A management development strategy for the

health and personal social services in Ireland

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A management development strategy for the **health and personal social services in Ireland**

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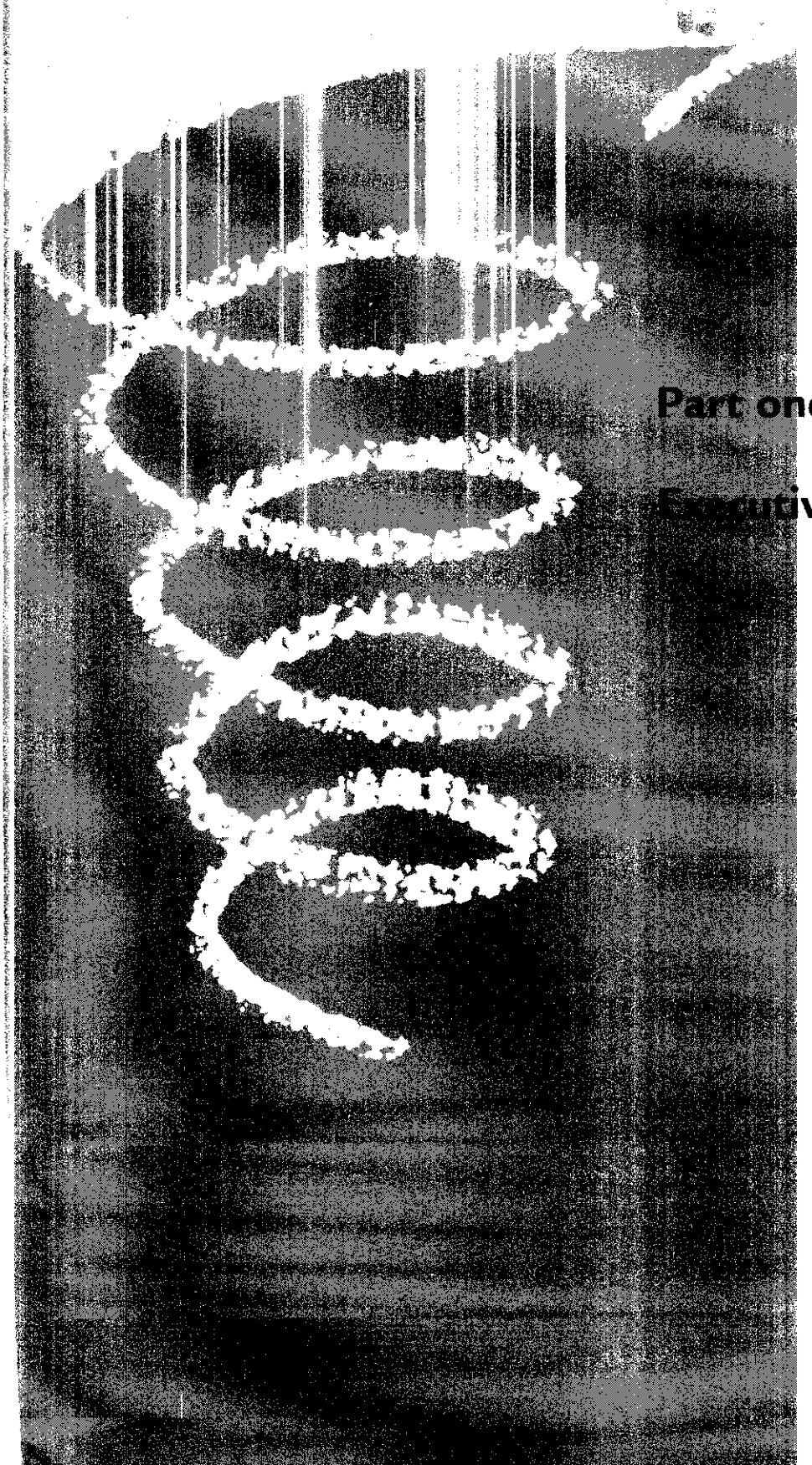

Part one

Executive summary

Chapter two
A strategic framework

Strengths in the system

There is no shortage of management development activity; there is a considerable investment in management development in terms of both direct and indirect costs.

Attendance at external programmes or modules is increasingly during normal working hours.

Health agencies are commissioning their own bespoke programmes and providing input to the programmes from their own staff.

Training which has credit and award-gaining potential is encouraged.

There is a real determination to address the management development needs of middle and first-line managers and of clinical and professional staff.

Strengthening the management capacity throughout the system is seen by many as the most important prerequisite to achieving change.

The Irish health services have strong international links.

There are many able and imaginative people in the system who are determined to provide the best possible services.

The need for change

Changing the culture of acceptance, deference and inertia is the most challenging aspect of the health strategy.

We see no alternative to embarking immediately on a sustained programme of change.

Integrating personal and organisational development

The integration of personal and organisational objectives is a notoriously difficult task but a systematic approach to training and development provides a powerful source of integration.

A model illustrating how management development can occupy the 'middle ground' where organisational and individual development overlap is included in the report.

Management development must be just one part of a continuum, starting with workforce planning and recruitment and selection, and leading to training and development, succession planning and career development.

Chapter four
Performance measurement

Throughout the health strategy document, there is great stress on increasing accountability within the health system. A central component of increased accountability is the service plan which the boards are now required to submit to the Minister. In general there is an absence of clear accountability within the system, both between managers and their staff and between different levels in the system.

Individual accountability

There is a fairly general sense of staff not being held to account (or being able to hold others to account) for the quality of work that they do. The reasons for this include:

- confused understanding of what it means to be a manager and consequent lack of managerial accountability
- poor role specification
- inadequate feedback
- no tradition of individual performance (and job) review
- little opportunity to reward good performance.

Recommendations

4·1 There should be an explicit statement, reflected in educational programmes, on managerial accountability and authority in the health system.

4·2 Each health agency should have in place a good system of job analysis and description and person specification (see appendix D).

4·3 Individual performance appraisal should be introduced across the health authorities, reflecting best practice and systems elsewhere. Funding and implementation support should be provided by the Department of Health.

Accepted best practice now separates individual performance review from individual pay or salary review.

There is a lack of job mobility, particularly among women. It is a common practice to fill posts on an acting basis.

An organisational issue is the very wide span of control which is characteristic of most of the Programme Managers' roles.

It is hoped that all the health authorities will be allowed to design their own management structures as they adapt to the changing demands upon them.

Recommendations

4·4 Health authorities and agencies should have far more delegated authority to design their own management structures.

4·5 Vacant posts should be filled on a substantive basis whenever possible.

4·6 Active programmes of exchanges, secondments and special projects should be developed for staff who cannot be geographically mobile.

Organisational performance review

Organisational performance review integrates individual performance with organisational objectives.

Despite the general support for the health strategy there is still a lack of clarity about its implementation and its intended impact on the health services.

In developing organisational performance review systems, health agencies will find it helpful to look at their internal structures and consider how they can be designed to relate more strongly to the outcomes which the organisation is required to deliver.

Services and departments need to have clear, agreed objectives and a budget and staffing complement which they can then deploy to achieve their objectives.

Managers at unit and department levels have produced plans without any clear guidance on the overall strategic objectives to which they were supposed to be working.

Performance review systems which reflect the different ways of working in different types of units and teams should be encouraged and supported.

The use of external accreditation and organisational audit arrangements is commended.

Chapter five
Developing managerial effectiveness

There appear to be gaps between the aspirations of the health strategy and the skills and attitudes of the managers to whom we talked. We have identified those areas where we believe development programmes would have most impact on individual and organisational effectiveness.

Diagnosing development needs
There is little experience of creating a training strategy and development planning and this should be encouraged.

A managerial identity
There is an absence of a strong community of managers with its own professional identity.

Managing resources
Managers need to acquire a repertoire of techniques for planning and managing the use of resources and to understand the principles which underlie them.

Managing people
Training in methods of performance review should involve people from outside the public health services.

Managing at a distance is a particular challenge.

The skills of influencing, working co-operatively and project planning are normally best acquired through *programmes which span organisations and disciplines.*

Team working
The changes envisaged by the new health strategy require more focus on outcomes delivered by teams, often multi-disciplinary teams. Team working does not however preclude the need for individual accountability. Teams need clear objectives which are worthwhile and understood. There is also a need for team building programmes. Managers also need the confidence to let teams organise their own work and skills of facilitation and development in order to get the best out of teams.

Leadership
There is a need for policy makers to consider whether they can develop a more consultative style of policy making which draws on the experience of people across the system and secures their commitment at an early stage.

The concept that managers must 'manage up' as well as down should be understood.

Action learning programmes and multi-disciplinary leadership programmes should be considered.

Recommendations
5·1 Priorities for management development are:

- **understanding the manager's role and adopting managerial attitudes**
- **diagnosing development needs and development planning**
- **managing resources**
- **performance management**
- **managing across boundaries**
- **team working and managing teams**
- **leadership development.**

The report *Barriers to Promotion in the Midland and Mid-Western Health Boards* describes the problems that many women face and the consequent waste of skills and commitment. The most telling conclusion of the report is that in spite of national and European legislation, relatively little progress has been made in providing equal opportunities for women in health services.

Recommendations

6·8 The Department of Health should initiate and fund a development programme for women in the health and social services in Ireland.

6·9 Each health agency should review and develop its equal opportunities policies, define targets and a timetable for implementation, and be monitored in its achievement of the targets.

6·10 Health agencies should cooperate in positive action programmes for women, ranging from recruitment and selection to flexible working arrangements and career development.

Professionals and management

Professional training should help professionals to recognise that the organisational context within which they will work both facilitates and constrains their practice.

There might well be a case for management development programmes aimed particularly at the clinical and paramedical professions.

Managers cannot implement plans for resource allocation and service development without the support and co-operation of doctors.

Doctors are often unfamiliar with the processes by which plans were formulated and resources allocated within the organisation and have little understanding of how they might contribute to decision making.

Involving senior doctors more fully in strategic planning and resource allocation requires new skills on the part of both doctors and managers.

Many doctors want a better understanding of the managerial approach, of how financial systems work and of strategic decision making.

A forum might be created where educators, managers and doctors could jointly design programmes which are endorsed by influential bodies.

It is important to recognise the difficulties which some doctors have in accessing programmes.

The creation of the general practice units within the health boards provides a basis for identifying the management development needs of GPs and others working in primary care. Management development for those working in primary care should become far more systematic so that they understand the workings of the wider health system and are able to make a contribution to strategic planning in primary care.

Recommendations

6·11 Professional education should be designed to develop an awareness of the organisational context in which graduates will be working.

6·12 Initiatives to support management development for professional and clinical staff should be pursued.

6·13 Doctors and managers should collaborate to find more effective means of communication at board and unit level.

6·14 Doctors and managers should jointly develop structures by which doctors can contribute effectively to formulating organisational objectives and to resource allocation.

6·15 The involvement of doctors in in-house, multi-disciplinary management development programmes should be encouraged.

6·16 There should be a forum for doctors, managers and educators to consider the management education needs of hospital doctors and GPs and to design programmes which are sponsored by influential professional and academic bodies.

6·17 Support should be given to a small number of educational organisations to build on the existing single discipline management programmes for doctors and extend them to a greater number of doctors.

Chapter eight
Health services management education

The scope of provision

The extent and variety of management development provision is a considerable asset. But there is also a danger of wasteful duplication of provision and of academic staff with a good understanding of the health services being spread too thinly to make an impact on the quality of management.

It is important to ensure that the education market is managed so that the benefits of competition are balanced with the need to sustain high quality provision addressing critical areas for the health services.

There is a danger that initiatives could be short-lived if they are not grounded in long-term relationships with the health services and recognised as a major investment on the part of universities and colleges.

Programmes which do little more than add occasional health service examples to a programme designed for other sectors will not enhance the standing of health services management as a profession and as an academic discipline.

College-based provision

College, institute or university-based provision has been a major mechanism for enabling health service staff to make links across boards, to share experiences and to learn from each other.

The college and university sector should be the main locus of research on health services management.

Programme structure and delivery

Education providers should consider using a wider range of learning methods, with the aim of using management education to support individual and organisational performance.

Distance learning has become well-established and several education providers are preparing to adopt this mode of delivery. Collaboration in the centralised production of materials and the development of a more extensive network of student support should be explored.

University and college provision would often be enriched by more systematic exploitation of the links between faculties of business and management, health sciences, social policy, nursing and other health service professional education.

More than one credit transfer system is in use.

Links with the health services

Few educational organisations enter into real partnerships with the health service and much provision is supplier driven.

The implementation of the new health strategy provides an opportunity for health boards and education organisations to work together on several fronts including:

- joint programmes
- practitioner academics
- short courses
- practical projects.

Pointers to the future

Education providers should consider how they can address the development needs of personnel and training staff within health agencies.

If academic staff are to be credible with students and to provide stimulating, relevant courses, they need opportunities to become familiar with the health service.

One way of expanding the potential clientele for programmes is through directing programmes at the full spectrum of health service managers, including those in the voluntary and private sectors, pharmaceutical companies and other suppliers to the health service.

Some professional bodies should be given greater support for their role in promoting an interchange of ideas across the health services.

Chapter nine
Shaping a healthier management future

A health services management centre

Some new kind of body is required to promote health services management development.

The overall purpose of a centre would be to link theory and practice and to provide the added value which no single organisation can achieve.

Recommendations

9·1 A health services management centre should be created.

9·2 The centre should be independent but 'owned' by the health system.

9·3 Achieving added value in management development will be the centre's overall aim.

A fast track programme

We propose that a register is established of people across the health services who demonstrate the potential to make a considerable contribution to organisational performance at different levels. The register should be centrally organised by a credible body with expertise in management development. It might be appropriate to form a small consortium which draws on the strengths of two or three organisations in the interim.

Access to the register should be on the basis of existing performance and potential demonstrated through the use of a range of instruments.

There should be two broad groups of managers on the register:

- new entrants to management
- middle and senior managers.

Managers would be expected to follow a programme of secondments, learning sets, study visits and similar activities to equip them with the skills and knowledge to move on in their careers.

Implementing development plans would involve the co-operation of local managers to find suitable projects, placements etc.

Managers should only remain on the register if they can demonstrate outcomes from their career and development programmes.

There should be careful monitoring of the managers on the register to ensure that equal opportunities criteria are met and that managers from a broad range of organisations, professions and functions are represented.

Recommendations

9·4 Managers at various stages in their career who can demonstrate the potential to move on rapidly should be able to access individually tailored career plans and related development programmes.

9·5 These fast track programmes should be designed to enhance personal performance in a managerial role.

9·6 The fast track programmes should be co-ordinated and supported through a national body with strong links into health agencies and academic organisations.

Development themes

Management development activities should increasingly be focused on topics such as:

- service quality
- how to achieve health gain
- patient-centred care
- involving users of services
- evidence-based outcomes.

It would be helpful to use the theme of service planning to give coherence to the new management development agenda and to demonstrate the link between management development and health outcomes.

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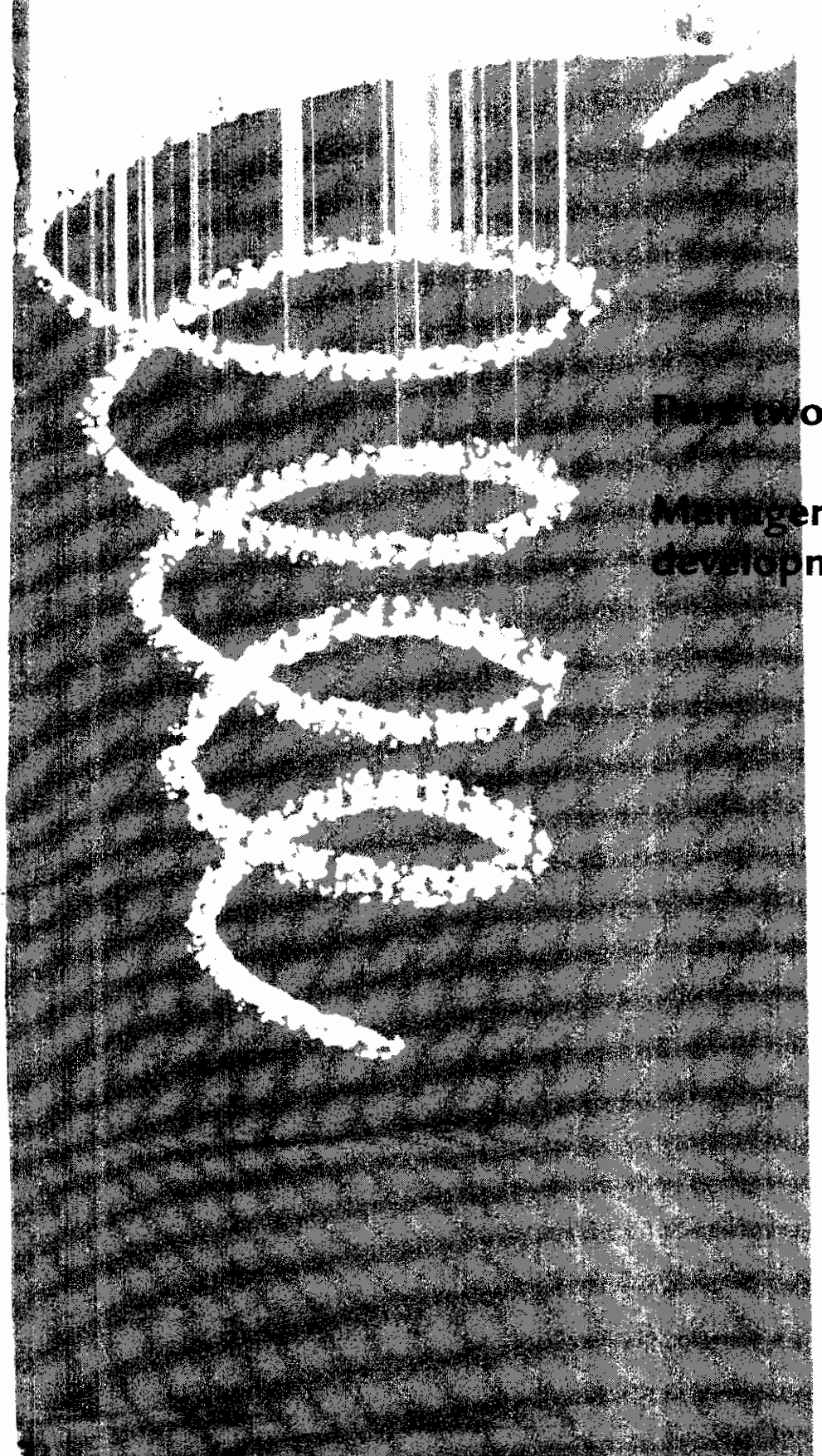


Part two

Management development strategy

Strategic aims	*Managerial consequences*
Multi-sectoral approach	• Understanding the interrelatedness of public policies. • Redirecting resources. • Developing partnerships between relevant agencies and within the EU.
Integrating hospitals, GPs and community care	• Breaking down organisational barriers. • Designing integrated care models. • *Devolved decision-making.*
Outcome-based services	• Closer links between medicine and management. • Better information and use of information. • More explicit priorities.
Clearer accountability	• Creating clearer roles within organisations. • New executive-board relationships. • Linking organisational and personal objectives.
Monitoring and performance review	• Setting clear objectives/targets. • Explicit policies. • Financial controls. • Cost-benefit analysis (value for money).
Consumer/user relationships	• Effective complaints procedures. • Clinical audit. • *Quality improvement initiatives.* • Creating effective advisory groups.
Integrating the public, voluntary and private sectors	• Managing external relationships. • Establishing and monitoring service agreements. • Accreditation and regulation.

Scope of the study

We were commissioned by the Department of Health in February 1996 to assist in the creation of the management development strategy. The terms of reference included assessing the need for a centre for health services studies and a 'fast track' programme for new entrants to health services management.

