
3. The demographic profile of the HSE
4. The age profile of the HSE
5. The process through which the plan was developed
6. Employee Wellbeing & Welfare Section and it role in implementing the plan
7. The monitoring and evaluating process

Where can I find out more?

You can find out more by reading the full Strategy contained in this booklet. The Strategy is also available on the HSEnet.

Governance Framework

Governance is the systems, processes and behaviours by which the HSE lead, direct and control their functions to achieve objectives.

Leadership, Accountability Management
Culture,
Clear Arrangements,
Teamworking & Relationships,
Communication,
External Quality Assurance,
Partnership

Staff Management & Welfare
Recruitment,
Workforce Planning,
Human Resource Policies &
Procedures, Credentialing,
Performance Management

Education, Training & Development
Induction,
Competency Assurance,
Continuous Professional
Development

EFFECTIVE GOVERNANCE

Risk Management
Managing Clinical &
Non-clinical Risk,
Managing Adverse Events,
Complaints Management

Information Management
Information Systems,
Managing Clinical Information
for Safety,
Reporting on Performance,
Information Sharing &
Knowledge Management

RELEVANT LEGISLATION

–   The Safety, Health & Welfare at Work Act 2005
–   The Organisation of Working Time Act 1997
–   The Employment Equality Act 1998 and 2004
–   The Equal Status Act 2000 & 2004
–   The Disability Act 2005
–   Information and Consultation Act, 2006

CONTEXT FOR THE STRATEGY

The Health Service nationally is faced with mounting pressure on services, increasing demands by service users and the implementation of the largest reform programme since the introduction of the Health Boards in 1970. This set of circumstances, along with the major organisational changes that have taken place, provides the overall context for this strategy. Within this broader context, the Plan has been shaped by the particular Employee Wellbeing and Welfare issues facing the HSE and its employees and an acknowledgement of the need to integrate existing Occupational Health, Employee Assistance (EA), Health Promotion and Health & Safety services into a more holistic service.

CHALLENGES AHEAD

The HSE face major challenges in the period ahead, not least in terms of the high and rising expectations of health service users and the public generally. Changing client needs, developments in health and medicine, technological advances and pressure for greater efficiency are reshaping jobs, work and methods of service delivery in the Health Service. The needs and expectations of employees are changing too and the HSE, as an employer, has to respond to this. There is an urgent need to adjust working practices, methods of managing people and supports provided to employees to meet the changing needs of the service, clients and employees.

During the recent period of high economic growth rates, services benefited from increased resources and an expanding workforce in responding to these pressures. With the slowdown in the economy, resourcing is much more constrained and this is having a severe impact on the human side of the organisation, not only in terms of employee numbers and resources available for service delivery, but also in terms of the effect on employee morale. It is also necessary to recognise the effect that limited resources, allied to an expectation that existing levels of service will be maintained will have on employee wellbeing and welfare.

The Transformation Programme signaled the opportunity for significant improvements in service delivery. However, as with any major reorganisation, implementing the Programme will entail considerable challenges for the organisation and its employees. Having an achievable Employee Wellbeing and Welfare Strategy will help ensure that employees and the human resource aspects of the HSE are well managed.

The findings from the staff survey and the results of the analysis by Ipsos MORI together with extensive consultation undertaken with employees and managers have shaped the development of this strategy and helped to focus the strategic objectives contained within it.

Both national and international research was undertaken and analysed during the development of this strategy. Emphasis was on research already carried out within the former Health Boards and the NHS. The Integrated Employee Wellbeing Strategy is intended to chart a course that will enable the HSE and its employees to meet the many challenges and changes that lie ahead.

Key Stages In Development

The key stages in the development of the strategy are:
1.   Assess needs/data collection
2.   Planning – consult employees, research
3.   Develop strategy and implementation plan
4.   Implement strategy
5.   Mainstream – making it "the way we do our business"
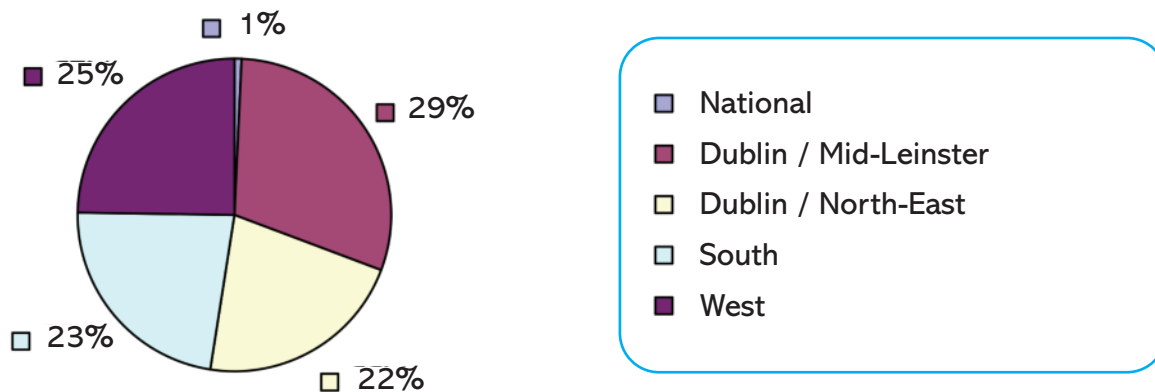6.   Evaluation and learning

The approach to implementing the Employee Wellbeing and Welfare Strategy should be systematic, integral to the management of the organisation, relevant to all concerned, flexible enough to change with a changing organisation, good for employees, patients and the organisation and intended for the long term.

DEMOGRAPHIC PROFILE

The HSE is the largest employer in the State with 84,074 employees (as at 31.12.08) who work in a range of different services. This translates into over 72,695 Whole Time Equivalent (WTE) employees. For the purpose of this strategy and the research underpinning it, HSE employees have been grouped into the categories used by the Department of Health & children. These are: medical and dental, nursing, health & social care professionals, management/administration, general support staff and other patient and client care staff.
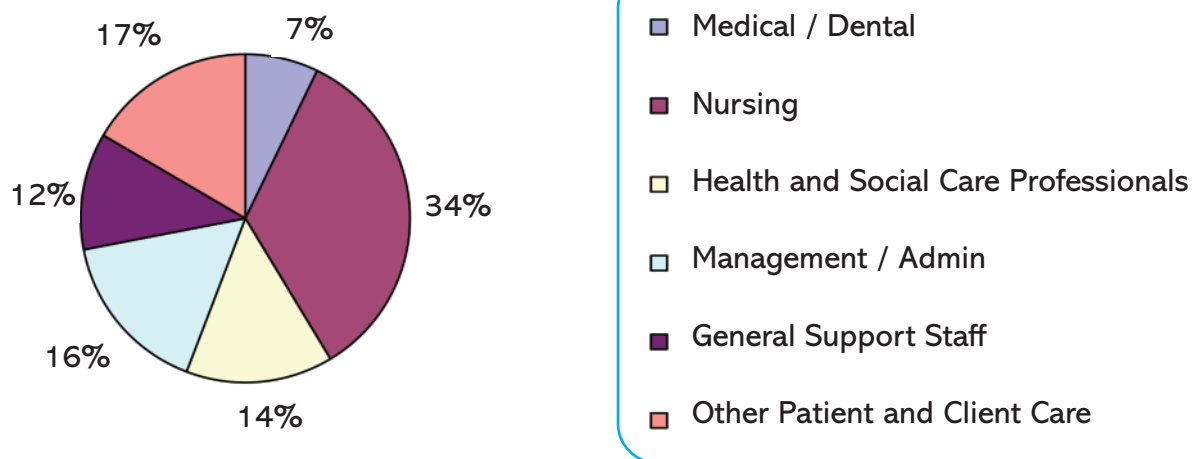
CHART 1: DISTRIBUTION OF TOTAL STAFF HSE AREA AS AT 31st DECEMBER 2008

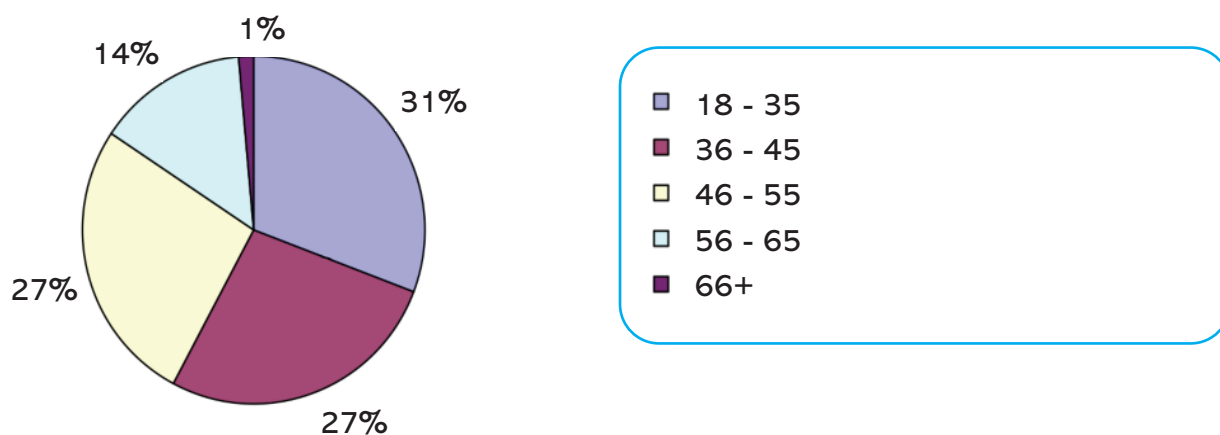|	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other patient & Client Care	Total
National	33	17	11	807	53	1	922
Dublin/Mid-Leinster	919	4455	2293	2258	1147	3001	14074
Dublin/North-East	913	4370	1897	2223	1258	2311	12969
South	1502	7925	2636	3133	3060	2284	20540
West	1815	8716	2890	4270	2503	3995	24189
Total	5182	25484	9727	12691	8019	11592	72695

Source: Health Service Personnel Census December 2008

CHART 2: DISTRIBUTION OF TOTAL STAFF BY PROFESSIONAL CATEGORY AS 31st DECEMBER 2008

17%   7%

34%

12%

16%

14%

- Medical / Dental
- Nursing
- Health and Social Care Professionals
- Management / Admin
- General Support Staff
- Other Patient and Client Care

Source: Health Service Personnel Census December, 2008

CHART 3: AGE CATEGORY HSE STAFF

1%

14%

31%

27%

27%

- 18 - 35
- 36 - 45
- 46 - 55
- 56 - 65
- 66+

Source: Health Service Personnel Census December, 2008

The Key Elements That Form Integrated Employee Wellbeing & Welfare Services

1. OCCUPATIONAL HEALTH SERVICES

The Occupational Health Service (OHS) is concerned with a two way relationship between work and health. The service aims to promote and maintain the highest degree of physical, mental and social well being of all employees. It is also concerned with the prevention of ill health of employees, and the protection of employees from factors adverse to health.

