

Management  
Competency  
Frameworks for  
Health and Social  
Care Professions and  
Clerical /  
Administrative  
Grades IV to Senior  
Management  
inclusive.

Technical Report

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CHAPTER 1

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# Acknowledgements

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Pearn Kandola, also wish to acknowledge the members of the steering group :

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- Mairead Shields
- Alan Smith

Your contribution was valuable throughout the course of the project.

## CHAPTER 2

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# Executive summary

## EXECUTIVE SUMMARY

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### Background

This report presents a set of competencies that have been identified for:

- managers of the clerical / administrative grades IV to senior management teams inclusive.
- managers of 12 health and social care professional groups, namely
  - Audiologists
  - Biochemists
  - Care Workers
  - Dieticians
  - Medical Scientists
  - Occupational Therapists
  - Orthoptists
  - Podiatrists
  - Physiotherapists
  - Radiographers
  - Social Workers
  - Speech and Language Therapists.

This report aims to provide a comprehensive framework for management development activities for the roles in question.

The competency frameworks are the result of research commissioned by The Office for Health Management in 2001, in response to a need identified in a report from the Expert Group on Various Health Professions, 2000. The Office for Health Management decided to extend this research to include the clerical administrative grades to ensure that their management development needs could also be considered.

A steering group, representative of The Office for Health Management, The Department of Health and Children, IMPACT & HR Directors, was assembled to guide the research. While Medical Scientists and Radiographers were not within the focus of the report from the expert group, they were included in this research and SIPTU was invited onto the steering group to represent them.

A competency based approach to management development is also supported by the National Health Strategy 2002 and The Action Plan for People Management. The latter identifies a need for a framework of management competencies required in the service as a means to facilitate tailored and relevant management development programmes. Further evidence to support the approach can be found in the nursing profession where a similar management development initiative has been successful in recent years.

## Approach

The research was carried out by Pearn Kandola, a practice of Occupational Psychologists between January 2001 and January 2003. Adhering to best practice in job analysis, Pearn Kandola used a multi-method approach including documentation analysis, focus group discussions, 1:1 interviews and benchmarking against comparable organisations. For each management role a range of data was gathered from jobholders, their managers, their interfacing team members, direct reports and key individuals with a strategic view on the future of the service. In all, 743 individuals contributed to this phase of the research. A representative sample of participants across gender, grades, and departments was included in the project. For the health and social care professions, the sample was sought through their professional bodies. For the clerical administrative grades, the research focused on each health board and the five teaching hospitals in Dublin.

Once a draft version of the competencies was completed, consultation focus groups with representatives from each of the management groups were held. The output of these groups was compiled and made available to the service in the form of a consultation questionnaire. 206 people took part in the consultation process. In all, in excess of 9% of the Health and Social Care Professional managers and in excess of 20% of Clerical Administrative managers were involved in the research.

The results of the consultation questionnaires were analysed and the frameworks finalised. A report of the project was submitted in draft format to the steering group and after a process of drafting and revision, a final report was submitted in February 2003. To supplement this technical report, short, user friendly reports were produced for both the health and social care professions and clerical administrative grades.

## Output

The competencies focus exclusively on the management component of the roles in question rather than on specific technical skills such as accounting or professional clinical skills for example. The research aimed to provide a generic framework based on a broad sample of managers across a diverse range of roles within the target organisations.

To cope with this diversity, the frameworks are presented in a highly flexible format and they require each manager to tailor them to their individual circumstances. For the clerical administrative grades there are fourteen separate competencies. There are thirteen for the health and social care professional managers. This allows individuals to prioritise those that hold most importance for their role in their current situation. Individuals should start by identifying the 8 – 10 most important competencies based on their present responsibilities, paying sufficient attention to how their role may evolve in the coming 12 – 18 months. It can be very useful to get some other opinions on these questions, perhaps from a manager or colleague.

The competencies are also presented in a number of levels. There are two levels in the health and social care professional framework; operational and strategic. There are four levels in the clerical administrative framework as follows:

Grades IV, V and some Grades VI's	→	Level one.
Some Grade VI's, Grade VII and some Grade VIII's	→	Level two.
Some Grade VIII's and General Managers	→	Level three.
Senior Management Teams	→	Level four

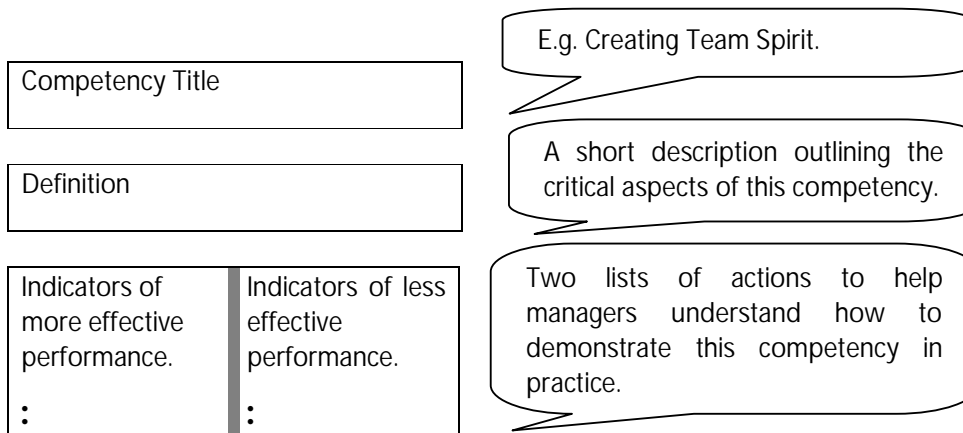
The objectives and challenges associated with each of these levels have been presented to help individuals decide the most appropriate level for them. It is envisaged that managers will select the levels that best match the demands of their role, bearing in mind the direction in which their role needs to go in the medium term.

Five of the management competencies in each framework do not change across the levels. These five management competencies are:

- Being a leader in one's profession (Health and Social Care Professional framework)
- Being a role model (Clerical Administrative framework)
- Maintaining composure and quality of working life.
- Creating team spirit.
- Being the communication channel.
- Managing individual performance.

No matter what level a manager is at, or aspires to get to, once they have developed these competencies they will remain of benefit to them as they progress. With increased responsibility they will have to learn some new skills, but these five will likely remain the same.

Each competency is presented in the following format.





For ease of use, the competencies have been presented under four subheadings (see Figure 1 & Figure 2, below).

- Managing the service.
- Managing people.
- Managing yourself.
- Managing change.

These sub headings attempt to indicate how the competencies will help managers to deliver on the priorities for their organisation.

**Figure 1: Health and Social Care Professional competency wheel.**



Figure 2: Clerical Administrative competency wheel.



### Making use of the frameworks

Having prioritised the competencies and selected the appropriate levels, individual managers will be able to identify their strengths and areas for development by self assessing against the indicators for each of the competencies. The Office for Health Management has Personal Development Planning (PDP) materials to guide individuals in this process.

### In this report

In the following chapters we have presented a rationale for competency based management development, the methodology of the research, each of the frameworks and in the appendix, a review of the results of the benchmarking phase of the research.

## CHAPTER 3

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# The rationale for competency based management development

## THE RATIONALE FOR COMPETENCY BASED MANAGEMENT DEVELOPMENT

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### **The challenge of managing the health service**

The 'frameworks for change', as set out in the national health strategy<sup>1</sup>, recognise that changes are required in how people are managed if the objectives of the strategy are to be realised. Developing Human Resources is one of just six frameworks.

*"A management style based on participation rather than the exercise of authority and which encourages and promotes transformational change, must prevail in the health system". (National Health Strategy 2001)*

An Action Plan for People Management (APPM) has now been established which sets out how changes in people management approaches will address the challenges identified in the health strategy. The management competency frameworks will play an important role in helping to implement this action plan by providing a sound foundation on which to base management development practices.

It is emphasised that this is not the sole responsibility of senior level staff. Anybody who has responsibility for managing staff or services, regardless of profession or position, has a responsibility to deliver the aims and objectives of the strategy. A key aspect of the change demanded is that everybody will be working in a more open and accountable climate, expected not only to perform, but also to produce evidence of performance outcomes.

### **The response to support managers**

The programme of change outlined in the national health strategy poses many challenges for health service managers. One of the ways in which the OHM can support managers through this change programme is by providing a thoroughly researched, forward thinking, highly relevant template, which can act as a gauge for present and future development needs.

Thus the management competency framework will play an important part in enabling managers to meet the challenging programme of change over the next 7 to 10 years.

The Office for Health Management believes that the success of the national health strategy will depend on the response by managers to the following:

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<sup>1</sup> National Health Strategy- "Quality and Fairness, A Health System for you".

### 1. Changing ways of working

- Breaking down barriers between organisations and between professional groups.
- Pulling together the right people.
- Focusing on teams and on quality assurance.
- Measuring and reviewing performance.
- Establishing blame free but accountable culture.
- Reflecting on past performance and learning from both achievements and mistakes.
- Building integrated inter-disciplinary teams.
- Working according to protocols in a manner that is designed around the patient journey.

### 2. Changing ways of managing

- Implementing best management practice.
- Making evidence based decisions.
- Actively planning and working towards good morale and a positive culture.
- Maximising the performance of teams and individuals.
- Involving staff and devolving decision-making.
- Communicating in a radically new and imaginative way.
- Strong partnership working with trade unions.
- Valuing diversity and equity.
- Accounting for all of the above in any performance management arrangements.

### 3. Growing workforce capacity

#### *Quantitative capacity*

- Mapping out future workforce requirements of the unit/department/service in line with emerging health policy, service delivery trends and labour demographics.
- Coming up with well thought out approaches to recruitment and retention.

#### *Qualitative capacity*

- Building a skilled workforce able to respond to user needs.
- Growing a learning culture that focuses on long-term performance.
- Facilitating knowledge transfer.
- Aligning personal development planning, continuous professional development and knowledge management with unit, organisational and service requirements.

## Defining management competencies as a starting point

The identification of management competencies helps individuals to refer to common definitions, (i.e. lists of behaviours), of the skills and attributes essential for competent performance in their role.

Boyatzis<sup>2</sup>, widely regarded as the founder of the competency based approach, defines a competency as:

*“...an underlying characteristic of a person in that it may be a motive, trait, skill, aspect of one's self image or social role or a body of knowledge....”*

Boyatzis 1982

The evidence in support of competency based approaches to development is considerable. In the Harvard Business Review, Burnham and McClelland<sup>3</sup> have demonstrated that seminars designed to facilitate competency based feedback and greater self awareness for managers increased their management performance. Marshall<sup>4</sup> 1992, argues that competency models produce great competitive advantage when they are part of the delivery of the business strategy.

It is clear from the research that competencies form the building blocks of progressive human resource practices and can contribute to improved management in many ways including:

- helping to tailor management development activities
- helping to inform career and succession planning
- helping to bring objectivity and transparency to recruitment and selection.

Competencies cover a broad range of skills and attributes from “hard skills” such as “planning and organising” to softer qualities such as “creating team spirit” or “influencing”. They specify in precise behavioural terms, the types of behaviours that people who are effective in their management role tend to display. They help people who wish to develop as managers by providing examples of behaviours that effective managers tend to demonstrate. For example:

- If a manager wants to learn how better to influence their team, they can consult the competency framework to see what tactics are considered best practice for influencing.

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<sup>2</sup> Boyatzis, R. E. (1982) *The competent manager: a model for effective performance*. New York: Wiley.

<sup>3</sup> Burnham and McClelland, (1995) Harvard Business Review, Jan-Feb.

<sup>4</sup> Marshall, P. (1992) in *People and Competencies* (Boulter, Dalziel, & Hill Eds) Hay/McBer.

- If a manager sees him or herself in a more senior role, they can look up the competencies for that role and see what types of management behaviours are required at that level. They could even assess their present skills against them and take action to bridge any gaps.
- If a manager needs to know where their staff members or customers see their strengths and areas for improvement, they can ask them to give objective feedback using the framework as a feedback structure.

As discussed earlier, there is both precedent and anecdotal evidence for the success of a competency based approach in the health services within the nursing profession. Furthermore, the approach compliments work already completed by The Office for Health Management on personal development planning.

CHAPTER 4

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Methodology

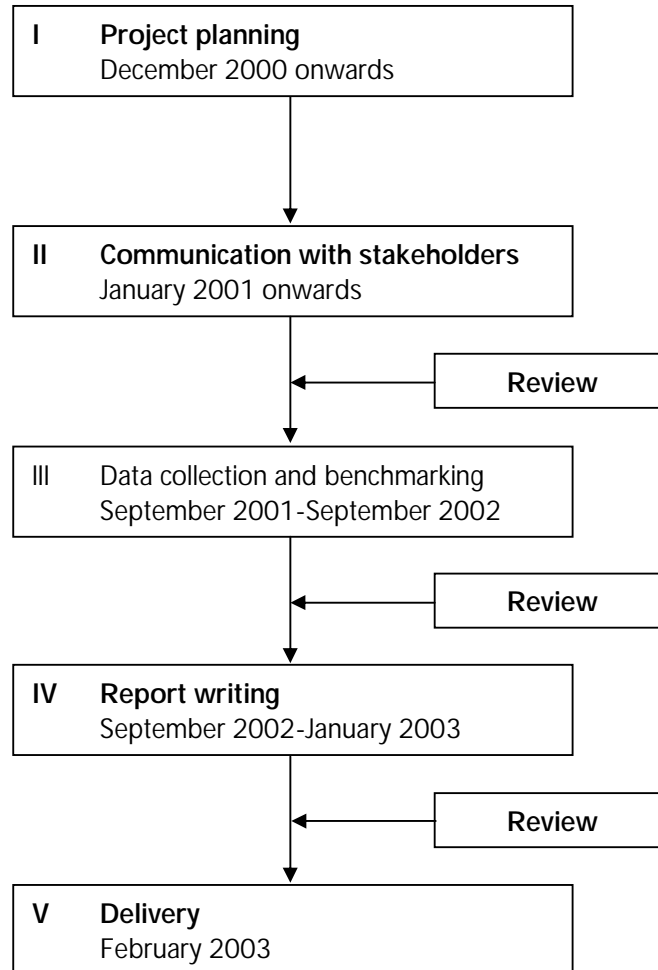


## METHODOLOGY

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### Project methodology

There were five key stages in the project as outlined in figure 1 and described in more detail thereafter.



### **Stage I          Project planning**

An initial meeting was held with the Office for Health Management on the 26<sup>th</sup> of January 2001. The purpose of this meeting was to:

- agree the steering group,
- discuss project timescales,
- discuss the communication strategy for project,
- identify key stakeholders,
- discuss the development of articles on the project for the OHM newsletter,
- discuss the development of briefing documents on the project.

Following this meeting the steering group was assembled to guide the research. It was representative of The Office for Health Management, The Department of Health and Children, IMPACT & HR Directors. While Medical Scientists and Radiographers were not within the focus of the report from the expert group, they were included in this research and SIPTU was invited onto the steering group to represent them.

It was agreed that the steering group would meet on a monthly basis to review progress and plan the next stages of the project.

The key stakeholders for this project were identified as:

- CEOs of the Health Agencies
- Directors of HR of the Health Agencies
- IMPACT
- SIPTU
- Position holders, their managers and their direct reports
- Professional Bodies.

### **Stage II          Communication with stakeholders**

Once the key stakeholders were identified, several methods were used to communicate this project in consultation with the steering group. The objectives of the communication process included:

- To communicate the objectives and process of the project to the involved in the job analysis.
- To continually update the key stakeholders on progress.

Communication methods used during the course of the project included:

- Presentations to HR directors and IMPACT officials (March 2001, Kilkenny) and to individual professional bodies to outline the project. These presentations were used to communicate the aims of the project and to gain the buy-in from

the key stakeholders. These presentations were also a means of gathering the views of the stakeholders as to the critical success factors of the project.

- **Newsletter articles**  
Articles outlining the project were drafted and published within the OHM newsletter. The articles explained the goals of the project, how one could get involved in the project, and the value of the output of the project.
- **Briefing documents**  
In consultation with the steering group, a briefing document was produced and sent to all health boards/hospitals taking part in this project, to provide information, and to increase awareness of, and buy-in to the project.
- **Website postings**  
Details of the project were posted on the Pearn Kandola web page and could be accessed throughout the duration of the project. A ladybird guide for the project and a section on frequently asked questions were posted on the OHM website.
- **Project Briefers**  
Staff members of the health boards/hospitals and union representatives agreed to act as project briefers. They were provided with training by Pearn Kandola on what information needed to be delivered and how to conduct the briefing sessions. Each project briever conducted briefing sessions within their health board/hospital to communicate the project.
- **Project Liaison's**  
Representatives from the HR departments of the health boards/hospitals agreed to act as project liason's. Their role was to organise participants from their organisation for the focus group discussions and interviews that took place as part of the data gathering stage.

### **Stage III Data collection and bench marking**

It was agreed by the steering group in April 2001 to suspend the beginning of this phase until September 2001. There were two primary drivers for this decision:

- To allow more time for the communication phase
- To comply with state guidance on travel during the foot and mouth outbreak.

The process of data collection is reported in the following six sections:

- Job analysis interviews
- Focus groups
- Documentation analysis
- Benchmarking
- Data integration and clustering process

- Consultation focus groups

For each management role a range of data was gathered from the following sources: the job holder, their manager, their interfacing team members including direct reports, key individuals with a strategic view on the future of management roles under review, documentation on the roles and benchmarking data for the roles.

### ***Job analysis interviews***

Four types of job analysis interviews were used in the data gathering stage;

- Critical Incident Interviews,
- Repertory Grid Interviews,
- Team Member and
- Future Scoping Interviews.

Data collection was conducted between September 2001 and September 2002. A random sample of participants across gender, grades, departments and health agencies were included in the project. In all, in excess of 9% of the health and social care professional managers and in excess of 20% of the clerical administrative management population was involved in the research. The table below shows a breakdown of these figures.

<b>Technique</b> <b>Role</b>	<b>Job holder interviews</b>	<b>Manager interview</b>	<b>Team member interviews</b>	<b>Future scoping interviews</b>	<b>Focus groups</b>	<b>Consultation focus groups</b>	<b>Consultation questionnaires</b>	<b>Total</b>	<b>% of population*</b>
<b>Health and Social Care Professions</b>	14	15	6	2	49	8	19	<b>113</b>	<b>9%</b>
<b>Clerical / Administrative</b>	39	16	24	4	574	87	92	<b>836</b>	<b>20%</b>

\* It proved extremely difficult to get accurate figures for the total population of both groups, but in particular the health and social care professional managers. We undertook to build a picture of these numbers by contacting each of the health agencies directly and working through the professional bodies. The percentage figures above are based on total management populations of N = 1,250 for health and social care professionals and N = 4,100 for clerical administrative grades. Based on industry standards and best practice in job analysis techniques, both percentages represent more than adequate samples.

Participants were randomly sampled by Pearn Kandola based on the female to male ratio per health board/hospital. This helped to ensure that the information gathered was representative of the health service in general.

#### *Critical incident technique*

This technique focused on incidents that managers were involved in that had either significant positive or negative outcomes. By identifying the key characteristics that contributed to these successful or unsuccessful outcomes the incidents then provided information on behaviours that are critical for effective performance in the role.

#### *Repertory Grid Technique*

The Repertory Grid Technique is a job analysis interview structure for eliciting the distinguishing attributes between more effective and less effective jobholders. It is particularly useful for drawing out subtle, unique, and important aspects of job performance, which may not have been thought of before. The information elicited from these interviews provided the key distinguishing factors between the effective and less effective job performers in these roles.

#### *Team member interviews*

Team member interviews explored direct reports' views of the skills and attributes their managers need, to perform effectively in their roles. These interviews also compared effective with less effective managers to identify the main differences in their skills and attributes.

#### *Senior management team interviews*

The terms of reference of the project were extended to include the senior management team to ensure that all managers in the health service have a framework of skills and attributes, presented in a standardised format, which they may reference for development purposes. The senior management team interview covered the following key areas:

- What do you see as the key objectives of your management role?
- What are the key issues in the health service that may change the nature of your role in the next three to five years? What challenges will this bring to you in your role?
- What skills and attributes do you feel will be needed to fulfil your role roles, now and in the future?
- Given that the outputs of this study will be used for development purposes, how do you think the outputs will be implemented to optimum effect?

*Future scoping interviews and focus groups.*

Future scoping interviews were conducted to ensure that the skills and attributes are relevant both now and in the future.

The future scoping interview covered the following key areas:

- What do you see as the key objectives of the management roles involved in the project?
- What are the key issues in the health service that may change the nature of these roles in the next three to five years? What challenges will this bring to people in these roles?
- What skills and attributes do you feel will be needed to fulfil these roles, now and in the future.
- Given that the outputs of this study will be used for development purposes, how do you think the outputs will be implemented to optimum effect?

***Focus groups***

These included front-line managers, middle managers, senior managers and senior management teams.

The focus groups covered:

- What are the main objectives of your role?
- What are the main activities and tasks currently carried out in your role?
- How is your role likely to change in the next 2-3 years? What are the key challenges?
- What skills and attributes do you need to demonstrate in order to fulfil your role now and in the future?

Two future scoping focus groups were also held with the steering group of this project and with the Organisational Development Network to inform the frameworks and to gather information on how to best implement them.

***Documentation analysis***

This involved reviewing articles and publications pertaining to the management roles in order to capture an overview of the both the current and future requirements of the management role.

The documentation analysis involved analysis of the following materials:

- Key strategic documents.

- Training, development and promotion documents.
- Job descriptions etc.
- National/international reports relevant to the area.

### ***Benchmarking***

Benchmarking was conducted against competency frameworks from health service organisations in the UK, Europe and Australia. Also, management literature was reviewed to seek information on generic management competencies. The purpose of benchmarking was to ensure that the frameworks were inclusive and that there were no significant omissions in any of the frameworks. The results of this aspect of the study are presented in the appendices.

### ***Data integration and clustering process***

A thorough analysis of all the information gathered from the interviews, focus groups and documentation was conducted by the team. A structured data analysis process was employed to cluster the data as behaviours under meaningful headings. The output from this process formed the basis of the skills and attributes frameworks.

### ***Consultation focus groups and questionnaires***

Consultation focus groups and questionnaires were used to validate the competency frameworks. Consultation questionnaires were designed and available on line or through the post. The feedback obtained was reviewed and incorporated into the final version of the frameworks.