It was agreed with the Steering Group (see appendix A) that the study should include:

- a thorough review of management development needs across the system, present and future;
- a description and analysis of how health and social service agencies are currently meeting their management development needs;
- preparing a management development strategy for the next ten years.

Between March and July 1996 we visited a large number of health agencies providing hospital and community services. We were careful to include a wide range of health and social services and to include the voluntary sector as well as services provided by the health boards. We also visited 15 'providers' of management development programmes, mainly in Ireland. We had meetings with the Steering Group, the Chief Executive Officers and Personnel Officers of the Health Boards, Chief Executive Officers and Personnel Officers from the voluntary hospitals, and the Department of Health (see appendix A).

The Personnel Officers from the eight Health Boards were also helpful in completing a broad brush survey of management development programmes used by staff during the previous two years, both internal and external, and telling us about plans for future programmes.

In the course of the review, we were given many useful reports and other materials. A bibliography appears at appendix B.

The need for change

We anticipate that health services staff will welcome this report and support its implementation. During our visits, we met large numbers of staff who are eager for change and keen to see improved performance and quality in the services for which they are responsible. Bodies which represent staff have regularly endorsed the key principles which underpin the recommendations in this report, namely quality of services, equity, equal opportunities and career development. They have identified training and development as essential for the advancement of staff and to sustain efficient, responsive services.

In spite of the strengths in the system, the widespread acceptance of traditional custom and practice and an unwillingness to challenge how things are done are real impediments to change. *Changing this culture of acceptance, deference and inertia is the most challenging aspect of the new health strategy.*

Compared to other health systems around the world, the Irish health services have remained remarkably unchanged for many years. The driver for change elsewhere has often been the introduction of the so-called internal market in health care, a path which has not been followed in the Irish system. But the absence of this pressure for change in no way reduces the urgency. The new health strategy provides the overall framework and objectives for change. Resource constraints will certainly not disappear. What is now needed is recognition by the policymakers that new incentives must be created. All sectors of the health services need to be convinced of the intention to act, particularly with regard to devolution of authority and more explicit accountability. *We therefore see no alternative to embarking immediately on a sustained programme of change.*

Integrating personal and organisational development

Management development must clearly respond to the needs and aspirations of both the staff and the organisation. There is little point in managers improving their skills if the organisation (or system) does not allow them to practice those skills and develop their careers. Conversely, the organisation needs managers who are equipped to carry out its work and meet its objectives, not pursue a personal agenda. *The integration of personal and organisational objectives is a notoriously difficult task but a systematic approach to training and development provides a powerful source of integration.*

The model on the next page shows how *management development can occupy the 'middle ground' where organisational and individual development overlap.* In essence, the strategic aim should be to extend the middle ground as far as possible. This is particularly important where staff tend to stay in the same organisation and the same job for many years, as they do in many parts of the Irish public sector.

Seen from the point of view of the organisation or system, *management development must therefore be just one part of a continuum,* starting with workforce planning and recruitment and selection, and leading to training and development, succession planning and career development.

Chapter three
Recruitment, selection and initial training

Recruitment and selection

There is a general view across the health system that there is an *urgent need to overhaul the recruitment and selection system.* While understanding the need for probity and checks and balances in public sector recruitment, the current systems do not enhance accountability nor do they ensure that appointments are made solely on the basis of merit. It seems incompatible with basic management principles that, for example, the health board CEOs should have no part in the selection of senior staff immediately accountable to them.

This is not the first time that a radical review of recruitment and selection processes has been proposed. In 1995, the Health Board CEOs commissioned a report from the Personnel Officers on recruitment and selection. The terms of reference were:

"The Personnel Officers are asked to review recruitment procedures and to recommend how they ought to be developed to ensure that they conform with current best practice in relation to personnel recruitment, facilitate the Boards to implement the provisions of 'Shaping a Healthier Future' and are economical in the demands they make on the time of staff who have most to contribute to successful recruitment".

The report was submitted on 15 December 1995 and includes matters related to recruitment and selection such as employment contracts and career development. Since the report is so recent and addresses so many of the issues affecting management development, it is reproduced here, with permission, as appendix D.

While there is room for debate about the most appropriate methods of recruitment and selection, *the principles embodied in the Personnel Officers' report are ones that should be endorsed and acted upon:*

- More sophisticated selection, induction and appraisal procedures should be in place.
- Recruitment and selection should be benchmarked against the best standards available.
- The health boards should collaborate more in recruitment and selection, particularly in large recruitment drives.
- Equity and access to employment in the health services must be preserved.
- Health boards should have more discretion in the types of employment contract they can offer.
- The common recruitment pool for clerical and administrative staff should be abolished.
- Since it is incompatible with the health strategy, the role of the Local Appointments Commission in the recruitment and selection of health services staff should be urgently reviewed.
- Active measures should be taken to remove barriers to women's career progression.

We would wish to stress the following additional points:

- *It should be axiomatic that any manager, at whatever level, is involved in the selection of individuals who will be directly accountable to that manager.* This principle should be built into the selection processes, regardless of the selection methods used.
- *There should be more open access to Grades V-VII in the administrative stream in the health board sector. The common recruitment pool inhibits this access.*
- *The filling of clerical and administrative vacancies as they arise from 'panels', without regard to the appropriateness of the individual's qualifications and skills to the vacancy, is also counterproductive.*

The continuing need to ensure objectivity and probity in selection could be met by creating an *'external assessor'* system. A register of approved and trained assessors could be established, comprising people from other health authorities, other organisations and other health systems. Their task would be to take part in the selection process, certainly for senior appointments, and advise on the process itself and the candidates who are 'above the line'. Typically, external assessors are not expected to advise on which of the suitable candidates should be appointed.

accountable for it. In conversations with new managers, we were struck by how often they said they would value an in-house programme to help them understand their organisation's objectives, how the organisation works and how it relates to the wider health and social services. Where such programmes have been introduced, they have been well received.

Good managerial orientation programmes of this kind:

- familiarise new managers with *organisational plans and objectives*
- describe the *environment* in which the organisation operates and the threats and opportunities
- provide an opportunity to meet *senior managers* and understand their roles
- provide an opportunity to visit *different departments* and understand how they contribute to organisational objectives.

Where there is low turnover of staff, individual orientation programmes might be needed, perhaps under the guidance of a mentor identified for this purpose. On the other hand, where a group of new managers is brought together, there is an opportunity to develop a valuable peer support network.

Such programmes should be recognised as a *rite de passage*, a way of welcoming individuals to the professional community of managers and helping them develop commitment to the managerial role.

Most first-time managers need to acquire some new skills and externally provided programmes appear to be generally used for this purpose. There is a variety of such programmes available and it is important that the decision to encourage a new manager to follow one of them is taken in the light of identified learning needs. It is also essential that managers are able to apply the skills they are learning. One way of managing this would be through a 'learning contract' whereby the new manager and his or her line manager agree on which skills should be transferred to the work situation, what opportunities for this can be created and what evidence of the application of skills will be sought. The contract represents an understanding that the new manager has a commitment to acquiring new skills and in return the line manager will support that learning through systematic opportunities to practice the skills.

The contract should be put into writing and regularly reviewed. We came across individuals who felt that the courses they were following could be much more beneficial if they had structured opportunities to apply their new learning.

New managers' progress on external courses should be regularly reviewed and opportunities created to apply the skills at work. This is primarily the responsibility of the line manager but a mentor might be identified to help the new manager organise his or her own work to reflect the course content and negotiate projects where required. In either case, people assuming this supportive role may need training in coaching or mentoring.

Recommendations

3·5 Health authorities should require all parts of the organisation to design and implement programmes to support first-time managers.

3·6 First-time managers who are following formal education programmes should have a learning contract which ensures that their learning can be applied at work.

The fact that people characteristically stay in the same job or organisation for many years does not help to create a dynamic management culture. The *lack of mobility*, particularly for women who are concentrated in the most junior posts, can have a stultifying effect on the organisations. All too common were comments such as "It's always been like this", "I've tried for promotion but nobody's interested", "My manager has never given me any feedback", "I don't know why I bothered getting further qualifications—they haven't been used".

Another manifestation of this sense of inertia is the common practice of filling posts on an *acting basis*, sometimes with a small pay increment, sometimes not. It seems it is not unusual for an individual to be 'acting' in a role for many years, with all the insecurity and lack of job satisfaction that follows.

This phenomenon arises partly because of the *tradition that organisational change must apply to all the health boards in the same way.* The yet to be introduced role of General Manager, Community Services, is a case in point. There has been a long debate about this role at national level with the trade unions. Meanwhile, many people have been working on an acting basis for a long time.

Another organisational issue is the very *wide span of control which is characteristic of most of the Programme Managers' roles* (to which the proposed General Manager, Community Services role is a partial response). As many as 30 people can be directly accountable to a single Programme Manager. It is difficult to see how the Programme Managers could have an active managerial relationship with each of those accountable to them, particularly when they are geographically scattered.

There is little point in changing structure for its own sake. But it does seem that the uniform management structures introduced in 1971 have outlived their usefulness. Shaping a Healthier Future states:

"The detailed management structure will be worked out at health authority level, so that local conditions can be taken into account."

Although some posts may have to be mandatory, it is to be hoped that this flexibility will apply to all the health authorities as they adapt to the changing demands upon them.

Recommendations

4·4 Health authorities and agencies should have far more delegated authority to design their own management structures.

4·5 Vacant posts should be filled on a substantive basis whenever possible.

4·6 Active programmes of exchanges, secondments and special projects should be developed for staff who cannot be geographically mobile.

Organisational performance review

Individual performance review needs to be complemented by both organisational performance review and performance review at the level of unit, department or team. Organisational performance review is a critical feature of the accountability structures of the public sector. The new health strategy recognises this and makes provision for it.

Organisational performance review integrates individual performance with organisational objectives. It is a mechanism for managing change and creating and communicating a shared purpose within organisations and teams. It gives focus to individual and group effort and enables monitoring of progress. In public sector organisations, it is a major vehicle for ensuring comparability of standards and equity.

Organisational performance review requires clear strategic direction and values and achievable and measurable organisational objectives. Despite the general support for the health strategy there is still a lack of clarity about its implementation and its intended impact on the health services. *There is an important leadership role here for the chief executives, the voluntary sector and the Department in identifying the priorities and the timescales for action.*

Organisational performance review, like individual performance review, can lead to a focus on short-term outputs at the expense of long-term goals. In using a system of performance review to support a culture of accountability, it is important to guard against the tendency to encourage the collection of data rather than the achievement of objectives. It is easy to focus on functions of the organisation which are essential and measurable and give less attention to those which are important but less easily quantified.

health agencies should not be confined to reporting and judging progress but should be a sustained interchange about how improved performance can be supported. Many managers in the system perceived decision making at the Department as very slow and feedback as scant. Managers in the boards are being given detailed instructions about processes rather than having a clear set of objectives to achieve. *A great deal of motivation and managerial capacity is being wasted by adherence to procedural systems rather than letting managers use their skills to deliver on outcomes.* The value of greater interchange between the Department and the health services has already been mentioned. The process of organisational review will require, in addition, a focused development programme to support it.

Similarly, communication of objectives within health agencies and discussion abut their achievement need to be made more effective and pervasive. Despite the very real problems of managing a scattered service, *regular exchanges, formal and informal, between senior managers and their staff will be required to ensure that the review process is a key component of performance management rather than simply an administrative exercise.*

Recommendations

4·7 The processes by which the Department of Health and managerial leaders jointly agree objectives and time-scales for achieving them should be further developed.

4·8 Service plans should derive from health authority and programme objectives.

4·9 Health agencies should consider how organisational structures can be made to relate more strongly to organisational objectives.

4·10 Decision making and resources should be devolved to managers who are accountable for them, within a framework of clear performance objectives.

4·11 Good practice in developing local performance review systems should be encouraged and disseminated.

have already recommended that individual performance appraisal should be introduced across the health authorities and that good practice in developing local performance review systems should be encouraged and disseminated. Short courses on performance review are offered by a number of providers. There might be particular benefit in considering *programmes which involve participants from outside the public health service* as this may help to dispel the widespread notion that performance review is not feasible.

The organisational structure of the Irish health services means that many managers are managing staff with whom they have no regular contact because they work at some distance from the board or service headquarters. The shift of services into the community means that *managing at a distance* will become more important. This type of management relies particularly on clear objectives and a willingness to delegate within a framework of expected outcomes. It also requires the skills of motivating staff and facilitating their capacity to deliver services without regular supervision.

Staff in community services are already conscious of the need to work across organisational boundaries but the implementation of the health strategy will require increasing numbers of staff to become involved in co-ordinating staff and resources from different professions, agencies and organisations. The skills of influencing, working co-operatively and project planning are normally best acquired through *programmes which span organisations and disciplines* and, although grounded in experience and reflection, also provide an understanding of relevant concepts and models.

Team working

The changes envisaged by the new health strategy require more focus on *outcomes delivered by teams, often multi-disciplinary teams.* Teams can create greater flexibility, respond more rapidly to changing circumstances and reduce duplication of effort. A high degree of job satisfaction often comes from working in teams.

Team working does not however preclude *the need for individual accountability.* As argued in chapter four, clear individual accountability is a prerequisite for successful team working and prevents teams being used to avoid personal responsibility.

Teams need *clear objectives* which are worthwhile and well understood. There is no single package of skills which will make for good teamwork; people should be supported in thinking through how to work in teams, make decisions, handle conflict and understand group processes.

There is also a need for *team building programmes* which explore how groups can work more effectively. Teams should be encouraged to set themselves a collective agenda and to reflect on their way of working in their joint projects. Outside facilitation can sometimes be helpful when this process is new but the aim must be to leave the team with continuing processes for improving their working together.

Teams are most effective when they operate in compatible organisational contexts. Job descriptions and perfor mance review should reflect the individual's contribution to teams. Information systems should be sufficiently flexible to provide timely feedback on team performance. *Managers need the confidence to let teams organise their own work and skills of facilitation and development in order to get the best out of teams.*

Leadership

It is fashionable to talk about a need for leadership. Our view is that a vital aspect of leadership is to put in place really effective and enduring management systems. We met some senior managers who have a strong vision of the service they want to develop, are capable of inspiring staff to work with them and have found ways of resourcing their priorities. There is a need for more people with these abilities.

At present, many senior managers feel that they are unable to influence the policy environment in which they operate. *There is a need for policy makers to consider whether they can develop a more consultative style of policy making which draws on the experience of people across the system and secures their commitment at an early stage.*

There appear to be few opportunities for senior managers, senior professional staff and Department of Health staff to explore strategic issues in an informal context. Senior managers and professionals need a stronger sense of their capacity to influence strategic thinking within boards, at the Department and among other critical bodies. The view that boards were not

Chapter six
Continuing development and career development

Having looked in chapter five at the managerial skills required to take the health system forward, this chapter is concerned with the infrastructure required to ensure that management development is not an ad hoc and arbitrary process, but a continuing feature of life in health service organisations.

Access to management development

As already noted, there is no shortage of management development activity. Lots of people are going on lots of courses and using in-house development programmes where they exist (see appendix D). But these development activities are usually *self-initiated* and bear no relation to the organisation's plan for the individual. Indeed, higher qualifications in management can be seen as a passport to work in other organisations, often in the private sector. Paradoxically, there is said to be a shortage of good internal candidates for senior management posts.

Regarding management development as an end in itself rather than just one part of a developmental process is not unusual however. Recent research into *Creative Career Paths in the NHS* revealed a similar situation. Over half the senior, middle and first-line managers and nearly two-thirds of the senior nurses had spent at least five days on management development in the previous 12 months. When asked what the NHS is good at providing, management development and training ranked first with the nurses and second with the other managers.

Conversely, the NHS was judged to be poor with regard to:

- providing feedback on performance and personal support
- allowing flexible working arrangements for those with family commitments (including part-time work)
- career guidance
- encouraging people with non-traditional backgrounds or experience.

As far as the managers themselves were concerned, a majority of whom were women, the most important influences in their career choices had been:

- developing their knowledge and skills
- being intellectually stretched
- the opportunity to grow
- the chance to do innovative work
- recognition of their achievements.

Notwithstanding the size of the NHS and the relatively high levels of mobility within it, there is every reason to think that a similar survey would have produced similar results in the Irish health services. The diagnosis must be that *the aspirations and commitment of many health service staff are not being harnessed by the organisations for which they work.* 'Quick fix' solutions through management training alone will not begin to address the problem.

Support for management development

Although the health services are generous in supporting staff who are following formal education programmes, this support tends to be ad hoc. We came across examples of first degrees which were automatically supported whether or not they had a bearing on an individual's job. Support on a 'first come, first served' basis meant that people applying for support at the end of the financial year were invariably unsuccessful. We also found examples of people being funded to follow courses which repeated previous learning. Decisions about support were made by training staff remote from line managers and we regularly met managers who were perplexed and frustrated at the way decisions were made.

The considerable resources which boards devote to supporting management education should be focused on organisational objectives. Decisions about support should, where feasible, be devolved to departments and services. We recognise that there are dangers of fragmenting training budgets by devolution but we believe that managers will make more effective use of these budgets if they have a say in how they are deployed and are held accountable for using them to support organisational objectives.

particularly in hospitals, and by how much training takes place within professional 'boxes'. There is relatively *little interchange between different services within the same board and hardly any between the boards and the voluntary sector.* Indeed, current recruitment rules largely preclude the latter. The size of the boards' organisations cannot be a seriously limiting factor; many organisations with 2,000 or so staff, and with far fewer discrete services and functions than the boards, manage to sustain active internal development programmes. We found some examples of health agencies developing *partnerships with local industry and public services* to widen the range of development opportunities for their staff. But much more could be done and at relatively little cost.

The same criticism can be made of the *lack of co-operation between and among the boards.* There are some examples of 'joint ventures' by the boards, but there is much more potential for sharing scarce resources, particularly in the development of senior managers and particular service groupings. The work of the *Co-operation and Working Together Initiative* established in 1992 by the North Eastern and North Western Health Boards in the Republic and the Southern and Western HSSBs in Northern Ireland provides a useful model. The initiative has four main priority areas: health promotion, social deprivation, human resources and information technology. The CAWT Human Resources Group's 1995 report on cross-border recruitment and selection practices is particularly relevant.

Another barrier is the 'them and us' attitude which exists between the health agencies and the Department of Health. This tension may be inevitable. It certainly exists in all national systems and it may well be healthy to have someone else to blame. But since devolution of accountability and decentralisation of authority are such important themes in the health strategy, there would seem to be a case for *a planned programme of interchange between the Department and the health system.* Secondments, short-term appointments, mentoring, joint development programmes and rotation schemes might all be considered. Increased mutual understanding and improved communications should follow.

A *single database on management development programmes and opportunities* could be a useful outcome of closer co-operation in the health system. There are various databases at present (and various library resources) but there is no objective source of information and advice on health services management development. Computer access to the database would of course be essential.

Recommendations

6·5 Co-operative ventures in management development (and other human resource programmes) should be encouraged by targeted funding.

6·6 Health agencies should develop local partnerships in training and development within and outside the health system.

6·7 A programme of interchange for Department of Health and health agency staff should be created.

Women in management

Since nearly three quarters of health board staff are female, one would expect to see a far larger proportion of women in middle and senior management roles. All the boards have an equal opportunities policy but with some significant exceptions these policies appear to have had little impact on opportunities for women in the health system. In 1994, only 7% of management positions and no senior management positions were filled by women. In the civil service, women comprised less than 5% of those at senior management level in 1994. The position has improved little since then. The few senior women managers we encountered are doctors and nurses who have moved up within their professional hierarchies.

Even within the professional hierarchies which are dominantly female, such as nursing, women have far poorer promotion prospects than men and those lower down the hierarchy see little opportunity for progression. In the various administrative functions, the position seems to be one of women occupying the crucial 'support' roles, with men in the strategic, line management roles.

