

Improving Cross Border Workforce Mobility in Health & Social Care

Evaluation Report

A desk based report carried out by

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on behalf of the *CAWT Project Board for INTERREG IIIA project:*
Improving Cross Border Workforce Mobility in Health & Social Care

PROJECT EVALUATION REPORT
Improving Cross Border Workforce Mobility in Health & Social Care

Relevant CAWT Subgroup	HR Strategy Group
Project Title	Improving Cross Border Mobility in Health & Social Care
Project Executive	Nuala Sheerin, Director of Human Resources, WHSCT
Project Board Members	Francis Rogers, Assistant National Director of HR, HSE West Rosarii Mannion, Assistant National Director of HR, HSE Dublin NE Kieran Donaghy, Director of HR, SHSCT Nuala Sheerin, Director of HR, WHSCT
Letter of Offer Date	25 th January 2005
Project start date/ Actual date	1 st January 2005 / 6 th June 2005
Funding Allocation Amount	£103,000
Project Manager	Pauline Doherty, HR Officer
Evaluation Date	April 2008
Project Evaluation Completed by:	Judith Orr, Assistant Director of HR, NHSCT And Annette McDonnell, Administrator, Louth Community Services, HSE

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1.0 Summary

This project was set up to improve cross border workforce mobility within Health and Social Care by overcoming obstacles to cross border working in relation to recruitment, training, qualifications, registration and indemnity specifically within the health and social care sector.

Work on the project commenced in June 2005 and, while progress appeared to be slow at the beginning of the project, considerable improvements have now been made in the areas specified above.

The main factors that contributed to achievement of the objectives set out for the project were:

- The identification of specific obstacles that prevented easy cross border workforce mobility;
- A clear focus on the specific obstacles to mobility and actions required to remove the blockages;
- The provision of a dedicated resource to specifically work on this project;
- The fact that the project focussed in very practical and tangible ways to support and enhance cross border mobility within the context of the existing CAWT cross border activities;
- The project manager's success in gaining access to the key decision makers in pivotal areas such as both Departments of Health, the State Claims Agency (RoI), Professional & Regulation Bodies, and the Independent Medical Indemnity Organisations;

It is recommended that the experience gained and the valuable work done on this project to reduce a number of obstacles in workforce mobility in the areas targeted and focussed on, be now used and built upon to explore additional opportunities to encourage co-operation between organisations in both jurisdictions to further improve cross-border mobility within Health and Social Care

2.0 Project Overview, Identification of Need and Baseline Position

In September 2000, the North/South Ministerial Council commissioned a Study of Obstacles to Mobility between the two parts of the island of Ireland. CAWT contributed to the scoping of this research and outlined some of the specific obstacles relating to health and social care provision that prevented the level of mobility that is now being encouraged. Specific reference was made to the Altnagelvin / Letterkenny feasibility study in 1999-2000 which documented thirteen areas of constraints and limitations that could impede effective partnership working. Five of these relate directly to workforce issues:

- Employment legislation can have serious impact on partnership working
- Registration of Allied Health professionals (AHP) is carried out in both jurisdictions by separate bodies who often have different sets of requirements;
- Administrative differences in terms of pay scales, conditions of employment, job description and tenure of office make it difficult to have joint recruitment drives, sharing of staff pools, staff placements/rotations and joint appointments;
- Medical defence insurance, which is operated by private providers in the Republic of Ireland, is operated by health authorities in Northern Ireland, making it difficult to enter into cross border arrangements at a senior medical level;
- Currency fluctuations

In 2001, the North/South Ministerial Council published its report of the study it had commissioned into obstacles to mobility. There were a number of recommendations in the area of education, training and employment.

At Departmental level a cross border working group was established to try to bring forward implementation proposals on each of the recommendations of the Study of Obstacles to Mobility (Nov 2001) by the North South Ministerial Council. This working group was jointly chaired by Bernard Carey, Director, Personnel Management and Development Division, Dept. of Health and Children and David Bingham, Director of HR, DHSSPS. The CAWT Human Resource Strategy Group presented to this working group in 2004.

