



***Implementation of the Action Plan
for People Management***

2nd Annual Progress Report 2005



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Introduction	3
Members of the Committee	4
Theme 1 – Managing People Effectively	5
Theme 2 – Improve the Quality of Working Life	9
Theme 3 – Devising and Implementing Best Practice Employment Policies and Procedures	13
Theme 4 – Developing a Partnership Approach Further	16
Theme 5 – Investing in Training, Development and Education	21
Theme 6 – Promote Improved Employee and Industrial Relations	27
Theme 7 – Developing Performance Management	29
Summary	32

Introduction

The Action Plan for People Management (APPM) was launched in November 2002 as the outcome of an extensive consultative process with all stakeholders in the health and social care system. It identifies seven key areas of people management which need to be developed:

- Managing people effectively
- Improving the quality of working life
- Devise and implement best practice employment policies and procedures
- Develop partnership further
- Invest in training development and education
- Improve employee and industrial relations in the health sector
- Develop performance management

The first annual report of the implementation of the APPM was published in February 2004 following a request from the Department of Health & Children for an update in relation to progress made under the seven themes identified in the Action Plan during 2003, its first year of implementation. This second annual report details information provided in respect of activities during 2004. This report is compiled based on information submitted by the Health Boards, Eastern Region Health Authority and health service agencies and national agencies such as the Office for Health Management (OHM), Health Service Employers Agency (HSEA), the Health Service National Partnership Forum (HSNPF) and the National Federation of Voluntary Bodies.

Members of the Committee

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Mr. Gerard Barry

Chief Executive, HSEA

Mr. Matt Merrigan

National Secretary, SIPTU

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Mr. Martin McDonald

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Mr. Brian O'Donnell

Chief Executive, National Federation for Voluntary Bodies

Mr. Denis Doherty

Director, Office for Health Management and HeBe

Mr. Larry Walsh

Director, Health Service National Partnership Forum

Secretary:

Ms. Sonia Shortt

Senior HR/IR Executive, HSEA

Theme 1 **Managing People Effectively**

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

Action 1.1 – **Develop a Culture of Open Communication and Inclusiveness**

This action aims at fostering more open and participative relationships between managers and staff.

Examples of specific initiatives under this action are:

SHB:

Communication Strategy and Action Plan agreed and signed off end December 2004.

SWAHB:

A People Development Action Plan and Steering Group has been established to ensure the integration of all APPM activities.

St John's Hospital Limerick:

14 staff members attended a communication and customer service skills programme.

Daughters of Charity:

Developed a communication strategy for the organisation.

Temple Street Hospital:

Communications strategy developed to ensure that all staff receive information via a robust communication process.

WHB:

Communication Strategy produced for roundtable partnership committee. Have established an internal communications system and internal communications officer.

MWHB:

A major programme of communications has been carried out throughout the organisation to consult, inform and instruct staff on significant changes introduced into the organisation, e.g. in relation to the roll out of PPARS Phase II – November 2004, 700 staff attended information meetings and 468 staff have been trained in its use.

Action 1.2 – **Implement Management Competency Frameworks**

The aim of this action is to use management competency frameworks as a tool to encourage managers to focus on their skills in specific areas and develop accordingly thereby improving the overall performance of the service.

The Office for Health Management has completed and launched competency frameworks for Health and Social Care Professionals; and Clerical/Administration/Management grades. The management competency frameworks were launched with an implementation plan, which includes a briefing exercise, user packs, training CD, development directory and three day training programme for line managers in people management skills.

The Nursing management competency frameworks were redesigned during 2004. In 2004 the Office for Health Management commissioned competency frameworks for support staff managers with the support of the APPM Implementation Monitoring Committee. These are due for completion in March 2005.

The Office for Health Management is supporting implementation of the management competency frameworks through the publication and dissemination of online and hard copy material on personal development planning and management development.

Many employers have undertaken initiatives to implement the management competency frameworks locally. Most activity in this area involves linking them to training and development initiatives (particularly Personal Development Planning, (PDP)) and to the recruitment and selection process.

Examples of specific initiatives under this action are:

SWAHB:

Competency Frameworks are incorporated into PDP and Management Development Programmes.

NEHB:

Competency frameworks have been introduced into all recruitment, selection, training and development activities during 2004 which has resulted in training of 180 interviewers and awareness sessions provided for interviewees in competency based selection; and competency frameworks are now incorporated into all management development programmes and PDP processes.

ECAHB, NAHB:

Management Development Programme incorporating specific competencies of managers within Child, Youth and Family Services.

St James's Hospital:

Development of management competencies training programme for senior physiotherapists.

St John of God:

Senior management development programme, introduction of a competency based framework including recruitment and selection, performance management and management development/career planning.

NWHB:

PDP workshops provided for managers and team leaders.

WHB:

Workshops organised to brief managers on the frameworks and plan implementation, review of implementation completed in 2004.

Competency frameworks used for the development of a 15 day modular management development programme. Frameworks being incorporated in other management development initiatives and in personal development planning.

MWHB:

The National Council for the Professional Development of Nursing and Midwifery has funded training for 24 managers to train as supervisors and a two day supervisee programme for 72 nurses/midwives.

Development programme for Clinical Nurse/Midwife specialists and clinical nurse managers working in specialist roles undertaken by 75 staff.

Action 1.3 – Train Managers in People Management

The aim of this action is to improve the 'people management' skills of all managers by prioritising training in these areas in order to bring about behavioural change.

The Health Service Employers Agency produced a training programme '**People Management – The Legal Framework**' which aims to provide line managers with the knowledge required to discharge their people management role effectively and help them understand how to operate key human resource policies and procedures like those mentioned above to improve employee performance, motivation and commitment and thus contribute to high quality patient/client care. The training programme comprises six modules as follows:

- Recruitment and selection
- Work Performance
- Managing Employee Grievances
- Managing Attendance
- Equal Opportunities/Diversity
- Dignity at Work

The training programme is available on a CD ROM and is designed to be highly interactive with exercise and playlets which will resonate with managers' own experiences. A key objective in the design of the course was to enable HR managers/trainers within each agency to deliver the training course themselves at local level. The total training package includes the CD ROM, a Leader's Guide and a Course Reference Book for those who participate in the training programme. These are currently being distributed to employers, who will roll the project out at local level. It is proposed to establish a Monitoring Committee to evaluate the efficacy of the programme with a view to improving and expanding the course programme and the training pack.

The Office for Health Management is designing a people management skills workshop as part of the implementation of management competency frameworks. It is also compiling a development directory of programmes and resource materials to address each of the competencies identified in collaboration with corporate learning and development personnel.

In order to develop and implement 'growing leaders for the future' initiatives the Office for Health Management has initiated, evaluated and published guidelines on mentoring; is currently running an executive coaching programme and its work on personal development planning centres on career planning is continuing.

The National Federation of Voluntary Bodies, comprises 61 member organisations, employing 14,000 staff, which vary considerably in terms of size and range of services provided. The Federation has, through the opportunity presented by APPM funding support, developed specific skills and initiatives targeted at employees within the intellectual disability sector. Building on existing front line managers training materials, in particular those developed by the Health Service Employers Agency and the Officer for Health Management, the National Federation has begun developing a training programme for front line managers that is tailored to the needs of managers within the intellectual disabilities sector.

Significant activity in this area is reported and targeted training programmes were introduced in various settings during 2004.

Examples of specific initiatives under this action are:

SWAHB:

A 10-day Management Development Programme has been introduced for Line Managers.

ECAHB:

A specific people management programme focusing on the needs of managers in the children, youth and family services was launched in 2004.

Facilitation Techniques for interpersonal conflict resolution programme undertaken.

SHB:

Employee Relations Department achieved the Excellence Through People standard.