On the other hand, a majority of those undergoing management training are women and the women at middle management levels tend to be better qualified than their male counterparts. Their more limited geographical mobility is part of the problem. *There is*

As stressed in chapter three, the transition to management requires particular support when it concerns those moving from a professional or technical role into general management.

We did not consider the extent to which professional curricula help potential managers prepare for their role because professional training was not within the scope of the project. It is worth noting however that it is not generally considered helpful to include in professional curricula management skills which will not be put into practice for several years.

Professional training should help professionals to recognise that the organisational context within which they will work both facilitates and constrains their practice. They need to understand managerial functions (as managers need to understand professional concerns) and be aware of, for example, the need to use resources effectively, to work in a multi-disciplinary team, and to respect patient and client choices. We had the impression that this awareness is not a regular part of the undergraduate training of either doctors or nurses.

It is also important that pre-registration and/or post-qualification training provides a basis for further education, whether this is professional or managerial. It was occasionally put to us in our discussions that nurse training in the past had not provided a good basis for rigorous education in management. However, the new diploma programme in General Nurse Education and Training which began as a pilot in 1994 should provide a better foundation for further study. We noted that organisations which had well developed postgraduate nurse education were able to use this to generate a wider commitment to professional and management development.

For both administrators and professionals, the transition to management involves assuming a new occupational identity. This is particularly marked for professionals, where the entry to management often involves distancing themselves from day-to-day work with patients and clients and focusing on what may seem to be a quite separate set of issues. Making this transition, from concern with the individual to concern for a service or client group, can be stressful.

Professionals moving into general management would also gain particular benefit from some of the other general approaches to management development that we have recommended. The following initiatives would all help to break down barriers between clinicians and managers:

- a strong community of managers with its own professional identity
- management development programmes which span organisations and disciplines
- team building programmes for multi-disciplinary teams
- an effective job and career review process
- positive action programmes for women (since much of the female workforce is in the clinical professions).

There might well be a case for management development programmes aimed particularly at the clinical and paramedical professions. The NHS Management Executive Bursary Scheme launched in 1993 was aimed at nurses, midwives, health visitors and PAMs with at least five years post-qualification experience who could *"demonstrate a commitment to managing within the NHS and in applying for top level posts"*. So far, 670 individuals have received bursaries to undertake management qualifications at Masters level and the Scheme is now being evaluated.

We consider a need for a fast track management development programme in chapter nine. Our proposals there are particularly relevant to professionals who are new entrants to management and/or have the potential to move into more senior posts.

Recommendations

6·11 Professional education should be designed to develop an awareness of the organisational context in which graduates will be working.

6·12 Initiatives to support management development for professional staff and clinicians should be pursued.

Special initiatives will also be required to make the involvement of doctors in management more meaningful. 'Shaping a Healthier Future' emphasises using resources *"in whatever way will yield the most benefit"*. It points out that decision making takes place at a number of levels, including that of the individual doctor. Its implementation will require doctors to work within a

- skills of *working in groups* and managing group processes
- creating cohesive *consultative and representative structures* among the medical staff
- *costing, budgeting, financial monitoring.*

Some of the doctors we spoke to had undertaken multi-disciplinary management programmes and other staff indicated that they had particularly welcomed the participation of doctors in development programmes. But the major sources of management education for doctors are single discipline programmes. These courses are often oversubscribed. Providers of such courses recognised the drawbacks of single discipline programmes but see them as a useful means of stimulating interest and developing a cadre of doctors who could influence others to follow management programmes.

We were not able to study management education as part of continuing professional development in detail. However, management should not become a topic to be 'ticked off' nor should single discipline programmes multiply. It would be more useful, perhaps, to create *a forum where educators, managers and doctors could jointly design programmes which are endorsed by influential bodies.*

It is important to recognise the *difficulties which some doctors have in accessing programmes.* Doctors in isolated departments with high levels of on-call have difficulty in regularly attending programmes and even courses organised in weekend study blocks pose problems. One solution is multi-disciplinary programmes where it is possible to assemble sufficient learners to make it worthwhile for programmes to be delivered locally. Open learning programmes might provide another. Self-study materials can be used to convey information so that group work can be given over to discussion and debate. There is successful experience in the UK of using high quality open learning materials with doctors.

In the document The Future of General Practice in Ireland, it is argued that difficulties in developing general practice are partly a consequence of the separation of GPs from the rest of the health services in general and from management in particular. The creation of the general practice units within the health boards provides a basis for identifying the *management development needs of GPs and others working in primary care.* Whilst management in primary care requires many of the skills identified above, the context is of course quite different from the hospital. The relatively large number of single-handed practices creates particular managerial and information requirements and multi-disciplinary team working becomes even more important.

There are a few management programmes for GPs and a few GPs do take part in other programmes. *But management development for those working in primary care should become far more systematic so that they understand the workings of the wider health system and are able to make a contribution to strategic planning in primary care.*

Recommendations

6·13 Doctors and managers should collaborate to find more effective means of communication at board and unit level.

6·14 Doctors and managers should jointly develop structures by which doctors can contribute effectively to formulating organisational objectives and to resource allocation.

6·15 The involvement of doctors in in-house, multi-disciplinary management development programmes should be encouraged.

6·16 There should be a forum for doctors, managers and educators to consider the management education needs of hospital doctors and GPs and to design programmes which are sponsored by influential professional and academic bodies.

6·17 Support should be given to a small number of educational organisations to build on the existing single discipline management programmes for doctors and extend them to a greater number of doctors.

Mentoring is most likely to thrive in organisations where there is a culture of openness and a willingness to allow mistakes, where judgement and reflection are recognised as managerial skills and where links across the organisation and outside it are valued. The rewards to the mentor are largely intrinsic but involvement as a mentor should be recognised in performance review.

Learning diaries: A diary of critical events may form a basis for discussion in mentoring situations. However, learning diaries are useful developmental tools in their own right. Recording experience in a learning diary aids reflection. Managers can be encouraged to identify where outcomes have been unexpected or unsuccessful and plan ways of tackling problems. This is also a way of helping managers who are attending formal courses to transfer learning into the work situation and to test concepts and models against their practical experience. Learning diaries are probably most useful when they are reviewed with a line manager, a tutor, a mentor or a colleague.

Networking: The administrative tradition in the Irish health services has led to a heavy reliance on documentary sources of information. However, effective managers use a wide variety of information sources. We were often told in our meetings with health services staff that "Everyone knows everyone else" but there was little evidence that networking was being used as a developmental activity. Networking is a means of developing informal information systems and tapping the expertise that can be found among other managers and professional associates.

Developing networking skills helps managers to:

- keep in touch with new thinking and new ideas
- share experiences and learn from other people (avoid reinventing the wheel)
- have their ideas challenged and clarify their thinking
- gain a broader understanding of their own organisation and develop a more corporate perspective
- test out ideas before introducing them formally
- take into account a wider spectrum of opinion before making an important decision.

Managers can be helped to form high quality, developmental networks by:

- joining working parties, panels or committees, projects or task forces
- taking an active role in professional bodies
- encouragement to make contacts across health agencies
- creating opportunities for managers to meet informally
- encouraging continuing contacts among participants on formal education programmes: some education providers already organise alumni networks.

Networking is a particularly useful tool for staff development when someone is new to an organisation and needs to understand how it works, when staff need to work across organisational boundaries, when staff are implementing changes and would find it helpful to talk to other people with relevant experience, and when different professional groups need to get a better understanding of each other's work. Networking can also be used to help people explore new career opportunities.

Writing: Managers should also be encouraged to write for local, national or even international journals; this raises their profile, encourages systematic and comparative research and reflection and often leads to new networks.

Shadowing: There has been a resistance to succession planning in the Irish health services as elsewhere and consequently staff are often unprepared for more senior roles. One way of giving people some understanding of how more senior people tackle their jobs is through shadowing. Shadowing is a process of structured observation of another person at work. It involves watching critical processes, entering into a dialogue about what the role entails and why things are being done, and normally winds up with shared reflection on what has been observed. Shadowing would improve understanding of how different parts of the health services work. A programme of shadowing between doctors and senior managers might be particularly useful in this context. Shadowing needs careful preparation and should be structured to maximise learning. There should be a review session after the shadowing period so that both parties have an opportunity to reflect on the lessons from it.

The development of appropriate instruments requires a high level of investment and development centres must be augmented by a range of other development methods. We would suggest that development centres might be considered in the longer term in the Irish health services, once an infrastructure is in place to support them.

Management clubs: Opportunities for networking can be created on a more formal basis through management clubs. We noted a number of small-scale management clubs or similar activities but they were generally single discipline. Management clubs involve managers coming together for short seminars, sometimes involving external speakers but often using people within the organisation. They are an opportunity for people to find out about local initiatives as well as a way of bringing in ideas from outside. Staff who are attending formal courses can be asked to summarise their learning or present project findings. Simple to organise and low cost, these can be an effective way of stimulating thinking and breaking down barriers. They also provide an opportunity for staff to develop their presentation skills.

Flexible use of learning materials: Distance learning is being used increasingly and in a geographically dispersed service there is obvious value in this approach. At the moment distance learning is largely dependent on external providers and materials and forms part of formal qualifications. But distance materials can also be used more flexibly to support either individually tailored development programmes or small group activities. The materials provide the theoretical and knowledge framework; a local learning facilitator encourages discussion of live issues and helps the learning group work through the interactive components of the materials.

This flexible use of materials is a valuable way of addressing specific topics, such as customer care or budgeting, in a way which combines academic expertise with local issues. The learning facilitator can usually be a manager or training officer from the health services. We suggest that health agencies explore the use of materials in this way with distance learning providers.

Competence-based learning: This has become widely used in the UK, largely because of strong governmental support. There are differing views about its value in formal qualifications, but its value in supporting first-time managers in work-based learning is more widely accepted. Competence-based learning requires a set of performance standards. Learners are provided with opportunities, through learning materials, classroom activities or project work, to collect evidence of their performance against the standards, presented as a portfolio.

The creation of a portfolio of evidence is particularly useful in career development programmes. Managers early in their career often find it difficult to articulate their transferable skills and do less well than they expect in promotion interviews. The portfolio provides a record of accomplishment. The collection of evidence encourages a systematic approach to management tasks and improves planning skills.

Getting good value from management development

When managers get development support from their organisation, the organisation will wish to see a return on the investment. Managers who participate in formal development programmes of any type should be expected to bring some of their learning back into their organisations. We noted that some line managers are already doing this by, for example, making it a requirement of conference attendance that there is a report back to other staff. "What we learn, we share" one commented.

Sharing learning does not have to be through formal reporting back. It may involve becoming a mentor to less senior managers, running a management club, providing internal consultancy, etc. *The principle should be that where staff are supported on development programmes of whatever type, they make some contribution to the development of others.* Of course, this is also a useful way of embedding their own learning.

Finally, *development programmes should be carefully evaluated.* If development is managed effectively, review and evaluation will be a regular part of the process. Evaluation requires that clear objectives are set for development programmes, inputs are recorded and monitored, and outcomes assessed.

might be organised through the personnel officers. Such a network would provide an opportunity to share ideas, get access to Irish and international expertise and disseminate good practice.

Recommendations

7·3 Health agencies should take a stronger role in defining their management development needs and the support required from external agencies.

7·4 The infrastructure to support management development within health agencies should be improved by:

- **leadership from the CEO and the board**
- **increasing the internal expertise in management and organisational development**
- **creating a network to support management development advisers in the health service.**

plines who have an interest in the health services, no real scholarly community of researchers in health and social services management has formed. High quality research is essential to underpin course development. It should also inform policy formation and implementation. There is an unfulfilled role for the tertiary sector in stimulating and informing debate about health services management, providing a critical appraisal of policy implementation and offering research-based solutions to problems.

Programme structure and delivery

Most provision is classroom-based and provides instruction in management principles and techniques. There is comparatively little attempt, either by education providers or health service managers, to turn this knowledge into effective management. Some academics saw a tension between the rigorous, critical, objective analysis which underlies university teaching and the more pragmatic application of management techniques. However, we believe that good practice should be informed by theory. Managers need to be able to use research and analytical frameworks to understand and interpret their role. Managers should be equipped to test out models as reflective practitioners and learn from the tension between theory and practice. *Providers should consider using a wider range of learning methods, with the aim of using management education to support individual and organisational performance.*

One of the issues which providers have to address is the geographical dispersion of health service managers. In some cases, the time and costs of travelling are potentially greater than the time and costs of tuition. A number of providers have responded to this through programmes delivered locally, by timetabling on a block basis or at weekends, or by distance learning. The flexibility of providers in this respect is to be welcomed.

Distance learning has become well-established and several providers are preparing to adopt this mode of delivery. Developing high quality and up-to-date materials requires a high level of investment; there is a danger that a number of uncoordinated initiatives in distance education will result in poor quality materials. On the other hand, although the regional technical colleges are being used to good effect to support students, there is scope for increasing the number of local tuition centres. *Collaboration in the centralised production of materials and the development of a more extensive network of student support should be explored.*

University and college provision would often be enriched by *more systematic exploitation of the links between faculties of business and management, health sciences, social policy, nursing and other health service professional education.* Most of the educational organisations we visited had more than one health related faculty but the potential benefits of collaboration, both academic and economic, were rarely explored.

We noted that colleges and universities were beginning to explore the accreditation of prior learning and systems of transferable credits. *These methods of widening access to management education are welcome but we also noted that more than one credit transfer system is in use.* In the UK, the NHS has been confronted by burgeoning credit systems and has found this unhelpful to both employers and students.

Links with the health services

Most educational organisations claimed to have good links with the health service in the design and provision of courses. However, the evidence of this was generally weak. Although some organisations involve health service managers on course steering groups and maintain close links with health professional bodies, *few enter into real partnerships with the health service and much provision is supplier driven.* There are some outstanding examples of sustained partnerships, supported by senior managers, but they are the exception. There was also an example of a university sharing its library resources with an isolated hospital through IT networks.

The reasons for supplier-led provision lie partly with the health agencies and the Department of Health, which have not been good at articulating their educational needs. Developing partnerships takes time and commitment from health service managers and requires them to have a good understanding of the development needs of the staff in their organisations. At the same time, universities and colleges find it easier to address the individual market; as long as the health service is prepared to fund students even if programmes do not meet organisational needs, there will be little incentive for providers to make real efforts to tailor their programmes to the requirements of health agencies.

Recommendations

8·1 Education providers should give more attention to defining their market and avoiding duplication of provision.

8·2 Collaboration among education providers should be encouraged, particularly in respect of programmes involving high development costs.

8·3 Health agencies should direct their spending on management development at programmes and courses which have been developed in close consultation with the health services.

8·4 Education providers should ensure they have systems for regular and in-depth discussions with health agencies concerning their education and training needs.

8·5 Education providers should explore a wider range of course delivery methods, with particular attention to those which foster the transfer of learning to work.

8·6 The Department of Health should encourage the use of a single credit transfer system for health-related management programmes in Ireland.

8·7 There should be support for the development of a powerful network of researchers in health services management and the dissemination and debate of research outcomes.

Fast track programmes are predicated on the assumption that high flyers can be identified at an early stage in their career, often before they have actually started work in the organisation. The value of early selection lies in a structured programme which provides breadth of experience and opportunities to develop the skills needed to move rapidly to senior roles. On the other hand, in organisations which are changing rapidly in response to a turbulent environment, it is becoming difficult to identify the qualities and experiences which will be required at the top in twenty or more years time.

Fast track schemes with considerable investment in initial development for potential high flyers, often segregating them from their peers for this purpose, tend to be very costly and are often perceived as elitist. This problem is compounded if, after being provided with two or three years of intensive support, trainees are left to find their own way up the system. If there are insufficient development posts available, or if other candidates are deemed more suitable, the trainees may not be able to make good use of the investment in their development and sometimes leave the service altogether.

For these reasons, we do not recommend a fast track programme for Ireland modelled on the NHS scheme. Instead we propose that a register is established of people across the health services who demonstrate the potential to make a considerable contribution to organisational performance at different levels. Those on the register should each have a rolling career development plan which identifies movement they might reasonably be expected to make over the next five years or so. They should be offered a range of development opportunities, mainly organised locally, to help them reach these goals.

The register should be centrally organised by a credible body with expertise in management development. This body should have strong links with academic institutions and be able to negotiate credit arrangements for the development programmes it designs. The director would need the confidence of health agencies because it would be through them that the development programmes would be delivered. The director and his or her staff would provide support to local organisations in designing imaginative development opportunities and would require national and international networks with leading edge thinkers and practitioners.

If the recommendation in the previous section of this chapter for a management centre is accepted, this might in time be the natural home for a fast track register. Meanwhile, it is possible that there is no single organisation able to perform this role and it might be appropriate to form a small consortium which draws on the strengths of two or three organisations.

The number on the register should be strictly limited. Access to the register should be on the basis of existing performance and potential which has been formally demonstrated through the use of a range of instruments such as assessment centres, portfolios of evidence and interviews. Decisions should be made by external as well as internal assessors. The criteria must be open and tested for fairness to all groups.

There should be two broad groups of managers on the register:

- new entrants to management from professional and administrative backgrounds and from outside the health service, including new graduates, who have the potential to move rapidly into more senior positions. There would be no assumption that they would necessarily reach top management positions, but they would be expected to form a cadre of high quality middle managers.
- middle and senior managers who demonstrate the potential to make rapid career progress in the next four or five years.

These two groups of managers on the register should address the short-term need for managers able to implement the new health strategy over the next decade as well as the longer term need to plan for a regular flow of capable managers into the most senior roles. If the programme is successful in addressing the long-term needs, the number of managers joining the register in mid-career will be smaller. However, there will always be a need to support managers whose potential becomes apparent later in their careers or who join the health service in mid-career, and to respond to changes in health policy which require new managerial skills.

The provision for development for middle and senior managers introduces greater flexibility into the fast track scheme and offers structured opportunities to able people from outside the health services. Without these opportunities the health services are likely to remain a

Development themes

Many of the recommendations in this report concern processes, systems and infrastructure—the means to an end, rather than an end in themselves. It will be vital that all concerned can see a direct link between improving management and improvements in health care and the health of the population. To establish this link, we suggest that management development activities should increasingly be focused on topics such as:

- *service quality*
- *how to achieve health gain*
- *patient-centred care*
- *involving users of services*
- *evidence-based outcomes.*

Another link between the new health strategy and the management development agenda is the area of service planning. For the following reasons, we suggest that it would be helpful to use the theme of service planning to give coherence to the new management development agenda and to demonstrate the link between management development and health outcomes.

- Service plans provide the framework for organisational and team performance review and these in turn provide the performance objectives for individuals.
- Drawing up, refining and communicating service plans contribute to the development of a corporate identity and bring together managers, doctors and other professionals in the planning process.
- Service plans would provide the basis for projects to encourage team working and working across professional, organisational and agency boundaries.
- There are opportunities for collaboration between academic institutions and the health service in research which informs and evaluates service plans.
- Monitoring and reviewing service plans should provide the impetus for improving management information systems and devolving budgets.
- Training in the skills of planning, budgeting, resource management and team building should result in more effective service planning and implementation.
- Service plans provide the theme for a variety of work-based development opportunities such as projects, learning sets and in-house seminars.
- Service plans could form the basis of a dialogue between education providers and health services managers about the type of programmes which would make most difference to organisational performance.

We are not advocating a rigid and exclusive adherence to the theme of service planning in implementing the recommendations in this report. However, a common focus for at least some of the initiatives would give opportunities for comparison and evaluation across boards, give a higher profile to the management development agenda and be more likely to carry forward the new health strategy.

Recommendations

9.7 To establish a clear link between quality of management and quality of health care, management development activities should focus on service-related issues.

