

## **Mill Workers Hospital – A Case of a Hospital in Distress**

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Everything was normal with patients lined up in front of the Out Patients' Department (OPD), and doctors and nurses completing their usual chores of checking on patients in their respective wards. But Mr. Pradeep Kumar, the Sr. Manager (HR/IR), was sitting in his office in a pensive mood and thinking about the annual performance appraisal scheduled for the next month. He had recently been transferred to Mill Workers' Hospital (MWH)<sup>1</sup>. Earlier, he was employed with the Banaras Textile Mill (BTM), the parent organization of MWH, and was posted in the same city of Varanasi.

His immediate reporting superior, the Head (Administration), was not very pleased with the performance of his predecessor. It did not take a seasoned HR manager like Mr. Kumar to understand that things were not alright – as far as the human resource management practices of MWH was concerned. If there was one thing that had bothered him the most, it was the Performance Management System of MWH. MWH, which started as a captive hospital for Banaras Textile Mill, had adopted all its HR management practices from its parent organization. Over the years, this has led to creation of many levels of hierarchy in MWH doctors' category. He wondered if that was a problem and, if it was, whether it could be tackled just by changing the present system or if there was a need to look at the problem holistically.

These were the primary concerns of Mr. Kumar because he was the one responsible for motivating the employees and improving the performance culture of the organization with

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<sup>1</sup> The name of the company and different characters have been disguised for the purpose of the case.

an improved and more effective performance management system. With all these thoughts in mind, he stared at his sanctioned leave application – his last vacation, after which he will have to start confronting with the problem.

### **Mill Workers' Hospital**

Mill Workers' Hospital is part of the Medical Services Division of Banaras Textile Mill and has its nine dispensaries around Varanasi. MWH provides curative health care services to the employees of Banaras Textile Mill and their families free of cost. MWH also extends its facilities to non-entitled patients from Varanasi and its surrounding areas. Mill Workers' Hospital, which is more than forty years old, was established in 1973 soon after the inception of Banaras Textile Mill in 1972.

It is a 975 bedded secondary care hospital equipped with modern facilities employing around 2000 professional, trained and qualified staff out of which 850 are permanent staff which includes around 260 doctors and 40 administrative executives. The Administration division includes the HR, Supply Chain, Accounts, Security and Housekeeping executives (Refer to Exhibit 02 for the complete list of executives in the Administration Department). Nurses total to around 500, out of which around 250 are permanent staff and the rest is contractual. Technicians, paramedics and pharmacists total up to around 150 personnel. In total, there are about 1100 contractual staffs. These include, apart from nurses, the lift operators, security guards, housekeeping, patient attendants, laundry, kitchen and other civil jobs. Apart from the top executives, the entire workforce in Housekeeping and Security is contractual.

MWH was started as a captive hospital for BTM but over the years it has grown to become a multispecialty hospital, and is one of the most revered hospitals in Uttar Pradesh. In addition to providing healthcare to the people of the region, it also provides educational opportunities in the form of Diplomat of National Board (DNB) in Anaesthesia, ENT, Medicine, Obstetrics & Gynaecology, Orthopaedics, Pathology, Paediatrics, Radiology and Surgery. MWH also has a nursing school that was started in the year 1981. The phenomenal

success of MWH in providing healthcare and education can be attributed to the strong BTM values and ethics and is aptly captured in the quality statement which reads as follows:

*“MWH aspires to be a patient friendly hospital providing comprehensive quality health care. It aims to provide prompt and efficient treatment to the employees of Banaras Textile Mill, their dependents and the community at large. MWH shall achieve this through optimum utilization of resources, ethical practices and improvement in its processes, technology and human resources and through fostering an environment of academic excellence”*

The hospital has various departments offering healthcare services in specific areas. All clinical departments treat their outdoor patients in the OPD. In-house patients are treated in the hospital wards, generally organized according to specialties. The hospital also maintains a medical store for procuring and storing medicines, implants and all other consumables. The medicines are dispensed to patients through pharmacy counters located in the OPD complex and at the various dispensaries. MWH provides specialty services in various domains. Funded by BTM in its initial days, MWH has made significant progress towards becoming self-sufficient in terms of its finances. The change in focus of cutting man-power costs and transforming the hospital from a cost centre to a revenue centre has helped MWH achieve this. One key change was inclusion of financial targets in doctors' KRAs. An important step towards rationalisation of man-power cost was the replacement of permanent nurses with contractual ones. Since the year 2004, not a single permanent nurse has been recruited by the organization.

