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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 443 3075

Creating an Effective Team

With the league and cup double won and the football team of Under 12s I manage enjoying a celebration party, I was struck by the comments made by a number of parents that whilst there may be some better players in the league there was certainly no better team. The results certainly proved this and their unbeaten run stretching over three years is something for everyone to be proud of.

Interestingly, only a couple of the players have been selected for the league representative team. Several might not even have been successful at other clubs in the league. However, as a unit they are unbeatable having defeated championship winning sides from not only the local area but also sides from other areas. There is something about the way they work for each other which means that the sum total is greater than the individual parts. There is a collective spirit, a chemistry that clearly makes them such a force.

This set me wondering whether there is anything that could be learnt which could be applied to our working life. We are often asked as a consultancy to assist work teams to become more effective. Could the boys have anything to teach us? If the collective works so well for them could it pay dividends for us in advising others?

The simple answer to these questions has to be yes. There are many parallels between sport and business. The key lessons for any team appear to be the need to:

- **Create a clear sense of purpose.** The boys share an eagerness to be successful and clearly wish to enjoy playing football as well as winning trophies. The objective in this regard is understood by all. Translating this to work provides a ready parallel since it is clear that any team needs to have an agreed purpose and a set of objectives which are shared and understood by all. Our work indicates that the clarity required is not always in place and that teams need to do much more to achieve a shared understanding.
- **Have the right people in the right positions.** The boys play in the positions suited to their individual skills and their level of understanding of the game. Some are defenders whilst others occupy midfield and forward positions. However, there is a degree of flexibility and positions are interchangeable in a number of cases. This suggests that work based teams need to be carefully selected in line with the skills required and a flexible approach to job roles be adopted. Inroads into this are being made but the health service is renowned for drawing strong demarcation lines based on professional disciplines. Whilst this is necessary there are many areas where the barriers could and are starting to be broken down. An example is the debate over the roles of Doctors and Nurses and much work is currently being done in the theatre environment to develop multi-skilled teams and a single pay spine.
- **Train to develop skills and understanding.** The team is coached each week and areas where improvement in performance is needed are worked on. The boys are also eager to learn and delight in trying new tricks and improving aspects of their playing technique. In the work setting these factors are equally important. Training and development needs must be properly identified and effective solutions put in place to meet the learning objective. Development needs to focus on meeting current training needs linked to the job, meeting the requirements of organisational change and helping to satisfy career

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Editorial

If any of our readers doubt that health care is becoming increasingly politicised one only has to survey recent events. Health care is a prominent issue, lately given voice by Lord Robert Winston, and, in a rather different and more disturbing manner, in the report of Dame Rennie Fritchie, the Commissioner for Public Appointments. If that were not enough, what of the recent budget? Gordon Brown's announcement of circa 6% growth *per annum* in the NHS over the next four years was followed, the next day, by the Prime Minister's speech committing himself and the Government to supporting - and preserving - the institution of the NHS. Our health care readers should be ecstatic. No? Why not?

Any doubt is almost certainly associated with the conditions - as the journalist Melanie Philips observed recently "the cash is to come with more strings than a symphony orchestra" - attached to this significantly increased level of investment. The Chancellor himself served notice in terms of the five Ps *viz.* partnership, performance, the professions, patient care and prevention. Premier Blair reinforced this in terms of the need for "higher standards" coupled with a commitment to publish a four-year "action plan" in July 2000.

The issue is not that this investment is conditional. Sadly, this is not new. What is disturbing is that the investment is still below the European Union average of 9% and is therefore unlikely to keep pace with real need. Worse still, it will almost certainly come - eventually - via by-pass routing and tied into initiative specific projects, limiting significantly the scope of managers and clinicians to use it in a manner appropriate to local circumstances. Furthermore, the 'drinking at the last chance saloon' spin, also casts doubts upon the capacity and the integrity of those concerned and their ability to act wisely and in the interests of the greatest good. Little wonder that enthusiasm is, at best, mooted.