It was intended that these studies and associated recommendations would form the core focus for this project by capitalising on work already completed. Progress in relation to these issues would create an environment more conducive to and supportive of cross border working. The reality however has been that whilst there is a political drive to demonstrate gains in cross border cooperation, prior to this project, actual progress on the ground has been somewhat patchy. *This project aimed to focus on practical ways to support and enhance cross border mobility within the context of current CAWT cross border activity.*

3.0 Overall Aim of Project

The main aim of the Project was to encourage greater cross border workforce mobility by overcoming obstacles to cross border working in relation to recruitment, training, qualifications, registration and indemnity specifically within the health and social care sector.

4.0 Achievement of Objectives

List project objectives (as set out in the project Letter of Offer) and how these have been met evidenced by project activity and outputs.

4.1 Appoint a Human Resources Practitioner to implement the actions recommended within the Human Resources Strategy on behalf of the Human Resources Strategy Group.

Pauline Doherty, HR Officer/Project Manager, commenced on 6th June 2005. An

administrative resource was available for part of the project.

4.2 *Liase with and lobby the North South Ministerial Council, both Departments of Health and the professional registration and regulation bodies in order to:*

- ***Encourage the synchronisation of registration arrangements***
- ***Examine conditions of employment***
- ***Proactively support the linkages between professional registration and regulation bodies with regard to the mutual recognition of qualifications***

The project board decided that, due to the political context in the earlier stages of the project, meeting with the North South Ministerial Council (NSMC) was not regarded as a priority. However, the Project Manager met with representatives of the Council Secretariat in July 2006 to discuss progress by the Departmental Working Group on the recommendations laid out in the 'Obstacles to Mobility' study in 2001. Although progress was limited, the Council was awaiting a report from the working group. CAWT Project Manager was invited by DHSSPSNI to contribute to this report to include outputs of the CAWT mobility project and is currently awaiting final draft of the report.

Meetings with the professional and regulation bodies have been regular and agreements have been reached which remove or minimise obstacles to cross border workforce mobility. Outputs of these meetings include:

GP Out of Hours project:

Agreement by the Department of Health (NI) to amend the Medical Services Performers List regulations to enable GPs from RoI to consult with NHS patients. This pilot project has been implemented and patients from Keady are accessing out of hours services in Castleblaney and patients from Inishowen are accessing out of hours services in Derry. Project evaluation to date indicates that the pilot project has been successful.

Agreement of General Medical Council (GMC) to accept legal advice secured by CAWT which stated that there was no requirement for RoI GPs to register with the GMC in order to treat NHS patients.

Agreement of independent medical indemnity organisations to allow their members to treat patients from the opposite jurisdiction.

Emergency Planning projects:

Agreement from professional & regulatory bodies* for their registrants/members to provide services in the opposite jurisdiction in the event of a *Major Incident* (see *Mimms definition at Appendix 1*) whilst still being accountable to them. The agreement also acknowledges that professionals from the opposite jurisdiction can cross the border to treat patients without prior registration with local regulatory bodies.

*(*GMC, Medical Council of Ireland (IMC), An Bord Altranais, Health Professions Council (UK), Irish Society of Chartered Physiotherapists, Irish Institute of Radiographers and the Academy of Medical Laboratory Scientists)*

Indemnity

The Project Manager, together with representatives of both Departments of Health (Andrew Hamilton & Brendan Phelan) and the State Claims Agency (RoI)

have developed an indemnity reciprocal agreement which allows health and social care employees to work in both jurisdictions within a range of contexts described within the agreement. The agreement indicates clearly where liability lies (*see agreement at Appendix 2*).

GP Registrar Exchange Programme

Agreement from independent medical indemnity organisations to cover GP Registrars to attend 1 week practical training in the opposite jurisdiction.

Agreement from the GMC and IMC to allow GP Registrars to participate in practical training, including the treatment of patients, in the opposite jurisdiction for 1 week per year.

Cross Border Working group in Social Work & Social Care

Project Manager has convened and facilitates a working group in Social Work and Social Care comprising senior representatives of the National Social Work Qualifications Board (NSWQB) and the Northern Ireland Social Care Council (NISCC). The work of the group builds on an established tradition of cross border co-operation in social work and social care between relevant organisations in both jurisdictions. The formation of the group, which meets on a regular basis, formalises existing arrangements and provides a structure to progress work on a collaborative basis.