NEHB:

38 participants attended a newly developed programme for Middle Manager; 33 participants attended 'new health service manager programmes'; and 15 individuals commenced a Diploma in Healthcare Management.

MHB:

A 3-day management development programmes was delivered to 417 participants during 2004. The programme is aligned to organisational development objectives and based on the APPM, competency frameworks and incorporates mentoring, coaching and personal development planning.

Coombe Hospital, National Maternity Hospital, and Rotunda Hospital:

Have a management development programme incorporating primary activities of management/supervision, role clarification, management of change, team building and teamwork, team leadership skills, effective delegation, effective personal communications, organisational communications channels, managing performance.

Northern Area Health Board:

Facilitation training for 20 managers in the skills of change facilitation.

Sisters of Charity of Jesus and Mary:

Line management development programme to provide managers with essential skills to manage human resources effectively including; team building, performance management, recruitment and selection, and conflict resolution and negotiation.

Sisters of Charity of Jesus and Mary, KARE, St. Michael's House, Daughters of Charity, Cheeverstown House:

People management training programme for senior managers including coaching and mentoring, mediation, investigation, communication, performance management, negotiation/influencing, conflict resolution, change management and recruitment and selection.

Daughters of Charity:

Deliver a management development programme to provide managers with skills in; role of the line manager, organisation communication, motivation, presentation skills, recruitment and selection, quality improvement, and change management.

SWAHB, NAHB, ECAHB:

Provide a professional supervision programme for staff in child, youth and family services.

Temple Street Hospital:

Line management development programme of ten modules delivered over a 12-month period.

St James's Hospital:

Provide training for senior management team in the medical social work department in social work supervision through the reflective practice method.

Our Lady's Hospital for Sick Children and Dublin Academic Teaching Hospitals:

Management development programme delivering training in communication and motivation, team working, equality and diversity, use of competency framework, employment law, conflict resolution and dignity at work.

NWHB:

People management the legal framework delivered, evaluation of the initiative planned. Training provided for 16 team leaders from a range of services engaged in team based performance management system. Other programmes include: managing absence, promoting attendance, dealing with conflict and negotiating, tools for planned decision making, team communications and meetings, etc.

Daughters of Charity and Beaumont Hospital:

Line management development programme, including investigators training and mediation training.

The Children's Sunshine Home:

Line management development programme – train the trainers approach.

WHB:

Range of management development opportunities available through Corporate Learning Department, including skill programmes such as: giving and receiving feedback; interpersonal skills; team building; project management; dignity at work, etc.

MWHB:

The management development programme for 140 top managers reviewed in 2004, it includes 360 degree feedback and internal mentoring. 24 managers trained as trainers for the 'People Management – the legal framework' training programme which will be directed at 600 staff. 4 LEO programmes delivered in 2004.

Theme 2 **Improve the Quality of Working Life**

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

Action 2.1 – **Promote Employee Well-being**

Activity under this Action item aims to foster a common integrated approach to managing the health and safety of employees at work. Employee should be assisted to remain at work through injury prevention (including stress management and harassment), employee assistance services, integrated collection of incident and accident data and staff education.

A number of Boards have also implemented projects to advance the concept of employer of choice, a core element of which is to improve quality of working life. For example:

SEHB:

Environmental monitoring to exposure to Radon gas in work places commenced in March 2004.

Work commenced in Autumn to develop a display screen equipment risk assessment programme and to encourage safe work practices and a proactive approach.

SHB:

Provide critical incident stress management for employees post work related trauma.

Provide crisis telephone counselling for employees.

Evaluated the pilot project on relaxation and well-being at CUH Autumn 2004.

Influenza vaccine administered at place of work by Occupational Health Nurses.

NEHB:

Undertook a survey to identify potential stress issues, in total 1,403 staff members responded. A steering group has commenced work on the implementation of the report and will explore appropriate intervention programmes to reduce stress where required.

NWHB:

Established Phase II of Work/Life Balance interagency project through Equal Funding and implemented work positive programme across a range of sites.

MHB:

42 staff trained to facilitate the Bullyproof Programme, delivering this programme to 2,000 staff. 33 peer support staff have been trained to provide support to fellow staff members, a further enhancement of the Employee Assistance Programme.

Rotunda Hospital:

Deliver an internal retirement planning programme.

Daughters of Charity:

Work/Life Balance Programme – staff will have a number of tools made available to them to achieve a balance such as stress reduction techniques, relaxation methods, prioritising.

City of Dublin Skin and Cancer Hospital:

Stress Management Project.

ERHA Corporate:

Staff development programme – self awareness and development.

St John of God:

Mentoring training programme for senior personnel.

Coombe, National Maternity and Rotunda Hospitals:

Anti-bullying/anti-harassment training.

Mater Hospital, Beaumont Hospital and Eastern Health Shared Services:

Career progression programme, progressing PDPs through line management feedback training and team building.

WHB:

Provide staff training around the Dignity at Work policy to ensure a climate where all staff members are treated with dignity and respect.

MWHB:

Critical incident stress debriefing programme – 24 staff members trained and an education programme given to managers. A lifestyle modification course was developed at the MWRH. A weight check clinic for staff was also put in place. A week was dedicated to staff health. A happy heart at work week was promoted by the catering department. Services which received support from the partnership process intervention include the Smoking Action Group, Childcare Residential Services and hospital theatres. A “Good Health Guide” is available on the Intranet which covers exercise, smoking cessation, nutrition and weight control.

Action 2.2 – Ensure Equality and Value Diversity

In accordance with the requirements outlined in this action point the health service has produced a nationally agreed **‘Equal Opportunities/Diversity Policy and Strategic Objectives for the Health Service’** and a **‘Dignity at Work Policy’**. An equal opportunities/accommodating diversity training pack was widely disseminated by the HSEA provides assistance to managers in the equal opportunity/diversity aspect of their people management role. Work in relation to the mainstreaming of equality/diversity training in the health services is ongoing.

In addition some employers report progress on local initiatives to ensure equality and value diversity, for example:

ERHA:

The ERHA led a partnership of the Dublin Academic Teaching Hospitals and Eastern Health Shared Services to develop a regional training programme to support the implementation of the national Dignity at Work policy in the health services. The regional programme was developed to equip Support Contact Persons with the knowledge and skills to perform their role under the policy. A total of 14 programmes have been implemented and almost 185 people across the region have undergone initial training.

SWAHB

A half day Diversity Training Programme was delivered to Line Managers.

OHM:

Diversity issues feature in all OHM commissioned programmes.

OHM held two ‘Women in Leadership’ masterclasses during 2004 to provide support and advice to the Women’s Regional Networks.

MHB:

78 senior managers participated in an equality information session facilitated by the Equality Authority in November 2004.

WHB:

Training on cultural diversity organised for staff across all services. Irish language development officer implementing Official Languages Act.

MWHB:

A session on equality and diversity has been added to the corporate induction seminars. Other initiatives in relation to disability, cultural diversity and anti-racism traveller, etc., are underway, e.g. in May 2004 32 staff received specialist training for health professionals relating to victims of torture and war to enable a better understanding of the needs of asylum seekers.

NWHB:

Hosted national conference on 'Building Equality into Nursing and Midwifery Practice'. Undertook equality review of recruitment practices. Implemented Code of Practice for the employment of people with disabilities and Anti-Racist Code of Practice. Undertook Equal Status Review of services delivered and undertook research to identify supports to enhance the employment retention of people who acquire a disability.

A specific action mentioned under this item is to conduct research to determine the effect of abolishing the distinction between officer/non-officer/servant employment status and if appropriate implement a strategy that removes these labels. The introduction of the Health Act 2004, recent developments in the equality agenda, etc., have removed many of the distinctions in employment terms between these categories.

