



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Management Competencies for Support Service Managers in the Irish Health Services:

Identifying Management Skills and Attributes

Technical Report

March 2005

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1. Background

The National Health Strategy *'Quality and Fairness - A Health System for You* (2001) highlights the need to further develop human resources in the Irish health services, and the Action Plan for People Management (APPM), published at the end of 2002, sets out the steps which need to be taken in order to build this capability. As part of this initiative, the Office for Health Management worked to identify the skills and attributes required for managers of support staff within the health sector. This is also called a "Competency Framework".

In September 2004, SHL (Ireland) was commissioned by the Office for Health Management (Health Service Executive – Health Management 1/01/05) to identify the most important management skills and attributes for managers who work in the support services area.

2. What are the benefits for managers/supervisors?

1. A multi-million euro education, training and development initiative called the SKILL (Securing Knowledge Intra Lifelong Learning) project is being rolled out in the support services area over the coming years. This comprehensive initiative will involve a significant increase in opportunities for both support staff and managers/supervisors in the support services area to avail of FETAC (Further Education & Training Awards Council) accredited education, training and development programmes. The SKILL project will help ensure that any programmes developed will target the knowledge, skills and attributes that are most important in this area.
2. If a manager wants to learn how to perform better with his/her team, s/he can use the competency framework to see what approach is considered to be the most effective. S/he could also simply ask the staff to give objective feedback on how they are doing in relation to the various competencies.
3. If someone is interested in progressing to a management role s/he can look up the skills and attributes that are required and see what areas s/he needs to develop in.
4. If a person is needed to fill a management role, the competency framework will provide a detailed list of the skills and attributes required.

3. Overview of Project Stages

A steering group representative of management and staff interests was convened to guide the project and research. The membership of the steering group is outlined in Appendix 1.

Stage	Goal	When
Set Up	Agreeing the objectives and timeframes for the project	Sept 2004
Communication	To make sure that everybody involved understood what the project involved and had a chance to ask questions	October and continuous
Collecting Information	To meet as many people as possible in interviews or groups so that we could learn as much as possible about the skills and attributes required in these roles	October to December 2004
First Draft of Competencies Produced	To analyse all of the information and integrate it into behavioural themes. To produce a comprehensive list of behavioural descriptions for each theme	January 2005
Consultation	To get as many people as possible to review the draft of skills and attributes so that we could adapt and finalise it	January 2005
Final Report	To revise the draft of skills and attributes and write this report	February/March 2005

The next section in this report gives more detail on each of these project stages.

Stage 1 Project Set Up

The steering group met in September and early October to agree the objectives, parameters and timeframes of the project. The key areas discussed and agreed were:

1. All of the roles and grades to be included in the research. These are outlined in Appendix 2.
2. The process for communicating the project to all interested parties.
3. The sampling and research techniques to be used.
4. The process by which people would be invited to attend interviews, focus groups etc.
5. The timelines for the project.

Stage 2 Communication

The steering group wished to ensure that as many people as possible were informed about this initiative and also got the opportunity to make comments or ask questions. Therefore a 3-pronged communication process was put in place.

1. Firstly a short flier was designed, printed and distributed through the HR function in each health board, learning disability centre and voluntary hospital. The content is in Appendix 3.
2. In order to ensure that people got an opportunity to hear about the project first hand and ask questions, 7 briefing sessions were organised throughout the country in Donnybrook, Santry, Cork, Limerick, Galway Sligo and Tullamore. Invitations were sent to all involved in the project through the HR functions. At these sessions information was provided on how to use competencies for personal development as well as a description of the different stages of the project.
3. Finally in order to ensure that the Union representing support service managers was involved, SHL briefed SIPTU officials on the project and discussed how the benefits could be communicated to their members.

Stage 3 Collecting Information

The first step in stage three was the design of a 'sample frame' to ensure that a representative number of people from each of the job types, health boards, etc. were given an opportunity to contribute to the project. A high level overview of this sample frame is contained in Appendix 4. This process was designed to ensure that we obtained statistically significant numbers of participants both terms of the total number of incumbents in each role and also within each regional area. As can be seen from Appendix 2, the total number of people within the population is 1811. The number of people involved in the study was 208 which represents a percentage value of 11.4%. This is a more than adequate sample size based on industry and best practice standards. In addition to this the percentage of people from within each job and geographic category involved in the study ranges from 6% to 11%.

Once the sampling was signed off, the HR functions across the health service were asked to invite people from a variety of roles to attend the data gathering sessions, which were organised around the country. These invitations were organised on a random sampling basis. The techniques used to gather the information on management skills and attributes within the support services are outlined below.

1. Desk Research

In order to build an initial picture of the key challenges and tasks of support staff management/supervisory roles, a review of some relevant information was undertaken. This included a number of job descriptions and reports.

2. Structured Interviews

Structured interviews took place with both job incumbents of support staff management/supervisory positions and their managers as per the techniques outlined below:

Critical Incident Interviews focus on eliciting information about incidents or situations, the management of which is critical to performance in the role. This technique is useful in establishing critical job performance areas and the most effective responses to them and is conducted with job incumbents.

Due to the nature of the interview, its effectiveness is in highlighting the events where the frequency of occurrence is low, but the importance of performing effectively is essential to be highly effective in the role.

Repertory Grid Interview is a structured interview technique, which identifies the personal characteristics that distinguish between effective and ineffective performance. These interviews are conducted with the managers of the job incumbents who provide a top down picture of the drivers of effective performance for support staff managers/supervisors.

Future Focus Interviews ensure that the competency framework takes account of what is likely to happen in the area going forward rather than being purely based on historical information. Involving senior managers within the Organization, visionary interviews explore links between corporate strategy, organisational objectives, values and culture, and the behaviour required of support staff managers and supervisors.

