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Welcome to the fourth issue of our Newsletter which discusses our current activities. To find out more, contact us on 0121 442 4644

Developing Competency Based Job Descriptions for Finance Staff

'Building on Framework for the Future' (NHS Executive, 1996) established a number of strategic goals for NHS Finance Directorates. These were designed to engender and promote an image of professionalism, initiative, enterprise and innovation and to create a development culture underpinned by a competency based approach. One of the suggested actions was to define jobs clearly in terms of the competencies required to meet the expectations of the Finance Directorate Business Plan.

A competency based approach provides a sound basis for linking job content, career planning, organisational and personal development needs since it is focused on outcomes and what individuals need to be able to do. This has led to an increased interest in developing competency based job descriptions against which performance and development needs can be measured.

The good news for Finance Directors is that the NHS Executive has supported the development of a "Key Attributes Toolkit" which has now been widely circulated in the NHS. The "toolkit" was developed specifically as a mechanism to assist in the identification of training needs and to provide ideas for how these might be met. It is based on the national occupational standards for finance staff and also includes a set of key personal and managerial attributes. Using a systematic approach the "toolkit" can, however, be used to develop competency based job descriptions. Indeed this has been incorporated into the latest version of the "toolkit".

Working with several of our clients we have helped them to develop competency based job descriptions using the "toolkit". With one such client the work has included the following outcomes:

- ▶ Comprehensive set of competency based job descriptions.
- ▶ Performance appraisal process linked to the competencies.
- ▶ Identification of training needs and establishing personal development plans against the competencies required in each job.
- ▶ Using the competency based job descriptions in the recruitment process and in the formulation of person specifications.

This has enabled a fully integrated competency approach to be developed to manage performance, identify training needs and establish personal development plans as well as to recruit staff. The approach to this work meant that senior staff including the Director of Finance worked alongside ourselves. They were responsible for drafting the job descriptions under our guidance and found the process to have a number of positive benefits. There is now greater clarity about roles and what is required and a more systematic process is in place for managing performance and identifying training and development needs. A positive side effect was also the opportunity for the Senior Finance Managers to bounce ideas, thoughts and suggestions off each other which has had a beneficial effect in terms of team working.

If you are interested in exploring this further, please contact Peter Tonks or Stephen Oliver.

Reference

NHS Executive (1996) Building a Framework for the Future - A Staff Development Strategy for the Finance Function of the NHS HMSO, London

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Editorial

Let no-one doubt the importance now being attached to clinical performance in the NHS. Recent months have seen pronouncements on clinical effectiveness in May and June, and, with the publication in July of *A First Class Service: quality in the new NHS* (DoH, 1998), upon clinical governance. True, the latter document is concerned separately with setting standards, ensuring the consistent delivery of high quality services and with a framework within which progress can be monitored, but all of these - including clinical effectiveness - are concerned more fundamentally with *managing* clinical performance. This appears to be driven by both legitimate concerns with uneven performance and with the desire to place the delivery of clinical services on a par with the managerialist concerns of recent years.

It is difficult to dispute the logic of such an approach although it hardly represents 'a light touch' by *New Labour* and, handled badly, could so easily become mired in disputes about the independence of clinical judgement and/or tensions between clinicians and managers. A far greater danger, however, might be the emergence of a defensive mindset in which delivering clinical services is seen to be about managing down risk and avoiding things going wrong, rather than actively seeking the successful delivery of service. The avoidance of such dangers will require "a fundamental shift in culture..... from top to bottom, in developing and delivering a common agenda for quality improvement" (*ibid* p71). As we now know this will centre upon:

- ▶ clear lines of accountability for the overall quality of clinical care
- ▶ a comprehensive programme of quality improvement
- ▶ clear policies aimed at managing risk, and,
- ▶ procedures for all professional groups to identify and remedy poor performance (*ibid* p36).

