

NHS Leadership Qualities Framework



The Full Technical Research Paper

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I Overview

In order to develop the NHS Leadership Qualities Framework resources were invested to research a robust bespoke model of leadership for the NHS. The Hay Group were commissioned to develop a competency model for NHS Chief Executives and Directors, which would describe how outstanding Chief Executives and Directors get results. The development of this competency model involved reviewing over 20 other leadership models, interviewing and consulting with over 200 members of the NHS, DoH and patient representatives. This information was then analysed and the competency model created and tested prior to final approval.

This technical paper sets out the methodology used to develop the Chief Executive and Director competency model. It describes the competency modelling methodologies used and the outcomes.

Purpose of the Chief Executive and Directors Competency Model

In October 2000, The Leadership Programme commissioned a specific competency model for Chief Executives and Directors. (An overarching competency framework to apply to all leadership roles was subsequently commissioned and produced.) This work was intended to support the development of existing and aspiring Chief Executives and Directors in the service. Further applications in the future could be to support selection, performance management, and career and succession planning. Chief Executives, Directors and other stakeholders involved in the development of the work saw key processes such as recruitment and selection as priority areas for using the competency models.

How the Chief Executive and Director Model links to the Overarching Leadership Qualities Framework

The research carried out to develop the Chief Executive and Director Model was extended to create an overarching leadership competency framework (the NHS Leadership Qualities Framework) that now exists and applies to all leadership levels in the service. Leaders at all levels of the service were involved in this work through their involvement in focus groups and interviews.

II Information Gathering

Information to guide the development of the Chief Executive and Directors Model was gathered from a wide range of sources:

- Stakeholder interviews
- Expert panels
- Diversity Reference Group
- Analysis of existing competency models
- Analysis of benchmark data
- Design Groups
- Research interviews
- Analysis of Users' Perspectives
- Analysis of relevant strategic materials, including the NHS Plan and *Shifting the Balance of Power*

We outline each stage of this work below.

1. Stakeholder Interviews

Hay Group met and/or consulted with a range of individual stakeholders, including senior DOH, NHSE and regional representatives, development specialists within the service, representatives of patients' and carers' groups. Interviews were focused on:

- Building a picture of the service of the future and assessing the impact of change on services, organisations and leadership roles;
- Gathering data about the characteristics of outstanding leaders across the service; and
- Analysing the characteristics which will be associated with outstanding leadership in the future

2. Expert Panels

In November 2000, 4 "expert panels" were run with Chief Executives and Directors from the full range of NHS organisations. These groups worked together to:

- Debate and create the vision for the future;
- Analyse what the modernisation agenda means for different organisations - and what impact changes will have on the role of the leaders of those organisations;
- Explore the differences between Chief Executive and Director roles; and
- Begin to think about implementation and how the models and framework should be rolled out and used.

3. Diversity Reference Group

With the support of the Leadership Programme, the Hay Group set up and worked with a Diversity Reference Group. This group was made up of individuals within and beyond the NHS who have a particular commitment to and experience of diversity and of making services responsive to the needs of diverse groups.

The role of the group was to:

- Check and challenge diversity of representation at every stage of the project (in expert panels, interviews, focus groups etc); and
- Guide the project team in the development of tools, user materials and implementation support to ensure that the work provided a robust framework for leveraging diversity in its broadest sense (helping to break down traditional barriers to advancement in professional silos, across different areas of the service and so on).

4. Analysis of Existing Competency Models

In parallel with the focus groups, Hay Group undertook an analysis of a range of competency models already in use in the service; developed by Hay and other practitioners. These models were provided by the Leadership Programme. This analysis was targeted at:

- Identifying common themes and competencies;
- Identifying “unique” or unusual competencies or clusters of behaviours which seem to characterise leadership in this environment;
- Understanding why and how the different frameworks were developed and what they are currently used for;
- Analysing the different ways in which competencies are presented, including language used and format.

To supplement this deskwork, we also met and discussed some of the work with authors and leadership development practitioners who had worked with the NHS models. A full listing of the models referenced can be found in Appendix A.