Action 2.3 – Review the Basis of Temporary Employment Contracts

The enactment of the Protection of Employees – Fixed Term Work Act 2003, has major implications for the employment of temporary staff in the health service. Employers must examine the manner in which they issue and administer temporary contracts and how they treat temporary employees. The legislative framework has given effect to the commitment contained in Action 2.3. in that the incidence and appropriateness of temporary contracts must be examined by employers.

In addition the Framework Agreement reached between IMPACT and the interim Health Service Executive in December 2004, provides that a review of the incidence of temporary employment contracts generally will be conducted in 2005 with a view to minimising their usage subject to the need for flexibility within the system.

*Examples:***SHB:**

Reviewed the basis of temporary employment contracts in conjunction with the Protection of Employees – Fixed Term Work Act 2003.

MWHB:

All temporary contracts have been reviewed and the Protection of Employees – Fixed Term Work Act 2003 is being implemented.

NWHB:

Sick leave, maternity leave, concession day leave, updated in compliance with the Protection of Employees – Fixed Term Work Act 2003.

Action 2.4 – Introduce Greater Flexibility in Times of Work/Attendance Patterns

The HSEA continues to raise awareness of the benefits of flexible working amongst employers/employees. A **Term Time Policy** was agreed with health service trade unions and piloted in 2004. This policy aims to further support a family friendly working environment that is conducive to the recruitment and retention of staff of the highest calibre.

The HSEA also undertook a survey of flexible working during the year. The survey was divided into two main sections – a staff survey of 1,500 employees and a management survey of all health service employers. A report is currently being finalised which examines the extent of flexible working across the health service as well as areas where there are issues and areas where it is working well.

Examples:

SWAHB:

Introduction of Term Time Working and greater utilisation of flexible working arrangements.

SHB:

Term time working launched – availed of by over 70 people. Over 2,000 people availing of flexible working time arrangements.

St John of God:

Introduction of a flexi-time administration system.

WHB:

Monitor the Term Time Working scheme; introduction of a flexi-time to the ICT department; introduction of tele-working to Galway Community Care; etc.

NWHB:

Phase II of Work/Life Balance project developed to pilot models for the introduction of greater flexibility in times of work and attendance patterns.

MWHB:

Following consultation with unions and stakeholders flexible working arrangements have been introduced, 28% of staff are currently working on flexible hours basis.

Action 2.5 – Enhance Communication in the Workplace

This action aims to develop a staff communications charter describing the health service commitment to providing regular and meaningful information relevant to employees, to listen and respond to feedback from patients and staff. Effective communication is a significant factor affecting workplace culture, and the lack of it contributes to grievances, perceptions of isolation, inefficiency and resistance to change and continuous improvement.

Examples:

MHB:

'Info-link' aims to improve communications among staff.

WHB:

An internal communications officer has established an internal communications system.

MWHB:

A range of communication tools are used to provide relevant information to staff and clients. These include internet, intranet, newsletters (Forms, In touch, Together, Connect), Notice Boards, E-mail, Memos, Library, Newspapers and Partnership Forum.

There are Customer Survey Questionnaires in a number of departments including Catering, Laboratory, Dietetics and physiotherapy. The Customer Care Section of the organisation's internet and intranet is reviewed and constantly updated to ensure customers have access to timely and relevant information.

NAHB:

120 staff from all disciplines and grades trained in Customer Care.

Theme 3 **Devising and Implementing Best Practice Employment Policies and Procedures**

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

Action 3.1 – **Establish a Databank of Policies and Procedures**

A number of key policies and procedures have been identified, prioritised and developed on a conjoint basis between the HSEA and representatives of the employing authorities and, in some cases, the trade unions.

The HSEA established a Working Group comprising health service employer representatives to prepare a guideline document '**Contracts of Employment**', which sets out the essential provisions of contracts of employment and the rationale of these provisions. This document offers information and guidance to managers in relation to the proper use of contracts and it is intended that the model contracts outlined in the document will act as templates for all employees within the health service.

The document outlines the legal framework governing contracts of employment and details the information in relation to terms and conditions of employment which must be provided to the employee in the written contract of employment. It also sets out information in relation to the different forms of employment and includes appropriate model contracts which cover the various types of employment relationships, e.g. short term temporary employment, permanent employment, employment on an if-and-when-required basis. Guidance is given to managers in relation to how and when to use these contracts.

This document will be added to the databank of policies and procedures to ensure that contracts of employment are administered correctly in the health services and reflect the complex working arrangements that exist in today's health services.

A **Trust in Care Policy** for the public health service was finalised in 2004. This policy document focuses on abuse prevention and management of allegations against staff members. The policy was developed on a partnership basis by a Working Group comprised of representatives from health service employers, trade unions and the Mental Health Commission. The Group engaged in an extensive consultative process with all health service employers and unions and the Department of Health and Children in the drafting of the document.

The new policy recognises the importance of protecting the safety and welfare of both patients/clients and staff and places particular emphasis on the preventative role of Human Resource policies such as recruitment and selection, induction, probation and employee feedback. It also highlights the importance of early intervention on the part of the line manager in dealing with shortfalls in standards of patient/client care. It provides that each employer should ensure that Codes of Behaviour are developed and communicated to staff to ensure that they adhere to best practice in areas such as dealing with challenging behaviour, providing personal and intimate care and boundaries of social interaction. It also contains a robust investigation procedure which protects the right of the staff member against whom the allegation is made to due process.

The HSEA issued **Guidelines to the Salient Provisions of the Public Service Superannuation (Miscellaneous Provisions) Act 2004** in May 2004, and **Guidelines to the Salient Provisions of the Maternity Protection (Amendment) Act 2004** and **Amendments to the Adoptive Leave Act 1995** in November 2004. These documents were developed to keep employers abreast of the changes in legislation relating to employment and to facilitate them in the implementation of the legislation.

A review of the PPARS rule-book, which sets out all of the national rules governing time management, took place towards the end of 2004 to ensure that it is up-to-date and is consistent with the new agreements and legislative changes that occurred during the year.

Action 3.2 – Communicate Policies and Procedures

The aim of this action is to facilitate timely and effective communication of policies and procedures. As provided for in the Action Plan for People Management and in the current national pay agreement Sustaining Progress, **An Equal Opportunities/Diversity Policy and Strategy Objectives for the Health Service** was produced and circulated to all health service employers in 2004. This document covers all aspects of employment including recruitment and selection, dignity at work and conditions of employment.

Employers are required to ensure that the policy document is implemented within their organisation, particularly in light of the obligations under the Employment Equality Act, 1998 and 2004. To this end a **Local Implementation Plan** was produced by the national Working Group, in consultation with all of the human resource groups within the sector, and circulated to employers in December 2004.

The plan sets out the specific actions which should be achieved under the following headings:

- Role of managers
- Dignity at work
- Recruitment and selection
- Training and work experience
- Promotion and re-grading
- Conditions of employment

The **Dignity at Work Policy for the Health Service** was launched on 30th of April 2004 and is currently being implemented by employers. The policy was prepared on a partnership basis by representatives of health service employers and trade unions. The policy covers bullying, harassment and sexual harassment as defined in the Employment Equality Act 1998 and replaces the 1999 Anti-Bullying Policy. The Policy has a strong preventative focus and emphasises that every staff member has a duty to maintain a working environment in which the dignity of everyone is respected. A guidance document on the appointment and role of Support Contact Persons has been distributed to health service employers.

A mediation panel is being established and training commenced in 2004 for approximately 60 health service staff who are to form part of this panel. Those selected for the panel will be available to provide a mediation service both internally and to other healthcare agencies.

A **Grievance and Disciplinary Procedure for the Health Service** was devised by a joint HSEA/management and union working group under the auspices of the National Joint Council and launched in May 2004. The grievance procedure aims to enable employees to raise any complaints concerning work-related matters so that the issue may be addressed promptly and as close as possible to the point of origin without disruption to patient/client care. The disciplinary procedure aims to ensure that all staff maintain the required standards by making them aware of their shortcomings and identifying how the necessary improvements can be achieved. These policies have been distributed to all health service employers and are now the means by which grievances and disciplinary matters are progressed in the health sector.