Occupational Health (OH) provides a confidential, independent advisory service whose role is to provide impartial advice regarding fitness for work to line managers, aimed at assisting employees to regain their good health and return to a suitable job as soon as their recovery allows. It is a preventative service rather than a treatment service and is not a substitute to attending the General Practitioner. OH services seek to benefit both employees and their employer.

OH records are kept separate from all other health or personnel records under the sole control of OH employees that are bound by professional and ethical codes of practice. All information maintained in the OHS, concerning employees is strictly confidential. Any request for information is released only with the employee's written consent. OHS look after the health and safety of all employees by empowering employees to promote and protect their own health.

Core functions of the OHS include:
- Pre employment health assessment.
- Provide immunisations against preventable work related infections e.g. Hepatitis B
- Employee support –e g. Counselling
- Visual Display Unit (VDU) workstation assessments
- Keystone eye screening test for employees who use computers
- Advice on sickness absence
- Assessing occupational hazards
- Audiometry (Hearing tests)
- Biological monitoring
- Health Surveillance (Respiratory sensitizers, occupational infections, noise)
- Statutory medicals (diving, driving, ionizing radiation, lead, asbestos)
- Spirometry
- Telephone advice
- Follow up of employees who have sustained an injury at work
- Advise management on their legal obligations with regards to Health and Safety of employees
- Health Promotion
- Preventing adverse health events and strives to promote the health and wellness of employees

The OHS also provide advice with the following:
- Advice following an accident at work
- Environment problems
- Control of hazards to health
- Exposure to infectious disease
- Occupational blood or body fluid exposure
- Occupational skin problems
- Musculoskeletal disorders (work related upper limb disorders)
- Pregnancy and work
- Retirement on health grounds

- Identification and treatment for alcohol and substance misuse problems
- Work related stress
- Travel health advice

Rehabilitation
The aim of the OHS is to allow individuals to achieve their potential by targeting programmes to the individual, particularly after a period of illness, or absence through active rehabilitation. This may be achieved by providing:

- Advice and or assistance with treatment or care
- Advice and support in relation to psychological assistance
- Advice to management on possible adjustments which may be required
- Assistance with planning for a return to work
- Support on return to work which may include counselling.

Contact
Any employee may refer themselves to the department, or referrals may be made with the employee's consent through a Line Manager or HR Department. In some instances e.g. in relation to Health Surveillance the OHS may contact the employee directly.

Self Referrals:
Employees can self refer to the OHS with issues that may be impacting on their health or their work such as bereavement, family issues, illness, substance misuse etc.

Management Referrals:
The OHS advise management about employee's fitness to carry out their duties.
Management referrals are performed:

- where an employee has been out sick, prior to an employee returning to work or after a prolonged absence from work
- for frequent short term absences
- for those applying for early retirement on the grounds of ill-health
- where there is a health & safety concern.
- to support employees who are suffering from an illness or sustained an injury while in service

2. EMPLOYEE ASSISTANCE (EA)
Employee Assistance (EA) is a HSE employee resource that provides confidential, professional support, counselling and referral service to employees. These services are designed to give employees a resource to contact with personal or work related issues that impinge on work performance or personal well being. It also provides management and others with the means to offer assistance to employees with issues that impact on health and job performances.
Strategic Objectives of Employee Assistance are

- To provide a professional and confidential service to HSE employees who are affected by personal or work related issues
- To provide consultancy and support for managers regarding employees and organisational issues
- To deliver a high quality Employee Assistance service which is integral to the organisation's Health, Safety and Welfare practice
- To identify and raise awareness of themes and trends that reflects the particular needs of the workforce and the organisation.
- To provide advice and input with regard to the development of a range of preventative, educational and training programmes
- To promote the Employee Assistance service throughout the organisation

Employee concerns may span both personal and work related issues. Such employee concerns typically include, but are not limited to:

Personal matters - health, bereavement, relationship, family, financial, stress, anxiety, alcohol, drugs, and other related issues.

Work matters - work demands, fairness at work, working relationships, harassment and bullying, personal and interpersonal skills, work/life balance, stress at work and other work related issues.

The service is provided by trained and experienced personnel who are professionally qualified and bound by the codes of conduct of the professional bodies to which they belong.

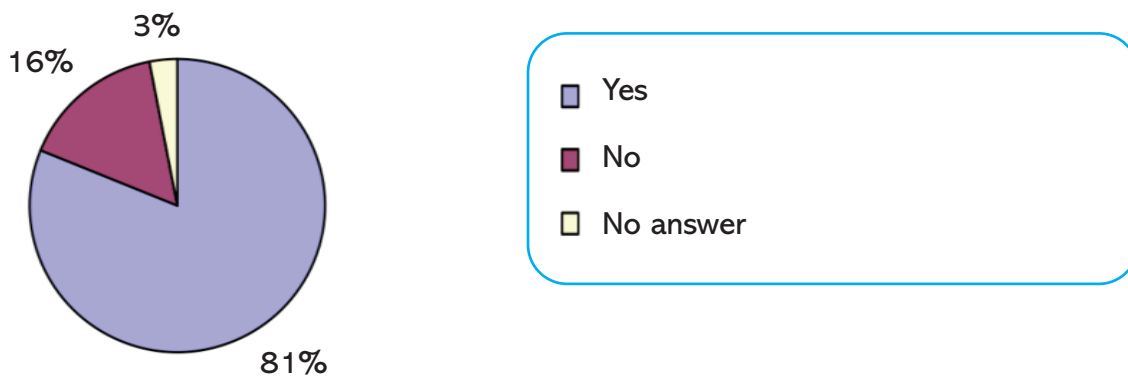Employee Assistance is also known as a staff support or a staff counseling service.

3.   SAFETY, HEALTH AND WELFARE

The fundamental aim of the Safety, Health and Welfare at Work Act, 2005 and the Safety Health and Welfare at Work (General Application) Regulations 2007 is the prevention of accidents and ill-health at work. This requires the HSE to ensure as far as is reasonably practicable the safety, health and wellbeing of staff while at work. To this end the HSE recognises the management of safety, health and welfare at work is of fundamental importance in continually improving the safety health and wellbeing of staff and has committed to the implementation and integration of a safety management programme throughout its services.

The H&S function:
- Provides competent advice, guidance and assistance to the management of the HSE with regard to the safety health and welfare at work of staff
- Provides advice on compliance with our statutory duties in line with current legislative requirements.
- Advises the HSE on the development and review of the Corporate and Site Specific Safety Statements and all supporting documentation.
- Supports the implementation of the HSE, Quality and Risk Management Standard and supporting Framework Documents through the integration of the safety management programme
- Develops relevant policies and guidance in response to organisational objectives and legislative changes to secure the wellbeing of staff to include:
    - Risk Assessment Process,
    - Management of Workplace Violence and Aggression,
    - Patient Moving and Handling/ Inanimate Moving and Handling
    - Management of Healthcare Waste,
    - Lone Working Guidance,
    - Psycho-social and human factors comprising of Ergonomics,
    - Work Related Stress/Workplace Bullying and Harassment,
    - Sensitive Risk Groups
    - Management of Contractors
- Provides guidance on the legislative requirements for the consultation process in line with principals of partnership.
- Enables and facilitates the consultation process through the organisation of safety representative election/selection
- Provides appropriate training, facilitating the ongoing support required by the Safety Representatives to fulfill their role
- Provides support and guidance to management and staff on the consultation process
- Provides and facilitates the HSE mandatory training programme in line with legislative requirements to enhance the skills, knowledge and competence of staff in the Health & Safety aspect of their work
- Provides the strategic link with external bodies e.g. Health and Safety Authority

ARE YOU FAMILIAR WITH THE HEALTH AND SAFETY STATEMENT?

Pie chart:
- Yes: 81%
- No: 16%
- No answer: 3%

HSE survey of Employee Wellbeing & Welfare January, 2008

4.   HEALTH PROMOTION

Health Promotion is a process of enabling individuals to increase control over and improve their health. Many factors influence and determine health whether at an individual or population level that includes lifestyle, environmental and socio economic factors. The Ottawa Charter sets out five areas for action in health promotion.