5. Analysis of Benchmark Data

We also carried out an analysis of competency data from Hay Group’s worldwide database of competency models. The McBer database was founded by David McClelland and his colleagues at Harvard and has been rigorously developed over thirty years. It is the largest global database of its kind. It holds hundreds of thousands of research models for a range of roles across all areas of the public and private sectors - but is particularly strong in senior management and leadership roles. All the coded data from research interviews and models developed by Hay consultants from our practice across 32 countries is registered in the database and it is regularly updated with new information. Contributors such as Daniel Goleman and Richard Boyatzis (both students of McClelland) have drawn on the database to test and develop leading edge thinking on the role of competencies in performance and success.

In this case, we searched for models of leadership in similar or analogous situations (list of models referenced in Appendix A). We used the database because these models used scaled competencies, and by using Hay Group’s generic competency model to anchor the competencies in comparator models,

HayGroup were able to understand how the NHS research data was different from that in other leadership settings.

First Draft of the Model

An early draft of the model for Chief Executives was produced in December 2000 and used as a basis for wider consultation.

6. Design Groups

We tested the draft model with 4 design groups of Chief Executives and Directors. These design groups were set up in response to the overwhelming level of interest and support among the senior management community across the service. Most of the contributors to the early phase of information gathering actively sought ways to stay alongside the work as it developed.

The design groups were designed to:

- Respond to the enthusiasm and interest of key stakeholders (building commitment for the implementation phase);
- Test the draft model and gather responses to content, style, language and “face validity”;
- Test and challenge the extent to which the model applied to leaders at other levels;
- Gather information about leadership career paths - past and future; and
- Test early plans for implementation and materials to support users.

7. Research Interviews

Background and Methodology

In January 2001, the Leadership Programme commissioned a series of research interviews to add greater depth and robustness to the existing model. This work was designed to:

- Identify with precision the *range and combinations* of competencies highly effective Chief Executives use to achieve success;
- Identify the *level* at which these competencies are being demonstrated by successful leaders;
- Identify the competencies (and levels of those competencies) which distinguish the “highly effective” leaders from their “effective” peers;
- Provide the data which would allow us to build a 360 diagnostic tool which would provide individuals with *comparative* data about their competencies (i.e. benchmarked against the levels demonstrated by the highly effective group)
- Increase the rigour, robustness and *predictive validity* of the model (so that it could be used with real confidence for key processes such as selection (as well as development)).
- Use a process to provide us with data about competency variables which was predictive of job performance but was *not biased by race, sex or socio-economic factors*.

Our work in the area of building researched competency models is directly descended from McClelland's pioneering work into the factors which are associated with successful performance in different roles. In the 1960's and 1970's an increasing number of studies were published showing that traditional academic aptitude and knowledge content tests:

1. Did not predict job performance or success in life (see McClelland, 1973 for a review of this literature); and
2. Were often biased against minorities, women and people from lower socio-economic strata (Fallows, 1985)

McClelland used this work to identify principles for research into “competency variables” which did predict performance without bias. The most important of these principles were:

1. Use of *criterion samples* (comparing people clearly successful in jobs or life with people less successful in order to identify those characteristics associated with success);
2. Identifying *operant thoughts and behaviours* causally related to these successful outcomes (providing individuals with open-ended situations in which they have to generate behaviour - rather than responding to carefully structured situations where they are required to choose from a range of well-defined alternatives).

The behavioural event interview (BEI) asks people to think of several important “on the job” situations in which things turned out well or poorly and then describe these situations in exhaustive narrative details answering questions such as, “Who was involved? What did you think about, feel, want to happen? What did you do? What was the outcome?”. Each interview lasts for approximately 2.5-3 hours and is carried out by an accredited Hay practitioner.

The interview is recorded and transcribed and then “coded” by accredited practitioners, working within objective scoring definitions. Each script is coded for “generic” competencies (known and commonly seen competencies, described in Hay’s generic competency dictionary) and “uniques” (behaviours seen less often or unique to this environment).

Ultimately, 50 BEIs were carried out – 46 Chief Executives and 4 Directors. Of these, 7 BEIs were designed to investigate the nature of collaborative working across the service - and the interviewees, process and interview protocol were targeted and designed to elicit information about this area specifically.