9.8 The theme of service planning might be used to give coherence to the management development agenda.

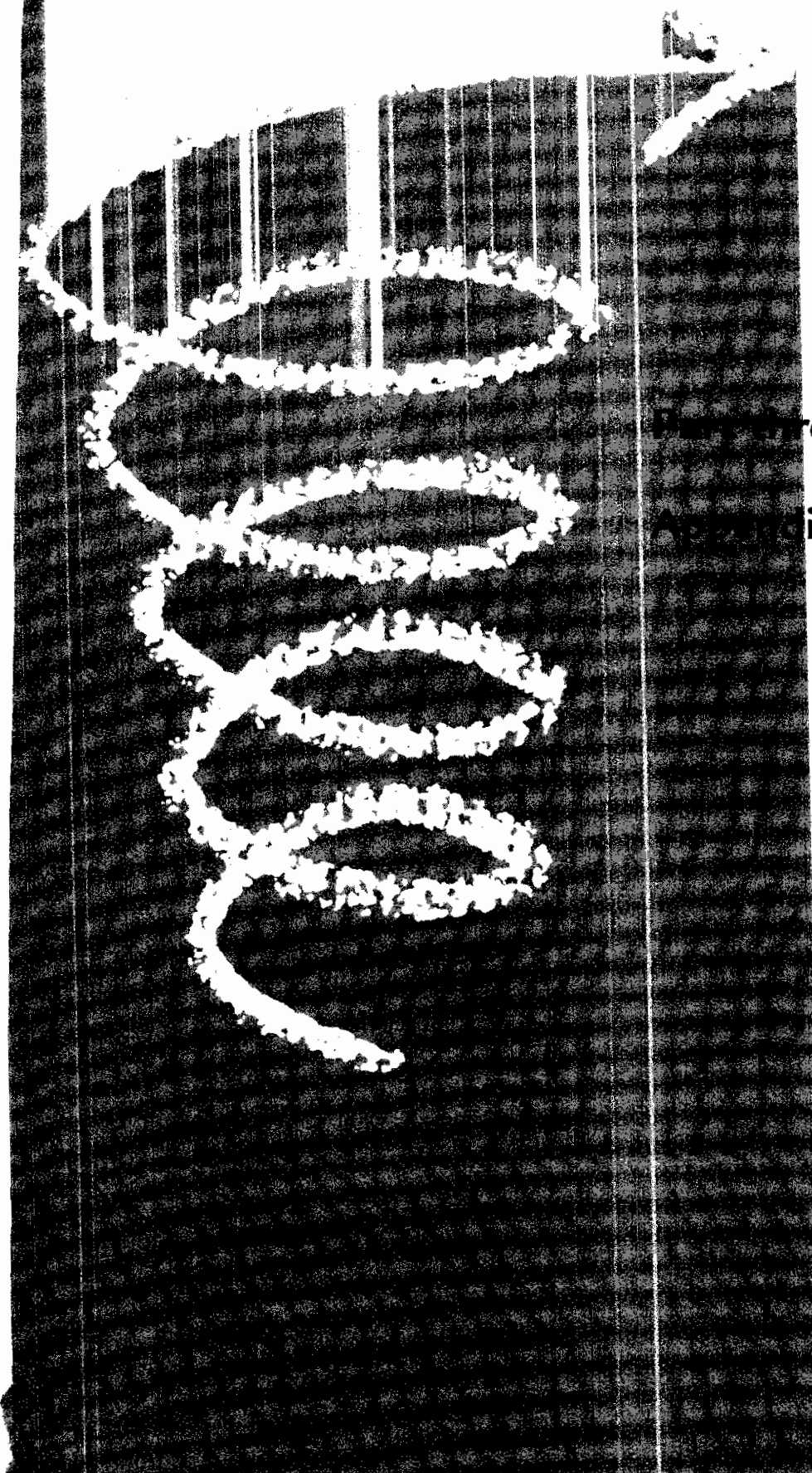
High priority actions

This report contains a large number of inter-related recommendations. To assist implementation, we have identified those recommendations which have the greatest potential impact on the whole system. In our view, the pivotal recommendations are in the areas of:

- recruitment and selection
- individual performance appraisal
- development programmes and initiatives for women in the health agencies
- decentralisation of decision making throughout the system.

These four high priority areas require action at all levels in the system and in all sectors. They also describe the context for those who provide management development. Moving forward in these areas would demonstrate a commitment to change and make an immediate difference.

A management development strategy for the health and personal social services in Ireland



Part three

Appendices

Appendix B
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Masters degrees		
Various Masters programmes including: MA in Healthcare Management	IPA	Administrative, paramedical and nursing staff
MBA	University College, Galway	Middle and senior managers
MSc in Management	University of Wales	Nursing
Masters in Quality Management	University of Limerick	Middle and senior managers
Doctorates		
Variety of management topics	Keele University and others	Small number, various professions
Other programmes		
Ad hoc management conferences/seminars	King's Fund, NHS, EU, IPA, USA, Irish Primary Nursing Network, Psychological Society of Ireland, etc	Various
Budgeting for Managers	External consultants	Various
Customer Care Programmes	External consultants	Front-line staff
Development for Finance Staff	IPA, Professional Accountancy Bodies	Finance staff
Development Programme for Clerical Officers	Western Management Centre	Clerical officers
Development Programme for Community Welfare Officers	IPA/External consultant	Community medical staff
Doctors in Management	IPA, Royal College of Surgeons in Ireland	Consultant and non-consultant medical staff
Employee Assistance		Various
Focus on Training	Irish Management Institute	Training staff
Grievance and Discipline Handling	IPA	Middle managers
Health, Safety and Welfare	UCD, IBEC	Various
Human Resource Management	Irish Management Institute	Personnel staff
Introduction to Management	IPA, UCC, Local Facilitator	Middle managers, psychiatric nurses
Management Development for Clerical/ Administrative Staff	IPA	Grade IV, V and VI admin. and clerical staff

Appendix D
Personnel Officers' report

Submission by the Personnel Officers to the Chief Executive Officers of Health Boards on recruitment and selection. 15 December 1995

Terms of reference

"The Personnel Officers are asked to review recruitment procedures and to recommend how they ought to be developed to ensure that they conform with current best practice in relation to personnel recruitment, facilitate the Boards to implement the provisions of 'Shaping a Healthier Future' and are economical in the demands they make on the time of staff who have most to contribute to successful recruitment."

BRIEF FROM THE CHIEF EXECUTIVE OFFICERS OF HEALTH BOARDS TO THE PERSONNEL OFFICERS

Recruitment and selection

The context

The Health Strategy; 'Shaping a Healthier Future', states the following in relation to Human Resources:

"Services will stand or fall on the contribution of the staff who provide them."

"...a balance must be achieved between the demand for and the supply of the many skills needed in a modern health system."

"...there is a need to keep the balance between supply and demand under review."

"The growing complexity of the health and personal social services reinforces the need to strengthen the management capacity throughout the system."

"The current recruitment procedures and management development and training programmes will be urgently reviewed to produce a strategy for developing the required management capacity over the next decade."

A strategic approach to the delivery of health care requires the integration of corporate and human resource strategies to ensure coherence and the attainment of corporate objectives through appropriate human resource management policies and structures.

This is of particular relevance in the light of continuing pressure on the limited resources available to meet increasing demands on services in terms of quantity and quality. There is clearly a need to achieve optimal effectiveness and efficiency in the application of inputs and this is of particular relevance in the case of human resources, the most costly component. It is necessary to develop an integrated cost-effective staffing strategy designed to balance demand and supply—demand side factors include the number of posts and the grades required to meet service needs—supply side factors include recruitment, retention and development of appropriate skill mix and deployment.

Internal pressures on the availability of human resources within the organisation and external pressures arising from such factors as limited skills, labour supply in the market, demographic factors, new technology etc, will require strategic approaches to human resource management.

An integrated cost-effective staffing strategy arises from a matching of what is required to be done to the skills necessary to do it and this is achieved through a balance between the numbers, qualifications, grading and the deployment of staff within a defined service area ie. the right number of appropriately qualified staff in the right place at the right time to achieve the desired standard of service in terms of quality and quantity at minimum cost.

In order to implement the provisions of the Health Strategy—'Shaping a Healthier Future'—health boards must adopt a strategic approach to the acquisition, motivation, development and management of its human resources so that all aspects of the employer/employee relationship will be fully integrated with the Board's corporate strategy and culture with particular emphasis on the common interests of the Board and its staff in the achievement of corporate objectives. If done successfully, this approach provides enormous potential for initiative and commitment within the workforce.

Recruitment and selection (to which should be added appraisal) are integral parts of human resource management with increasing emphasis being placed on the attitudinal and behavioural characteristics of employees, through appropriate recruitment, selection and performance review procedures.

With the current emphasis on cost-effectiveness, efficiency and accountability it is of particular importance,

The role of the Local Appointments Commission in the recruitment and selection of health services staff should be reviewed as a matter of priority. It is incompatible with the principles of the health strategy in relation to equity and accountability and the consequential responsibilities on health boards. It effectively removes from the agencies responsible for the delivery of services, an input into one of the most strategic management decisions ie. the recruitment and selection of those to whom the management and delivery of services would be entrusted by them as employers. While the principles underlying the foundation of the Local Appointments Commission in the 1920s are still valid and should be preserved, the inconsistencies in the range and type of grades involved, including the most senior management and professional grades in the health services calls for urgent radical review.

The identification of managerial talent and potential across the organisation and its development, are key factors in the achievement of corporate objectives. The development of career paths, fast-tracking, management development programmes on an interdisciplinary basis, etc can greatly enhance organisational development and significant career development. Linkages with appropriate third level institutions can also help in this regard.

With regard to equity and accessibility, measures should be taken to provide an appropriate environment to actively encourage the career development of women including their appointment to senior posts and to address real and perceived barriers to womens' career progression. Active measures should also be taken to encourage applications from candidates from non-traditional areas to facilitate lateral moves to career opportunities for advancement and the attainment of full potential.

Human resources are an integral component of corporate success and decisions relating to the recruitment and selection process are of vital importance. Effective recruitment and selection procedures are key requisites to the development of an effective work force and should be linked to service plans. The cost of ineffective recruitment and selection can be formidable, in opportunity costs and in terms of finance, productivity, customer relations and customer perceptions.

The recruitment process

Good practice must start as soon as a vacancy arises. Recruitment requires careful planning and organisation and strong messages about an organisation are given to all candidates throughout the different stages of the process.

Each vacancy should be analysed to determine the most appropriate action to be taken viz. *is the recruitment of a new employee the most appropriate action? do the benefits from the performance of the job appreciably exceed the true cost of filling it?* Other options could include the re-organisation and re-distribution of the tasks of the job to others in the workforce, more flexibility/staggering of working hours to reflect service needs, conversion of the job to part-time status, subcontracting of the tasks, reprofiling of the posts, changes in skill mix, prescribed pre-employment experience/qualifications etc.

Job analysis

Job analysis is the process of collecting and analysing information about the tasks, responsibilities and the context of jobs. The objective of job analysis is to report this information in the form of a written job description and additionally in the form of a person specification. Good recruitment practice requires that this effective management tool be used to the full extent of its potential.

The basic information which should be collected may be categorised as follows:

1 Job identification data: Job title, location etc.

2 Relationship with others: Reporting relationships and supervisory relationships.

3 Job content: Actual duties and the level of responsibility for tasks.

4 Working conditions: Financial package such as salary and other benefits.

5 Performance standards/objectives: Can be expressed in quantitative and qualitative terms.

This job-related information can be collected from sources such as:

- The outgoing job occupant.
- The immediate supervisor.
- Technical experts.

An important part of the advertising process is making sure that inappropriate people eliminate themselves from consideration and they can only do this when given sufficient information to make that decision. It is important to note that employment decisions are mainly taken by applicants rather than by employers.

The health boards currently rely on newspaper advertisements placed through an advertising agency. The system is cost efficient and works reasonably smoothly. Its strengths are the agreed national discount rates and the widely known timing and newspaper circulation of its advertisements. The weaknesses are the lack of content and the somewhat mundane and repetitive nature of the advertisement design. When Boards opt to place advertisements in newspaper space other than health service columns, the cost is very prohibitive. Greater disclosure and greater diversity is needed. Cost pressures will obviously arise but these can be neutralised by savings from a more widespread adoption of joint recruitment among the Boards, ie. competition for national grades may be advertised jointly by the Boards.

To ensure the effectiveness of advertising, Personnel Officers need to monitor the outcomes, first to ensure value for money and secondly to ensure that the pool of applicants is suitable. Clear recording of the cost of filling vacancies by this means is useful in building up a stock of control data on which to develop a recruitment advertising strategy. The introduction of computer based recruitment systems in all health boards would greatly assist in this regard.

The selection process

Application form

The application form should be carefully designed to elicit the information required by the organisation from the candidates, based on the job description and job specification and on identified areas of competence. It has the advantage over a CV to the extent that the organisation determines what information is required as opposed to the acceptance of the information submitted by the applicant. A well designed application form has the added advantage of providing a standard format for comparing candidates and for shortlisting/selection purposes. The application form is of major importance in the selection process and should elicit relevant information regarding the life and career history, qualifications, experience and also give an insight into the career plans, interests, aspirations and motivation of the candidates.

Biodata or a personal history inventory

Biodata or a personal history inventory is being increasingly introduced into the selection process in the form of an extended application form or questionnaire. It seeks information on the kind of experiences a person has had and involves a candidate in answering a range of questions concerning personal life history and background. This is then used to build up a profile of the candidate to be measured against 'suitable profiles' of successful incumbents.

Informed by a social learning approach to behaviour and motivation, it assumes or predicts 'relatively stable value orientations and associated work goals and preferences' and is based on the principle that evidence of existing stability can predict continuing stability. Biodata attempts to identify persons with appropriate orientation to the needs of the organisation. It can be effectively used as a filtering system in the initial or preselection stages of recruitment particularly where large numbers of applications are received.

It is essentially recommended as a method of identifying those candidates who may be rejected rather than as a process for selection of successful candidates.

The reliability of the biodata method in predicting actual on the job performance has been estimated at approximately 40% level of predictability, based on research.

Selection interview

This is the most commonly used form of selection. Research studies have highlighted deficiencies in reliability and validity particularly where it is used as the sole method of selection.

Current HRM approaches identify the desirability to 'get behind' the 'presentation of self' which the interview allows the candidate to project and to uncover deeper psychological characteristics. Behavioural and attitudinal characteristics are of paramount importance and techniques such as psychometric testing, biodata and graphology are particularly useful in this area.

people for particular types of occupations and are particularly applicable to vocational guidance and can be useful when selecting trainees and apprentices.

'Value' questionnaires

These attempt to assess beliefs about what is desirable or 'good' or what is undesirable or 'bad'. These questionnaires measure the relative prominence of such values as conformity, independence, achievement, decisiveness, orderliness and goal orientation.

Specific work behaviour questionnaires

These cover behaviours such as leadership or selling.

Summary

Personality tests can provide interesting supplementary information about candidates. They are free from biased reactions that frequently occur in face to face interviews. However they have to be used with great care and should be developed by reputable psychologists or test agencies on the basis of extensive research and field testing and they must meet the specific needs of the user.

It is essential in choosing tests that they meet the four criteria of:

- Sensitivity
- Standardisation
- Reliability
- Validity

Tests are helpful when they are used as part of a selection procedure for occupations where a large number of recruits are required and where it is not possible to rely entirely on examination results or information about previous experience as the basis for predicting future performance.

Assessment centres

These are used to identify executive or supervisory potential through multiple assessments of individuals by trained assessors using a variety of techniques such as simulations, in-tray exercises, tests, group discussions, games etc. Programmes may last for several days and the characteristics assessed may include assertiveness, persuasive communicating, planning and organisational abilities, self-confidence, stress management, energy levels, decision making, sensitivity, administrative ability, creativity, mental alertness, attitudes to work and to the organisation, career aspirations etc. Assessment centres that are properly conducted have a high degree of validity and reliability and have proved to be the best predictor of future job performance. However, they are costly to run and it is essential that highly trained assessors are engaged in the process.

Reference checks

Reference checks are most beneficial when specific information is requested by the potential employer based on the job description, job specification and on the candidate's previous employment history. They are an important part of the assessment process and are useful validating information already received, obtaining an assessment of previous performance and some indication of suitability and potential. While references are useful in establishing a candidate's past achievements and giving an indication of ability, they should not dominate the selection process. They should be used as an aid to assessments/evaluations already carried out as part of the selection process. They are also essential in assessing candidates suitability on grounds of character for appointments to positions of trust.

Assignment, induction and performance review

These issues are seen as an integral part of the selection process and in integrating the new employee into the organisation. It is essential that these procedures be carried out in a systematic and thorough manner otherwise the benefits derived from successful selection can be substantially reduced. Apart from the obvious benefits to new appointees these procedures can greatly assist organisations in monitoring and reviewing the effectiveness of the recruitment/selection process and should be applied both to permanent and temporary appointees.

E·14 Measures should be taken to provide an appropriate environment to actively encourage the career development of women including their appointment to senior posts and to address real and perceived barriers to womens' promotion.

E·15 Active measures should be taken to encourage applications from candidates from non-traditional areas to facilitate lateral moves to career opportunities for advancement and for the attainment of full potential.

E·16 Opportunities for across-health board collaboration and joint action in recruitment and selection processes should be implemented as far as practicable based on recent successful initiatives.

E·17 The health boards should share experience in constructing job analysis/job descriptions and personal specifications and share the costs where external agencies are engaged in the recruitment/selection process.

E·18 The application of the Local Authorities (Officers and Employees) Act, 1926 and 1940 to appointments in the health boards should be actively reviewed in line with submissions already made by the Chief Executive Officers.

E·19 The provisions of the Health Act, 1970 and the Department of Health Circular 10/71 relating to the appointment and selection of staff should be reviewed in relation to the prescriptive provisions and restrictions on Chief Executive Officers of health boards.

E·20 Current restrictions on entry points to salary scales on appointment, starting pay on promotion, incremental credit, removal expenses etc should be relaxed to allow more discretion to health boards particularly when recruiting well qualified staff/scarce grades.

E·21 The common recruitment pool as it applies to clerical and administrative appointments should be removed.

E·22 There should be a more structured approach to mobility within and without the public services.

E·23 A radical review of conventional employment structures should be activated with the Department of Health to reflect service needs, covering such areas as permanent part-time flexible hours contracts, fixed-term contracts, flexible job-sharing arrangements, annualised hours contracts etc.

Documentation

Documentation should vary to reflect a range of different requirements, dependent on the nature of each person's job.

All staff will have a career plan that envisages on-the-job development, progression or just a change at some juncture.

Setting objectives will also be variable. For those with managerial roles, the business plan will determine key tasks. For other professional staff, there will be developmental aims, perhaps associated with quality. For everybody some restatement of key tasks or ways of improving day-to-day standards may be appropriate.

Summary of requirements

A three-part form, ideally on two sides of an A4 sheet, should usually be adequate to summarise the interview in three separate parts:

Part A Summary of general points discussed

Part B Summary of any specified objectives for the forthcoming 12 months

Part C Career and personal development—summary of proposals and how action will be followed up.

Prioritisation of expensive training

The organisation will establish a multi-disciplinary panel to meet quarterly so that requests to attend an external course can be considered and prioritised according to criteria such as:

- the value of the training to the organisation
- the balance between that value and the longer term career benefits for the individual
- whether the training directly relates to the current year's business plan
- the contribution and commitment that the individual has already made
- the cost-benefit.

JCD to be compulsory, not an option

It is proposed that JCD be offered to all staff and that on appointment all new staff should be made aware that there will be an opportunity to discuss their job at least once a year.

Summary of probable outcomes for each individual

Acknowledgement of main achievements during the last year.

Clarity of role and future objectives to be agreed (not imposed).

Personal difficulties, if identified and with the staff member's approval, to be referred to:

- a counselling service
- another appropriate support agency.

Personal development:

- submit training application for an expensive course to the next meeting of the panel
- manager to provide more support or coaching
- occasional in-house study/training event
- referral to external career advice.

