

# Human Resources for Health Management Toolkit

*Developed to assist managers in day-to-day HR management*

## Module 1: Human Resource Planning



Partnership for Reviving Routine  
Immunisation in Northern Nigeria;  
Maternal Newborn and Child Health Initiative

[www.prrinn-mnch.org](http://www.prrinn-mnch.org)



## **Acknowledgement**

Human resource management is key to providing quality health care services. The understanding of the dynamics and management of human resources is the bedrock around which service delivery revolves.

The PRRINN-MNCH programme has over the last 7 years been actively involved in several ways to solve the challenges of managing human resources in the 4 states of its operations (Jigawa, Katsina, Yobe and Zamfara). This manual is one of the modest efforts by the programme to support states to address the challenges of human resource management.

In the course of its work, the programme realised that human resource management, as a distinct work stream, has been lumped together with personnel management. This has led to the neglect of key human resources activities and its attendant effect of overall performance and management of human resources. This manual therefore provides key managers with the basic step-by-step process of managing human resources.

During the development of this manual, several individuals have contributed to this final document. I would like to acknowledge the contribution of the Consultants led by Michael Siebert; State Teams under the leadership of the STMs; State Stakeholders led by Permanent Secretaries and Office of the Head of Service in Jigawa, Katsina, Yobe and Zamfara States. The Directors of Personnel Management and members of the respective states Human Resources for Health Coordinating Committees have all played significant role in refining this document and its adoption by the states. Also worthy of mention is the Programme's HR LECs who have been responsible for the day-to-day follow up in the development of the manual.

It is my hope and prayers that Human Resources Units of the respective states SMOH and other agencies will utilise this document to improve the quality of their work.

I would also like to acknowledge the funding for this document by UK and Norwegian Government through DFID.

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PRRINN-MNCH

# Human Resources for Health Management Toolkit

## Foreword

This *Human Resources for Health* Management Toolkit is a step-by-step guide for health planners and managers to improve planning and management of human resources (HR), for the health system as a whole and within health facilities. It aims to help address some of the acute problems from shortages of skilled, experienced health workers.

The HRH toolkit is partly the output of PRRINN-MNCH in northern Nigeria, the Partnership for Reviving Routine Immunisation in Northern Nigeria /Maternal Newborn and Child Health programme funded by the UK Government and State Department of the Norwegian Government for the benefit of the Nigerian people. Many staff and officials in the states where PRRINN-MNCH works and team members of PRRINN-MNCH have helped to develop and test this toolkit – their contributions are gratefully acknowledged. The output is also the result of ongoing collaboration in a number of countries between health professionals of Health Partners International and Health Partners Southern Africa.

PRRINN-MNCH works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health care.

This management toolkit does not necessarily reflect the views or policies of the UK Government, the Nigerian Government or any of the state governments with which we work. However we hope it will provide useful, practical assistance and guidance for human resources managers in their work.

**Bryan Haddon**

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## **Preface**

In any developing public health sector HR forms the foundation of health care service delivery. The key however is making sure that Ministries of Health have the right people with the right skills in the right positions in the right number at the right places. In Northern Nigeria the scenario is no different. In an effort to achieve this, PRRINN-MNCH embarked on a process of strengthening the HR function within the ministries through initiatives such as establishing HR Units with clearly defined objectives and responsibilities. These HR Units however needed basic step-by-step guidance as to not only to administrate HR but to comprehensively and effectively do HR Planning, HR Management and HR Development. Facing the shortage of qualified HR practitioners, the Human Resources for Health (HRH) Toolkit was developed from a wide range of sources to provide a reference document to assist HR officers and managers with HR related functions.

This toolkit is not all-inclusive and covers the key aspects around HR within the Northern Nigerian context and is aimed at addressing the basic elements of HR. Although Northern Nigeria is unique with specific challenges around HR management, planning and development, the basic principles of HR remains the same. The Toolkit therefore applies academic/theoretical HR methodologies and approaches into day-to-day actions.

The HRM Toolkit consists of 10 Modules as listed below.

### **Module 1: HR Planning**

Strategic HR planning predicts the future HR management needs of the health services after analyzing the current human resources, the external labour market and the future HR environment that the MoH will be operating in. The analysis of HR management issues external to the organization and developing scenarios about the future are what distinguishes strategic planning from operational planning. The basic questions to be answered for strategic planning are: Where are we going with health services and how does that impact HR? How will we develop HR strategies to successfully get there, given the circumstances? What skill sets do we need?

### **Module 2: HR Management & Risk Management**

Ministries with good governance practices clearly establish the division of authority and accountability among the senior management, HR director and line managers. The role of the senior management is governance and the role of the HR director is management. Sometimes the roles can get hazy. In clarifying whose job it is, the senior management and the HR director must always keep in mind the legal responsibilities and liabilities as the employer.

### **Module 3: Recruitment & Retention**

Making sure you recruit well is so important. Committed, motivated, qualified employees help your ministry achieve its purpose. Health service providers cannot afford to be short-staffed. Limited financial resources mean that hiring mistakes can be a huge financial burden. Hiring the wrong person is a poor use of resources for recruiting and orienting a new staff member. Having clearly defined recruitment process and procedures prevents costly recruiting mistakes. Repairing the damage can take a lot of time and effort.

### **Module 4: HR Performance Management**

Performance management is a process by which managers, supervisors and employees work together to plan, monitor and review an employee's work objectives and overall contribution to the ministry. More than just an annual performance review, performance management is the continuous process of setting objectives, assessing progress and providing on-going coaching and feedback to ensure that employees are meeting their objectives and career goals.

### **Module 5: HR Discipline**

Clear expectation, appropriate supervision and feedback on a day-to-day basis are the best ways to avoid the necessity of implementing a discipline process as outlined below. However, when problems with behaviour or performance occur, discipline is necessary. By implementing a discipline process, you provide employees with an opportunity to become a productive part of your Ministry and you make any termination more defensible.

### **Module 6: Employment Termination**

Termination is an action taken by the Ministry to end the employer/employee relationship. Ministries have a basic right to terminate the employment of an employee, but along with that right comes responsibilities. Employers must comply with the employment/labour standards and human rights legislation for their jurisdiction and beyond that, employers must treat employees fairly and in good faith.