Gender and Ethnic Representation

33 male
 17 female
 3 ethnic minorities represented (we approached all 3 Chief Executives from ethnic minority backgrounds – 2 participated plus one Director)

Type of Organisation

14 Health Authorities
 20 Acute Trusts
 7 Community/Mental Health
 5 Primary Care Trusts
 3 Ambulance Trusts
 1 NHSE

Nominations for “effective” and “highly effective” Interviewees

We asked for and received nominations for “effective” and “highly effective” interviewees from Neil McKay (who consulted with Nigel Crisp) and a number of the regional offices. The definition of “effective” and “highly effective” asked for Chief Executives who were not just successful at the time but who would be the outstanding leaders of the future - people who would deliver the modernisation agenda in its broadest form.

Interviews

Interviews were conducted by accredited practitioners according to our standard BEI protocol. Career information was also collected, including information about key transitions for interviewees that had

helped bring them to their present role. Interviewees were additionally asked about their views of the competencies needed for success, now and in the future.

Interviewees were assured of the confidentiality of the interview material, and that no one outside the Hay Group team would see the transcripts. Hay Group have a confidentiality and safe data exchange agreement with both of the transcription agencies used. Many interviewees took up the offer of receiving a copy of the transcripts or the tape, to support their own development, and were keen to have the opportunity for feedback following the outcomes of the research.

Coding of the transcripts

A team of Hay Group coders analysed the scripts, and coded behavioural data using Hay Group's generic dictionary of competencies. Team members coded each piece of data to a particular competency and level. They also highlighted examples of unique behaviours. Each member of the team was fully accredited, and used a strict protocol to ensure inter-rater reliability.

In all, almost 3,000 pieces of competency data were coded from over 5,500 pages of transcript, with the average length of transcript being 100 pages.

Use of the On Line Coder

The coded transcripts were stored on Hay Group's proprietary software (the On Line Coder) to support the statistical analysis of the data, the development of competencies and levels and the gathering of quotations to enliven the work.

Reading Scripts

Before coming together at the concept formation meeting, each member of the team read a number of the transcripts, so that each interview had been "touched" by not only an interviewer and coder, but by at least 2 readers.

8. Analysis of Users' Perspectives

A key strand of information was provided by work done to gather evidence about how NHS leaders – in particular Chief Executives – can improve the service in areas which really matter to patients, their relatives and carers. This work focused on the relationship between what senior leaders (Chief Executives and Directors) do and how that links through to the patient experience. Links between service level leaders and patient and carer experiences are much more direct and easier to identify and describe. We therefore concentrated our work on trying to track the more remote impact of leaders at the top of service organisations.

The work drew on published and unpublished surveys and papers; NHS Plan consultations and material from the patients' voice area of the NHS website; reports from the ombudsman, articles; work by the Picker Institute; interviews with patients' and carers' organisations; NHS leaders and the Audit Commission. A copy of the report is attached in Appendix B.

III Concept Formation

This was a 3-day meeting where all the data were analysed to develop the second draft of the Chief Executive and Director model. Key steps in the process of analysis and design are outlined below:

1. Context – NHS challenges

An overview of the NHS Plan and the challenges faced by the service. This was to ensure that the research team had an appropriately future focus in mind when developing the model.

2. Users' perspectives

The research was shared with the team in order to highlight the user perspective of services. In particular, emphasis was placed on what leaders in the NHS need to do to make services responsive and to take account of what users say about their experience of services.

3. Thematic analysis

The research interview scripts were analysed for patterns of behaviour, competencies shown and for clusters of competencies which worked together to deliver performance. The research team also analysed the data for any differences caused by type of organisation, level of role, stage of organisational development/" lifecycle", and gender.

4. Data Cleaning

The interviews were allocated to an "outstanding" or a "typical" group for the purposes of statistical analysis. These judgements were made based on the original nomination category and judgements made by the interviewer, coder and a minimum of two readers.

The data was progressively quality assured in terms of coding and "cleaned" to remove strong "typical" performers or weaker "outstanding" performers to create clear water between the two groups. This was so that the research team could use the On Line Coder software to compare the competencies displayed by both groups, to determine which competencies, and at which levels, differentiated performance.