All of these measures will, however, need to be located within a clear corporate framework and supported by appropriate and sensitive programmes of organisational and continuous professional development. Such a programme will thus require corporate legitimacy and managerial support but is, above all, an opportunity for *clinicians* to offer real leadership in the interests of greater service coherence and impact. If clinicians show themselves capable of responding to this challenge, they may again enjoy a degree of influence appropriate to a National Health Service that ought to have the S of NHS at the forefront of its thoughts.

Reference

Department of Health (1998) *A First Class Service: quality in the new NHS* London, HMSO

Stop Press ● Stop Press ● Stop Press ● Stop Press

Managing Health Services - Results

The MHS examination results have been recently published, with the good news that all the students sitting the examination in April have passed. This is excellent news and it's well done to:

Amanda Evans
Emma Gallagher
Stuart Harris
Karen James
Frances Lloyd
Rory Murray
Pat Ostojitsch
Steven Peplow
Hazel Smith
Maureen Webb
Heather Wilson

Also, congratulations go to:

Kevin Haywood
Pat Jones
Jessica Parkes

for being the first people from the *Business Development Consultancy* to pass the MHS Certificate via the Project route and to:

Michael Hanlon

on his successful completion of the programme via the NVQ Level 4 route.



Congratulations Malcolm!

Malcolm Shaw, (South Buckinghamshire NHS Trust) correctly spotted the unforced error in the last edition of the BDC Newsletter. The reference in the editorial to *Patients First* was incorrect and should have been to the *Working for Patients White Paper*. Well done Malcolm, we will try to get it right in the future.

Accident Patterns in an Elderly Services Clinical Environment

The *Business Development Consultancy*, as its name implies, is a policy, management and training consultancy, which seeks to facilitate and promote the 'business' interests of its client base. Given that many of its clients are health care organisations, this frequently involves the *Business Development Consultancy* in conducting research to illuminate specific actual or potential problems and/or to develop practical or policy measures in the light of the findings from such studies. One such assignment concerned accident patterns in an Elderly Services clinical environment (Harrison, 1998).

The study involved conducting a census of all accidents - patients, visitors, staff and contractors - over a three-month period. Data concerning the nature of the accident, the victim and the circumstances were collected from completed accident forms. Such an approach had the virtue of collecting representative data in real time and thus addressing uncertainties, gaps in or queries about these data as they arose. The study revealed:

- ▶ organisation and site specific accident and injury rate(s)
- ▶ patterns of both accidents reported and accidents resulting in injury
- ▶ accident and injury type(s)
- ▶ an analysis of victims by type, age and gender
- ▶ where and when accidents took place, together with,
- ▶ related factors including staffing levels and the involvement of equipment etc.

Why do studies such as this matter? There are three reasons. Firstly, *Health of the Nation* and successor targets focus attention upon the need to reduce accidents amongst the elderly, and, since this does not preclude older people in hospital, organisations such as these have some public policy obligations. Secondly, there is a need to understand the nature, causes and consequences of accidents. This knowledge shapes preventative and risk management strategies, informs staff training and improves incident management when accidents do occur and thus has direct benefits in both organisational and individual terms. Thirdly, the growing emphasis upon evidence based medicine and in due course, clinical governance, will demand the active management of patterns such as these rather than a passive and fatalistic attitude. All such factors bear heavily upon both service quality and purchasing decisions.

If you wish to discuss work of this type further, contact James Harrison on 0121 442 4644.

Reference

- Harrison J (1998) A Survey of Accidents Amongst Elderly In-Patients: Practical Measures and Policy Considerations
Ageing & Health 3, p33-36

Phase II - The Masters

The *Business Development Consultancy* is actively seeking to move the Diploma in Health Service Management into phase II over the next 6 - 12 months with the re-introduction of a Masters option. Discussions with a prestigious University, which has firm links with the NHS and the MESOL programme, have commenced and as soon as progress has been made, further announcements will be made about the current status of the Diploma Programme. Obviously,

having Masters status will be beneficial to all current and prospective students.