Examples:

SWAHB:

Production of precise policies and procedures manual for line managers. Information accessible on the intranet site.

SEHB:

'Best Practice Guidelines' and revised HR policies issued in May 2004.

ECAHB:

Human Resource Policies and Procedures booklet was produced and circulated to all frontline service managers.

SHB:

Employee Assistance Programme policy and procedure manual reviewed and completed in December 2004.

Employee relations department has delivered a number of presentations on employment legislation and nation agreements with specific emphasis on employment legislation and policies and procedures.

MHB:

47 human resource policies and procedures signed off and published on the intranet website. Published in hard copy for 890 line managers/work locations in January 2004.

NEHB:

Work ongoing to complete a staff information handbook as a partnership project.

NWHB:

'Trust in Care' policy disseminated through service managers via e-mail and hardcopy, also placed on the intranet. Induction review underway – e-learning induction programme is now on the national agenda.

Cheeverstown House:

Designed, developed and implemented an intranet site for distribution of information and communication to staff.

Stewarts Hospital:

Have developed a staff handbook.

Children's Sunshine Home:

Have developed an employee handbook.

Drug Treatment Centre:

Have developed a staff handbook.

St John of God:

Advanced a quality enhancement system to reframe existing practice, policy and procedure to enhance the quality of services to people within an intellectual disability service and the employees providing the services.

MWHB:

A revised and updated staff handbook launched in May 2004 in association with partnership. This has been distributed to more than 8,000 staff.

Action 3.3 – Ensure Policies and Procedures Support Quality Service Delivery

The aim of this action is to ensure that policies and procedures support the delivery of services through reviewing and assessing current practice against recognised best practice benchmarks. As mentioned above best practice policies and procedures are continually being developed conjointly through national bodies and at regional Board level.

Theme 4 **Developing a Partnership Approach Further**

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

Action 4.1 – **Mainstream Partnership**

The aim of this action is to mainstream partnership working between managers, staff, trade unions and service users, such that it becomes “the way we do things around here” rather than an “added on” process or structure within and across agencies.

In the period under review, partnership has made the transition at health agency level from “first generation”, largely project-based activity, to deeper, “second generation” activity and engagement across a wide range of issues. Examples of this transition at agency level are referenced in the panels below. The move to second generation partnership is also to be seen at national level in the partnership approach adopted in the development and implementation of policies such as “Dignity at Work”, “Trust in Care” and “Grievance and Disciplinary Procedures”.

In supporting this activity, the Health Service National Partnership Forum has made extensive provision for joint awareness raising training for staff and managers on partnership committees and more widely across health agencies. Most partnership committees and agencies have availed of this facility. The current emphasis is on a ‘train the trainers’ approach, where capacity building at agency level is the objective. Training for Chairs of partnership committees has commenced and will be developed further. In 2004, the Health Service National Partnership Forum commenced a review of its own training capacity, with a view to fully meeting client needs and more fully integrating partnership training provision in corporate training programmes.

In December 2004, the Health Service National Partnership Forum published “Learning in Partnership” a review of health service partnership working, which captures many aspects of the development and mainstreaming of partnership over the past five years and makes key recommendations for the next phase of mainstreaming partnership.

Examples:

SEHB:

18 Local Partnership Working Groups have been established.

Dignity at Work roll-out – 25 staff information sessions have been conducted through partnership.

ECAHB:

Local partnership committees from 3 community care areas were brought together for training.

Intellectual Disability Sector:

5 Partnership Committees established nationally in conjunction with the National Federation of Voluntary Bodies.

NEHB:

11 partnership committees have been established and they work on initiatives/projects having a direct benefit on the quality of patient/client experience of the service.

MHB:

A training programme to be delivered on a joint basis has been devised for line managers and union/staff representatives.

WHB:

11 local partnership committees. Tele-working partnership project. A Partnership newsletter is published on a regular basis.

MWHB:

Partnership has focused on skills development dealing with live issues presently affecting services. Three are ongoing at present:

- i. St. Ita's in Newcastle West is focusing on dealing with the negotiation of a modernised roster with client needs being the central focus of any new roster.
- ii. OPD in the MWRH is reviewing its patient flows with a view to enhancing its services.
- iii. Clare Mental Health has commenced a process of enhancing its executive functioning, its consultants meetings and establishing a workplace partnership group.

A partnership symposium was held for 140 participants, in May.

The joint training sessions under the HSEA – People Management – The Legal Framework format continues our drive towards a partnership resolution to employee relations issues. To date 298 members of staff have attended the training sessions, 51 of whom are staff representatives.

Action 4.2 – Increase Staff Involvement in Service Planning

The aim of this action is to increase staff involvement in service planning and support staff participation in designing the service they deliver. Staff involvement in service planning generates opportunities for creative thinking and joint problem-solving leading to improvements in the quality of service to clients.

The Office for Health Management e-learning programme on service planning is available online to all health service staff.

Partnership Committees across the healthcare system have been actively involved in the production and endorsement of information sessions, leaflets and intranet materials relating to service planning and to staff involvement in this area of activity.

The Health Service National Partnership Forum provided information for case studies being developed as part of the National Centre for Partnership and Performance's (NCP) Forum on the Workplace of the Future. These were published in December 2004. Guidelines and best practice models for agencies and partnership committees are being developed for circulation, to optimise and increase staff involvement in service planning.

In 2004, Partnership Groups undertook thirty-three Service Planning Projects at agency level, involving 368 staff in the design and management of these projects.

*Examples:***SEHB:**

Partnership Operational/Service Planning Initiative used as national best practice study by NCP, report formally launched 1 Dec 2004.

SHB:

Monthly meetings held with Employee Assistance Programme staff to set goals and objectives lined to the service plan.

WHB:

Developed a process for staff consultation in service planning. Produced a handbook on service planning, dealing with the background, process and tools to develop service planning; complemented by a series of workshops and awareness sessions. An evaluation of the process was undertaken and service planning is not an ongoing agenda item for staff meetings and is included in staff induction training.

MWHB:

Service plan template and guidelines circulated to all heads of disciplines/departments to assist in the service planning processes.

Action 4.3 – Use a Partnership Approach to the Management of Change

This action is designed to ensure that change is managed on a partnership basis, involving staff, managers and trade unions. The National Centre for Partnership and Performance in association with the Health Services National Partnership Forum (supported by funding from the APPM Implementation Monitoring Committee) launched a research project '**Promoting Innovation and High Performance – The Impact of Partnership Approaches to Change in the Irish Health Service**' in November 2004. The research and case studies outlined in this report tell of how change has been managed successfully and how organisations can be truly innovative when people work together. Workplaces in the health sector must be able to harness and utilise knowledge through advanced technologies and human resource practices that recognise employees as a unique source of knowledge, skill and experience. The learning and expertise contained in the report contribute to a broader understanding of the potential that partnership approaches to change have to unlock innovation and creativity at organisational level.

This action item also requires the identification, planning and implementation of projects which facilitate new forms of work and/or enhance service delivery in line with the Health Strategy. Following from this an evaluation tool/mechanism to enable assessment of the value of these projects is to be designed and implemented. A database associated with the evaluation of projects has been developed by the Health Service National Partnership Forum and is operational since August 2004.

In 2004, 1,436 staff were involved in the teams that managed 90 partnership projects on New Ways of Working at health agency level.

The Office for Health Management programmes on change facilitation skills concluded in early 2004, an independent evaluation was carried out and a networking event held in mid 2004. The Office for Health Management is supporting the primary care strategy implementation. Research on good practice in change management in health service organisations has been commissioned and published.