Discussion of frustrations or difficulties in the job.

If necessary, honest confrontation to improve performance to be matched with offer of further support and follow-up discussions.

Prepared by Graham Millard for HRS as part of the Healthy Work Patterns project. August 1996

Appendix E
Job and career review: An example

Pre-requisites for JCD to be beneficial and generally welcomed by all those participating

- JCD is just one part of a progressive approach to personnel management.
- There has to be a general environment of 'openness'.
- Competence and self-confidence to do it well, together with a belief in its value, are important.
- Ideally, the programme of interviews needs to start at the top and be 'cascaded' through the organisation.
- Those appraising will normally have been accountable for appointing the appraisees in the first instance, and subsequently managing their day-to-day work.
- Before embarking on JCD, its purposes need to be clear to everybody.
- For some staff, there will be consequential follow-up, sometimes requiring external expertise; this needs to be available to prevent disappointed expectations.
- Resources such as in-house training, study leave, career advice and 'simple' documentation are required.
- The outcomes in terms of good working relationships, focused training and achieving goals will have a positive impact on quality of care and standards of efficiency.
- There needs to be a link with the business plan in terms of clarifying objectives for each individual.

Programme for implementation (1996–97)

May: Meeting of all staff to:

- clarify accountability for providing each JCD discussion
- define the objectives for introducing this personnel system
- plan how it will be introduced
- determine what documentary systems should be used
- anticipate what resources and expertise will be needed to respond to the outcomes.

June: Revise and produce final version of the pre-interview preparation form (staff member).

July: Training session for senior managers led by external consultant.

September: Two staff meetings to train all staff in JCD.

Series of JCD interviews to be held between October 1996 and March 1997:

October and November	Senior managers
December and January	Middle managers
February and March	First-line managers

Expected outcomes

The main achievements of the employees during the previous 6 to 12 months can be summarised, acknowledged and often praised.

Each employee can be given clearer objectives within his/her job, often identifiable with the current aims of the organisation, and particular tasks documented in each year's business plan.

Frustrations and difficulties of the job can be openly discussed; in most circumstances these can be reduced or eliminated. The opportunity of being able to raise such matters is a benefit in itself.

Each interview may elicit ideas for improving the running of the organisation. Employees will often find it easier to make suggestions in a one-to-one interview than in a larger staff meeting.

Where more support from their managers or some formal training is needed, this can be discussed privately.

in highly labour intensive organisations such as health boards, that more sophisticated selection, induction and appraisal procedures should be in place. These should accommodate the human resource implications of the learning organisation model with its movements towards greater discretion/flexibility devolved to individuals/workgroups.

It is essential that the recruitment and selection processes should be designed to ensure the emergence of the 'best fit' candidates to match the culture, strategic and operational requirements of the organisation. This can be assisted by an analysis of current manpower resources through a detailed inventory of each/group of employees providing composite information on strengths, weaknesses, skills, qualifications, age profiles etc. thereby assisting in the forecasting of future requirements.

There is also a need to ensure that the practices we use in recruitment and selection are benchmarked against the best standards available. Health boards offer good employment and career opportunities and it is essential that the procedures used attract a high calibre of candidates and select those most suitable for appointment. It is important therefore, to ensure that the quality and integrity of procedures are assured at all times, that there is ongoing monitoring, testing and validating of the procedures to ensure effectiveness, objectivity, efficiency, user friendliness and systematic coherence. It is also important to establish the extent to which the expectations of new appointees have been met by their employing health boards.

With particular reference to efficiency in terms of the use of resources, including the time of interviewers, opportunities exist for collaboration between and joint action by health boards particularly in large competitions. This has been satisfactorily demonstrated in recent joint action by a number of health boards in the recruitment of student nurses. The extension of this process would require the introduction of more sophisticated recruitment and selection methods, the development of more specialised personnel skills including the capability to administer various pre-interview tests etc. A case could be made for the pooling of resources among health boards for this purpose which would have the additional benefits of laying the ground work for training and management development. The use of more sophisticated assessment methods could also be very useful downstream in combining the appropriate skill mix for service needs. Greater co-operation between health boards would reduce duplication particularly for large competitions and would not necessarily reduce individual health boards' input and ultimate autonomy in the final selection process. Valuable managers' time spent on interviewing which at present could be described as inappropriately used, could be specifically applied at the point where 'key' hiring decisions are being made, thereby preserving the principle of involvement by managers in the selection of the staff while using their time more efficiently and effectively.

With the introduction of new approaches to recruitment and new methodologies for selection, the principles of equity and access to employment in the health services must be preserved. Accountability for selection will also have to be preserved and enhanced to maintain the highest level of integrity in the system due to public accountability and to ensure continuing public confidence. The achievement of these objectives need not be incompatible with a strategic approach to recruitment and selection nor with the principle of addressing specific service/regional requirements or the involvement of managers in staff selection.

Good information systems are of paramount importance for analytical purposes and to ensure the preservation of qualitative issues such as integrity, accountability etc. The development of computerised personnel systems would greatly enhance the quality of information and its accessibility for analytical purposes.

There is also a need for a wider range of options in the types of employment contracts on offer to meet service needs. These could include permanent full-time, permanent part-time flexible hours contracts, flexible job sharing arrangements, fixed-term contracts and annualised hours contracts etc. Current restrictions on entry points to salary scales on appointment, starting pay on promotion, incremental credit, removal expenses etc should be relaxed to allow more discretion to health boards particularly when recruiting well qualified staff/scarce grades.

There is also a pressing need to remove the restrictions on clerical and administrative recruitment due to the existence of the common recruitment pool.

Management Development for Middle Managers	IPA, IMI, UCC	Middle managers
Management Development for Nurse Managers	RTCs, External trainer, IPA	Senior staff nurses, ward sisters, nurse managers
Management Development for Para-medical Managers	IPA	Various
Management Development for Unit Nurse Managers	IPA, External consultants	Nursing
Management and Organisation Development Programme	IPA/NHS	Community care service managers
Management/Supervision in Childcare	IPA, External consultants, Trinity College	Community care managers
Media Skills	External consultant	Senior managers
Multi-disciplinary Management Development	IPA	Various including consultants
Performance Appraisal/Review	External consultant	Nurse managers
Performance Management/Evaluation	IPA, External consultant	Senior managers
Presentation Skills	External consultant	Training staff
Project Management	IPA	Middle managers
Quality Facilitators	IPA	Various
Quality in Non-nursing Hospital Services	CERT	Various
Recruitment and Selection	IPA	Middle managers
Role of Chairperson/Interview Techniques	With Western HSSB, Northern Ireland	First-line and middle managers
Service Planning	External consultant	Senior and middle managers
Social and Personal Development in Community Hospital Services	External consultants	First-line and middle managers
Stress Management	External Consultants	Nursing
Supervisory Management	RTCs	Maintenance staff, attendants, etc
Supervisory Management/Development	IPA, UCC, IBEC	First-line managers
Team Development	Local Facilitator	Various
Technician Training for Managers	Irish Association of Sterile Services Managers	Nursing
Top Management Programme	King's Fund	Senior managers
Training the Trainers	IPA	Middle managers
Ward Sisters' Management Development	External consultants/trainers	Ward sisters

Appendix C
Management development for health board staff: An illustrative listing

Programme	Provided/ supported by	Participants
Certificate programmes		
Certificate in Health Care Management	IPA	Mainly nursing and administrative staff
National Certificate in Public Management	RTCs	Various
Diploma programmes		
Diploma in Business Studies/Nursing Management	RTC	Nursing
Diploma in Health and Safety	UCD	Nursing
Diploma in Health and Social Welfare	Open University	Various
Diploma in Healthcare Management	IPA	Various middle managers
Diploma in Healthcare Risk Management	UCD	Nursing
Diploma in Higher Education in Professional Development Nursing	RTC	Nursing
Diploma in Management	UCD; UCD Faculty of Nursing; Royal College of Surgeons in Ireland	Nursing, doctors
Graduate Diploma in Public Management	IPA	Various
Bachelors degrees		
BA in Community & Social Studies	RTC	Staff nurses
BA in Healthcare or Health Services Management	UCG, UCD, IPA, RTCs, Open University	Various
BA in Public Administration	IPA	Various
BA in Public Management	IPA	Administrative, paramedical and nursing staff
Bachelor in Business Studies	IPA	Administrative staff
Bachelor in Nursing Studies (and Tutors' Course)	UCD	Staff nurses
Bachelor of Business Studies	IPA	Administrative, paramedical and nursing staff

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Appendix A
Visits and meetings

Steering group

Michael Kelly (Chairman), Assistant Secretary, Personnel Management and Development, Department of Health

Denis Doherty, Chief Executive Officer, Midland Health Board

Pat Gaughan, Personnel Officer, North Western Health Board

Nicholas Jermyn, Chief Executive, St Vincent's Hospital

Pat Lyons, Chief Executive, Beaumont Hospital

Pat McLoughlin, Programme Manager, Eastern Health Board

John O'Brien, Chief Executive, St James' Hospital

Brendan Phelan, Principal Officer, Personnel Management and Development, Department of Health

Mairead Shields, Commissioning Officer (Staff), Tallaght Hospital Board

Alan Smith, Assistant Principal, Personnel Management and Development, Department of Health

Health and Social Service organisations

Aras Attracta, Western Health Board
The Brothers of Charity, Galway
Community Care Programme, Ballybofey, North Western Health Board
Community Care Programme, Sligo, North Western Health Board
Cork University Hospital, Southern Health Board
Galway County Association
GP Unit, North Western Health Board
Mater Misericordiae Hospital, Dublin
Mental Health Programme, Mayo, Western Health Board
North Western Health Board
Southern Health Board
Tralee General Hospital, Southern Health Board
Western Care Association
Western Health Board
West Galway Psychiatric Services, Western Health Board

Colleges, universities and professional bodies

Athlone Regional Technical College
Dublin City University
Dublin Institute of Technology
Galway Regional Technical College, Castlebar and Galway
Institute of Public Administration
Irish Health Services Management Institute
Irish Management Institute
King's Fund Management College
National College of Industrial Relations
The Royal College of Surgeons in Ireland
Trinity College, University of Dublin
University College, Cork
University College, Dublin
University College, Galway
University of Limerick

Meetings

Chief Executives and Personnel Officers from the voluntary hospitals
Department of Health
Health Board Chief Executive Officers and Personnel Officers

These areas of change all imply new investment both in terms of money and skills. But shortage of money should not be used to justify delay. We have argued that a great deal of money is already being spent on management development. Many of the recommendations do not require extra resources, but a different way of using existing resources. The greater flexibility and coordination in the use of management development resources that we are advocating will mean far greater cost-effectiveness, if not a reduction in costs. But in the final analysis, most needed is the will to change.

Implementation

There is widespread support and enthusiasm in the health services for 'Shaping a Healthier Future' but there is growing concern about how and when the new strategy will be implemented. It is clear that implementation requires considerable managerial skill and energy. For that reason we would urge the Department of Health to use the recommendations in this report as a means of stimulating that skill and energy.

Time must be spent in gaining support for the thinking in this report and testing out what the proposals would mean in practice. These steps to implementation should however be carried out within a clear timetable so that change is not delayed.

There will be a need for a body to drive forward the implementation of our recommendations. We have received considerable support and useful advice from the Steering Group for this project but action requires executive authority. Two possibilities present themselves:

- a small group within the Department of Health with sufficient time and funds to lead discussions, plan a programme of work and initiate projects
- an office, headed by a senior figure within the health services, who could secure the support of health agencies, unions, professional bodies and academic organisations in taking forward the agenda which we have set out in this report. Such an office might be the precursor to the proposed health services management centre, and part of its remit should be to make progress with establishing such a centre.

Recommendations

9.9 Action on recruitment and selection, individual performance appraisal, development programmes for women and decentralisation of decision making should have high priority.

9.10 There should be an early start to implementing the high priority recommendations in this report.

9.11 An office should be set up to begin the implementation process.

net exporter of talent into other services.

The managers in the first category would include graduates for whom a tailored development programme is an incentive to chose a career in the health service, as well as staff with professional training who are attracted by a managerial career and who show the potential to benefit from the opportunities afforded by the register.

Among those coming onto the register could be managers from specialist functions such as personnel, finance and information, where the new health strategy has demonstrated skill shortages which cannot be remedied by the usual recruitment processes. Such specialists who have recently joined the health services would require an orientation programme to familiarise them with the organisation culture and context. Functional managers who have been in health services for some time would acquire a more strategic perspective so that they could use their specialist skills in a broader managerial context.

Each manager on the register would have assistance from an experienced facilitator to draw up a career and development plan. A mentor should be appointed to review the plan and assist in its implementation. The plan might include working towards a formal qualification, but this would not always be a requirement. However, managers would be expected to follow a programme of secondments, learning sets, study visits and similar activities to equip them with the skills and knowledge to move on in their careers.

Implementing development plans would involve the cooperation of local managers to find suitable projects, placements etc. If no suitable and supportive work experience could be found in a manager's own unit, he or she would be found placements elsewhere. However, every effort would be made to put the necessary support into the local organisation to enable it to provide a developmental context for a manager on the register.

Managers should only remain on the register if they can demonstrate outcomes from their career and development programmes. Although a maximum period on the register should be set, perhaps five years, there would be no automatic continuation within that for managers who, for whatever reason, did not seem likely to benefit from the programme. In some cases, a small injection of intensive development might be enough to enable the manager to make the appropriate career steps. In other cases managers might not fulfil the expectations of them. However, their experience on the register would enable them to perform more effectively in lower level roles and contribute to the performance of their own organisation.

The managers in both of the cohorts identified above should come together two or three times a year in residential sessions to share experiences, for facilitated personal development and to talk to experienced managers in the Irish health services and from elsewhere to extend their understanding of managerial roles.

There should be careful monitoring of the managers on the register to ensure that equal opportunities criteria are met and that managers from a broad range of organisations, professions and functions are represented.

The advantages of this approach to fast track provision are:

- flexible entry points to the scheme
- individually tailored development programmes
- no unhelpful separation of those on the fast track programme from their peers
- it should attract good quality entrants to the health service
- comparatively little wastage from the scheme as the experience of being on the register could be put to good use even if the career plan is not completed
- the benefits would be felt across the health services, developing able people at different levels and in different organisations.

Recommendations

9·4 Managers at various stages in their career who can demonstrate the potential to move on rapidly should be able to access individually tailored career plans and related development programmes.

9·5 These fast track programmes should be designed to enhance personal performance in a managerial role.

9·6 The fast track programmes should be coordinated and supported through a national body with strong links into health agencies and academic organisations.

Chapter nine
Shaping a healthier management future

A Health Services management centre

Part of our brief for this study was to consider the need for an Irish centre for health services studies. We started out with no preconceived ideas but we have come to the conclusion that *some new kind of body is required to promote health services management development.* Without prejudging what form such a 'management centre' might take, we see it as being an essential focus for moving forward with many of the proposals in this report by:

- encouraging collaboration among the health authorities and with the voluntary and private sectors
- providing coordination of pilot projects and new developments (for example, in recruitment and selection, an external assessor system, individual performance appraisal, exchange/secondment programmes, performance review systems, job and career review)
- collaborating with professional bodies
- developing equal opportunities through management development
- providing a forum for doctors, managers and educators to design new programmes
- advising on the use of external programmes and consultants, and commissioning external contractors, when requested to do so
- pump-priming developments in curriculum and learning methods
- providing support to a network of management development advisers
- looking at the national picture in awards and credit transfer in management development
- managing any national 'fast track' programmes
- providing a base when needed for 'academic practitioners'
- promoting research in health services management and its dissemination.

From this description, it is clear that we do not see a health services management centre as a provider of management development programmes. Nor do we see it as an academic unit. *Its overall purpose would be to link theory and practice and to provide the added value in health services management development which no single organisation can achieve.*

As to what form the centre should take, there is experience elsewhere which could be drawn upon. The most important messages are:

- the organisation should be independent but fully supported (financially if possible) by the health authorities, the voluntary sector and the Department of Health
- the staff should be small and have appropriate experience, skills and qualifications
- the chief executive should be clearly accountable to a board comprising representatives of the major stakeholders
- the centre should be a system, rather than a place or institution
- the centre should not replicate what is already being done well; it should concentrate on achieving added value.

Recommendations

9·1 A health services management centre should be created.

9·2 The centre should be independent but 'owned' by the health system.

9·3 Achieving added value in management development will be the centre's overall aim.

A fast track programme

Our brief also included consideration of the need for a fast track management development programme. Fast track programmes are often used by large organisations to ensure that they have a cadre of capable managers able to take over the most senior managerial roles. A programme of this type has existed in the NHS since 1956 and has provided a high proportion of the managers who have achieved chief executive roles.

The implementation of the new health strategy provides an opportunity for health boards and education organisations to work together on several fronts. Education providers should give high priority to ensuring that they are in close contact with health agencies and able to respond to the education needs of the health service. There are opportunities to design and deliver new programmes jointly; this would be especially valuable with doctors, for example, where there is often a resistance to management education and where programmes need to reflect attitudes, vocabulary and ways of working.

There are also opportunities for research involving both academics and managers. There would be considerable value in developing structures, such as secondments or visiting fellowships, for *practitioner academics.* Cross-fertilisation between health and education would enrich both sectors.

Some providers are offering *short courses to update managers' skills and knowledge.* In some cases these are delivered locally, possibly involving local managers either as tutors or, perhaps more appropriately, to help transfer the learning to work. This type of course can offer a reasonably rapid response to new needs, but some managers commented on a tendency for courses to cover the same ground. The importance of clearly identifying development needs, working with education providers to design courses to meet these needs and selecting carefully the managers to attend, is evident. A stronger partnership between providers and health authorities would encourage more innovative designs for these short courses, such as accompanying printed material, visits to other sites, case studies, simulations, etc.

Education providers have introduced a variety of assessment methods, including project-based assessment. There is clearly considerable value to the sponsoring organisation, as well as to the student, in the completion of projects which address practical problems. However, there has been little attempt by the boards *to benefit more generally from their investment in management development programmes.* The skills of managers who have undertaken, for example, masters degrees, could be used to good effect in establishing the type of partnerships with universities and colleges described above. They could also be a valuable contributors to in-house programmes and might be a source of mentors and coaches for new managers

Pointers to the future

One reason why management education has been so strongly directed to the individual is that the health agencies do not generally have training strategies which they can discuss with providers. *Education providers should consider how they can address the development needs of personnel and training staff within the health agencies* and enable them to develop a range of techniques for diagnosing needs, planning development and transferring learning to work.

The development of staff who are teaching on programmes for health services managers needs further thought. *If academic staff are to be credible with students and to provide stimulating, relevant courses, they need opportunities to become familiar with the health services.* This means opportunities for research, for shadowing managers, for participating in learning pairs and other ways of understanding the unique context in which health care is delivered. This type of interchange, if carefully structured, would also be of benefit to the health services.

One way of expanding the potential clientele for programmes is through *directing programmes at the full spectrum of health service managers,* including those in the voluntary and private sectors, pharmaceutical companies and other suppliers to the health service. Such programmes would have the benefits of a health focus whilst also introducing thinking from the private sector.

There appears to be a strong tradition of self-development through membership of professional bodies. Although there is a danger that these bodies reinforce professional and functional fragmentation, they provide valued opportunities for sharing thinking through seminars, conferences and study visits. Some of these bodies have established links with educational organisations. For some managers who are particularly actively involved, they offer outlets for managerial talents which are not being fully used. *Some of these bodies should be given greater support for their role in promoting an interchange of ideas across the health services.*

Chapter eight
Health services management education

We met a wide range of educational and professional bodies providing management education and development to the health services. We are very grateful for their willingness to spend time with us and to involve a number of staff in open and helpful discussions about their programmes, both current and planned. Our aim was to gain an overview of the capacity to support the health strategy and identify its strengths and weaknesses.