5. Statistical analysis

There were a number of data runs as the data was cleaned and refined.

Comparing health authority interviews with other leaders in the sample showed no statistically significant differences. Likewise, a run for gender differences revealed no statistically significant variations between male and female leaders.

6. Unique competencies

In parallel with the statistical analysis the team undertook an analysis of the behaviours that had been coded as "unique" in the transcripts. This was to determine the nature of the behaviours and to discover whether unique competencies, that had not been seen before in other models, should be included in the model.

7. Development of algorithm

Through running iterations of the data, it was possible to determine an algorithm for the Chief Executive role. This correctly sorts outstanding performers from typical performers in the role with 82.8% accuracy, that is, over 8 times out of 10 it can help predict on the basis of demonstrated competencies, who is or will be an outstanding performer.

The algorithm is set out below. It reflects the results of the research, identifying both the critical competencies and the levels at which they were shown to differentiate performance between the effective and highly effective groups. The levels in the algorithm constitute what would be called “tipping points” by some competency experts. They represent the “benchmark” level for superior performance in each competency.

For each cluster, the algorithm identifies the key combinations of competencies and the level at which these were displayed by the highly effective group. Expanded definitions of the competencies and the levels of display (referenced here by numbers) can be found in the competency framework.

(Note: The titles of the competencies and the levels referred to below may not equate to the competencies and levels in the existing Leadership Qualities Framework.)

PERSONAL

Must have 2 out of 2 of:

Personal Integrity (level 3)

Self Belief (level 1)

SETTING DIRECTION

Must have 3 out of 4 of:

Drive for Results (level 1)

Cognitive Flexibility (level 2)

Broad Scanning (level 3)

Political Astuteness (level 2)

MAKING IT HAPPEN

Must have 2 out of 3 of:

Holding Others to Account (level 3)

Strategic Influencing (level 3)

Leading Change (level 1)

As well as its *predictive* value (of particular relevance in any future selection applications), the algorithm is interesting in that it confirms what intuitively people know to be true, that high performers achieve excellence in a variety of ways, using different combinations of competencies. That is, this is not a “one-size-fits-all” model.

In a service that is so diverse in its demands, and where such character is needed to succeed at the top, this is a welcome message from the data.

The algorithm also means that when role holders have assessed themselves against the model, ideally through a process of 360 degree feedback, that they will be able to pinpoint where to target development effort to leverage outstanding performance.

8. Storyboarding

Work was done on the “story” of the emerging competencies that showed how the competencies work together. We usually find that describing how outstanding role holders deliver superior performance in the form of a story is a powerful way of communicating the model.

The “story” is not intended to imply a linear approach to leadership in which all actions can be tracked back through a prescribed route. Rather, it captures the dynamism, tensions and inter-relationships between different forces and the way in which Chief Executives use a range of competencies to handle different situations.

The research data demonstrated, to an unusual degree, the very strong drive to “make a difference” and the underpinning competencies (such as integrity and self belief) which both provided the energy for the work and enabled the interviewees to “survive” the very tough environment in which they work.