### **Stage IV Report writing**

Upon collection and analysis of the completed consultation questionnaires a draft report of the project was presented.

### **Stage V Ideas for implementation**

On completion of a draft of the competencies a session was held in Athlone (October, 1<sup>st</sup>, 2002). This was attended by HR directors, union representatives, project briefers, the OHM and Pearn Kandola. At this session, the competencies were presented to attendees and an interactive session was conducted in an effort to gather the views of attendees on how to implement the framework for the purpose of development. The output from this day was used by the steering group to help in formulating an implementation strategy.

### **Stage VI Delivery**

The final report was presented to the OHM in February 2003.

CHAPTER 5

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HSCP - Operational level competencies



## OPERATIONAL MANAGERS

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### Who is this chapter aimed at?

This chapter examines the objectives, challenges and management competencies that have been identified for operational managers in the health and social care professions. Remember that depending on your responsibilities and capabilities you may want to base some of your development activities at the strategic level of the framework as outlined in the next chapter. The goal is to find the level that will provide you with the most relevant feedback. The objectives, listed below (examples of what the role holder would typically be working to achieve) will help you to decide which level to use.

### Objectives

The responsibilities of operational managers in the Health and Social Care Professions involves overseeing the execution of the service in an efficient and people centred manner. Typically they are required to:

- use the available budgets and resources to optimum effect when implementing service plans,
- implement local policies and procedures,
- embrace change and adapt local work processes to strive towards best practice standards,
- keep abreast of developments in the profession and strive to maximise its contribution to the organisation,
- oversee the performance of their team, developing individuals in line with professional and organisational standards,
- facilitate effective two way communication between their department and their key audiences,
- find ways to promote and contribute to a patient centred approach to service provision.

### Challenges

There are many common challenges facing Health and Social Care Professions. They have been classified below under the four competency subheadings.

### Managing the service

Operational managers typically face the challenge of balancing a caseload with their management responsibilities. Furthermore, as the management component of many of these roles is relatively new, some managers face the additional challenges of trying to understand how to effect this role and create the practices required to be successful in it.

Delivering a quality service, in an equitable fashion and within resource constraints, is a fundamental challenge of the role. In some professions this is exacerbated by a scarcity of suitably qualified professionals and a tendency to lose out to the private sector when it comes to staff retention. The sheer geographical size of some of the catchment areas also presents challenges when it comes to delivering the service in an equitable fashion.

An increased level of public awareness and expectation has added pressure for all managers in the health service. This requires them to operate with increased transparency and to make sound evidence based decisions. For managers of Health and Social Care Professions in particular, this means being able to quantify, monitor and estimate the outcomes that result from their efforts.

Rising best practice standards are also placing additional pressure on these managers, in fact in some instances they acknowledge that some elements of their service are not in line with minimum standards. However, as managers they have responsibility for ensuring that the demands of new legislation and policies are fully met and that standards comply with relevant benchmarks.

The answer to some of these challenges lies within their ability to secure commitment for their profession in the strategic decisions and plans of their organisation. As operational managers, who are often out numbered in the organisation, it is often difficult to have a voice in the decision making process, yet they are expected to deliver the service within the parameters of these decisions.

### **Managing people**

The challenges for managing people arise at two levels; managing key stakeholders in the system, as alluded to above, and managing staff who report to them.

Operational managers face a considerable challenge in influencing and educating the system to secure support for their services. Some of the professions are poorly understood and perhaps as a consequence, under valued by the medical model. Finding a way to gain influence within the system is clearly a considerable hurdle to overcome.

Some operational managers will have little formal responsibility for people management. For those that do, managing staff in a system that has not traditionally invested sufficient time or energy in people management is difficult. This leaves a combination of managers who want to do this well but who don't have the systems to support them, and others who don't know how to do it well not having received management training or even the benefit of seeing it done well.

The absence of people management systems leaves these managers to draw on the traditional leadership tactics. Being able to motivate without the use of extrinsic rewards, create team spirit in the face of adversity and develop others within resource constraints become the critical people management competencies of the operational manager.

The service is also encouraging these managers to create more effective interdisciplinary teamwork. While it is important for systems and policies to change at the strategic level, perhaps the greatest challenge is presented to operational managers who have to create a sea change in day to day practice.

### **Managing yourself**

Clearly there are many challenges for the operational manager in today's health service. Maintaining composure and a constructive attitude in the face of all these challenges can be difficult.

As many of the operational managers do not report into another manager from their profession, they could potentially suffer from some isolation. It is particularly important for this group that they develop strategies to manage their own emotions and keep a balanced perspective.

### **Managing change**

Finding time for change while continuing with the day to day often acts as a barrier for operational managers. This is felt particularly acutely by those managers who head up a small function and have a significant caseload. Having to adapt to changes in the administration of the service and also in professional practice inevitably takes time and resources. Faced with this, many operational managers make insufficient use of their national structures to find synergies and economies of scale.

It is also difficult for operational managers to make sure that they are not always the subjects of change, but in some instances manage to influence and drive it. Their professional expertise is of great value to their organisation but it will only be realised when they educate others and establish their credibility, not only as professional experts, but also as competent managers of the service.

## MANAGING THE SERVICE

### Planning and managing resources

Plans activities and co-ordinates resources to ensure value for money and maximum benefit for the organisation. Sets realistic time frames for the completion of tasks and monitors progress to ensure that deadlines are met. Prioritises tasks appropriately and delegates to ensure efficiencies. Works in a structured and planned manner and ensures information is kept up to date.

Indicators of more effective performance	Indicators of less effective performance
Plans and organises individual and group caseloads, including assignments.	Is disorganised or inefficient in co-ordination of the caseloads of the team.
Makes effective use of the time and competencies within the team by delegating effectively and in a timely fashion.	Fails to use the resources available to best effect.
Foresees potential problems or competing priorities and takes appropriate action to ensure service standards don't suffer.	Fails to anticipate potential setbacks or to develop contingencies.
Has regular review meetings with the team to keep track of progress and facilitate communication.	Is out of touch about the progress of the team or fails to update them.
Fosters an awareness of the need for value for money and a sense of accountability for budgets within the team.	Creates a culture where inefficiency is tolerated.
Takes responsibility for the achievement of service delivery targets by regularly monitoring, recording and reporting performance statistics.	Is complacent of service targets or fails to take corrective action if they are likely to slip.
Predicts future service needs based on concrete analysis of previous activity and changes in service provision.	Predicts future service levels inaccurately or unreliably.
Plans for the delivery of the service in a manner that balances the needs and desires of service-users with the limitations on resources.	Mismanages resources by being too flexible with service-users to the detriment of the service as a whole.
Demonstrates innovation in aiming to work within resource limitations to sustain and enhance the service.	Shows little evidence of achieving efficiencies through innovation.
Devotes energy and time to the most important task at any given time.	Prioritises less important tasks above those that are more urgent.

## MANAGING THE SERVICE

### Evaluating information and judging situations

Relies on professional expertise and management experience to understand and evaluate problems. Gathers information from a variety of sources before evaluating the benefits and consequences of decisions. Demonstrates sound practical judgement and decisiveness.

Indicators of more effective performance	Indicators of less effective performance
Gathers information from enough sources and other people to make well-founded decisions.	Makes decisions without considering all the critical factors or opinions.
Takes information on board quickly and accurately.	Is slow or inaccurate in assimilating information.
Uses experience to generate a number of possible alternatives.	Tends not to look creatively at problems or decisions.
Demonstrates a sound understanding of administrative practice and protocol in decisions.	Makes decisions purely from the professional perspective without due consideration of corporate considerations.
Thinks ahead to the consequences of decisions, and considers precedence to ensure consistency.	Makes isolated decisions without sufficient regard for longer-term consistency.
Establishes integrity by ensuring that the professional, ethical and safety factors are fully considered in decisions into which they have an input.	Fails to bring a sufficiently strong professional influence to decisions. Allows other agendas to take over to the detriment of professional considerations.
Makes decisions in a transparent manner by involving and empowering others where appropriate	Doesn't include others sufficiently in making decisions that affect them or retains too much control over decisions.
Communicates decisions comprehensively and ensures that the team understands how to action them.	Fails to communicate decisions comprehensively, leaving staff unsure about how they should be implemented.
Confidently explains the rationale behind decisions when faced with opposition.	Is not comfortable defending the rationale behind decisions made.
Makes decisions and solves problems in a timely manner before they accumulate.	Procrastinates over decisions or allows problems to build up.
Recognises when it is appropriate to refer decisions to a higher level of authority or to include other colleagues in the decision.	Fails to recognise when it is appropriate to direct decisions to the next level or to involve other disciplines.

## MANAGING THE SERVICE

### Assuring high standards in the service today

Sets professional standards and establishes procedures to ensure they are maintained. Co-operates with accreditation procedures. Regularly monitors the quality of work and strives to ensure full compliance with legal, professional and safety standards.

Indicators of more effective performance	Indicators of less effective performance
Is sufficiently aware of policy, legislative and professional requirements to ensure appropriate standards in their area of responsibility.	Occasionally lacks the depth of knowledge to ensure standards are maintained.
Ensures that policies and procedures are well documented and clearly understood by everyone they have responsibility for.	Fails to ensure sufficient communication and awareness of standards.
Monitors and reviews the work of the team to ensure its quality and accuracy.	Neglects to make sufficient time to quality assure the team's work.
Ensures that all records and technical data are up to date and available if required.	Is inconsistent in keeping files, archives and technical records updated and maintained.
Pays close and accurate attention to detail in their work.	Produces work that contains inaccuracies or inconsistencies.
Takes immediate action and informs superiors when problems arise or standards slip.	Fails to flag potential slips in standards in a timely fashion, or resolve them satisfactorily when appropriate.
Ensures strict compliance with health and safety standards, ensuring that colleagues report any errors or near errors that occur.	Is overly relaxed in relation to compliance with health and safety standards. Undermines a culture of conscientious compliance. Fails to keep updated.
Adheres to operational guidelines ensuring equipment is checked and working correctly in accordance with safety standards.	Allows the pressures of the role to come before fundamental safety checks.

## MANAGING THE SERVICE

### Being a champion for the service user

Strives to provide an equitable service to the diverse user population. Ensures that all service users are treated with dignity and respect and ensures that the welfare of the service user is a key consideration at all times.

Indicators of more effective performance	Indicators of less effective performance
Treats all service users with dignity and respect.	Demonstrates the principles of dignity and respect in an inconsistent manner.
Demonstrates a strong personal conviction for upholding the values of quality and fairness.	Adopts a varied approach when dealing with the public and treats some service users in a less-favourable way.
Develops rapport and builds understanding with service users by being approachable and by listening to them.	Adopts a hasty or off-putting manner when dealing with the public.
Ensures an efficient and quality service by conscientiously planning and organising staff and resources.	Organises the delivery of services in a way that fails to make effective use of available staff and resources.
Monitors the needs of service-users on a regular basis and makes proposals for improvements.	Accepts the status quo and fails to consider making improvements.
Provides a flexible service that meets the needs of a variety of service-users.	Adopts a "one size fits all" approach to service delivery that is inflexible in meeting the various needs of service-users.
Co-ordinates work with other professions to ensure an optimum service is provided for all service-users.	Operates too independently without considering the holistic needs of service-users.
Educates and empowers service users to help themselves by providing detailed information on the service provided.	Provides little assistance to service-users to make informed decisions about their health care.

## MANAGING PEOPLE

### Influencing people and events

Influences people and events in one's profession and organisation. Understands the dynamics at play and tailors approach accordingly. Involves and consults with key stakeholders tactfully. Makes credible evidence-based arguments in support of proposals.

Indicators of more effective performance	Indicators of less effective performance
Makes credible "value for money" arguments for potential proposals.	Fails to consider practical issues and implications of proposals.
Presents persuasive arguments by being realistic and demonstrating a sound understanding of the pertinent issues.	Does not take the bigger picture into account when making cases for new resources.
Involves and aligns discipline with key stakeholders as a means of gaining recognition and support.	Fails to see the value in aligning the discipline to other professional groups or stakeholders.
Shows appreciation for the perspectives of different disciplines and uses such insights to prepare effective arguments.	Does not pay due consideration to the perspectives of others when preparing arguments.
Remains firm but flexible when putting forward a point of view	Adopts an inflexible approach when putting forward own case.
Involves and consults with staff and other relevant groups to gather their opinions and support for new initiatives.	Attempts to influence events without due consideration of the opinions or support of others.
Demonstrates diplomacy and tact when influencing others.	Lacks sensitivity when persuading others.
Establishes strong personal credibility by demonstrating integrity and a high degree of competence in their profession.	Lacks credibility as an authority in their profession.



## MANAGING PEOPLE

### Managing individual performance

Manages one's team in a transparent and equitable manner. Provides clear direction on a regular basis and adopts an approachable management style. Deals with under-performance in a timely manner and ensures improvement where possible.

Indicators of more effective performance	Indicators of less effective performance
Treats staff in a fair and equitable manner.	Treats some staff members less favourably than others.
Ensures that each team member understands the nature and importance of policies, professional standards and local procedures.	Allows staff to undertake their duties with insufficient understanding of the standards that are required.
Ensures team members are aware of their role and how it contributes to the bigger picture.	Creates a situation where people make poor decisions because they fail to understand the bigger picture.
Ensures an even distribution of workload among the team taking the quantity and the nature of the work into account.	Allows inconsistencies to develop between the demands placed on staff members.
Holds regular meetings on a one-to-one basis with direct reports to keep them informed, hear their views and offer support.	Meets with staff irregularly, keeps them in the dark or shows insufficient interest in their views or problems.
Appreciates that staff have commitments outside of work and monitors work/life balance accordingly.	Allows individuals in the team to develop a work/life balance that is unhealthy for them.
Tackles performance problems in a timely and constructive manner.	Lets performance problems fester.
Maintains confidentiality when dealing with staff problems.	Deals with sensitive staff issues in an indiscreet manner.

## MANAGING PEOPLE

### Being the communication channel

Ensures that regular two-way communication happens within the service and with service-users. Communicates in a clear and effective manner, listening and ensuring that messages are clearly understood.

Indicators of more effective performance	Indicators of less effective performance
Presents written information in a clear, concise and structured manner.	Produces written communication that is difficult to follow in structure and content.
Clearly and concisely communicates the intended message to the audience in a structured, logical sequence.	Communicates the message in an unclear or long-winded manner.
Describes complex information in simple terms, avoiding unnecessary jargon.	Loses the audience or leaves them confused by using jargon and complex arguments.
Ensures regional and national channels of communication are maintained.	Loses touch with counterparts on a regional and national level.
Actively listens to others, using questions to check for understanding.	Demonstrates poor listening skills.
Anticipates and recognises the emotional reactions of others when delivering sensitive messages.	Is insensitive to how others may feel about the messages being delivered.
Tailors the communication method and the message to match the needs of the audience.	Ignores the needs of the audience regarding delivery method used and the message content.
Delivers presentations to groups with confidence and credibility.	Fails to gain credibility and respect when delivering presentations.
Represents the organisation with credibility and shows discretion when dealing with the public or other agencies.	Gets drawn into situations with the public or other agencies for which they aren't qualified or skilled to handle.
Facilitates two-way communication up and down the hierarchy.	Focuses on one-directional communication at the expense of upward communication.
Puts resources in place to promote and improve communication in their area of responsibility.	Fails to remove or overcome barriers to communication in their area of responsibility.

## MANAGING PEOPLE

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### Creating team spirit

Instils pride and a common sense of purpose in the team. Takes steps to ensure that all team members are treated with dignity and respect and that people combine effectively to achieve the team objectives. Promotes a culture of involvement and consultation within the team and rewards positive contributions.

Indicators of more effective performance	Indicators of less effective performance
Treats people with dignity and respect.	Is disrespectful towards others or treats them in an undignified manner.
Ensures a high sense of self belief within the team by ensuring its voice is heard and its needs are given due consideration by senior management.	Fails to establish a sense of identity and belonging among team members.
Strives to ensure that other professions and disciplines show recognition for the value and potential of their profession.	Neglects to gain recognition from other professions and disciplines for the contribution of their team.
Instils pride and commitment from the team by being positive about the profession and the health service.	De-motivates the team by being negative about the profession and the health service.
Makes time to get to know team members individually.	Is impersonal or distant, overly formal or unfriendly.
Ensures the team is fully aware of each member's role and how everyone fits together.	Provides insufficient direction regarding roles and responsibilities within the team.
Empathises with staff and seeks to understand their frustrations.	Is out of touch with how the team is feeling or fails to show concern.
Demonstrates a willingness to become involved and help team members if they are under pressure.	Doesn't take a share of the team's workload when its members are under pressure.
Reacts constructively to setbacks and avoids blaming individual team members.	Views setbacks in a negative light and inappropriately apportion blame.
Involves the team in the running of the service and in decisions that affect them.	Fails to consult with the team or involve them in decisions that affect them.
Celebrates successes by acknowledging team contributions and ensuring that credit falls where it is due.	Fails to celebrate successes or give credit where it is due.

## MANAGING PEOPLE

### Supporting personal development

Promotes and supports a culture of continuous improvement and learning within the profession. Strives to ensure professional and personal development for team members. Demonstrates a practical commitment to one's own professional development.

Indicators of more effective performance	Indicators of less effective performance
Facilitates staff development by providing support such as mentoring, coaching and formal development planning.	Takes a hands-off approach to staff development, or relies too much on formal training programmes.
Empowers staff by appropriately delegating responsibility and authority.	Doesn't grow and develop direct reports through empowerment and challenge.
Strives to ensure that all staff in their responsibility are adequately trained in line with legal and professional standards.	Is out of touch with professional and legal requirements.
Makes well-founded proposals to secure adequate funding for personal and professional development for the profession.	Fails to make serious and credible efforts to secure resources for professional development.
Is committed to continuous professional development. Ensures the department is represented at conferences and that staff are up to date with best practice.	Allows the department to become stagnant or out of date.
Demonstrates innovation in finding low-cost people development solutions.	Lacks imagination and resourcefulness in striving to find ways to develop staff.
Sets an example by seeking feedback and openly pursuing continuous personal and professional development.	Is a poor role model for continuous learning. Fails to identify own development needs or engage in personal development programmes.
Takes action to develop their managerial and administrative competencies.	Focuses solely on their professional development to the detriment of management competence.

## MANAGING YOURSELF

### Being a leader in one's profession

Builds and communicates a vision for the future of one's profession. Motivates staff towards the provision of a quality service. Demonstrates significant energy and enthusiasm for one's work and profession. Accepts responsibility and accountability.

Indicators of more effective performance	Indicators of less effective performance
Builds credibility and portrays the profession in a positive light by being professional and well informed.	Is not regarded as an authority in their field of expertise.
Is guided by a clear set of personal values that align to their profession.	Is sometimes cynical about their profession or lacks a sincere commitment to improve the lives of service-users.
Demonstrates determination and initiative to achieve results and improve service.	Lacks drive or commitment. Accepts average results.
Provides clear direction for staff in relation to the goals of their function and how they fit with the broader organisational strategy.	Doesn't share the bigger picture with team members. Makes it difficult for them to see where their function is going.
Clearly accepts accountability for standards of performance in relevant area of responsibility.	Finds excuses or blames others when the service levels drop.
Inspires others to work to high standards by being enthusiastic about the profession and the service.	Has low energy or levels of enthusiasm to the detriment of team morale.
Adapts leadership style to suit the demands of the situation and the people involved.	Fails to take a different approach when the situation requires.
Maintains ethical and personal standards at all times.	On occasion, is complacent about the maintenance of ethical or personal standards.

## MANAGING YOURSELF

### Maintaining composure and quality of working life

Maintains a calm and controlled style across all situations. Is flexible during challenging times and perseveres despite setbacks and the pressures of the role. Takes responsibility for own health, well-being and work/life balance.

Indicators of more effective performance	Indicators of less effective performance
Shows patience and tolerance when dealing with conflict or negative attitudes from others.	Becomes impatient or intolerant when dealing with conflict or negative attitudes from others.
Puts problems in perspective and manages not to become overwhelmed by them.	Exaggerates problems, loses perspective and reacts inappropriately.
Responds calmly to feedback from colleagues or service-users.	Responds defensively or emotionally when faced with feedback.
Perseveres despite setbacks and ensures that goals are achieved.	Commitment wanes in the face of setbacks.
Is aware of own levels of stress and morale and takes steps to stay within personal limits.	Allows situations to grow out of control without seeking support.
Is committed to managing own work/life balance.	Fails to take responsibility for striking a work/life balance that is appropriate for them.
Serves as a calming influence for staff when they encounter demanding situations.	Allows staff's anxiety levels to rise beyond the optimum level when they encounter demanding situations.
Is in touch with the workload of staff members and knows the levels of stress and morale in the team.	Manages others without sufficient understanding of the support and resources they may require.

## MANAGING CHANGE

### Working towards a user-centred service

Co-operates respectfully with the wider organisational team in the interest of a user-centred service. Develops and maintains a broad knowledge of the health service and understands how one's profession can best contribute to a model of holistic service provision. In this regard, works to promote the profile of one's profession within the service.

Indicators of more effective performance	Indicators of less effective performance
Demonstrates a thorough understanding of the internal and external dynamics of the organisation and how to achieve results.	Lacks a deep understanding of the internal and external dynamics and as a result finds it difficult to achieve results.
Has a broad understanding of the service delivered by other disciplines and professions.	Needs to develop a greater understanding of the service provided by other disciplines and professions.
Seeks out opportunities to promote the profession and raise its profile within the organisation.	Prioritises other tasks over promoting the profession and raising its profile.
Ensures that staff understand the benefits and practicalities of an integrated, user-oriented service.	Doesn't explain the goals or highlight examples of working towards achieving a model of holistic service provision.
Identifies opportunities to create cross-disciplinary initiatives and develops specific objectives to achieve them.	Overlooks opportunities or neglects to take the initiative to champion cross-disciplinary initiatives.
Directs and oversees the efforts of cross-disciplinary teams to ensure the achievement of common goals.	Pays lip-service to cross-disciplinary initiatives without actively supporting the achievement of common goals.
Identifies and removes organisational barriers to effective cross-disciplinary working.	Lacks drive and determination to identify or remove the barriers to effective cross-disciplinary working.
Acquires a broad understanding of the global dynamics of the health service at national level.	Has little understanding of the global dynamics of the health service at national level.