The issue, however, is not the present but the future. *New Labour* is responding not to the underlying 'fault lines' of unlimited demand upon an increasingly costly service, but rather to electrical considerations. Such a misguided strategy will, almost certainly, fail. The problem is that both managers and clinicians are being held hostage to fortune and any failure will be attributed to them, thus undermining a system already under pressure. Radical reform is therefore inescapable but not on the basis of considered political judgement but, more probably, on the alter of the 'failure' of the NHS itself.

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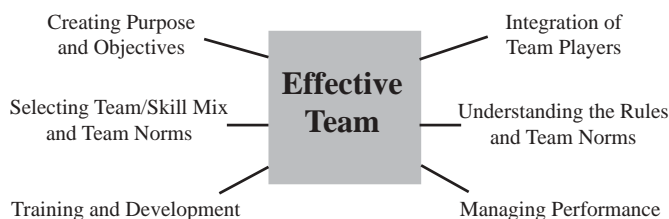
development aspirations. Managers and staff need to more fully understand the skills required in effective learning behaviour and to focus much more on transferring learning to the workplace.

- **Integrate the personalities in the team to create a coherent whole.** The players in the team know each other well and understand each other's strengths and weaknesses and preferred ways of playing and behaving. Whilst each player needs to be able to express their own individual skills and playing style they do also need to be able to adjust these to work for the team. Team members in the work situation equally need to understand these dimensions and the work of Dr Meredith Belbin can be of some assistance in helping people to gain greater insight into their own preferred ways of working and behaving in a team and that of their colleagues. Such insight helps to improve relationships, enable strengths and weaknesses to be understood and makes for a more coherent team.
- **Understand the rules of the game.** The players need to understand both the official rules of the game and also have some notion of how the team likes to work and play. At work we need to be able to understand both the formal rules and culture and also understand the informal culture. The latter often defines how things really get done in organisations.

- **Evaluate performance.** This follows every match and the team's performance is measured via the league table. Individual performance is monitored regularly and this influences selection decisions. Translating this to working teams means that there needs to be an effective performance management process in place so that achievements can be measured against organisational objectives for the team as a whole and for each individual.

Whilst it is an over simplification to compare a football team to work based teams there are some interesting insights and lessons that can be learned. Figure 1 highlights the key steps for effective team working.

Figure1: Key Steps



There is nothing new here but it is surprising how we often forget to do the basics to create and sustain an effective team.

If team working is an issue for you we might be able to help. Phone Peter Tonks on 0121 443 3075.

Appraisal of Medical Staff

In previous articles we have reported on the renewed interest in appraisal processes as organisations seek to find more effective ways of managing performance. In the light of the Bristol tragedy and other notorious cases the spotlight has turned to the question of managing the performance of medical staff. As well as initiatives to establish an effective clinical governance framework, organisations have also sought to establish effective individual appraisal mechanisms for their medical staff.

In our work we are often asked to help organisations to introduce appraisal processes and we have recently been working with one leading teaching Trust to introduce an appraisal process for medical staff. There are a number of models around but the Trust has worked hard with us to develop an approach that best meets its needs. The process includes the following elements:

- the review is carried out by two members of the consultant staff; one of whom is the Service Lead for the speciality.
- each discussion involves a review of the job plan and centres on key issues identified as being critical by the Trust. These include a review of the consultants' work concerned with service to patients, service management, service development, contribution to teaching, training and research and continuing professional development.
- the review discussion results in specific outcome measures which will be referred to in future reviews to identify the progress being made towards these targets. It is intended that these will reflect the differing opportunities and expectations associated with consultants in different fields.
- the paperwork has been kept to a minimum but does include a document which records a summary of the key actions, a continuing professional development plan and a summary of the overall review. The parties to the discussion sign this.
- the process contains an agreed appeals process.