The key objective of the work is to reduce obstacles to cross border mobility for social work and social care staff while at the same time ensuring public protection. The group recognises the contribution it can make to the delivery and development of high quality social care practice and education. Members explore opportunities for resourced cross border collaboration and have a commitment to moving work forward. (*See terms of reference at appendix 3*). The group have submitted an application via CAWT for Interreg IV funding which aims to enable Social Workers who are trained in one jurisdiction to work in the opposite jurisdiction with greater ease.

4.3 Establish a network of HR practitioners from health and social care organisations in the CAWT region to support cross border mobility of the health and social care workforce

Project Manager convened 2 additional cross border HR networks which comprise senior specialists from the CAWT partner organisations - WHSCT, SHSCT, HSE West & HSE Dublin NE:

Management Development group

The Project Manager together with the Management Development sub group worked continuously from July 2005 towards the development of a new and innovative Action Learning programme for senior service managers and clinicians within the CAWT area. The programme, which commenced in February 2007 and was managed by the Mobility Project Manager, aimed to promote and develop cross-border health and social care services. Participants from both jurisdictions learned together, shared best practice and developed cross-border initiatives and, in doing so, built their leadership and management skills, developed personally and professionally and formed lasting networks.

The programme was delivered by an independent cross border partnership that worked closely with the Project Manager and Management Development sub

group to ensure that the programme is successful.

The cross border Management Development group have submitted an INTERREG IV project proposal to CAWT which, if funding is approved, will see the development of a coaching and mentoring network in the border region. Coaches and mentors will be in the opposite jurisdiction to those being coached which will maximise the potential for learning on a cross border basis.

Health & Safety group

This group benefited from collaborative working in the area of risk assessment and is currently working towards the development of a best practice guide for assessing the risk posed to staff involved in manual handling and other risk areas within the partner organisations. A funding proposal has been submitted which aims to develop a Manual Handling and Passport Information Scheme which would ensure consistency of moving and handling training and allow staff to transfer their skills when moving between organisations and jurisdictions. The template developed would be used as a basis for transferring other categories of mandatory training between organisations and jurisdictions.

The following groups were in existence prior to the implementation of the Mobility project however, the project has improved the focus of the work of these groups:

Equality group

The Equality sub group derives significant value from networking and sharing of information between the 2 jurisdictions. The group worked on the development of a multicultural handbook adaptation, which was led by HSE West. The group are committed to continue to work collaboratively in order to share best practice, enable joint learning and develop the cross-border context of their work.

An INTERREG IV proposal has been submitted which seeks to develop an Equality Monitoring Information System to be piloted across all CAWT projects to support the capacity to robustly capture critical service user information to help them plan, develop and enhance service provision to all members of the community.

Recruitment group

The staffing requirements of CAWT projects and CAWT Development Centre have been significant since 2005. As CAWT is not a legal entity, the CAWT partners are responsible for recruiting staff to work on CAWT projects. The Project Manager has worked closely with the recruitment group in the development of job descriptions, person specifications, job evaluations, advertising, appointment and induction of new staff. This group has developed recruitment procedures and protocols which reflect the cross border context for use by partner organisations (*see appendix 4*). Group members are committed to providing vital support and expertise to CAWT.

All four of the HR-related groups detailed above have met 3/4 times per year and continue to do so on an on-going basis.

Other networks

Enquiries were made to the Department of Health (NI) in relation to the Project

Manager joining the Departmental cross border working group which aims to reduce obstacle to mobility. This was not approved, as membership was restricted to civil servants from both jurisdictions. The Project Manger has maintained contact with Department personnel who are involved in taking this work forward to ensure that the work of the project is consistent with the work of the Departments in the area of cross border workforce mobility.

4.4 Identify and examine the issues around collaborative workforce planning

The project has secured opportunities to sustain services in both jurisdictions by employing staff e.g. consultants, on a full time basis to work across the 2 jurisdictions. It would not have been possible, in all cases, to sustain these services if they had existed in only one jurisdiction e.g. if the patient numbers were not significant enough. Projects that took advantage of this collaboration included Diabetes, Renal, Oral Max, ENT, Radiotherapy and the new Cardiac Paediatric Surgery project.