3. Focus Groups

The focus groups conducted with job incumbents used both a quantitative and qualitative approach. The session incorporated completion of a structured questionnaire which also used a card sort activity to provide an insight into the most important and frequent tasks associated with support staff management/supervision.

This was followed by a facilitation of the group's views on

- The critical issues and situations that they must deal with now and in the future
- The qualities associated with superior performance
- The role outputs and behaviours most valued by the wider stakeholders in the service.

Stage 4 First Draft of Competencies Produced

As a result of these workshops and interviews, SHL gained a better understanding of the competencies that managers of ancillary staff would need to face the challenges within their areas. They also gathered large amounts of behavioural data, which were analysed and integrated, into themes supported by comprehensive behavioural indicators (descriptions of effective and less effective traits and characteristics).

In putting this draft together SHL benchmarked the information against competency frameworks, which have been designed for other national and international public and private sector organisations as well as those, which have been researched within the Irish health sector.

Stage 5 Consultation

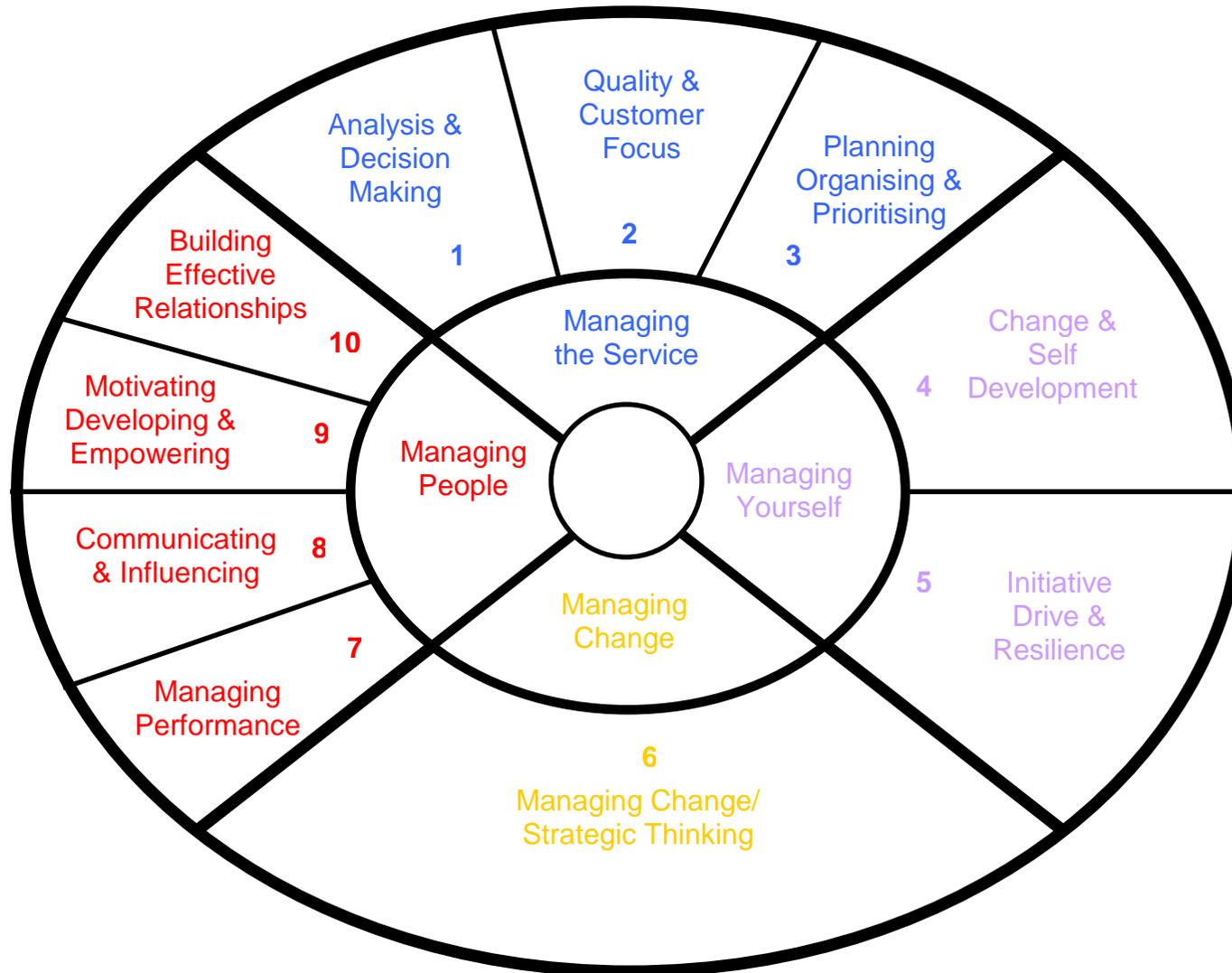
Following the data gathering, a draft of the competency framework was produced in early January 2005. In order to ensure that this description of management skills and attributes was clear and relevant to all, 4 consultation sessions were conducted in Dublin, Limerick, Cork and Galway. All managers who had taken part in the research were invited as well as anybody else who was interested.

At these sessions some input was given on the process to date as well as how to use competencies for personal and professional development. The competencies were then shared with all of the participants and they were given an opportunity to comment via a questionnaire and group discussion.

Stage 6 Final Report

With nearly 300 people having taken part in the various stages of this project, SHL was in a position to finalise the competency framework and produce this final report.

4. The Competency Framework



5.

Managing the Service

Competency Definitions

Analysis & Decision Making

Makes logical and objective decisions based on all the information available. Knows when to call in other expertise. Is decisive enough to make quick decisions and cope with ambiguity. Always communicates the consequences of decisions to relevant parties.