Some of the key lessons learned from this work include:

- the importance of top level commitment and the active involvement of the Medical Director at each stage in the implementation process.
- the need to involve medical staff at the outset in the design of the scheme in order to gain ownership and to achieve face validity.
- the need to be clear about the purpose of the process and the importance of developing an approach which fits the organisation's culture, goals and values.
- the imperative of keeping the relevant professional bodies 'on side' through discussion at the design stage and during implementation in particular.
- the importance of achieving clarity about the reviewer's role and accountabilities.
- the need to ensure that time is set aside for 'reviewers' to receive appropriate training in the art of handling the appraisal discussion and in understanding properly how to identify development needs particularly in the non clinical aspects of work. Our experience confirms that the reviewers see this as highly beneficial as it gives them an opportunity to practise handling issues around good and not so good performance.
- the importance of fully briefing the medical staff who will be appraised. This is vital to ensure that the process is introduced in a sensitive fashion and that all parties to the discussion are fully informed about the purpose and nature of the review discussion.
- the need for accurate and reliable information concerning clinical activity.
- the need to put in place review mechanisms to ensure that the process is monitored and is working effectively.

Handled with care appraisal processes can be introduced in a positive fashion for medical staff. **If you are interested in discussing our work in this area then please contact Peter Tonks or Stephen Oliver on 0121 443 3075.**

Secretarial Staff and Management Development

A new study is about to be undertaken into whether secretarial staff within the NHS benefit from taking the management development programme Managing Health Services (MHS).

Traditionally secretaries have not identified management development as an appropriate avenue to pursue. However the role of the secretary is in a state of fundamental change, in particular with the advent of new technology and the organisational push to delegate managerial responsibility to the most effective point. This latter development often means that some secretarial staff take on a broader role and as a result can manage other secretaries and clerical staff. Often this process occurs without sufficient training in management knowledge and skills.

The research will look at the period from 1994 and will hope to reach some conclusions about the worth of M.H.S. for secretaries. In the next issue it is hoped that the results of the research can be published.

In the meantime if you have any comments to make about this issue please contact Stephen Oliver on 0121 443 3075.

Achieving Quality in the NHS through Continuous Professional Development (CPD)

Continuous Professional Development (C.P.D.) is not a new concept, but is certainly one which has gained some prominence within the NHS over the last 12 months. This resurgence in C.P.D. is partly through the current Government's agenda for lifelong learning, the publication of HSC 1999/154 - 'C.P.D. Quality in the new NHS' and issues connected to clinical governance. However, these promoting factors may be a stimuli and catalyst for organisations and individuals now to address the issue of personal development, but a longer term view needs to be taken.

C.P.D. means continuous, not stop - go development. Unconsciously we all are developing continuously, however, conscious development is more difficult to sustain. Individuals, and organisations, need to take a more structured and considered view towards C.P.D. Part of that approach is understanding and having an appreciation of the goals the individual and organisation wishes to achieve and in part it is about identifying and planning development opportunities compatible with individual learning styles and organisational cultures. The final part of the equation is commitment towards C.P.D.

The Government wants '... the majority of health professional staff ...' (HSC 1999/154) to have a personal development plan (PDP) by April 2000.

It is doubtful whether this target will be achieved in any meaningful way for many organisations and undoubtedly a renewed effort will be required for April 2001. While such targets have a role to play, the Government might be better employed promoting good practice, which does exist. These examples of good practice will clearly connect improvements in service quality with individual development. The examples should also discuss the benefits from the point of view of the:

- **individual** e.g. career progression, recognition of achievements, raised profile within the organisation
- **the individual's line manager** e.g. more staff willing to be innovative in order to develop the service, a more motivated workforce, improvements in communication and team working
- **the organisation** (however defined) e.g. improvements in service delivery, fewer complaints, cost savings through reduced waste and more efficient working practices.

The *Business Development Consultancy* has been involved with several organisations wishing to address the longer term issue of personal development and if you are interested in discussing approaches and ways forward please do not hesitate to contact Stephen Oliver, Peter Tonks or Dr James Harrison.

