Why the competencies were identified

This user pack presents a set of competencies that have been identified for support service managers in the health services. It aims to provide a comprehensive model and framework for managers and supervisors to build their management skills and attributes.

Since 1998, the Office for Health Management (OHM) has been involved in several research and development initiatives to provide frameworks for other groups of health service managers such as nursing managers, clerical administrative managers and managers of health and social care professions.

The National Health Strategy and Quality Framework for Health Services published in 2001 set out the steps which need to be taken to address the capability needs of these diverse groups of health service managers. To address the capability needs of managers of support staff within the health services, in other words to establish a ‘competency framework’, an in-house project was convened to oversee and guide the research. The members of the steering group are listed on the back cover of this folder.

The project progressed through six discrete stages from its inception in September 2004 to its completion in March 2005. Members of the steering group were involved in every stage of the project, and a series of meetings was held to discuss progress with managers of support staff from the health services.

How the management competencies were devised

SHL Ireland was commissioned to identify the most important management skills and attributes for managers who work in the support services area. By way of understanding the needs of managers of support staff within the health services, in other words to establish a ‘competency framework’, SHL Ireland was commissioned to identify the most important management skills and attributes.

The project progressed through six discrete stages from its inception in September 2004 to its completion in March 2005. During stage 1 the objectives and timeframes were agreed and the final report was written.

The first draft of competencies was produced during stage 4, following an analysis of all the information gathered in the previous stage. The next stage involved the production of a comprehensive list of descriptions for each role.

If someone is interested in progressing to a management role, the competency framework will provide a detailed list of the skills and attributes required.

If a person is needed to fill a management role, the competency framework will provide a detailed list of the skills and attributes that are required and the areas in which the person needs to develop.

If someone is interested in progressing to a management role, the competency framework will provide a detailed list of the skills and attributes that are required and the areas in which the person needs to develop.

A technical report published in March 2005, from which this competency user pack was prepared, may be accessed at www.skillproject.ie.

A number of themes were agreed during stage 2 and these themes were developed during stage 3 to meet as many people as possible in interviews or groups so that as much as possible could be learned about the skills and attributes required in the relevant role.

What are the benefits for managers/supervisors?

If a manager wants to learn how to perform better with his/her team, she can use the competency framework presented here to see what approach is considered to be the most effective. If someone is interested in progressing to a management role, she can look up the skills and attributes that are required and the areas in which she needs to develop. If a person is needed to fill a management role, the competency framework will provide a detailed list of the skills and attributes required.

A technical report published in March 2005, from which this competency user pack was prepared, may be accessed at www.skillproject.ie.
There are 10 management competencies clustered into 4 subheadings as illustrated in the management competency wheel below.

- MANAGING THE SERVICE
- MANAGING YOURSELF
- MANAGING CHANGE
- MANAGING PEOPLE

These subheadings indicate how the competencies will help managers to deliver the priorities for their organisation.
This user pack presents a set of competencies that have been identified for support service managers in the health services. It aims to provide a comprehensive model and framework for managers of support staff within the health services to use in the development of staff. The National Health Strategy and Quality and Fairness: A Health Strategy for the 21st Century (2001) highlights the need to further develop management frameworks for other groups of health service managers such as nursing managers, clerical administrative managers and managers of health and social care professions. The National Health Strategy also identifies for support service managers in the health services. It aims to provide a comprehensive model and framework for managers of support staff within the health services, in other words to establish a ‘competency framework’.

### What are the benefits for managers/supervisors?

If a manager wants to learn how to perform better with his/her team, s/he can use the competency framework provided here to identify the skills and attributes that are required and the areas in which s/he needs to develop. If someone is interested in progressing to a management role, the competency framework will provide a detailed list of the skills and attributes required. If a person is needed to fill a management role, the competency framework will provide a detailed list of the skills and attributes required.