Indicators of more effective performance	Indicators of less effective performance
<ul style="list-style-type: none"> • Accesses all relevant information before making a decision. 	<ul style="list-style-type: none"> • Uses instinct and gut feeling without regard to all the facts.
<ul style="list-style-type: none"> • Uses a logical and fact driven approach when analysing information in order to reach a conclusion. 	<ul style="list-style-type: none"> • Often omits information and comes to incorrect conclusions.
<ul style="list-style-type: none"> • Balances cost with quality service when planning and decision-making. Manages budgets effectively. 	<ul style="list-style-type: none"> • Overlooks or plays down financial realities when planning or decision-making.
<ul style="list-style-type: none"> • Weighs up the pros and cons of a number of solutions before making a decision. 	<ul style="list-style-type: none"> • Tunnel vision - may only explore one or two options.
<ul style="list-style-type: none"> • Is decisive, prepared to make difficult/tough decisions within an acceptable timeframe and accept full responsibility. 	<ul style="list-style-type: none"> • Does not want any hassle, shies away from decision-making and tends to escalate to others.
<ul style="list-style-type: none"> • Knows when to involve others in the decision-making process. 	<ul style="list-style-type: none"> • Inappropriately makes decisions without responsibility/expertise or may escalate everything.
<ul style="list-style-type: none"> • Clearly communicates issues and consequences of decisions to all parties. 	<ul style="list-style-type: none"> • Keeps things to himself/herself.
<ul style="list-style-type: none"> • Anticipates problems and proactively seeks to resolve issues before they arise. 	<ul style="list-style-type: none"> • Fails to anticipate, operates in the here and now. May spend too much time fire fighting.
<ul style="list-style-type: none"> • Takes a broad and/or lateral view when looking at problems. Views issues from a wide range of perspectives. 	<ul style="list-style-type: none"> • Tends to only see one side of the coin.
<ul style="list-style-type: none"> • Takes a long-term perspective, when analysing information and/or considering the implications of his/her decisions. 	<ul style="list-style-type: none"> • Thinks in the short term 'fix it and it will go away' mode.

Quality & Customer Focus

Has a meticulous approach to work and pays attention to detail in order to ensure high quality. Proactively uses quality standards and procedures to improve the running of the service and is constantly trying to understand and better meet customer needs.

Indicators of more effective performance	Indicators of less effective performance
<ul style="list-style-type: none"> Believes in the positive impact of standards, processes and procedures. Emphasises this to staff. 	<ul style="list-style-type: none"> Sees standards, processes and procedures as a hassle.
<ul style="list-style-type: none"> Has a thorough knowledge of standards, processes and procedures relevant to area e.g. HACCP, ISO, IQA, Health and Safety, measurement of Person – Centred Services. 	<ul style="list-style-type: none"> Sketchy, incomplete knowledge of standards, processes and procedures relevant to area.
<ul style="list-style-type: none"> Uses relevant processes and procedures to effectively manage unit and individual performance. 	<ul style="list-style-type: none"> Sees quality as a form filling exercise.
<ul style="list-style-type: none"> Is methodical about attention to detail when working on or planning tasks and checking the output of others. 	<ul style="list-style-type: none"> Uses a broad-brush approach often missing details and making careless mistakes.
<ul style="list-style-type: none"> Sets high standards and ensures quality of service is kept at a good level. Reinforces need for Quality. 	<ul style="list-style-type: none"> Accepts substandard outputs, does not put quality at the top of the agenda.
<ul style="list-style-type: none"> Proactively identifies ways to improve the service and encourages staff to do so. 	<ul style="list-style-type: none"> Happy to maintain status quo in terms of service provided.
<ul style="list-style-type: none"> Seeks to understand and meet customer needs (patients, service users, departments, other staff). Puts the customer at the heart of the service provided. e.g. promotes the use of customer feedback questionnaires. 	<ul style="list-style-type: none"> Fails to put customer needs first
<ul style="list-style-type: none"> Committed to quality, develops standards, educates staff and monitors to ensure standards are met. 	<ul style="list-style-type: none"> Pays lip service to quality, does not reinforce its importance to the service provided.

Planning, Organising and Prioritising

Clarifies objectives and then takes a highly organised and systematic approach to planning. Breaks large tasks into smaller manageable actions and monitors progress against these. Has the ability to quickly adapt, prioritise and reorganise resources to meet unexpected and changing demands.

Indicators of more effective performance	Indicators of less effective performance
<ul style="list-style-type: none"> Ensures objectives are clear at the outset before executing a task. 	<ul style="list-style-type: none"> Reacts immediately to a request or instruction even when not totally sure as to the exact objective.
<ul style="list-style-type: none"> Thinks and plans ahead, anticipating potential stumbling blocks before they arise. Ensures that contingencies are built in. 	<ul style="list-style-type: none"> Operates on a reactive basis, dealing with things as they arise.
<ul style="list-style-type: none"> Adopts a systematic approach to planning e.g. rostering based on the objectives, timelines and resources available. 	<ul style="list-style-type: none"> Ad hoc approach. Plans may not be explicit or comprehensive in nature.
<ul style="list-style-type: none"> Is highly organised in approach to work, uses diaries, lists or other techniques to manage time and plan schedules. 	<ul style="list-style-type: none"> Fails to organise self and others. Sometimes fails to complete tasks or misses deadlines as a result.
<ul style="list-style-type: none"> When delegating, ensures that the person is clear about his/her role and builds in review/monitoring mechanisms. 	<ul style="list-style-type: none"> Gives unclear or incomplete instructions when delegating tasks.
<ul style="list-style-type: none"> Monitors progress against objectives regularly. 	<ul style="list-style-type: none"> Does not make a habit of monitoring progress.
<ul style="list-style-type: none"> Displays an ability to juggle priorities (e.g. patients' needs, clinical requirements, logistical issues, mini-crises) and swap things around in order to meet demands. 	<ul style="list-style-type: none"> Works on a 'first come', first served' basis not distinguishing urgent from trivial/less important.
<ul style="list-style-type: none"> Ability to move resources (people, financial, material) around in order to meet objectives. 	<ul style="list-style-type: none"> Cannot stand back and look at resources available, often says no without exploring all the options.