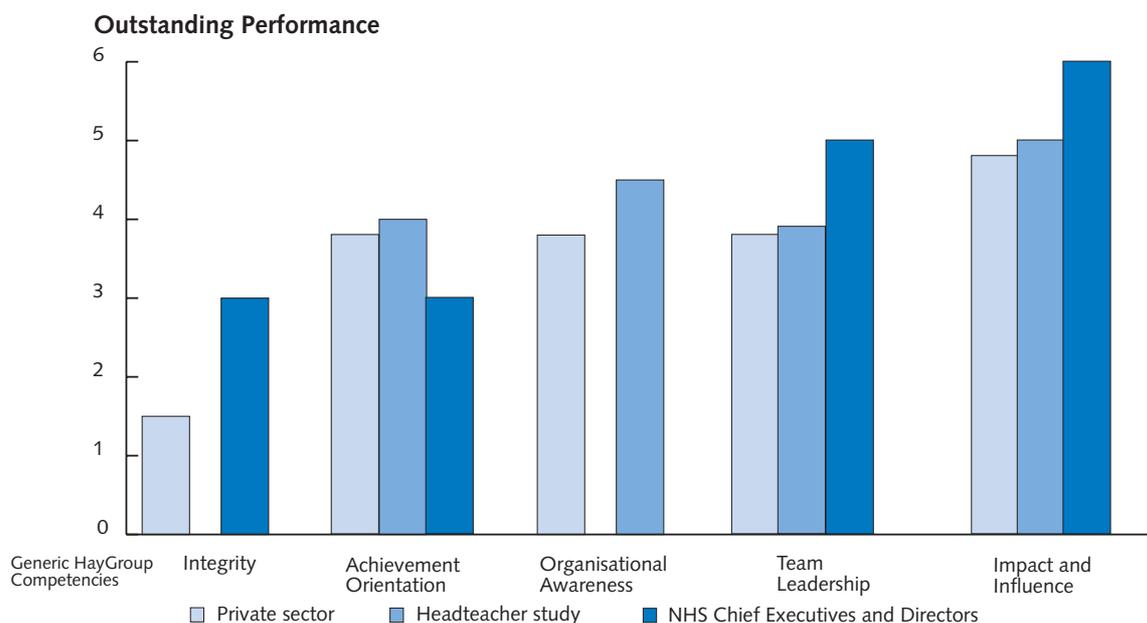
The “story” approach allows us to demonstrate that these are underpinning or “core” characteristics - in the sense that they drive other behaviours. This does not mean that we regard these as the most important competencies - or that a surfeit of these will predict success. On the contrary, it is the tension between these deeply held core values and the drive and ability to make change happen (Drive for Results, Leading Change etc) that produces success for the service.

Describing the “story” is also important in supporting development applications. It helps individuals understand the “shape” of their capabilities, and in which clusters they may have strengths or shortfalls.

9. Benchmark data

The benchmark data from Hay Group’s unique global database was compared with the NHS data, to see if there were any areas where Chief Executives and Directors in the service demonstrate a shortfall against comparators, suggesting the need for “stretch” to be built into the model and target levels.

A graph mapping these comparisons is shown below. The private sector leadership models include 10 organisations, including world-class computer, chemical, leisure, financial, motor, industrial gases, high-tech, oil and gas, and soft drinks companies. The headteacher comparison was made using Hay Group’s recent research for the Teacher Training Agency and the Department for Education and Employment.



In fact the very best individuals in the sample compare with the very best leaders in any sector, anywhere in the world.

Lower levels of Achievement Orientation than in other leadership groups may suggest the scale of the service improvement agenda, inhibiting the setting and realisation of other challenging goals, or of calculated risk taking for measured gains. Stakeholders commenting on these findings have also emphasised that the current climate does not encourage risk taking but focuses on managing and controlling risk.

There are markedly higher requirements for Integrity in this population and for speaking up and out when needed, even where there is a personal cost involved. Leadership also needs to be of a higher order, modelling required behaviours, “walking the talk”, and nurturing teams within the organisation and outside.

The most striking finding is the high levels of influencing outstanding leaders in the health service display in comparison with other leaders in other settings. This is unique in Hay Group's experience. NHS leaders demonstrate complex, long-term influencing of a wide range of stakeholders in order to be successful. This is in comparison with other groups where outstanding performers merely calculate an impact, or engage in behind-the-scenes, indirect influencing.

10. Stakeholder interview, expert panel, and design group data

The “story” of the model and the competencies that emerged from the analysis were tested against the other data that had been collected earlier from focus groups, interviews and desk research. This was an important stage to test the findings against other sources of data and to begin to shape and refine the language to be used in presenting the model.

We found that the value that had been added by the structured interviews was:

- The identification of the competencies that were key to achieving high performance, so that ones which could be “taken as read” could be left out of the model
- The discovery of the fundamental drive for high performing Chief Executives and Directors, which the researchers called “Drive to Make a Difference”
- The discovery of the “inner resources” cluster that supports highly effective performance. Self Awareness and Self Management were added to Self Belief (which had already been articulated in the early draft)
- The strength with which Empowering Others could be seen as an important part of how leaders make it happen
- Identification of the levels at which the competencies could be described from “real” as opposed to “espoused” data
- The level of demonstration of the competencies, by both effective and outstanding Chief Executives and Directors, enabling the model to be “pitched” at an appropriate level of stretch
- A detailed understanding of the different routes to superior performance, producing an algorithm with high levels of predictivity
- An understanding of how the competencies work dynamically together - so instead of being a “laundry list” of competencies, it was possible to see how they were interdependent

- Quotations could be gathered from what had been said and done in the interviews, to give the model more power.