### **Organizational Structure**

MWH functions as the Medical Services Division of BTM. The General Manager (Medical Services), BTM is at the top of the hierarchy. He forms an interface between MWH and its parent organization, BTM. The Chief – MWH is second in hierarchy and performs discharges administrative functions pertaining to MWH as a whole. The hospital has two medical divisions – Medical Indoor Services (MIS) and Medical Support Services (MSS), each headed

by a Chief who reports directly to the Chief – MWH. The Chief – MIS and Chief – MSS are doctors responsible for discharging administrative functions pertaining to their division in addition to their technical functions. The Medical Indoor Services as well as the Medical Support Services contain several departments as listed below. These departments are individually headed by their respective Heads of Department (HOD). Refer Exhibit 01 for the partial organizational chart of MWH.

**Medical Indoor Services:**

This division consists of the following departments:

- |                                |  |
|--------------------------------|--|
| 1. Medicine                    | 8. Psychiatry                            |
| 2. Cardiology                  | 9. Neurosciences                         |
| 3. Dermatology                 | 10. Eye                                  |
| 4. Chest                       | 11. Dentistry                            |
| 5. Paediatrics                 | 12. Pre-<br>Anaesthetic &<br>Pain Clinic |
| 6. Obstetrics &<br>Gynaecology | 13. Physiotherapy                        |
| 7. Orthopaedics                |  |

**Medical Support Services:**

This division at MWH consists of the following three departments:

1. Emergency & Casualty Services
2. Diagnostic Service
3. Critical Care Services

**Hierarchy of doctors at the department level:**

At the entry level, MWH recruits doctors with an M.B.B.S. degree at the Medical Officer or O4 level. The minimum qualifications and work experience required for subsequent

promotions have been depicted in the table below. Non-specialists start at the O4 level while Specialists start at the E7 level in the organizational hierarchy. The Registrar's position and upwards require a post-graduate degree i.e. M.D. or M.S. A Senior Registrar must have worked for at least 7 years in his/her department specialty before being promoted as an Associate Specialist in his/her field. Currently, as MWH is facing shortage of specialists, it is also hiring at the Associate Specialist level for certain specialties. A Senior Specialist must have minimum 3 years of work experience in his present capacity to be eligible for the position of the Head of Department (HOD). For the non-specialists, the basic pay would range roughly between Rs. 6000/- and Rs. 15000/- depending upon the level and years of experience. For the specialists, the same would range between Rs. 10000/- and Rs. 40000/- depending upon the level and years of experience.

**Table 1: Hierarchy within Doctors**

Level in Org. Hierarchy	Designation	Minimum Educational Qualification	Minimum Work Ex. for being eligible for promotion	Present Number
<b>Specialist</b>				
E3	Senior Specialist/Chief	M.B.B.S. + M.D./M.S.	3 yrs. as HOD	2
E4	Senior Specialist/HOD	M.B.B.S. + M.D./M.S.	3 yrs. as Senior Specialist	17
E5	Senior Specialist	M.B.B.S. + M.D./M.S.	3 yrs. as Specialist	14
E6	Specialist	M.B.B.S. + M.D./M.S.	3 yrs. as Associate Specialist	18
E7	Associate Specialist	M.B.B.S. + M.D./M.S.	7 yrs. as Senior Registrar	38
<b>Non – Specialist</b>				
O1	Senior Registrar	M.B.B.S. + M.D./M.S.	3 yrs. as Registrar	38
O2	Registrar	M.B.B.S. + M.D./M.S.		58
O3	Senior Medical Officer	M.B.B.S.	3 yrs. as M.O.	46
O4	Medical Officer	M.B.B.S.	Fresher	23