Reference: HSC 1999/154: 'Continuing Professional Development - Quality in the new NHS', Dept. of Health.

Book Review

Introducing Management: A Development Guide for New Managers by Bob Johnson (Butterworth Heinemann £14.99) An excellent book, which looks at the principles and practice of management and is essential reading for anyone new to the management role. The book is structured into five main sections Managing in Context, Managing People, Managing Activities, Managing Information and Managing Resources and within these sections the four key managerial roles and responsibilities are covered. The book is well structured and easy to follow, case studies are included along with workplace activities to be undertaken. This source of information will enhance individuals' development as they enter into the complex world of management.

Clinical Governance: from boardroom to consulting room

The White Paper *The New NHS: Modern - Dependable* (DoH, 1997) was the first to introduce the concept of clinical governance. The term was subsequently refined and defined "as a framework through which NHS organisations are accountable for continuously improving the quality of services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish" (DoH, 1998). Its emergence was in response to uneven clinical performance across the country, a number of celebrated scandals and mounting public unease. The guidance established national dimensions and structures and also local requirements.

As noted recently (Harrison, 1999) clinical governance is not an exclusively clinical matter, for the guidance places duties and obligations upon directors, managers and clinicians. Clinical governance will establish national and local thresholds, which will define acceptable individual and thus organisational performance in the provision of clinical services, and also provide the impetus to deal with unacceptable performance. Clinical governance will therefore add to the statutory duties of directors and create an 'interface' between corporate and clinical governance through the medium of an annual compliance statement.

Managers too will have their part to play in establishing and integrating risk management, human resource and service quality systems. In some settings this will build upon existing capabilities, in others less so, but all will need to be managed coherently. Perhaps the single area that will require most to get established will be the clinical dimension. This will include the formulation/adoption and promulgation of national/local standards, research and development, evidence-based practice, clinical audit and continuous professional development. Such a challenging agenda will require effective clinical leadership together with the active and collaborative participation

The challenge of transforming leadership for a changing millennium

of the other disciplines within the clinical community. Whether clinical governance is to be undertaken in a large and complex or small and simpler organisation it is, arguably, one of the most important priorities in health care today.

If clinical governance is an issue for you and your organisation the ***Business Development Consultancy*** can offer advice and support in terms of:

- conducting organisational audits;
- developing local policy and structures;
- designing and delivering awareness raising seminars; and
- staff briefing events/materials.

References:

Department of Health (1997)

The New NHS: Modern - Dependable

The Stationary Office, London

Department of Health (1998)

A First Class Service: quality in the new NHS

The Stationary Office, London

Harrison JJH (1999)

Making incisions into governance decisions

British Journal of Health Care

Management 5(7) 290-293

One key aspect of managing change successfully is effective leadership. Yet the question is what is effective leadership, especially thinking forward into a new millennium which potentially could introduce changes that fundamentally effect the way we live and work. The debate about what forms appropriate leadership is one that perhaps with the dawning of a new century should focus the combined minds of managers upon this important issue.

The concept of transformational leadership is not new but it still is something that many people will have little knowledge or understanding of. Managers often are driven by the 'bottom line', thus their focus, and rightly so, is to assess the present environment, organise, prioritise, direct and control in order to achieve their targets and goals. However leadership is different from management. The management of resources (people, financial, equipment etc) is an essential role of the manager, however, so is leadership. Burns (1978) first defined the transformational leader. These leaders "are those who, articulate a mission and create and maintain a positive image in followers and supervisors" (Weightman 1996, p41).

Such leaders inspire those around them and in the current climate of change (e.g. the introduction of PCGs, new PCTs, mergers etc) within the NHS inspiration will be a vital component in ensuring success. One of the key aspects of inspiring staff is to value them. Valuing individuals and their achievements is something most managers would agree is important and equally state that it is something they actually do. Anecdotal evidence would suggest the latter is an untruth. Managers may think they value their staff, but often staff will feel undervalued. Thus it is incumbent upon managers to reflect upon their behaviours, revisiting how they think they are valuing performance and achievements. Managers probably need to be:

- more explicit in 'signposting' their praise
- specific in explaining the reasons for the praise
- ensuring regular discussions take place focusing on performance and personal development

This is surely a worthwhile challenge for managers of the new millennium.