## MANAGING CHANGE

### Creating the service of the future

Continuously challenges the standards of quality and efficiency in service provision and strives to find ways in which the standard of care can be improved. Looks to the future of the health service and champions initiatives that will modernise professional practices.

Indicators of more effective performance	Indicators of less effective performance
Seeks feedback from colleagues, service-users and other disciplines to identify areas for improvement.	Is not "customer focused" or actively interested in feedback from others.
Anticipates professional developments and the changing needs of service-users and incorporates them into departmental plans.	Plans the activities of the department with insufficient regard for the future.
Prioritises the requirements for change and puts forward proposals to tackle those most urgent.	Is overwhelmed by the extent of the need for change. Fails to take a focused and planned approach.
Makes optimum use of available technology to advance the quality and efficiency of service provision.	Is slow to exploit technology or keep up to date with advances.
Communicates developments and changes in a comprehensive manner.	Fails to back up new initiatives with enough communication to ensure their success.
Ensures effective training and support to ensure the successful implementation of new initiatives.	Doesn't sufficiently support members of the team through the change process.
Finds innovative ways to contribute to research and development in the interest of furthering the profession.	Lacks drive or commitment to contribute to research and development.
Creates support for the growth of the profession within the organisation by highlighting its benefits in terms that the other departments appreciate.	Doesn't seek out or capitalise on opportunities to raise the profile of the profession within the wider organisation.



CHAPTER 6

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HSCP - Strategic level competencies

## STRATEGIC MANAGERS

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### Who is this chapter aimed at?

This chapter examines the objectives, challenges and management competencies that have been identified for strategic managers in the Health and Social Care Professions. Remember that depending on your responsibilities and capabilities you may want to base some of your development activities on the operational level of the framework as outlined in the previous chapter. The goal is to find the level that will provide you with the most relevant development. The objectives, listed below (examples of what the role holder would typically be working to achieve) will help you to decide which level to use.

### Objectives

Strategic managers of Health and Social Care Professional groups are typically responsible for ensuring the overall effectiveness of service delivery through a team of people, possibly including other managers. They have a significant role to play in aligning their service with the organisation's strategy and will have a considerable role to play in influencing decisions about resource allocation and service planning. Typically they are required to:

- define a vision for their profession in the organisation that aligns it appropriately with other disciplines and maximises the value it adds to the service,
- develop service plans based on an identification of needs and priorities,
- resource the department to meet current and future needs,
- set policies, standards and best practice guidelines, for now and the future,
- strive to ensure that systems and procedures to facilitate the development and retention of staff are in place and adequately resourced,
- oversee the performance of their team, developing individuals in line with professional and organisational standards,
- represent their profession and facilitate two-way communication at department and organisational level,

## Challenges

There are many common challenges facing Health and Social Care Professions. They have been classified below under the four competency subheadings.

### Managing the service

Delivering a quality service, in an equitable fashion and within resource constraints is a fundamental challenge of the role. In some professions this is exacerbated by a scarcity of suitably qualified professionals and a tendency to lose out to the private sector when it comes to staff retention. Strategic managers must respond to this challenge by finding innovative ways to deliver more, with less. Finding the scope for these changes is difficult and requires creativity in planning the service, streamlining work practices and getting more out of their staff. Balancing the need for efficiency of service provision with the need for equity is a considerable challenge given the sheer geographical size of some of the catchment areas.

An increased level of public awareness and expectation has added pressure for all managers in the health service. This requires them to operate with increased transparency and to make sound evidence based decisions. For managers of health and social care professions in particular, this means being able to quantify, monitor and estimate the outcomes that result from their efforts. There is considerable pressure on strategic managers to ensure they are working within the administrative systems of the service. Developing service plans and then monitoring budgets and throughput are critical aspects of the role and many strategic managers are learning to execute these tasks without much formal training or guidance.

Rising best practice standards are also placing additional pressure on these managers, in fact in some instances they acknowledge that some elements of their service are not in line with minimum standards. However, as managers they have responsibility for ensuring that the demands of new legislation and policies are fully met and that standards comply with relevant benchmarks. The strategic manager accepts full accountability for this and must show innovation both in their approach to managing the service and in how they go about securing resources.

Although strategic, these managers do not necessarily have a voice when it comes to strategic decisions about service provision. There is a need to adopt an integrated approach to planning and managing the service both with other disciplines and with clerical/administrative staff. For many, this requires them to break down traditional barriers.

Maintaining a national perspective within the profession as a whole in order to ensure the co-ordination of activities and standards of practice is also a critical challenge to be faced by these managers.

### **Managing people**

The challenges for managing people come at two levels; managing key stakeholders in the system, as alluded to above, and managing staff who report to them.

Some of the professions are poorly understood and perhaps as a consequence, under valued by the medical model. Strategic managers face the challenge of raising the profile of their profession within the organisation and on a national level in order to secure a greater support. It is critical that this is not done in an insular manner. The service is in great need of increased effective inter-disciplinary teamwork. Competing with other professions, without sufficient regard for the bigger picture will reduce their credibility as strategic managers.

Managing staff in a system that has not traditionally invested sufficient time or energy in people management is difficult. This leaves a combination of managers who want to do this well but who don't have the systems to support them, and others who don't know how to do it well, not having received management training or even the benefit of seeing it done well.

The absence of people management systems leaves these managers to draw on the traditional leadership tactics. Being able to motivate without the use of extrinsic rewards, create team spirit in the face of adversity and develop others within resource constraints become the critical people management competencies. Strategic managers have a responsibility to correct this situation. Influencing management practice in their organisation is critical but takes time. For more immediate results, the strategic manager must find ways to develop informal people management practices and use their professional bodies for support.

Keeping everyone abreast of evolving technology, research and legislation is vital to guaranteeing continuous development of the profession and the people. There is an onus on strategic managers to ensure their staff are adequately qualified and the service meets national and international best practice standards.

### **Managing yourself**

Clearly there are many challenges for the strategic manager in today's health service. Maintaining composure and a constructive attitude in the face of all these challenges can be difficult.

Strategic managers often have a considerable responsibility to provide a positive role model for their teams. Finding ways to enhance the culture and morale, in the face of considerable personal pressure is a significant challenge. It is particularly important for this group that they develop strategies to manage their own emotions and keep a balanced perspective.

### **Managing change**

As with all strategic managers in the service, these individuals are challenged to strike a balance between day to day management and being strategic. An additional challenge comes from defining a vision for the future of their profession in the organisation that will be appealing to the strategic decision makers. Learning the tactics and style that is required to be influential at that level is key to their success.

Above all, these managers are challenged to take an integrated approach to change. Operating in individual professional silos does not serve the organisation or the service user well. While this is challenging, it represents their greatest opportunity to influence change by bringing service developments that add real value to the outcome of the user.

## MANAGING THE SERVICE

### Planning and managing resources

Plans activities and co-ordinates resources to ensure value for money and maximum benefit for the organisation. Sets realistic time frames for the completion of tasks and monitors progress to ensure that deadlines are met. Prioritises tasks appropriately and delegates to ensure efficiencies. Works in a structured and planned manner and ensures information is kept up to date.

Indicators of more effective performance	Indicators of less effective performance
Has a thorough understanding of the practicalities of service planning, value for money and cost-benefit analysis.	Needs a greater practical knowledge of how to plan a service in line with standard administrative procedures.
Aligns the profession with the strategy of the organisation.	Develops service plans in isolation of the central strategy or without considering the other aspects of the service.
Sets and communicates the strategic priorities for the function each year.	Operates in the short term, without a clear and defined focus on the areas of priority.
Develops service plans that aim to anticipate the changing needs of service-users and harness developing professional practice.	Plans in line with the status quo, failing to take the opportunity to modernise professional practice.
Demonstrates innovation to overcome resource limitations.	Shows little evidence of surmounting challenges presented by resource limitations.
Regularly quantifies and evaluates activities against service plans (including value-for-money audit) and takes timely action to correct potential difficulties.	Fails to monitor progress against plans or reacts too late when difficulties arise.
Has regular review meetings with the team to keep track of progress and facilitate communication.	Is out of touch about the progress of the team or fails to update team members.
Devotes energy and time to the most important task at any given time.	Prioritises less important tasks above those that are more urgent.

## MANAGING THE SERVICE

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### Evaluating information and judging situations

Relies on professional expertise and management experience to understand and evaluate problems. Gathers information from a variety of sources before evaluating the benefits and consequences of decisions. Demonstrates sound practical judgement and decisiveness.

Indicators of more effective performance	Indicators of less effective performance
Gathers information from enough sources and other people to make well-founded decisions.	Makes decisions without considering all critical factors or opinions.
Understands the practicalities of value for money and cost-benefit analysis.	Makes or proposes decisions without applying the appropriate financial rationale.
Balances professional concerns with the practices and protocols of the administrative function in an appropriate manner.	Makes decisions purely from the professional perspective without due consideration of corporate considerations.
Recognises the implications and consequences of decisions in political and strategic terms for the organisation as a whole.	Gets caught up in the detail of the situation without considering the wider picture or the longer term.
Makes decisions in a transparent manner by involving and empowering others where appropriate.	Doesn't include others sufficiently in making decisions that affect them or retains too much control over decisions.
Communicates decisions comprehensively and ensures that others understand how to action them.	Fails to communicate decisions comprehensively; leaving staff unsure about how they should be implemented.
Confidently explains the rationale behind decisions when faced with opposition or competing demands.	Is not comfortable defending the rationale behind decisions.
Is objective but not insensitive in the approach to decision-making.	Is overly subjective or emotional in the approach to decision-making.
Makes decisions and solves problems in a timely manner before they accumulate.	Procrastinates over decisions or allows problems to build up.

## MANAGING THE SERVICE

### Assuring high standards in the service today

Sets professional standards and establishes procedures to ensure they are maintained. Co-operates with accreditation procedures. Regularly monitors the quality of work and strives to ensure full compliance with legal, professional and safety standards.

Indicators of more effective performance	Indicators of less effective performance
Is sufficiently aware of policy, legislative and professional requirements to ensure appropriate standards in their area of responsibility.	Occasionally lacks the depth of knowledge to ensure standards are maintained.
Identifies the areas of greatest risk to the organisation, prioritises within limited resources and develops plans to address them.	Occasionally misjudges the seriousness of a problem or fails to act promptly to the detriment of quality standards.
Negotiates service levels with internal and external clients that balance the need for throughput with that for quality.	Allows a level of workload to accumulate within the department that compromises the standards of quality.
Works with each direct report to implement policies and establish controls to ensure standards are maintained.	Takes a "hands off" approach to ensuring quality or fails to monitor key performance indicators regularly.
Creates a culture where high standards are valued and respected.	Focuses too much on throughput to the detriment of quality. Tolerates poor standards or fails to stand by professional standards.
Pro-actively looks for ways to benchmark and quality assure working practices with a view to identify strengths and weaknesses.	Adopts an insular view to quality assurance without regard for expert opinion or peer review.
Pays close and accurate attention to detail in their work.	Produces work that contains inaccuracies or inconsistencies.



## MANAGING THE SERVICE

### Being a champion for the service-user

Strives to provide an equitable service to the diverse user population. Ensures that all service-users are treated with dignity and respect and ensures that the welfare of the service-user is a key consideration at all times.

Indicators of more effective performance	Indicators of less effective performance
Is in touch with and understands the concerns and needs of the service-user population.	Is out of touch with service-users.
Puts measures in place to ensure an accurate, regular evaluation of the extent to which the service meets the needs of its users.	Manages department without sufficient metrics in place to evaluate the service from the perspective of users.
Takes responsibility for ensuring an equitable experience for all users and for each catchment area.	Allows the equity of service delivery to go unchecked.
Actively seeks ways to update and improve the service provided on an ongoing basis.	Is content with current practices and fails to find ways to update and improve the service provided.
Works with other disciplines and professions to develop initiatives that promote a people-centred culture.	Persists with practices that fail to place people at the heart of activities.
Ensures that the practices and policies provided by their service support the empowerment of the service-user.	Sticks to traditional practices and places insufficient regard for the role of the service-user in a modern health service.
Ensures that the full potential of their profession is fully considered in the development of strategic plans for their area of the organisation.	Fails to communicate the full potential of their profession to the organisations strategic decision-makers.

## MANAGING PEOPLE

### Influencing people and events

Influences people and events in one's profession and organisation. Understands the dynamics at play and tailors approach accordingly. Involves and consults with key stakeholders tactfully. Makes credible evidence-based arguments in support of proposals.

Indicators of more effective performance	Indicators of less effective performance
Secures a strong and credible position for the profession in the strategic decision-making process.	Lacks credibility when influencing or negotiating at the strategic level in the organisation.
Demonstrates assertiveness and stands up for the profession when challenged by others.	Fails to stand up for the profession when challenged.
Quantifies the likely value added by proposals in order to influence evidence-based decision-making.	Does not prepare efficiently in order to influence the decision-making process.
Understands the different approaches required to influence each of the strategic stakeholder groups.	Lacks understanding of how to influence events in their discipline and adopts ineffective tactics as a result.
Builds alliances with other professions both within and outside the organisation to pursue common objectives and share learning.	Works too independently and misses opportunities to influence activities and learn from other approaches.
Establishes strong personal credibility by demonstrating integrity and a high degree of competence within the profession.	Lacks credibility as an authority within the profession. Fails to handle objections in a convincing manner.
Identifies when tactics are not working and signals the time to adopt a different approach.	Fails to recognise the signs that a change in approach is needed in order to achieve the required response.
Uses informal networks to stay in touch with undercurrents and to gauge accurately the standpoints of other groups and professions.	Is out of touch with the attitudes and standpoints of key stakeholders and other professional groups.

## MANAGING PEOPLE

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### Managing individual performance

Manages one's team in a transparent and equitable manner. Provides clear direction on a regular basis and adopts an approachable management style. Deals with under- performance in a timely manner and ensures improvement where possible.

Indicators of more effective performance	Indicators of less effective performance
Treats staff in a fair and equitable manner.	Treats some staff members less favourably than others.
Ensures that each team member understands the nature and importance of policies, professional standards and local procedures.	Allows staff to undertake their duties with insufficient understanding of the standards that are required.
Ensures team members are aware of their role and how it contributes to the bigger picture.	Creates a situation where people make poor decisions because they fail to understand the bigger picture.
Ensures an even distribution of workload among the team taking the quantity and the nature of the work into account.	Allows inconsistencies to develop between the demands placed on individual staff members.
Holds regular meetings on a one-to-one basis with direct reports to keep them informed, hear their views and offer support.	Meets with staff irregularly, keeps them in the dark or shows insufficient interest in their views or problems.
Appreciates that staff have commitments outside of work and monitors work/life balance accordingly.	Allows individuals in the team to develop a work/life balance that is unhealthy for them.
Tackles performance problems in a timely and constructive manner.	Lets performance problems fester.
Maintains confidentiality when dealing with staff problems.	Deals with sensitive staff issues in an indiscreet manner.

## MANAGING PEOPLE

### Being the communication channel

Ensures that regular two-way communication happens within the service and with service-users. Communicates in a clear and effective manner, listening and ensuring that messages are clearly understood.

Indicators of more effective performance	Indicators of less effective performance
Presents written information in a clear, concise and structured manner	Produces written communication that is difficult to follow in structure and content.
Clearly and concisely communicates the intended message to the audience in a structured logical sequence.	Communicates the message in an unclear or long-winded manner.
Describes complex information in simple terms, avoiding unnecessary jargon.	Loses the audience or leaves them confused by using jargon and complex arguments.
Ensures regional and national channels of communication are maintained.	Loses touch with counterparts on a regional and national level.
Actively listens to others, using questions to check for understanding.	Demonstrates poor listening skills.
Anticipates and recognises the emotional reactions of others when delivering sensitive messages.	Is insensitive to how others may feel about the messages being delivered.
Tailors the communication method and the message to match the needs of the audience.	Ignores the needs of the audience regarding delivery method used and the message content.
Delivers presentations to groups with confidence and credibility.	Fails to gain credibility and respect when delivering presentations.
Represents the organisation with credibility and shows discretion when dealing with the public or other agencies.	Gets drawn into situations with the public or other agencies for which they aren't qualified or skilled to handle.
Facilitates two-way communication up and down the hierarchy.	Focuses on one-directional communication at the expense of upward communication.
Puts resources in place to promote and improve communication in their area of responsibility.	Fails to remove or overcome barriers to communication in their area of responsibility.

## MANAGING PEOPLE

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### Creating team spirit

Instils pride and a common sense of purpose in the team. Takes steps to ensure that all team members are treated with dignity and respect and that people combine effectively to achieve the team objectives. Promotes a culture of involvement and consultation within the team and rewards positive contributions.

Indicators of more effective performance	Indicators of less effective performance
Treats people with dignity and respect.	Is disrespectful towards others or treats them in an undignified manner.
Ensures a high sense of self belief within the team by ensuring its voice is heard and its needs are given due consideration by senior management.	Fails to establish a sense of identity and belonging among team members.
Strives to ensure that other professions and disciplines show recognition for the value and potential of their profession.	Neglects to gain recognition from other professions and disciplines for the contribution of their team.
Instils pride and commitment from the team by being positive about the profession and the health service.	De-motivates the team by being negative about the profession and the health service.
Makes time to get to know team members individually.	Is impersonal or distant, overly formal or unfriendly.
Ensures the team is fully aware of each member's role and how everyone fits together.	Provides insufficient direction regarding roles and responsibilities within the team.
Empathises with staff and seeks to understand their frustrations.	Is out of touch with how the team is feeling or fails to show concern.
Demonstrates a willingness to become involved and help team members if they are under pressure.	Doesn't take a share of the team's workload when its members are under pressure.
Reacts constructively to setbacks and avoids blaming individual team members.	Views setbacks in a negative light and inappropriately apportions blame.
Involves the team in the running of the service and in decisions that affect them.	Fails to consult with the team or involve them in decisions that affect them.
Celebrates successes by acknowledging team contributions and ensuring that credit falls where it is due.	Fails to celebrate successes or give credit where it is due.

## MANAGING PEOPLE

### Supporting personal development

Promotes and supports a culture of continuous improvement and learning within the profession. Strives to ensure professional and personal development for team members. Demonstrates a practical commitment to one's own professional development.

Indicators of more effective performance	Indicators of less effective performance
Negotiates within resource limitations to ensure that all staff in their responsibility are adequately trained in line with legal and professional standards.	Allows a situation to develop where the organisation is at risk because of inadequate attention to training and development.
Liaises with the HR department to define the people-development needs for their part of the organisation for the short to medium term.	Takes an informal, short-term approach to people development.
Is committed to continuous professional development. Ensures the department is represented at conferences and that staff are up to date with best practice.	Allows the department to become stagnant or out of date.
Demonstrates innovation in finding low-cost people development solutions.	Lacks imagination and resourcefulness in striving to find ways to develop staff.
Facilitates staff development by providing support such as mentoring, coaching and formal development planning.	Takes a hands-off approach to staff development, or relies too much on formal training programmes.
Empowers staff by appropriately delegating responsibility and authority.	Doesn't grow and develop their direct reports through empowerment and challenge.
Sets an example by seeking feedback and openly pursuing continuous personal and professional development.	Is a poor role model for continuous learning. Fails to identify own development needs or engage in personal development programmes.
Takes action to develop their managerial and administrative competencies.	Focuses solely on their professional development to the detriment of management competence.

## MANAGING YOURSELF

### Being a leader in one's profession

Builds and communicates a vision for the future of one's profession. Motivates staff towards the provision of a quality service. Demonstrates significant energy and enthusiasm for one's work and profession. Accepts responsibility and accountability.

Indicators of more effective performance	Indicators of less effective performance
Builds credibility and portrays the profession in a positive light by being professional and well informed.	Is not regarded as an authority in their field of expertise.
Is guided by a clear set of personal values that align to the profession.	Is sometimes cynical about their profession or lacks a sincere commitment to improve the lives of service-users.
Demonstrates determination and initiative to achieve results and improve service.	Lacks drive or commitment. Accepts average results.
Provides clear direction for staff in relation to the goals of their function and how they fit with the broader organisational strategy.	Doesn't share the bigger picture with team members. Makes it difficult for them to see where their function is going.
Clearly accepts accountability for standards of performance in relevant area of responsibility.	Finds excuses or blames others when service levels drop.
Inspires others to work to high standards by being enthusiastic about the profession and the service.	Has low energy or levels of enthusiasm to the detriment of team morale.
Adapts leadership style to suit the demands of the situation and the people involved.	Fails to take a different approach when the situation requires.
Maintains ethical and personal standards at all times.	On occasion, is complacent about the maintenance of ethical or personal standards.

## MANAGING YOURSELF

### Maintaining composure and quality of working life

Maintains a calm and controlled style across all situations. Is flexible during challenging times and perseveres despite setbacks and the pressures of the role. Takes responsibility for own health, wellbeing and work/life balance.

Indicators of more effective performance	Indicators of less effective performance
Shows patience and tolerance when dealing with conflict or negative attitudes from others.	Becomes impatient or intolerant when dealing with conflict or negative attitudes from others.
Puts problems in perspective and manages not to become overwhelmed by them.	Exaggerates problems, loses perspective and reacts inappropriately.
Responds calmly to feedback from colleagues or service-users.	Responds defensively or emotionally when faced with feedback.
Perseveres despite setbacks and ensures that goals are achieved.	Commitment wanes in the face of setbacks.
Is aware of own levels of stress and morale and takes steps to stay within personal limits.	Allows situations to grow out of control without seeking support.
Is committed to managing own work/life balance.	Fails to take responsibility for striking a work/life balance that is appropriate for them.
Serves as a calming influence for staff when they encounter demanding situations.	Allows staff's anxiety levels to rise beyond the optimum level when they encounter demanding situations.
Is in touch with the workload of staff members and knows the levels of stress and morale in the team.	Manages others without sufficient understanding of the support and resources they may require.



## MANAGING CHANGE

### Working towards a user-centred service

Co-operates respectfully with the wider organisational team in the interest of a user-centred service. Develops and maintains a broad knowledge of the health service and understands how one's profession can best contribute to a model of holistic service provision. In this regard, works to promote the profile of one's profession within the service.