Managing Yourself

Competency Definitions

Change & Self Development

Readily accepts change and implements it in a positive and enthusiastic manner. Shows a clear focus on personal development through acting on feedback and seeking formal and informal learning opportunities.

Indicators of more effective performance	Indicators of less effective Performance
<ul style="list-style-type: none">• Is open to improvement and positive towards change. Readily adapts to new environments, standards & procedures	<ul style="list-style-type: none">• Resists or is slow to change, would prefer stability and repetition. Thinks of negative impact on self rather than positives for the health service.
<ul style="list-style-type: none">• Seeks to implement change positively and within an appropriate timeframe. Motivates others towards change.	<ul style="list-style-type: none">• Slow to change, does not advocate in a positive manner with staff.
<ul style="list-style-type: none">• Is comfortable when operating in ambiguity due to pace of change in health service.	<ul style="list-style-type: none">• Feels uncomfortable and uncertain where there is ambiguity.
<ul style="list-style-type: none">• Proactively seeks formal and on-the-job development opportunities and can transfer learning to the benefit of the service.	<ul style="list-style-type: none">• Makes no conscious efforts to learn or develop new skills and behaviours. Sees learning as someone else's responsibility.
<ul style="list-style-type: none">• Is positive about receiving feedback and constructive criticism. Tries to change as a result.	<ul style="list-style-type: none">• Takes constructive criticism personally. Denies responsibility and refuses to change.

Initiative, Drive and Resilience

Is positive, enthusiastic and dedicated. Shows flexibility in order to ensure customer needs are met. Copes well with disappointments and setbacks and manages to remain upbeat. Uses effective tactics to lessen stress.

Indicators of more effective performance	Indicators of less effective Performance
<ul style="list-style-type: none"> Has a positive and enthusiastic attitude. Is committed to doing a good job. 	<ul style="list-style-type: none"> May complain about difficulties without doing anything proactive to deal with them.
<ul style="list-style-type: none"> Is dedicated and committed to improving the service offered. 	<ul style="list-style-type: none"> Lacks motivation in the role, does not feel really involved or committed.
<ul style="list-style-type: none"> Is flexible and adaptable. Willing to accommodate requests that go above and beyond normal job in order to meet client needs. 	<ul style="list-style-type: none"> Sticks rigidly to role and time requirements. Unwilling to put self out when asked.
<ul style="list-style-type: none"> Prepared to take initiative and ownership of tasks. Will drive things to completion. 	<ul style="list-style-type: none"> Needs to be asked or prompted to complete tasks.
<ul style="list-style-type: none"> Persists and stays positive despite setbacks and disappointments. 	<ul style="list-style-type: none"> Gives up, may blame external factors for failure to meet standards.
<ul style="list-style-type: none"> Copes well with conflict and/or resistance. Does not take this personally. 	<ul style="list-style-type: none"> Reacts aggressively to conflict and/or resistance.
<ul style="list-style-type: none"> Manages stress levels effectively, can switch off after work. Does not take problems home. 	<ul style="list-style-type: none"> Feels uptight and anxious. Finds it difficult to switch off.
<ul style="list-style-type: none"> Remains cool and collected in pressurised or crisis situations. Is objective i.e. can provide focus and direction to others. 	<ul style="list-style-type: none"> Feels anxious, nervous under pressure. Ability to plan and make decisions is hindered.

Managing Change

Competency Definitions

Managing Change/Strategic Thinking

Has a vision of what improved service in own area needs to look like and promotes a positive approach to change. Understands the changing health service and how this impacts on own area. Manages change by getting buy-in from others through communication, consultation and partnership. Shows empathy and understanding when dealing with resistance. Takes a strategic approach when planning.

Indicators of more effective performance	Indictors of less effective Performance
<ul style="list-style-type: none"> Develops a vision of what improved service needs to look like. Promotes a positive attitude towards change. 	<ul style="list-style-type: none"> Operates in the here and now with no interest or motivation to change things.
<ul style="list-style-type: none"> Introduces proactive and/or creative changes aimed at improving the service provided. 	<ul style="list-style-type: none"> Content to do things the way they have always been done.
<ul style="list-style-type: none"> Communicates effectively with all stakeholders while managing change. Adopts a partnership approach. Shows empathy and patience. Sells the vision. 	<ul style="list-style-type: none"> Fails to listen to and understand the views of other stakeholders. Impatient and unable to empathise.
<ul style="list-style-type: none"> Has a good understanding of the changing environment of the health service and how it impacts on own area. 	<ul style="list-style-type: none"> Unaware of the big picture with regard to the health service.
<ul style="list-style-type: none"> Takes a strategic view when business planning or service planning. Considers inter-relationships within the service and takes a long-term view. 	<ul style="list-style-type: none"> Tends to only consider own area when planning, unaware of cross-functional interdependencies. Short- term focus.

Managing People

Competency Definitions

Managing Performance

Sets clear standards for individuals and team. Observes and monitors performance against these standards and gives regular positive and negative feedback. Adopts an assertive and firm but fair approach to dealing with underperformance.