### **Module 7: Diversity in the workplace**

Building and sustaining diversity in Ministries can only be achieved by planning and design. It is therefore increasingly important to address how to support diverse, inclusive workplaces. What does a diverse inclusive work environment look like? How do we tangibly encourage and support diversity so that all people feel welcome within our workplaces irrespective of their gender, disability or race? When people feel welcome and safe from discrimination and harassment they are more motivated and their performance will improve. Absenteeism and performance problems decrease while productivity, morale and employee retention increase.

## **Module 8: Effective HR Teams**

Despite the daily onslaughts of e-mails, phone calls and memos, meetings are still one of the most effective ways that people share and exchange information, get feedback, plan, collaborate and make important decisions for their ministries. So why do meetings have such a negative impact? Meetings seem to be getting longer, more frequent and generating fewer results. This can result in employees becoming frustrated as they feel that meetings are taking them away from, rather than adding value to their work. Ministries can increase the effectiveness of their team through effective communication, management of conflict and setting-up work teams.

## **Module 9: HR Training & Development**

The changes in the public sector has had an impact on workplace learning. Think of the current positions in your ministry and the need for increased competence in change management, financial management, service delivery management, and so forth. Change also puts the spotlight on training and education as a means of equipping health workers with the tools they need to adapt to changing health skill requirements, organizational change and increasing complexity in the external public health environment.

## **Module 10: HR Information System**

Computers have simplified the task of analysing vast amounts of data, and they can be invaluable aids in HR management, planning and development, from payroll processing to record retention. With computer hardware, software, and databases, Ministries can keep records and information better, as well as retrieve them easier and quicker. HRIS (Human Resources Information System) is an integrated system designed to provide information used in HR decision making. The HRAdmin software was developed and implemented in the four PRINN-MNCH states. This module provides end-users with the know-how of utilising the system to its full potential.

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# 1. Strategic Human Resource Planning

Strategic HR planning is an important component of strategic Human Resource management. It links HR management directly to the state strategic plan. Most states have a strategic plan that guides it in successfully meeting its mission. Routinely, financial plans need to be submitted to ensure states achieve their goals and while workforce plans are not as common, they are just as important.

Even a small facility such as a clinic or primary health centre with as few as 10 staff can develop a strategic plan to guide decisions about the future. Based on the strategic plan, MoH can develop a strategic HR plan that will allow them to make HR management decisions now to support the future direction of the health services. Strategic HR planning is also important from a budgetary point of view so that you can factor the costs of recruitment, training, etc. into your state's operating budget.

Strategic HR management is defined as: "Integrating human resource functions, strategies and systems to achieve the overall mission, strategies, and success of the state while meeting the needs of employees and other stakeholders."

## 1.1 Introduction to strategic HR planning

The overall purpose of strategic HR planning is to:

- ✓ Ensure adequate human resources to meet the strategic goals and operational plans of the MoH - the right people with the right skills at the right time
- ✓ Keep up with social, economic, legislative and technological trends that impact on human resources in your area and in the sector
- ✓ Remain flexible so that MoH can manage change if the future is different than anticipated

Strategic HR planning predicts the future HR management needs of the health services after analyzing the current human resources, the external labour market and the future HR environment that the MoH will be operating in. The analysis of HR management issues external to the organization and developing scenarios about the future are what distinguishes strategic planning from operational planning. The basic questions to be answered for strategic planning are:

- ✓ Where are we going with health services and how does that impact HR?
- ✓ How will we develop HR strategies to successfully get there, given the circumstances?
- ✓ What skill sets do we need?

## 1.2 Key issues to consider in HR planning process

It is important that the conceptual framework within which the HR planning needs to be done be clear and understood. Below is a list of some practical issues that underline staffing patterns

### 1.2.1 Foundation for Human Resource Strategic Planning

In essence, HR planning should aim to capture "the people element" of what the state is hoping to achieve in the medium to long term, ensuring that:

- ✓ it has the right posts mix and secondly the right people in place.
- ✓ it has the right mix of skills.
- ✓ employees display the right attitudes and behaviours. Most of employee attitudes and behaviours are directed by issues revolving around working environment, conditions of employment, training, career pathing, development and remuneration packages.
- ✓ employees are developed in the right way. This is crucial in ensuring that the actual human resource requirements are always aligned with changes in the health system.
- ✓ employees are retained within the public health sector. Retention is one of the most difficult issues to resolve as it impacts on service delivery and staff attitudes and behaviour. These areas are highlighted under the section on recruitment and training in this toolkit.

If, as is sometimes the case, strategies and plans have been developed without any or limited human resource input, the justification for the HR plan may be more about teasing out the implicit people factors which are inherent in the plans, rather than simply summarising their explicit "people" content. This implies a plan that illustrates the building of professional empires within the Government system rather than following the National Health Goals stipulated. The HR planning will only add value to the state if it:

- ✓ articulates more clearly some of the common themes which lie behind the achievement of other plans and strategies, which have not been fully identified before, such as an integrated service delivery plan.
- ✓ identifies fundamental underlying issues which must be addressed by each ministry if its people are to be motivated, committed and operate effectively.

### 1.2.2 Shifts in Post Cadre Salary Hierarchy

Staff establishments requirements should be developed with service delivery as first focus point. Therefore it is based on the question: "what post cadres, at which salary levels are needed to perform specified duties in a specified unit or component?". Staff establishments need to be developed in such a way that it will ensure that high quality patient care is rendered by the appropriate post cadre and at a cost effective salary level. But due to various demands from various public employment areas, the relation and balance between "chiefs" and "Indians" became distorted as a result of promotions to post levels that did not

exist. It means that the filling of posts and promotion of employees became career path driven and not patient care delivery driven.

### **1.2.3 Major Shifts in Post Cadre**

Each health facility has a specific function to perform and therefore needs a combination of post cadres. This post mix must be balanced with skills, qualification and remuneration. In the process of developing staffing norms these post cadre mixes within each facility, component and unit need to be refined through analysis of the activities/functions within each as illustrated in the MSP. The combination of regulatory requirements with best practice sites provided appropriate mixes. An example of this is the over utilization of unskilled/trained health workers. This affects the quality of service delivery as appointment of these cadres locks budgets for the appointment of professional health care workers.