The project continues to identify opportunities to secure and develop services that can only exist if employers in both jurisdictions work collaboratively to employ and share their workforces. The Project Manager is the CAWT link for the new cross border Acute sub group and is currently working with this group, under the INTERREG IV programme, to develop new services in ENT, Urology & Vascular. If funded, this will involve appointing a significant number of staff, including Consultants, to treat patients from both jurisdictions.

The new INTERREG IV social work project, if funded, will improve workforce planning within health & social care organisations in both jurisdictions, as Social Workers will have improved capacity to work on a cross border basis.

The Project Manager, through consultation with relevant personnel, has developed a job evaluation protocol which awards grades to CAWT posts that are consistent with grades in each jurisdiction (*see appendix 5*). CAWT posts are now equally attractive to RoI and NI health and social care workforces.

5.0 Project Management Processes

Outline the processes adopted in implementation of the project.

The project ran from June 2005 – June 2008 and during this time the project board met on 8 occasions. The Project Manager also met regularly with the Project Executive; monthly during the initial stages of the project and quarterly thereafter. There were also one-to-one meetings between the Project Manager and individual members of the project board, depending on issues to be addressed.

The PRINCE2 project management methodology was the structure used for reporting on project progress and for identifying any issues which arose during the life of the project. This was regarded by the Project Manager and Project Board as an effective tool for updating members in advance of meetings, enabling time at meetings to be used to deal with any issues and planning for the next project stage.

Project team member's work schedules were consistently hectic and issues relating to the restructures in organisations in both jurisdictions required the attention of the team, which therefore limited their availability further. As a result, it was sometimes difficult to secure full attendance at meetings and buy-in from all partners in the decision-making process. The Project Manager ensured that all members of the project team were fully briefed on project progress, via the PRINCE2 methodology, emails, circulation of notes of meetings and individual meetings with team members.

Project board members were crucial in sign-posting the Project Manager to relevant personnel/organisations who might impact on the resolution of obstacles. The Project Manager was effective in securing participation from several organisations/personnel from both jurisdictions in discussing the issues and obstacles to mobility and agreeing ways forward.

6.0 Impact of Project

What improvements were made in service delivery as a consequence of the project?

- ***Emergency Planning***

Discussions and agreements reached with the professional and regulatory bodies has enabled professionals to work across 2 jurisdictions in the event of a Major Incident, without requirement for prior registration with regulatory bodies. This is a crucial support for health services in both jurisdictions which, in the event of an incident such as the Omagh Bomb or Stardust Disaster, would not be able to cope with the volume of patients requiring treatment, without assistance from health organisations in the opposite jurisdiction.

- ***Indemnity Reciprocal Agreement***

The 2 Departments of Health and the State Claims Agency entered into an agreement, which provides assurances to staff that they are covered to work in the opposite jurisdiction in certain scenarios. Providing that appropriate professional registration, or an alternative agreement, is in place, staff can now provide services for patients in the other jurisdiction without fear of liability.

- ***GP Out of Hours Services***

- a) DHSSPSNI agreement to amend the Medical Services Performers List Regulations;
- b) Agreement by the General Medical Council that Republic of Ireland GPs can treat NI patients without registration with GMC and
- c) Agreement of independent medical indemnity organisations for GPs to treat patients from the other jurisdiction.

These agreements have enabled patients within the pilot area to access the closest Out of Hours service to their home, regardless of whether this is in the other jurisdiction to which they reside.

- ***GP Registrar Exchange Programme***

The exchange allows GPs to undertake practical training on systems which

exist in the other jurisdiction and thus enables them to make improvements in systems in their own practices. Improvements in systems will lead to an overall better service for the patient.

- ***Cross Border Working Group in Social Work and Social Care***

NISCC is the regulatory body for Social Work and Social Care in Northern Ireland. The NSWQB sets educational standards and validates international social work qualifications in the Republic of Ireland. Social Work is on the brink of becoming regulated in RoI and NSWQB personnel will play a key role in the Council that regulates the profession. This cross border group recognises the contribution that collaborative working can make to the delivery and development of high quality social care education, practice and regulation, which will result in improved services for clients.