1. Building Healthy Public Policy. The formulation, implementation and monitoring of policies to support the health agenda e.g. smoking ban.
2. Create Supportive Environments. This would include implementation of measures to improve health e.g. transport plans and affordable housing.
3. Strengthen Community Action. Incorporating community development approaches to empower communities to become actively involved in improving their health.
4. Development of Personal Skills. The development of personal skills is key to individuals changing lifestyles and adopting healthier behaviours.
5. Reorientation of Health Services. The need to advocate for a health promoting health service and integrate health promotion into delivery of care at all levels.

The workplace is identified as a key setting for health promotion and other training opportunities to influence and support health promotion initiatives.

Workplace Health Promotion
"Workplace health promotion is the combined effort of employers, employees and society to improve the health and wellbeing of people at work". (Luxembourg Declaration 1997)
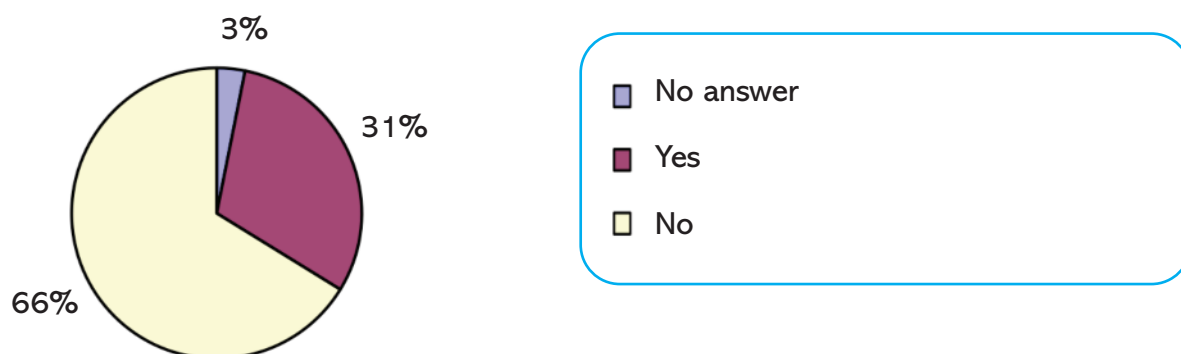
Workplace health and wellbeing can be achieved through a combination of prevention, promotion and rehabilitation interventions.
A health promoting workplace aims to:

◆   Improve the work environment and conditions of work for all;
◆   Focus on the culture and policies within the organisation so that both their development and delivery are health enhancing;
◆   Deliver interventions that raise awareness about health issues and develop personal skills to motivate personal change.
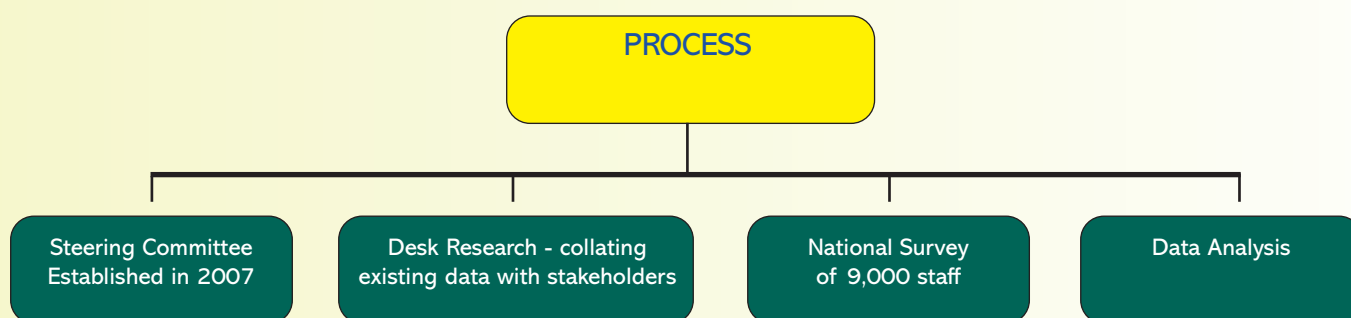
Workplace health promotion goes beyond what is currently required by health and safety legislation. It is a combined cooperative effort by the employer and employees in implementing and supporting measures that can maintain and improve an individual's health. By having a range of policies and commitment on issues such as lifestyle, work-life balance, ageing, stress management, health and safety, retention and rehabilitation, a proactive approach to the three strands of prevention, promotion and rehabilitation is ensured.

HAVE YOUR STAFF PARTICIPATED IN HEALTH PROMOTING ACTIVITIES IN YOUR SERVICE?

3%

31%

66%

- No answer
- Yes
- No

HSE survey of Employee Wellbeing & Welfare January, 2008

PROCESS FOR DEVELOPING STRATEGY

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                        ┌──────────────────┐
                        │     PROCESS      │
                        └──────────────────┘
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| Steering Committee Established in 2007 | Desk Research - collating existing data with stakeholders | National Survey of 9,000 staff | Data Analysis |

STEERING COMMITTE

A Steering Committee was established in 2007 with senior managers' representative of all services, HSNPF and unions, relevant HR specialists and organisational psychology.

DESK EXERCISE – COLLECTION OF DATA TO INFORM THE STRATEGY

In developing its strategy on Employee Wellbeing & Welfare, the Steering Group also considered data from a wide range of sources, encompassing all aspects of Employee Wellbeing and Welfare. These included:

◆ Demographic Profile – Distribution of total staff by HSE Area, Distribution of employees by professional category and age category of HSE staff
◆ Absenteeism Statistics
◆ IPB Statistics on Employer Liability Claims
◆ Employees on pension rate of pay
◆ Employees on sick leave following
  • Injury at Work
  • Physical Assault
◆ Analysis of existing staff resources in Occupational Health & Employee Assistance
◆ HSA – Workplace Health & Wellbeing Strategy Report of Expert Group
◆ Existing HSE Health Promoting Policies/Programmes
◆ HSE Managing Attendance Policy
◆ Policy for Employment of Persons with Disabilities
◆ The Ageing Workforce
◆ The Healthy Workplaces Handbook - NHS reference guide to staff Wellbeing
◆ HSE – North East Area Stress & Quality of Work Life Audit
  Wellness at Work – Stress Management Guidelines HSE South Wellness at Work Partnership Working Group
◆ CIPD Research

CONSULTATION WITH STAKEHOLDERS

The CEO and the HSE Senior Management Team gave their approval to the development of this strategy. The HR National Team was briefed on the development of the Strategy. The plan has also being shaped by expert input from key areas such as Occupational Health, Employee Assistance, Quality & Risk, Health Promotion, Equality, National HR Directorate, Area HR, Hospital Network, P.C.C.C., Organisational Psychology, HSNPF and National Union Representatives. They were tasked with consulting with their representative groups during the development of the strategy document. The finding of the survey together with feedback from stakeholders forms the basis of this strategy.

A questionnaire relating to Employee Wellbeing & Welfare was developed by a sub-group of the Steering Group, with external support. This was distributed to a stratified sample of 9,000 HSE employees throughout the country in 2008. The employees, differentiated by defined staff groupings, were randomly selected for participation according to their staff category, area of work and gender.

DATA ANALYSIS
Survey of Employee Wellbeing & Welfare

Ipsos MORI was commissioned to conduct data processing, analysis and reporting of the completed surveys. A summary of the findings most pertinent to the development of the strategy is set out below; these are presented at an overall aggregate level unless those of individual subgroups (e.g. staff grade, gender, length of service) are significantly different from the aggregate findings. The findings are presented under the following headings: Role; Work Culture; Communications; Feedback & Progression; Health & Wellbeing and Attitude to the HSE.

Staff Grade	Response Rate
Medical	38%
Nursing	39%
Health and Social Care	38%
Management/Admin	61%
General Support	43%
Other Patient & Client Care	16%
Total	41%

Sample Composition – Response Rates by Staff Grade

The response rates achieved by different staff grades were, with the exception of two particular staff grades, broadly in line with the overall response rate of 41%. Management/Administrative staff had a significantly higher response rate than other staff grades (61% compared to 41% overall) and Other Patient & Client Care staff had a significantly lower response rate than other staff grades (16% compared to 41% overall). Further details regarding the sample and findings from this survey are provided in the Appendix.

Role

Employees were asked a number of questions designed to capture their attitudes to and perceptions of their roles within the HSE.

The results of the survey indicated that the vast majority of employees receive high levels of support from their colleagues. The two attitudinal statements with the highest level of agreement both relate to support and recognition from colleagues: If works gets difficult my colleagues support me (80% agreement) and I feel valued by my colleagues in my current job (76% agreement).

However, significantly fewer agreed with the equivalent statements relating to support and recognition from line managers: 'If works gets difficult my line manager supports me' (63% agreement) and 'I feel valued by my line manager in my current job' (59% agreement). Those in social care grades and those working for less than 2 years are more likely than other groups to agree that their line manager supports them if work gets difficult. Over a fifth of respondents (21%) do not feel that their job description reflects their current role. Almost 1 in 3 (29%) disagreed with the statement 'I am involved in the decision-making of my department' and 39% disagreed with the statement 'I meet regularly with my line manager'.

Employees were also asked to identify supports or resources which would improve their ability to function effectively in their role. The most popular response was:

- more staff/cover (17% of those surveyed)
- better line manager & support (12%),
- better communication / information (11%)

Nursing staff were more likely than other groups to say that more staff/cover would improve their ability to function effectively and were also more likely than other groups to want more respect and to feel valued.

Management and Administrative staff were more likely than other groups to say that better line management and support, better communication generally and a clear job description would improve their ability to function effectively.

	Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree	No answer
If works gets difficult my colleagues support me	28%	52%	12%	4%	2%	1%
I feel valued by my colleagues in my current job	22%	54%	17%	5%	1%	1%
I have some choice in deciding how I work	19%	53%	11%	10%	5%	2%
If works gets difficult my line manager supports me	20%	43%	17%	11%	6%	2%
I have a written job description for my current role	21%	42%	11%	15%	9%	2%
I feel valued by my line manager in my current job	18%	41%	20%	11%	8%	2%
I feel very motivated in my job	17%	42%	21%	12%	6%	2%
My job description reflects my current role	16%	40%	19%	14%	7%	4%
I am involved in the decision making in my department	16%	37%	17%	19%	10%	2%
I meet regularly with my line manager	12%	30%	17%	23%	16%	2%

Rating My Role - Attitudinal Statements (Ranked by % Agreements)

Work Culture

Employees were also asked about their perceptions of the work culture within the HSE, covering respect at work and awareness of relevant policies and support.

◆ The results of the survey show that most HSE employees believe that they work in a respectful working environment. Large majorities of HSE employees agreed that they are treated with respect by their colleagues (88% agreement), line managers (80%) and services users (75%).

◆ Management and Administrative staff, Social Care staff and those working for less than 2 years were more likely than other groups to feel treated with respect by their line manager.

◆ General Support staff and Other Patient & Client Care staff were less likely than other staff grades to feel treated with respect by colleagues.
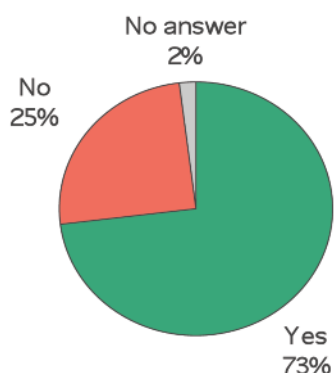
Work Culture - Impact of Work-Related Problems

Significant proportions of respondents reported that their performance at work had been affected by work-related problems.
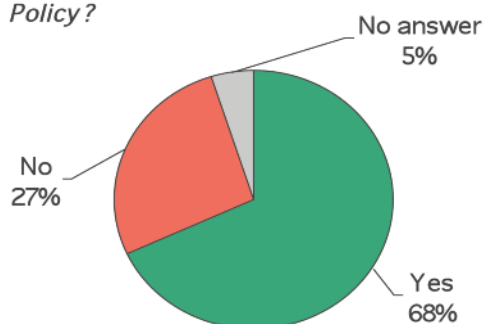
◆ Approximately one in every seven (14%) respondents said that their work had been affected by bullying or harassment,

◆ A similar proportion said that their performance had been affected by work-related violence or aggression (15%),

◆ Over half (52%) said that their performance had been affected by work overload. Approximately a third of respondents said that their performance had been affected by emotional demands of service users (32%) and by conflict in the workplace (31%).

◆ Medical, Social Care, Nursing staff and permanent staff were more likely than other employee groups to have been affected by work overload and emotional demands of service users.

◆ Medical and Nursing staff were more likely than other groups to have been affected by conflict in the workplace.

◆ 73% of respondents are aware of the Dignity at Work Policy; however, over half of these (51%) do not know who the Support Contact Person is in their area of work.

WORK CULTURE - DIGNITY AT WORK POLICY

Q. Are you aware of the Dignity at Work Policy?

No answer 2%
No 25%
Yes 73%

Q. Have you received a copy of the Dignity at Work Policy?

No answer 5%
No 27%
Yes 68%

Q. Do you know who the Support Contact Persons in your area are under the Dignity at Work Policy?

No answer 5%
Yes 43%
No 51%

Work Culture – Management Support

The survey indicated broadly positive opinions regarding management support, particularly with regard to line manager support.

◆ 80% of those surveyed agreed that their line manager is supportive in a personal crisis;

◆ A similar proportion (76%) agreed that their line manager sets realistic expectations.

◆ However, compared to both of these, a significantly larger proportion disagreed with the statement 'management in general has a flexible and understanding approach to work-life balance' (15%).

Work Culture – Collegial Support

◆ The results of the survey indicate that the vast majority of employees receive high levels of support from their colleagues.

◆ Consistent with the positive results regarding support from co-workers and colleagues, it is encouraging that 20% of employees identify 'the people I work with/the staff' as the thing they like best about working for the HSE

Communications

◆ Just over a half of respondents (53%) believe that they are kept informed of developments within the HSE, with over a quarter (26%) disagreeing. A higher number of respondents (64%) indicated that they are kept informed of issues relevant to their department or section.

◆ Management / Administrative and Social Care staff were more likely than other staff grades to feel informed of developments.

◆ Informal sources of information are currently the sources used most frequently by employees to find out about the HSE; 69% of respondents said that they find out information about the HSE through other colleagues and 51% find out information through the grapevine, whereas much smaller proportions get their information about the HSE from official sources, such as the HSE internet (41%), Health Matters (41%) or the HSE intranet (22%). 15% of those surveyed identified the media as a source for finding out information about the HSE.

◆ However, the results of the survey demonstrate that employees would prefer to get information from official, rather than informal, sources. Equal proportions would prefer that information about Employee Wellbeing and Welfare came via email (57%) or line manager / section head / team briefings (57%) in the future. The most frequently cited suggestion for improving communications at a local or national level was local meetings / regular briefings (cited by 15% of employees).

COMMUNICATIONS - IMPROVEMENTS

Q. What suggestions do you have for improving communications at a national and local level?

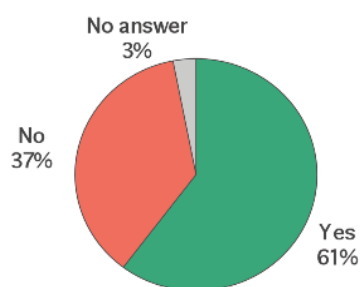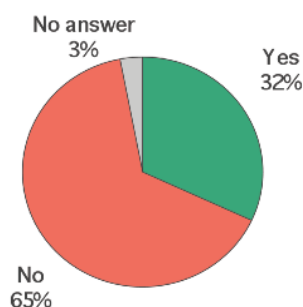| Suggestion	%
Local meetings/ briefings (regular)	15%
Better quality information/ communications	11%
E-mail and Intranet	10%
Newsletters/ leaflets/ information/ notice board/ memos	5%
National meetings/ open forum for staff and management	2%
Letter/ post	1%
Specific person/ contact for passing information	1%
Media	1%
Accountability from management	1%
Communication workshops	1%
Union meeting/ Unions	1%
Input into decisions/ to be allowed to have my say	1%
Other	2%

57 % no answer

Induction, Feedback & Job Progression

◆ While 61% of respondents indicated that they had been made familiar with the organisation, its polices and procedures by their line manager when they started working for the HSE, less than a third of these (32%) had attended corporate induction. Recently recruited employees were more likely to have received corporate induction.

FEEDBACK AND PROGRESSION - INDUCTION

Q. When you first started work with the Health Service did your line manager make you familiar with the organization and its policies and procedures?

No answer 3%
No 37%
Yes 61%

Q. Have you attended Corporate Induction?

No answer 3%
Yes 32%
No 65%

Many respondents were dissatisfied with a number of provisions relating to Feedback and Progression with the HSE.

◆ Only slightly more respondents agreed (36%) than disagreed (32%) with the statement 'I feel encouraged to reach my potential in the organisation'.
◆ While 55% agreed with the statement - 'I have access to regular training opportunities'; just under a quarter (24%) disagreed. In particular, those working in the HSE for between 2 and 10 years believe better or more training would help to develop their potential.
◆ Significantly more disagreed (41%) than agreed (32%) with the statement – 'I get regular feedback from my line manager about how well I am doing'.
◆ While the vast majority of respondents 84% have neither a Personal Development Plan or other structured approach to career development, 71% of the minority who have, found the process useful.
◆ A majority of respondents (58%) did not respond to the question on designated supports in the context of Feedback and Progression. Of those who did, the availability of Clinical Supervisor, Buddy system or Mentor received the most mention.

The most frequently cited support that would help employees develop their potential in the organisation was more/better training, (12% of respondents)

Health & Wellbeing

This section of the questionnaire covered a broad range of areas, including: participation in health promoting activities; health and safety issues; workplace environment rating; experiences of sick leave and experience of HSE Occupational Health and other Employee Assistance services.

Health Promoting Activities

◆ Less than a third (31%) of respondents indicated that they had participated in health promoting activities at work. Of those that had, significantly more (66%) had participated in activities which involved their local Health Promotion Department rather than their Human Resource Department.
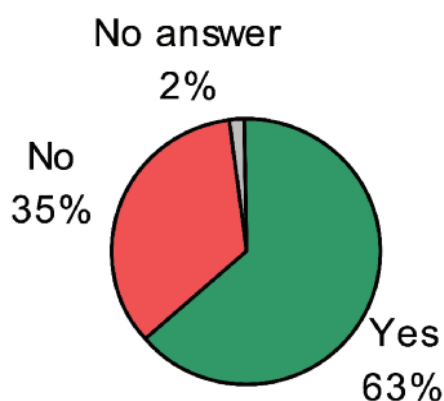
Health & Safety

◆ A large majority of respondents, (81%), were familiar with the Health & Safety Statements.

◆ However, while 56% of respondents indicated that they know who their Health & Safety representative is, just over 2 in 5 (41%) do not.

◆ A majority of respondents (61%) were concerned about an aspect of Health & Safety at work; the most frequently cited concerns related to 'overwork/understaffed/time pressure/stress' (21%), while 'a poor working environment' and 'size/overcrowded/lack of space' were mentioned by 15% and 13% respectively.

◆ Almost two-thirds (65%) of respondents have communicated their concerns about Health & Safety to their line manager although 17% have not. Non-Irish respondents and those working for the HSE for less than 5 years are most likely not to have reported their concerns.