### **1.2.4 Career Paths**

The staff establishment requirements need to be based on appropriate career pathing within each of the post cadres to ensure that there is a scope for employees but within the context of service delivery and affordability. It is not possible for a facility to have only chiefs, it must have an appropriate distribution of posts on various levels to ensure that service delivery is optimised. Span width of control should be used throughout the allocation of post to the various salary grades within a post cadre.

### **1.2.5 Absenteeism and poor time management**

Absenteeism is a management problem that needs to be addressed in a comprehensive manner. Staff establishments should not be adjusted to accommodate absenteeism, low morale or poor productivity. Productive service time will simply have to increase significantly and down time for whatever reason will have to be managed more aggressively. The following areas are critical and needs to be addressed through policy and regulatory changes:

- ✓ sick leave management
- ✓ compassionate leave is management
- ✓ Annual and long leave planning results in PHC facilities, wards and other units being short staffed because too many people are on annual long leave in relation to others being on “long-term training” or study leave.
- ✓ Employees sent on training “leave” is a huge problem in that people are withdrawn from their workplace for extensive periods without provision of “hands” to do the work at facility level. This training sometimes is approved without consideration of the impact on service delivery. Whilst these people are on training they occupy a post at facility level which therefore cannot be filled to relief the shortage or gap created by the person going for training. While development of employees and further education remains important the fact is that service delivery should always have first priority.
- ✓ Adherence to working hours and lack of monitoring and management of working hours. This needs to be managed aggressively. Effective

management of working hours could have a significant impact on availability of “hands” and improve productivity. For example:

HOURS OF WORK: 8h00 TO 5h00	=	8 HOUR WORK DAY
LUNCH: 12H45 TO 13H45	=	1 HOUR LUNCH BREAK
HOURS PER WEEK	=	40 HOUR WORK WEEK
Average start time 8H45	=	Loss of 45 minutes per day
Average lunch taken 12H00-13H30	=	Loss of 30 minutes per day
Average leaving time 16H40	=	Loss of 20 minutes per day
<b>THE RESULT</b>		
Lost time each day	=	1 hour 35 minutes
Lost time per week	=	0.98 days
Lost time per month	=	3.94 days
Lost time per year	=	47.4 days
<b>= 2.2 months of productive time lost per person per year</b>		

### 1.2.6 Improvements in efficiency of human resource utilisation

Rigid application of job descriptions and professional requirements for direct supervision and the need to provide services on a 24 hour basis, result in inefficient use of staff. It is simply not affordable to provide a separate category of person on a 24 hour basis for every function or activity that may be performed or direct professional supervision for every activity undertaken by a supporting health worker. To improve efficiency in staff utilisation, multi tasking and a more flexible interpretation of the concept of professional supervision is Equity in service provision

**Key HR Principal**  
 Good HR administration and management practices are the backbone of a healthy work force.

A primary aim of the HRH planning process is to reduce inequities in health service provision through equitable distribution of human and financial resources. Staffing of hospital and PHC service provision should therefore be planned on a uniform basis for each level of care to ensure equity. This must be done to avoid duplication of services rendered between MoH and MoLG.

### 1.2.7 Access, affordability and sustainability

The availability and skills mix of health workers are major determinants of access to services and quality of services provided. There is inter-dependency between affordable staffing levels, access, quality and sustainability of services. Should staffing levels be too generous, then they will be either unaffordable at current service provision levels, or result in reduction of access to services. On the other hand, if access norms and affordability constraints are not negotiable (i.e. current service provision levels must be retained within the existing budget) then staffing levels must drop. However, very stringent staffing levels not only compromise quality of care, they also result in job dissatisfaction and higher staff turnover. Sustainability of services is therefore dependant not only on affordability but also on appropriateness of staffing levels and productivity of staff. In order to maximise productivity

and quality of care staffing should be planned within the context of health teams and appropriate mix of services.

### **1.2.8 Efficiency**

Staff productivity will be optimised where the responsibilities of the various members of staff match their skills, knowledge and interests. Several factors have a significant impact on efficiency (and quality) of care that cannot be accommodated in terms of staff to workload norms. These include the competency, experience and turnover of staff particularly at middle management and professional cadres.

### **1.2.9 Cross tasking**

Staff can perform more than a single role e.g. medical and nursing managers can perform some clinical duties, a general surgeon can perform some tasks within the ambit of other surgical specialities. This may improve job satisfaction and may even make economic sense but the effect on quality of care needs careful consideration. Skill deficiencies due to the absence of some categories will necessarily detract from the contribution of other categories e.g. in the absence of a therapist or assistant, a nurse will usually attempt to fill the gap. In such cases optimum outcomes are likely to be compromised.

### **1.2.10 Patient load**

Population-based norms are commonly used to determine staffing levels for health facilities including hospitals, but this approach is fraught with problems. While the size of the population being served is indicative of the workload to be expected, based on likely demands made by the population, it does not take into account the many other factors that determine utilisation of service. Therefore, although facilities planning (in terms of level of care and capacity requirements) should be based primarily on population and likely demands, the staffing of existing services should be based primarily on utilisation of services (i.e. workload). Clearly, some degree of flexibility is required in the application of these approaches to accommodate variations in circumstances.

## **1.3 The strategic HR planning process**

The strategic HR planning process has anything between four and eight steps. The four main steps are:

Step 1: Assessing the current HR capacity

Step 2: Forecasting HR requirements

Step 3: Gap analysis

Step 4: Developing HR strategies to support organizational strategies

These steps all interlinks and feeds into each other to ultimately achieve a plan as illustrated in the HR Strategic Planning Diagram. This Diagram illustrates the four steps broken down into eight more details steps in the strategic planning approach.

### 1.3.1 Assessing current HR capacity

Based on the MoH's strategic plan, the first step in the strategic HR planning process is to assess the current HR capacity of the health services both in primary health care and hospital services. The knowledge, skills and abilities of current staff need to be identified. This can be done by developing a skills inventory for each employee.