Following this stage, the core 'model' for Chief Executives and Directors was tested with a number of design teams, made up of leaders drawn from all levels in the service. Through a rigorous process of testing and 'story telling', the project team reached the view that the same set of leadership qualities defined good leadership at all levels - although the mix and emphasis within the overall fifteen qualities might look different between roles. In a very few cases, individual leadership qualities needed to be displayed at higher levels for the Chief Executive and Director tiers, but most of the qualities would apply to all equally. As a result of this work, the final version of the Framework was expanded so that a small number of qualities were described as having more than three levels of display.

IV Development of the Model: Testing & Review

The model was then written up with an introduction, an account of how the model works (in terms of the interplay of the competencies), a definition of each competency together with a brief explanation for why it matters, then articulated levels of display.

Three levels of display of each competency emerged from the data, supported by lower level demonstration of the competencies. A negative level was included, also drawn from the data, to increase the usefulness of the model in development applications.

Quotations were selected and anonymised from the transcripts, and included in one version of the model to illuminate the competencies and make the model come alive.

In parallel with the writing of the model, further statistical analyses of the data were carried out:

- A *gender analysis* was carried out but there were no differentiating competencies or levels shown in the data.
- An analysis of the *structured interviews* compared with the interviews that had targeted individuals regarded as highly *collaborative* in their approach to working with partners. No significant statistical differences were found.
- An analysis of the competencies shown by interviewees at different *stages of organisational development (situational leadership)*, to support the description of a range of scenarios as an appendix to the model.

Consultation

Early testing was carried out with the Leadership Programme team and then a rough early draft of the model (an expression of “work in progress” rather than a refined model which could be used by the service) was circulated to a core group of stakeholders for comment and discussion.

This group consisted of:

- Nigel Crisp
- Hugh Taylor
- Barbara Harris
- Stuart Marples
- Kate Barnard
- Diversity Reference Group
- Director Development Steering Group (at the Leadership Centre)
- Chief Executives and Directors involved in a final Design Group (see below).

Extensive consultation with these individuals and groups highlighted areas for review and revision.

Language, Style and Format Testing with Design Group

The model has also been tested with a final Design Group of Chief Executives and Directors. This session was designed to:

- Share the research findings and content of the model;
- Test face validity of the model;
- Allow service leaders to pull apart the language, style and format of the model and “re-build” it in a way which would be more meaningful to service users; and
- Prepare for implementation and roll out of the model to the wider service

V Diversity and Defensibility

In developing the model, we have taken a number of steps to ensure that it is non-discriminatory:

1. Set up and use of an independent Diversity Reference Group, composed of individuals from within and beyond the NHS with direct experience of working to address equal access and treatment in employment;
2. Invitations to focus groups and expert panels actively sought diversity of representation (of organisation, function, experience, gender and ethnicity);
3. The composition of the research interview sample was pro-actively balanced as far as was possible (in organisation type, gender and ethnicity);
4. The interview methodology (the BEI) is a proprietary Hay Group interview method developed in the US by Professor David McClelland (Emeritus Professor of Psychology at Harvard University) specifically to challenge biased assumptions leading to appointment of majority group candidates to jobs. The BEI is a projective method, whereby the interviewee is not led by any previous assumptions about what makes for success in a given role. Hay researchers were all fully trained and accredited in the use of the methodology, including in the avoidance of bias.
5. Seven interviews specifically examined collaborative working to seek to understand the ways in which successful leaders in the service reach out to their communities and work with others to achieve new approaches to service planning and delivery;
6. Explicit account was taken of the need to avoid bias and promote equality of opportunity in the work to build the model. Any terms which might imply or lead to bias were avoided;
7. Gender analyses of the research data were carried out, but did not show any significant differences; and
8. The model makes explicit reference to the need to model and promote openness and fairness.