A '**Future Search Conference**' was held by the Health Service National Partnership Forum in October 2004 on the future shape of workplace partnership. The purpose of the conference was to bring together representatives of key groups with a stake in the issue of workplace partnership in order to take shared ownership of how workplace partnership can best work in the new health service. Over the two days, 92 management and union participants from partnership committees, the interim Health Service Executive and the Health Service National Partnership Forum itself, actively engaged in planning for the future and addressing the issue of reconfiguring partnership to operate effectively within the new Health Service Executive from 1st January 2005. Key findings concerning the use of a Partnership Approach to the Management of Change have been published in the conference report and are available on the Health Service National Partnership Forum website www.hsnpf.ie

A project, Evaluating the Effectiveness of Workplace Partnership Projects in the Irish Health Service, was initiated in 2004 through the Health Service National Partnership Forum and is due for completion in mid 2006. This project will identify appropriate measurement systems and pilot these across a range of projects. The Irish projects are being benchmarked with similar US projects.

Examples:

ECAHB:

A joint implementation programme for the health services Dignity at Work Policy was developed in partnership.

The joint development of an improved network of Health and Safety representatives and line managers was begun through partnership.

SHB:

Team building training provided through partnership model.

NWHB:

Sick leave policy reviewed and updated in collaboration with Partnership Forum sub-group.

NEHB:

Work has commenced on the development of a gas maintenance training programme for staff with responsibility for maintaining or monitoring gas boilers, etc. This work is in anticipation of a legal requirement coming into effect in 2006.

MWHB:

Mid-Western Regional Hospitals has been nominated as a pilot site to agree a template for the implementation of the EWTD. In order to progress the work, a local implementation group has been established to identify skill mix issues and to carry out a detailed evaluation of the level of activity within the hospital over the duration of the 24/7 period. A series of briefing sessions have been held for NCHDs and meetings have been conveyed with all of the Consultant Administrative Heads in relation to the commencement of a data collection process to examine activity levels in the Hospital.

Action 4.4 – Develop Communication Strategies to Promote the Benefits of Partnership Working

The Health Service National Partnership Forum organised a major networking event in December 2004 – ‘**Excellence through Workplace Partnership**’ an exhibition and conference which attended by 350 delegates from 52 health agencies. The exhibition which was opened by An Tánaiste and Minister for Health and Children Mary Harney, TD, showcased best practice partnership work and materials developed over the past five years. This included an exhibition of products, publications, videos and information selected by Partnership Committees across the health services. A report and DVD on the project has been published and is available on www.hsnpf.ie. The event was co-funded through the APPM Implementation Monitoring Committee. This networking model will be further utilised to develop interactions and informal exchanges between agencies.

In 2004, 91 communications projects at health agency level were sponsored by local partnership committees.

*Examples:***SWAHB:**

Partnership Committee ensuring corporate communications strategies encompass partnership developments.

ECAHB

A partnership communiqué (a one page newsletter published by the steering committee after each meeting) was developed and is distributed to all staff and management.

SHB:

All management development initiatives include a presentation on partnership working.

WHB:

Internal communications partnership sub-committee established.

MWHB:

Continues to rollout its ICT network to users, thus enabling better communications through email, intranet and internet access. There are currently 3,500 users on the network encompassing more than 110 sites. There is a Remote Access solution being implemented, which will allow teleworking.

Action 4.5 – Adopt a Partnership Approach to Problem Solving

The aim of this action is to improve the industrial relations climate by encouraging and supporting key stakeholders to move away from traditional adversarial bargaining to a culture of co-operation, collaborative working and partnership.

The promotion and use of alternative tools and processes is designed to create a safe forum where creative thinking and input from all stakeholders is fostered, leading to improved relationships, mutual gains and improved service delivery. In 2003, the Health Service National Partnership Forum undertook research and collated learning, captured in a guide '**Tools for Change through Partnership**', launched in January 2004. This material was presented at a series of nine workshops held across the country in 2004. The workshops were attended by approximately 600 people. The toolkit is in use throughout the health service.

Examples:

SWAHB:

Introduced training in alternative approaches to problem-solving (i.e. Joint Problem Solving) commenced.

Intellectual Disability Sector:

Established a Partnership Committee in the Brothers of Charity Services Galway to examine the development of services at the Kilcoran Residential Centre, Clarinbridge.

SEHB:

Pilot 'alternative dispute resolution'/joint problem solving programme commenced in Waterford Regional Hospital.

Alternative dispute resolution through partnership conference held in June 2004.

MWHB:

There are two ongoing Joint Problem Solving processes in Thurles and in St. Joseph's Limerick. These are in the early stages of dealing with issues relating to difficulties in rosters, annual leave and communication.

Action 4.6 – Measure and Evaluate the Partnership Process

This action is designed to ensure that the effectiveness and benefits of partnership working are measured and evaluated. Performance needs to be measured to ensure that mid-term corrective action can be taken. Measurement and evaluation facilitates learning, allows a clearer view of successes and helps to build on them, equipping decision makers – joint decision makers in the context of partnership – with good data so that decisions are better informed and timely.

The Health Service National Partnership Forum's Diagnostic Tool which was launched in May 2002 has been used in eight agencies. It was established that many partnership committees found the diagnostic tool somewhat difficult to use because it was long and some questions were seen as repetitive. A further assessment of the extent to which the diagnostic tool is being utilised is underway and this review has not yet concluded. Some agencies are working with the National Centre for Partnership and Performance on its "Learning by Monitoring" project.

The Health Service National Partnership Forum "Learning in Partnership" publication effectively evaluates the key learning points from the perspective of Partnership Committees.

The Health Service National Partnership Forum Measurement Project sets out the philosophy and criteria for measurement of partnership effectiveness. The project is advancing to address the metrics and the IT dimensions. A database has been developed containing key information on partnership projects and initiatives and partnership service plans.

A complimentary project, Evaluating the Effectiveness of Workplace Partnership Projects in the Irish Health Service, was initiated in 2004 through the Health Service National Partnership Forum and is due for completion in mid 2006. This project will identify appropriate measurement systems and pilot these across a range of projects. The Irish projects are being benchmarked with similar US projects.

Theme 5 Investing in Training, Development and Education

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

Action 5.1 – Develop a Strategic Approach to Education, Development and Training

The National Report on Training and Lifelong Learning was completed in 2003, by the Health Service National Partnership Forum and it was reported in the first annual report that its recommendations would be published. It is not possible to list here the full recommendations as published in early 2004, however the top priorities for action were identified as follows:

- Strategy – having a clear sense of the direction for the development agenda supported by;
- Clear structures for planning and monitoring; and
- The requisite skills within the business to drive the agenda; as well as
- Adequate resources to support the system.

The Office for Health Management maintains a database on providers of management development which is available on its website.

In 2004, the national Corporate Learning and Development Managers Group prepared a proposal for the development of a mechanism to enable tracking and evaluation of expenditure on training and development. This project will be implemented as a priority in 2005.

A number of pilot sites were identified to implement the Learning & Development needs analysis toolkit. The toolkit was revised following an evaluation of these pilot sites by the Office for Health Management. In 2004 the revised toolkit was issued with guidelines on its use.

A comprehensive Human Resources Return on Investment (ROI) framework is being developed by Walson Wyatt in conjunction with the Corporate Learning and Development Managers Group. This will be formally launched in September 2005.

The National Federation of Voluntary Bodies conducted a survey of staff training priorities within its member organisation during 2004. The objectives of this initiative included to; establish the gaps in current training provision; identify future training needs; enable the planning/prioritising of responses to the identified training need; record and share current training practices; and to inform an appropriate national/regional response. The Federation's Training and Development Sub-Committee has been working to identify and plan appropriate responses to the education, training, development and learning needs of member organisations and acting as a network to share information and resources regarding staff training and associated human resource related matters.