Indicators of more effective performance	Indicators of less effective performance
<ul style="list-style-type: none"> Sets clear standards, goals or objectives for individuals and teams. Ensures there is no ambiguity about what is required. 	<ul style="list-style-type: none"> Fails to make expectations clear or check that the standards or objectives are clearly understood.
<ul style="list-style-type: none"> Regularly observes staff performance and checks their work. Gives positive and negative feedback immediately. 	<ul style="list-style-type: none"> Does not spend sufficient time observing, monitoring or giving feedback. Too involved in own activities to manage the performance of others.
<ul style="list-style-type: none"> Makes sure to balance feedback, giving praise and recognition as well as constructive criticism. 	<ul style="list-style-type: none"> Feedback tends to be either overly positive or negative.
<ul style="list-style-type: none"> Sees himself/herself as a manager. Maintains a professional distance when relating to staff. 	<ul style="list-style-type: none"> Anxious to be liked by staff, therefore fails to assertively manage performance.
<ul style="list-style-type: none"> Firm and assertive approach to dealing with underperformance e.g. absenteeism, poor level of output. Makes standards clear. Does not tolerate poor work or non-compliance. 	<ul style="list-style-type: none"> Style of confronting underperformance is either timid or aggressive.

Communicating & Influencing

Gets point across to others clearly and effectively both verbally and in written form. Displays good listening skills in order to understand other people's views and concerns. Assertive communication style together with an open approach and a willingness to take other people's opinions on board and involve them where appropriate. Persuasive and convincing when negotiating with others.

Indicators of more effective performance	Indicators of less effective performance
<ul style="list-style-type: none"> Speaks in a clear and fluent manner. Gets the message across effectively. 	<ul style="list-style-type: none"> Fails to get key points across. May be vague or hesitant in delivery.
<ul style="list-style-type: none"> Displays an assertive communication style (i.e. shows understanding and respect for others but is clear around own needs). 	<ul style="list-style-type: none"> Communication style is either passive or aggressive.
<ul style="list-style-type: none"> Listens well in order to fully understand other people's points of view. 	<ul style="list-style-type: none"> Poor listening skills. Does not pay enough attention, may interrupt in order to get own point across.
<ul style="list-style-type: none"> Keeps staff and manager informed on relevant issues using a combination of methods i.e. 1:1's, team meetings, notice boards etc. 	<ul style="list-style-type: none"> Does not see the need to communicate regularly with staff or manager.
<ul style="list-style-type: none"> Has an approachable style. Takes time to listen, understand and solve problems when possible. 	<ul style="list-style-type: none"> Does not sufficiently make self available to others and/or does not deal with their feelings/concerns.
<ul style="list-style-type: none"> Proactively involves others and seeks their input and suggestions at every appropriate opportunity 	<ul style="list-style-type: none"> Does not seek opportunities to involve others in planning and problem solving. Would prefer to do this alone and then communicate the decision.
<ul style="list-style-type: none"> Writes clear, well structured reports/ plans etc, which give a complete picture. Can use quantitative data to support his/her arguments. e.g. when preparing service plan for the year 	<ul style="list-style-type: none"> Written communication style is poor – may lack structure or impact. Does not use quantitative data.

Indicators of more effective performance	Indicators of less effective performance
<ul style="list-style-type: none"> • Successfully persuades and convinces managers, peers and subordinates. Is understanding of their feelings and positions arguments based on these. 	<ul style="list-style-type: none"> • Fails to persuade people to see the benefits and merits of a particular point.
<ul style="list-style-type: none"> • Uses clear, logical and fact driven arguments when persuading / negotiating. 	<ul style="list-style-type: none"> • Tends to be less convincing and credible. May be overly emotional and lack depth or clarity.
<ul style="list-style-type: none"> • Successfully negotiates outcomes due to diligent preparation, assertiveness and 'give and take' where appropriate. 	<ul style="list-style-type: none"> • Poor negotiation skills. May lack assertiveness or fail to show flexibility.

Motivating, Developing and Empowering

Approachable and fair management style. Sets a good example by acting as a role-model for staff and showing them respect and support. Looks for opportunities to give praise and recognition to staff. Proactively encourages the development of people through formal training and education as well as empowerment and learning on the job.

Indicators of more effective performance	Indicators of less effective performance
<ul style="list-style-type: none"> Approachable and fair management style. Encourages staff to communicate their suggestions, problems etc. 	<ul style="list-style-type: none"> Tells people what to do and expects them to get on with it.
<ul style="list-style-type: none"> Sets a good example to staff by role modelling the expected behaviours and standards at every opportunity. Gets involved in the work of staff when appropriate. 	<ul style="list-style-type: none"> Refuses to perform tasks/duties of staff. May see this as a come down. Sometimes demonstrates inappropriate behaviour e.g. arriving late, resisting new initiatives overtly or covertly.
<ul style="list-style-type: none"> Fair and equitable approach, ensuring that all staff are treated equally and carry appropriate workload and responsibility. 	<ul style="list-style-type: none"> May show favouritism or display a negative bias towards some staff members.
<ul style="list-style-type: none"> Takes time to listen to and understand the views, motivators and concerns of staff members. Tries to act on these. 	<ul style="list-style-type: none"> Does not empathise with staff and therefore cannot manage according to their needs.
<ul style="list-style-type: none"> Looks for opportunities to praise and recognise staff for good performance. 	<ul style="list-style-type: none"> Rarely gives praise.
<ul style="list-style-type: none"> Shows respect and commonsense when dealing with personal difficulties. 	<ul style="list-style-type: none"> Expects others to get the job done despite the circumstances.
<ul style="list-style-type: none"> Ability to adapt style and approach based on being able to read the person or situation. 	<ul style="list-style-type: none"> Rigid inflexible style.
<ul style="list-style-type: none"> Encourages staff to attend training/education courses and creates opportunities for this to happen. 	<ul style="list-style-type: none"> Sees education and training as a low priority and will not look for ways to release people.