Another point that perhaps merits a mention is that a Graduate Trainee (GT), with a Bachelor's degree in Engineering, joins BTM, the parent organization of MWH, at E-4 level, while a doctor with a MBBS degree joins at level O-4, which is 7 notches below E-4. In BTM, a Graduate Trainee who joins at E-4 is confirmed to the position of a Manager after 1 year. Upwards from E-4, the promotion is solely based on performance. It takes an average of 3 years for a Manager to get promoted to Senior Manager – E3. The Senior Manager takes an average of 4 years to get promoted to Head – E2B. There is a lot of difference in the number of years taken by individuals to move upward from E-2B. It goes without saying that not all employees succeed in moving upwards. The ones who do are the ones who display superior performance and have the required competencies to shoulder greater responsibility. E-2 is the Chief of a Department and E-1B is the Dy. General Manager. E1 is the General Manager who reports directly to the Managing Director of BTM.

**Nursing Staff at MWH:**

Career advancement plan or provision for promotion is only available for permanent nurses at MWH, and not for the contractual staff. The nursing staff at MWH is headed by a Nursing Superintendent (NS) and a Deputy Nursing Superintendent (DNS), both of whom hold officer status. Apart from them, all other permanent nurses fall in the supervisory grade. Nurses in the supervisory cadre are recruited at the Staff Nurse level and have opportunity to rise to the Matron level. The total monthly remuneration for permanent nurses in the supervisory category lie between Rs.15000/- and Rs. 35000/- depending upon their level and years of experience. The contract nurses, on the other hand, receive a consolidated amount of Rs. 8000/- to Rs. 12000/- per month depending upon experience.

The detailed hierarchy of the nurses is given below:

**Table 2: Hierarchy within permanent nurses**

<b>Officer</b>	
Nursing Superintendent	Heads Nursing staff at MWH
Deputy Nursing Superintendent	
<b>Non-Officer (Supervisor)</b>	
Matron	Staff in-charge
Supervisor Sister	Block in-charge
In-charge Sister	Ward in-charge
Staff Nurse	Entry Level

### **Performance Appraisal - Officers**

The officer cadre comprises primarily of doctors, technicians and the administration staff. Apart from the N.S. and D.N.S, all other nurses fall in the non-officer category. As mentioned earlier, Mill Workers' Hospital was established in order to cater to the requirements of the employees of Banaras Textile Mill and their dependents. Therefore, the appraisal system for MWH was also developed in line with that of Banaras Textile Mill.

For the officers, a Balanced Score Card approach is followed with targets fixed under five different heads, namely:

- Financial
- Internal Business Process
- Customer
- People
- Special Projects

Under each of the different heads, Key Result Areas (KRA) are identified. For every KRA, a certain number of initiatives are listed down. The initiatives also contain the resources required for the attainment of the target. Thereafter, a target for each of these KRAs is conceptualized. To fix the target, the extent of stretch based on pre-work is probed. Factors such as past performance, constraints, market conditions etc. are considered. For every officer, a maximum of 8 to 10 KRAs are specified.

Senior doctors are given suitable financial targets, while the juniors are mostly expected to focus on customers and internal business process. The financial targets are primarily monitored in terms of cost saving and the annual business turn-over that a HOD was able to achieve through the various processes that he/she implemented during the year.

Few of the typical parameters which judge the performance of a HOD would be Safety, ISO Audit, NABH Audit, Cleanliness, and Customer Complaints. As is evident, the parameters are very similar to those of the Banaras Textile Mill. Ironically, the number of patients operated or post-operative mortality rate is not used to assess the performance of a doctor.

### **The Appraisal Process**

The appraisal process comprises the 5 steps given below:

#### **Step 1: Performance Contracting**

Primary responsibility lies with the individual officer. The solid-line Superior does the performance contracting with his/her subordinate. Performance dialogue is between the superior and subordinate to finalise KRAs and targets.

#### **Step 2: Mid-Year Review**



The mid-year review is done by the solid-line Superior. However, he must take suitable inputs from the dotted line superior. The purpose of the Mid-Year Review is to review performance and develop a suitable plan of action for the final targets.

**Step 3: End-Year Review**

The end-year review comprises two parts: Self-Evaluation and Evaluation by the Superior. The self-evaluation process is self-explanatory and the employee is expected to rate himself/herself on the basis of the targets achieved. The evaluation by the superior does not take place in the presence of the employee concerned. The superior takes into consideration the self-evaluation rating but the superior's rating is taken as final. The superior also develops recommendations to be shared with the officer.