### How the management competencies were devised

SHL (Ireland) was commissioned to identify the most important management skills and attributes for managers who work in the support services area. By way of understanding the nature of a steering group representative of management and staff interests and related literature was gathered to form the basis of this work. The members of the steering group identified for both support staff and managers/supervisors in the support services area to avail of learning opportunities. 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It 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 learning, education and training. It is being rolled out in the support services area over the coming years.
why the competencies were identified
This user pack presents a set of competencies that have been identified for support service managers in the health services. It aims to provide a comprehensive model and framework for managers of support staff within the health services. The National Health Service Executive – Health Management (since 2005 renamed Office for Health Management – OHM) and the Health Service Executive – Human Resources (HSE – HR) were commissioned to establish a ‘competency framework’ for managers of support staff within the health services in other words to establish a ‘competency framework’

What are the benefits for managers/supervisors?
If a person is needed to fill a management role, the competency framework will provide a detailed list of the skills and attributes required. If someone is interested in progressing to a management role s/he can look up the skills and attributes that are required and the areas in which s/he needs to develop. If a person is ready to fill a management role, the competency will provide a detailed list of the skills and attributes required.

How the management competencies were devised
SHL (Ireland) was commissioned to undertake research to identify the most important skills and attributes required for support staff and managers to avail of the draft of skills and attributes so that it could be adapted and finalised to get as many people as possible to review the draft of skills and attributes required in the relevant roles so that as much as possible could be learned about the skills and attributes required in the relevant roles.

The project progressed through six discrete stages from its inception in September 2004 to its completion in March 2005.

1. The objective in stage 1, the planning stage, was to establish the roles for which the competencies were required. The draft of skills and attributes was revised during stage 5.

2. The objective in stage 2, the information gathering stage, was to meet as many people as possible in interviews or groups so that as much as possible could be learned about the skills and attributes required in the relevant roles.

3. The first draft of competencies was produced during stage 4, following an analysis of all the information gathered in the previous stage. In integration into behavioural themes and the production of a comprehensive list of behavioural descriptions for each theme.

4. Widespread consultation took place during stage 5 in order to get as many people as possible to review the draft of skills and attributes so that it could be adapted and finalised.

5. The second draft of skills and attributes was revised during stage 5 and the final report was written.

Each competency is presented in a separate booklet in the following format.

COMPETENCY TITLE: (e.g. Analyse & Decision Making)
DEFINITION: (A BRIEF DESCRIPTION OUTLINING THE CRITICAL ASPECTS OF THIS COMPETENCY)
INDICATORS OF KNOWLEDGE RELEVANT TO PERFORMANCE
INDICATORS OF KHWS IN ACTION / INTEGRATION
2 lists of actions to help managers develop links to demonstrate this competency in practice.

A technical report published in March 2005, from which this competency user pack was prepared, may be accessed at www.skillproject.ie.
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 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, in other words the 'Competency Framework', required for managers of support staff within the health sector.

In September 2004, SHL (Ireland) was commissioned by the Office for Health Management (since 1 January 2005 renamed Health Service Executive – Health Management) 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 and Training Awards Council) accredited education, training and development programmes. The SKILL Project will help to 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 provided here to see what approach is considered to be the most effective. S/he can also simply ask the staff to give objective feedback on how s/he is 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 for this report. The membership of the steering group is outlined on the back cover of the folder accompanying this report.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Goal</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project set-up</td>
<td>To agree the objectives and timeframes for the project</td>
<td>September 2004</td>
</tr>
<tr>
<td>Communication</td>
<td>To make sure that everybody involved understood what the project entailed and had a chance to ask questions</td>
<td>October and continuous</td>
</tr>
<tr>
<td>Collecting information</td>
<td>To meet as many people as possible in interviews or groups so that as much as possible could be learned about the skills and attributes required in the relevant roles</td>
<td>October to December 2004</td>
</tr>
<tr>
<td>First draft of competencies produced</td>
<td>To analyse all of the information and integrate it into behavioural themes. To produce a comprehensive list of behavioural descriptions for each theme</td>
<td>January 2005</td>
</tr>
<tr>
<td>Consultation</td>
<td>To get as many people as possible to review the draft of skills and attributes so that it could be adapted and finalised</td>
<td>January 2005</td>
</tr>
<tr>
<td>Final report</td>
<td>To revise the draft of skills and attributes and write a final report</td>
<td>February/March 2005</td>
</tr>
</tbody>
</table>

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

Stage 1 Project set-up

The steering group met in September and early October 2004 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 may be accessed in the extended, web version of this document at www.skillproject.ie)
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 were given the opportunity to make comments or ask questions. Therefore a three-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 may be accessed in the extended, web version of this document at www.skillproject.ie)

2. In order to ensure that people got an opportunity to hear about the project first hand and ask questions, seven 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, and the different stages of the project were described.