Indicators of more effective performance	Indicators of less effective performance
<ul style="list-style-type: none"> Is aware of the strengths and development needs of staff. Seeks to develop them on the job through coaching, informal training and the Personal Development Plan (PDP) process. 	<ul style="list-style-type: none"> Does not take time to understand strengths or development needs of staff. Does not invest energy into their personal development.
<ul style="list-style-type: none"> Looks for opportunities for staff to take ownership of tasks and responsibilities. Tries to make them feel empowered. 	<ul style="list-style-type: none"> Sees the role of staff as doing what is asked of them rather than taking on responsibility for more.
<ul style="list-style-type: none"> When delegating, gives staff the freedom to decide how to go about a task. 	<ul style="list-style-type: none"> Tells staff what is to be done and how with no latitude for them to use initiative.
<ul style="list-style-type: none"> Is prepared to actively support staff. Advocates upwards for additional support and resources. 	<ul style="list-style-type: none"> Blames staff for failure to meet expectations.

Building Effective Relationships

Develops open and honest relationships with colleagues in the service. Works well within a multi disciplinary team and treats people with respect. Builds up networks within the service and can use these to good effect. Shows objectivity, patience and mediation skills when dealing with conflict.

Indicators of more effective performance	Indicators of less effective performance
<ul style="list-style-type: none"> Develops open and honest working relationships with managers, peers and subordinates. Treats people fairly and with respect. 	<ul style="list-style-type: none"> Keeps opinions and feelings from others.
<ul style="list-style-type: none"> Good team player. Shows support and encouragement for others. Enjoys the dynamic of working closely with others. 	<ul style="list-style-type: none"> Likes to work alone. Does not go out of his/her way to support colleagues.
<ul style="list-style-type: none"> Carefully guards confidentiality and shows discretion when dealing with peoples' issues and concerns. 	<ul style="list-style-type: none"> Engages in gossip and discloses personal information.
<ul style="list-style-type: none"> Works well with colleagues from different cultures or backgrounds. Enjoys the diversity within the Health Service. 	<ul style="list-style-type: none"> Is more comfortable with people of a similar culture, background etc. Does not take the time to understand others.
<ul style="list-style-type: none"> Builds on good formal and informal networks and can use these contacts to get things done and solve problems. 	<ul style="list-style-type: none"> Relates only to those with whom he/she works closely.
<ul style="list-style-type: none"> Builds a good partnership relationship with trade union officials and shop stewards founded on trust, understanding and mutual respect. 	<ul style="list-style-type: none"> Only deals with trade union officials and shop stewards when absolutely necessary. May display inappropriate style when working with them.
<ul style="list-style-type: none"> Creates harmony by mediation between parties in a conflict situation. Finds a win-win solution. 	<ul style="list-style-type: none"> May take sides or become emotionally involved in a conflict.
<ul style="list-style-type: none"> Deals with problems on the spot so that they are not allowed to fester. 	<ul style="list-style-type: none"> Avoids or escalates conflict situations.

6. Themes Emerging from the Research

The purpose of this section is to outline the main broad themes, which emerged during this research. These include observations on the context and environment in which many managers operate along with issues which have arisen due to the specific nature of this project and the group of managers being researched.

- **Diversity of Roles within the Population**

This study was conducted on a wide variety of roles within the regions, voluntary hospitals and intellectual disability organisations. Appendix 2 outlines the roles and grades, which were included in the project. The vast diversity of job types and work environments led to a challenge in coming up with a set of skills and characteristics, which is relevant, to all. Essentially the themes common across all the management/supervisory roles appears in the competency framework. This means that the very specific/technical competencies which might apply to a Head Chef or an Engineering Officer for example are not included. This, however, does not in any way reduce the effectiveness and applicability of the competencies. The research set out to define the traits and characteristics of effective managers within the support services rather than to provide detailed personal specifications for all those involved.

- **Varying Levels of Management/Supervisory Responsibility**

Another theme to become apparent within this group was the varying level of management/supervisory responsibility. Some of the grades included have a large degree of autonomy, manage significant budgets and are in control of an extensive amount of resources. Many more however feel they have little or no autonomy/decision making power and do not in effect manage resources. Their role is primarily at a slightly more senior level than the staff they work with and contains some element of planning and supervision. In fact only 10% of the people who answered the structured questionnaire during the focus groups fell into the more senior category.

The result of this is that the data gathered did not allow SHL to define management effectiveness at a number of levels. People using the competencies as part of their PDP (Personal Development Plan) or to help with the performance management process should identify the traits and characteristics, which are relevant in their current role and use these rather than apply the competency framework in its entirety.

During the consultation sessions when people were asked to go through the list of traits and characteristics and identify those which they did not feel were relevant at their level, only a very small (statistically insignificant) number emerged. This indicates that the competency definitions are pitched at a level that the majority of support service managers/supervisors can relate to.

- **Firefighting nature of the role**

Throughout all interactions with the support service managers/supervisors they described their roles and responsibilities as largely reactive. They appear to spend large amounts of time problem solving, juggling resources and adapting to situations as they arise. There is a perception that there is not enough time in the day for them to engage in more value added activities such as long term planning or coaching.

- **Benchmarking against other competency frameworks**

Part of this process involved benchmarking the competency framework against other national and international frameworks from different sectors and job types. As would be expected there is a large degree of similarity across many areas particularly the interpersonal and task related competencies. The most interesting themes are competencies, which did NOT emerge from the research and are found in the majority of service oriented management competencies.