Our research was confined to organisations which offer or are planning management programmes specifically tailored to the health and personal social services. We recognise that there are other organisations providing generic management programmes which are undertaken by health service staff. The Health Board Personnel Officers provided us with details of the provision they are using and an illustrative listing is provided in appendix C.

The scope of provision

There is a substantial number of organisations providing management education for the health services with considerable variety in their missions, scope, geographical coverage, the particular groups with which they work, the methods they use and their style of working. They range from organisations with an international reputation for scholarship to local colleges with a strong commitment to increasing the skills in the local economy. *The extent and variety of provision is a considerable asset. But there is also a danger of wasteful duplication of provision and of academic staff with a good understanding of the health services being spread too thinly to make an impact on the quality of management.*

The plethora of health services management programmes exists in the context of an increasingly competitive education market. Unplanned development of programmes will not necessarily meet the most significant needs of the health service. There may not always be sufficient numbers of potential students to make several competing programmes viable. If programmes are offered only occasionally they are likely to suffer from a lack of continuity in staffing and regular updating. If programmes are adapted to a wider client group they are likely to lose focus and value. *It is important to ensure that the education market is managed so that the benefits of competition are balanced with the need to sustain high quality provision addressing critical areas for the health services.*

Much of the existing provision is recent and is not well supported by high quality research or systematic staff development. *There is a danger that initiatives could be short-lived if they are not grounded in long-term relationships with the health services and recognised as a major investment on the part of universities and colleges.* If courses are poorly constructed or lacking in relevance there may be little repeat business.

Some programmes are general management programmes which have been superficially adapted to the health service. Although there is undoubtedly a role for generic management provision in the education of health service managers, this should be explicitly articulated and chosen in relation to individual development needs.

Programmes which do little more than add occasional health service examples to a programme designed for other sectors will not enhance the standing of health services management as a profession and as an academic discipline.

College-based provision

College, institute or university-based provision has been a major mechanism for enabling health service staff to make links across boards, to share experiences and to learn from each other. A high proportion of externally provided programmes are multi-disciplinary and help to foster communication and understanding among professions. Managers who have undertaken generic courses have also had opportunities to learn from sectors other than health.

The growing number of managers with MBAs and other masters qualifications will help to introduce new thinking into the health service and, importantly, give credibility and legitimacy to management. In time it should produce an influential cadre of managers able to bring about a shift in culture.

The college and university sector should be the main locus of research on health services management. Although there are individual researchers in a number of disci-

Recommendations

Management development activities should be planned and managed, including diagnosis of needs, identification and design of appropriate methods, recording and monitoring inputs and evaluation of outcomes.

7·2 A greater variety of development methods should be explored including:

- **mentoring**
- **learning diaries**
- **networking**
- **management clubs**
- **shadowing**
- **job rotation and secondments**
- **project work**
- **master classes**
- **development centres**
- **flexible use of learning materials**
- **competence-based learning**
- **sharing learning.**

Management development capacity in the health agencies

We have already commented on some of the interesting training and development initiatives in the health boards and the voluntary agencies. There is no shortage of enthusiasm or willingness to try out new ideas. But it is also clear that much training takes place in isolation, unlinked to either the organisation's requirements or the individual's aspirations. No external college or university can make these linkages. *A planned programme of training and development must be created by the senior people in the organisation, who then commission external bodies to provide support where needed.*

This idea of the health agencies as 'informed consumers' of management development programmes can be taken one step further. We came across one or two instances where a health agency had developed a specification for a programme, usually in-house, and approached a number of potential 'providers' to make costed proposals. Without getting into the sometimes tedious formalities of a competitive tendering process, this *user-led approach to programme* design can produce far more relevant training initiatives.

An approach of this kind does however require considerable internal capacity. The range of resources is wide and might include:

- in-house trainers who have skills in coaching, mentoring and action learning
- managers who contribute to the design and content of programmes, not merely as guest speakers
- in-house tutors to support open learning programmes
- management clubs and seminars
- equal opportunities specialists
- career counselling
- a management library and information service
- links to professional management bodies and associations.

Such resources cannot be developed overnight. But there is already considerable activity and investment by individuals which could be pulled together and expanded. What sometimes seems to be lacking is a culture which encourages, and an infrastructure which supports, management development.

As far as the culture is concerned, the attitudes of the boards and senior management are clearly the primary issue. *Where there is active corporate support for management development, much can be done at relatively low cost.* Developing the infrastructure is more complex and long-term. Many large organisations are now seeing management development as part of a wider organisational development function, not merely a subset of the personnel or training departments. If the health authorities are allowed more discretion in how they design their organisations (see chapter four), it would be good to see some moves in this direction.

Meanwhile, training staff should be playing a more active role in planning and facilitating management development. They need support to do this and *a network or forum of training and development staff* could be formed. It might be linked with a professional body—there is successful experience of this in the UK—or it

Although shadowing is normally done on a one-to-one basis, it can be useful to have one person shadow a variety of roles in the organisation rather than being confined to one role.

Study visits: This type of activity is a familiar part of clinical updating but we came across a number of instances, usually initiated by individuals or through professional bodies, where managers had set up study visits. Whatever the professional context, it is important to be able to demonstrate that study visits represent good value for money for the organisation. The learning objectives of the visit and the benefits for the home organisation should be defined. The host organisations can benefit too. If visits are carefully prepared and have the support of senior managers at the host organisation, they can be turned into a short review of a service by the visitors who then provide constructive feedback at the end.

Job rotation and secondments: The low turnover of staff in the Irish health services can cause stagnation or frustration. Job rotation provides an opportunity for new challenges and can add insight into the permanent role. Secondments to other parts of the organisation or to other organisations have a similar function. If secondments are well organised, perhaps supported by mentoring, benefits accrue to both organisations.

Project work: Another way of giving managers a change in role is to involve them in individual or group projects. Projects also offer an opportunity for individuals to develop and practice new skills. The value of project work is greatly increased if developmental objectives are set for individuals and, if appropriate, for the group.

Methods involving groups of learners

We now turn to development methods which are group-based and more likely to require external support.

Action learning: Used to cover a range of learning methods, the core of action learning is the use of real problems in an organisation to develop individuals and the organisation simultaneously. The action learning group or 'set' addresses a real issue by collecting and analysing information, planning solutions, trying out possible changes and then implementing the change. Sets are supported by others attempting similar changes in their organisation and by internal or external specialists if required.

Action learning sets have proved to be particularly effective at middle and senior management levels and are now widely used in the NHS. They are valuable in honing the skills of managers in making decisions and problem solving, acquiring insight and confidence and increasing their personal effectiveness. It is important to ensure however that the learning sets stay focused on organisational problem solving.

Some education providers in Ireland are beginning to use this approach. We suggest that the skills of designing programmes around action learning and facilitated learning sets should be further developed among education providers and in the health agencies.

Master classes: Learning sets are often combined with master classes although the two methods can be used separately. As the title implies, master classes provide opportunities for managers to have an extended dialogue with an individual or team who have in-depth experience of tackling particular issues. The aims of the class are to shed light on real problems and to develop techniques for tackling them. In some ways this is not dissimilar from some forms of clinical teaching. The aim is not to provide solutions to problems but to use the problems to explore techniques which can be applied elsewhere.

Master classes are particularly suitable for senior managers who have the background and experience to be able to benefit from them. They provide a structured way of tapping acknowledged expertise in a way which is likely to have more long-term benefit than the more commonly used conference or seminar format. However, as with other development methods, the value is greatest where there is careful planning of the event and managers are willing to participate actively and in an open way.

Development centres: This section started by pointing to the need to start planning management development programmes by identifying development needs. One way of doing this with a group of managers is through development centres. (These should be distinguished from assessment centres where potential for promotion is identified, often on a competitive basis.) Development centres normally use a range of instruments to identify participants' strengths and weaknesses. Participants are given feedback and assistance in drawing up a development plan.

Chapter seven
How managers learn

Planning management development

One of the most striking aspects of management development in the health agencies is the limited range of approaches in use. Most internal and external provision is classroom-based. In this section we describe a range of approaches. A good many of them do not require external support, although where boards do not have a body of staff with development skills they may need to work in partnership with educational providers.

Before looking at approaches to management development two points should be emphasised. *The starting point for planning programmes is the identification of development needs.* The first question should not be what development approach should be used, but what development needs have been identified.

The second point is that *managers should have a considerable input into planning and taking forward their own development.* Most of the methods described here will be much more focused and effective if the development programme is planned by the manager with the help of an adviser. A *learning contract* is a useful mechanism for setting development objectives and reviewing the extent to which they have been achieved. We take as axiomatic that personal development is a critical part of management development. Mature, self-aware individuals who direct their own development make good managers.

There are no fixed rules about how the methods described below should be implemented; they should be adapted to local needs and contexts. Nor is this list by any means complete; it is intended to indicate the sorts of approaches which could enrich management development and make it more effective.

Methods most appropriate to individually tailored programmes

We start by considering methods which are often used as part of an individually tailored development programme.

Mentoring: Although it has different manifestations, mentoring is based on the assumption that experience is a valid source of learning, particularly when there are opportunities to reflect on it systematically. It assumes that managers have a critical role in the development of other staff. There is no single solution to management problems. A combination of management theory and insight from experience helps to clarify situations and suggest courses of action. Mentoring facilitates learning rather than directs it. By creating an awareness of different viewpoints and interpretations of events, mentoring helps managers to understand the reasons for problems and to explore alternative courses of action.

We came across very few instances of explicit mentoring arrangements, although some managers had developed informal relationships of this type. Mentoring is valuable at all levels of management and is particularly useful in supporting:

- personal effectiveness and confidence
- self-awareness, breadth and depth of understanding
- improved judgement
- creativity and risk-taking
- problem solving
- transfer of learning from an educational programme into the work context
- insight into how organisations work and how power is brokered.

Mentoring is sometimes also used as a form of *coaching* to help a manager to cope with a particularly difficult situation or a change of role.

For managers who are new to their role, a mentor from the same organisation who can offer insight into how the organisation works is often best. When mentoring is being used to help a manager develop a broader view of his/her role, a mentor from a different discipline and possibly from a different organisation may be more appropriate.

The mentor relationship provides a confidential support system outside the normal line manager relationship. It has to be managed like any other development opportunity and requires careful preparation. Being a mentor is itself a development process and it is often helpful to provide a forum in which mentors are brought together occasionally to share experiences.

framework of health goals, evidence-based medicine and planned resource allocation.

We are aware of the pilot schemes testing out the 'clinical directorate' model in four locations. But our recommendations here address the needs of doctors in clinical practice in hospitals and primary care in general.

As major users of resources, both directly and indirectly, it is important that all doctors make decisions within a context of accountability to the health services as well as to the individual patient. *Managers cannot implement plans for resource allocation and service development without the support and co-operation of doctors.* In addition, the attitudes and style of working of doctors have a significant impact on the culture of an organisation and the attitudes of other staff. On several occasions in our discussions about corporate working, the comment was made "If we are all supposed to be part of a team, why are the doctors not in it?".

We had an opportunity to talk to a number of doctors, particularly in the hospitals. Most doctors were very conscious of the need to use resources as effectively as possible and were willing to take the difficult decisions which arise when confronted by patients whose needs cannot all be met. On the other hand, *doctors were often unfamiliar with the processes by which plans were formulated and resources allocated within the organisation and had little understanding of how they might contribute to decision making.*

Doctors held a wide range of views on what contribution they should and could make to management. A very small minority regarded management as bureaucracy which stifles the provision of care and diverts resources away from patients. A rather more significant group were perplexed and frustrated at the *lack of opportunity to influence managerial decisions.* Some of this frustration seemed to derive from a lack of familiarity with where, how and why decisions are taken and how they can be influenced. In some cases an unhelpful antagonism between doctors and managers has been allowed to develop and is reinforced by poor communication and lack of regular contact. In other cases management decisions appear to be crisis-driven and haphazard so that it would be difficult for any professional group to be involved in a useful way.

Involving senior doctors more fully in strategic planning and resource allocation requires new skills on the part of both doctors and managers. It also requires open, effective management structures which all staff groups can understand and which facilitate their work. *Greater devolution of decision-making to boards and units* would create more incentive for doctors to contribute to decision making and take ownership of organisational objectives. When managers are perceived to be doing little more than implementing administrative procedures, doctors lose confidence in them.

The aim should be to create commitment to organisational objectives rather than expecting doctors to be managers. Ways of involving doctors in decision making should be explored. The benefits in terms of more coherent resource allocation and co-ordinated service development should be evident.

If hospital consultants are to be accountable for resources, they need a clear understanding of what budgets are available to them, how they are constructed and how they can be monitored. They need to be familiar with how costs are determined and able to draw on the support of staff with financial and personnel management skills. Managing their clinical practice to meet both resource and quality requirements will involve undertaking clinical audit and working to clinical guidelines which relate to achieving health outcomes.

The doctors we talked to expressed varying degrees of interest in management development. Few identified a link between improving the quality of their practice and working more closely with management. Inevitably some see management as a distraction from their clinical work but *many doctors want a better understanding of the managerial approach, of how financial systems work and of strategic decision making.*

The most important areas for management development for hospital doctors thus appear to be:

- reinforcing the importance of *clinical accountability* and the individual patient's wellbeing
- an awareness of *the manager's role,* how management systems facilitate clinical practice, how decisions are made, how to work effectively within an organisation
- *integrating professional values with corporate objectives*

clearly a particular need for health service employers to provide opportunities for women to develop their experience and careers within the local system.

We are not the first to comment on this situation. The Minister for Equality and Law Reform commented in 1994 that the statistics indicated *"a grave and profoundly disturbing pattern of inequality"*. In the same year, the Chief Executive Officer of the Midland and Mid-Western Health Boards commissioned a study of the barriers to promotion for women on the Boards' staff. The report *Barriers to Promotion in the Midland and Mid-Western Health Boards* was published in 1995 and vividly describes the problems that many women face and the consequent waste of skills and commitment. Many of the recommendations concern women's access to training, including management training, for example:

- *management workshops* which are currently in existence should be more widely available to those at middle and senior levels in all sectors as a way of facilitating career planning, increasing communication between sectors and encouraging women to consider a management career in the medium term;
- the difficulties women in particular appear to have in reapplying for jobs should be recognised and that this be tackled in *single sex workshops for staff* (particularly for those at ward sister level, at basic paramedic level and at Grades IV, V, VI and VII) *dealing with the meaning of promotion, as well as the whole area of interview skills etc;*
- *confidence building and assertiveness courses and workshops* should be provided for those who are interested at ward sister level and above in the nursing area, Grade IV or above in the administrative structure, and those in the paramedical disciplines;
- in view of the under-representation of women in management positions, both line managers and functional officers should be encouraged to *nominate women for internal and external courses in the management areas.* In the event of this not happening, the training and development section should require an explanation (with an appeal mechanism in disputed cases involving access to the Chief Executive Officer);
- a special attempt should be made to provide *information about courses available* and the nature and purpose of the training section to those who tend not to be part of the "normal" channels of communication (e.g. community welfare officers; ward sisters; paramedics working alone and/or outside the main centres of population);
- the editor of the *newsletter* should consider including features highlighting some of the courses available (indicating funding, criteria for application etc) with a contact from whom additional information can be obtained;
- the practice of advancing 100% of *course fees* on a loan basis should be extended.

The report contains many other recommendations on general equal opportunity initiatives, selection interviews, promotion and career paths and flexible working, all of which merit urgent attention. But the most telling conclusion is that in spite of national and European legislation, *relatively little progress has been made in providing equal opportunities for women in health services.*

Recommendations

6·8 The Department of Health should initiate and fund a development programme for women in the health and social services in Ireland.

6·9 Each health agency should review and develop its equal opportunities policies, define targets and a timetable for implementation, and be monitored in its achievement of the targets.

6·10 Health agencies should co-operate in positive action programmes for women, ranging from recruitment and selection to flexible working arrangements and career development.

Professionals and management

'Shaping a Healthier Future' anticipated specific initiatives *"in relation to the involvement of the medical, nursing and other professions in management."* We have already commented that one of the strengths in the Irish health system is the determination to address the management development needs of middle and first-line managers and of clinical and professional staff who wish to move into general management.

Departments and services should be asked to bid for a training budget each year on the basis of development needs which they have identified. They should be asked to demonstrate that they are supporting the most appropriate and cost-effective training and development methods, and are exploring in-house as well as external provision. They should also be asked to demonstrate how they have used the budget to contribute to organisational and individual performance. Board training managers should be involved in facilitating the most effective use of training budgets.

Criteria for supporting training should be clear and open and access to training should be monitored to ensure it reflects equal opportunities criteria.

Recommendations

6·1 Training budgets should be directed to organisational objectives.

6·2 Training budgets should be largely devolved to department or service level and managers should be held accountable for using these budgets in a way which demonstrably improves organisational performance.

Personal development plans

The case for individual performance appraisal was put in chapter four and the importance of distinguishing between job and career development and salary review. *Job and career development should be an obligation on all managers, to be carried out with their immediately accountable staff on a regular basis.*

It will be a matter for further enquiry to decide the precise system(s) to be used and the amount of discretion allowed to the health agencies in devising their systems. There will no doubt be a desire to avoid paper-driven systems and to ensure that the process involves a genuine and non-judgemental dialogue between each manager and his/her staff. There are many models available and indeed we found a number of pilot appraisal schemes which have been tested but which it has not been possible to implement. So there is experience on which to build.

A feature of most job and career development systems is the production of a *personal development plan* which identifies the individual's training and development needs and relates these to the organisation's objectives and business plan. All in the organisation need to be involved in the process, including medical staff who may not initially see its value.

An example of a particular job and career development process, developed as part of the Healthy Work Patterns project in the South and West Region of the NHS, is shown in appendix E. This process was developed by the staff in the organisation with the help of an external adviser.

Recommendations

6·3 Job and career review should be established as a routine process in each health agency. An inter-board task force should be established immediately to review best practice and provide advice and support to local managers.

6·4 An effective job and career review process should be part of the annual evaluation of the health agencies' overall performance.

Breaking down barriers

Many of the strategic aims in Shaping a Healthier Future depend on people in the health system *moving comfortably and confidently across traditional boundaries.* As argued in chapter four this confidence will only emerge when individuals are clear about their own role—what is expected of them and what they can expect of the organisation. Once staff have this sense of security, *strong 'lateral' working relationships* become possible.

There are some particularly limiting barriers at present between:

- the different professions and disciplines
- the eight health boards
- the boards and the Department of Health
- the public, voluntary and private health sectors
- the health sector and the rest of the public and private sectors.

Each part has much to offer the others and greater co-operation could produce much more than the sum of the parts, particularly with regard to management development. We were struck by how much *vertical differentiation of different professional groups* still exists,

allowed to take decisions was expressed quite regularly, particularly by clinical staff. The concept that *managers must 'manage up' as well as down* is not well understood. This can leave managers with a sense of helplessness and frustration which is easily conveyed down the organisation.

There is a variety of ways in which this could be addressed: one might be *action learning programmes* involving managers outside the health service and perhaps outside the Irish context. Alternatively, there are models of *multi-disciplinary leadership programmes* which provide an understanding of policy implementation and of power relationship through structured dialogue with people who have made innovative contributions to the development of services.

Recommendations

5·1 Priorities for management development are:

- **understanding the manager's role and adopting managerial attitudes**
- **diagnosing development needs and development planning**
- **managing resources**
- **performance management**
- **managing across boundaries**
- **team working and managing teams**
- **leadership development.**

Chapter five
Developing managerial effectiveness

In this chapter, we analyse the areas where there appear to be *gaps between the aspirations of the health strategy and the skills and attitudes of the managers to whom we talked.* We have identified those areas where we believe development programmes would have most impact on individual and organisational effectiveness.