**Step 4: Talent review meeting**

A one-page summary of the performance is also prepared for discussion in the Talent Review Meeting. This one-page summary is prepared for every officer and is done in a specified format (Refer to Exhibit 03). The format contains allocated space to list down the major contributions, strengths (functional and behavioural) and development needs of the officer. This meeting is presided over by the Chief - Medical Services. The superiors from various verticals come together to discuss the performance of the officers reporting to them. The final outcome of the entire review meeting is to decide upon an organization-wide normalized performance rating. The normalization process is conducted centrally within MWH. Each officer is given a final rating on a scale of 5 depending on his/her performance. The meaning of each position in the 5-point scale has been described below.

✓ **Excellent (top 5% to 10%)**

Much above the stretched level of performance. Such performance stands apart because the degree of difficulty was very high.

✓ **Very Good (next 20% to 25%)**

Meets the stretched level of performance. Such achievements are often quoted in the departmental level.

✓ **Good (next 55% to 75%)**

Meets the expected level of performance.

✓ **Fair (next 0% to 20%)**

Such performance may have caused stress to other team members.

✓ **Poor (next 0% to 20%)**

Much below the expected level of performance.

The organization follows a forced distribution system with the number of employees in each position on the scale pre-determined. The actual percentage of employees is decided on the basis of the performance and financial health of the organization.

### **Step 5: Performance Feedback**

A feedback of the performance is shared with the officer by the superior. The superior provides qualitative feedback on areas like strengths, areas of improvement, development needs and way forward.

**Performance Appraisal – Non Officers**

The supervisory cadre among the nursing staff, laundry staff, kitchen staff etc. fall in the non-officer category. The contracted nursing staff, laundry staffs etc. does not fall under this category. Unlike Banaras Textile Mill, in MWH, non-officers do not move into the officer category. The organization is slowly moving towards contract nurses instead of permanent ones. Recruitment of permanent nurses has been put on hold since 2004. At present, about half of the total nursing staff is permanent and the other half has been contracted to an external agency. The security and house-keeping staff is entirely contractual.

Permanent nursing staffs are part of the Mill Workers Union, and therefore enjoy all the benefits associated with it. Contract nurses, however, are not part of the Union and there is significant difference in the salary and allowances between the permanent and contract staff. There is no provision for night-shift allowance or transportation allowance for the contract nurses. Presently, there is no provision for promoting contract nurses, and the contract is renewed on a year on year basis. The permanent and the contract nurses, however, work side by side in the same department.

**Appraisal and Rewards**

The appraisal system for the workers is totally different from that of the officers. In reality, there is no formal appraisal for the workers. The bonus given out to the nurses are in no way linked to their performance. The management of MWH negotiates with the Mill Workers Union (MWU) to decide upon the bonus amount which is generally given out before Diwali, Durga Puja or any other festival. The performance of the organization during the particular year is taken into account before deciding on the amount to be paid out as

bonus. This amount is distributed to the workers as a percentage of their basic pay. A senior employee, with a higher basic, would therefore, receive higher bonus irrespective of his/her performance during the year. Promotion is also decided entirely on the basis of seniority. There are no other criteria for deciding who to promote and who not to promote.

For the permanent nursing staff, there is the Shabaashi Scheme for employees who excel at their work. Employees get nominated for the Shaabashi Award based on the recommendation of the superiors. There is a provision for Instant Shaabashi and monthly Shaabashi. For the monthly Shaabashi one has to be nominated first, and then the award has to be approved by a Recognition Team. The Shabaashi awards are, however, not very formal and the monetary benefits are quite insignificant, never exceeding Rs. 600/-.

For the Contract Nurses, there is provision of Suvidha shop coupons. In the year 1995, the organization set-up 'Suvidha' shops (a convenience store) within its premises, primarily for the benefit of the patients. The 'Suvidha' shop coupons offer discounts on certain items and are meant to be used only in these shops. This is the only incentive available to the contract nurses as there is no opportunity for career-advancement.