By sharing best practice and planning collaboratively the group have worked towards improvements in the areas of counselling standards, induction standards for foreign workers and lines of communication between the 2 jurisdictions. Other areas of work relate to European developments, improving accreditation standards, reviewing Social Worker competencies, consideration of an award scheme for social care workers and improving post-qualifying frameworks for high quality professional development.

Improved communication between these organisations is critical for limiting the ability of practitioners, whose practice is under question, to move freely between jurisdictions. This is important for the safeguarding of clients.

- **Development of HR networks**

Management Development – Health organisations that invest in staff development reap the rewards of the provision high quality services for patients and clients. This group have developed an Action Learning programme for senior service managers from both jurisdictions. The programme included a requirement for participants to develop a service within the context of Action Learning. The evaluation report demonstrates improvements in service areas for patients and clients.

The Health & Safety and Recruitment groups have derived significant value from sharing of best practice which is implemented in the other jurisdiction. The work of these groups impact on the quality of staff recruited to deliver services and their ability to work in a safe environment.

The Equality group share information around initiatives that impact on the equality of access to services for patients.

7.0 Communications Plan

How was the plan implemented?

- Contributed to the overall CAWT strategic communications plan i.e. PR planner, website updates, articles for distribution to internal and external media.
- Monthly updates at CAWT Development Centre team meetings.
- Monthly updates in the CAWT 'Projects List' which is circulated to CAWT Management Board, Secretariat and sub group meetings.
- CAWT in Action newsletter updates.
- Inclusion in CAWT Annual Report.
- Article in CAWT Interreg IIIA Legacy Report 2008.
- Inclusion of required logos in all documents relating to the project.

8.0 Dissemination of findings or products of the project?

- Via various sources of media described in above in section 7.0.
- Inclusion in relevant Service Level Agreements between 2 jurisdictions e.g. emergency planning and indemnity reciprocal agreement.
- Yet to be completed - Indemnity agreement and agreements with professional regulatory bodies communicated to National Directors of PCCC and Hospitals (HSE) and Directors of Planning and Performance Management of the HSC Trusts (NI).

9.0 Lessons Learned

Please list the key lessons learned for the delivery of future projects

Due to the nature of the project, it was difficult to describe the tangible anticipated outcomes and benefits at the outset of the project. The project board understood that the needs of the service i.e. obstacles encountered, would determine the agenda for work undertaken within this project. It is important to acknowledge that obstacles cannot be overcome or worked through in a vacuum but must be linked to tangible obstacles which impact adversely on service delivery.

Understanding of the issues to be addressed is key to the success of work undertaken in this area. Project board membership must consist of relevant personnel within the health services who are in a position to make strategic decisions and signpost the Project Manager to those individuals and organisations that are key to overcoming the obstacles. The Project Board was valuable in this role in the project.

To enable Project Managers and project boards to understand the CAWT structure and their role in relation to the project, it is essential that CAWT continue to provide a comprehensive induction to all those responsible for projects. Comprehensive induction was not provided for this project team, which hindered the progress of the project in initial months.

10.0 Sustainability

How will the project/outputs/service be maintained/expanded/improved beyond the life of the project i.e. where do we go from here

The DHSSPSNI and HSE have funded the appointment of a HR & Workforce Mobility Manager within CAWT until 2013 to continue work in this area.

11.0 CAWT Project Indicators

Activity	Target (LoO)	Actual
Job Creation	2	2
Project Board Meetings	6	8
HR-related sub group meetings	8	31
Other stakeholder meetings	10	24
Events/seminars	4	5
Review report	1	1
Evaluation report	1	1

12.0 Project Evaluators Recommendations:

The following recommendations are offered for consideration by the Project Executive and Project Board:

- A review should be undertaken to identify further opportunities to address future issues across both jurisdictions
- The work that has been undertaken should be built upon particularly in the area of workforce development and workforce planning.
- A scoping exercise should be undertaken to identify service needs in both jurisdictions where services would be enhanced by collaboration

Kieran Donaghy, Director of Human Resources, Southern Trust, summed up the value of this work:

" Any initiative which reduces the barriers to mobility between the 2 jurisdictions between professional groups is to be welcomed in the interest of patient and client service."

Signed:

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