Indicators of more effective performance	Indicators of less effective performance
Acquires a good understanding of the internal and external dynamics of the organisation and how to achieve results.	Lacks an understanding of the internal and external dynamics at work in the organisation and as a result finds it difficult to achieve results.
Has a thorough understanding of how the profession can best contribute to a model of holistic service provision.	Fails to see the bigger picture and how the profession can contribute to a model of holistic service provision.
Has a good understanding of the service delivered by other disciplines and professions.	Needs to develop a greater understanding of the service provided by other disciplines and professions.
Seeks networking opportunities to build alliances with others in own discipline and across disciplines.	Works solely as an independent discipline and fails to build alliances with other disciplines.
Works in a helpful and co-operative manner with other disciplines.	Competes with or is intolerant of other disciplines.
Proactively ensures efficiencies in cross-disciplinary team-working by ensuring boundaries are clear and communication is structured.	Only ensures efficiencies in cross-disciplinary team-working when things are not working well.
Identifies opportunities to promote own profession and raise its profile within the service.	Fails to make use of opportunities to promote own profession and raise its profile within the service.
Ensures that staff understand and are enthusiastic about working with other disciplines.	Fails to enthuse staff or communicate the reasons for working with other disciplines.

## MANAGING CHANGE

### Creating the service of the future

Continuously challenges the standards of quality and efficiency in service provision and strives to find ways in which the standard of care can be improved. Looks to the future of the health service and champions initiatives that will modernise professional practices.

Indicators of more effective performance	Indicators of less effective performance
Works at a strategic level to build alliances and learn how to best position the profession to meet the needs of its internal customers.	Fails to develop a strategic vision for the function that is likely to gain support within the organisation.
Establishes a vision for the future of the profession in consultation with national professional networks. Learns from others and avoids duplication where possible.	Works on the change agenda in an insular fashion, or competes with other agencies in an unproductive manner.
Anticipates professional developments and the changing needs of service-users and incorporates them into service plans.	Fails to keep up to date with trends in the profession.
Negotiates resources to tackle high-priority areas by producing sound rationale based in terms that the decision-makers value.	Makes a case for funding without considering the broader corporate agenda or in terms that the decision-makers don't value.
Bases plans for change on a sound understanding of the principles of change management.	Needs a greater understanding of the principles that underpin successful change initiatives.
Strives to keep staff directed towards the longer-term change agenda, while maintaining efficiency of day-to-day service.	Creates a culture where staff focus too much on the day to day and not enough on the future.
Is up to date with the latest thinking in management practice in the health service.	Is not sufficiently aware of the latest thinking in management practice.
Finds innovative ways to contribute to research and development in the interest of furthering the profession.	Lacks drive or commitment to contribute to research and development.

CHAPTER 7

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Clerical Admin Level one competencies -  
Grades IV, V & (VI)

## LEVEL ONE - GRADE IV, V & VI

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### Who is this chapter aimed at?

This chapter examines the objectives, challenges and management competencies that have been identified for Grades IV, V and some of Grade VI. Remember that depending on your responsibilities and capabilities you may want to base some of your development activities on another level of the framework, i.e. levels two to four. The goal is to find the level that will provide you with the most relevant feedback. The objectives, listed below (examples of what the role holder would typically be working to achieve) will help you to decide which level to use.

### Objectives

Often the front line in the service, the responsibility of individuals with management competencies at this level tends to be the execution of the service in an efficient yet people centred manner. Typically they are required to:

- ensure the efficient day to day administration of their area of responsibility.
- ensure deadlines are met and that service levels are maintained.
- ensure accurate attention to detail and consistent adherence to procedures within their own area of responsibility.
- supervise and ensure the well being of staff within their remit.
- ensure that front line of the service is kept informed and that their views are communicated to middle management..
- embrace change and adapt local work practices accordingly.
- co-operate and work in harmony with other teams and disciplines.
- Ensure that service users are treated with dignity and respect.

### Challenges

There are many common challenges facing Clerical and Administrative managers. They have been classified below under the four competency subheadings.

### Managing the service

As the first line of managers, and the primary interface with the service user, these managers face the challenge of executing the plans of the level above. They are often acutely in touch with the realities of service user needs and the blocks that can prevent these needs being met. As the service changes, these managers are feeling the pressure of increasing expectations from both their internal customers and from service users. In parallel with this, they are experiencing tightening resources, both financial and in terms of headcount. Their greatest challenge is to

do more with less, which requires them to be innovative. For innovations to be taken on board requires influence, and competencies associated with managing people.

### **Managing people**

The challenges in managing people come from three sources; service users, colleagues and staff. The service user population is becoming both increasingly diverse and increasingly demanding. These managers are often required to resolve the challenges that this brings not only for themselves, but also for those in their responsibility. While many of the decisions about service provision are taken at a higher level, these managers, as implementers of those decisions, feel the impact first hand. In these circumstances it is difficult to sustain morale and foster accountability within their teams.

They must also manage their relationships with colleagues, aiming to provide quality customer service while also being influential. Establishing meaningful and effective two-way communication is a critical challenge to be overcome. The answer lies in breaking down barriers, learning about the needs of internal customers and raising their awareness of the value that the Clerical/Administrative function adds to the organisation.

Managing staff and developing their competencies also presents challenges. Many of these managers do not see themselves as having formal responsibility for people management, but rather as supervisors of tasks. Furthermore, they do not have established people management practices to encourage and support them.

### **Managing yourself**

Clearly there are many challenges for the managers in today's health service. Maintaining composure and a constructive attitude in the face of all these challenges can be difficult. However, as the front line of the service and with the potential to impact on so many of its employees, these managers have the greatest potential to provide positive leadership.

### **Managing change**

Finding time for change while continuing with the day to day activities often acts as a barrier for these managers. It is difficult for them to make sure that they are not always the subjects of change, but in some instances manage to influence and drive it. Learning how to influence the system is a critical challenge and will require that they themselves change first, in order to effect change later.

## MANAGING THE SERVICE

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### Knowing the health service and how it works

Maintains a thorough understanding of the organisational dynamics and how to work within the culture to achieve results. Knows who the key stakeholders are and how their roles inter-relate within the wider organisation. Develops and maintains a broad knowledge of the policies and procedures of the organisation together with the relevant legislation.

Indicators of more effective performance	Indicators of less effective performance
Has sufficient knowledge of the relevant procedures and practices to perform the role efficiently and ensure standards are maintained in the team.	Is not sufficiently knowledgeable of practice and procedure to be truly effective.
Keeps staff members up to date with legislation and policy relevant to the department.	Fails to keep staff updated on changes to policy and legislation relevant to their roles.
Has a good understanding of how they and their team contribute to the organisation's mission, values and goals.	Isn't clear about how the department relates to the mission, values or goals of the organisation.
Understands how their department impacts on the service-user.	Is not sufficiently in touch with the service-users to understand how to meet their needs.
Has a thorough understanding of how neighbouring departments and functions must combine their efforts to achieve optimum service levels.	Is not familiar enough with other departments and functions and as such operates too independently, missing opportunities to increase service levels.
Has a good understanding of the internal dynamics that can affect the running of their department.	Doesn't always appreciate the internal dynamics that can affect the running of their department.
Uses knowledge of the organisation's structures and traditions to help achieve results.	Makes the achievement of results more difficult by failing to show an understanding of the organisation's structures and traditions.

## MANAGING THE SERVICE

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### Planning and managing resources

Plans the delivery of a service by accurately estimating the needs and prioritising resources appropriately. Monitors activities to ensure budgets are adhered to. Delegates tasks to others and makes sure deadlines are met.

Indicators of more effective performance	Indicators of less effective performance
Devotes energy and time to the most important task at any given time.	Prioritises less important tasks above those that are more urgent.
Breaks large assignments into manageable parts and tackles them in a logical order.	Needs to have large assignments planned out.
Makes sure that people are aware of specific deadlines and standards for the achievement of tasks.	Allows others to work without clear direction or awareness of time-scales.
Sets realistic goals and time-scales, taking account of potential problems and competing priorities.	Fails to anticipate potential obstacles when setting goals and time-scales.
Helps staff members to organise and co-ordinate their work.	Leaves staff to their own devices to the detriment of their efficiency.
Keeps others informed through regular review meetings and updates on progress against plans.	Fails to monitor progress against plans or give updates to others.
Takes responsibility for the achievement of personal and staff deadlines.	Is complacent of deadlines and fails to inform others if these are likely to slip.
Maintains an awareness of budgetary constraints and value for money.	Lacks awareness of available budgets when planning or conducting work.

## MANAGING THE SERVICE

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### Evaluating information and judging situations

Relies on experience to understand and evaluate problems. Gathers information from a variety of sources before evaluating the benefits and consequences of decisions. Demonstrates sound practical judgement and decisiveness.

Indicators of more effective performance	Indicators of less effective performance
Gathers information from enough sources and other people to make well-founded decisions.	Makes decisions without considering all critical factors or opinions.
Takes information on board quickly and accurately.	Is slow or inaccurate in assimilating information.
Thinks through decisions to make sure they are in line with policy and local practice.	Makes decisions without considering their implications.
Makes decisions and solves problems in a timely manner before they accumulate.	Procrastinates over decisions or allows problems to build up.
Appropriately involves others in making decisions that affect them.	Makes decisions without consulting the relevant parties.
Recognises when it is appropriate to refer decisions to a higher level of management.	Fails to recognise when it is appropriate to elevate decision-making.
Informs others of decisions that have implications for them.	Fails to inform others of decisions that affect them.
Accepts accountability for their decisions.	Is reluctant to accept accountability for their decisions.



## MANAGING THE SERVICE

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### Setting standards to be proud of

Sets quality standards and develops policies to ensure they are maintained. Monitors and evaluates procedures to ensure a quality service is delivered and strives to ensure full compliance with best practice.

Indicators of more effective performance	Indicators of less effective performance
Demonstrates pride in the quality of work of their department.	Tolerates poor quality in the work of the department.
Is sufficiently aware of policy and legislative requirements to conduct their duties to the appropriate standard.	Occasionally lacks the depth of knowledge of policy or legislative requirements to ensure standards are maintained.
Ensures that policies and procedures are well documented and clearly understood by anyone for whom they have responsibility.	Fails to ensure sufficient communication and awareness of standards.
Ensures that traditional work practices in their area are compliant with current standards.	Allows traditional ways of doing things to persist, even when it means a compromise on standards.
Communicates immediately to resolve potential problems when standards may be slipping or their area is compromised.	Fails to flag potential slips in standards in a timely fashion.
Pays close and accurate attention to detail in personal work.	Produces work that contains inaccuracies or inconsistencies.
Monitors and reviews team work to ensure its quality and accuracy.	Neglects to make sufficient time to quality assure the team's work.
Ensures that archives and records are readily available if required by those with appropriate authority.	Is inconsistent in keeping files and archives updated and maintained.

## MANAGING THE SERVICE

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### Delivering quality and fairness for service-users

Promotes a user-centred culture within the health service. Strives to ensure that the service is delivered in a fair and equitable manner. Promotes accountability and transparency in the administration of the service.

Indicators of more effective performance	Indicators of less effective performance
Understands service-users by being approachable and by listening to them.	Adopts a hasty or off-putting manner when dealing with the public.
Demonstrates a desire to do their best for service-users.	Provides a poor example to staff by placing insufficient importance on the concerns of the service-user.
Ensures each service-user is treated in a fair and equitable manner.	Provides an inconsistent service to users.
Demonstrates accountability and transparency in all dealings with the public.	Fails to take ownership of or work transparently when dealing with the public.
Treats all information on service-users with confidentiality and discretion.	Places insufficient emphasis on confidentiality or discretion.
Presents a positive image to the public by delivering on promises.	Over-promises or fails to deliver.
Follows up to ensure service-users receive the appropriate service from their department.	Takes an individual rather than a departmental view and assumes that service-users will look after themselves.
Listens to the feedback of service-users and addresses their concerns.	Is complacent when faced with customer complaints.
Educates and empowers service-users to help themselves.	Provides little assistance to service-users to make informed decisions about their health care.

## MANAGING PEOPLE

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### Influencing people and events

Presents compelling arguments by understanding and anticipating the agendas of others. Uses information and facts to build an effective case. Involves and consults with key stakeholders tactfully and listens to their views. Balances diplomacy with assertiveness.

Indicators of more effective performance	Indicators of less effective performance
Establishes strong personal credibility by demonstrating integrity and a high degree of competence in their area of expertise.	Lacks credibility as an authority within area of responsibility.
Shows appreciation for different perspectives and uses these insights to prepare effective arguments.	Doesn't pay due consideration to the perspectives of others when preparing arguments.
Does sufficient research and preparation to make sound arguments and handle questions with credibility.	Is insufficiently informed to handle questions that arise.
Makes credible arguments by balancing "gut feel" and enthusiasm with sound evidence of the benefits of any proposals.	Makes arguments that lack logical rationale or in a manner that lacks strength of conviction.
Involves and consults with staff and other relevant groups to gather their opinions and support for new initiatives.	Tries to influence events without due consideration of the opinions or support of others.
Demonstrates diplomacy and tact when influencing others.	Lacks sensitivity when persuading others.
Remains firm but flexible when putting forward points of view.	Adopts an inflexible approach when putting forward own case.
Has more than one influencing style and uses the one most appropriate to the situation.	Consistently applies same tactics regardless of situation and people involved.

## MANAGING PEOPLE

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### Managing individual performance

Manages one's team in a transparent and equitable manner. Provides clear direction on a regular basis and adopts an approachable management style. Deals with under-performance in a timely manner and ensures improvement where possible.

Indicators of more effective performance	Indicators of less effective performance
Treats staff in a fair and equitable manner.	Treats some staff members less favourably than others.
Maintains confidentiality when dealing with staff problems.	Deals with sensitive staff issues in an indiscreet manner.
Ensures an even distribution of workload among the team.	Allows some staff members to shirk their fair share of the workload.
Ensures team members are aware of their role and how it contributes to the bigger picture.	Allows individuals to focus solely on their immediate goals without an appreciation of the bigger picture.
Explains the nature and importance of policies and outlines supporting procedures.	Fails to set standards of performance as set out in policies and procedures.
Holds regular meetings to keep staff informed and hear their views.	Meets with staff irregularly, keeps them in the dark or shows insufficient interest in their views.
Is approachable and available for advice and support.	Becomes consumed with own work at the expense of being available to staff.
Appreciates that staff have commitments outside of work and monitors work/life balance accordingly.	Allows people in the team to develop a work/life balance that is unhealthy for them.
Tackles performance problems in a timely and constructive manner.	Allows performance problems to fester.

## MANAGING PEOPLE

### Being the communication channel

Communicates complex information in simple terms. Ensures that regular two-way communication happens across functions and levels. Communicates in a clear and effective manner, listening and ensuring that messages are clearly understood.

Indicators of more effective performance	Indicators of less effective performance
Presents written information in a clear, concise and structured manner.	Produces written communication that is difficult to follow in structure and content.
Clearly and concisely communicates the intended message to the audience.	Communicates the message in an unclear or long-winded manner.
Describes complex information in simple terms, avoiding unnecessary jargon.	Loses the audience or leaves them confused.
Actively listens to others, using questions to check for understanding.	Demonstrates poor listening skills.
Anticipates and recognises the emotional reactions of others when delivering sensitive messages.	Is insensitive to how others may feel about the messages being delivered.
Delivers presentations to groups with confidence and credibility.	Fails to gain credibility and respect when delivering presentations.
Represents the organisation with credibility and shows discretion and when dealing with the public or other agencies.	Gets drawn into situations with the public or other agencies for which they aren't qualified or skilled to handle.
Facilitates two-way communication up and down the hierarchy.	Focuses on one-directional communication at the expense of upward communication.
Puts resources in place to promote and improve communication in their area of responsibility.	Fails to remove or overcome barriers to communication in their area of responsibility.

## MANAGING PEOPLE

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### Creating team spirit

Instils pride and a common sense of purpose in the team. Takes steps to ensure that all team members are treated with dignity and respect and that individuals combine effectively to achieve the team objectives. Promotes a culture of involvement and consultation within the team and rewards positive contributions.

Indicators of more effective performance	Indicators of less effective performance
Treats people with dignity and respect.	Is disrespectful towards others or treats them in an undignified manner.
Works as part of the team to establish a shared sense of purpose and unity.	Prefers to work independently rather than engage in necessary teamwork.
Makes time to get to know the team members individually.	Is impersonal or distant, overly formal or unfriendly.
Ensures the team is fully aware of each member's role and how they fit together.	Provides insufficient direction regarding roles and responsibilities within the team.
Empathises with staff and seeks to understand their frustrations.	Is out of touch with how the team is feeling or fails to show concern.
Demonstrates a willingness to become involved and help team members if they are under pressure.	Doesn't take a share of the team's workload when they are under pressure.
Reacts constructively to setbacks and avoids blaming individual team members.	Views setbacks in a negative light and looks to apportion blame.
Involves the team in the running of the service and in decisions that affect them.	Fails to consult with the team or involve them in making decisions that affect them.
Celebrates successes and ensures that credit falls where it is due.	Fails to celebrate successes or give credit where it is due.
Strives to ensure that other groups show recognition for the contributions made by their team.	Neglects to gain recognition from other groups for the contribution of their team.

## MANAGING PEOPLE

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### Supporting personal development

Promotes and supports a culture of continuous development and learning. Works with individuals to identify strengths and development needs. Highlights learning opportunities and encourages staff to improve continuously. Seeks feedback and demonstrates a practical commitment to one's own development.

Indicators of more effective performance	Indicators of less effective performance
Encourages people by praising their efforts and achievements.	Neglects to acknowledge achievements.
Recognises when staff members need to develop and provides constructive feedback.	Fails to give constructive feedback.
Identifies and agrees training and development needs with individuals and designs a plan to meet them.	Pays insufficient attention to formal staff development.
Demonstrates innovation in finding low-cost people development solutions.	Sees people development only in traditional terms, i.e. formal training courses.
Shares own knowledge and experience with others.	Is unwilling to share own knowledge and experience with others.
Empowers staff by appropriately delegating responsibility and authority.	Fails to consider development opportunities when delegating.
Provides on-the-job training for staff on a frequent basis.	Fails to avail of opportunities to provide on-the-job training to staff.
Encourages staff to take responsibility for their own development.	Contributes to a culture that fails to encourage learning and personal development.
Invites feedback from others and reviews own performance.	Places little value on feedback from others.
Sets an example by openly pursuing continuous personal development.	Fails to identify own development needs or engage in personal development programmes

## MANAGING YOURSELF

### Being a role model

Inspires others to maintain professional standards and work towards common goals. Leads by example and provides clear direction.

Indicators of more effective performance	Indicators of less effective performance
Acts in a manner that is consistent with the organisation's values and vision.	Fails to live the values of the organisation or loses sight of the vision at key times.
Maintains sound ethical and professional standards at all times.	Occasionally allows ethical or professional standards to slip.
Inspires members in their team to work to high standards.	Sets or accepts average standards of work.
Provides clear direction to team members so they understand where the organisation is going and how they contribute to its success.	Fails to relay the goals of the organisation and the value of the team in helping to achieve these goals.
Builds personal and organisational credibility by being professional and well informed at all times.	Portrays oneself and the organisation poorly by being unprofessional or poorly informed.
Clearly accepts responsibility for standards of work and performance in their area.	Finds invalid excuses, or blames others, for poor standards in own area.
Reassures staff and builds their confidence by taking responsibility for resolving problems and keeping them updated on progress.	Allows staff to feel too much pressure when problems present themselves.
Takes the initiative to make their area successful and progressive.	Accepts the status quo when it is not good enough.
Adapts leadership style to suit the demands of the situation and the people involved.	Demonstrates little flexibility in leadership style and expects others to adapt to them.
Is positive about the future of the organisation and the health service.	Is often cynical or pessimistic in outlook.



## MANAGING YOURSELF

### Maintaining composure and quality of working life

*Maintains a calm and controlled style across all situations. Is flexible during challenging times and perseveres despite setbacks and the pressures of the role. Takes responsibility for own health, well-being and work/life balance.*

Indicators of more effective performance	Indicators of less effective performance
Shows patience and tolerance when dealing with conflict or negative attitudes from others.	Becomes impatient or intolerant when dealing with conflict or negative attitudes from others.
Puts problems in perspective and manages not to become overwhelmed by them.	Exaggerates problems, loses perspective and reacts inappropriately.
Responds calmly to feedback from colleagues or service-users.	Responds defensively or emotionally when faced with feedback.
Perseveres despite setbacks and ensures that goals are achieved.	Commitment wanes in the face of setbacks.
Is aware of own levels of stress and morale and takes steps to stay within personal limits.	Allows situations to grow out of control without seeking support.
Is committed to managing own work/life balance.	Fails to take responsibility for striking an appropriate work/life balance.
Serves as a calming influence for staff when they encounter demanding situations.	Allows staff's anxiety levels to rise beyond the optimum level when they encounter demanding situations.
Is in touch with the workload of staff members and knows the levels of stress and morale in the team.	Manages others without sufficient understanding of the support and resources they may require.

## MANAGING CHANGE

### Embracing the change agenda

*Promotes change and continuously strives to improve the quality and efficiency of the administration of the service. Takes the initiative to proactively identify inefficiencies and implement solutions. Encourages others to embrace the change agenda.*

Indicators of more effective performance	Indicators of less effective performance
Strives to improve the quality and efficiency of service provided by their team.	Accepts current standards of service without seeking to improve them.
Learns from mistakes and ensures that these do not reoccur.	Doesn't think ahead to prevent mistakes reoccurring in the future.
Communicates changes to practice in a timely and thorough manner.	Doesn't communicate changes in a manner that ensures the department's efficiency.
Looks to the team for ideas for change.	Doesn't encourage the team to generate ideas for service improvement.
Embraces change by being enthusiastic and flexible to new ideas and new ways of working.	Has a preference for traditional methods of working and is slow to adapt to new ideas.
Makes appropriate use of technology to advance the quality and efficiency of service provision.	Fails to make full use of available technology.
Welcomes and acts on feedback from service-users in an effort to improve the quality of the service provided.	Fails to seek or discounts feedback from service-users.