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 may be accessed in the extended, web version of this document). This process was designed to ensure that statistically significant numbers of participants were obtained both in terms of the total number of incumbents in each role and also within each regional area. The total number of people within the subject population is 1,811. The number of people involved in the study was 208, a figure that 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. The invitations were arranged 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 involved in support staff management/supervisory roles, a review of some relevant information was undertaken. This included reviewing a number of job descriptions and reports.

2. **Structured interviews**
   Structured interviews took place with both incumbents of support staff management/supervisory positions and their managers in accordance with 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 rests in highlighting the events where the frequency of occurrence is low, but performing effectively is essential if one is to be highly effective in the role.

   The Repertory Grid Interview is a structured interview technique that identifies the personal characteristics which distinguish between effective and ineffective performance. Such 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 organisation, 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 sessions incorporated completion of a structured questionnaire and also used a card-sort activity designed 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 groups’ 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 support staff would need to face the challenges within their areas. SHL 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 researched within the Irish health sector, but also measured the information against competency frameworks designed for national and international public and private sector organisations outside the 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, four consultation sessions were conducted – in Dublin, Limerick, Cork and Galway. All managers who had taken part in the research were invited to attend, as were all other interested parties.

At these sessions some input was provided on the process to date as well as on 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, the competency framework was finalised and final report produced.
4 The Competency Framework

Managing the Service:
1. Quality and Customer Focus
2. Planning, Organising and Prioritising

Managing Yourself:
3. Change and Self-Development
4. Initiative, Drive and Resilience

Managing People:
5. Managing Change/Strategic Thinking
6. Managing Performance
7. Communicating and Influencing
8. Motivating, Developing and Empowering

Managing Change:
9. Building Effective Relationships
10. Analysis and Decision Making

Managing the Service:
11.
MANAGEMENT COMPETENCIES FOR SUPPORT SERVICE MANAGERS IN THE HEALTH SERVICES
Analysis and 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

- Accesses all relevant information before making a decision.
- Uses a logical and fact-driven approach when analysing information in order to reach a conclusion.
- Balances cost with quality service when planning and decision-making. Manages budgets effectively.
- Weighs up the pros and cons of a number of solutions before making a decision.
- Is decisive, prepared to make difficult/rough decisions within an acceptable timeframe and accept full responsibility.
- Knows when to involve others in the decision-making process.
- Clearly communicates issues and consequences of decisions to all parties.
- Anticipates problems and proactively seeks to resolve issues before they arise.
- Takes a broad and/or lateral view when looking at problems. Views issues from a wide range of perspectives.
- Takes a long-term perspective, when analysing information and/or considering the implications of his/her decisions.

### Indicators of LESS effective performance

- Uses instinct and gut feeling without regard to all the facts.
- Often omits information and comes to incorrect conclusions.
- Overlooks or plays down financial realities when planning or decision-making.
- Tunnel vision - may only explore one or two options.
- Does not want any hassle, shies away from decision-making and tends to leave this to others.
- Inappropriately makes decisions without responsibility/expertise or may leave all decisions to others.
- Keeps things to himself/herself.
- Fails to anticipate, operates in the here and now. May spend too much time fire fighting.
- Tends to only see one side of the coin.
- Thinks in the short term ‘fix it and it will go away’ mode.
**Quality and Customer Focus**