The skills inventory should go beyond the skills needed for the particular position. List all skills each employee has demonstrated. For example, recreational or volunteer activities may involve special skills that could be relevant to the organization. Education levels and certificates or additional training should also be included.

#### Key HR Principal

The organization must have a process to review staffing needs resulting in a plan to address those needs.

An employee's performance assessment form can be reviewed to determine if the person is ready and willing to take on more responsibility and to look at the employee's current development plans.

### 1.3.2 Forecasting HR requirements

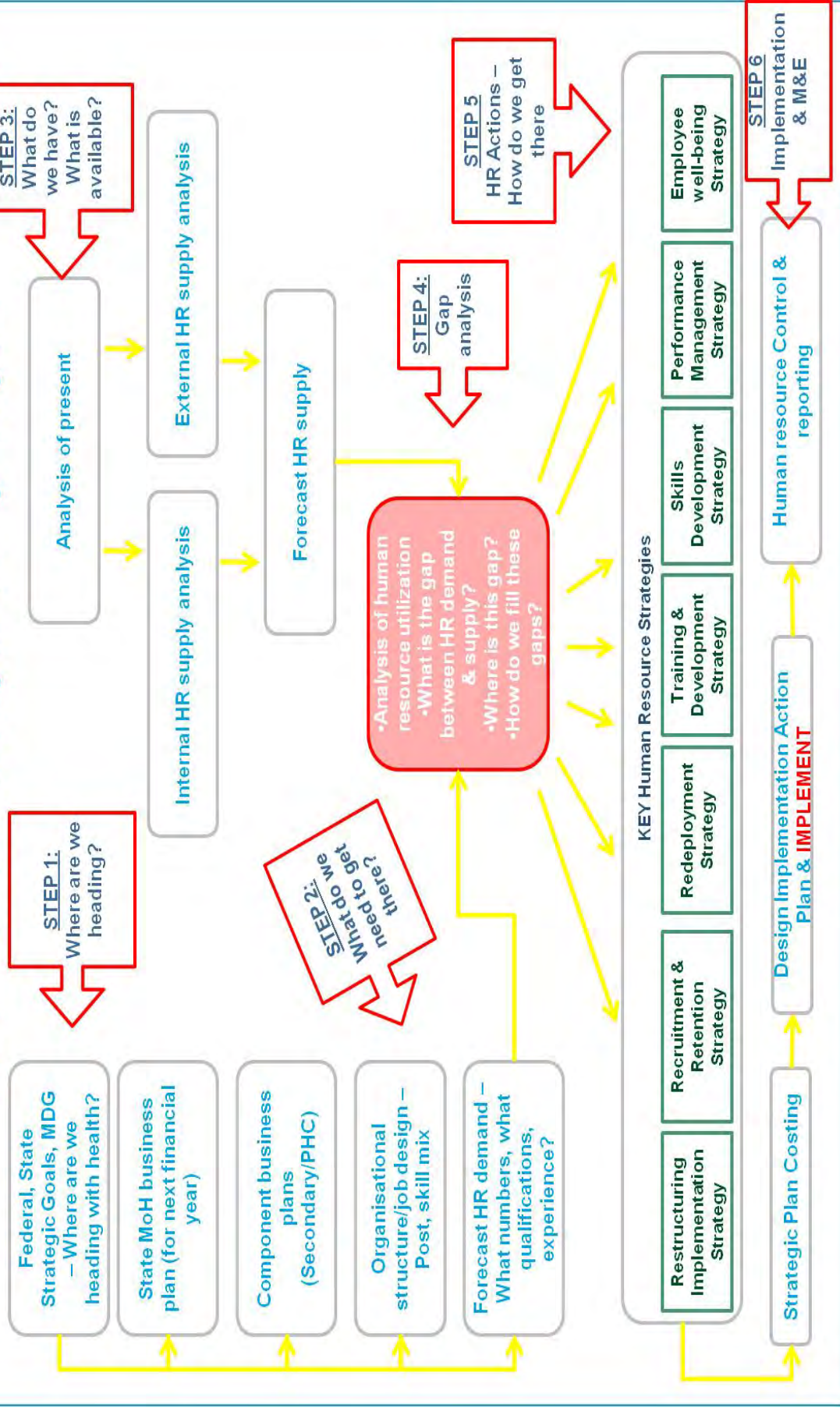
The next step is to forecast HR needs for the future based on the strategic goals of the state. Realistic forecasting of human resources involves estimating both demand and supply. Questions to be answered include:

- ✓ How many staff will be required to achieve the strategic goals of the state?
- ✓ What jobs/post cadres will need to be filled?
- ✓ What skill sets will people need?
- ✓ How will the external environment impact on our HR needs?

When forecasting demands for HR, you must also assess the challenges that you will have in meeting your staffing need based on the external environment. There is little value in having blue print staffing establishment requirements that cannot be achieved due to the challenges, as it distorts decision making, planning and budgeting.

Identifying the accurate number of staffing needed to deliver a specified service package needs to be a scientific. The use of staffing norms must be clearly understood as there are many variants. Each of these variants has its own group of supporters. The focus will therefore be more on the process that needs to be followed rather than actual staffing norms. The HR audit completed in January 2010 provides an overview and micro details on staffing norms per facility type, unit and post cadres. These staffing norms are workload based and not population based. It also reflects the minimum service package to be delivered by each facility type.

# Human Resource Strategic Planning - Diagram



### 1.3.3 Gap analysis

The next step is to determine the gap between where the state wants to be in the future and where they are now. The gap analysis includes identifying the number of staff and the skills and abilities required in the future in comparison to the current situation. You should also look at all your Ministry's HR management practices to identify practices that could be improved or new practices needed to support the ministry's capacity to move forward. Questions to be answered include:

- ✓ What new jobs/post cadres will we need?
- ✓ What new skills will be required?
- ✓ What surplus skills/staff do we have?
- ✓ Do our present employees have the required skills?
- ✓ Are employees currently in positions that use their strengths?
- ✓ Do we have enough managers/supervisors?
- ✓ Are current HR management practices adequate for future needs?
- ✓ Does the HR systems and processes from state level run efficiently?