Sick Leave

◆ 69% of all respondents had been absent from work on sick leave during the last five years. The two most common reasons for absence on sick leave were: musculoskeletal disorders (cited by 28% of those who were absent) and respiratory illnesses (cited by 25% of those who were absent). Those working for the HSE for more than 2 years and those who would not recommend the HSE as a place to work were more likely to have been absent on sick leave.

◆ A similar but slightly lower number of respondents (63%) had been absent from work on sick leave during 2006, with the average reported absence being 16 days. The majority (71%) of those participating in the survey were absent from work on sick leave for 14 days or less in 2006. Almost one in five were absent from work for between zero and two days during the same period. However, 2% of those responding were absent from work on sick leave for over 100 days.

◆ Just under one-fifth (18%) of all employees had been on long-term sick leave in the last five years. Of the 85% of those who returned to their own position following an absence of long-term sick leave in the last five years, 69% were able to undertake all normal duties when they returned. A further 19% were able to undertake most normal duties when they returned to their own position following long-term sick leave.

◆ Fewer than one in four (24%) employees agreed that they have 'back to work' meetings with their line manager when they return from a period of sick leave. The majority of respondents indicated that they do not have such meetings (54%).

◆ Employees were also asked what they consider appropriate supports to facilitate a return to work following a period of sick leave; 12% of respondents cited a helpful manager as an appropriate support, while a further 10% cited, more generally: help with difficult tasks / workload / to ease into work.

HAVE YOU BEEN ABSENT FROM WORK ON SICK LEAVE IN THE LAST FIVE YEARS?

No answer 2%

No 35%

Yes 63%

WAS YOUR ABSENCE FROM WORK ON SICK LEAVE IN THE LAST FIVE YEARS DUE TO ONE OR MORE OF THE FOLLOWING?

Occupational Health and Employee Support Services

◆ Just over a third of respondents (34%) indicated that they had used the Occupational Health Service; 70% of these were satisfied with the service, while 9% indicated that they were not satisfied.

◆ Most of those who availed of the Occupational Health Service were referred to it by managers (55%), while the remainder (45%), were self-referrals.

◆ 60% of respondents say that they would be able to access appropriate support if they were involved in a traumatic situation at work; only 8% said that they would not. However, a significant minority (32%) did not know if they would be able to access appropriate support if involved in a traumatic situation. Taken together, this represents 40% of respondents who need clarification on this issue.

◆ While 59% of respondents indicated that they were aware of the Employee Assistance Service, only 10% of these had used it. Of those who had used these services, the majority (77%) were satisfied with them.

◆ However, a large minority of respondents (39%) were not aware of the Employee Assistance Service.

Awareness of Retirement Entitlements

◆ 44% of respondents indicated that they are aware of their retirement entitlements; however, a majority (53%), were not.

◆ Of those who are within 5 years of their retirement, significantly more have not been offered a pre-retirement course than had been offered one. Employees from HSE West were significantly more likely than those from other regions to have been offered a pre-retirement course.

General Attitude to the HSE

Finally, employees were asked about their general attitudes to working in the HSE.

◆ A large majority (74%) of those who participated in the survey would recommend others to work for the HSE with employees from HSE West more likely than those from HSE South or HSE Dublin North East to do so.

- There were also significant differences in levels of advocacy between different staff categories: while 90% of respondents from General Support staff would recommend the HSE as a good place to work, only 67% of Nursing respondents would do so.
- In terms of employees' intentions to continue to work for the HSE, exactly half (50%) stated that they plan to continue to work for the HSE for over 5 years with only 6% indicating that they plan to work for the HSE for less than 2 years.
- 20% of respondents identified 'the people I work with / the staff' as the thing they like best about working for the HSE.
- Similar proportions identified job security/permanency (19%) and job satisfaction (18%) as the things they like best.
- Many of the positive aspects of the job identified by staff related to working conditions (salary, benefits, flexible hours, etc) and role (working with service users, caring for sick people, diversity / variable from day to day).

Employees were also asked what three things would improve their working life in the HSE. The most frequently cited responses were:

- More staff – cited by 22% of respondents
- Flexible hours / flexitime / better working hours – cited by 17%
- Other responses can be grouped thematically into the following: communication (improved communication / relationship with management, more input into decision-making) and work relationship factors (respect and dignity from others, better working relationship with colleagues, being valued).

STRATEGIC OBJECTIVES 2009 - 2014

The consultation process and the staff survey undertaken for the Strategy identified a number of strengths and weaknesses in the HSE's current approach to Employee Wellbeing and Welfare. The HSE is now a unitary organisation and it is vital that Employee Wellbeing and Welfare services/supports are standardised throughout the organisation. An in-depth analysis of the consultation data and other key influences was undertaken in order to develop the following set of six strategic objectives. These objectives seek to build on the considerable strengths that are already there and to address the key weaknesses that have been identified.

An important element of the Plan is to ensure that the HSE's Employee Wellbeing and Welfare function has the necessary capability to drive the implementation of the strategic objectives and that it operates in ways that best support the organisation's service delivery priorities.

The strategy identifies six key strategic objectives which are:

1. PREVENTION

2. PROMOTION

3. REHABILITATION

4. STAFF DEVELOPMENT

5. INFORMATION SYSTEMS

6. COMMUNICATIONS

These objectives are aligned to the HSA Workplace Health and Wellbeing Strategy – Report of Expert Group. The six strategic objectives are explained in detail and the actions needed, to ensure that they are implemented, are identified.

Objective 1 - Prevention

To appropriately manage safety, health and welfare in the workplace, thereby reducing the risk of employees suffering an illness or injury. The focus of prevention is on identifying and assessing the risks to employees and implementing mitigating actions to reduce or eliminate these risks (e.g. health surveillance, ergonomic design, unmanageable workload)

Action	Owner / Responsibility	Support / Involvement	Timeframe
1.1 Implementation of the Safety Management System.	National H.R. Directorate / Health & Safety.	Line Managers Health and Safety Officers	Years 1-5 Ongoing
1.2 Ensure all job descriptions reflect roles & responsibilities of employees	National HR – Recruitment	Line Managers Shared Services Union representatives	Years 1-5 Ongoing
1.3 Include people management responsibilities in all job descriptions for line managers	National HR – Recruitment Policy	Line Managers Shared Services Union representatives	Years 1-5 Ongoing
1.4 Continuous analysis of work loads by line managers to minimise work overload of employees and to ensure safe service delivery	Line Managers	General Managers Local H.R. Health & Safety Officers	Years 1-5 Ongoing
1.5 Implement team based performance management and Performance, Planning and Review (PPR)	National Service Directors	Area P&D Network Managers LHO Managers General Managers Partnership Union representatives	Years 1-5 Ongoing
1.6 Encourage maximum attendance at work by effective distribution and training of the Management Attendance Policy & Guidelines	National H.R. Directorate	Asst. National Directors of HR, Network Managers. LHO Managers & General Managers, Partnership Union Reps	1-2 Years

Action	Owner / Responsibility	Support / Involvement	Timeframe
1.7 Ensure that all employees are aware of employee assistance services	National H.R. Directorate	Assistant National Directors of HR, Network Managers. LHO Managers & General Managers	Years 1
1.8 Provide adequate supports to employees while on sick leave	Line Managers	Occupational Health Department & Employee Assistance Union Representatives	Years 1-5
1.9 Undertake an awareness campaign on the role and the responsibilities of the employer and employee in relation to workplace health.	National H.R. Directorate	Health & Safety, Occupational Health, & Health Promotion	Years 1-2
1.10 Place a greater emphasis on the preventative aspects of employees ill health, including the provision of health surveillance, increased health promotion activities.	National Population Health – Workplace Health Promotion	Occupational Health Employee Assistance Health Promotion & Health & Safety Area HR	Years 1-2
1.11 Promote awareness of Occupational Health & Employee Wellbeing throughout the HSE.	National H.R. – Employee Relations / Employee Wellbeing	Area H.R. – Occupational Health, Employee Assistance & Health Promotion	Years 1-2
1.12 Increase availability of occupational health and employee assistance services	National H.R.	Assistant National Directors - HR, Hospitals, PCCC & Population Health	Years 1-2
1.13 Standardise pre-employment processes within HSE	National H.R. – Shared Services / Employee Wellbeing & Welfare	Occupational Health, Shared Services & Area H.R. AND's	Years 1
1.14 Undertake an awareness campaign and roll out & training on the revised Dignity at Work-Anti-Bullying, Harassment and Sexual Harassment Policy	National H.R.	Area H. R. – P&D & Employee Relations Partnership Union representatives	Years 1

Action	Owner / Responsibility	Support / Involvement	Timeframe
1.15 Develop and disseminate relevant HR National policies e.g. Management of Violence & Aggression, Prevention & Management of Stress, Lone Workers in the Health Service & Rehabilitate Employees back to work following long-term illness.	National H.R.	Assistant National Directors - HR, Hospitals, PCCC, Population Health, Health & Safety Union representatives HSNPF	Years 1-2
1.16 Develop a range of actions to facilitate the appropriate design and maintenance of the workplace for all employees	National Estates	Area Estates, Health & Safety Union Representatives Partnership Committees	Years 1-5

Note:

Owner/Responsibility – responsible to initiate the action

Support/Involvement – work with the owner/responsibility to ensure action is achieved

Actions should be undertaken in consultation with partnership and union representatives as appropriate.

Objective 2 - Promotion

To prioritise various initiatives to promote the Wellbeing of HSE employees and thereby to improve organisational functioning.