## MANAGING CHANGE

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### Integrating the service

*Co-operates respectfully across functions and disciplines in the interest of a people-centred service. Builds bridges and removes barriers between levels and functions.*

Indicators of more effective performance	Indicators of less effective performance
Learns about the remit and value of other departments and disciplines within the organisation.	Focuses solely on own area without sufficient awareness of the wider service.
Co-operates in a helpful manner with other parts of the service.	Is resistant to or fails to appropriately prioritise requests from other parts of the service.
Liaises across disciplines and functions to share information in order to deliver the best possible people-centred service wherever possible.	Waits for other disciplines or functions to come to them before they share information.
Actively breaks down the traditional "barriers" between their area and others.	Allows the barriers to remain unchallenged.
Challenges the way that staff think about the service to ensure they see the need for integration and teamwork.	Fails to educate their staff about the value of integration and teamwork across the service.
Takes prompt action to discourage remarks or behaviours that lead to the preservation of barriers within the service.	Turns a blind eye, or contributes to remarks or behaviours that strengthen the barriers to integration within the service.

## CHAPTER 8

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### Clerical Admin Level two competencies - Grades (VI), VII & (VIII)

## LEVEL TWO - GRADE VI, VII & VIII

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### Who is this chapter aimed at?

This chapter examines the objectives, challenges and management competencies that have been identified for Grades VI, VII and some of Grade VIII. Remember that depending on your responsibilities and capabilities you may want to base your development activities on another level of the framework, i.e. levels one, three or four. The goal is to find the level that will provide you with the most relevant feedback. The objectives, listed below (examples of what the role holder would typically be working to achieve) will help you to decide which level to use.

### Objectives

The key objectives for this level are to:

The responsibility of individuals with management competencies at this level tends to be overseeing the execution of the service in an efficient and people centred manner, while finding ways drive change within limited resources. Typically they are required to:

- Plan the activities in their area of responsibility to ensure the achievement of service plans.
- Monitor and review the work of the team to ensure a consistently high standard.
- Ensure that procedures and local working practices are efficient and aligned with best practice.
- Take responsibility for the motivation, growth and productivity of staff within their remit.
- Ensure that front line of the service is kept informed and that their views are communicated to upper management.
- Embrace change, finding innovative ways to deliver service improvements within resource limitations.
- Establish working practices that promote cross-functional team working.
- Create a culture of accountability and respect for the individual that supports the achievement of the National Health Strategy.

### Challenges

There are many common challenges facing Clerical and Administrative managers. They have been classified below under the four competency subheadings.

### **Managing the service**

As middle managers, this group is accountable for the standard of work within their area of responsibility. As often the scrutiny of the public and the media is directed at events that occur at this level, their challenge lies in developing an increased sense of accountability among their team for the work of the department. In addition to planning for the day to day, routine work of their areas, these managers are also trying to execute the change agenda in practical terms. Overseeing the successful introduction of new services and ensuring that legislative and policy requirements are adhered to is a further challenge to delivering results. All this happens in the light of tightening resources and these managers are often challenged to find workable solutions that will create efficiencies.

### **Managing people**

As the middle management group, these individuals are presented with a considerable challenge to channel information up and down the hierarchy. They are also responsible for motivating and mobilising their teams towards considerable change, which will require truly effective partnership.

For the service to move towards more effective multidisciplinary teamwork, these managers must identify the necessary changes and ensure that a difference occurs. This requires innovation, determination and the ability to bring others with them. Motivating their teams and instilling the values required to make the service more user-oriented is also a challenge.

Managing staff and developing their competencies in the absence of established people management practices is difficult, but in the face of the need for reform it is nonetheless important.

### **Managing yourself**

Clearly there are many challenges for the managers in today's health service. Maintaining composure and a constructive attitude in the face of all these challenges can be difficult. However, as a key influence on those at the front line of the service and with the potential to impact on so many of its employees, these managers have the greatest potential to provide positive leadership.

### **Managing change**

Many of these managers have considerable responsibility for ensuring a user led service. Their challenge is to adapt ways of working and traditional practices to meet the needs of an increasingly diverse population with higher expectations and demands. Up against tight deadlines and seldom with time to be pro-active, these managers face the challenge of finding ways to effect change in a service friendly manner. Like their front line colleagues, it is difficult for them to make sure that they are not always the subjects of change, but in some instances manage to influence and drive it.

## MANAGING THE SERVICE

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### Knowing the health service and how it works

Maintains a thorough understanding of the organisational dynamics and how to work within the culture to achieve results. Knows who the key stakeholders are and how their roles inter-relate within the wider organisation. Develops and maintains a broad knowledge of the policies and procedures of the organisation together with the relevant legislation.

Indicators of more effective performance	Indicators of less effective performance
Has sufficient knowledge of the relevant procedures and practices to perform the role efficiently and ensure standards are maintained in the team.	Is not sufficiently knowledgeable of practice and procedure to be truly effective.
Keeps staff members up to date with legislation and policy relevant to the department.	Fails to keep staff updated on changes to policy and legislation relevant to their roles.
Has a good understanding of how they and their team contribute to the organisation's mission, values and goals.	Isn't clear about how their department relates to the mission, values or goals of the organisation.
Understands how their department impacts on the service-user.	Is not sufficiently in touch with the service-users to understand how to meet their needs.
Has a thorough understanding of how neighbouring departments and functions must combine their efforts to achieve optimum service levels.	Is not familiar enough with other departments and functions and as such operates too independently, missing opportunities to increase service levels.
Has a good understanding of the internal dynamics that can affect the running of their department.	Doesn't always appreciate the internal dynamics that can affect the running of their department.
Uses knowledge of the organisation's structures and traditions to help achieve results.	Makes the achievement of results more difficult by failing to show an understanding of the organisation's structures and traditions.

## MANAGING THE SERVICE

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### Planning and managing resources

*Plans the delivery of a service by accurately estimating the needs and prioritising resources appropriately. Monitors activities to ensure budgets are adhered to. Delegates tasks to others and makes sure deadlines are met.*

Indicators of more effective performance	Indicators of less effective performance
Sets and communicates specific deadlines and standards for the achievement of operational plans.	Delegates work without being clear about the standards and deadlines required.
Foresees potential problems or competing priorities and takes appropriate action to ensure service standards don't suffer.	Fails to anticipate potential distracters or to develop contingencies.
Keeps themselves and others informed on progress through regular review meetings and updates.	Is out of touch about the progress of the team or fails to update others.
Takes responsibility for the achievement of personal and staff deadlines.	Is complacent of deadlines and fails to inform others if these are likely to slip.
Demonstrates innovation in aiming to work within resource limitations.	Shows little evidence of achieving efficiencies through innovation.
Fosters an awareness of the need for value for money and a sense of accountability for budgets within the team.	Creates a culture where inefficiency is tolerated.
Helps to predict future service needs based on concrete analysis of previous activity and changes in service provision.	Predicts future service levels inaccurately or unreliably.
Devotes energy and time to the most important task at any given time.	Prioritises less important tasks above those that are more urgent.



## MANAGING THE SERVICE

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### Evaluating information and judging situations

Relies on experience to understand and evaluate problems. Gathers information from a variety of sources before evaluating the benefits and consequences of decisions. Demonstrates sound practical judgement and decisiveness.

Indicators of more effective performance	Indicators of less effective performance
Gathers information from enough sources and other people to make well-founded decisions.	Makes decisions without considering all critical factors or opinions.
Takes information on board quickly and accurately.	Is slow or inaccurate in assimilating information.
Uses experience to generate a number of possible alternatives.	Tends not to look creatively at problems or decisions.
Thinks ahead to the consequences of decisions and refers to precedence to ensure consistency.	Makes isolated decisions without sufficient regard for longer-term consistency.
Makes decisions in a transparent manner by involving and empowering others where appropriate.	Doesn't include others sufficiently in making decisions that affect them or retains too much control over decisions.
Communicates decisions comprehensively and ensures that the team understands how to action them.	Fails to communicate decisions comprehensively, leaving staff unsure about how to implement them.
Confidently explains the rationale behind decisions when faced with opposition.	Is not comfortable defending the rationale behind decisions.
Makes decisions and solves problems in a timely manner before they accumulate.	Procrastinates over decisions or allows problems to build up.
Recognises when it is appropriate to refer decisions to a higher level of management.	Fails to recognise when it is appropriate to elevate decisions to the next level.

## MANAGING THE SERVICE

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### Setting standards to be proud of

Sets quality standards and develops policies to ensure they are maintained. Monitors and evaluates procedures to ensure a quality service is delivered and strives to ensure full compliance with best practice.

Indicators of more effective performance	Indicators of less effective performance
Is sufficiently aware of policy and legislative requirements to conduct their duties to the appropriate standard.	Occasionally lacks the depth of knowledge of policy or legislative requirements to ensure standards are maintained.
Ensures that policies and procedures are well documented and clearly understood by anyone for whom they have responsibility.	Fails to ensure sufficient communication and awareness of standards.
Takes ultimate responsibility for ensuring high standards of service within area of responsibility.	Fails to take ownership when quality standards are not met.
Takes immediate action and initiative when problems arise or standards slip.	Fails to flag potential slips in standards in a timely fashion, or resolve them satisfactorily when appropriate.
Looks for feedback from benchmarking or other evaluations to see where service standards need to be reinforced.	Is not pro-active in trying to avoid dips in service standards.
Monitors and reviews the work of the team to ensure its quality and accuracy.	Neglects to make sufficient time to quality assure the team's work.
Ensures that all general and financial records are readily available if required by those with appropriate authority.	Is inconsistent in keeping files, archives and financial records updated and maintained.
Pays close and accurate attention to detail in personal work.	Produces work that contains inaccuracies or inconsistencies.

## MANAGING THE SERVICE

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### Delivering quality and fairness for service-users

Promotes a user-centred culture within the health service. Strives to ensure that the service is delivered in a fair and equitable manner. Promotes accountability and transparency in the administration of the service.

Indicators of more effective performance	Indicators of less effective performance
Is in touch with and understands the concerns and needs of the service-user population.	Is out of touch with service-users.
Facilitates accurate, regular evaluation of the extent to which the service meets the needs of its users.	Is inaccurate or inconsistent in evaluating the success of the service in meeting the needs of its users.
Supports the empowerment of service-users by operating in a transparent manner and striving to educate them wherever possible.	Is not customer friendly, giving the minimum of information to service-users.
Works with their team to generate and implement ideas to make their area of the service more people-friendly.	Persists with practices that fail to place people at the heart of activities.
Encourages staff in their area to take responsibility for the quality of the experience of the service-user.	Shows little empathy with the service-user. Fails to create a culture where the service-user's experience is considered at each turn.
Identifies inequities in service provision and raises these concerns, offering solutions where possible.	Doesn't look out for inequities or in service provision or fails to do anything about them if spotted.
Presents a positive image to the public by delivering on promises.	Over-promises or fails to deliver..

## MANAGING PEOPLE

### Influencing people and events

Presents compelling arguments by understanding and anticipating the agendas of others. Uses information and facts to build an effective case. Involves and consults with key stakeholders tactfully and listens to their views. Balances diplomacy with assertiveness.

Indicators of more effective performance	Indicators of less effective performance
Establishes strong personal credibility by demonstrating integrity and a high degree of competence in their area of expertise.	Lacks credibility as an authority within area of responsibility.
Understands who the key stakeholders are in their area of the organisation, their agendas and their styles of influencing.	Adopts tactics to influence others that don't take account of how other key stakeholders will react.
Involves and consults with staff and other relevant groups to gather their opinions and support for new initiatives.	Tries to influence events without due consideration of the opinions or support of others.
Resolves conflicts between individuals or groups in a constructive and timely fashion.	Allows conflicts to remain unresolved to the detriment of the efficiency and harmony of their area.
Uses informal networks to stay in touch with undercurrents and to gauge accurately the standpoints of other groups.	Is out of touch with the attitudes and standpoints of key stakeholders.
Identifies others who have similar objectives for influencing events and combines their efforts.	Misses opportunities to be influential by failing to consider the bigger picture and situations of others.
Is creative in developing evidence-based rationale to support arguments.	The rationale developed to support arguments do not influence those making the decisions.
Handles objections effectively and with confidence.	Replies to objections with poor arguments or with insufficient confidence.
Balances diplomacy and tact with a firm, objective approach.	Misjudges the dynamics of the situation and adopts an ineffective approach.

## MANAGING PEOPLE

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### Managing individual performance

Manages one's team in a transparent and equitable manner. Provides clear direction on a regular basis and adopts an approachable management style. Deals with under-performance in a timely manner and ensures improvement where possible.

Indicators of more effective performance	Indicators of less effective performance
Treats staff in a fair and equitable manner.	Treats some staff members less favourably than others.
Maintains confidentiality when dealing with staff problems.	Deals with sensitive staff issues in an indiscreet manner.
Ensures an even distribution of workload among the team.	Allows some staff members to shirk their fair share of the workload.
Ensures team members are aware of their role and how it contributes to the bigger picture.	Allows individuals to focus solely on their immediate goals without an appreciation of the bigger picture.
Explains the nature and importance of policies and outlines supporting procedures.	Fails to set standards of performance as set out in policies and procedures.
Holds regular meetings to keep staff informed and hear their views.	Meets with staff irregularly, keeps them in the dark or shows insufficient interest in their views.
Is approachable and available for advice and support.	Becomes consumed with own work at the expense of being available to staff.
Appreciates that staff have commitments outside of work and monitors work/life balance accordingly.	Allows people in the team to develop a work/life balance that is unhealthy for them.
Tackles performance problems in a timely and constructive manner.	Allows performance problems to fester.

## MANAGING PEOPLE

### Being the communication channel

Communicates complex information in simple terms. Ensures that regular two-way communication happens across functions and levels. Communicates in a clear and effective manner, listening and ensuring that messages are clearly understood.

Indicators of more effective performance	Indicators of less effective performance
Presents written information in a clear, concise and structured manner.	Produces written communication that is difficult to follow in structure and content.
Clearly and concisely communicates the intended message to the audience.	Communicates the message in an unclear or long-winded manner.
Describes complex information in simple terms, avoiding unnecessary jargon.	Loses the audience or leaves them confused.
Actively listens to others, using questions to check for understanding.	Demonstrates poor listening skills.
Anticipates and recognises the emotional reactions of others when delivering sensitive messages.	Is insensitive to how others may feel about the messages being delivered.
Delivers presentations to groups with confidence and credibility.	Fails to gain credibility and respect when delivering presentations.
Represents the organisation with credibility and shows discretion and when dealing with the public or other agencies.	Gets drawn into situations with the public or other agencies for which they aren't qualified or skilled to handle.
Facilitates two-way communication up and down the hierarchy.	Focuses on one-directional communication at the expense of upward communication.
Puts resources in place to promote and improve communication in their area of responsibility.	Fails to remove or overcome barriers to communication in their area of responsibility.

## MANAGING PEOPLE

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### Creating team spirit

Instils pride and a common sense of purpose in the team. Takes steps to ensure that all team members are treated with dignity and respect and that individuals combine effectively to achieve the team objectives. Promotes a culture of involvement and consultation within the team and rewards positive contributions.

Indicators of more effective performance	Indicators of less effective performance
Treats people with dignity and respect.	Is disrespectful towards others or treats them in an undignified manner.
Works as part of the team to establish a shared sense of purpose and unity.	Prefers to work independently rather than engage in necessary teamwork.
Makes time to get to know the team members individually.	Is impersonal or distant, overly formal or unfriendly.
Ensures the team is fully aware of each member's role and how they fit together.	Provides insufficient direction regarding roles and responsibilities within the team.
Empathises with staff and seeks to understand their frustrations.	Is out of touch with how the team is feeling or fails to show concern.
Demonstrates a willingness to become involved and help team members if they are under pressure.	Doesn't take a share of the team's workload when they are under pressure.
Reacts constructively to setbacks and avoids blaming individual team members.	Views setbacks in a negative light and looks to apportion blame.
Involves the team in the running of the service and in decisions that affect them.	Fails to consult with the team or involve them in making decisions that affect them.
Celebrates successes and ensures that credit falls where it is due.	Fails to celebrate successes or give credit where it is due.
Strives to ensure that other groups show recognition for the contributions made by their team.	Neglects to gain recognition from other groups for the contribution of their team.

## MANAGING PEOPLE

### Supporting personal development

Promotes and supports a culture of continuous development and learning. Works with individuals to identify strengths and development needs. Highlights learning opportunities and encourages staff to improve continuously. Seeks feedback and demonstrates a practical commitment to one's own development.

Indicators of more effective performance	Indicators of less effective performance
Keeps senior management informed of the status of people development in their area of responsibility and makes well-founded proposals to make it a priority.	Puts insufficient energy and commitment into raising the standards of people development in their area of responsibility.
Demonstrates innovation in finding low-cost people development solutions.	Sees people development only in traditional terms, i.e. formal training courses.
Ensures that all staff in their area of responsibility understand the benefits and practicalities of personal development.	Doesn't understand the benefits of people development or fails to overcome scepticism or inaction in a convincing manner.
Encourages people by praising their achievements and providing constructive feedback.	Neglects to coach others by acknowledging their achievements and providing feedback.
Identifies and agrees training and development needs with direct reports and designs a plan to meet them.	Leaves personal development up to the individual.
Shares own experience and provides coaching to increase competence.	Is protective of own knowledge and experience or neglects to spend time effectively coaching direct reports.
Empowers staff by appropriately delegating responsibility and authority.	Doesn't grow and develop direct reports through empowerment and challenge.
Sets an example by seeking feedback and openly pursuing continuous personal development.	Fails to identify own development needs or engage in personal development programmes.



## MANAGING YOURSELF

### Being a role model

Inspires others to maintain professional standards and work towards common goals. Leads by example and provides clear direction.

Indicators of more effective performance	Indicators of less effective performance
Acts in a manner that is consistent with the organisation's values and vision.	Fails to live the values of the organisation or loses sight of the vision at key times.
Maintains sound ethical and professional standards at all times.	Occasionally allows ethical or professional standards to slip.
Inspires members in their team to work to high standards.	Sets or accepts average standards of work.
Provides clear direction to team members so they understand where the organisation is going and how they contribute to its success.	Fails to relay the goals of the organisation and the value of the team in helping to achieve these goals.
Builds personal and organisational credibility by being professional and well informed at all times.	Portrays oneself and the organisation poorly by being unprofessional or poorly informed.
Clearly accepts responsibility for standards of work and performance in their area.	Finds invalid excuses, or blames others, for poor standards in own area.
Reassures staff and builds their confidence by taking responsibility for resolving problems and keeping them updated on progress.	Allows staff to feel too much pressure when problems present themselves.
Takes the initiative to make their area successful and progressive.	Accepts the status quo when it is not good enough.
Adapts leadership style to suit the demands of the situation and the people involved.	Demonstrates little flexibility in leadership style and expects others to adapt to them.
Is positive about the future of the organisation and the health service.	Is often cynical or pessimistic in outlook.

## MANAGING YOURSELF

### Maintaining composure and quality of working life

*Maintains a calm and controlled style across all situations. Is flexible during challenging times and perseveres despite setbacks and the pressures of the role. Takes responsibility for own health, well-being and work/life balance.*

Indicators of more effective performance	Indicators of less effective performance
Shows patience and tolerance when dealing with conflict or negative attitudes from others.	Becomes impatient or intolerant when dealing with conflict or negative attitudes from others.
Puts problems in perspective and manages not to become overwhelmed by them.	Exaggerates problems, loses perspective and reacts inappropriately.
Responds calmly to feedback from colleagues or service-users.	Responds defensively or emotionally when faced with feedback.
Perseveres despite setbacks and ensures that goals are achieved.	Commitment wanes in the face of setbacks.
Is aware of own levels of stress and morale and takes steps to stay within personal limits.	Allows situations to grow out of control without seeking support.
Is committed to managing own work/life balance.	Fails to take responsibility for striking an appropriate work/life balance.
Serves as a calming influence for staff when they encounter demanding situations.	Allows staff's anxiety levels to rise beyond the optimum level when they encounter demanding situations.
Is in touch with the workload of staff members and knows the levels of stress and morale in the team.	Manages others without sufficient understanding of the support and resources they may require.

## MANAGING CHANGE

### Embracing the change agenda

*Promotes change and continuously strives to improve the quality and efficiency of the administration of the service. Takes the initiative to proactively identify inefficiencies and implement solutions. Encourages others to embrace the change agenda.*

Indicators of more effective performance	Indicators of less effective performance
Brings all staff groups together to gather ideas on where change is needed and suggestions on how to bring it about.	Fails to create a culture in the team where change is discussed openly and constructively.
Looks critically at the service to identify where inefficiencies lie and bring suggestions for change to upper management.	Is not sufficiently driven or capable of identifying the necessary areas for change or suggesting solutions.
Understands how the needs and expectations of service-users are changing.	Is not sufficiently in touch with changes in the service-user population.
Embraces change by being enthusiastic and flexible to new ideas. Empowers the team to make improvements.	Is reluctant or slow to change. Doesn't encourage the team to strive for greater efficiency.
Positively contributes to the implementation of ideas for change by finding practical ways to make policies work.	Is too passive in their contribution to change. Waits for others to find ways to make changes happen.
Makes appropriate use of technology to advance the quality and efficiency of service provision.	Fails to make full use of available technology.
Shares new ideas and initiatives with staff and colleagues in order to seek their opinions.	Communicates new ideas too late or in a one-way manner.
Ensures the co-operation of the staff within their remit by supporting them through the change process.	Doesn't sufficiently support members of the team through the change process.

## MANAGING CHANGE

### Integrating the service

*Co-operates respectfully across functions and disciplines in the interest of a people-centred service. Builds bridges and removes barriers between levels and functions.*

Indicators of more effective performance	Indicators of less effective performance
Has a thorough understanding of how their area of responsibility can change in practical terms, to provide a more integrated service.	Has yet to localise this concept and identify practical opportunities to achieve a more integrated service.
Identifies practical opportunities to remove barriers or create new links in the interest of greater cross-disciplinary teamwork.	Promotes the traditional boundaries through inherited management practices.
Enthusiastically participates in and leads on cross-disciplinary initiatives.	Pays lip-service to cross-disciplinary initiatives without investing time or energy in them.
Ensures that all staff in their area of responsibility understand the benefits and practicalities of an integrated, user-oriented service.	Doesn't explain the goals of cross-disciplinary team working or highlight practical examples of areas for improvement to the team.
Looks for opportunities to work with other health agencies to create greater efficiencies or benefits for the service-user.	Leaves it up to others to spot links and make connections.
Learns about the remit and value of other departments and disciplines within the organisation.	Focuses solely on own area without sufficient awareness of the wider service.
Takes responsibility for the effectiveness of teamwork between their team and other areas of the organisation.	Fails to give the integration of the service due priority and energy to make sufficient difference in the short to medium term.