### 1.3.4 Developing HR strategies to support organizational strategies

There are a range of HR strategies that can be developed to enable the state to meet its needs in the future. The most basic strategies that must be developed are:

1. Restructuring strategies
2. Training and development strategies
3. Recruitment strategies
4. Outsourcing strategies
5. Retention Strategies
6. Redeployment Strategies
7. Collaboration strategies
8. Career Development Strategies

These strategies will be discussed in much detail later in the toolkit. An overview of what each of these strategies should include is provided below.

#### 1.3.4.1 Restructuring strategies

This strategy focuses on aligning service workloads with staffing and includes:

- ✓ Comparing service delivery profiles with staffing profiles
- ✓ Reducing staff either by redeployment, termination or attrition
- ✓ Regrouping tasks to create well designed jobs
- ✓ Reorganizing work units to be more efficient

If your assessment indicates that there is an oversupply of skills, there are a variety of options open to assist in the adjustment. Termination of workers gives immediate results.

Generally, there will be costs associated with this approach depending on your employment agreements. Be sure to review the employment and labour standards in your state or territory to ensure that you are compliant with the legislation.

Redeployment – finding an appropriate vacant position to redeploy the surplus employee to. This usually goes along with relocation costs depending on the conditions of redeployment offer set by the Ministry.

Attrition - not replacing employees when they leave - is another way to reduce staff. The viability of this option depends on how urgently you need to reduce staff. It will mean that jobs performed in the organization will have to be reorganized so that essential work of the departing employee is covered. Careful assessment of the reorganized workloads of remaining employees should include an analysis of whether or not their new workloads will result in improved outcomes.

It is important to consider current labour market trends (e.g., the looming skills shortage as health professionals migrate) because there may be longer-term consequences if you let staff go.

Sometimes existing workers may be willing to voluntarily reduce their hours, especially if the situation is temporary. Job sharing may be another option. The key to success is to ensure that employees are satisfied with the arrangement, that they confirm agreement to the new arrangement in writing, and that it meets the needs of the employer. Excellent communication is a prerequisite for success.

Caution must be taken when considering the voluntary reduction of hours by existing staff. A change in working conditions (e.g. hours worked per week) can be considered "constructive dismissal" - especially in the case of permanent staff needs to be carefully documented and communicated.

Your analysis may tell you that your state may have more resources in some areas of health services than others. This calls for a redeployment of workers to the area of shortage. The training needs of the transferred workers needs to be taken into account. Redeployment is a strategy in itself and must be integrated in the training and development of staff.

#### **1.3.4.2 Training and development strategies**

This strategy includes:

- ✓ Providing staff with training to take on new roles
- ✓ Providing current staff with development opportunities to prepare them for future jobs in your state

Training and development needs can be met in a variety of ways. One approach is for the employer to pay for employees to upgrade their skills. This may involve sending the employee to take courses or certificates or it may be accomplished through on-the-job training. Many training and development needs can be met through cost effective techniques. See the HR Toolkit section on Learning, Training and Development for more information.

#### **1.3.4.3 Recruitment strategies**

This strategy includes:

- ✓ Recruiting new staff with the skill and abilities that your state will need in the future
- ✓ Considering all the available options for strategically promoting job openings and encouraging suitable candidates to apply

For strategic HR planning, each time you recruit you should be looking at the requirements from a strategic perspective. Recruitment strategies also incorporate staff turnover, the supply of health professionals from universities, School of Health technology, Nursing schools as well as changes in technology e.g. automated laboratory equipment.

#### **1.3.4.4 Outsourcing strategies**

This strategy includes using external individuals or organizations to complete some tasks.

Many health service providers look outside their own staff pool and contract for certain skills. This is particularly helpful for accomplishing specific, specialized tasks that don't require ongoing full-time work.

Some organizations outsource HR activities, project work or bookkeeping. For example, security or cleaning services may be done by an external organization rather than a staff person, a short term project may be done using a consultant, or specific expertise such as legal advice may be purchase from an outside source.

Each outsourcing decision has implications for meeting the organization's goals and should therefore be carefully assessed.

#### **1.3.4.5 Retention Strategies**

Retention is about understanding your unique employees – do you know what your employees aspire to? Do you know what keeps your employees happy? The reality is that the answer to these questions can be different for different individuals and different groups of individuals.

“Retain” has two meanings: “to hold or keep in possession” and “to engage the services of”. The traditional focus in many HR practices has been to hold or keep rather than to engage a service. High-value employees and hot skills want to be “engaged” and not “kept”.

Attraction and retention strategies often target specific roles within an organisation. This enables organisations to attract and retain key talent critical to the organisational competency. These may include:

- ✓ High fliers – consistently outstanding performers; high potential employees
- ✓ Critical skills – these are skills that are essential for organisational continuity
- ✓ Scarce skills – these skills are affected by market supply and demand, and can change dramatically year on year

The key success factors in a retention strategy development process:

- ✓ Involve the employees – focus groups are beneficial
- ✓ Communication, Communication, Communication!
- ✓ Follow a holistic approach, but focus on “burning platforms” and “quick wins”
- ✓ Identification of Hot Skills needs to be signed off at executive level
- ✓ Create higher level of understanding with regard to the value employees receive
- ✓ Develop and follow a detailed Implementation Plan
- ✓ Be seen to be doing something

The focus in retention strategies has shifted from a one-size-fits-all to customisation. Each employee is motivated by different factors. Therefore, retention strategies must be targeted to individual employees or groups of employees. In designing a retention strategy, 21st Century considers your unique talent pool, your unique retention challenges, and market practice. Both cash and non-cash solutions can be implemented.

#### **1.3.4.6 Collaboration strategies**

Finally, the strategic HR planning process may lead to indirect strategies that go beyond your state. By collaborating with other organizations you may have better success at dealing with a shortage of certain skills.