Diagnosing development needs

Although there is a strong commitment to education and training, *health agencies do not generally have a training strategy and there is comparatively little experience of development planning.* Providers of education pointed out that managers found it difficult to diagnose learning needs and it was also evident from our conversations that this process was unfamiliar to many staff. Managers require a commitment to developing themselves and their staff, in the same way that professional staff are expected to update their skills as part of their professional responsibilities. Some formal management programmes have a process of self-evaluation and identification of development needs built into them; this should be a more regular feature of programme design and should also be extended and supported in the work context.

A managerial identity

The second gap we identified is the absence of a *strong community of managers* with its own professional identity. This is not unique to the Irish health services and is almost inevitable in a sector where professionals are seen to dominate and to be doing the 'real' work. However, if managers are to be effective they need to identify with their role and recognise that they add value to the delivery of health care just as much as other front-line staff. It is important that managers are seen by other staff as having a clearly understood, legitimate role supported by high quality training.

It has already been argued that new managers need to be supported in assuming a managerial role and forming a managerial identity. The process needs to continue throughout the managerial career.

Managing resources

The view that no change was possible because of *lack of resources* was a constant theme in our conversations at all levels. Lack of money, staff or time were regularly used to explain lack of change. All health services work within limited resources and a critical managerial skill is to understand how to manage these resources so that priorities are addressed.

We are not suggesting that managers are well resourced. Many people were undoubtedly working under considerable pressure and with limited resources. But both culture and structures in the Irish health services encourage managers to have a busy agenda rather than to manage resources proactively. As one manager put it "It is important to be seen to be doing a lot rather than doing it well".

So managers need to acquire a repertoire of techniques for planning and managing the use of resources and to understand the principles which underlie them. They need to be familiar with processes for monitoring resources, for analysing resource use and solving problems. Such training will only be effective if it is supported by the development of proactive managerial attitudes.

If managers are to be accountable for resources, they need adequate information systems to monitor performance. Although there are training programmes in the use of information technology, there seems to be less provision which addresses *the development and use of management information.* Equally important is development in *strategic financial skills.*

Managing people

Personnel departments identified an unwillingness to handle conflict or poor performance and attributed this to unease in interpersonal relationships. Problems referred back to the personnel department can easily become industrial relations issues, rather than part of the ongoing management process. It seemed to us that this was partly due to lack of training in interpersonal skills, partly to the ambivalent attitude to management which has been described above.

The kind of performance management systems described in chapter four require training for both those reviewing performance and those being reviewed. In many cases, of course, staff will be in both roles. We

The structure of the health agencies, with lengthy vertical reporting structures along functional and professional lines, discourages the formation of cohesive internal units with strong corporate identities. We have already referred to the value of health authorities developing their own organisational structures. *In developing organisational performance review systems, all health agencies will find it helpful to look at their internal structures and consider how they can be designed to relate more strongly to the outcomes which the organisation is required to deliver.* Performance review will be much more effective if the form of the organisation reflects its function. Organisational structures should facilitate good management systems and create a context in which individuals and teams are able to achieve objectives.

Managers cannot be held accountable for their performance unless they are given delegated decision making powers, including decisions about resources. It was clear from our conversations with staff that there has been very little real devolution of decision making. Budgets are centrally controlled so that finance departments are making decisions which should be taken much closer to the people who will actually use the resources. *Services and departments need to have clear, agreed objectives and a budget and staffing complement which they can then deploy to achieve their objectives.*

Service plans will be a key feature of organisational performance review, providing an opportunity to integrate programme objectives and to cascade resulting performance requirements down to units and departments. So far, the potential of service plans for performance management at various levels has not been fully exploited. *Managers at unit and department levels have produced plans without any clear guidance on the overall strategic objectives to which they were supposed to be working.* Few of these managers had received feedback on their service plans. This should be addressed quickly in order to avoid creating cynicism about organisational performance review which will not easily be dislodged. A discussion of planned objectives, supported by development plans, is as critical to organisational performance management as it is to individual performance review.

We came across a number of instances where managers of units or teams had established systems of group or service review. Staff commented on the value of this process in developing a corporate identity and encouraging team working. A number of these systems were uni-disciplinary and the absence of involvement of doctors was noticeable. *Performance review systems which reflect the different ways of working in different types of units and teams should be encouraged and supported.* It is important to allow flexibility in performance management systems and to encourage locally developed models which are generated with the close involvement of the relevant staff. It would be helpful to support a number of models which can be evaluated and disseminated across the health services.

The new strategy points out that there are a number of performance measurement systems already in use in the Irish health services, such as clinical audit and a Patient's Charter. Most of these are comparatively new and have often been introduced with little training. We noted a number of small-scale quality initiatives, some prompted by health and safety legislation. Concern was expressed about the willingness to sustain these initiatives. A small number of organisations are working towards external quality standards and accreditation. This has helped to keep the initiative alive and has had the additional benefit of bringing staff into contact with other sectors. Although we recognise the value of internally developed quality systems *we would commend the use of external accreditation and organisational audit arrangements where this seems appropriate.*

The new strategy emphasises the importance of maintaining databases which enable performance standards to be generated and achievements tracked. *Management information systems will require further development in order to enable performance to be monitored and to encourage accountability for performance.* More effective use of information technology would have benefits across the health services but particularly in performance review.

Management development targets should be incorporated into performance review systems. This requires adequate systems for monitoring access to management development and support for it. However, quantitative targets must be accompanied by qualitative standards which demonstrate how management development is used to support organisational performance.

Performance review must occur in a developmental context. Dialogue between the Department and the

Chapter four
Performance measurement

Throughout the health strategy document, there is great stress on *increasing accountability within the health system.*

"The Chief Executive Officer and his/her management team will be responsible for the management of services... being fully accountable to the board..."

"Managers at all levels will have clearly defined responsibilities and will be fully accountable for achieving targets."

"Voluntary agencies will receive funding from the health authorities, to whom they will be accountable for the public funds which they have received."

"... the boards and management of the authorities will have to put in place more structured arrangements to measure the performance of their own units and of the agencies with which they have service agreements."

"As part of the restructuring of the Department of Health... arrangements will be made to support a structured annual performance review of health authorities."

A central component of increased accountability is the *service plan* which the boards are now required to submit to the Minister. The Health (Amendment) (3) Bill 1996 requires that each health authority submits an annual plan showing the services to be provided and estimated income and expenditure. Many of those to whom we spoke had been involved in the two rounds of service planning so far.

In general, we detected an *absence of clear accountability* within the system, both between managers and their staff and between different levels in the system. Since individual accountability is so fundamental to effective management, this issue is analysed first.

Individual accountability

Although not universal, there is a fairly general sense of staff not being held to account (or being able to hold others to account) for the quality of the work that they do. The reasons for this are complex but include:

- confused understandings of what it means to be *a manager* and consequent lack of managerial accountability
- *poor role specification*—a tendency to tell people how they should do things rather than what they should do
- *inadequate feedback* to individuals about how well they are doing and how they need to expand their skills or experience
- no tradition of *individual performance (and job) review,* indeed in some cases a positive resistance to individual performance appraisal
- bureaucratic and rigid pay and promotion systems, *with little opportunity to reward good performance.*

Consequently, many managers feel that however responsibly and imaginatively they work, the system values them no more highly than those who are performing poorly. This can lead to a 'shoulder shrugging' attitude which is bad for the individual and the organisation. This tendency seems to be no respecter of profession or discipline.

Recommendations

4·1 There should be an explicit statement, reflected in educational programmes, on managerial accountability and authority in the health system.

4·2 Each health agency should have in place a good system of job analysis and description and person specification (see appendix D).

4·3 Individual performance appraisal should be introduced across the health authorities, reflecting best practice and systems elsewhere. Funding and implementation support should be provided by the Department of Health.

Our brief did not extend to pay and conditions of health services staff, and this is of course a huge subject in itself. Suffice it to say that a managerial culture which highlights individual accountability requires a pay and rewards system which acknowledges individual achievement, rather than step-by-step progression through a series of tightly delineated pay grades. It is also worth noting that accepted best practice *now separates individual performance review from individual pay or salary review.*

Recommendations

3·1 The Personnel Officers' report should be used as the basis for developing new recruitment and selection processes.

3·2 Collaboration among the health authorities in recruitment and selection should be encouraged.

3·3 Specific and immediate action should be taken to:

- **review the application of the Local Authorities (Officers and Employees) Acts 1926 and 1940 to appointments in the health authorities**
- **review the provisions of the Health Act, 1970 and the Department of Health Circular 10/71 relating to the restrictions on CEOs of health boards in the appointment and selection of staff**
- **allow health authorities more discretion on entry points to salary scales on appointment, incremental credit and removal expenses**
- **open up access to Grades V-VII in the administrative stream, preferably by abolition of the common recruitment pool**
- **review the panel system.**

3·4 A system of external assessment in senior appointments should be established.

The transition to management

There are two main routes into management in the Irish health services: recruitment into the administrative disciplines and progression up the hierarchy to a managerial role, or professional training and practice followed by promotion to a role which involves managing other professionals. Few managers are recruited from outside the health services and few make the transition from a professional or technical role to a general management career. This section looks at how the transition to management is handled and how new managers are supported in their role.

The promotion system tends to thrust individuals into managerial roles whether or not they see this as a preferred career route. There is always ambiguity around the nature and standing of the managerial role but this is particularly marked in the Irish health services. There is therefore a particular need for *systematic support to help individuals to assume and identify with a managerial role.* Although there is often brief initial training to provide awareness of management tools, there is little systematic support to help individuals adopt a managerial frame of reference and resolve some of the conflicts which the transition generates. The consequences are managers who are not always confident to manage, a tendency to refer difficult decisions elsewhere and a widespread tendency to blame inaction on lack of resources. New managers need to be encouraged to identify with their role, take pride in it and take forward their own development.

Organisations could develop *planned programmes of support* for individuals making the transition to management. The programmes would differ from one organisation to another but health agencies could provide a checklist or examples of good practice. Such programmes might include the following.

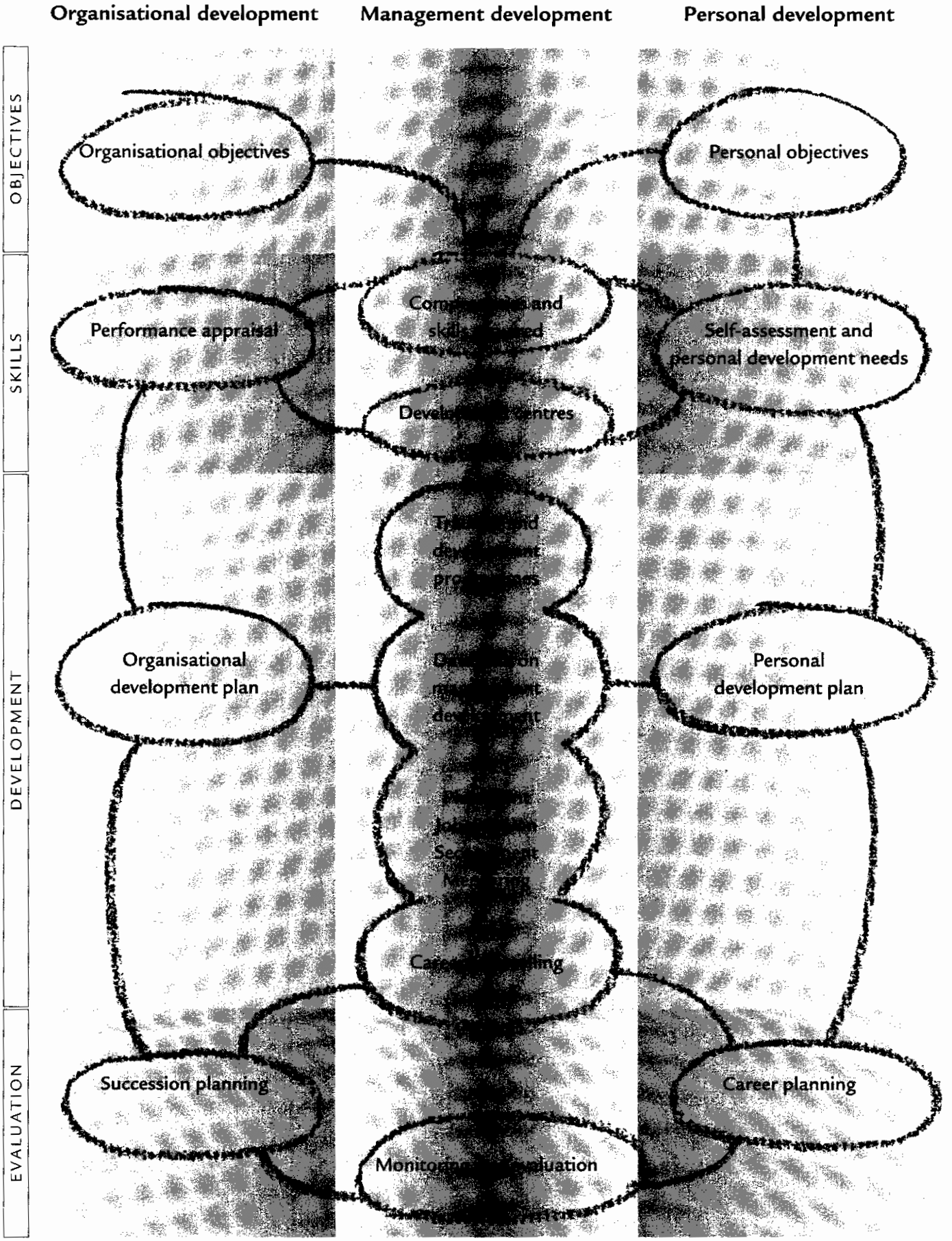
A clear job description which reflects the new role and duties is crucial. Some first-time managers we met felt that their job title had changed but that there had been no real change in the way they were expected to work. They found it difficult to see how they could apply the management tools to which they were introduced in educational programmes. New managers need a good understanding of the expectations of them.

Managers' job descriptions in the NHS in the United Kingdom are increasingly influenced by the management standards developed by the Management Charter Initiative. Although we are not recommending wholesale adoption of these standards, about which we have considerable reservations, they do provide a useful checklist, particularly for first-line managers.

We discuss the value of personal development plans in chapter six. *It is particularly important for each new manager to have a development plan.* This can only derive from a clear job description which enables gaps in the new manager's skills to be identified. It may not be possible, or even desirable, for every first-time manager to embark on a lengthy educational programme. Priorities for development should however be identified and there should be a plan, reviewed regularly, for addressing these priorities over an agreed period of time.

New managers need to understand how their work contributes to the organisation. Managers at all levels need to know why they are carrying out work in order to be

A model of management development



Chapter two
A strategic framework

Strengths in the system

The information provided by the Board Personnel Officers shows that *there is no shortage of management development activity.* appendix C illustrates the variety of courses, programmes and seminars which are being and have been used by staff of the Health Boards over the last two years or so. This list is by no means comprehensive. Most of these programmes have a specific management content but there are many other professional programmes with a management component which have not been included. The voluntary sector is also active in management development, judging by the organisations we visited.

Approaches to supporting management development differ but there is generally a willingness to fund the costs of management development either in part or in total. We were not able to estimate how much is being spent on management development in the system as a whole; far less were we able to do a cost-benefit analysis. But the general impression is of *a considerable investment in management development in terms of both direct and indirect costs.*

There is still a large number of people who are attending courses outside normal working hours and largely unsupported by their employing organisation. But there is an increasing tendency to allow those attending external programmes or modules to do so *during normal working hours.* Again, the health agencies differ in this regard.

External providers of management development training are also becoming more flexible in their approaches and more responsive to their customers' needs. There is now more general recognition that different methods of management development suit different individual and organisational needs. In general, the trend is towards *the health agencies commissioning their own bespoke programmes and providing input to the programmes from their own staff.* There is less classroom teaching and more self-managed and distance learning and flexible, work-based programmes which integrate theory and practice. These methods tend to be less costly, address the needs of far larger numbers of managers, and often have better outcomes than formal courses.

It is also good to see the response to the increasing demand for *training which has credit and award-gaining potential.* Links into established accreditation and award systems in the academic and professional fields are increasingly being made, notably with the National Council for Educational Awards.

There also appears to be a real determination to address the management development needs of *middle and first-line managers and of clinical and professional staff* who wish to move into general management. There is now available a wide range of management development opportunities for these groups, including both multi-disciplinary and single discipline programmes.

A further strength is the widespread support for the principles and objectives of the health strategy. Many feel that a radical shift of emphasis is long overdue. Furthermore, far from being a secondary issue, *strengthening the management capacity throughout the system is seen by many as the most important prerequisite to achieving change.* There is little likelihood of achieving the entirely laudable targets and objectives in the health strategy four-year action plan unless managerial action at all levels in the system becomes more confident, explicit and effective.

The Irish health services have established *strong international links.* A high proportion of the doctors and other professionals we met had spent time abroad. Clinical and managerial models, particularly from the European Union and North America, have been explored by study visits, by following courses abroad or by bringing speakers from outside Ireland to conferences and seminars. It was evident that there is an openness to new thinking but a healthy caution in applying externally derived models uncritically to the Irish context.

So there is no absence of ability in the system. There are *many able and imaginative people in the system* who are determined to provide the best possible services. We were particularly impressed with the junior and middle managers from a variety of professional backgrounds who have developed their own skills and the services they provide, often with little encouragement or incentive.

Chapter one
Introduction

Shaping a Healthier Future

In 1994, the Minister for Health issued a strategic plan for the health and personal social services in Ireland entitled 'Shaping a Healthier Future: A Strategy for Effective Healthcare in the 1990s'. The strategy sets out specific developments across a range of services and a number of organisational reforms. The number of health boards is to remain the same, renamed health authorities, although the Eastern region will operate through a number of management areas within the region. The health authorities will be responsible for providing all health and personal social services in their regions, directly or indirectly. Consequently, voluntary agencies will receive funding from the health authorities rather than the Department of Health. Further steps are to be considered to monitor and co-ordinate the contribution made by the private health care agencies and the private component of general practice.

'The Health (Amendment) (3) Act, 1996' provides the legislative framework for implementing the health strategy. The Act's primary purpose is to strengthen the financial accountability of health boards and to clarify the roles of board members and their chief executive officers. It also provides for changes to the organisational and management arrangements in health boards and begins the process of removing the Department of Health from detailed involvement in operational matters.

The anticipated timetable for implementation starts in 1997 when the Mid-Western and Southern Health Boards will take over responsibility for funding the voluntary agencies in their areas which provide services for people with mental handicap.

'Shaping a Healthier Future' involves major changes in the way health and personal social services are provided and used. *The guiding principles are equity, quality of service and accountability.* The competence and creativity of managers at all levels in health agencies will be fundamental to effective implementation of the strategy and to reaping its benefits in terms of health and social gain.

"The growing complexity of the health and personal social services reinforces the need to strengthen the management capacity throughout the system. The current recruitment procedures and management development and training programmes will be urgently reviewed to produce a strategy for developing the required management capacity over the next decade. The strategy will be devised in consultation with the CEOs of the health boards, hospital managements, the relevant educational and training bodies and staff interests and will be operational as soon as possible.

In addition to strengthening general management, specific initiatives are necessary in relation to the involvement of the medical, nursing and other professions in management."

SOURCE: SHAPING A HEALTHIER FUTURE

A dominant theme of the health strategy is that health service managers (and professional and clinical staff) will need to operate effectively in *a more open and accountable culture.* Helping individuals and organisations to make this cultural shift is the most important aim of the management development strategy. Although many managers in the system have had to develop new skills in recent years, *the strategy envisages a systemic change.* All managers, whatever their professional background, will need to develop new skills and new working relationships, as indicated below.

These consequences are not confined to the most senior managers. *Managers at all levels will need to be trained and developed to understand how the systemic changes affect their work.* Greater devolution is needed within and between organisations in the system so that the most junior managers can solve problems locally and feel confident to say 'this is how we do things around here'.

In addition to the general management development needs, aspects of the health strategy may require particularly urgent management development initiatives. For example, management development programmes might be specifically developed for:

- general practice/health centres
- health development sector initiatives
- mental health
- women's health
- doctors in management.