For more information on leadership and developing effective leadership skills contact Stephen Oliver or Peter Tonks.

Reference: Burns J.M. (1978): 'Leadership', New York, Harper & Row

Weightman J (1996): 'Managing People in the NHS', London, I.P.D.

Recruitment and Selection

The ***Business Development Consultancy*** offers a comprehensive recruitment service, providing practical assistance to help our clients make the right selection choice. In addition, our service is sensitive to the needs of candidates, in what is often a stressful situation for them.

The extent of our involvement responds to individual requirements. We can lift the burden of recruitment by taking responsibility for advertising the vacancy, sifting applications, initial interviews and the preparation of a shortlist, through to organizing the final assessment process.

Alternatively, we can complement our clients' procedures in a way that suits their particular needs. Our portfolio of recruitment services include:

- job analysis and role specification
- advertising
- response handling
- headhunting
- initial interviewing
- psychometric assessment and personal profiling
- structured interviewing
- design and management of assessment centres
- feedback to candidates

These services can be accessed as a total package or as individual elements. Over the past twelve months we have dealt with numerous assignments at Chief Executive and Executive Director level. Although we specialise in recruitment packages at this level we have also provided our clients with 'tailored' cost effective services for jobs at all levels and across all disciplines.

If you would like to know more about our services call Peter Tonks or Stephen Oliver on 0121 443 3075