### **Stakeholders' Perspective**

Mr. Kumar was aware that before taking any action to resolve the current issues, he must ensure buy-in from the employees. In order to ensure this, he decided to interact with a few key stakeholders. He understood that the concerns of different categories of stakeholders would be unique. He knew he had to visit a number of departments and meet up with the employees while they were on their duty. This would help him to get a flavour of the situation on the ground.

A Senior Specialist from the Orthopaedics Department complained, *“The responsibility of the nursing staff comes second only to doctors. The doctors, be it in the emergency services or out-patients department have to rely heavily on the nurses for smooth running of the respective department. However, due to utter lack of initiative on part of the permanent nurses, we are facing a lot of trouble in the discharge of the day to day activities”.*

There were other issues with the junior doctors. A young doctor did not mince his words while expressing utter dissatisfaction with the entire situation; he lamented, *“Doctors, such as myself, who joined post 2009, face serious discrimination. We are not allowed to practice in exchange for a paltry sum known as ‘Non-Practising Allowance’. All my friends work for other private clinics for far lesser time and earn much more than I do”*

A Senior Specialist in the Department of Radiology appeared to have a better understanding of the problem. He said, *“One difficult problem is that the contractual nurses do not get the same benefits as the permanent nurses. They are at a disadvantage as they get paid lesser than the permanent employees, and get no monetary incentives or promotion in spite of working in similar conditions and sharing similar workloads. They get a fixed increment of Rs. 750 every year. But MWH is still a lucrative offer to them – being a big hospital with about 1000 beds; we provide them with a good experience at the start of their career.”*

The situation among the permanent nurses was better but even they had their reasons for dissatisfaction, *“There is no system of individual appraisal for nurses in the supervisory grade. The amount given as bonus is same for everyone and this means that some of the lazier people do not bother working at all! But all said and done, I am happy with the current system and am proud on being associated with the brand BTM. There is a little difference*

*between the permanent and contract staff, but at the end of the day all of us are satisfied with the job and facilities being provided to us. There is a special reward scheme, Shabaashi Scheme, being run for all nurses in the supervisory grade”, said the Deputy Nursing Superintendent of the Paediatric ward.*

A doctor in the Blood Bank added another dimension to the problem. He said, *“I am proud to be a part of MWH and Banaras Textile Mill. The administration has good values and really cares for its employees. My only problem is that MWH is treated as an ancillary unit to the mother organization and not as a super-speciality hospital of its calibre”.*

A junior doctor, just out of his emergency duty, seemed exhausted and angry. He complained, *“In the Emergency ward, when you have to dress the wounds of a patient, you have to depend heavily on the nursing staff. It is impossible for the doctors to attend to every single patient. If the nurses falter, the customer goes back dissatisfied. They form an interface with the customers. Emergency services require committed people who would not grudge staying on after their scheduled duty hours. There are many who are refusing straight away. All I can do is to request them. My hands are tied. But then the responsibility lies with me.”*

The situation was not very different in the in- patient ward. *“There are patients in the in-patient ward who require intensive medical care. You have to give them medicines at the proper time and for the ones who are old or invalid, the job of the nursing staff does not just end there. The least that you could expect out of the nurses is some amount of compassion. You do not want to see someone grumbling at you when you are helplessly lying on the bed. As a doctor, how do ensure customer satisfaction without the support of the experienced*

nurses. The contract nurses are ready to work but it becomes difficult to leave the patients at the hands of such young and inexperienced nurses”, said the doctor who was on his usual rounds in the morning.

The OPD seemed packed with people in the morning. All the seats were filled up and there was a long queue in front of the attending doctor’s cabin. Occasionally, she would lose her calm and loud voices were heard from within. When Mr. Kumar went over to her, she explained as briefly as she could, *“In the out-patient department, you need nurses to explain the dosage of medicines to the patients. Many patients are old and may even be hard at hearing. You require patience. Due to utter lack of commitment few permanent nurses simply say they don't know anything about medicines. But then, if we have to explain the prescription to every single patient, we would require about double the time and the number of patients we are able to attend reduces proportionally, thereby impacting the number of people we are able to serve.”*