A new Diploma cohort commences on 6th/7th October and as a further incentive for new students to enrol, the price will be reduced by £250 in Year I if application forms are received by 4.00 pm on 28th August 1998.

For further information, please contact Stephen Oliver or Peter Tonks on 0121 442 4644.

Competency Based Management Programme

The *Business Development Consultancy* has recently been commissioned by a local Client to launch a new Management Development Programme for a 'core' group of managers working in the Facilities and Hotel Services Directorate.

Following consideration of various alternatives with the client, a competency-based programme has been developed using the *NEW MCI* Management Standards at Level 4 and is accredited through NEBS Management.

The programme is designed to encourage each manager to identify particular managerial activities carried out on a regular basis within their department and to select further personal and organisational objectives that he/she and their senior managers have identified as areas to be developed and achieved.

The programme has a series of workshops to develop managerial knowledge and understanding. The programme is structured to give each manager a personal adviser to discuss issues, progress and to identify relevant evidence for inclusion in their portfolio. All sets of evidence require a report to be produced by the candidate on what they have done, why it was done this way and how the results were achieved. A specification of the qualification is that the candidate should focus on their performance at work, the application of their knowledge and skills at work within the resources available and identify their personal competencies. Participants will also be required to make a presentation to senior management to demonstrate the changes they have made in their own practice and to improve the service offered.

On successful completion of this one-year programme candidates will gain a National Vocational Qualification at Level 4 in Management having demonstrated competency in the workplace through assessment via observation and portfolio evidence. (Similar programmes are available offering Level 3 and 5 Management awards).

This programme ensures that acquired knowledge and understanding of managerial issues gained in a study/training environment are transferred and demonstrated into workplace situations, which contributes towards creating a successful organisation with motivated qualified managers.

If you are interested in this programme or would like to discuss how this could be structured for managers in your organisation, please contact Gill Mapp on 0121 442 4644.

The New NHS Modern and Dependable: Navigating the Complexity

There is no doubt that the recent White Paper - The New NHS: Modern - Dependable (1997) - represents yet another major change for the NHS. The debate on whether it represents radical new thinking or an extension of the former Government's policy seems to be as yet undecided. Certainly on first reading revolution, rather than evolution, seems to be the byword. However, as we all know, first appearances can be deceptive and possibly the best policy is wait and see.

However, the real issue is not whether the White Paper is the beginning of a shift in policy or merely a means of propelling the NHS along the tracks laid down by the former administration. The real issue should be how does the Government successfully navigate the NHS through complex issues to ensure the new policy works?

The White Paper itself sets down certain tasks and timescales for various interested parties to achieve. For example, Health Authorities are charged with the responsibility of establishing the Primary Care Groups and informing the NHS Executive of the local configuration by July 1998. However, this to some degree illustrates the mechanical approach taken. To some extent, this may drive Health Authorities and others down a task driven route which ignores the many important process issues that need to be addressed in order to deliver a successful change. Organisations are not machines but complex, integrated and interlocking systems. Battram (1998) stated that it is best to think of organisations as "complex, adaptive systems". The NHS is certainly such a system; the new NHS as described within the White Paper strengthens this view. Thus, it will be important to seek the right kind of support to assist the process of change.

The proposals contained within the White Paper possibly represent the most major change the NHS has undergone since its inception. It is, therefore, extremely important to ensure that the 'human' factor has a degree of priority, as this ingredient often is the source of much of the complexity. It is particularly crucial when considering the magnitude of the proposed changes. For example, just two factors to consider are as follows:

- ▶ Firstly, and most obviously, is the coming together of groups of GPs, notoriously independent people, to form coherent organisations required to deliver health care on a scale which will be new to many. The infrastructure and expertise required to enact this alone is immense - add interpersonal relationships and behavioural aspects to the equation and the pot literally has the characteristics of 'meltdown'.
- ▶ Secondly, is the shift in power from hospital based care professionals to community staff. There are power gainers and losers and both require help to adjust. Again, such aspects can be undervalued in the quest to achieve the task.