Action	Owner / Responsibility	Support / Involvement	Timeframe
2.1 Develop a comprehensive health promotion policy specific to each HSE worksite to promote employee wellbeing and support the development of the HSE as a healthier workplace	National Population Health & National H.R. – Employee Relations Managers – Hospitals & LHOs	Area Workplace Health Promotion, Area Workplace Health Promotion	Years 1-5
2.2 Facilitate family friendly initiatives such as flexible working and term-time	National H.R. – Employee Relations Partnership Committees	Area Employee Relations	Years 1-5
2.3 Develop a range of actions to facilitate the appropriate design and maintenance of the physical workplace environment for all staff	National Estates	Area Estates, Health & Safety, Occupational Health	Years 1-5
2.4 Ensure that all employees and managers are aware of their obligations under Health & Safety Legislation	National H.R. Line Managers	Quality & Risk and Health & Safety Union Representatives	Years 1-5
2.5 Promote individually focused lifestyle interventions that raise awareness about health issues and develop personal skills to motivate individual behavioural change.	National Population Health – Workplace Health Promotion	Area Health Promotion, Occupational Health & Employee Assistance	Years 1-5
2.6 Provide regular training and facilitate attendance on Dignity at Work – anti-Bullying, Harassment and Sexual Harassment Policy and Procedure	National H.R. – P&D	Area P&D & Employee Relations Union representatives	Years 1-5

Action	Owner / Responsibility	Support / Involvement	Timeframe
2.7 Implement and monitor provisions of the Blood Borne Diseases guidelines	National H.R.	Shared Services, Occupational Health & Area Employee Relations	Years 1-5
2.8 Provide advice and support on retirement planning	National H.R.	Area Pension Management / Shared Services	Years 1-5
2.9 Implement recommendations from the Pensions Management Strategy	National H.R.	Area Pension Management / Shared Services	Years 1-5
2.10 Ensure that pension payments are processed in a timely manner	National H.R.	Area Pension Management / Shared Services	Years 1-5
2.11 Evaluate Work Positive Pilot Sites and arrange for extension to further sites	National H.R. – Employee Relations/Employee Wellbeing	Health & Safety Authority, Employee Wellbeing, Partnership & Unions	Years 1-2
2.12 Develop a range of health promotion policies to promote Employee Wellbeing and healthier workplaces.	National Population Health	Area Workplace Health Promotion Partnership	Years 1-2
2.13 Devise and implement stress management policy	National H.R. – Employee Relations/ Employee Wellbeing & Health & Safety	Occupational Health, Employee Assistance, Employee Relations, Health & safety. Health Promotion HSNPF & Union Representatives	Years 1-2
2.14 Develop a range of initiatives with Local Partnership groups to promote Employee Wellbeing	HSNPF	Local H.R. and General Managers in each service, Local Partnership Committees	Years 1-2

Note:
Owner/Responsibility – responsible to initiate the action
Support/Involvement – work with the owner/responsibility to ensure action is achieved
Actions should be undertaken in consultation with partnership and union representatives as appropriate.

Objective 3 - Rehabiltation

Rehabilitation is the successful reintegration of the individual in so far as possible, back into the workplace. Reintegration strategies require a range of activities, including early intervention and mediation, advocacy, case management, workplace rehabilitation and work adaptations.

Action	Owner / Responsibility	Support / Involvement	Timeframe
3.1 Devise and implement rehabilitation policy	National H.R. – Employee Relations/ Employee Wellbeing	Occupational Health, Employee Assistance, Service Managers & Union representatives	Years 1-2
3.2 Increase and maintain awareness of the attendance management policy	National H.R. – Employee Relations	Area H.R., Service Managers & Union representatives	Years 1-5
3.3 Develop a collaborative initiative with GPs which emphasises the positive aspects of early return to work and the consequent need to modify the management and certification of sickness absence.	National H.R. – Occupational Health	Area H.R. – Occupational Health	Years 1-2
3.4 Implement HSE – EA Strategy for employment of People with Disabilities throughout the services	National H.R. – Employee Relations	Area & local H.R., Recruitment & Equality Officers	Years 1-5
3.5 Implement nationally recommendations from North East Occupational Health Report as appropriate	National H.R.	Occupational Health, Area H.R.	Years 1-2
3.6 Carry out external review of Employee Assistance Services in the HSE and implement recommendations of same	National H.R.	Area H.R. & Employee Assistance	Years 1-2

Note:
Owner/Responsibility – responsible to initiate the action Support/Involvement – work with the owner/responsibility to ensure action is achieved Actions should be undertaken in consultation with partnership and union representatives as appropriate.

OBJECTIVE 4 - DEVELOPMENT OF EMPLOYEES

Develop a range of initiatives so that all employees are encouraged and supported to reach their potential within the HSE.

Action	Owner / Responsibility	Support / Involvement	Timeframe
4.1 Define mandatory training and agree suite of proposals for implementation	National H.R. – P&D & Quality & Risk	Area P&D, Health & Safety & Union Representatives	Years 1-5
4.2 Promote a model of in-house mandatory training	National H.R. – P&D	Area P&D, Health & Safety & Local Managers	Years 1-5
4.3 Ensure adequate feedback mechanisms are available for all employees in relation to their ongoing performance	National HR & HSNPF	Local Managers Union representatives	Years 3-5
4.4 Encourage employees to undertake PDP	National HR - P&D	Local HR & Local Managers Union representatives	Years 1-5
4.5 Promote team working	National HR - P&D	Local HR & Local Managers	Years 1-5
4.6 Ensure all employees receive a copy of Employee Resource Pack and attend induction	Area P&D & Shared Services/ Shared Services	Local HR and Local Managers	Years 1-5
4.7 Promote the use of HSE – Land* and HSE – Net*	National H.R – P&D	Area & Local H.R., Local Managers, Union representatives	Years 1-5
4.8 Develop a range of individual supports (mentors, coaches)	National H.R – P&D	Area & Local H.R. & Local Managers	Years 1-5

*HSE – Land: On-line learning forum for healthcare employees www.hseland.ie
*HSE – Net: HSEnet provides a single platform for information sharing throughout the organisation – allowing the HSE to provide regular and up to date information to its employees, and also facilitating individual directorates and areas with an online resource for contacts, documents and much more.

Note:
Owner/Responsibility – responsible to initiate the action
Support/Involvement – work with the owner/responsibility to ensure action is achieved
Actions should be undertaken in consultation with partnership and union representatives as appropriate.

Objective 5 - Development Of Information Systems

Develop a range of information system that will ensure the availability of timely, accurate data

Action	Owner / Responsibility	Support / Involvement	Timeframe
5.1 Examine options for I.T. system for Occupational Health and Employee Assistance activity	National H.R.	National I.S., Occupational Health & Employee Support	Years 1-2
5.2 Devise & implement standardised I.T. system for Absence Management	National H.R. - HRBS	Area H.R.	Years 1-2
5.3 Promote awareness of Careers in Health website and have access to same available to all employees	National H.R. - Shared Services	Communications both National and area.	Years 1-2
5.4 Examine options regarding on-line support for employee assistance	National H.R. – Employee Wellbeing & National I.C.T.	Employee Assistance Service	Years 1-2

Note:
Owner/Responsibility – responsible to initiate the action
Support/Involvement – work with the owner/responsibility to ensure action is achieved
Actions should be undertaken in consultation with partnership and union representatives as appropriate.

Objective 6 - Communications

To work with the National Communications Unit (NCU) to ensure that matters relating to Employee 'Wellbeing & Welfare are communicated to all levels of the organisation.

Action	Owner / Responsibility	Support / Involvement	Timeframe
6.1 Promote Integrated Employee Wellbeing and Welfare Strategy throughout the HSE	National H.R. – Employee Wellbeing	National Communications Partnership Committees	Years 1-5
6.2 Promote Employee Wellbeing and Welfare services throughout the HSE	National H.R. – Employee Wellbeing	National Communications Partnership Committees	Years 1-5
6.3 Ensure that HR is represented in HSE Publications	National H.R. Directorate	National Communications	Years 1-5
6.4 Implement H.R. actions from Communication Plan June 2008	National H.R. Directorate	HSNPF	Years 1-2
6.5 Examine a range of options to increase employee access to e-mail, intranet etc	National I.C.T.	Local I.C.T. & Local Managers Partnership	Years 1-2
6.6 Improve both national and local communications to identify employee needs as identified in survey	National H.R. & I.C.T.	Local I.C.T. & Local Managers Partnership	Years 1-2
6.7 Ensure that the needs of our increasingly culturally diverse workplace are met by different communications strands	Office of the C.E.O. – Social Inclusion	A.N.D. Social Inclusion, Equality Officers & Social Inclusion Managers Partnership	Years 1-5
6.8 Implement Employee Wellbeing recommendations from Intercultural Strategy	National H.R. – Employee Relations/Employee Wellbeing	A.N.D. Social Inclusion, Equality Officers & Social Inclusion Managers	Years 1-5

Note:
Owner/Responsibility – responsible to initiate the action
Support/Involvement – work with the owner/responsibility to ensure action is achieved
Actions should be undertaken in consultation with partnership and union representatives as appropriate.

Monitor and Evaluate

An implementation plan will be developed following completion of the strategy.

The plan will be monitored through the quarterly planning reporting process, i.e. PPR, reports from service business plans and risk management reviews.

An evaluation will be carried out through the HSNPF at regular intervals throughout the life of the plan.