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

<table>
<thead>
<tr>
<th>Indicators of MORE effective performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>› Believes in the positive impact of standards, processes and procedures. Emphasises this to staff.</td>
</tr>
<tr>
<td>› Has a thorough knowledge of standards, processes and procedures relevant to his/her area, for example HACCP, ISO, IQA, health and safety, measurement of person-centred services.</td>
</tr>
<tr>
<td>› Uses relevant processes and procedures to effectively manage the performance of the unit and the individual.</td>
</tr>
<tr>
<td>› Is methodical about attention to detail when working on or planning tasks and checking the output of others.</td>
</tr>
<tr>
<td>› Sets high standards and ensures that quality of service is maintained at a top level. Reinforces the need for quality.</td>
</tr>
<tr>
<td>› Proactively identifies ways to improve the service and encourages staff to do the same.</td>
</tr>
<tr>
<td>› Seeks to understand and meet customer needs (the needs of patients, service users, departments, other staff). Puts the customer at the heart of the service provided: for example promotes the use of customer feedback questionnaires.</td>
</tr>
<tr>
<td>› Is committed to quality – develops standards, educates staff and monitors to ensure standards are met.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators of LESS effective performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>› Sees standards, processes and procedures as troublesome and a nuisance.</td>
</tr>
<tr>
<td>› Has a sketchy, incomplete knowledge of standards, processes and procedures relevant to his/her area.</td>
</tr>
<tr>
<td>› Sees quality as a form-filling exercise.</td>
</tr>
<tr>
<td>› Uses a broad-brush approach, often missing details and making careless mistakes.</td>
</tr>
<tr>
<td>› Accepts sub-standard outputs, does not put quality at the top of the agenda.</td>
</tr>
<tr>
<td>› Is happy to maintain the status quo in terms of service provided.</td>
</tr>
<tr>
<td>› Fails to put customer needs first.</td>
</tr>
<tr>
<td>› Pays lip service to quality, does not reinforce its importance to the service provided.</td>
</tr>
</tbody>
</table>
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**

- Ensures that objectives are clear at the outset before executing a task.
- Thinks and plans ahead, anticipating potential stumbling blocks before they arise. Ensures that contingencies are built in.
- Adopts a systematic approach to planning, for example uses rostering based on objectives, timelines and resources available.
- Is highly organised in his/her approach to work, uses diaries, lists or other techniques to manage time and plan schedules.
- When delegating, ensures that the person is clear about his/her role and builds in review/monitoring mechanisms.
- Monitors progress against objectives regularly.
- Displays an ability to juggle priorities (for example patients’ needs, clinical requirements, logistical issues, mini-crises) and swap things around in order to meet demands.
- Is able to move resources (people, financial, material) around in order to meet objectives.

**Indicators of LESS effective performance**

- Responds immediately to a request or instruction even when not totally sure as to the exact objective.
- Operates on a reactive basis, dealing with things as they arise.
- Employs an ad hoc approach. Makes plans which may not be explicit or comprehensive in nature.
- Fails to organise self and others. As a result, sometimes fails to complete tasks or misses deadlines.
- Gives unclear or incomplete instructions when delegating tasks.
- Does not make a habit of monitoring progress.
- Works on a ‘first come, first served’ basis, not distinguishing matters that are urgent from those that are trivial or less important.
- Cannot stand back and look at resources available. Often rejects without exploring all the options.
4 Change and 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**

- Is open to improvement and positive towards change. Readily adapts to new environments, standards and procedures.
- Seeks to implement change positively and within an appropriate timeframe. Motivates others towards change.
- Can comfortably operate in ambiguous situations arising from the pace of change in the health service.
- Proactively seeks formal and on-the-job development opportunities and can transfer learning to the benefit of the service.
- Is positive about receiving feedback and constructive criticism. Tries to change as a result.

**Indicators of LESS effective performance**

- Resists change or is slow to change. Would prefer stability and repetition. Thinks of the negative impact on himself/herself rather than the positives for the health service.
- Slow to change, does not advocate in a positive manner with staff.
- Feels uncomfortable and uncertain where there is ambiguity.
- Makes no conscious effort to learn or develop new skills and behaviours. Sees learning as someone else’s responsibility.
- Takes constructive criticism personally. Denies responsibility and refuses to change.
### Initiative, Drive and Resilience
Is positive, enthusiastic and dedicated. Demonstrates flexibility in order to ensure that customer needs are met. Copes well with disappointments and setbacks and manages to remain upbeat. Uses effective tactics to lessen stress.