Again, Battram (1998) considers that when "agents" within and between organisations interact, "creative and adaptive behaviour emerges". Once such behaviour emerges, complexity increases. It is, therefore, important to recognise that interdependent behaviour between the various key players in the forthcoming changes will take place. Thus, it is important to establish supportive systems which allow the new NHS to be "creative and adaptive" in a way which benefits all parts of the system, rather than constrain or inhibit creativity and innovation or allow harmful behaviour to emerge. To some extent, the latter did occur with the creation of the internal market, which in some cases caused unhelpful competitive behaviour in certain sectors of the NHS.

It is a tough challenge and one that this Government will need to meet in the next few months if the new NHS is to be modern and dependable. Navigating the complexity of a changing organisation will require understanding, commitment and flexibility. That requires everyone to be, or to feel, involved and to get relationships right. It is in this task that Training and, in particular, Organisational Development specialists within the NHS, should be involved. Examples do exist and help is currently being provided but the job of guiding the NHS through the changes will become more complex and use of specialists will become increasingly important. A comprehensive approach should be adopted, ensuring that nationally this is recognised and encouraged locally, particularly in areas of the NHS where such guidance and advice from such specialists is traditionally unavailable.

Reference

Cm 3807 (1997) The New NHS: Modern - Dependable Government White Paper HMSO, London

Battram A (1998) Navigating Complexity The Industrial Society, London

The Case for Outplacement Services

In a recent article, one former NHS manager (Adams, 1998) wrote of her experiences in being made redundant and asserted that the NHS should look after its staff better. Redundancy, particularly after many years of service, hits very hard and can often lead to a sense of bewilderment and feelings of 'bereavement'. The sense of loss is sharply felt and it is hard for people to accept that it is the job and not them being made redundant. This means that employers should not underestimate the level of support required to ensure that redundancy situations are handled with sensitivity.

Outplacement services can be of great help but the timing and the way they are provided needs to be given considerable thought. This applies whether it is only one person who is affected or a number of employees. Of great importance is the need to ensure that outplacement is sufficiently high on the agenda at an early stage of any re-organisation and that it is properly discussed and resourced, so that the required services are in place and on offer when they are needed. Our experience suggests that nearly all the attention of 'top management' is devoted to putting the new structures in place and in such circumstances insufficient attention may be paid to those adversely affected.

A further factor is whether the service can be provided from internal resources or whether external consultants are required. The answer to this question depends on the capacity and capability of the internal resources and the nature and volume of the services required. It is also sometimes argued that a combination of both approaches works best. Internal involvement demonstrates both ownership and commitment.

Typically, the range of services required include all or a combination of the following, depending on the scale of the redundancy programme:

- ▶ Involvement of key managers to determine what support services are required.
- ▶ When a significant number of people are involved, the creation of a focal point is important. This support centre should be far removed from the 'portakabin approach' and should be in an easily accessible location and staffed by trained people. Used as a drop-in centre, this should provide access to vacancies through journals and newspapers and computer facilities to produce letters and CVs and presentation materials. Linkage to the internet can also provide essential details about organisations.
- ▶ Job search workshops to include CV presentation, job search techniques, interview and presentation techniques and coping with psychometric tests. This should also be available on a one-to-one basis, if required.
- ▶ One-to-one counselling to provide support, advice and guidance.
- ▶ Identifying training needs and helping staff to meet these. This can be particularly important where there is a long lead-in period. An example of this would be the gradual closure of some of the mental health institutions with the move to community care.
- ▶ Sending job vacancy bulletins to those who have left but have not yet found alternative employment.

Putting together the appropriate package needs careful attention to detail, effort and commitment. If this process is not handled well, then it is not only those who have left who feel hurt and aggrieved but also those who remain in the organisation and who have seen how their colleagues have been treated.