A number of the health service providers are engaged in the PPARS project which will provide a mechanism to record training, development and education activity on PPARS Training and Events Module.

Examples:

SEHB:

Commenced the implementation of the LEO programme.

OHM:

Developed guidelines on the commissioning of management development programmes for nurse managers.

NEHB:

In conjunction with Louth Vocational Education Committee, a training needs analysis has been completed with support services staff in Louth County Hospital.

Northern Area Health Board:

Training needs analysis.

WHB:

Galway Regional Hospitals developed comprehensive training plan following training needs analysis completed as part of service planning process. CNM/CMMs are encouraged to utilise the learning and development needs analysis toolkit to identify the learning and development needs of their nurses/midwives for inclusion in the service planning process.

MWHB:

A Learning Needs Analysis was undertaken in a community hospital, using a Partnership Approach. It was carried out in September 2004 in conjunction with the operational planning process for 2005 and formed part of the hospital's submission for ISO accreditation which was awarded in January 2005.

NMPDU has identified and developed a tool to identify Education, Training and Development needs for all nursing care groups.

NWHB:

Training and events activity – 13,900 training days recorded in 2004. 600 employees supported to pursue third level programmes at a cost of €850,000.

Action 5.2 – Implement an Approach to Education, Training and Development which Ensures the Development of the Competencies Required to Deliver on the Objectives of Quality and Fairness

In the context of developing a competency based approach to Training, Development & Education, is to implement initiatives which focus on priority areas which must be addressed to deliver on the objectives of the National Health Strategy (team building, people management, occupational health, safety and welfare). It is expected that initiatives in this area would take place on an ongoing basis and would be measured on the basis of numbers of initiatives and numbers of staff trained per year.

*Examples:***ERHA:**

A network was developed in 2004 between the ERHA and the smaller voluntary hospitals to facilitate them to implement a Train the Trainer Programme in order to enable the rollout of the Personal Development Planning programme among this sector. The conjoint training approach resulted in a programme incorporating a two-day feedback training programme for line managers. A total of 4 Train the Trainer programmes (1 day) were completed resulting in 55 training places. 13 Line Manager Feedback training programmes (2 days) were funded resulting in 205 training places.

SWAHB:

Personal development planning system and practical employee relations training has continued to be rolled out.

NEHB:

Ongoing development and expansion of PDP process during 2004; implementation of PDP in a further six sites (157 staff); training of eight PDP guides; development of PDP toolkit – currently being revised to facilitate the involvement of support services staff in the PDP process; PDP process being communicated to each of the team based performance management implementation sites and managers and staff now have access to information regarding PDP on the intranet.

NWHB:

PDP rollout to teams – pace prompted by PMLF.

WHB:

Specific programmes on team building, customer care, people management and a range of health and safety programmes. Personal developments plans rolled out in a further three sites and additional PDP facilitators trained.

MWHB:

A PDP pilot commenced in September 2004 at 9 sites. 9 local facilitators ran the introductory sessions and 11 Managers were coached in feedback skills. The PDP workbook was used to prepare participants for their one-to-one interviews with managers which commenced in December 2004. 3 evaluation questionnaires (managers, facilitators, staff) were distributed in March 2005.

The national Corporate Learning and Development Managers group began work to develop a draft generic 'Health Services National Guide to Induction' in 2004. The further development and implementation of this project will be undertaken by the Corporate Learning and Development Managers Group as a key priority in 2005.

The Office for Health Management has completed the implementation plan for the use of competency frameworks, which has been agreed by the management/trade union/Department of Health & Children Steering Group.

Action 5.3 – Further Develop On-the-Job Learning and Innovative Learning Delivery Methods

Building on the good practice underway in many employing authorities, this action encourages further use of other effective approaches to training and education, i.e. mentoring, coaching, action learning, etc. It recommends that the potential for e-learning should be more fully exploited and that there is a need for a greater emphasis on the development of internal training expertise rather than formal off the job externally provided learning. It also recommends the development of client and patient training initiatives.

The Office for Health Management has developed a number of training packages (front line supervisors, rostering, people management skills, first time managers) which can be delivered by internal trainers. During 2004 rostering facilitators were trained in every region.

The Office for Health Management has conducted evaluations and produced guidelines on action learning, mentoring and coaching which are available on-line and in hard copy. It has established a national e-learning steering group to explore this learning methodology. A strategy to develop the potential of e-learning is expected to be published in the first half of 2005 following extensive research conducted in 2004.

Projects underway at agency level to further utilise innovative and on-the-job approaches to learning include the following:

SWAHB:

Participated in the National e-learning project.

SEHB:

The regional Employee Relations Department has delivered 41 workshops for line managers in the Board's people management policies.

National Federation of Voluntary Bodies:

11 member organisations nominated 250 learners to participate in the e-learning project.

ECAHB:

A purpose built ICT training facility was opened in Corporate Headquarters. ECDL training programmes are provided by in-house trainers on an out-of-hours basis to suit the needs of individual students without impacting on core service delivery.

MHB:

130 are participating in the national e-learning pilot project.

NWHB:

Learning and development brochure, website is further developed.

KARE & Cheeverstown House:

Training programme and handbook in problem solving tools, including the training of 10 trainers and production of a trainers' training pack for delivering the problem solving and improvement tools.

Daughters of Charity:

Introduction and development of Action Learning Sets as a personal and professional development process.

Dublin Dental Hospital:

Training programme for cross-functional teams.

St James's Hospital:

Team building training among five individual departments.

Open Training College (St Michael's House), KARE, Cheeverstown House, SWAHB, Stewarts Hospital:

Research on web-based learning methodology.

WHB:

Action learning and coaching and mentoring built into new management development programme. The NMPDU supports nurses and midwives through facilitated action learning sets, mentoring and coaching programmes.

MWHB:

300 staff at 11 sites registered to participate in the National e-learning pilot project. Clinical Nurse Specialist and Consultants and Registrars have trained 80 nurses from all nursing disciplines within the region on Continence Management. Twenty nurses from various clinical settings have been trained as trainers in this area.

Action 5.4 – Forge Greater and More Effective Links with the Education Sector

The Minister for Health and Children and the Minister for Education and Science have established a National Working Group on Undergraduate Medical Education and Training in Ireland. The Group, in undertaking its work, will have regard to the Programme for Government, the Health Strategy and the Action Plan for People Management.

The Group will examine and make recommendations relating to the organisation and delivery of undergraduate medical education and training with particular reference to:

- course curriculum/syllabus;
- teaching methods/delivery mechanisms;
- professionalisation of undergraduate medical teaching;
- the promotion of greater inter-disciplinary working between professionals through the development of joint programmes at the initial stages of undergraduate training;
- other issues relating to the organisation and delivery of undergraduate medical education and training, as the Group considers relevant.

The Group is very broadly representative of the stakeholders involved (25 + members) and it is intended that a report will be finalised mid-2005.

The Department of Health and Children is continuing to liaise with the Department of Education and Science, the Higher Education Authority and various third level institutions on issues of common interest in relation to health and social care professions.

In 2004, the third level institutions providing speech and language therapy, occupational therapy, and physiotherapy education were widely consulted by the Department and provided extensive input to the National Planning Group's report on clinical placement provision for occupational therapy, speech and language therapy and physiotherapy. The National Planning Group was established by the Department in February 2004 with representatives nominated by the Health Boards Chief Executive Officer's Group to develop a national approach for the co-ordination of clinical placements in the three therapy disciplines. Following the National Planning Group report in July 2004, the third level providers continued their involvement in the process with a significant input into the Department's ongoing efforts to implement the report's recommendations.