Recommendations

9·7 To establish a clear link between quality of management and quality of health care, management development activities should focus on service-related issues.

9·8 The theme of service planning might be used to give coherence to the management development agenda.

High priority actions

The pivotal recommendations are in the areas of:

- recruitment and selection
- individual performance appraisal
- development programmes and initiatives for women in the health agencies
- decentralisation of decision making throughout the system.

These four high priority areas require action at all levels in the system and in all sectors. They also describe the context for those who provide management development. Moving forward in these areas would demonstrate a commitment to change and make an immediate difference.

Implementation

We would urge the Department of Health to use the recommendations in this report as a means of creating managerial skill and energy and to give immediate attention to taking forward the management agenda.

Implementation should be carried out within a clear timetable so that change is not delayed.

There will be a need for a body to drive forward the implementation of our recommendations.

Recommendations

9·9 Action on recruitment and selection, individual performance appraisal, development programmes for women and decentralisation of decision making should have high priority.

9·10 There should be an early start to implementing the high priority recommendations in this report.

9·11 An office should be set up to begin the implementation process.

Recommendations

8·1 Education providers should give more attention to defining their market and avoiding duplication of provision.

8·2 Collaboration among education providers should be encouraged, particularly in respect of programmes involving high development costs.

8·3 Health agencies should direct their spending on management development at programmes and courses which have been developed in close consultation with the health services.

8·4 Education providers should ensure they have systems for regular and in-depth discussions with health agencies concerning their education and training needs.

8·5 Education providers should explore a wider range of course delivery methods, with particular attention to those which foster the transfer of learning to work.

8·6 The Department of Health should encourage the use of a single credit transfer system for health-related management programmes in Ireland.

8·7 There should be support for the development of a powerful network of researchers in health services management and the dissemination and debate of research outcomes.

Chapter seven
How managers learn

Planning management development

The starting point for planning programmes is the identification of development needs.

Managers should have a considerable input into planning and taking forward their own development.

A learning contract is a useful mechanism for setting development objectives and reviewing the extent to which they have been achieved.

Methods most appropriate to individually tailored programmes

Methods which are often used as part of an individually tailored development programme include:

- mentoring
- learning diaries
- writing
- study visits
- job rotation and secondments
- coaching
- networking
- shadowing
- project work

Methods involving groups of learners

Development methods which are group-based and likely to require external support include:

- action learning
- master classes
- development centres
- management clubs
- flexible use of learning materials
- competence-based learning.

Getting good value from management development

Where staff are supported on development programmes, they should make some contribution to the development of others.

Development programmes should be carefully evaluated.

Recommendations

7·1 Management development activities should be planned and managed, including diagnosis of needs, identification and design of appropriate methods, recording and monitoring inputs and evaluation of outcomes.

7·2 A greater variety of development methods should be explored including:

- mentoring
- networking
- project work
- development centres
- competence-based learning
- job rotation and secondments
- flexible use of learning materials
- learning diaries
- shadowing
- master classes
- management clubs
- sharing learning.

Management development capacity in the boards

A planned programme of training and development must be created by the senior people in the organisation, who then commission external bodies to provide support where needed.

There should be a user-led approach to programme design.

Where there is active corporate support for management development, much can be done at relatively low cost.

Training staff should be playing a more active role in planning and facilitating management development. They need support to do this and a network or forum of training and development staff could be formed.

Recommendations

7·3 Health agencies should take a stronger role in defining their management development needs and the support required from external agencies.

7·4 The infrastructure to support management development within health agencies should be improved by:

- **leadership from the CEO and the board**
- **increasing the internal expertise in management and organisational development**
- **creating a network to support management development advisers in the health service.**

Chapter six
Continuing development and career development

Access to management development

Development activities are usually self-initiated and bear no relation to the organisation's plan for the individual.

The aspirations and commitment of many health service staff are not being harnessed by the organisations for which they work. 'Quick fix' solutions through management training alone will not begin to address the problem.

Support for management development

The considerable resources which boards devote to supporting management education should be focused on organisational objectives. Decisions about support should, where feasible, be devolved to departments and services. Departments and services should be asked to bid for a training budget each year on the basis of development needs which they have identified.

Recommendations

6·1 Training budgets should be directed to organisational objectives.

6·2 Training budgets should be largely devolved to department or service level and managers should be held accountable for using these budgets in a way which demonstrably improves organisational performance.

Personal development plans

Job and career development should be an obligation on all managers, to be carried out with their immediately accountable staff on a regular basis.

A feature of most job and career development systems is the production of a personal development plan which identifies the individual's training and development needs and relates these to the organisation's objectives and business plan.

Recommendations

6·3 Job and career review should be established as a routine process in each health agency. An inter-board task force should be established immediately to review best practice and provide advice and support to local managers.

6·4 An effective job and career review process should be part of the annual evaluation of the health agencies' overall performance.

Breaking down barriers

Many of the strategic aims in Shaping a Healthier Future depend on people in the health system moving comfortably and confidently across traditional boundaries. This confidence will only emerge when individuals are clear about their own role.

Vertical differentiation of different professional groups still exists, particularly in hospitals, and much training takes place within professional 'boxes'.

There is relatively little interchange between different services, among the boards and with other sectors. Much more could be done and at relatively little cost.

Since devolution of accountability and decentralisation of authority are such important themes in the health strategy, there would seem to be a case for a planned programme of interchange between the Department and the health system.

Recommendations

6·5 Cooperative ventures in management development (and other human resource programmes) should be encouraged by targeted funding.

6·6 Health agencies should develop local partnerships in training and development within and outside the health system.

6·7 A programme of interchange for Department of Health and health agency staff should be created.

Women in management

There is clearly a particular need for health service employers to provide opportunities for women to develop their experience and careers within the local system.

Management information system will require further development in order to enable performance to be monitored and to encourage accountability for performance.

Management development targets should be incorporated into performance review systems.

A great deal of motivation and managerial capacity is being wasted by adherence to procedural systems rather than letting managers use their skills to deliver on outcomes.

Regular exchanges between senior managers and their staff will be required to ensure that the performance management review process is a key component of performance management rather than simply an administrative exercise.

Recommendations

4·7 The processes by which the Department of Health and managerial leaders jointly agree objectives and timescales for achieving them should be further developed.

4·8 Service plans should derive from health authority and programme objectives.

4·9 Health agencies should consider how organisational structures can be made to relate more strongly to organisational objectives.

4·10 Decision making and resources should be devolved to managers who are accountable for them, within a framework of clear performance objectives.

4·11 Good practice in developing local performance review systems should be encouraged and disseminated.

Chapter three
Recruitment, selection and initial training

Recruitment and selection

There is a general view across the health system that there is an urgent need to overhaul the recruitment and selection systems.

The principles embodied in the Personnel Officers' report (appendix D) are ones that should be endorsed and acted upon.

The continuing need to ensure objectivity and probity in selection could be met by creating an 'external assessor' system.

Recommendations

3·1 The Personnel Officers' report should be used as the basis for developing new recruitment and selection processes.

3·2 Collaboration among the health authorities in recruitment and selection should be encouraged.

3·3 Specific and immediate action should be taken to:

- **review the application of the Local Authorities (Officers and Employees) Acts 1926 and 1940 to appointments in the health authorities**
- **review the provisions of the Health Act, 1970 and the Department of Health Circular 10/71 relating to the restrictions on CEOs of health boards in the appointment and selection of staff**
- **allow health authorities more discretion on entry points to salary scales on appointment, incremental credit and removal expenses**
- **open up access to Grades V-VII in the administrative stream, preferably by abolition of the common recruitment pool**
- **review the panel system.**

3·4 A system of external assessment in senior appointments should be established.

The transition to management

There is a particular need for systemic support to help individuals to assume and identify with a managerial role.

Organisations could develop planned programmes of support for individuals making the transition to management which might include:

- a clear job description which reflects the new role and duties
- a development plan for each new manager
- how their work contributes to the organisation.

New managers' progress on external courses should be regularly reviewed and opportunities created to apply the skills at work.

Recommendations

3·5 Health authorities should require all parts of the organisation to design and implement programmes to support first-time managers.

3·6 First-time managers who are following formal education programmes should have a learning contract which ensures that their learning can be applied at work.

Chapter one **Introduction**

Shaping a Healthier Future

In 1994, the Minister for Health issued a strategic plan for the health and personal social services in Ireland entitled Shaping a Healthier Future: A Strategy for Effective Healthcare in the 1990s which involves major changes in the way health and personal social services are provided and used. The guiding principles are equity, quality of service and accountability.

The dominant theme of the health strategy is that health service managers (and professional and clinical staff) will need to operate effectively in a more open and accountable culture. Managers at all levels will need to be trained and developed to understand how the systemic changes affect their work.

Scope of the study

It was agreed that the scope of the study should include:

- a thorough review of management development needs across the system, present and future;
- a description and analysis of how health and social service agencies are currently meeting their management development needs;
- preparing a management development strategy for the next ten years.

Acknowledgements

We have pleasure in presenting this report to the Steering Group which guided our work on a management development strategy for the health and personal social services in Ireland.

During the course of this study, we talked to nearly 300 people from 50 or so organisations. We would like to thank all those who found time to talk to us and to provide information about their services and management development activities. We trust this report does justice to the wealth of information and ideas we were given and to the very evident commitment to the health strategy and to management development.

Thanks are also due to those in the Department of Health who helped to organise our visits and to Diane Nelson who prepared this report.

Maureen Dixon

Alison Baker

December 1996

Steering group

We have considered the Report by the consultancy group Healthcare Risk Solutions Limited on a Management Development Strategy for the Health and Social Services in Ireland, and are happy to endorse the document which we consider sets the agenda that will shape and implement a Management Development Programme for those employed in delivering health services in the coming years.

This Programme can make an extremely important contribution to achieving equity, quality of service and accountability which are the core objectives of the Health Strategy. It will be directed at improving services with the aim of improving the health status of the population.

We concur with the sentiment expressed in the Report that, in spite of the obvious strengths of the health system, the widespread acceptance of traditional custom and practice and an unwillingness to challenge how things are done are significant impediments to change. The Report has taken account of the backgrounds, organisation context and expectations of those who presently work in the services. We, therefore, urge all involved to commit themselves to implementing the recommendations contained in the Report. While the Management Development Strategy was instigated at national level, its successful implementation is dependent upon those at local level taking up the challenge and opportunity which will be offered.

We are satisfied that given the right conditions this Management Development Strategy will have the desired effect of addressing the corporate needs of health service organisations as well as the individual needs of employees. We see as an immediate priority the establishment of an Office to begin the implementation process and we have identified initiatives in the areas of Developing Managers, Development Management, Performance Management, Recruitment and Women in Management as early objectives.

We are happy to commend the Report to consideration by all those who have an interest in this vital topic.

Michael Kelly (Chairman), Assistant Secretary, Personnel Management and Development, Department of Health

Denis Doherty, Chief Executive Officer, Midland Health Board

Pat Gaughan, Personnel Officer, North Western Health Board

Nicholas Jermyn, Chief Executive, St Vincent's Hospital

Pat Lyons, Chief Executive, Beaumont Hospital

Pat McLoughlin, Programme Manager, Eastern Health Board

John O'Brien, Chief Executive, St James' Hospital

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Mairead Shields, Commissioning Officer (Staff), Tallaght Hospital Board

Alan Smith, Assistant Principal, Personnel Management and Development, Department of Health

Recommendations

E·1 Recruitment and selection procedures should be based on best practice and designed to meet highest quality standards. This is of particular importance in public sector organisations as the applicant population are major stake holders in the organisation.

E·2 Desired areas of competence should be identified through detailed job analysis to determine competency profiles and personal specifications.

E·3 The design of the public advertisement should be based on the information derived from the job analysis which clearly identifies the qualities and skills required for the job.

E·4 Structured application forms should be designed, based on the identified areas of competence which could facilitate early screening of applications in the case of large competitions and be used together with other information obtained later in the selection process to build up comprehensive profiles of candidates and how they match the competence areas required.

E·5 Aptitude tests are the best single predictor of eventual job performance. They should be designed to elicit a candidate's ability to do current tasks and acquire further knowledge and skills and should be related to the actual tasks or skills required for the job. When candidates do not have the appropriate aptitudes other interpersonal or attitudinal characteristics are irrelevant. Aptitude tests can therefore be used as a further shortlisting process (after the structured application form). Personality questionnaires should be used to elicit relevant personality characteristics of candidates, quickly and objectively through a series of questions concerning behaviour and personal style. They are generally administered following aptitude tests and are relevant only in the case of those who reach the prescribed standard on the aptitude tests.

E·6 Group exercises/interviews can be used to assess objectively interpersonal qualities particularly in the selection of management or supervisory level appointments.

E·7 Interviews should be structured and should be based on entire job analysis, job description and personal specification. The structure of questioning should ensure adequate coverage and consistency across the candidates and should focus exclusively on behavioural evidence. The marking system should be based on the evaluation of responses against structured weighted scales for each specific identified competency area. Appropriate guidelines should be prepared in advance for interview boards and members of interview boards should be appropriately trained in selection techniques.

E·8 A validation study should be undertaken following the recruitment/selection process to establish its effectiveness and to evaluate the job performance of successful candidates. Results should be used to direct the conduct and content of future competitions. This would assist in the assessment of the recruitment selection process from a quality assurance viewpoint.

E·9 Health Boards should jointly develop expertise including assessment capability for recruitment/selection procedures. This has practical and cost-effective advantages in view of the ongoing level of recruitment activity in health boards.

E·10 Research should be undertaken, some time after appointments are made, to establish the extent to which the expectations of new appointees have been met by employing health boards.

E·11 A system of audit/quality assessment should be introduced to ensure integrity and best practice and to validate the effectiveness of procedures through the assessment of appointees' performance.

E·12 A formal induction process and probationary assessment of all new appointees should be introduced as an integral part and validator of the appointment process and should apply equally to permanent and temporary appointments.

E·13 In summary recruitment and selection procedure should comply with the following quality criteria:

- Effectiveness, with accuracy and proven validity based on research.
- Objectivity, with transparency and fairness.
- Efficiency, with optimal use of resources (including the time of interviewer).
- User friendliness in terms of the consideration given to candidates and the public perception of fairness.
- Systematic coherence with all activities designed and applied in a systematic and coherent manner to deliver maximum benefit.

With regard to the interview process, the ability of the interviewers and the degree of preparation for the interview are of primary importance.

In summary it can be stated as 'knowing what to look for' and 'knowing how to find it'. It is essential that members of interview boards are properly trained in the selection process and that the interviews are based on job related criteria derived from job analysis, job descriptions and job specifications. The interview process should be based on a pre-arranged structured approach. Subjectivity and the selection 'in one's own image' should be avoided.

Selection tests

The purpose of selection tests is to provide an objective means of measuring an individual's abilities and characteristics. Effective tests have the following characteristics:

- Sensitive measuring instruments which discriminate well between candidates.
- Standardised and a representative and sizeable sample so that an individual's score can be interpreted in relation to that of others.
- Reliability to the extent that they always measure the same thing i.e. a test aimed at measuring a particular characteristic should measure the same characteristic when applied to different people at the same or different times or to the same person at different times.
- Validity to the extent that they measure the characteristic which the test is intended to measure.

The principle types of psychometric tests used for selection are:

- Intelligence tests.
- Aptitude and attainment tests.
- Personality tests.

Intelligence tests

These are not easy to administer because it is necessary to establish what constitutes intelligence and then to devise a series of appropriate verbal and non-verbal instruments to measure the various factors constituting intelligence as defined. However, for selection purposes, a test which can be administered to a group of candidates, has been properly validated and can relate the scores achieved to 'norms' in such a way as to allow comparisons to be made between candidates, based on the particular tests. The purpose of intelligence tests is to measure mental capacity/potential. The advantages are that it gives insights into the ability to learn, grasp new ideas and can indicate minimum intellectual capacity. The disadvantages lie in the area of social/cultural bias and in the fact that they cannot predict subsequent job performance.

Aptitude and attainment tests

The purpose of these tests is to predict the potential an individual has to perform a job or specific task within a job. They can establish clerical aptitude, numerical aptitude, mechanical aptitude and dexterity. All aptitude tests should be properly validated and it is essential to determine the qualities required for the job by means of a job analysis. Attainment tests measure abilities or skills that have already been acquired by training or experience.

Their purpose is to measure specific knowledge or skills and to predict areas of special aptitude or flair. Advantages include the accurate measurement of specific skills/knowledge where such is an occupational necessity. They are of assistance in shortlisting from large numbers of applicants and they are more objective than interviewer assessment. Their disadvantages are that they cannot accurately predict subsequent performance and they are a limited measure only of total ability.

Personality tests

The term 'personality' is an all embracing one in terms of the individual's behaviour and how he/she interacts with the environment. There are many different types of personality tests including the following:

Self report personality questionnaires

These are the most commonly used. They adopt a 'trait' approach to defining a trait as a fairly independent but enduring characteristic of behaviour which all people display but to different degrees. Associated groups of traits are grouped loosely into personality types.

'Interest' questionnaires

These are sometimes used to supplement personality tests. They are used to assess the preference of particular

Job analysis, however, is more reliable if more than one method is used. The Personnel Department should assume a co-ordinating role and may also use other methods such as checklists and questionnaires.

It is important to remember that jobs are not static entities. Jobs are constantly developing in response to the multitude of changes that are going on in an organisation at any one time. Therefore, job analysis information should not be regarded as permanent and should be revised when appropriate.

Job description

When the job related information has been collected and analysed it needs to be presented in some form of job description. A job description, as the term implies, describes the purpose, scope and main duties and responsibilities of the job. The construction of a good job description is vital to the success of a selection procedure, because it is the foundation upon which all the other processes are based ie. person specification, advertisement, interview, tests, etc.

Consequently, every job must have a job description which accurately reflects the duties and responsibilities of the job. To ensure accuracy, a job description should be reviewed each time an advertisement is placed.

Personal specification

The personal specification is an invaluable aid to selection. Drawn from the job description it describes the experience, skills, qualifications, physical requirements and personal qualities needed for the job—divided into the features that are essential and those that are desirable.

Whichever features are deemed necessary, they should be:

- Objectively determined.
- Relevant for the job.
- Necessary for the job to be carried out effectively.
- Consistently applied to the job description, personal specification, shortlisting criteria, interview assessment.

It is important not to include criteria which are irrelevant to the job and to avoid over specifying the skills, experience and qualifications needed. To recruit someone who is overqualified can be as bad as recruiting someone who is underqualified because they may become disillusioned. The essential criteria listed in the person specification should cover those essential requirements which the candidate must have for the adequate performance of the job.

Each Board may not have the required expertise in defining the person specification for certain posts, (Competency Profile), so experience needs to be shared among Boards. Where external expertise is needed, then a shared arrangement should also exist.

Advertising

In the recruitment process, the advertisement represents the first point of contact which an employer normally has with potential applicants. Various mediums may be used in advertising posts such as:

- Direct advertising
- Advertising agencies
- Employment agencies
- Direct mail
- Recruitment consultants

The most widely used method of recruitment involves searching the labour market for suitable candidates via media advertising. This normally means the local and national press. Radio and television advertising remains quite rare because of prohibitive costs. However, the growth and proliferation of local radio makes it a very useful medium for local advertisements and its full potential has yet to be realised. Likewise, national radio and television may become viable through shared advertisement among health agencies. An indirect way of encouraging applicants to come forward would be to produce a booklet on career opportunities in the health services.

Recruitment advertising has three main objectives:

1 To attract suitable candidates to apply for the job.

2 To discourage unsuitable candidates from applying.

3 To promote a desired image of the organisation.

Effective recruitment advertising must get the attention of desired applicants, communicate the correct message and motivate appropriate responses. Eye appeal is very important but should be combined with clear disclosure of information.