APPENDICES

APPENDIX 1

STEERING COMMITTEE EXTABLISHED IN 2007
A Steering Committee was established in 2007 with senior managers' representative of all services, HSNPF and unions, relevant HR specialists and organisational psychology.
The Committee Members are as follows:

◆ Breege Kelly, Chairperson, Head of Employee Wellbeing and Welfare
◆ Máire Armstrong, Organisational Psychologist, Human Resources HSE West
◆ Larry Bane, Assistant National Director of HR – Dublin Mid Leinster
◆ Shay Donohue, Chair of Employee Assistance Group (resigned December, 2007)
◆ Edwina Dunne, National Head of Risk & Quality
◆ Audrey Fitzgerald, Chair of Occupational Health Nurses Group
◆ Annette Gee, General Manager, Waterford PCCC(resigned from group March, 2008)
◆ Caoimhe Gleeson, Equality Officer, HSE - West
◆ Anna Killilea, HSE –EA
◆ Paula Lawler, HR National Directorate
◆ Mary Lyng, Employee Assistance (replaced Shay Donohue)
◆ Edward Matthews, INO,
◆ Louise McMahon, Network Manager, NHO – Dublin Mid Leinster
◆ Dr. Colette MacDonagh-White, Occupational Health Physician, HSE - West
◆ Frances McNamara, Senior Manager, PCCC (replaced Annette Gee)
◆ Dr. Peter Noone, Occupational Health Physician, Dublin North East
◆ Biddy O'Neill, Health Promotion, Population Health
◆ Dorothy O'Neill, Director of EAP – South
◆ Robbie Ryan, IMPACT
◆ Sonia Shortt, HR National Directorate
◆ Larry Walsh, Director HSNPF,
◆ Noreen Doherty, Senior Executive Officer, Employee Wellbeing & Welfare.

PROJECT TEAM MEMBERS
Breege Kelly, Head of Employee Wellbeing & Welfare
Noreen Doherty, Senior Executive Officer, Employee Wellbeing & Welfare
Noeleen Heanen, Assistant Staff Officer, Employee Wellbeing & Welfare

APPENDIX 2
GLOSSARY OF TERMS

AND	Assistant National Director
CIPD	Chartered Institute of Personnel & Development
EA	Employee Assistance
EAS	Employee Assistance Service
HR	Human Resources
HRBS	Human Resources Business Solutions
HSA	Health & Safety Authority
HSE	Health Service Executive
HSE – Land	On-line learning forum for healthcare employees www.hseland.ie
HSE – Net	HSEnet provides a single platform for information sharing throughout the organisation – allowing the HSE to provide regular and up to date information to its employees, and also facilitating individual directorates and areas with an online resource for contacts, documents and much more. www.hsenet.ie
HSE – EA	Health Service Executive – Employers Agency
HSNPF	Health Service National Partnership Forum
ICT	Information & Communication Technology
INO	Irish Nurses Organisation
Ipsos MORI	Research company commissioned to conduct data processing, analysis and reporting of completed staff survey
LHM	Local Health Manager
LHO	Local Health Office
NHS	National Health Service
OHS	Occupational Health Service
OH	Occupational Health
PCCC	Primary, Community & Continuing Care
P&D	Performance & Development
PPR	Performance, Planning & Review
VDU	Visual Display Unit

APPENDIX 3

Terms of Reference

1. Oversee development of Employee Wellbeing and Welfare Strategy

2. Examine existing structures for protection and enhancement of health & welfare of HSE employees

3. Examine existing practices & policies for protection and enhancement of health & welfare of HSE employees

4. Identify gaps in structures, policies and practices

5. Research best practice in all areas of employee wellbeing & welfare

6. Develop a range of proposals to implement best practice policies and procedures and address identified gaps

7. Develop an implementation plan including communication and rollout plan

8. Recommend a governance structure to ensure implementation of strategy

9. Develop a process for monitoring and evaluation

Ipos MORI

Survey Of Employee Wellbeing & Welfare
Summary Report

17th October 2008

Introduction

In January 2008, the Health Service Executive (HSE) conducted a national Survey of Employee Wellbeing and Welfare among 9,000 of its employees. The survey topics encompassed all aspects of employee wellbeing and welfare including: employee support; occupational health; equality & diversity; family-friendly policies; and other topics relating to wellbeing and welfare. The 9,000 employees, differentiated by defined staff grouping, invited to participate in the survey were randomly selected for participation, according to their area of work and gender and a response rate in excess of 40% was achieved. Further detail regarding the response rate within HSE areas and staff grades is provided as an Appendix to this Executive Summary.

Ipsos MORI was commissioned to conduct data processing, analysis and reporting of the completed surveys. This report details provides a summary of the findings from the survey. Findings are presented under the following headings: My Role; Work Culture; Communications; Feedback & Progression; Health & Wellbeing; and You and the HSE.

Throughout this summary, results are primarily presented at an overall aggregate level. Results of individual subgroups (e.g. staff grade, gender, length of service) are not reported where no significant differences existed between the attitudes, opinions or other results of groups.

My Role

Employees were asked a number of questions designed to capture their attitudes to and perceptions of their roles within the HSE.

- The results of the survey indicated that the vast majority of employees receive high levels of support from their colleagues. The two attitudinal statements with the highest level of agreement both relate to support and recognition from colleagues: If works gets difficult my colleagues support me (80% agreement) and I feel valued by my colleagues in my current job (76% agreement).

- However, significantly fewer agreed with the equivalent statements relating to support and recognition from line managers: If works gets difficult my line manager supports me (63% agreement) and I feel valued by my line manager in my current job (59% agreement). Those in social care grades and those working for less than 2 years are more likely than other groups to agree that their line manager supports them if work gets difficult.

- Almost 1 in 3 (29%) disagreed with the statement I am involved in the decision-making of my department and 39% disagreed with the statement I meet regularly with my line manager.

Employees were also asked to identify supports or resources which would improve their ability to function effectively in their role.

- The most popular response, given by 17% of those surveyed, was more staff/cover. The second most popular response, given by 12% of those surveyed, was better line manager & support. The third most popular response, given by 11% of those surveyed was better communication / information.

- Nursing staff were more likely than other groups to say that more staff/cover would improve their ability to function effectively and were also more likely than other groups to want more respect and to feel valued. Management and Administrative staff were more likely than other groups to say that better line management and support, better communication generally and a clear job description would improve their ability to function effectively.

Work Culture

Employees were also asked about their perceptions of the work culture within the HSE, covering respect at work, awareness of relevant policies and support.

- The results of the survey show that most HSE employees believe that they work in a respectful working environment. Large majorities of HSE employees agreed that they are treated with respect by their colleagues (88% agreement), line managers (80%) and services users (75%).

- Management and Administrative staff, Social Care staff and those working for less than 2 years were more likely than other groups to feel treated with respect by their line manager. General Support staff and Other Patient & Client Care staff were less likely than other staff grades to feel treated with respect by colleagues.

- 7% of those surveyed disagreed that they are treated with respect by their line manager. In the main, the reasons for this perceived lack of respect related to communication between employee and line manager. 7% of those surveyed disagreed that they are treated with respect by service users. The most frequently cited reasons for this perceived lack of respect can be grouped thematically in terms of the attitude and expectations of service users. For example, 30% of those who perceived a lack of respect from service users cited service users being aggressive / abusive and 29% cited service users being disrespectful. Only 1% of those surveyed disagreed that they are treated with respect by their colleagues.

Work Culture - Impact of Work-Related Problems
- Significant proportions of employees reported that their performance at work had been affected by work-related problems. Approximately one in every seven (14%) employees said that their work had been affected by bullying/harassment, a similar proportion said that their performance had been affected by work-related violence or aggression (15%), while over half (52%) said that their performance had been affected by work overload. Approximately a third of employees said that their performance had been affected by emotional demands of service users (32%) and by conflict in the workplace (31%).

- Medical, Social Care & Nursing staff were more likely than comparable employee groups to have been affected by work overload and emotional demands of service users. Nursing staff were more likely than other groups to have been affected by conflict in the workplace.

Work Culture – Management Support
- The survey indicated broadly positive opinions regarding management support, particularly with regard to line manager support. 80% of those surveyed agreed that their line manager is supportive in a personal crisis and a similar proportion (76%) agreed that their line manager sets realistic expectations. However, compared to these two statements, a significantly larger proportion disagreed with the statement management in general has a flexible and understanding approach to work-life balance (15%).

Work Culture – Awareness of Dignity at Work Policy and Trauma Support
- 73% of all those surveyed were aware of the Dignity at Work Policy. However, of those that were aware of the Policy, just over two-thirds (68%) of them had received a copy of the Dignity at Work Policy. 60% of those surveyed said that they would able to access appropriate support if they were involved in a traumatic situation at work. Only 8% said that they would not. Approximately a third (32%) did not know if they would be able to access appropriate support if involved in a traumatic situation.

Communications
- Over half (53%) of all employees agreed with the statement I am kept informed of developments within the HSE, whereas over a quarter (26%) disagreed. Less than two-thirds (64%) of employees agreed with the statement I am kept informed of issues relevant to my section or department. Management / Administrative and Social Care staff were more likely than other staff grades to feel informed of developments.

- Informal sources of information are currently the sources used most frequently by employees to find out about the HSE. 69% of all employees said that they find out information about the HSE through other colleagues and 51% find out information through the grapevine, whereas much smaller proportions get their information about the HSE from official sources, such as the HSE internet (41%), Health Matters (41%) or the HSE intranet (22%). 15% of those surveyed identified the media as a source for finding out information about the HSE.

- The results of the survey demonstrate that employees would much prefer to get their information from official, rather than informal, sources. Thus, equal proportions would prefer that their information about Employee Wellbeing and Welfare came via email (57%) or line manager / section head / team briefings (57%) in the future. The most frequently cited suggestion for improving communications at a local or national level was local meetings / regular briefings (cited by 15% of employees).

Feedback & Progression
Employees were asked about current provision relating to Feedback & Progression within the HSE, covering awareness and use of Personal Development Plans, availability of relevant employee supports and experience of induction.