Insufficient data emerged to justify the inclusion of a standalone customer or patient focus competency. It appears that most of the supervisors/managers interviewed or present at focus groups have a mainly internal focus. They do not think of themselves as service providers and rarely discussed the role they play in serving the end user (patients, clients, service users)

Even though commitment and initiative is seen as important, there appears to be a lack of focus on results targets or objectives. In the competency card sort exercises conducted during the briefing sessions and focus groups only a very small number of respondents selected items relating to drive for results as being important.

Creativity and Innovation is often a required competency in customer led management roles. This did not emerge in this piece of research. It would appear that most of the population do not have the scope to innovate or come up with new and different ideas.

- **The increasing diversity within the support service workforce**

The incremental increase in foreign nationals seeking work in Ireland over the past number of years has led to a new cultural and ethnic diversity within the support service workforce. Managing this diversity requires certain traits and attributes which are included in the 'Building Effective Relationships' competency.

- **The Climate**

The final theme of note to come through is to do with the environment where many support service managers/supervisors work. In many cases this is quite difficult and characterised by low morale, absenteeism and other performance problems, resistance to change and a difficult IR climate with regular conflict. Building relationships and managing people is a challenge and draws on skills and behaviours, which are not required to the same extent in other environments.

7 Recommendations for Next Steps

One sub theme to emerge from the research was a lack of clarity around job roles and definitions. Some supervisors/managers did not see themselves as responsible for the motivation and development of staff in their area. While this was not explored in detail by SHL it appears that there may be a need for some exercise to clarify roles and responsibilities.

The concept of personal development and competencies is new and different to many managers and supervisors within the health service. It will be vital to ensure that structures and supports are put in place to ensure people engage with the various tools that will emanate from this competency framework. It is recommended that relevant learning and development departments explore the possibility of providing workshops and possibly setting up learning groups. Another platform where competencies can be reinforced is Personal Development Planning (P.D.P)

The SKILL project provides an invaluable platform to affirm the use of competencies as a personal development tool. It is recommended that the programmes emanating from the project include briefing on the competency framework and the use of learning plans and learning logs that are competency based.

SHL understands that a performance management system is currently being put in place within many areas of the health service. The research identified two themes which are highly relevant in this regard. Firstly the apparent lack of focus on targets and objectives will be addressed through the objective setting and review aspect of performance management. Secondly and more importantly there is a perceived gap around the skills and behaviours required to engage in open and honest discussions around performance. This will be made all the more challenging in the areas where the climate is currently difficult. We recommend that sufficient training and development is provided to managers/supervisors so that they feel comfortable with the process and more importantly the skills and behaviours.

The lack of emphasis placed on internal and external customers was an interesting issue to come out of this research. It is recommended that a more proactive approach to communication and involvement should be adopted (particularly in the larger hospitals) so that supervisors and managers in the support services 'feel' part of a service providing team.

The difficult climate in certain areas within the support services will make it difficult to achieve momentum towards change and continuous improvement. It is recognised that low morale and cynicism is the result of many years of 'history' and will not disappear overnight. Nevertheless it may be appropriate to explore some conflict management interventions such as coaching and other skills training as a pilot programme in a number of the more problematic areas.

Appendix 1: Members of the steering group

Alan Smith	Chairperson	General Manager, Office for Health Management
William Beausang		Principal Officer, Department of Health and Children
Ann Judge		Management & Organisation Development Specialist, Office for Health Management
Matt Merrigan		National Secretary, SIPTU
John O'Connor		Acting Director of Human Resources, AMNCH
Sé O'Connor		Acting Assistant Chief Executive Change Management, Health Service Employer's Agency
Caroline O'Regan		Management & Organisation Development Specialist, Office for Health Management
Francis Rogers		Director of Human Resources, NWHB
Jillian Sexton		HR Training & Development Coordinator, National Federation of Voluntary Bodies

Appendix 2: Details of the roles and grades included in the project

Census Returns Mach 2004 (selected grades)

Grade	Total WTE excl. Career Break
Ambulance Officer	3
Ambulance/Transport Supervisor	44
Catering Manager	10
Catering Officer, Assistant	33
Catering Officer Grade I	47
Catering Officer, Grade II	80
Catering Officer, Grade III	20
Catering Officer, Grade IV	35
Catering Officer, Senior Assistant	7
Catering Supervisor	41
Catering Supervisor, Assistant.	6
Chargehand	41
Chef, Executive	8
Chef, Head	5
Chef I	274
Chef II	412
Chef, Senior	45
Clerk of Works	8
C.S.S.D. Supervisor	8
Dental Craftsman/Technician, Chief	1
Dental Craftsman/Technician, Senior	3
Dental Surgery Assistant, Senior	25
Diningroom Supervisor	9
Emergency Medical Controller	57
Emergency Medical Technician, Leading	81
Engineer/Engineering Officer	13
Foreman	87
Foreman, Assistant	25
General Assistant, Senior	1
Groundsman Head	23
Head of Catering	1
Home Help Organiser	49
Hostel Supervisor	37
Household Services Manager	13
Household Services Manager, Deputy	2
Linen Room/Laundry Supervisor	45
Maintenance Officer/Supervisor	57
Pathology Technician, Senior	10
Pool Attendant/Supervisor	36
Porter, Head	38
Prosthetist, Senior	6
Supervisor - Welfare Home	4
Supervisor Welfare Home, Assistant	23
Workshop Manager	38
Sum:	1811

Appendix 3: Content of communication flyer distributed around the health service

Identifying Management Skills and Attributes in the Support/Ancillary Services Area – A Short Guide to the Project

Background

The National Health Strategy *'Quality and Fairness - A Health System for You* (2001) highlights the need to further develop human resources in the Irish health services and the Action Plan for People Management (APPM), published at the end of 2002, sets out the steps which need to be taken in order to build this capability. As part of this initiative, the Office for Health Management is currently working to identify the skills and attributes required for managers of support/ancillary staff within the health sector. This is also called a "Competency Framework". The purpose of this brief document is to explain why the project is important, how you may be involved and when you can expect to see some results.