## CHAPTER 9

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# Clerical Admin Level three competencies - Grade (VIII) & General Managers

## LEVEL THREE - GRADE VIII & GENERAL MANAGERS

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### Who is this chapter aimed at?

This chapter examines the objectives, challenges and management competencies that have been identified for some Grade VIII's and General Managers. Remember that depending on your responsibilities and capabilities you may want to base your development activities on another level of the framework, i.e. levels one, two or four. The goal is to find the level that will provide you with the most relevant feedback. The objectives, listed below (examples of what the role holder would typically be working to achieve) will help you to decide which level to use.

### Objectives

Managers with competencies at this level are typically charged with responsibility for ensuring the effectiveness of service delivery in a particular area of the organisation. They have a significant role to play in ensuring the delivery of the organisation's short-term goals and some will be contributing to the development of the longer-term vision. The key objectives for this level are to:

- Liaise with senior management to develop service plans and report frequently on progress against them.
- Define and communicate local objectives that will ensure the achievement of the organisational strategy within resource limitations.
- Implement effective controls to monitor, evaluate and report the standards of delivery within their areas of responsibility.
- Take ultimate responsibility for the effectiveness of service delivery in their areas of responsibility.
- Ensure that staff within their remit are kept informed and that their views are channelled to the senior management team.
- Take responsibility for the motivation, growth and productivity of staff within their remit.
- Create a culture of accountability, openness to change, respect for the individual and teamwork that supports the achievement of the National Health Strategy.

## Challenges

There are many common challenges facing Clerical and Administrative managers. They have been classified below under the four competency subheadings.

### Managing the service

As with the senior management teams, the primary challenge for these managers is in developing their organisations and changing the way in which the health service operates. Increasing the emphasis on the service user's experience, increasing the use of multidisciplinary teams, promoting patient advocacy and finding ways to make working practices centre around the user's needs will all help to increase the quality of service. The drive for quality must be matched by a desire to deliver the service in an efficient and equitable manner within ever tightening resources. Against this backdrop, the decisions of these managers are often scrutinised by the public and the media. Sustaining an equitable service in times of budgetary constraint poses many practical challenges.

Many of these managers assume ultimate responsibility for the effective running of their department, planning in line with service requirements, trouble shooting and resolving conflicts so that mistakes do not occur. However, they do so against a back drop of continuous strategic change, which they must strive to implement. Through all of this, they also need to take time to look ahead, feed into organisational strategy and help shape the future. Their most critical challenge in managing the service is to avoid being constantly reactive and focused on the short term.

### Managing people

Achieving the vision and delivering the strategy for a service of quality and equity is only possible through a well co-ordinated, professional and motivated effort. However, the health service has not traditionally taken an integrated approach. It has developed with many different tribes with diverse loyalties and agendas. Bringing disparate groups together and challenging the traditional health service boundaries presents a considerable challenge. These managers often have quite a degree of influence over local working practices and culture. They have a significant opportunity, and challenge, to breakdown traditional barriers and foster links between disparate groups in the interest of achieving more flexible working patterns and attitudes.

The success of the health service depends on the extent to which the values of its staff can be harnessed. The traditional work ethic, driven by a desire to help others, is still evident in many parts, but needs to be given a new vehicle for expression in others. This group of managers has a significant responsibility to make a practical difference in this regard. The motivation and development of team morale has been done well in places, but is non-existent in many areas of the service. The challenge is to develop practices and attitudes as part of every day business that will help to create a greater sense of team spirit.

**Managing yourself**

Clearly there are many challenges for the managers in today's health service. Maintaining composure and a constructive attitude in the face of all these challenges can be difficult. However, as the primary role models in their parts of the organisation, these managers must portray all of the behaviours they expect others to demonstrate.

**Managing change**

This group of managers are the primary change agents in the system. They have a significant opportunity to shape local practice and culture to increase the emphasis on the service user's experience. They must keep abreast of changing demographics, needs, services and legislation to meet the needs of the population and to protect the organisation.

At a time when the senior management teams in the health service are striving to drive forward an agenda of considerable change, this group of managers must also be focused on ensuring that the fundamental, day to day work of the service is delivered to a high standard. This can be a difficult balance to achieve.



## MANAGING THE SERVICE

### Knowing the health service and how it works

Maintains a thorough understanding of the organisational dynamics and how to work within the culture to achieve results. Knows who the key stakeholders are and how their roles inter-relate within the wider organisation. Develops and maintains a broad knowledge of the policies and procedures of the organisation together with the relevant legislation.

Indicators of more effective performance	Indicators of less effective performance
Has sufficient knowledge of the relevant procedures and practices to perform the role efficiently and ensure standards are maintained in their area of responsibility.	Is not sufficiently knowledgeable of practice and procedure within their area of responsibility to be truly effective.
Keeps ahead of legislative and policy changes and communicates their implications above and below as appropriate.	Is reactive when it comes to changes in legislation or policy that have implications for their area.
Is completely abreast of the mission, values and strategy of the organisation and of how to help deliver it.	Performs role without fully incorporating the thinking behind the organisation's mission, values and strategy.
Uses an understanding of the organisation as a whole to direct the activities of various departments towards the achievement of optimum service levels and strategic priorities.	Lacks a strategic understanding of the organisation as a whole and the links and synergies between different departments.
Has an astute appreciation of the internal dynamics of the organisation. Understands who the key stakeholders are and is in touch with the trends of thinking in relation to key issues.	Is sometimes out of touch with current political events within the organisation.
Keeps track of events and trends within the health service nationally and within their field internationally.	Adopts an internal focus, without sufficient attention to the wider arena.

## MANAGING THE SERVICE

### Planning and managing resources

Plans the delivery of a service by accurately estimating the needs and prioritising resources appropriately. Monitors activities to ensure budgets are adhered to. Delegates tasks to others and makes sure deadlines are met.

Indicators of more effective performance	Indicators of less effective performance
Contributes to the development of strategy and service plans for their area of the organisation.	Has insufficient understanding of the strategy and of service planning.
Plans to develop services that will meet the future needs of the public.	Doesn't understand the trends and developments in health care that indicate the direction events will take.
Develops realistic service plans for their area of the organisation based on an understanding of resource limitations and overall service needs.	Develops service plans that fail to recognise the limitations on resources or the strategic priorities of the organisation.
Translates broad strategies into specific, measurable objectives and action plans.	Is overly flexible or casual in the development of action plans to deliver on strategic priorities.
Accurately estimates and allocates the resources required to deliver strategic plans.	Makes unrealistic estimations of resource requirements.
Regularly monitors progress against service plans for their area and takes appropriate, timely action to resolve potential difficulties.	Fails to monitor progress against plans or reacts too late when difficulties are arising.
Takes appropriate opportunities to ensure that initiatives are evaluated in terms of value for money.	Doesn't prioritise or encourage value-for-money evaluations.
Demonstrates innovation to overcome resource limitations.	Shows little evidence of surmounting challenges presented by resource limitations.
Devotes energy and time to the most important task at any given time.	Prioritises less important tasks above those that are more urgent.

## MANAGING THE SERVICE

### Evaluating information and judging situations

Relies on experience to understand and evaluate problems. Gathers information from a variety of sources before evaluating the benefits and consequences of decisions. Demonstrates sound practical judgement and decisiveness.

Indicators of more effective performance	Indicators of less effective performance
Gathers information from enough sources and other people to make well-founded decisions.	Makes decisions without considering all the critical factors or opinions.
Understands the practicalities of value for money and cost-benefit analysis.	Makes or proposes decisions without applying the appropriate financial rationale.
Takes information on board quickly and accurately.	Is slow or inaccurate in assimilating information.
Challenges policy, practice and the traditional health service boundaries when necessary in the interest of the right solution or decision.	Allows traditional policies or structures to hinder them in arriving at the right solution.
Recognises the implications and consequences of decisions in political and strategic terms for the entire organisation.	Gets caught up in the detail of the situation without considering the wider picture or the longer term.
Makes decisions in a transparent manner by involving and empowering others where appropriate.	Doesn't include others sufficiently in making decisions that affect them or retains too much control over decisions.
Communicates decisions comprehensively and ensures that others understand how to action them.	Fails to communicate decisions comprehensively, leaving staff unsure about how to implement them.
Confidently explains the rationale behind decisions when faced with opposition or competing demands.	Is not comfortable defending the rationale behind decisions.
Is objective but not insensitive in their approach to decision-making.	Is overly subjective or emotional in their approach to decision-making.
Makes decisions and solves problems in a timely manner before they accumulate.	Procrastinates over decisions or allows problems to build up.
Recognises when it is appropriate to refer decisions to a higher level of management.	Fails to recognise when it is appropriate to elevate decisions to the next level.

## MANAGING THE SERVICE

### Setting standards to be proud of

Sets quality standards and develops policies to ensure they are maintained. Monitors and evaluates procedures to ensure a quality service is delivered and strives to ensure full compliance with best practice.

Indicators of more effective performance	Indicators of less effective performance
Is sufficiently aware of policy and legislative requirements to conduct their duties to the appropriate standard.	Occasionally lacks the depth of knowledge of policy or legislative requirements to ensure standards are maintained.
Works with each direct report to implement policies and establish working practices to ensure standards are met.	Is not active enough in establishing standards for quality and finding practical ways to achieve them.
Creates a culture where high standards are valued and respected.	Fails to demonstrate the importance of valuing quality.
Has up-to-date knowledge of current standards of quality across their area of the organisation.	Is unaware of where the current strengths and weaknesses lie within their area of responsibility.
Facilitates benchmarking initiatives to identify areas for improvement and to learn from others.	Doesn't prioritise benchmarking activity or fails to facilitate it appropriately.
Develops innovative solutions to improve the quality of service provided within resource limitations.	Fails to take timely action to address any incidents of low standards within their area of responsibility.
Is skilled in financial management and acts in line with best practice and legislative requirements.	Supervises without proper management information.
Pays close and accurate attention to detail in personal work.	Produces work that contains inaccuracies or inconsistencies.

## MANAGING THE SERVICE

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### Delivering quality and fairness for service-users

Promotes a user-centred culture within the health service. Strives to ensure that the service is delivered in a fair and equitable manner. Promotes accountability and transparency in the administration of the service.

Indicators of more effective performance	Indicators of less effective performance
Is in touch with and understands the concerns and needs of the service-user population.	Is out of touch with service-users.
Puts measures in place to ensure an accurate, regular evaluation of the extent to which the service meets the needs of its users.	Manages their area of the organisation without sufficient metrics in place to evaluate the service from the perspective of its users.
Ensures that the practices and policies in their area of the organisation support the empowerment of the service-user.	Sticks to traditional practices and models of health care, with insufficient regard for the role of the service-user in a modern health service.
Develops and supports initiatives that promote a people-centred culture.	Persists with practices that fail to place people at the heart of activities.
Ensures that staff in their area of responsibility have an understanding and mechanisms to promote patient advocacy effectively.	Pays insufficient attention to the promotion of patient advocacy. Doesn't allocate sufficient resources to bring about the required changes in thinking and practice.
Takes responsibility for the equitable distribution of resources and equality of access to services.	Allows the equity of service delivery to go unchecked. Fails to champion disadvantaged or excluded groups.
Presents a positive image to the public by delivering on promises.	Over-promises or fails to deliver.

## MANAGING PEOPLE

### Influencing people and events

Presents compelling arguments by understanding and anticipating the agendas of others. Uses information and facts to build an effective case. Involves and consults with key stakeholders tactfully and listens to their views. Balances diplomacy with assertiveness.

Indicators of more effective performance	Indicators of less effective performance
Establishes strong personal credibility by demonstrating integrity and a high degree of competence in their area of expertise.	Lacks credibility when influencing or negotiating. Fails to handle objections in a credible manner.
Has a grounded knowledge of the mechanisms for influencing their part of the organisation, e.g. how to maximise the partnership process, how to influence the organisational strategy or national policy, etc.	Lacks understanding of how to influence events in their area of the health service and adopts ineffective tactics as a result.
Mediates between competing agendas in an objective and ethical manner.	Allows personal bias or subjectivity to cloud judgement. Fails to ensure they have a balanced perspective on all the evidence available.
Resolves conflicts between individuals or groups in a constructive and timely fashion.	Allows conflicts to remain unresolved to the detriment of the efficiency and harmony of their area.
Balances diplomacy and tact with a firm approach.	Misjudges the dynamics of the situation and adopts an ineffective approach.
Uses informal networks to stay in touch with undercurrents and to gauge accurately the standpoints of other groups.	Is out of touch with the attitudes and standpoints of key stakeholders.
Builds alliances with others within and outside of the organisation to pursue common objectives with greater strength.	Works too independently and misses opportunities to influence activities in their favour.
Builds innovative, evidence-based arguments that align with the strategic priorities of the organisation to influence others and negotiate commitment.	Arguments are not innovative, evidence based or sufficiently aligned with the bigger picture to be effective.

## MANAGING PEOPLE

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### Managing individual performance

Manages one's team in a transparent and equitable manner. Provides clear direction on a regular basis and adopts an approachable management style. Deals with under-performance in a timely manner and ensures improvement where possible.

Indicators of more effective performance	Indicators of less effective performance
Treats staff in a fair and equitable manner.	Treats some staff members less favourably than others.
Maintains confidentiality when dealing with staff problems.	Deals with sensitive staff issues in an indiscreet manner.
Ensures an even distribution of workload among the team.	Allows some staff members to shirk their fair share of the workload.
Ensures team members are aware of their role and how it contributes to the bigger picture.	Allows individuals to focus solely on their immediate goals without an appreciation of the bigger picture.
Explains the nature and importance of policies and outlines supporting procedures.	Fails to set standards of performance as set out in policies and procedures.
Holds regular meetings to keep staff informed and hear their views.	Meets with staff irregularly, keeps them in the dark or shows insufficient interest in their views.
Is approachable and available for advice and support.	Becomes consumed with own work at the expense of being available to staff.
Appreciates that staff have commitments outside of work and monitors work/life balance accordingly.	Allows people in the team to develop a work/life balance that is unhealthy for them.
Tackles performance problems in a timely and constructive manner.	Allows performance problems to fester.

## MANAGING PEOPLE

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### Being the communication channel

Communicates complex information in simple terms. Ensures that regular two-way communication happens across functions and levels. Communicates in a clear and effective manner, listening and ensuring that messages are clearly understood.

Indicators of more effective performance	Indicators of less effective performance
Presents written information in a clear, concise and structured manner.	Produces written communication that is difficult to follow in structure and content.
Clearly and concisely communicates the intended message to the audience.	Communicates the message in an unclear or long-winded manner.
Describes complex information in simple terms, avoiding unnecessary jargon.	Loses the audience or leaves them confused.
Actively listens to others, using questions to check for understanding.	Demonstrates poor listening skills.
Anticipates and recognises the emotional reactions of others when delivering sensitive messages.	Is insensitive to how others may feel about the messages being delivered.
Delivers presentations to groups with confidence and credibility.	Fails to gain credibility and respect when delivering presentations.
Represents the organisation with credibility and shows discretion and when dealing with the public or other agencies.	Gets drawn into situations with the public or other agencies for which they aren't qualified or skilled to handle.
Facilitates two-way communication up and down the hierarchy.	Focuses on one-directional communication at the expense of upward communication.
Puts resources in place to promote and improve communication in their area of responsibility.	Fails to remove or overcome barriers to communication in their area of responsibility.



## MANAGING PEOPLE

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### Creating team spirit

Instils pride and a common sense of purpose in the team. Takes steps to ensure that all team members are treated with dignity and respect and that individuals combine effectively to achieve the team objectives. Promotes a culture of involvement and consultation within the team and rewards positive contributions.

Indicators of more effective performance	Indicators of less effective performance
Treats people with dignity and respect.	Is disrespectful towards others or treats them in an undignified manner.
Works as part of the team to establish a shared sense of purpose and unity.	Prefers to work independently rather than engage in necessary teamwork.
Makes time to get to know the team members individually.	Is impersonal or distant, overly formal or unfriendly.
Ensures the team is fully aware of each member's role and how they fit together.	Provides insufficient direction regarding roles and responsibilities within the team.
Empathises with staff and seeks to understand their frustrations.	Is out of touch with how the team is feeling or fails to show concern.
Demonstrates a willingness to become involved and help team members if they are under pressure.	Doesn't take a share of the team's workload when they are under pressure.
Reacts constructively to setbacks and avoids blaming individual team members.	Views setbacks in a negative light and looks to apportion blame.
Involves the team in the running of the service and in decisions that affect them.	Fails to consult with the team or involve them in making decisions that affect them.
Celebrates successes and ensures that credit falls where it is due.	Fails to celebrate successes or give credit where it is due.
Strives to ensure that other groups show recognition for the contributions made by their team.	Neglects to gain recognition from other groups for the contribution of their team.

## MANAGING PEOPLE

### Supporting personal development

Promotes and supports a culture of continuous development and learning. Works with individuals to identify strengths and development needs. Highlights learning opportunities and encourages staff to improve continuously. Seeks feedback and demonstrates a practical commitment to one's own development.

Indicators of more effective performance	Indicators of less effective performance
Liaises with the HR department to define the people development needs in their part of the organisation for the short to medium term.	Fails to prioritise people development in the formulation of their strategic plans.
Negotiates within resource limitations to find funding for the development of people within their responsibility.	Allows people development to slip down the list of priorities when it comes to negotiation of funding.
Demonstrates innovation in finding low-cost people development solutions.	Sees people development only in terms of formal training courses.
Includes people development in service plans.	Plans the service based on current practices and ways of working, without taking the opportunity to support personal development.
Ensures that all staff in their area of responsibility understand the benefits and practicalities of personal development.	Doesn't understand the benefits of people development or fails to overcome scepticism or in action in a convincing manner.
Encourages people by praising their achievements and providing constructive feedback.	Neglects to coach others by acknowledging their achievements and providing feedback.
Identifies and agrees training and development needs with direct reports and designs a plan to meet them.	Leaves personal development up to the individual.
Shares own experience and provides coaching to increase competence.	Is protective of own knowledge and experience or neglects to spend time effectively coaching direct reports.
Empowers staff by appropriately delegating responsibility and authority.	Doesn't grow and develop direct reports through empowerment and challenge.
Sets an example by seeking feedback and openly pursuing continuous personal development.	Fails to identify own development needs or engage in personal development programmes.

## MANAGING YOURSELF

### Being a role model

Inspires others to maintain professional standards and work towards common goals. Leads by example and provides clear direction.

Indicators of more effective performance	Indicators of less effective performance
Acts in a manner that is consistent with the organisation's values and vision.	Fails to live the values of the organisation or loses sight of the vision at key times.
Maintains sound ethical and professional standards at all times.	Occasionally allows ethical or professional standards to slip.
Inspires members in their team to work to high standards.	Sets or accepts average standards of work.
Provides clear direction to team members so they understand where the organisation is going and how they contribute to its success.	Fails to relay the goals of the organisation and the value of the team in helping to achieve these goals.
Builds personal and organisational credibility by being professional and well informed at all times.	Portrays oneself and the organisation poorly by being unprofessional or poorly informed.
Clearly accepts responsibility for standards of work and performance in their area.	Finds invalid excuses, or blames others, for poor standards in own area.
Reassures staff and builds their confidence by taking responsibility for resolving problems and keeping them updated on progress.	Allows staff to feel too much pressure when problems present themselves.
Takes the initiative to make their area successful and progressive.	Accepts the status quo when it is not good enough.
Adapts leadership style to suit the demands of the situation and the people involved.	Demonstrates little flexibility in leadership style and expects others to adapt to them.
Is positive about the future of the organisation and the health service.	Is often cynical or pessimistic in outlook.

## MANAGING YOURSELF

### Maintaining composure and quality of working life

*Maintains a calm and controlled style across all situations. Is flexible during challenging times and perseveres despite setbacks and the pressures of the role. Takes responsibility for own health, well-being and work/life balance.*

Indicators of more effective performance	Indicators of less effective performance
Shows patience and tolerance when dealing with conflict or negative attitudes from others.	Becomes impatient or intolerant when dealing with conflict or negative attitudes from others.
Puts problems in perspective and manages not to become overwhelmed by them.	Exaggerates problems, loses perspective and reacts inappropriately.
Responds calmly to feedback from colleagues or service-users.	Responds defensively or emotionally when faced with feedback.
Perseveres despite setbacks and ensures that goals are achieved.	Commitment wanes in the face of setbacks.
Is aware of own levels of stress and morale and takes steps to stay within personal limits.	Allows situations to grow out of control without seeking support.
Is committed to managing own work/life balance.	Fails to take responsibility for striking an appropriate work/life balance.
Serves as a calming influence for staff when they encounter demanding situations.	Allows staff's anxiety levels to rise beyond the optimum level when they encounter demanding situations.
Is in touch with the workload of staff members and knows the levels of stress and morale in the team.	Manages others without sufficient understanding of the support and resources they may require.

## MANAGING CHANGE

### Embracing the change agenda

*Promotes change and continuously strives to improve the quality and efficiency of the administration of the service. Takes the initiative to proactively identify inefficiencies and implement solutions. Encourages others to embrace the change agenda.*

Indicators of more effective performance	Indicators of less effective performance
Brings disparate groups together to establish consensus on the need for change and to gain suggestions on how to bring it about.	Allows different agendas and groups to go their own way, to the detriment of a unified, cohesive programme of change.
Makes senior management aware of the blocks to progress within the organisation and provides realistic solutions.	Is not sufficiently driven or capable of identifying the need for reform or finding solutions.
Embraces the National Health Strategy by encouraging activities that lead to progress. Is flexible and rewards attempts at reform.	Is not an active advocate for change. Discourages risk taking and promotes the status quo.
Identifies the needs for change by benchmarking their area of the service nationally and internationally.	Does not prioritise the need to look outside the organisation for examples of best practice.
Understands how the needs and expectations of service-users are changing.	Bases plans on the current needs and make up of the service-user population.
Is up to date with the latest thinking in management practice in the health service.	Is not sufficiently aware of the latest thinking in management practice.
Takes a national perspective, avoiding unnecessary duplication across the service.	Works on the change agenda in an insular fashion, or competes with other agencies in an unproductive manner.
Implements strategic ideas for change, finding practical ways to make policies work.	Finds it difficult to translate high-level direction into practical steps towards progress.
Strives to keep staff directed towards the longer-term change agenda, while maintaining efficiency of day-to-day service.	Creates a culture where staff focus too much on the day to day and not enough on the future.
Bases implementation plans on a sound understanding of the principles of change management.	Needs a greater understanding of the principles that underpin successful change initiatives.