Feedback & Progression – Rating Feedback & Progression
- Many employees are dissatisfied with a number of provisions relating to Feedback & Progression within the HSE. While 55% agreed with the statement I have access to regular training opportunities, just under a quarter (24%) disagreed. Only slightly more agreed (36%) than disagreed (32%) with the statement I feel encouraged to reach my potential in the organisation. Finally, significantly more disagreed (41%) than agreed (32%) with the statement I get regular feedback from my line manager about how well I am doing.

- The vast majority of employees have neither a Personal Development Plan nor have agreed another structured approach to career development with their line manager. Nonetheless, those who reported having a Personal Development Plan (PDP) or other structured approach to career development found the processes useful.

Feedback & Progression – Available Supports
- The availability of specific supports which relate to Feedback & Progression is quite limited for a broad range of supports. 20% of employees can avail of a Clinical Supervisor as a designated support in their current role. 13% can avail of the Buddy System and 10% can avail of a Mentor. For all other designated supports, including colleagues, preceptor, coach, line manager, no more than 5% said that they can avail of them in their current role.

- The most frequently cited support that would help employees develop their potential in the organisation was more/better training, which was cited by 12% of respondents. Education opportunities / support / funding was cited by a further 7% of employees. 7% of employees cited support from line manager / better line manager as supports that would help them develop their potential.

Feedback & Progression – Induction

- 61% of employees were made familiar with the organisation, its policies and procedures by their line manager when they first started working for the HSE. However, less than a third (32%) had attended corporate induction at the HSE. Recent joiners to the HSE were more likely to have attended corporate induction than those who had been working at the HSE for more than 5 years.

Health & Wellbeing

Given the particular focus of this survey, the Health & Wellbeing section of the questionnaire covered a broad range of areas, including: participation in health promoting activities; health and safety issues; workplace environment rating; experiences of sick leave; and experience of HSE Occupational Health and other Employee Assistance services.

Health & Wellbeing – Health & Safety

- A large majority of employees were familiar with the Health & Safety Statement. Nonetheless, 61% of those surveyed were concerned about Health & Safety at work. Of all staff grades, Nursing staff were most concerned about Health & Safety.

- The most-frequently cited concern about Health & Safety at work was overwork / understaffed / time pressures / stress, identified by 21% of all those concerned about Health & Safety. Also frequently cited were concerns relating to the physical environment in which employees work, such as poor working environment (reported by 15% of respondents) and size/overcrowded/lack of space (13% of respondents).

- Almost two-thirds (65%) of employees have communicated their concerns about Health & Safety to their line manager. Less than 1 in 5 (17%) have not communicated their concerns to their line manager. Non-Irish employees and those working at the HSE less than 5 years are most likely not to have reported their concerns. Just over 2 in 5 (41%) of all employees do not know who their Health & Safety representative is.

- When asked to rate their workplace environment, one in four (25%) of all those surveyed disagreed with the statement that my workplace accommodation is suitable for my role. General Support staff and Other Patient & Client Care staff were least likely to feel they have suitable accommodation and equipment.

Health & Wellbeing – Health Promoting Activities

- Less than a third (31%) of those surveyed had participated in health promoting activities for staff in their area. Of those that had participated, significantly more had participated in activities which involved their local health promotion department, rather than their human resources department.

Health & Wellbeing - Sick Leave

- 69% of all respondents had been absent from work on sick leave in the last five years. The two most common reasons for absence on sick leave were musculoskeletal disorders (cited by 28% of those who were absent) and respiratory illnesses (cited by 25% of those who were absent). Those working for the HSE more than 2 years and those who would not recommend the HSE as a place to work were more likely to have been absent on sick leave.

- 63% of all respondents had been absent from work on sick leave in 2006. The average reported absence from work on sick leave in 2006 was 16 days. The majority (71%) of those participating in the survey were absent from work on sick leave for 14 days or less in 2006. Almost one in five were absent from work for between zero and two days during the same period. However, 2% of those responding were absent from work on sick leave for over 100 days.

- Just under one-fifth (18%) of all employees had been on long-term sick leave in the last five years. Of the 85% of those who returned to their own position following an absence of long-term sick leave in the last five years, 69% were able to undertake all normal duties when they returned. A further 19% were able to undertake most normal duties when they returned to their own position following long-term sick leave.

- Fewer than one in four (24%) employees agreed that they have 'back to work' meetings with their line manager when they return from a period of sick leave. 54% disagree with this statement.

- Employees were also asked what they consider appropriate supports to facilitate a return to work following a period of sick leave. 12% of employees cited a helpful manager as an appropriate support, while a further 10% cited, more generally: help with difficult tasks / workload / to ease into work.

Health & Wellbeing – Occupational Health and Other Support Services
- Just over one-third (34%) of employees had used the Occupational Health Service. A larger proportion of those that had used the Occupation Health Service were referred to it by management (55%) than were self-referred (45%). 70% of those that had used the Occupational Health Service agreed with the statement I am satisfied with the Occupational Health Service. Only 9% disagreed.

- 59% of all those surveyed were aware of the Employee Assistance / Counselling / Support Service. However, of the 59% that are aware of the Service, only 10% had used the service. 77% of those that have used the service agreed with the statement I am satisfied with the Employee Assistance / Counselling / Support Service. Only 10% disagreed. The main reason for dissatisfaction cited by those who had used the Employee Assistance / Counselling / Support Service and were dissatisfied with their experience was: lack of support / unhelpful.

Health & Wellbeing – Awareness of Retirement Entitlements
- 44% of all those surveyed were aware of their retirement entitlements. However, of those who were within 5 years of their retirement, significantly more had not been offered a pre-retirement course than had been offered one. Employees from HSE West were significantly more likely than those from other regions to have been offered a pre-retirement course.

You and the HSE
Finally, employees were asked about their general attitudes to working in the HSE.

- Overall, 74% of all those surveyed would recommend the HSE as a place to work to others. Employees from HSE West were significantly more likely than those from HSE South or HSE Dublin North East to recommend the HSE as a place to work. There were also some significant differences in levels of advocacy between different staff grades. While 90% of General Support staff would recommend others to work for the HSE, only 67% of Nursing staff would.

- 20% of employees identified the people I work with / the staff as the thing they like best about working for the HSE. Similar proportions identified the job security / permanency (19%) and job satisfaction (18%) as the things they like best. Many of the positive aspects of the job identified by employees related to working conditions (salary, benefits, flexible hours, etc) and role (working with service users, caring for sick people, diversity / variable from day to day). Only 3% of employees said that they do not like anything/very little about working in the HSE.

- Employees were also asked what three things would improve their working life in the HSE. 22% of employees stated that more staff would improve their working life in the HSE. 17% of employees stated that flexible hours / flexitime / better working hours would improve their working life in the HSE. There were also a number of responses which can be grouped thematically into the categories of communication (better communication, better communication / relationship with management, more input into decision-making) and work relationship factors (respect and dignity from others, better working relationship with colleagues, being valued).

- Exactly half (50%) stated that they plan to continue to work for the HSE for over 5 years and a further 34% said that they do not know. Just over 1 in 20 (6%) stated that they plan to continue to work for the HSE for 2 years or less.

Appendix: Response Rate

In total, 3,770 completed questionnaires were analysed for the purposes of the report. A sample of this size provides robust statistical data at an aggregate level and for certain sub-group analysis (e.g. HSE Region, Staff Grade, Length of Service, etc). A response rate of 41% was achieved at an overall level.

The response rates achieved in individual HSE Regions were broadly similar, with the exception of Dublin Mid-Leinster, which achieved a response rate of 31% compared to the overall response rate of 41%. The response rates achieved by different staff grades were, with the exception of Management / Administrative staff and Other Patient & Client Care staff , also broadly in line with the overall response rate. However, these differences may be a function of the opportunities available to particular categories of staff to complete the survey.

The sample of employees invited to participate in the survey was proportionate by region and grade to ensure a representative response. Corrective weighting was then applied to the achieved sample, by region and grade, to ensure the achieved sample was also representative of the overall HSE employee population.

VALUES

EMPLOYEE WELLBEING & WELFARE VALUES

o   Take responsibility for the continuous improvement of the quality of the service that we deliver (in line with Transformation Programme) both now and in the future

o   Treat all staff fairly and ensure equality of access to support services

o   Treat all staff fairly to ensure equality of opportunity

o   Ensure the highest levels of integrity and confidentiality to all those who use our service

o   Demonstrate commitment and respect to all individuals

o   Support staff in achieving their potential in the organisation

o   Maintain ethical and professional standards in all dealings with staff

o   Embrace partnership with all stakeholders to achieve Best Practice in all our work

o   Empower staff to promote and provide leadership in relation to the management of safety health and welfare in the workplace

        These values are aligned to the HSE Corporate Plan and the National HR Strategy

Employee Cycle

EMPLOYEE CYCLE

RETIREMENT
Retirement Planning.
Advice on Entitlements.
Prompt Payment of Pensions.

RECRUITMENT
Pre-employmnet
Medical Assessment.
Job description.
Clarity-
Role & Responsibilities.
Induction.
Line Manager Support.
Equipment/Office etc.
Mentoring.

CAREER DEVELOPMENT
Learning and Development.
Performance Appraisal.
Line Manager Support./PDP.
Transfer Policy/Job Rotation.
Work/Life Balance.
Mentoring.
Social Events.

MAINTAIN A HEALTHY WORKFORCE
Continuous Support.
Line Manager Support.
Health Promotion.
Programmes.
Stress Management Programmes.
Mandatory Training.
Vaccination Programme.
Social Events.

IN EVENT OF SICKNESS
Occupational Health.
Employee Assistance
Programme/Support.
Line Manager Support.

RETURN TO WORK
Flexibility/ Hours of Work.
Support.
Change of Role if
Necessary.