Allied Health Succession Planning Practices in a Large Local Health District: A Descriptive Study

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Introduction

- Current workforce trends resulting in high-turn over of staff (Phillips et al, 2018)

- What is Succession Planning (Rothwell, 2010)

- Lack of succession planning is a workforce risk (South Western Sydney Local Health District, 2014)

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Introduction

- No consensus of best practice for succession planning programs but agreement of components (Carriere et al, 2009)

Research Questions

- To evaluate if AH informal SP practices meet the recommended components?

- To identify if AH staff perceive an organisation wide SP program meets their needs?

Method

- Qualitative study with phenomenological methodology

Purposeful Sampling	Two Participant groups	Four Focus Group Sessions	Thematic Analysis

- Two targeted participant groups:

1. Drivers of succession planning

2. Receivers of succession planning

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Results: Participants

|		Diet	OT	PT	Pod	SP	SW	Total
Drivers	Total #	1	1	2	1	2	1	**8**
	SP program	0	1	0	0	0	0	**1**
Receivers	Total #	1	4	5	0	0	1	**11**
	SP program	0	3	1	0	0	0	**4**
Total	Total #	2	5	7	1	2	2	**19**
	SP program	0	4	1	0	0	0	**5**

Results Q1: Strategic Planning
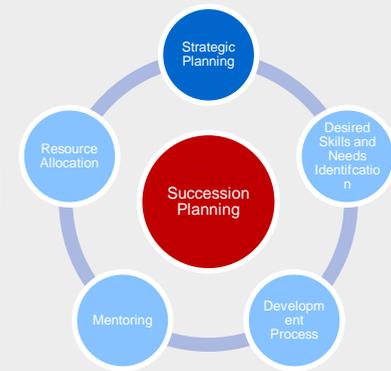
"It really has to be driven by the department in that you to have to identify when the person goes and what we are gonna do" (R2)

"Succession planning frameworks, I don't believe they work…succession planning should be… you understand your services, you understand what best practice is… you look at future EBP models, where we don't meet the demand at the moment and try to build workforce capacity and training to actually meet those needs" (D2)

"My focus is more on skill development not to prepare for succession" (D1)

"Those clinical skills are where some of the risks are, especially with increased specialisation… in highly specialised clinical roles, we don't have a lot of options to replace" (D2)

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Results Q1: Desired Skills and Needs
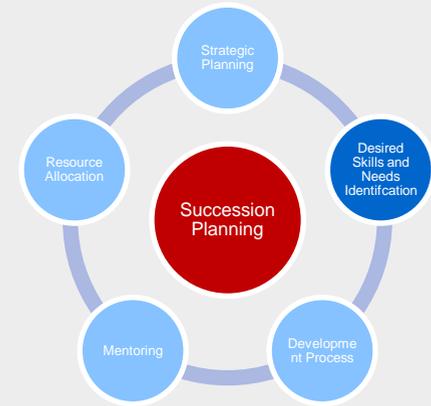
"It has to be clear; I think a clear process... how do I breach that gap...If one of my managers had said, okay, you need to do A,B,C... I think that could at least then given me a bit more confidence" (R1)

"Sometimes you have people that are really keen to progress. They don't have the skill and you're trying to train them but some people just don't have it. Perception... is not always a reality" (D1)

Diagram: Succession Planning (center) surrounded by Strategic Planning, Desired Skills and Needs Identifcation, Development Process, Mentoring, Resource Allocation.

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Results Q1: Development Process

"Succession planning is the end point but, how you get there is all of those other things and the value that's placed on education and training and on research and things is very important" (D2)

"It's giving them [HGD] opportunities whether it's within a [facility] or secondments to other hospitals to kind of move upwards and beyond or across" (D1)

"Supervision, the culture is that it is important, we quarantine that time, it's valued" (D2)

"By sending someone out you risk losing them…you're still giving an opportunity for someone to be trained up underneath…so it's opportunity to build capacity and hope they come back and you get two people" (D2)

Strategic Planning
Desired Skills and Needs Identification
Resource Allocation
Succession Planning
Mentoring
Development Process

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Results Q1: Mentoring

"It was great to have someone who was quite high up in the organisation that you could talk to… often they've got a whole different circle of influence of people…I think that can be useful" (D1)