Reference

Adams C (1998) A Women of No Importance Health Service Journal, 9th July

Congratulations to the Heartlands & Solihull NHS Trust MHS Cohort

The Heartlands & Solihull NHS Trust MHS group is now nearing its completion. Congratulations go to everyone in the group, as they have now completed their four assessed assignments and everyone has passed. The standards set by the group have been challenging and much progress has been made by the individuals involved. Now all that remains is the successful completion of their projects!

Watch this space for further news.

Difference is a Virtue

It is fashionable to argue that every individual is unique and that their different talents, behaviours and preferences need to be harnessed to make organisations more effective. To do this is often easier said than done. Take teamworking, for example. This is how things get done in organisations, yet many find the process fraught with difficulties. One of the major reasons for this is that team members often lack self-insight and/or fail to understand the reasons for the difference in behaviour between themselves and their colleagues. These 'softer' dimensions are often ignored in pursuit of the 'bottom line'.

The *Business Development Consultancy* is often invited in by teams and individuals to help them to explore issues concerned with effectiveness. A common theme running through this work is the need to explore the reasons for apparently random differences in behaviour and variation in the preferred ways of thinking about and doing things. All too often, others with whom we are in contact do not reason as we reason, or do not value the things that we value or are not interested in what interests us.

We have found that exploration of these issues often allows 'blockages' to be identified, discussion to take place and a shared view of how to move forward to be developed. To help provide the insights required we often profile teams and individuals using the Myers Briggs Type Indicator (MBTI). This is based on the theories developed by Carl Jung to explain some of the differences in people's behaviour. The indicator provides a framework and language for exploring the differences that result from:

- ▶ where individuals prefer to focus attention (**E**xtraversion or **I**ntroversion)
- ▶ the way individuals prefer to take in information (**S**ensing or **I**ntuition)
- ▶ the way individuals prefer to make decisions (**T**hinking or **F**eeling)
- ▶ how individuals orientate themselves to the outer world - whether they primarily use a Judging process or Perceiving process (**J**udging or **P**erceiving)

Each person completing the indicator will have a composite 'type' made up of the four preferences. This means that it is possible to explore the differences between people and to get them to recognise that each type is as valuable as each other type to the team; individual differences are seen as a resource to the team, and people are encouraged to look for complementary strengths. Central to this is the notion that whilst everyone has their natural preferences in thinking style, we can all develop behaviours and hence capability in the non-preferred styles.

Doing the MBTI with a team is a good way of getting people to talk about differences in perspective and style. We have found it a particularly useful instrument in helping teams in conflict. Often the conflict is between different thinking types - for example, intuitive types are proponents of a change, the sensing thinkers are responding with a healthy scepticism. Other issues such as planning, problem solving, communications and change can be explored in a non-judgmental way. In this way, we are able to help teams to establish a climate of safe openness and tolerance of individual difference. In our team development work we also complement the MBTI with the use of the Belbin team roles questionnaire. Using Interplace IV we are able to profile whole teams and to generate both individual and team reports. This enables team members to look at the strengths and weaknesses of the team and preferred team roles in a positive and constructive fashion.

Using these tools enables both individuals and teams to develop a framework for looking at effectiveness and understanding and harnessing individual difference. In such a climate difference really can be a virtue.

If you are interested in profiling your team or would just like to know more about our approach, please contact Peter Tonks who will be pleased to help you.

Local Trust Considers Investment in NVQs in Management

The *Business Development Consultancy* is currently helping the University Hospital Birmingham (UHB) NHS Trust to deliver its 'Managing the Future' management development programme. This programme partly consists of a number of one and two day skills and knowledge based courses, covering such topics as leading teams, managing change, recruitment and selection and managing and developing self. All of these courses have been designed using the new Management Charter Initiative (MCI) management standards as a base. The UHB Trust now wants staff who have attended these courses and have undertaken some of the knowledge requirements of the NVQ in Management to go on and develop workbased portfolios, with a view to obtaining the relevant level of NVQ. The *Business Development Consultancy*, working in partnership with Trust training staff, will help to provide support and a structure to this process and to advise and assess individuals wishing to take up this creative and innovative way to obtain an NVQ.