It was not that there were no complaints against the doctors. A patient, who was an employee of Banaras Textile Mill, expressed utter dissatisfaction as soon as he came out of the OPD. He was very straight forward with his allegation, *“She examined my vitals but was least bothered to hear to what I had to say. She handed me a few medicines from the list of medicines they were allowed to provide. From the experiences that I have had in the past, I thought it was important on the part of the doctors to talk the patients out of their ailment; only medicines seldom work. There is a general rumour that has been doing the rounds in Varanasi for quite some time now. These doctors working in MWH pay more attention to*

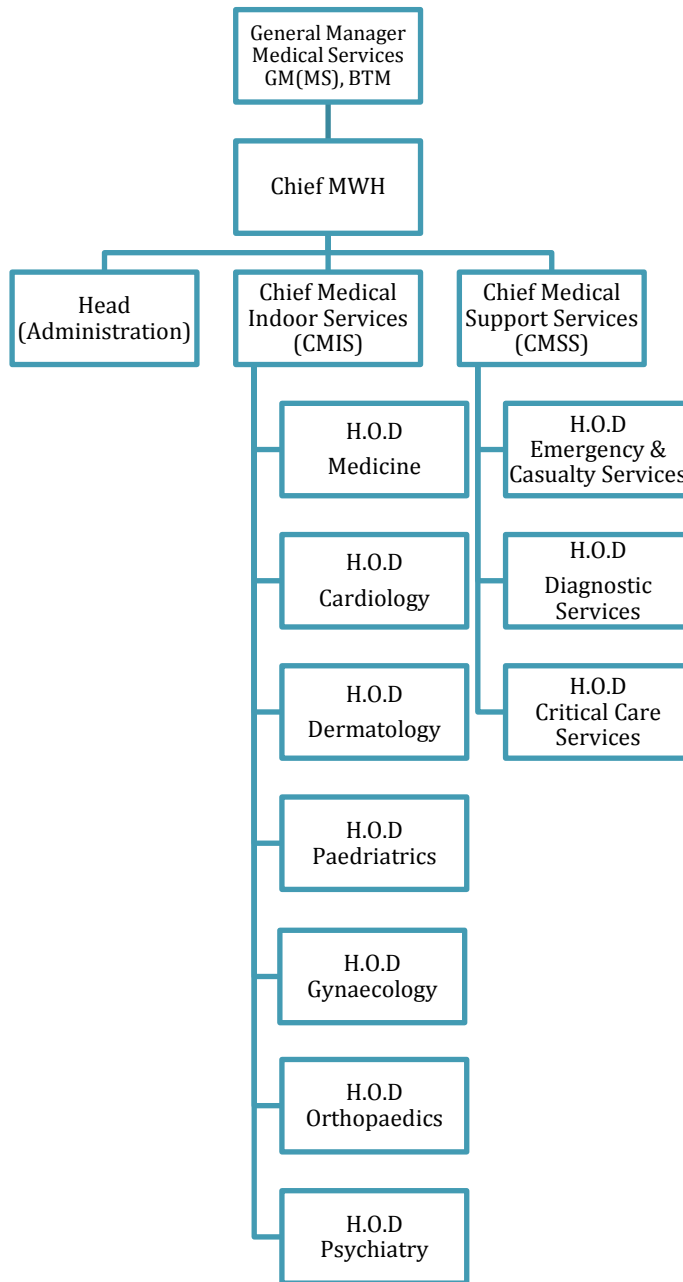
*non-employee patient. Moreover they are more concerned about their personal clinics and so they tend to finish off their work at MWH as soon as possible.”*

*Another patient explained one of his prior experiences. He said, “I fell terribly ill last winter. I had taken my medical book and my ID card along but lost the medical book during the transit. On entering the emergency, I explained to them my state. They said they can’t do anything without my medical book and asked me to go OPD. I went to the OPD where they asked me to get approval for a temporary MR number from the Administration Office which was at the back of Emergency Ward, and then come back to the OPD to issue the same. Imagine my state running back & forth from Emergency to OPD. As if that’s not enough, the approving authority was in a meeting and I was made to wait for half an hour for him to come”*

*A young person who was a management student had other complaints. “Being the only multi-speciality hospital in Varanasi, MWH has a lot to improve. It should make the processes simpler for people who are not employees of the mill. A month back I fell off my bike and developed severe pain in my foot. I visited the OPD, where they advised X-ray. But surprisingly, I was given a date that was seven days hence!”*