Types of collaboration could include:

- ✓ Working together to influence the types of courses offered by educational institutions and donor organizations
- ✓ Working with other organizations to prepare future leaders by sharing in the development of promising individuals
- ✓ Sharing the costs of training for groups of employees
- ✓ Allowing employees to visit other organizations to gain skills and insight

## 1.4 Documenting the strategic HR plan

Once the strategies for HR in your state have been developed they should be documented in an HR plan. This is a brief document that states the key assumptions and the resulting strategies along with who has responsibility for the strategies and the timelines for implementation. Usually these HR plans also include short term solutions to critical staffing problems as well as a 5 year or 10 year focused plan.

### Key HR Principal

Plans are documented to address any potential key employee turnover so that the public continue to receive health services.

## 1.5 Implementing the strategic HR plan

Once the HR strategic plan is complete the next step is to implement it:

### 1.5.1 Agreement with the plan

Ensure that the key role players and senior managers agree with the strategic HR plan. It may seem like redundant step if everyone has been involved all the way along, but it's always good to get final confirmation. It is also necessary for an integrated approach involving other ministries, donors and community members.

### 1.5.2 Communication

The strategic HR plan needs to be communicated throughout the state. Your communication should include:

- ✓ How the plan ties to the organization's overall strategic plan
- ✓ What changes in HR management policies, practices, and activities will be made to support the strategic plan
- ✓ How any changes in HR management will impact on staff including a timeframe if appropriate
- ✓ How each individual member of staff can contribute to the plan
- ✓ How staff will be supported through any changes
- ✓ How the organization will be different in the future

It is impossible to communicate too much (but all too easy to communicate too little), especially when changes involve people. However, the amount of detail should vary depending upon the audience.

### 1.5.3 Legislation and mandate

Ensure that the actions you are considering are compliant with existing laws, regulations and the constitution and bylaws of your state.

#### 1.5.4 Organizational needs

Whether you are increasing or reducing the number of employees, there are implications for space and equipment, and on existing resources such as payroll and benefit plans.

#### 1.5.5 Evaluation

HR plans need to be updated on a regular basis. You will need to establish the information necessary to evaluate the success of the new plan. Benchmarks need to be selected and measured over time to determine if the plan is successful in achieving the desired objectives.

## 2. Operational HR Planning

All organizations engage in HR planning at an operational level - even those that do not have a strategic plan. At the operational level, good HR planning is in partially based on thinking about the future of the health services.

At an operational level, states should put in place HR management practices to support management and staff in achieving their day-to-day goals. Whether it's determining how many staff are needed to deliver services over the next year or how performance will be monitored, HR management practices and activities need to be planned to answer the question: "Where is our organization going and how will it get there?"

The HR Toolkit has detailed information that you can use to develop an operational plan for your human resources practices and activities. Topics include:

- ✓ Employment Legislation and Standards
- ✓ Guideline to Developing HR Policy
- ✓ Getting the Right People
- ✓ Learning, Training and Development
- ✓ Compensation and Benefits
- ✓ Keeping the Right People

If your state already has good HR management practices in place they should be reviewed on an ongoing basis, every two to three years, to ensure that they still meet organizational needs and comply with legislation and other changes.

At an operational level, states also need to be aware of the interdependencies between operational decisions and HR management practices. Decisions made on one aspect of human resources often have an impact on another aspect of HR management. Say for example your ministry makes a decision to expand services offered; the following illustrates a snapshot of that decision:

**Operational objective:** Expand the services offered over the next two years

**Human resources requirement:** Five new staff members

**Operational decision:** Hire recent graduates or others with little direct work experience to reduce hiring costs

**Implications for HR management practices:** The operational decision to hire new graduates will impact on practices such as:

- ✓ Supervision - there will be a need for more supervision
- ✓ On-the-job training - there will be a need for increased training

In the absence of a strategic plan your organization can still take a proactive approach to HR management. By developing good HR management practices and thinking ahead, addressing solutions to problems before it surface, you can create a good work environment where staff can be productive and focus on providing the best possible service.

### 3. Succession Planning

What would you do if a key employee resigned, fell ill or had to be dismissed tomorrow? Would you be prepared?

#### 3.1 Introduction

Succession planning is not an issue that many organizations address in any systematic way. Generally public health organisations are facing other organizational challenges, and are not thinking about what would happen if the director of finance suddenly left.

#### Key HR Principal

Critical positions in health facilities are identified and succession plans are established to address any potential gaps.

There are many reasons why organizations need to be thinking about succession planning. The most important reason, of course, is that we rely on staff to carry out our missions, provide services and meet our organization's goals. We need to think about what would happen to those services or our ability to fulfill our mission if a key staff member left.

The second reason to focus on succession planning is the changing realities of workplaces. The looming retirement of the core staff is expected to have a major impact on workforce capacity. States could be faced with the following challenges that must be addressed through succession planning:

- ✓ Vacancies in senior or key positions are occurring in numerous facilities simultaneously and demographics indicate there are statistically fewer people available to fill them

- ✓ Key health professional retirements are on the rise just at the time when the economy is growing and increasing the demand for specialized health services
- ✓ There is no emerging group of potential employees on the horizon as in past generations
- ✓ Younger managers interested in moving up do not have the skills and experience required because they have not been adequately mentored. This is because middle managers, who would normally perform this type of coaching role, were eliminated

With careful planning and preparation, states can manage the changes that result from a generational transfer of leadership as well as the ongoing changes that occur regularly when key employees leave.

Although the type and extent of planning will be different, public health service providers need to have some sort of succession plan. Effective succession planning supports stability and sustainability by ensuring there is an established process to meet staffing requirements. Senior managers can demonstrate leadership by having the strategies and processes in place to ensure that these transitions occur smoothly, with little disruption to service delivery.

### **3.2 What is succession planning?**

A succession plan, in a nut shell, acknowledges that staff will not be with an organization indefinitely and it provides a plan and process for addressing the changes that will occur when they leave. Most succession planning focuses on the most critical health professionals however, all key positions should be included in the plan. Key positions can be defined as those positions that are crucial for the delivery of effective health care services, because of skill, seniority and/or experience, will be hard to replace.