## MANAGING CHANGE

### Integrating the service

*Co-operates respectfully across functions and disciplines in the interest of a people-centred service. Builds bridges and removes barriers between levels and functions.*

Indicators of more effective performance	Indicators of less effective performance
Develops a practical understanding of organisation development theory and understands how this applies to the need for integration of the service.	Has insufficient understanding of organisation development. Doesn't understand the practicalities of where to start and how to make it a success.
Analyses practices within their area of responsibility to identify activities that lead to the reinforcement of traditional health service boundaries.	Promotes traditional boundaries through inherited management practices.
Identifies opportunities to create greater integration and develops specific objectives to achieve them.	Is not pro-active in taking the initiative to integrate the service or is overly informal in approach.
Actively participates in and champions cross-disciplinary initiatives.	Pays lip-service to cross-disciplinary initiatives without investing time or energy in them.
Includes the integration of the service in service plans.	Plans the service based on current practices and ways of working, without taking the opportunity to plan for the future.
Ensures that all staff in their area of responsibility understand the benefits and practicalities of an integrated, user-oriented service.	Doesn't explain the goals of cross-disciplinary team working or highlight practical examples of areas for improvement to the team.
Makes constructive links with other health agencies at a national level to share information and learn from others.	Operates in a silo, with insufficient networking with other health agencies.
Structures cross-agency initiatives where appropriate.	Allows duplication and lost synergies to go unchecked.

CHAPTER 10

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Clerical Admin Level four competencies –  
The Senior Management Team

## LEVEL FOUR – THE SENIOR MANAGEMENT TEAM

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### **Who is this chapter aimed at?**

This chapter examines the objectives, challenges and management competencies that have been identified for the senior management teams. Remember that depending on your responsibilities and capabilities you may want to base some of your development activities on the lower levels of the framework, i.e. levels one to three. The goal is to find the level that will provide you with the most relevant feedback. The objectives, listed below (examples of what the role holder would typically be working to achieve) will help you to decide which level to use.

### **Objectives**

The senior management team accepts ultimate responsibility for the development and delivery of the organisation's strategic goals and long term vision. The key objectives for this level are to:

- Define and communicate a vision for the organisation in line with national health policy, the economic environment and best practice in health care.
- Develop strategic plans that help to deliver the strategy within resource limitations.
- Work with individual managers to communicate objectives, develop service plans and monitor actions.
- Take responsibility for the motivation, growth and productivity of staff within their remit.
- Monitor and review the progress of the organisation against key performance indicators, taking prompt corrective action when necessary.
- Create a culture of accountability, openness to change, respect for the individual and teamwork that supports the achievement of the National Health Strategy.
- Represent the organisation in dealings with the public and other health agencies at a national level.



## Challenges

There are many common challenges facing Clerical and Administrative managers. They have been classified below under the four competency subheadings.

### Managing the service

The primary challenge for senior managers is in developing their organisations and changing the way in which the health service operates. Increasing the emphasis on the service user's experience, increasing the use of multidisciplinary teams, promoting patient advocacy and finding ways to make working practices centre around the user's needs will all help to increase the quality of service.

The drive for quality must be matched by a desire to deliver the service in an efficient and equitable manner. With ever tightening resources, organisational streamlining and a need to constantly examine value for money, the senior management teams have many difficult decisions to reach regarding the allocation of funding to achieve the greatest good.

### Managing people

Achieving the vision and delivering the strategy for a service of quality and equity is only possible through a well co-ordinated, professional and motivated effort. However, the health service has not traditionally taken an integrated approach. It has developed with many different tribes with diverse loyalties and agendas. Bringing disparate groups together and challenging the traditional health service boundaries presents a considerable challenge.

It will also be critical to harness the values of its staff. The traditional work ethic, driven by a desire to help others, is still evident in many parts, but needs to be given a new vehicle for expression. This is indeed a significant challenge for the senior management teams. They will need to take ownership for the communication of an engaging vision, the involvement of all staff in a meaningful manner and the presentation of challenges that staff can be proud to have achieved.

The absence of people management systems leaves the service without a framework for harnessing the potential of its people. The senior teams have a collective responsibility to correct this situation by championing the development of the human resource function.

### Managing yourself

Clearly there are many challenges for the managers in today's health service. Maintaining composure and a constructive attitude in the face of all these challenges can be difficult. However, as the primary role models in their organisations, these managers must portray all of the behaviours they expect others to demonstrate.

### Managing change

Perhaps the greatest challenge facing the senior management teams in the health service is in achieving a balance between ensuring that the fundamental, day to day

work of the service is delivered to a high standard and driving forward an agenda of radical change as outlined in the National Health Strategy. However, in an environment that is measured and monitored so closely by the media, politicians and the public, it is extremely challenging to find time to get away from the “fire fighting” to be strategic.

Notwithstanding this, the senior team has to interpret the political, social and economic climate to determine a vision for the future of their organisation that is achievable based on where it is currently. Drawing on all the sources of information available to them, including their front line staff, is critical. Once defined, they face the challenge of communicating it to the multitude of groups that make up the service and finding a way to draw them together to establish a cohesive direction and unified effort.

## MANAGING THE SERVICE

### Knowing the health service and how it works

Maintains a thorough understanding of the organisational dynamics and how to work within the culture to achieve results. Knows who the key stakeholders are and how their roles inter-relate within the wider organisation. Develops and maintains a broad knowledge of the policies and procedures of the organisation together with the relevant legislation.

Indicators of more effective performance	Indicators of less effective performance
Has sufficient knowledge of the relevant procedures and practices to perform the role efficiently and ensure standards are maintained in their area of responsibility.	Is not sufficiently knowledgeable of practice and procedure within their area of responsibility to be truly effective.
Identifies the strategic priorities for the organisation by pro-actively identifying changes in the political, economic and social climate.	Needs direction on the strategic priorities of the organisation. Fails to look sufficiently ahead to be pro-active in the face of change.
Has sufficient understanding of other departments and functions in the organisation to come to a realistic and informed strategic view about how the organisation can deliver on its strategic priorities.	Does not have sufficient breadth of perspective to understand the significance and practicalities of strategic priorities that lie beyond their principal area of responsibility.
Has an astute appreciation of the internal dynamics of the organisation. Understands who the key stakeholders are and is in touch with the trends of thinking in relation to key issues.	Is sometimes out of touch with current political events within the organisation.
Understands and influences the national political environment in which the organisation and the service operates.	Doesn't sufficiently understand the national political environment or how to influence events within it.
Keeps track of events and trends within the health service nationally and internationally.	Adopts an internal focus, without sufficient attention to the wider arena.

## MANAGING THE SERVICE

### Planning and managing resources

Plans the delivery of a service by accurately estimating the needs and prioritising resources appropriately. Monitors activities to ensure budgets are adhered to. Delegates tasks to others and makes sure deadlines are met.

Indicators of more effective performance	Indicators of less effective performance
Contributes to the development of a clear vision of the organisation.	Has insufficient breadth of perspective to see how the organisation needs to be positioned in the medium to long term.
Contributes to the development of overall strategy and service plans for the organisation that will help to deliver on its vision.	Has insufficient understanding of the organisation and service as a whole to contribute to the development of strategy.
Brings an objective perspective to negotiations of the priority areas based on an understanding of resource limitations and service needs.	Fails to recognise the true priorities for energy and resources.
Translates broad strategies into specific, measurable objectives and action plans.	Is overly flexible or casual in the development of action plans to deliver on strategic priorities.
Regularly monitors progress against service plans and takes appropriate timely action to resolve potential difficulties.	Fails to monitor progress against plans or reacts too late when difficulties are arising.
Creates an understanding of the importance of value for money in the culture of the organisation.	Fails to emphasise the importance of evaluating value for money.
Devotes energy and time to the most important task at any given time.	Prioritises less important tasks above those that are more urgent.

## MANAGING THE SERVICE

### Evaluating information and judging situations

Relies on experience to understand and evaluate problems. Gathers information from a variety of sources before evaluating the benefits and consequences of decisions. Demonstrates sound practical judgement and decisiveness.

Indicators of more effective performance	Indicators of less effective performance
Gathers information from enough sources and other people to make well-founded decisions.	Makes decisions without considering all critical factors or opinions.
Understands the practicalities of value for money and cost-benefit analysis.	Makes or proposes decisions without applying the appropriate financial rationale.
Challenges policy, practice and the traditional health service boundaries when necessary in the interest of the right solution or decision.	Allows traditional policies or structures to hinder them in arriving at the right solution.
Makes decisions in a transparent manner by involving and empowering others where appropriate	Doesn't include others sufficiently in making decisions that affect them or keeps too much control of decisions.
Communicates decisions comprehensively and ensures that others understand how to action them.	Fails to communicate decisions comprehensively, leaving staff unsure about how to implement them.
Confidently explains the rationale behind decisions when faced with opposition or competing demands.	Is not comfortable defending the rationale behind decisions.
Is objective but not insensitive in their approach to decision-making.	Is overly subjective or emotional in their approach to decision-making.
Makes decisions and solves problems in a timely manner before they accumulate.	Procrastinates over decisions or allows problems to build up.
Stays abreast of political and social events at national level in the health service to ensure that decisions made are sensitive to the current climate.	Operates without due consideration of the national environment and the agendas of other health service agencies.
Recognises when it is appropriate to refer decisions to a higher authority.	Fails to recognise when it is appropriate to elevate decisions to a higher authority.

## MANAGING THE SERVICE

### Setting standards to be proud of

Sets quality standards and develops policies to ensure they are maintained. Monitors and evaluates procedures to ensure a quality service is delivered and strives to ensure full compliance with best practice.

Indicators of more effective performance	Indicators of less effective performance
Is sufficiently aware of policy and legislative requirements to conduct their duties to the appropriate standard.	Occasionally lacks the depth of knowledge of policy or legislative requirements to ensure standards are maintained.
Works with each direct report to develop policies to ensure quality standards are achieved.	Is not pro-active in clearly establishing standards for quality.
Sells the importance and value of setting high standards to upper and middle managers.	Fails to motivate others to achieve high standards of quality.
Regularly monitors and evaluates the most critical standards, and reports to the board with solutions.	Is infrequent in monitoring of standards or fails to focus on the most critical measures.
Makes resources available for benchmarks to ensure that the organisation is as good as "best in class".	Adopts an insular focus, without checking how standards in the organisation compare with those of their peers.
Identifies the areas of greatest risk across the organisation and prioritises resources to ensure the appropriate standards are maintained.	Prioritises less important areas over those of greater need, exposing the organisation unnecessarily.
Instils a culture where standards of financial management are in line with best practice and legislative requirements.	Supervises without proper management information by allowing poor standards of financial management.
Pays close and accurate attention to detail in personal work.	Produces work that contains inaccuracies or inconsistencies.

## MANAGING THE SERVICE

### Delivering quality and fairness for service-users

Promotes a user-centred culture within the health service. Strives to ensure that the service is delivered in a fair and equitable manner. Promotes accountability and transparency in the administration of the service.

Indicators of more effective performance	Indicators of less effective performance
Is in touch with and understands the concerns and needs of the service-user population.	Is out of touch with service-users.
Puts measures in place to ensure an accurate, regular evaluation of the extent to which the service meets the needs of its users.	Manages the organisation without sufficient metrics in place to evaluate the service from the perspective of its users.
Influences the practices and policies of the organisation towards the empowerment of the service-user.	Places insufficient emphasis on empowering service-users to make informed decisions about their health care.
Influences the policies of the organisation to promote a people-centred culture.	Allows the welfare of people to slip down the list of priorities when policies are being formulated.
Manages change within the organisation in a fashion that promotes patient advocacy.	Sponsors change initiatives that neglect to put the service-user first.
Takes responsibility for the equitable distribution of resources and equality of access to services.	Neglects to monitor the equity of service delivery or fails to take appropriate action.
Presents a positive image to the public by delivering on promises.	Over-promises or fails to deliver.

## MANAGING PEOPLE

### Influencing people and events

*Presents compelling arguments by understanding and anticipating the agendas of others. Uses information and facts to build an effective case. Involves and consults with key stakeholders tactfully and listens to their views. Balances diplomacy with assertiveness.*

Indicators of more effective performance	Indicators of less effective performance
Establishes strong personal credibility by demonstrating integrity and a high degree of competence in their area of expertise.	Lacks credibility when influencing or negotiating.
Has a grounded knowledge of the mechanisms for influencing their organisation and the service, e.g. how to maximise the partnership process, how to relate productively with government departments or the board, etc.	Lacks understanding of the importance, agendas or strategies of key stakeholders and adopts ineffective tactics when influencing them.
Negotiates effectively to secure longer-term objectives on behalf of their function and the organisation.	Fails to make convincing arguments or handle objections skilfully enough to secure their objectives in negotiations.
Balances diplomacy and tact with a firm approach.	Misjudges the dynamics of the situation and adopts an ineffective approach.
Builds credible evidence-based arguments that align with the strategic priorities of the service to secure internal and external commitment.	Arguments are not meaningfully based in the language or concepts required by those being influenced.
Balances competing strategic priorities within the organisation in an objective and ethical manner – acting as final arbitrator in defining the way ahead.	Allows personal bias or subjectivity to cloud judgement in negotiations. Fails to ensure they have a balanced perspective on all the evidence available.
Builds alliances with others both within and outside the organisation to pursue common objectives with greater strength.	Works too independently and misses opportunities to influence the broader agenda effectively.
Uses informal networks to stay in touch with undercurrents and to gauge accurately the standpoints of other groups.	Is out of touch with the attitudes and standpoints of key stakeholders.
Influences the organisation through inclusivity. Involves and consults with key stakeholders appropriately to establish as much common ground and consensus as possible.	Allows conflicts between key stakeholders to persist to the detriment of a co-ordinated a unified effort towards the strategic objectives.



## MANAGING PEOPLE

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### Managing individual performance

Manages one's team in a transparent and equitable manner. Provides clear direction on a regular basis and adopts an approachable management style. Deals with under-performance in a timely manner and ensures improvement where possible.

Indicators of more effective performance	Indicators of less effective performance
Treats staff in a fair and equitable manner.	Treats some staff members less favourably than others.
Maintains confidentiality when dealing with staff problems.	Deals with sensitive staff issues in an indiscreet manner.
Ensures an even distribution of workload among the team.	Allows some staff members to shirk their fair share of the workload.
Ensures team members are aware of their role and how it contributes to the bigger picture.	Allows individuals to focus solely on their immediate goals without an appreciation of the bigger picture.
Explains the nature and importance of policies and outlines supporting procedures.	Fails to set standards of performance as set out in policies and procedures.
Holds regular meetings to keep staff informed and hear their views.	Meets with staff irregularly, keeps them in the dark or shows insufficient interest in their views.
Is approachable and available for advice and support.	Becomes consumed with own work at the expense of being available to staff.
Appreciates that staff have commitments outside of work and monitors work/life balance accordingly.	Allows people in the team to develop a work/life balance that is unhealthy for them.
Tackles performance problems in a timely and constructive manner.	Allows performance problems to fester.

## MANAGING PEOPLE

### Being the communication channel

Communicates complex information in simple terms. Ensures that regular two-way communication happens across functions and levels. Communicates in a clear and effective manner, listening and ensuring that messages are clearly understood.

Indicators of more effective performance	Indicators of less effective performance
Presents written information in a clear, concise and structured manner.	Produces written communication that is difficult to follow in structure and content.
Clearly and concisely communicates the intended message to the audience.	Communicates the message in an unclear or long-winded manner.
Describes complex information in simple terms, avoiding unnecessary jargon.	Loses the audience or leaves them confused.
Actively listens to others, using questions to check for understanding.	Demonstrates poor listening skills.
Anticipates and recognises the emotional reactions of others when delivering sensitive messages.	Is insensitive to how others may feel about the messages being delivered.
Delivers presentations to groups with confidence and credibility.	Fails to gain credibility and respect when delivering presentations.
Represents the organisation with credibility and shows discretion and when dealing with the public or other agencies.	Gets drawn into situations with the public or other agencies for which they aren't qualified or skilled to handle.
Facilitates two-way communication up and down the hierarchy.	Focuses on one-directional communication at the expense of upward communication.
Puts resources in place to promote and improve communication in their area of responsibility.	Fails to remove or overcome barriers to communication in their area of responsibility.

## MANAGING PEOPLE

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### Creating team spirit

Instils pride and a common sense of purpose in the team. Takes steps to ensure that all team members are treated with dignity and respect and that individuals combine effectively to achieve the team objectives. Promotes a culture of involvement and consultation within the team and rewards positive contributions.

Indicators of more effective performance	Indicators of less effective performance
Treats people with dignity and respect.	Is disrespectful towards others or treats them in an undignified manner.
Works as part of the team to establish a shared sense of purpose and unity.	Prefers to work independently rather than engage in necessary teamwork.
Makes time to get to know the team members individually.	Is impersonal or distant, overly formal or unfriendly.
Ensures the team is fully aware of each member's role and how they fit together.	Provides insufficient direction regarding roles and responsibilities within the team.
Empathises with staff and seeks to understand their frustrations.	Is out of touch with how the team is feeling or fails to show concern.
Demonstrates a willingness to become involved and help team members if they are under pressure.	Doesn't take a share of the team's workload when they are under pressure.
Reacts constructively to setbacks and avoids blaming individual team members.	Views setbacks in a negative light and looks to apportion blame.
Involves the team in the running of the service and in decisions that affect them.	Fails to consult with the team or involve them in making decisions that affect them.
Celebrates successes and ensures that credit falls where it is due.	Fails to celebrate successes or give credit where it is due.
Strives to ensure that other groups show recognition for the contributions made by their team.	Neglects to gain recognition from other groups for the contribution of their team.

## MANAGING PEOPLE

### Supporting personal development

Promotes and supports a culture of continuous development and learning. Works with individuals to identify strengths and development needs. Highlights learning opportunities and encourages staff to improve continuously. Seeks feedback and demonstrates a practical commitment to one's own development.

Indicators of more effective performance	Indicators of less effective performance
Contributes to the formulation of a strategy for training and development that will help to resource the organisation in line with its strategic aims and the National Health Strategy.	Takes little interest in the people development aspect of the organisational strategy.
Defines a plan for the resourcing of their area of the organisation including people development and succession planning.	Fails to prioritise people development in the formulation of their strategic plans.
Understands and sells the benefits of people development to upper and middle management levels in a convincing manner.	Doesn't understand the benefits of people development or fails to overcome scepticism or inaction in these groups in a convincing manner.
Strives to work within resource limitations to find funding and low-cost options for the development of people.	Allows people development to slip down the list of priorities when it comes to the allocation of funding.
Promotes personal development in service planning.	Allows service plans to be submitted that make no contribution to the development of people.
Encourages people by praising their achievements and providing constructive feedback.	Neglects to coach others by acknowledging their achievements and providing feedback.
Identifies and agrees training and development needs with direct reports and designs a plan to meet them.	Leaves personal development up to the individual.
Empowers staff by appropriately delegating responsibility and authority.	Doesn't grow and develop their direct reports through empowerment and challenge.
Sets an example by seeking feedback and openly pursuing continuous personal development.	Fails to identify own development needs or engage in personal development programmes.

## MANAGING YOURSELF

### Being a role model

Inspires others to maintain professional standards and work towards common goals. Leads by example and provides clear direction.

Indicators of more effective performance	Indicators of less effective performance
Acts in a manner that is consistent with the organisation's values and vision.	Fails to live the values of the organisation or loses sight of the vision at key times.
Maintains sound ethical and professional standards at all times.	Occasionally allows ethical or professional standards to slip.
Inspires members in their team to work to high standards.	Sets or accepts average standards of work.
Provides clear direction to team members so they understand where the organisation is going and how they contribute to its success.	Fails to relay the goals of the organisation and the value of the team in helping to achieve these goals.
Builds personal and organisational credibility by being professional and well informed at all times.	Portrays oneself and the organisation poorly by being unprofessional or poorly informed.
Clearly accepts responsibility for standards of work and performance in their area.	Finds invalid excuses, or blames others, for poor standards in own area.
Reassures staff and builds their confidence by taking responsibility for resolving problems and keeping them updated on progress.	Allows staff to feel too much pressure when problems present themselves.
Takes the initiative to make their area successful and progressive.	Accepts the status quo when it is not good enough.
Adapts leadership style to suit the demands of the situation and the people involved.	Demonstrates little flexibility in leadership style and expects others to adapt to them.
Is positive about the future of the organisation and the health service.	Is often cynical or pessimistic in outlook.

## MANAGING YOURSELF

### Maintaining composure and quality of working life

*Maintains a calm and controlled style across all situations. Is flexible during challenging times and perseveres despite setbacks and the pressures of the role. Takes responsibility for own health, well-being and work/life balance.*

Indicators of more effective performance	Indicators of less effective performance
Shows patience and tolerance when dealing with conflict or negative attitudes from others.	Becomes impatient or intolerant when dealing with conflict or negative attitudes from others.
Puts problems in perspective and manages not to become overwhelmed by them.	Exaggerates problems, loses perspective and reacts inappropriately.
Responds calmly to feedback from colleagues or service-users.	Responds defensively or emotionally when faced with feedback.
Perseveres despite setbacks and ensures that goals are achieved.	Commitment wanes in the face of setbacks.
Is aware of own levels of stress and morale and takes steps to stay within personal limits.	Allows situations to grow out of control without seeking support.
Is committed to managing own work/life balance.	Fails to take responsibility for striking an appropriate work/life balance.
Serves as a calming influence for staff when they encounter demanding situations.	Allows staff's anxiety levels to rise beyond the optimum level when they encounter demanding situations.
Is in touch with the workload of staff members and knows the levels of stress and morale in the team.	Manages others without sufficient understanding of the support and resources they may require.