"We've tried to bring that mentoring informally into the department… some people took it on… but we've found that a lot wanted to do it but didn't actually" (R1)

"I think it would have to be formal… I think if they worked on that a bit more it would be quite a nice way" (R2)

Results Q1: Resource Allocation
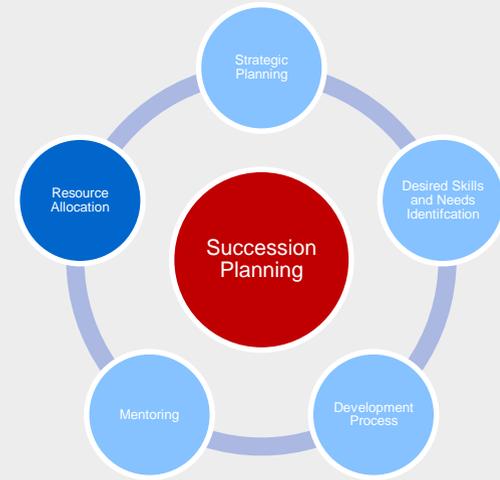
"We don't have backfill for leave coverage let alone actually planned skill development" (D1)

"To think about succession planning… if we can have improved [recruitment] processes then I think there's going to be more opportunity" (D1)
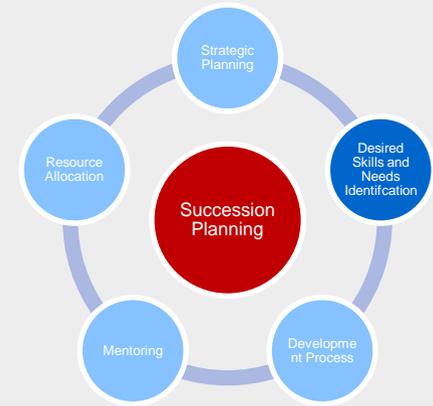
"If we had the budget to run maybe you know 3 or 4 positions over profile across the district and this becomes a leave cover/casual pool" (D1)

Results Q2: Desired Skills and Needs

"It's got a good structure in terms of outlining all of the potential things that you would need to know, as a manager, or as a leader in a role" (R1)

Results Q2: Development Process

"*What I like about the (program) is that there's that combination of online and face to face*"(R1)

"*I think it has capacity to support SP but I do think it needs to be tailored to the person…we also need to give people that experience and at the right time and in the right place and with the right level of support*" (D1)
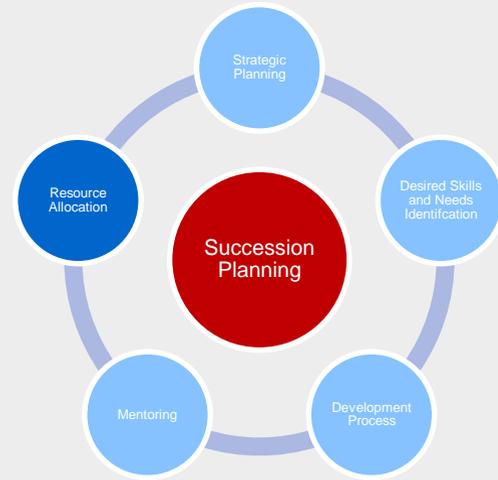
Results Q2: Mentoring

"*Shadowing the person that you're learning the task off but then actually being coached around it you know so you've got that support*" (D1)

Results Q2: Resource Allocation

"My role doesn't allow me to do much on work time PD so it's good for me that I can do the online, access HETI from home" (R1)

"I'm finding the administrative side of it extremely arduous" (R2)

Discussion & Conclusion

- Development processes for leadership and management succession planning are a strength of AH

- Variability in strategic planning and desired skills and needs components occurs across disciplines

- Mentoring and resource allocation is considered important but lacking

- Risks are succession planning for clinical specialty positions

- Informal succession planning is preferred to formalised programs

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Translational Impact

1. Development of a Succession Planning guideline and training package

2. Development of a formal mentoring program

3. Review of resource allocation to support succession planning

4. Collaborative review of organisation wide program between AH & education centre

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Questions?

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