The succession plan should focus on internally growing and developing employees. Employees who are perceived to have the skills, knowledge, qualities, experience and the desire can be groomed to move up to fill specific, key positions. States should:

- ✓ Assess their current and future needs based on either their strategic plan, goals and objectives, or priority programs and projects
- ✓ Match these to the capabilities of the existing workforce
- ✓ Develop a plan to manage the gaps that will arise when individuals in key positions leave or are promoted

The plan will generally include a combination of training and developing existing staff, and external recruitment.

This growing and development of internal staff should be part of the training and development strategy and must not be seen as a guarantee of a position. It represents a

developmental plan to prepare an individual should opportunities arise within the organization.

### **3.3 Why is succession planning important?**

The benefits of good succession planning include:

- ✓ A means of ensuring the state is prepared with a plan to support service continuity when the key people leave.
- ✓ A continuing supply of qualified, motivated people (or a process to identify them), who are prepared to take over when current staff and other key employees leave the public health sector.
- ✓ An alignment between your organization's vision and your human resources that demonstrates an understanding of the need to have appropriate staffing to achieve strategic plans.
- ✓ A commitment to developing career paths for employees which will facilitate your state's ability to recruit and retain top-performing employees and volunteers.
- ✓ An external reputation as an employer that invests in its people and provides opportunities and support for advancement.
- ✓ A message to your employees that they are valuable.

The absence of a succession plan can undermine effectiveness and sustainability. Without a succession planning process, states may not have a means of ensuring that the health programs and health services that are crucial are sustained beyond the tenure of the individual currently responsible for them.

A succession plan ensures that there are qualified and motivated employees (or a process of recruiting them) who are able to take over when the key people leave the state's public health sector. It also demonstrates to stakeholders such as the public, funders, employees and volunteers that the state is committed to and able to provide excellent health programs and health services at all times, including during times of transition.

### **3.4 Who should do succession planning?**

Each ministry is responsible for succession planning for key positions. All too often, senior managers find that they are unprepared for such an occurrence and are left scrambling to quickly replace a person. There are many examples of key health professionals leaving only to have a facility or department fall into disarray. Even when provided with adequate notice, ministries sometimes find themselves in the position of having to scramble to find an interim solution.

Senior managers are responsible for ensuring a succession plan is in place for other key positions at state level but also at facility level. These will likely be developed with help from the management team with input from implicated employees.

### **3.5 Challenges to effective succession planning**

Some challenges to succession planning are:

- ✓ Lack of financial resources: employees may leave for better salaries and benefits offered in other workplaces.
- ✓ The nature of funding: service demands grows faster than the allocated budget, therefore fewer core posts can be filled.
- ✓ Project staff come and go and may not be seen to be part of the talent pool available to the state.
- ✓ In some cases, senior managers are staying on in their positions, despite the fact that the skills needed for the job may have changed or they are no longer making a meaningful and productive contribution to the organization.
- ✓ Indiscriminate inclusion of employees in the succession plan including those who are disinterested, unmotivated or lack capacity to advance.
- ✓ Inadequate training and development resulting in an employee who is not prepared for a promotion.
- ✓ A plan that does not promote people in a timely fashion, leading potential successors to leave the organization to seek new opportunities.
- ✓ Poor communication resulting in confusion and turmoil within the organization as staff speculate about what the succession plan really is.
- ✓ Potential candidates for promotion cannot be guaranteed that they will be promoted; a lot depends on timing and need of the organization.
- ✓ The recruitment strategy is not aligned with the succession plan.
- ✓ Political patronage overriding the recruitment policy and recruitment process.

### **3.6 Succession planning in Government**

In government, succession planning may be viewed as a luxury, but it isn't. At the very least, ministries have a responsibility to consider and plan for the departure of the senior managers and key health professionals, who is often critical to the existence and sustainability of the health services.

When faced with the loss or impending loss of key officials, these kinds of questions quickly surface:

- ✓ Should we hire from within or look for an external candidate?
- ✓ Do we have anyone internally who is qualified?
- ✓ Whether we hire internally or externally; does anyone really know the specifics of what that person was doing?

- ✓ What kind of impact will this change have on our capacity to deliver on our mandate and on our relationships with our clients, donors and volunteers?
- ✓ What do we tell our stakeholders?

#### **Key HR Principal**

Knowledge transfer is a key component of the succession plan. Core organizational processes must be well documented. Whenever possible, ensure an overlap of time so the exiting employee can help orient and train the new employee.

In some instances, ministries may decide that there needs to be a "second in command" who has the capacity to replace the official in the future. This means:

- ✓ Identifying that person in collaboration with the key official
- ✓ Ensuring that the person is motivated to take on the top job
- ✓ Developing a plan to ensure that the eventual successor gains the requisite skills and knowledge to take the job on
- ✓ Ensuring that the second in command is exposed to a broad range of experiences so that he or she has a wider understanding of the operations of the exiting official

The plan could include a formalized process of mentoring or coaching and training in more specific aspects of the job. When the size of the facility/department permits, it would be preferable to have more than one person identified as a potential successor.

It may not be possible to groom a successor from within the ranks of existing staff. To ensure continuity and stability when a key official leaves, employees may be paired to cross-train each other to ensure there are two people on staff who know each job.

### **3.6.1 What approach to follow**

First and foremost, ministries are responsible for drawing up a plan of action and effectively communicating it to the rest of the staff as soon as possible. This is necessary to demonstrate that decisive action is taken, to deal with any misinformation that may be generated by a quick departure and to ensure that all of the employees' questions are answered.

Communicate this plan of action for replacing the key official in a timely manner with its other related ministries (Finance or CSC).

With no succession plan or second in command identified, ministries may want to name an interim seconding until a replacement is selected. This choice should be made wisely because someone with the right skills and knowledge needs to be chosen. If a person is asked to take on the responsibilities in addition to his or her job, there should be an

adjustment in that employee's compensation to reflect the additional responsibilities and work load.

Another option is to ask a qualified group of two or three employees to share the responsibilities. In order for this approach to be effective, it requires a clear understanding of the various aspects of the position so that tasks may be given to those with ability to take them on. It also requires ongoing communication and coordination between the employees that are part of the team.

### **3.6.2 Ideas for recruiting for other key positions**

The following ideas can be incorporated into your succession plan for key positions.