<table>
<thead>
<tr>
<th>Indicators of MORE effective performance</th>
<th>Indicators of LESS effective performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>› Has a positive and enthusiastic attitude. Is committed to doing a good job.</td>
<td>› May complain about difficulties without doing anything positive to deal with them.</td>
</tr>
<tr>
<td>› Is dedicated and committed to improving the service offered.</td>
<td>› Lacks motivation in his/her role, does not feel really involved or committed.</td>
</tr>
<tr>
<td>› Is flexible and adaptable. Is willing to accommodate requests that are above and beyond the normal requirements of the job, in order to meet patient/client needs.</td>
<td>› Sticks rigidly to role and time requirements. Is unwilling to put himself/herself out when asked.</td>
</tr>
<tr>
<td>› Is prepared to take ownership of tasks and take the initiative in this regard. Will drive things to completion.</td>
<td>› Needs to be asked or prompted to complete tasks.</td>
</tr>
<tr>
<td>› Persists and stays positive despite setbacks and disappointments.</td>
<td>› Tends to give up, and blames external factors for failure to meet standards.</td>
</tr>
<tr>
<td>› Copes well with conflict and/or resistance. Does not take matters personally.</td>
<td>› Reacts aggressively to conflict and/or resistance.</td>
</tr>
<tr>
<td>› Manages stress levels effectively, can switch off after work. Does not take problems home.</td>
<td>› Feels uptight and anxious. Finds it difficult to switch off.</td>
</tr>
<tr>
<td>› Remains cool and collected in pressurised or crisis situations. Is objective, and therefore can provide focus and direction to others.</td>
<td>› Feels anxious and nervous under pressure. Is limited in his/her ability to plan and make decisions.</td>
</tr>
</tbody>
</table>
### Managing Change/Strategic Thinking

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

<table>
<thead>
<tr>
<th>Indicators of MORE effective performance</th>
<th>Indicators of LESS effective performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Develops a vision of what an improved service should look like. Promotes a positive attitude towards change.</td>
<td>➢ Operates in the here and now. Shows no interest or desire when it comes to changing things.</td>
</tr>
<tr>
<td>➢ Introduces proactive and/or creative changes aimed at improving the service provided.</td>
<td>➢ Is content to do things the way they have always been done.</td>
</tr>
<tr>
<td>➢ Communicates effectively with all stakeholders while managing change. Adopts a partnership approach. Shows empathy and patience. Sells the vision.</td>
<td>➢ Fails to listen to and understand the views of other stakeholders. Is impatient and unable to empathise.</td>
</tr>
<tr>
<td>➢ Has a good understanding of the changing environment of the health service and how it impacts on his/her own area.</td>
<td>➢ Is unaware of the big picture in regard to the health service.</td>
</tr>
<tr>
<td>➢ Takes a strategic view when engaged in business planning or service planning. Values interdependent and co-operative relationships within the service and takes a long-term view.</td>
<td>➢ Tends to consider only his/her area when planning. Is unaware of cross-functional interdependencies. Has a short-term focus.</td>
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MANAGING PEOPLE

MANAGEMENT COMPETENCIES FOR SUPPORT SERVICE MANAGERS IN THE HEALTH SERVICES
Managing Performance

Sets clear standards for individuals and the 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:

- Sets clear standards, goals or objectives for individuals and teams. Ensures that there is no ambiguity about what is required.
- Regularly observes staff performance and checks their work. Gives positive and negative feedback immediately.
- Makes sure to balance feedback, conveying praise and affirmation as well as constructive criticism.
- Sees himself/herself as a manager. Maintains a professional distance when relating to staff.
- Adopts a firm and assertive approach to dealing with instances of underperformance such as absenteeism or a poor level of output. Makes standards clear. Does not tolerate poor work or non-compliance.

Indicators of LESS effective performance:

- Fails to make expectations clear or check that standards and objectives are clearly understood.
- Does not spend sufficient time observing, monitoring or giving feedback. Too involved in his/her own activities to manage the performance of others.
- His/her feedback tends to be either overly positive or negative.
- Is anxious to be liked by staff, and fails as a result to assertively manage performance.
- Is either timid or aggressive in confronting underperformance.
Communicating and Influencing

Gets his/her point across to others clearly and effectively both verbally and in written form. Adopts good listening skills in order to understand other people’s views and concerns. Has an assertive communication style together with an open approach and a willingness to take other people’s opinions on board and involve them where appropriate. Is persuasive and convincing when negotiating with others.

Indicators of MORE effective performance

- Speaks in a clear and fluent manner. Gets the message across effectively.
- Displays an assertive communication style (in other words shows understanding and respect for others but is clear about his/her own needs).
- Listens well in order to fully understand other people’s points of view.
- Keeps staff and manager informed on relevant issues using a combination of methods, for example one-to-one meetings, team meetings, notice boards etc.
- Has an approachable style. Takes time to listen, understand and solve problems when possible.
- Proactively involves others and seeks their input and suggestions at every appropriate opportunity.
- Writes clear, well-structured reports/plans etc, which give a complete picture. Can use quantitative data to support his/her arguments, for example when preparing the service plan for the year.
- Successfully persuades and convinces managers, peers and subordinates. Is understanding of their feelings and advances arguments based on these factors.
- Uses clear, logical and fact-driven arguments when persuading/negotiating.
- Successfully negotiates outcomes due to diligent preparation, assertiveness and ‘give and take’ where appropriate.