## MANAGING CHANGE

### Embracing the change agenda

*Promotes change and continuously strives to improve the quality and efficiency of the administration of the service. Takes the initiative to proactively identify inefficiencies and implement solutions. Encourages others to embrace the change agenda.*

Indicators of more effective performance	Indicators of less effective performance
Establishes consensus within the senior team and key stakeholders about the priorities for change.	Allows disparate groups and agendas to block progress towards comprehensive change.
Ensures that new policies are future oriented and that those blocking progress are revised.	Has a strategic focus that is not sufficiently driven by the need for reform and change.
Embraces the National Health Strategy by encouraging activities that lead to increased learning and progress towards the vision.	Is not an active advocate for change, fails to encourage valid attempts at reform.
Creates a culture of innovation and flexibility within upper and middle management levels.	Discourages risk taking and promotes the status quo.
Brings a visionary perspective to the senior team by keeping up to date with trends in health care nationally and internationally.	Is not sufficiently aware of strategic trends in health care.
Has a clear picture of the trends that will impact on the future of management practice in the health service.	Is not sufficiently aware of strategic trends in management practice.
Takes a national perspective, avoiding unnecessary duplication across the service.	Works on the change agenda in an insular fashion, or competes with other agencies in an unproductive manner.
Controls the pace and extent of change within the organisation, balancing the need for progress with that for stability.	Allows the balance to tip too much to either side, allowing the pace to drop too low, or trying to achieve too much too quickly.
Strives to keep the energy of the organisation directed towards the strategic change agenda.	Creates a culture where upper and middle management levels focus too much on the day to day, here and now.

## MANAGING CHANGE

### Integrating the service

*Co-operates respectfully across functions and disciplines in the interest of a people-centred service. Builds bridges and removes barriers between levels and functions.*

Indicators of more effective performance	Indicators of less effective performance
Develops a thorough understanding of organisation development theory. Seeks the views of experts in this field about its application to the organisation.	Fails to develop beyond a "lay person's" view of organisational development. Doesn't seek expert advice or pool ideas with those more experienced.
Spends time developing an accurate understanding of why traditional health service boundaries have existed over time.	Tries to begin to integrate the service without a thorough understanding of the sensitivities and traditions that are at play.
Analyses current practices at senior management level to identify activities that lead to the reinforcement of traditional health service boundaries.	Promotes traditional boundaries through inherited management practices.
Ensures that the integration of the service is central to all change initiatives and policy formulation.	Lets this issue slip off the agenda when it comes to formulating policies or plans for change.
Actively participates in and champions cross-disciplinary initiatives.	Pays lip-service to cross-disciplinary initiatives without investing time or energy in them.
Promotes the integration of the service in service planning.	Allows service plans to be submitted that make no contribution to the integration of activities.
Sells the benefits of integration to upper and middle management levels in a convincing manner.	Doesn't deal with scepticism or reluctance in these groups in a convincing manner.
Participates in initiatives that help to integrate the service with other health agencies at a national level.	Operates in a silo, with insufficient collaboration with other health agencies.



CHAPTER 11

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Appendix – Benchmarking

## BENCHMARKING

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### Overview

Following on from the design phase, the competency framework was benchmarked against other management competency frameworks for similar positions across a number of different organisations. The purpose of this was to compare and contrast the framework, ensure that it was inclusive and that there were no significant omissions. To assist in the benchmarking, information was sought from health service organisations in the UK, Europe and Australia. Management literature was also reviewed to seek information on generic management competencies.

The frameworks for Grades IV to senior managers was benchmarked against the following frameworks:

- Managerial Competencies in the Dutch Health Service
- NHS Managerial competency framework (Finance)
- Grampian Primary Care NHS Trust (UK)
- Parkside Health NHS Trust (UK)
- Nottingham City Hospital
- Literature on management competencies. High Performance Competencies (Cockerill, Hunt and Schroder, 1995) and Generic Senior Management Competencies researched by Klemp & McClelland.

The framework for the senior management team was benchmarked against the following frameworks:

- Nottingham City Hospital, NHS Trust, Competency Framework for Executive Directors.
- Competency framework for Director Level Managers in the Australian Health Service.

The Health and Social Care Professions framework was benchmarked against:

- An operational and strategic framework for the Health and Social Care Professions in the Dutch Health Service
- Competence to Practice for Middle Size Professions, Nottingham City Hospital, NHS Trust.

## **Benchmark findings for Grade IV to Senior Management Benchmark findings against the Dutch Managerial Competency Framework**

### **Key differences**

There are six broad competency areas in the Dutch Managerial Competency framework compared with the four in the Clerical/Administrative management framework. The titles of these broad areas differ across the two frameworks. There are forty competencies in the Dutch framework, which is in stark contrast to the fourteen competencies in the Clerical/Administrative framework. The titles of the competencies in the Clerical/Administrative framework are much broader than those in the Dutch managerial framework. Also, the Dutch framework is not levelled to take account of the varying skill level across the management grades.

### **Similarities**

The majority of the competencies in the Dutch framework can be found as behavioural indicators under the broader competency headings in the Clerical/Administrative framework. For example, 'Delegation' is a competency in the Dutch framework and indicators for delegation can be found under the competency 'Planning and managing resources' in the Clerical/Administrative framework. There are only three competencies in the Dutch framework which do not appear in some way in the Clerical Administrative framework. These are: Entrepreneurship, Market Orientation and Independence.

### **Conclusions**

Although both frameworks differ substantially in terms of structure and layout, there are striking similarities between the skills and attributes identified as necessary for managers in both the Dutch Health Service and the Irish health service. Having forty competencies in a framework poses quite a challenge for activities such as personal development and assessment. A framework with less competencies combined with detailed lists of behavioural indicators is more appropriate for these activities. The fact that the Clerical/Administrative framework is levelled makes it easier to use across the different management grades.

## **Benchmark findings against the NHS Personal and Managerial Framework (Finance)**

The Personal and Managerial framework from the NHS Finance pulls together the key elements from the many different competence guidelines in use within the NHS. This framework is split in three ways, which are as follows:

1. Competencies which describe the organisations values
2. Personal and managerial competencies
3. Technical competencies.

There are seven competencies, which describe the organisations values. They describe in practical terms what someone needs to demonstrate in order to be seen to be "living the values". There are nine competencies which reflect the personal and managerial skills required by staff in the Finance Function. These nine competencies each have 3-4 levels. These describe the gradual build up of skill within each competence. To date two technical competencies have been developed, these are Using IT and Creating a safe, secure and fair employment environment.

### **Key differences**

The Clerical/Administrative framework has more depth as there are a number of competencies that are not included as part of the Personal and Managerial competency framework. These are: Being a role model; Maintaining composure and quality of working life; Knowing the health service and how it works, Delivering quality and fairness for the service user; Setting standards to be proud of; Creating team spirit and Managing individual performance.

### **Similarities**

From comparing the Personal and Managerial competency framework with the Clerical/Administrative framework it is apparent that there are a lot of similarities across the frameworks with regards to the competencies. Seven competencies are common to both. These are, Being the communication channel, Influencing people and events, Planning and managing resources, Evaluating information and judging situations, Delivering quality and fairness for the service user, Creating team spirit and Supporting personal development. The two remaining competencies in the Personal/Managerial framework are Making Decisions and Thinking Strategically. In the Clerical/Administrative framework these two competencies are to some extent included as part of the competency Evaluating information and judging situations and are reflected in the higher levels of each competency.

### **Conclusions**

With regards to structure and layout there are some differences between the two frameworks. The main difference is the way in which the Personal/Managerial framework is broken down into three broad areas, i.e. competencies that reflect values, personal/managerial competencies and technical competencies. With regards to content seven competencies are common to both frameworks. This is

high considering that there are nine competencies in total in the Personal/Managerial framework. The Clerical/Administrative framework has five more but this is probably attributed to the fact that the Clerical/Administrative framework is not restricted to the Finance function.

### **Benchmark findings against the Grampian Primary Care NHS Trust Managerial Competency Framework**

#### **Key differences**

No broad competency headings are included as part of the Grampian framework. There are seven competencies with eight to eleven behavioural indicators per competency. This gives a total of sixty nine behavioural indicators. Competencies in this framework which are not found in the Clerical/Administrative framework, include: Supporting Colleagues and Relationship-building. This framework is not levelled.

#### **Similarities**

The overall structure of this framework is similar to that of the Administrative/Clerical framework. Competencies similar to both include: Teamworking (entitled Creating team spirit in the Clerical/Administrative framework); Planning and reviewing (entitled Planning and managing resources in the Clerical/Administrative framework); Listening and communicating (entitled Being the communication channel in the Clerical/Administrative framework) and Problem-Solving (entitled Evaluating information and judging situations in the Clerical/Administrative framework). The competency Service focus is similar to Setting standards to be proud off in the Clerical/Administrative framework.

#### **Conclusions**

These frameworks are quite similar in terms of structure and the number of competencies that are common to both. However, the Clerical/Administrative framework is much more detailed. There is a broader depth of competencies, they are levelled according to the different management grades and the competencies are divided under broad competency headings. All of this helps make the Clerical/Administrative framework more user friendly and gives more scope for activities such as development and assessment.

## **Benchmark findings against the Parkside Health NHS Trust Managerial Competency Framework**

### **Key differences**

There are ten competencies in this framework. In addition to the framework there are sets of technical competencies, both internally developed and those based on National Vocational Qualifications for specific roles and staff groups. The only competency in this framework, which is not included in the Clerical/Administrative framework, is Managing information.

### **Similarities**

The competencies in this framework are weighted to reflect their importance for first-line, middle and senior managers. The majority of the competencies in this framework can be found, albeit under different headings, in the Clerical/Administrative framework. The competency Behaving ethically can be found in behavioural indicators under the competency Being a role model in the Clerical/Administrative framework. Others which are similar include: Providing leadership and strategic vision (entitled Being a role model in the Clerical/Administrative framework); Team Development (entitled Creating team spirit in the Clerical/Administrative framework); Communicating effectively (entitled Being the Communication Channel in the Clerical/Administrative framework); Individual appraisal and development (entitled Managing individual performance in the Clerical/Administrative framework); Influencing others (entitled Influencing people and events in the Clerical/Administrative framework); Creative and critical thinking and decision-making (entitled Evaluating information and judging situations in the Clerical/Administrative framework) and Personal development (part of the competency Supporting personal development and others in the Clerical/Administrative framework).

### **Conclusions**

This framework is very similar to the Clerical/Administrative framework in terms of the competencies that are found in both and the way in which they are levelled.

## **Benchmark findings against the Nottingham City Hospital NHS Trust Competence Model**

Nottingham City Hospital NHS Trust, developed a generic competency framework for third in line managers. These are equivalent to Grade VIII managers in the Irish health system.

### **Key differences**

There are nine competencies in this framework. The behavioural indicators are weighted to reflect their importance. The weightings are minimum, average and outstanding levels of effectiveness. Competencies that are in the Clerical/Administrative framework but do not directly appear in the Nottingham City Hospital framework are: Delivering quality and fairness to the service user and Setting standards to be proud of.

### **Similarities**

The nine competencies in the Nottingham City Hospital competence model are covered in the Clerical/Administrative framework. Influencing appears as a competency heading in both frameworks. The remaining eight competencies from Nottingham City Hospital can be found either as indicators under broader competency headings in the Clerical/Administrative framework or as competencies albeit, with a different heading. For example, indicators from the competency Managing Relationships in the Nottingham City Hospital framework can be found under the competencies Integrating the service and Creating team spirit in the Clerical/Administrative framework. Knowing the health service and how it works in the Clerical/Administrative framework is similar to the competency entitled Know How in the Nottingham City Hospital framework.

### **Conclusions**

Although the Clerical/Administrative framework is levelled according to grades, the individual competencies are not additionally weighted according to importance. In the Clerical/Administrative framework the importance of individual competencies would be dependent on the nature of the specific role. All of the competencies in the Nottingham City Hospital competency framework are covered in some way in the Clerical/Administrative framework. In the Clerical/Administrative framework the two competencies that appear under the broad competency heading 'Focus on the Service User' are not covered in any way in the Nottingham City Hospital competency framework.

## **Benchmark findings from Management Literature**

Management literature was reviewed to identify the competencies that are most common in management frameworks. The work of Cockerill, Hunt and Schroder, (1995) and Klemp and McClelland (founder of the competency movement) was reviewed. The work of Cockerill, Hunt and Schroder produced a number of High Performance Management Competencies while Klemp & McClelland produced a list of Generic Senior Management competencies. The competencies identified by both researchers fall under the following broad headings: Thinking and Problem Solving; Interacting with People, Producing Results, Achieving Improvement, Planning and Organising and Business Focus.

### **High Performance Competencies (Cockerill, Hunt and Schroder, 1995)**

Cockerill, Hunt and Schroder identified eleven high performance competencies. Under the broad heading 'Thinking and Problem Solving' there are three competencies included. These are: Information search; Concept formation and Conceptual flexibility. These three competencies are similar to the competency Evaluating information and judging situations in the Clerical/Administrative framework.

Under the broad heading 'Interacting with People', five competencies are included. These are Managing interaction; Impact; Interpersonal search; Development orientation and Presentation. A number of competencies in the Clerical/Administrative framework are similar to these five. These are Managing individual performance; Creating team spirit; Influencing people and events; Being the communication channel and Supporting personal development.

Under the broad heading 'Producing Results' there are three competencies. These are: Achievement orientation; Self-confidence and Proactive orientation. From the Clerical/Administrative framework the following competencies bare some resemblance to these: Planning and managing resources; Setting standards to be proud off and Embracing the change agenda.

Competencies present in the Clerical/Administrative framework that do not appear in any form in this list of High Performance Competencies are: Being a role model; Maintaining composure and quality of working life; Knowing the health service and how it works and Integrating the service.

### **Conclusions**

All of the eleven high performance competencies are covered in some way in the Clerical/Administrative framework. The main differences relate to the competency headings. There are four additional competencies that appear in the Clerical/Administrative framework that are not included in the list of high performance competencies. This illustrates the comprehensive nature of the Clerical/Administrative framework.



### **Generic Senior Management Competencies (Klemp & McClelland founder of the competency movement)**

Klemp & McClelland identified seven generic senior management competencies. Under the broad heading 'Thinking and Problem Solving' the following two competencies are included: Diagnostic information seeking and Conceptualisation/synthetic thinking. These two competencies are similar to the competencies Evaluating information and judging situations, and Knowing the health service and how it works, in the Clerical/Administrative framework. Conceptualisation/synthetic thinking refers to having broad-based business and/or retail judgement.

Under the broad heading 'Interacting with People' three competencies are included. These are Collaborative Influence (which covers motivating and developing teams and individuals and managing diversity); Concern for Influence (which covers communicating and influencing confidently) and Directive Influence (which covers personalised influence). Competencies in the Clerical/Administrative framework that these competencies are similar to are: Managing individual performance, Creating team spirit; Influencing people and events; Being the communication channel and Being a role model.

Under the broad heading 'Producing Results' there is one competency entitled Self-confidence (which covers confidently grasping opportunities). Behavioural indicators under the competency Maintaining composure and quality of working life in the Clerical/Administrative framework are similar to this competency.

Under the broad heading 'Planning and Organising' there is one competency entitled, Planning/Casual Thinking. This is similar to the competency Planning and managing resources in the Clerical/Administrative framework.

Competencies in the Clerical/Administrative framework which are not in this list of Generic Senior Management competencies are: Delivering quality and fairness for the service user; Setting standards to be proud of; Embracing the change agenda; Integrating the service and Supporting personal development.

### **Conclusions**

It is encouraging to see that all of the competencies listed as part of the Generic Senior Management competencies are covered in some way in the Clerical/Administrative framework. As the Clerical/Administrative framework is not a generic framework and is concentrating on specific management roles the additional competencies and detail are necessary.

## Benchmark findings for Grade IV to Senior Management Benchmark findings against the Nottingham City Hospital, NHS Trust, Competency Framework for Executive Directors

Nottingham City Hospital NHS Trust, developed a generic competency framework for executive directors.

### Key differences

Within the framework for Executive Directors there are three main areas as opposed to the four in the Clerical/administrative framework. These are: Thinking; Working Relationships and Personal Approach and Organisation. There are a total of nine competencies and each of these competencies are levelled according to the following three levels:

1. core/fundamental/minimum,
2. expected/desirable/good and
3. outstanding or advanced

### Similarities

Each of the nine competencies in the Executive Director framework can be matched with a similar competency or a combination of competencies in the Clerical/administrative framework. This is shown in the following table.

NHS Executive Director Competency	Clerical/Administrative Framework
Know How	Knowing the health service and how it works
Strategic Thinking	Combination of Evaluating information and judging situations and Knowing the health service and how it works
Informed decision making	Evaluating information and judging situations
Influencing	Influencing people and events
Gaining results through people	Combination of Creating team spirit, Managing individual performance and Planning and managing resources
Building and maintaining open relationships	Combination of Integrating the service, Being the communication channel,
Approach	Combination of Being a role model and Maintaining composure and quality of working life
Impact	Being the communication channel
Managing own performance	Combination of Planning and managing resources, Supporting personal development

### Conclusions

As can be seen from the table there are large similarities between the two frameworks. 10 of the Clerical/Administrative competencies are represented in some way in the Executive Director framework. 4 competencies from the Clerical/Administrative framework have not been included. These are: Integrating the service, Setting standards to be proud of, Delivering quality and fairness for the service user and Embracing the change agenda. This highlights the increased depth of the Clerical/administrative framework and the fact that it is not specific to Hospital Executive Directors only. It also highlights the way in which the Irish health service is linked to the Health Strategy and the onus on quality and fairness.

### Benchmark findings against competency framework for Director Level Managers in the Australian Health Service

This framework was developed for Director Level Managers i.e. directors of functions such as Finance etc.

### Key differences

There are eleven competencies in this framework and there are no apparent competency areas.

### Similarities

Many of the competencies in the Australian framework can be found throughout the Clerical/Administrative framework. This is shown in the following table:

Australian Framework	Clerical/Administrative Framework
Flexibility	Embracing the Change Agenda
Creativity	Embracing the Change Agenda
Drive and initiative	Maintaining composure and quality of working life
Organising	Planning and managing resources
Persuasiveness	Influencing people and events
Decisiveness	Evaluating information and judging situations
Communication	Being the communication channel
Problem analysis	Evaluating information and judging situations
Interpersonal skills/dealing with people	Combination of Being the communication channel, Creating team spirit and Managing individual performance
Strategic Thinking and Planning	Combination Knowing the health service and how it works and Planning and managing resources
Business and market perspective	Setting standards to be proud of, Delivering quality and fairness for the service user.

**Conclusions**

As can be seen from the table there are similarities between the two frameworks. Eleven of the Clerical/Administrative competencies are represented in some way in the Executive Director framework. Three competencies from the Clerical/Administrative framework have not been included. These are: Supporting personal development, Integrating the service and Being a role model. This again highlights the increased depth of the Clerical/administrative framework.

**Conclusions from benchmarking**

To conclude, benchmarking the Clerical/administrative against a number of relevant frameworks revealed that the framework is relevant and detailed. The content of the frameworks was very similar. The main way in which the Clerical/administrative framework differs is the way in which it is organised into competency areas to align with the Health Strategy. Also there is more of an emphasis on change, integration and quality in the Clerical/Administrative framework than in many of the others.

**The Health and Social Care Professions framework  
Benchmark findings against an Operational and Strategic framework for  
Health and Social Care Professions in the Dutch Health Service.**

**Operational framework**

**Key differences**

There are twelve competencies and no broad competency headings in the Dutch operational framework. Competencies that appear in this framework but are not found in the Health and Social Care Professions framework include: Sensitivity, Management Control, Vision, Initiative and Extra-organisational awareness.

**Similarities**

The competencies that are common to both the Dutch and the Irish framework include the following competencies: Leadership, Planning and organising, People focus, Cross-disciplinary teamworking, Creating team spirit, Influencing people and events and Managing individual performance. Whilst, some of these have different titles in the Dutch framework but the indicators reflect the similarities.

**Conclusions**

It is encouraging to see that the frameworks have more competencies in common as opposed to differing competencies. In total, seven competencies are common across both frameworks.

**Strategic framework**

**Key differences**

Again there are twelve competencies and no broad competency headings in the Dutch strategic framework. Competencies that appear in this framework but are not found in the Health and Social Care Professions framework include Organisational Sensitivity, Vision, Sociability and Initiative.

**Similarities**

The competencies common to both the Dutch and the Irish strategic framework include: Being a role model in one's profession, Evaluating information and judging situations, Planning and managing resources, Maintaining composure and quality of working life, Assuring high standards in the service of today, Creating the service of the future, working towards a user centred service and Influencing people and events.

**Conclusions**

Again there are more competencies that are common to both frameworks at the strategic level. In total, eight competencies are similar across the two frameworks.

**Benchmark findings against Competence to practice for Middle Size Professions, Nottingham City Hospital, NHS Trust**

The professions covered by this framework are Biomedical Scientists, Diagnostic Radiographers, Dieticians, Occupational Therapists, Orthoptists, Physiotherapists and Therapeutic Radiographers.

### **Key differences**

There are eight competencies in the Nottingham City Hospital framework. Each competency has one to four statements, which reflect standards of competency practice. For example, the following standards of competent practice are found with the competency Health and Safety.

1. Complies with Trust policies relating to health and safety at all times.
2. Demonstrates safe manual handling at all times.
3. Demonstrates safe usage and maintenance of equipment used routinely.

Competencies that are in the Health and Social Care Professions framework but don't appear in the Nottingham City Hospital framework are: Being a leader in one's profession; Maintaining composure and quality of working life; Creating team spirit; Working towards a user centred service; Influencing people and events and Managing individual performance. This leads us to believe that managing others is not as big an element for middle sized professions as it is for Health and Social Care Professions in the Irish health service. The competency Health and Safety which is present in the Nottingham City Hospital framework is not directly present in the Health and Social Care Professions framework, however, the crucial elements of it are covered in Assuring high standard in the service of today and Creating the service of the future.

### **Similarities**

The structure of the framework is similar as each competency has a definition, lists of indicators and the framework is divided into three levels. Levels two and three are of relevance to the Health and Social Care Professions framework. Those at Level Two have supervisory tasks while those at Level Three are professional experts and leaders in their area. Seven out of the eight competencies from the Nottingham City Hospital framework can be found within competencies in the Health and Social Care Professions framework. For example, the competencies in the Nottingham City Hospital framework of Information and documentation and Applying theory to practice can be found described under the competency Evaluating information and making decisions in the Health and Social Care Professions framework.

### **Conclusions**

While there are many similarities with regards to structure and make up of the competencies, the Health and Social Care Professions framework is more comprehensive. There are many more areas covered in it. This may be indicative of the differences in the roles played by those in Nottingham City Hospital and Health and Social Care Professions in the Irish health service.