The Therapy Advisory Unit for the therapy professions was established in the Department of Health and Children in late 2004, with the appointment of a Chief Therapist Advisor. The Therapy Advisory Unit's remit encompasses six therapy professions. A major role for the unit is to establish effective structures, networks and partnerships with education providers to facilitate delivery of best practice standards across the professions in relation to education and training with an initial focus on the clinical training requirements in occupational therapy, speech and language therapy and physiotherapy. To that end the Chief Therapist Advisor began an intensive communication/consultation process with the third level providers of therapy education in late 2004.

Examples:

SWAHB, ERHA, NAHB and ECAHB:

Involved in the development of a new Social Care Programme in conjunction with DIT.

Federation of Voluntary Bodies:

Began the process of exploring possible accreditation options for its training programme for line managers.

NEHB:

A suite of four graduate diploma programmes (orthopaedics, mental health, disability services and services for the older person) was developed by the Nursing, Midwifery, Planning and Development Unit in conjunction with St John of God and Dundalk Institute of Technology and commenced in October 2004. Programmes have received HETAC and An Bord Altranais validation.

Open Training College (St Michael's House), KARE, Cheeverstown House, SWAHB, Stewarts Hospital:

Development of Honours Degree Programme in Applied Social Studies

WHB:

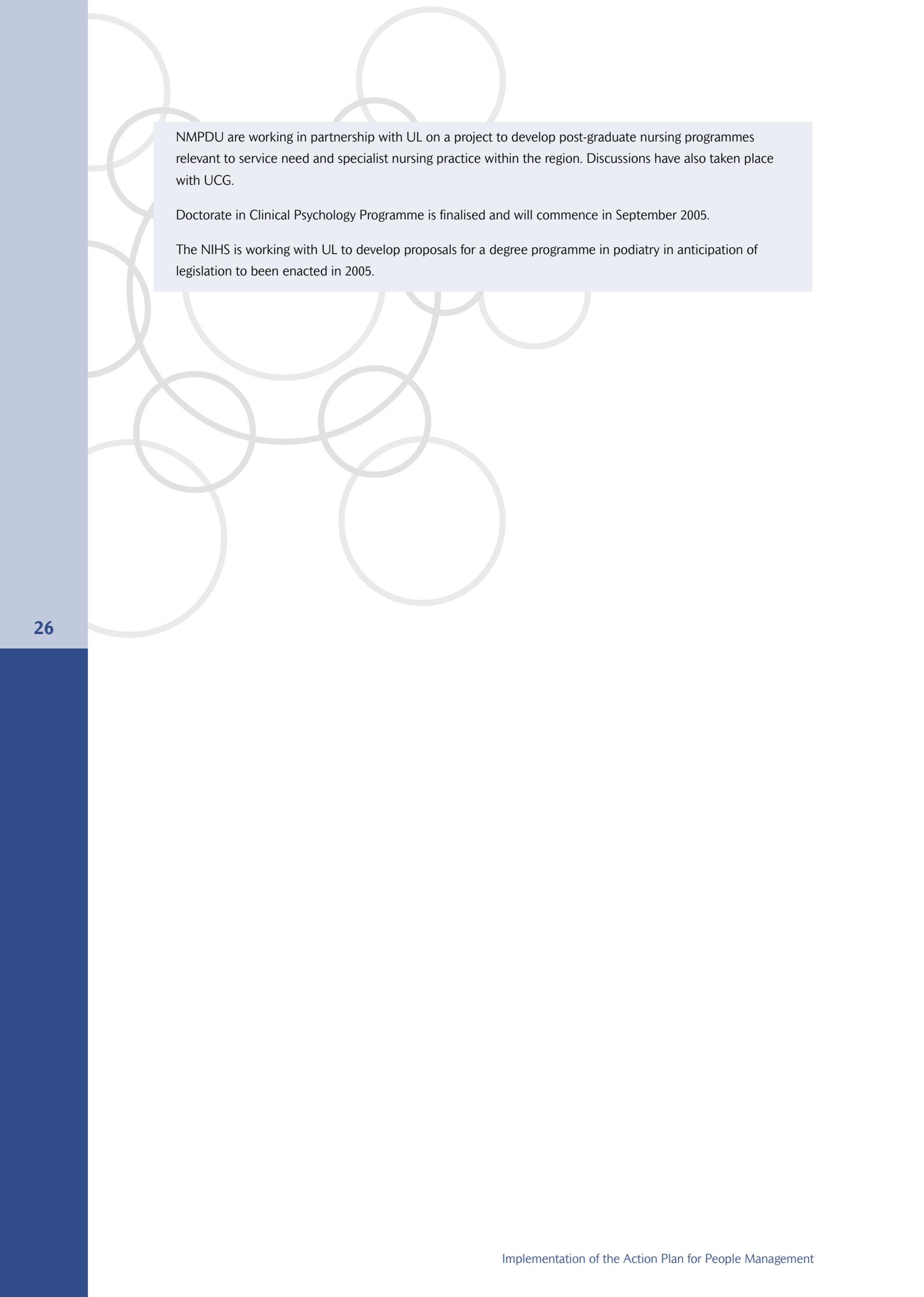
Involved with National University of Ireland, Galway on developing a Higher Diploma Course in Nursing Studies (Practice Nursing). Regular formal meetings with NUIG – high level of co-operation and collaboration. Modules in Irish developed in School of Nursing and Speech Therapy Courses NUIG in order to meet existing and future service needs.

MWHB:

DoHC, in conjunction with HSE Mid-Western Area, is developing a Centre for Health Systems Research and Development at UL.

HSE Mid-Western Area is engaged with UL regarding the establishment of a proposal graduate entry medical school.

NMPDU are in collaboration with UL on promoting nursing research in the region.



NMPDU are working in partnership with UL on a project to develop post-graduate nursing programmes relevant to service need and specialist nursing practice within the region. Discussions have also taken place with UCG.

Doctorate in Clinical Psychology Programme is finalised and will commence in September 2005.

The NIHS is working with UL to develop proposals for a degree programme in podiatry in anticipation of legislation to be enacted in 2005.

Theme 6 **Promote Improved Employee and Industrial Relations**

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

Action 6.1 – **Implement the Recommendations of the LRC Review of Industrial Relations**

The aim of this action is to improve industrial relations and to ensure that corrective measures are taken which will have a long term benefit as opposed to short term remedial actions.

The HSEA has agreed with the trade unions a national **Framework for Dispute Resolution in the Health Service**. This Framework, including codes of practice on grievance and disciplinary procedures, continue to assist line managers in the daily management of employee relations. The health service has now enjoyed an unprecedented period of industrial peace.

Work on implementing the remaining recommendations of the Labour Relations Commission Review of Industrial Relations is ongoing and has been enhanced by the provisions of Sustaining Progress.

Action 6.2 – **Create a National Database of Local Disputes and their Resolution**

The HSEA continued to track industrial relations activity in the health service throughout the year via the continuance of the National Database of Local Disputes and their Resolutions. The database records local and national claims, unions/grades concerned and their procedural status. The database is distributed to all employers on a weekly basis.

The HSEA continues to compile a weekly report of all industrial relations activity that is issued to the Human Resources Directorate, Department of Health and Children and the Department of Finance. The report provides an overview of current industrial relations issues including status of third party agreements and reported incidences of non-cooperation with work related changes.

Action 6.3 – **Enhance the Expertise of Human Resource Management Personnel**

This action aims to provide a focus on developing core human resource skills, expertise and knowledge. The HSEA's national training programme '**People Management – the Legal Framework**' aims to provide managers with the knowledge required to discharge their people management role effectively and to enable managers to understand and operate key human resource policies and procedures to improve employee performance, motivation and commitment and thus contribute to high quality patient/client care. A more detailed description of the programme is outlined at Action 1.3.

Examples:

ERHA:

In 2003 the ERHA, which represents 39 provider agencies in the region, carried out a human resource survey, which included an analysis of further training requirements identified by human resource practitioners in the region. To address this identified gap, the ERHA developed a comprehensive human resource upskilling programme in 2004 which consisted of the following five themes: conflict, negotiation and mediation skills; employment legislation; strategic HRM; recruitment and selection; and investigators training. 201 places on 15 training courses were allocated in the first half of 2004 and 190 places on 17 training courses were sponsored in the second half of 2004.