Indicators of LESS effective performance

- Fails to get key points across. May be vague or hesitant in delivery.
- His/her communication style is either passive or aggressive.
- Has poor listening skills. Does not pay sufficient attention. May interrupt in order to get his/her own point across.
- Does not see the need to communicate regularly with staff or manager.
- Does not sufficiently make himself/herself available to others and/or does not deal with their feelings/concerns.
- Does not seek opportunities to involve others in planning and problem solving. Would prefer to do this alone and then communicate the decision.
- Is weak in terms of communication style, lacking structure or impact. Does not use quantitative data.
- Fails to persuade people to see the benefits and merits of a particular point.
- Tends to be less convincing and credible than colleagues. May be overly emotional and lack depth or clarity.
- Displays poor negotiation skills. May lack assertiveness or fail to show flexibility.
Motivating, Developing and Empowering

Has an 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**

- Has an approachable and fair management style. Encourages staff to communicate their suggestions, problems etc.
- 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.
- Displays a fair and equitable approach, ensuring that all staff are treated equally and carry the appropriate workload and responsibility.
- Takes time to listen to and understand the views, motivators and concerns of staff members. TRIes to act on these.
- Looks for opportunities to praise and affirm staff for good performance.
- Shows respect and common sense when dealing with personal difficulties.
- Is able to adapt his/her style and approach based on a capacity to read the person or situation.
- Encourages staff to attend training/education courses and creates opportunities for this to happen.
- 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.

**Indicators of LESS effective performance**

- Tells people what to do and expects them to get on with it.
- Refuses to perform the tasks/duties expected of staff. May see this as beneath himself/herself. Sometimes demonstrates inappropriate behaviour, for example arriving late, resisting new initiatives overtly or covertly.
- May show favouritism or display a negative bias towards some staff members.
- Does not empathise with staff and therefore cannot manage according to their needs.
- Rarely gives praise.
- Expects others to get the job done despite the circumstances.
- Has a rigid inflexible style.
- Sees education and training as a low priority and will not look for ways to release people for this purpose.
- Does not take time to understand the strengths or development needs of staff. Is not energetic in regard to their personal development.
- Sees the role of staff as doing what is asked of them rather than taking on the responsibility for more than that.
Indicators of MORE effective performance (continued)

- Looks for opportunities for staff to take ownership of tasks and responsibilities. Endeavours to make them feel empowered.
- When delegating, gives staff the freedom to decide how to go about a task.
- Is prepared to actively support staff. Advocates upwards for additional support and resources.

Indicators of LESS effective performance (continued)

- Tells staff what is to be done and how, allowing no latitude for them to use personal initiative.
- 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

- Develops open and honest working relationships with managers, peers and subordinates. Treats people fairly and with respect.
- Is a good team player. Shows support and encouragement for others. Enjoys the dynamic of working closely with others.
- Carefully guards confidentiality and shows discretion when dealing with peoples’ issues and concerns.
- Works well with colleagues from different cultures or backgrounds. Enjoys the diversity within the health service.
- Builds on good formal and informal networks and can use these contacts to get things done and solve problems.
- Builds a good partnership relationship with trade union officials and shop stewards, founded on trust, understanding and mutual respect.
- Creates harmony by mediating between parties in a conflict situation. Finds a win-win solution.
- Deals with problems on the spot so that they are not allowed to fester.

#### Indicators of LESS effective performance

- Keeps his/her opinions and feelings from others.
- Likes to work alone. Does not go out of his/her way to support colleagues.
- Engages in gossip and discloses personal information.
- Is more comfortable with people of a similar culture, background etc. Does not take the time to understand others.
- Relates only to those with whom he/she works closely.
- Only deals with trade union officials and shop stewards when absolutely necessary. May display an inappropriate style when working with them.
- May take sides or become emotionally involved in a conflict.
- Avoids or escalates conflict situations.