Exhibit 01 – Organizational Structure of MWH



*\*Source: HR Dept. of MWH.*

## Exhibit 02 – Designations of MWH Employees

GMMS	Asst. Manager Customer Care
CMIS	Asst. Manager Housekeeping
CMSS	Sr. Officer
Head Improvement Initiatives	Sr. Officer
Administrator Trust Hospitals	Officer, Capital & Misc. Items
Officiating Head Administration	Officer, I/C Record Keeping
Resident Medical Officer (RMO)	Office Manager
Sr. Manager, Supply Chain	Officer
Sr. Manager, HRM	Optometrist
Sr. Manager Administration	Optometrist
Sr. Manager HRM	Physiotherapist
Manager HRM	Physiotherapist
Nursing Superintendent	Clinical Psychologist
Manager House Keeping	Physiotherapist
Manager Business Analyst	Dy. Manager (Nuclear Medicine)
Manager Accounts	Physiotherapist
Manager, Bio Medical Engineering	Physiotherapist
Manager Security	Audiologist Cum Speech Therapist
Dy. Nursing Superintendent	
Asst. Manager, Medicine & Consumables	

**The Administration Department Executives** (names have been purposefully withheld)

*\*Source: Official website of the organization whose name has been anonymized in this case*

**Exhibit 03 - Talent Review Discussion Format**

(One Page for each officer)

Name of Officer	
P.No	
Level	
Designation	
Department	
Superior Name	

Performance Matrix		
Performance Rating	5	
	4	
	3	
	2	
	1	

Competency Assessment					
Comp 1					
Comp 2					
Comp 3					
Comp 4					
Comp 5					
	1	2	3	4	5

**Other Information:**

Major Contributions
Is the officer ready for higher opportunities in the same level or in higher Impact Level
Strengths (Functional or Behavioural)
Opportunities for Improvement
Development Needs (Functional and Managerial)

*\*Source: HR Dept. of the organization.*

## Exhibit 04 - A Sample Balanced Score Card for HOD

1	Safety	KRAs		Target	
	Organisational Safety Improvement Target	Fatality in the department			Zero
Frequency rate of incidents (24 hr basis)				25 % Reduction over previous year	
Severity Index				2.5 on Field Audit Process	
Personal Safety Action Plan	KRAs		Target		
	Personal safety compliance		100%		
	Number of hrs. of safety training		To be decided by the management		
2	Policy Management	My Policy / My Superior Policy		Means	Target
	(Measures which are identified as Policy items for FY'07)	Contribute towards societal well-being as a part of organization's CSR policy		Hours spent in CSR activities (Submit report)	16 hrs. per person
3	Daily Management	Area	Key Deliverables	Means/Initiative	Target
		Customer	Customer complaints	Customer feedback (Feedback to be taken in standard format); Identify prominent areas of dissatisfaction and come up with improvement initiatives.	90% satisfaction on all parameters
		Finance	Department turnover	Reduce wastage; Increase occupancy rate.	Depends on the department and market conditions
		Internal Business Processes	ISO compliance; NABH compliance; Safety compliance;	ISO Audit; NABH Audit; Safety Audits;	100% compliance
		People Development	Training & Development of subordinates	Identify training needs for department staffs in co-ordination with the HR dept; Conduct effectiveness evaluation of trained candidates in co-ordination with the HR dept.	All employees with average and below average performance (as reported after appraisal) and those otherwise identified by the HR dept. for development of Leadership Pipeline.
		Self Initiated Projects	Mention if any	→	
4	<b>Competency Assessment</b> (Individual to be assessed on 5 competencies, 3 are recommended by the HR department and the other 2 are decided by the departmental HOD in line with the specific needs of the department). Given below are three competencies recommended by the HR department.				
	Area	Competency			
	Leadership of People	Communication, Team-work, Ability to convince, Stress handling			
	Leadership of Business	Knowledge of business, Understanding of legalities involved in business			
	Leadership of Results	Professionalism, Result orientation			

(Indicative only)

\*Source: Prepared in accordance with the documents and information received from HR Dept. and other employees of the organization.