The benefits to the organisation will also be enhanced as management development continues beyond the prescribed training courses and NVQs hopefully becoming a conduit to help managers integrate and transfer learning into workbased practice.

Corporate Governance in the NHS

Recently published research (Harrison, 1998) has shown a wide variation in the practice of corporate governance within the boardrooms of NHS bodies. The research, which was based on an extensive survey of both Executive and Non Executive directors and a number of detailed case studies, has shown that models of corporate governance from the private sector can be applied in the NHS. The requirements for successful corporate governance are:

- ▶ a Chairman of the board
- ▶ a Chief Executive
- ▶ complementary leadership and management skills on the part of the Chairman and Chief Executive
- ▶ a board of directors, and
- ▶ an appropriate governance framework.

In terms of the latter, the research suggests that boards need to be concerned with balancing:

- ▶ looking outwards with looking inwards
- ▶ the needs of the organisation with the needs of stakeholders, and with
- ▶ organisational performance and conformance.

Any imbalance between these will lead to some distortion in the manner in which the board conducts itself and

discharges its responsibilities. Should Government respond to the urgings of the Lord Neil, the Chairman of the Committee on Standards in Public Life, to “clarify” the liability of public service boards - and thus the personal liability of board members - the boardroom of NHS bodies will be no place for the unwary.

The research also identified the need for all members of a board to be involved in setting the **direction** in which the organisation needs to progress whilst supporting the exercise of **executive management** ie the process by which Executive directors, - under the leadership of the Chief Executive - give form and expression to the will of the board. Non-Executive directors, particularly, have a responsibility to undertake **supervision** of the Executive, to ensure that they act in a manner which is consistent with what the board and the organisation’s stakeholders expect of them. Finally, there is **accountability**. A board should both give an account to and be held to account by those in whose name and interests the board works.

The value of such research, however, is in the extent to which it informs, changes and improves boardroom practice. The boards of NHS bodies may therefore wish to consider:

- ▶ conducting a corporate governance audit to review board membership, structure and practice
- ▶ reviewing the range and performance of board committees
- ▶ addressing particular areas of concern eg the board’s ethical position or the means by which it expresses accountability towards stakeholders
- ▶ mentoring new or revitalising the role and contribution of existing Executives and/or Non-Executives, or
- ▶ developing a systematic and board specific programme of development.

If you wish to discuss work of this type further, contact James Harrison on 0121 442 4644.

Reference

Harrison J (1998)
Corporate Governance in the NHS - An Assessment of Boardroom Practice
Corporate Governance: An International Review 6 (3) p140-149

Executive Coaching

In the world in which we now live it is essential that we keep our knowledge up to date and our performance sharp. This is in part due to the ever-increasing pace of change, which has an impact upon both the job that we do, and, upon the nature and pattern of work itself. Indeed, if Charles Handy is to be believed, many of us will not only be tested by the demands of specific jobs but also by one or more career changes. Senior managers and Executives are not immune to pressures such as these, but, paradoxically, they may have less time and opportunity to respond effectively. Executive coaching is providing the answer for an increasing number of our clients.

What exactly is Executive Coaching? Executive coaching is *person* rather than task centred and seeks to work with an individual, outside the confines of their employing organisation, to address eg a specific skill or knowledge deficit, a change in job circumstances or opportunities or even a complete career change. The individual concerned may have commissioned the work themselves but more often it is resourced and supported by the employing organisation. The dialogue between the *Business Development Consultancy* and the individual is, however, completely confidential.