SWAHB:

A number of HR staff attended a HR skills development programme and a practical employee relations training course.

SEHB:

Through regular meetings with HR staff provide specialist HR training for staff with HR responsibilities in the region.

ECAHB:

During 2004 three Practical Employee Relations programmes were delivered to multidisciplinary groups of line managers and supervisors.

St John's Hospital Limerick:

13 staff members attended a two day IR/Negotiation Skills training programme.

NEHB:

The NEHB has worked in conjunction with the National College of Ireland to develop a Diploma in Human Resource Management. The programme commenced in October 2004 with 22 participants.

WHB:

Corporate Employee Relations staff continue to receive ongoing relevant training in the area of human resources/industrial relations.

Action 6.4 – Initiate Screening Process to Access Scope (Local/National) of Industrial Relations Issues

The aim of this action is to develop a policy or mechanism for distinguishing between local and national issues. In the context of agreement on the Framework for Dispute Resolution in the Health Services employers have provided information to assist in differentiating between local and national issues. The Framework will also provide a mechanism for local managers to refer issues to a national forum in particular circumstances.

The database, established under Action 6.2 above and now available to human resource personnel, provides the opportunity for local employers to register all local industrial issues for advice and direction at a national level.

Action 6.5 – Develop a Communications Protocol for Agreements

Action 6.6 – Develop a Template for the Implementation of Agreements

These actions were completed during 2003.

Action 6.7 – Explore the Further use of Mediation in Resolving Disputes

Responsibility for this action has been assigned to the Health Service National Partnership Forum which will establish a group to examine and report on the possible further use of mediation in resolving disputes and communicate the outcome to all relevant parties and potential users together with details of agreed mediators. The use of mediation is covered in the Health Service National Partnership Forum's '**Tools for Change through Partnership**' guide, which was compiled by a Health Service National Partnership Forum facilitator team during 2003. Discussions with the Irish Mediation Institute are planned.

Theme 7 **Developing Performance Management**

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

Action 7.1 – **Define and Elaborate on the Concept of Performance Management**

The introduction of the Performance Management System envisaged for the health service has commenced. The approach adopted is that provided for in the current Social Partnership Agreement – **Sustaining Progress** which stated:

“The parties will work energetically to develop and agree an appropriate national uniform system of performance management for the health service. This should be based on the process for the introduction of performance management detailed in the Action Plan for People Management to help units and teams improve performance. The model should encompass the integration of service planning, human resource planning and organisational goals with personal development (e. g the roll out of competency frameworks, the provision of appropriate resources and personal development planning) leading directly to improved services to customers and the public.”

The Social Partnership Agreement – Sustaining Progress also provided that the timeframe for the implementation of the Performance Management System should be expedited. This resulted in a shorter time frame for the implementation of the Performance Management System on a pilot basis, and its ultimate roll out to the wider health sector, than was originally provided for in the APPM.

Action 7.2 – **Communicate Understanding and Agreement of Types of Performance Management Systems**

Agreement was reached in 2003 on a team based Performance Management System as provided for in the Social Partnership Agreement – Sustaining Progress.

Action 7.3 – **Agree Pilot Sites in Interested Agencies, Conduct Relevant Training and Implementation**

A total of nineteen locations were nominated by health service employers as pilot sites. The nature of the services/ functions delivered at the pilot sites was deliberately divergent covering the span of the functions delivered throughout the service. It is considered that the approach adopted will ensure that evaluation of the system being introduced will have the benefit of a wide variety of experience.

The list of participating pilot sites is as follows.

■ Drugs/Aids/Addiction Service	Northern Area Health Board
■ Children and Family Care Group	East Coast Area Health Board
■ Laboratory Services Louth/Meath Hospital Group	North Eastern Health Board
■ Physiotherapy Services Cavan/Monaghan	North Eastern Health Board
■ Acute Psychiatric Services St. Luke’s Hospital, Kilkenny	South Eastern Health Board
■ Recruitment Section	Southern Health Board
■ Orthopaedic Services St. Mary’s Hospital	Southern Health Board
■ Residential Child Care Services	South Western Area Health Board

■ Services for the Elderly Ennistymon	Mid Western Health Board
■ Orthopaedic Services Midlands Regional Hospital at Tullamore.	Midland Health Board
■ Paediatric Services University College Hospital Galway	Western Health Board
■ Primary Care Team	North Western Health Board
■ Ambulance Service	North Western Health Board
■ Residential Services	Galway Association
■ Catering Function	Rotunda Hospital
■ Patient Services Department	Beaumont Hospital
■ Information Technology Department	Beaumont Hospital
■ Laboratory Services	Mater Hospital
■ Directorates (4 Directorates will participate)	Eastern Health Shared Services

Action 7.4 – Commission Independent Evaluation of Pilot Project

This action provides that the Performance Management System will be subject to an independent evaluation by external consultants prior to its roll out to the wider health sector. This evaluation is to concentrate on the effectiveness of the performance management system rather than on the outcomes at site level.

An evaluation of the performance management system was conducted by HAY Management and the Institute of Public Administration who worked together on this project. The Terms of Reference for the assignment were as follows:

- to conduct an evaluation of the Performance Management System being operated on a pilot basis in the health service;
- to consult with management and staff in selected pilot sites as part of the evaluation;
- to report and make recommendations on the potential extension of the system throughout the health service.

The evaluation report of the performance management system was in the main positive. The report indicated the aspects of the system which are working well, including:

- effective planning and preparation
- effective structures
- effective communications
- effective support mechanisms
- functional key performance areas and corresponding objectives
- focus on service delivery
- leadership

The aspects which have been identified as being in need of improvement are:

- links to service plans
- access to wider expertise
- the process

- documentation
- training consistency
- links with other processes

A liaison group has been established to consider the recommendations of the evaluation report. It was acknowledged that there has been some diversity in the quantum and type of training provided for those engaged in the 19 pilot sites, a common training programme for those involved was developed in September/October 2004.

Action 7.5 – Implement Performance Management Throughout the Health Service

The National Steering Committee has advocated a more integrated approach to the phased rollout of team-based performance management. In this context four hundred teams have been identified to participate in the process in 2005.

In addition as recommended by the independent consultant's evaluation report a common core training programme has been developed which has been made available to all participating organisations. This programme is available on www.hsea.ie

Summary

Since the APPM was published in November 2002 a significant amount of progress on the implementation of the agenda and action items has taken place. The initial enthusiasm witnessed during 2003, its first year of operation, has continued during 2004. This is evidenced by the nature and scope of activities reported for 2004. This report provides a flavour of initiatives underway however it is not possible due to restrictions of printing space to detail in full the range of activities and projects which are ongoing. Should you be interested in sourcing in more in-depth information, please contact your local Human Resource Department.

Most of the agencies mentioned in this report have been subsumed within the Health Service Executive from 1st January 2005 in accordance with the provisions of the Health Act 2004. On 1st January 2005 the Health Service Executive assumed full operational responsibility for the running of the country's health and personal social services. The largest reform programme ever initiated in the state is underway in the publicly funded health service. The Health Service Executive's objective is to improve the patient/client care, provide a better working environment for staff and ensure better value for money.

The Health Service Executive is committed to continuing to support and encourage the implementation of the APPM into the future. Base funding of €2m is provided per annum in the financial allocation to support the development of human resources and implementation of the Action Plan for People Management. In addition, the further discretionary fund of €0.868 million per annum continues to be allocated to the APPM Monitoring Committee to support individual projects which progress the implementation of the APPM. Work on the APPM continues and another annual report will be prepared for year three of implementation of the APPM.



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