#### **3.6.2.1 Look to other organizations for exceptional employees**

New employees are often found in other ministries or states. While this might be seen as poaching, the reality is that employees who aren't being challenged or aren't happy will leave the organization for a better opportunity. In some cases, employees have been known to leave for a position in another ministries but return years later with new experiences and skills. Helping to keep exceptional employees in the sector by allowing them to move around to develop their careers should be seen not as a loss for individual, but as a gain for the capacity of the health sector.

An innovative approach would be to develop a pool of candidates with other ministries and develop a rotational program to allow key employees to move from one department to the next. This approach would ensure key individuals remain challenged and motivated while ministries all benefit from the expertise.

#### **3.6.2.2 Look to your own volunteers**

There may be volunteers in other positions within the ministry with the talent, knowledge and experience who can effectively make the transition to a paid position.

#### **3.6.2.3 Look to project staff (either current or those who did project work for your organization in the past)**

As a result of project-based funding, there are more and more project staff who move from organization to organization with short contracts. These people will often have gained information about your ministry's operations and could move seamlessly into a core staff position.

#### **3.6.2.4 Look to consultants (either those that have worked with your ministry or other similar organizations)**

While most consultants may prefer to stay in their line of business, there are those who would like to become staff members, if asked. In some cases, consultants worked for a

government before becoming a consultant and are interested in moving back into the sector to work.

## **3.7 Succession planning in public sector**

The steps outlined below provide a roadmap for ministries interested in developing succession plans. Different ministries will implement these activities differently. While there is no right or wrong way to develop a succession plan, the following provides important components that need to be considered.

### **3.7.1 Capacity and needs assessment**

#### **Step 1**

Identify key positions for your ministry. These include the senior management and other health professionals, who would, for their specialized skills or level of experience, be hard to replace. Ask yourself which positions would need to be filled almost immediately to ensure your ministry continues to provide health services effectively.

#### **Step 2**

Review and list your current and emerging needs. This will involve examining your strategic and operational plans to clearly articulate priorities.

#### **Step 3**

Prepare a sheet that identifies the key positions and individuals in the ministry. The positions might include those listed in step 1 and/or others that are pertinent to your ministry, such as volunteers.

#### **Step 4**

Identify and list the gaps by asking questions such as:

- ✓ Which individuals are lined-up to or likely to leave (through retirement, career development changes, etc.) and when?
- ✓ Which new positions will be required to support the strategic health plan?
- ✓ Which positions have become or will become obsolete (for example, those related to a program/services that has been terminated)?
- ✓ What skills and knowledge will need to be developed (for example, to support a new program/service)?

#### **Step 5**

Analyze all staff members with the goal of identifying those who have the skills and knowledge or the potential along with the desire to be promoted to existing and new positions.

- ✓ The evaluation can be formal or informal and can include, but is not limited to, performance reviews, 360 degree assessments and informal conversations with the individuals under consideration.
- ✓ The management may be aware, that an employee has aspirations to and the capacity to move up. This may be an opportunity to recognize this goal and support it.
- ✓ Take this opportunity to give younger workers a chance. Many young people enthusiastically enter the public health sector and then, finding few opportunities for advancement, leave. Younger workers can remain engaged if you help to match their interests to opportunities provided through effective succession planning.

### **3.7.2 Develop and implement the plan**

Based on the evaluation and on the requirements of your strategic health plan, identify the key person or people you will want to develop and nurture for the future, the position you would like to groom them for, and the timeframe required to prepare them. Consider different ways of developing your employees like: self-development, books/journals, mentor programs, special project work.

Identify the career paths that the selected individuals should be following. Customize the path to fit the individual's abilities and talents by developing an action plan. The plan must be dynamic - able to be changed as the individual's and the ministry's needs change. It must also consider the specific needs, learning style and personality of the individuals involved in order to be effective.

Formalize education, training, coaching, mentoring and assessment activities. The mix of activities included within the action plan should be linked to timelines and specific outcomes.

If possible, move people into different areas for experience and training before they are needed in critical positions. Have individuals look-and-learn for an agreed upon period of time to give the successor a real sense of the responsibilities and to allow the ministry the chance to determine whether the individual really is suited for the new position.

### **3.7.3 Monitor and manage the plan**

As people leave and new people assume their responsibilities, the plan will have to be updated to identify the next person to be groomed for promotion and the requirements of his or her individual action plan. The annual (or regular) HR strategic planning process should include the succession plan.

Be prepared to address issues such as concerns of staff who have not been selected for career advancement. Ensure alternative paths are identified to allow all employees who are interested in career enhancement to be given some type of professional development

opportunity. Professional development can include such wide ranging activities as formal education and training, workshops and seminars as well as less formal learning opportunities such as the chance to represent the ministry at a conference.

Recognize that no matter how well you plan, something can still happen which the succession plan doesn't address. For example, you may have dutifully trained a "second" only to have that person leave. Even though there may be no one able to fill the breach immediately, the succession plan will ensure that there is a process for you to follow in filling the position.

### **3.8 Tips for successful succession planning**

Secure senior management support for a succession planning process. This gives employees and staff an understanding of how important succession planning is to the ministry.

Review and update your succession plan regularly. This ensures you reassess your hiring needs and determine where the employees identified in the succession plan are in their development.

Adequate time should be provided to prepare successors. The earlier they are identified, the easier it is on the individual to be advanced and on other employees within your ministry who will know whether certain options are available to them.

## **Human Resources for Health Toolkit**

This toolkit helps you to get the most out of your investment in human resources for health. You need to plan and manage your human resources actively, ensuring optimal efficiency.

This toolkit shows you how.

People form the foundation of health care service delivery. Thus it makes financial sense to manage these valuable resources to ensure that:

- The right people with the right skills need to be available in the right number at the right place to do the right job
- Timely and accurate data on availability and distribution of health workers is accessible for informed decision making

### **The Modules**

- 1. HR Planning**
- 2. HR Management & Risk Management**
- 3. Recruitment & Retention**
- 4. HR Performance Management**
- 5. HR Discipline**
- 6. Employment Termination**
- 7. Diversity in the workplace**
- 8. Effective HR Teams**
- 9. HR Training & Development**
- 10. HR Information System**

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