The exact steps and processes involved are, of course, tailored to the individual concerned and to the job, organisational or career challenge they are confronting. Typically, the initial diagnostic session is designed to identify the particular needs of the individual, to establish rapport and to agree a pattern of work together with suitable objectives. It may be that further data are required and if this is so - and only with the agreement of the individual - appropriate psychometric, management style or other tests can be undertaken. The findings from these would be fed back to the individual and their significance and consequences explored and acted upon. If, however, the diagnostic session revealed a skills or knowledge deficit, attention would focus upon the precise nature of the problem and its consequences with a view to overcoming it completely or developing a range of coping strategies. In either event, the entire process is concerned with developing insight, shaping and taking action and building confidence over the shortest practical period depending upon the needs and circumstances of the individual concerned.

If you wish to discuss work of this type further, contact James Harrison on 0121 442 4644.

About the Business Development Consultancy

The *Business Development Consultancy (BDC)* was set up in 1991 and since that time has established a reputation for providing high quality consultancy, training and research.

The *BDC* is hosted by the Southern Birmingham Community Health NHS Trust and operates as a trading agency throughout the NHS and other parts of the public sector. The *BDC* has a core team of Consultants and Associates with a wide range of skills and experience drawn from the Health Service and other public sector organisations. We provide sensitive consultancy, responding to the specific needs of clients.

Assignments have been undertaken in the health and wider public sectors throughout the UK and overseas.

Our Range of Services

Consultancy Services

- organisational design and analysis
- business planning and marketing
- culture change
- recruitment and selection, including psychometric testing
- outplacement advice and career review services
- executive coaching
- team development

Training Services

- training needs analysis
- training strategy
- programme design and delivery
- nationally accredited manager development programmes, including Managing Health Services Certificate, Diploma in Health Care Management and NVQ programmes

Research

- operational or academic research work
- project support and guidance
- research skills training

*To find out more, please contact one of our Consultants
on telephone number 0121 442 4644*

MESOL Support - Business Development Consultancy to Deliver Managing Health Services (MHS) Programme

The *Business Development Consultancy* has been fortunate to obtain support from the MESOL offices to deliver two new MHS Programmes for 1998/99. Both have commenced in the Summer of 1998 and will be completed in September 1999. The programmes are innovative, one designed for 'F' Grade Nurses who have a new management role and the other is aimed at PAMs staff groups (these staff have been identified locally as an under-represented group taking MHS). Both programmes follow the tried and tested methods of teaching employed at the *Business Development Consultancy* but, in addition, Learning Sets have been established to help participants integrate their studies with daily practice in management.

Both programmes will be reviewed on a regular basis to give the MESOL offices feedback about progress and to ensure value for money is obtained. Regular updates will also appear in this newsletter.

Pen Picture - Stephen Oliver



Stephen is Principal Consultant (Training & Consultancy Services) and has been an integral part of the management team since joining the *Business Development Consultancy* in 1991. His role as Consultant has developed over the last 3 - 4 years and continues to expand. Consultancy takes on many guises and may include training interventions but also includes facilitation, advice on such diverse topics as business planning to grading reviews and one-to-one consultation on various management issues. He has also been trained in using certain psychometric tests and now enjoys involvement in recruiting senior managers within the NHS.

His previous experience in HR has also proved useful to the *Business Development Consultancy*, hence his involvement in career advice, job regrading exercises, recruitment and selection and HR related training, eg grievance and discipline. Currently, he is heavily involved in delivering management development courses within one local Trust and in developing competency based job descriptions across the Region.

His responsibilities also include being Programme Manager for several of the accredited management development courses, Tutor, NVQ Assessor and Trainer.

Stephen has a postgraduate Diploma in Personnel Management and more recently completed his MBA (Public Sector) at the University of Birmingham. He has also been trained in competence based assessments and holds the Management Assessment Series Award. He is also an NVQ Assessor and Internal Verifier.

He is 40 years old, happily married with one cat and, for his sins, supports Newcastle United.