In addition, we would note that it will be important to pay equal attention to the scrupulous avoidance of bias in implementing and using the model for a range of processes. This should include:

For development:

- Ensuring equal access to training and development opportunities (encouragement to apply, monitoring of take up and action taken if this is not representative);
- Ensuring all development processes are free of bias;
- Taking steps (and monitoring) to ensure that training is delivered by diverse teams;
- Monitoring the composition of training groups;
- Positive portrayal of under-represented groups in training and development materials;
- Monitoring of outcomes (for example, the impact of development on subsequent career progression and pay)

For selection:

- Vacancy analysis to determine if the post should be specified as needing to be filled by a non-majority group post holder;
- Balancing the selection team;
- Training in the avoidance of bias for selection teams;
- Design of a process that is fair and documented;
- Ensuring full information is given about the organisation and the post to all applicants (including information about support available that will make the post attractive to all applicants);
- Ensuring any informal visits are appropriately welcoming to applicants of all backgrounds;
- Determining and meeting access and other needs of applicants;
- Simultaneous advertising inside and outside the organisation;
- Encouragement to under represented groups to apply;
- Use of non-standard/majority group publications to advertise;
- Logo on advertisement stressing that all applications will be considered on merit;
- Ensuring nothing in the application form disadvantages any group;
- Monitoring of applications and take up, composition of panels etc;
- Recording of reasons for selection/non-selection and monitoring of these;
- Complaints procedure that is free from bias;
- Action to counter any evidence of bias that comes to light through monitoring.

We strongly recommend that users are trained in the use of the model for development and selection and that use is monitored and outcomes (such as performance at assessment centre and appointments made against the competency model) are tracked to ensure that it is used to positively increase the diversity of the leadership pool over time.

VI Thank You

Our experience of building the model has been humbling. The commitment and dedication to creating work of real quality and value shown by people across the service and beyond has been remarkable. Chief Executives and Directors have found whole days to meet with us and three-hour interview slots at incredibly short notice. Leaders at all levels and specialists have spent time reading and commenting on our developing thinking. Authors of competency work already in use within the service have given generously of their time and expertise to help us to understand and build on their work.

The calibre of leadership within the service was breathtaking. We recognised in remarkably undiluted form what our founder, David McClelland, who fathered the competency movement and who did seminal work on human motivation, called "socialised power" - where leaders are selfless and generous in their pursuit of the greater good. As users of the service ourselves, our team found this inspirational.

We feel honoured to have been part of such exciting work with leaders who are on a par with the very best the world has to offer.

Appendix A

List of References

Competency Models Referenced (Health Services)

1. NHS Leadership Competencies – Proposed Competency Model for Aspiring Chief Executives (based on work by Carol Rothwell, Chris Bamford & Martin Lewis)
2. PCT Competency Framework (Moloney & Gealy)
3. NHS Executive Eastern – Director Competency Framework (Salomons Centre)
4. North Staffordshire Hospital Competencies for Senior Managers (Rothwell Douglas)
5. Barnsley District Hospital NHS Trust – Director Competencies (authors unknown)
6. South Essex Management Competency Framework (authors unknown)
7. Nottingham City Hospital Competency Framework for Executive Directors (authors unknown)
8. Parkside Health Management Competency Framework (developed in house)
9. South East Thames Regional Health Authority – Management Executive Competency Model (Hay Group)
10. Cornwall & Isles of Scilly Mental Handicap Trust – Local Service Manager Competency Model (Hay Group)
11. Trent Regional Health Authority – Chief Executive Competencies (Hay Group)
12. The State Hospital – Management Competency Model (Hay Group)
13. Texas Children’s Hospital – models for CEO/Director and Manager tiers (Hay Group)
14. St Helena Hospital – Competency Models for Leadership Roles (Hay Group)

Other Models

1. Norwest Mortgage Executive Leadership Competency Dictionary
2. Eastern Group – Senior Management Model
3. Unilever – Leadership Model
4. Sainsbury – Leadership Model
5. IBM – Leadership Model
6. Royal Bank of Scotland – Leadership Model
7. PepsiCo – European Leadership Model
8. DfES: Headteachers’ Models of Excellence – Leadership Competency Model
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