SHL (Ireland) a consultancy firm with a lot of expertise in this area have been commissioned to identify the most important management skills and attributes for managers who work in the Support/ Ancillary services area.

What's in it for you?

1. A comprehensive training and development initiative called S.K.I.L.L is being rolled out in the support/ancillary services area during the period 2004-2008. This will involve a significant increase in opportunities for managers and staff to avail of training and education programmes. Taking part in this process will allow you to have an important impact into how this takes shape.
2. If a manager wants to learn how to perform better with their team, they can use the competency framework to see what approach is considered to be the most effective. They could also simply ask their staff to give them objective feedback on how they are doing in relation to the various competencies.
3. If someone is interested in progressing to a management role they can look up the skills and attributes that are required and see what areas they need to develop in.
4. If a person is needed to fill a management role, the competency framework will provide a detailed list of the skills and attributes required

What do we mean by skills and attributes?

We are interested in clearly describing the skills and attributes that somebody needs to do their job well. They may be

Analytical	Interpersonal	Motivational
Using your mind to work things out and decide what to do	How you deal with the people you interact with in work	Your own attitude towards the work that you do
For example		
<ul style="list-style-type: none"> ○ Solving Problems ○ Planning 	<ul style="list-style-type: none"> ○ Managing difficult staff ○ Dealing with customers 	<ul style="list-style-type: none"> ○ Openness to change ○ Coping with pressure

What we need from you?

In order to get the best possible list of skills and attributes, we need to consult with as many people as possible. After all you are the experts here. Nobody knows your job and the challenges you face better than you! There will be 3 opportunities for people to be involved:

1. Everyone will be invited to attend a communication briefing session (venues and dates to be notified).
2. You may be contacted to take part in an interview with one of the SHL consultants to talk about your job and the skills and attributes that are important.
3. You may be asked to take part in a focus group where you will complete a short questionnaire and take part in a discussion with other colleagues.
4. You may be asked to join a group to review the first draft of skills and attributes and make suggestions for changes.

Timescales

Stage	Goal	When
Communication	To make sure that everybody involved understands what the project involves and has a chance to ask questions or be involved	October and ongoing
Collecting Information	To meet as many people as possible in interviews or groups so that we can learn as much as possible about the skills and attributes required in these roles	October to December
Consultation	To get as many people as possible to review the draft of skills and attributes so that we can adapt and finalise it	January 2005

What's Next

Try to attend one of the regional briefing sessions which will be announced shortly and help us to communicate the value of this work to those around you. This will help make the actual framework and the training and development that follows a success.

Please contact Kevin Henry, Project Manager, Telephone 01-2883550, email: kevin.henry@shlgroup.com for any queries in relation to the above.

Appendix 4 SAMPLING FRAME FOR OHM ANCILLARY MANAGEMENT COMPETENCY DESIGN

FUNCTION	TOTAL POP.	RG/FF	CI	5%		27%		5%		10%		6%		3%		7%		7%		###	3%		9%		Total FG	SAMPLE		
				STRUCTURED	93	473	92	174	106	59	121	121	OU	PS	255	54	154											
				ECAHB	ECAHB	ERHA	ERHA	MHB	MHB	MWHB	MWHB	NEHB	NEHB	NAHB	NAHB	NWHB	NWHB	SEHB	SEHB	SHB	SHB	SWAHB	SWAHB	WHB	WHB			
3% AMBULANCE	58	1	1	11	1	0		0		17	2	7	1	0				9	1	5				6	1	6	4%	
8% EMT	138	1	1	33	3	1		15	2	0		17	1	0		8	1	25	2	32	3	0		7	1	13	9%	
16% CATERING	279	2	2	9	1	129	10	9	1	15	1	18	2	14	2	14	2	17	2	34	3	11	1	12	1	26	18%	
43% CHEFS	744	3	3	24	2	205	10	40	4	63	6	49	3	33	3	68	4	41	3	107	5	28	2	74	4	46	32%	
2% DENTAL	29	1	1	5	1	9	2	0		0		0										8	1	0		4	3%	
7% ENGINEERING	126	1	1	2		41	4	12	1	19	2	2						10	1	16	1	3		15	2	11	8%	
1% GROUNDSMEN	23	1	1	3		3	1	1		0		0								11	2	0		2		3	2%	
3% HOME HELP SUPERVISOR	49	1	1	0		0		4		5	1	0				12	1	2	0	21	2	1		4	1	5	3%	
4% HOSTEL/HOME SUPERVISORS	64	1	1	6		15	2	0		27	3	0		11	1	0											6	4%
7% HOUSEHOLD SERVICES	117	1	1	0		24	3	8	1	12	1	13	1	1		11	1	13	1	20	2	1		17	2	12	8%	
2% POOL ATTENDANT/SUPERVISOR	36	1	1	0		23	3	0		4	1	0				1											4	3%
2% PORTER	38	1	1	0		20	2	0		2		0				3		2		5	2	2		3		4	3%	
2% WORKSHOP	38	1	1	0		3	1	3		10	1	0				4	1	2		4	1	0		14	2	6	4%	
TOTAL	1739	16	16		8		38		9		18		8		6		10		10	21		4		14	146			
					6%		27%		6%		13%		6%		4%		7%		7%	15%		3%		10%				