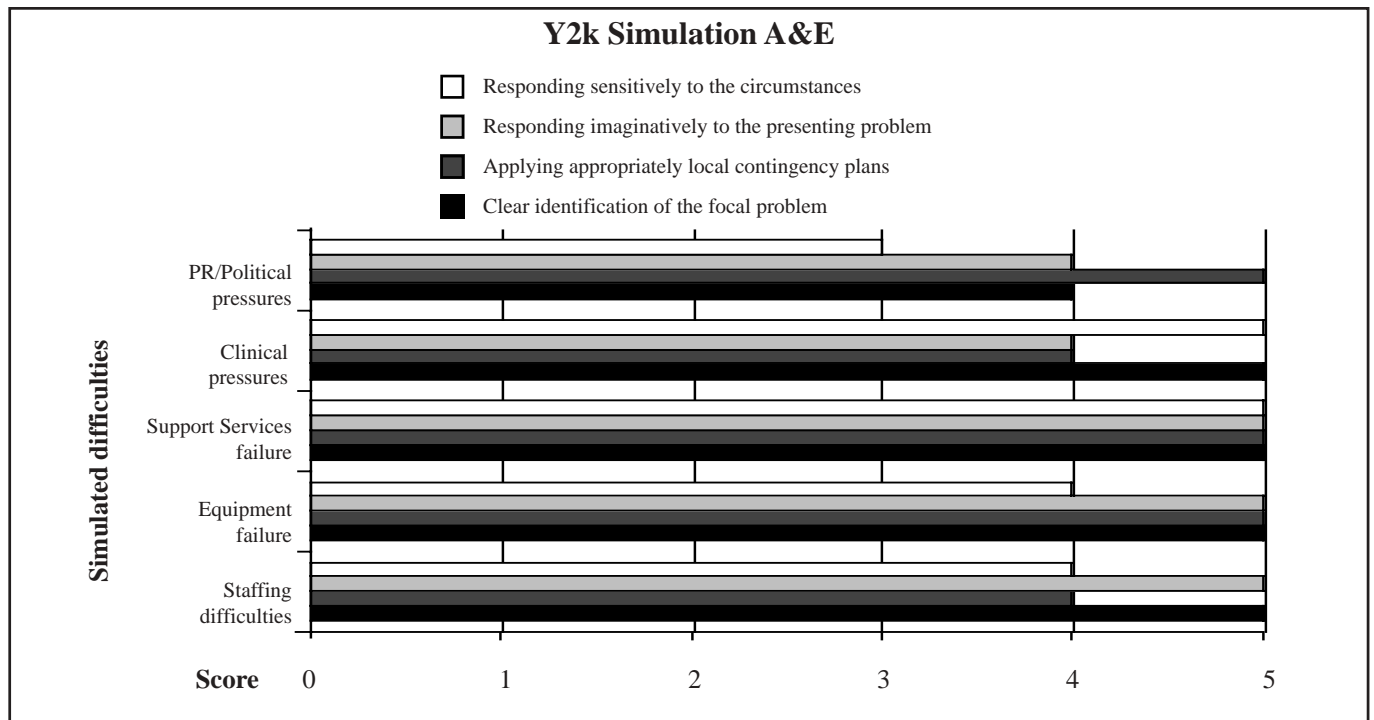
Stimulation by Simulation

The dawning of a New Year with so few Y2K (Year 2000) problems is a tribute to the considerable effort made by all of those individuals and organisations charged with making computer and related systems compliant, thus ensuring continuity of essential public and other services. The *Business Development Consultancy* has played its part in this process by helping client organisations - including major Birmingham Trusts - to test their preparedness using bespoke simulation techniques.

The approach adopted here was to identify with clients either whole organisation or directorate 'pressure points' ie. those business critical elements that *had* to work throughout and beyond the risk period. Layered scenarios were developed which simulated organisation specific human, equipment and support service failure alongside escalating clinical and PR/political pressures. A team of between 4-6 'players' representing the organisation or directorate concerned was subsequently exposed to the scenarios and their responses assessed and scored in terms of their ability to clearly identify the presenting problem, apply appropriate contingency plans and to take action which was both imaginative and sensitive. Running the simulation required a half day: two and half-hours for the simulation itself, followed by feeding back to the 'players' including an exploration of their perceptions, and finally, a session with the client reflecting on performance and the identification of learning points. Overall performance was subsequently summarized in a narrative report or in tabular/graphic form if required. An example of the tabular/graphic form can be seen below.

In these circumstances simulation proved to be a highly effective way of testing preparedness without the need to actually shut down essential services. The scenarios, however, went beyond the mere testing of inert equipment and sought instead to reveal - and assess - the complex interaction of people, equipment, local contingency plans and service associated pressures, in short the entire socio-technical system. Client organisations were thus able to clearly identify overall and differential performance and - where appropriate - the type of targeted action that needed to be taken to raise performance to an acceptable level.

Simulation clearly has applications beyond its use in this Y2K example. Simulation can be used to test critical operating patterns eg. major incident plans or the functioning of specialist teams eg. management groups or boards etc. **If you feel that you or your organisation could benefit from the use of simulation call Dr James J H Harrison on 0121 443 3075.**



	Clear identification of the focal problem	Applying appropriately local contingency plans	Responding imaginatively to the presenting problem	Responding sensitively to the circumstances	Raw Scores
Staffing difficulties	5	4	5	4	18
Equipment failure	5	5	5	4	19
Support Services failure	5	5	5	5	20
Clinical pressures	5	4	4	5	18
PR/Political pressures	4	5	4	3	16
					91
Raw Score	24	23	23	21	
% Performance	96	92	92	84	
Rank	1	2=	2=	4	
Overall Performance			91%		

Assessor Award Training

A Birmingham Trust that manages the 'Community Parent' project entered for the prestigious 'NHS Equality 2000' Awards. This project achieved first place in the Outstanding Achievement Section of the Award for promoting equality. The project aimed to create training and development opportunities by overcoming language barriers. The *Business Development Consultancy* are delighted to send their congratulations to the Manager, Internal Verifier and Assessors of the project and are proud to have been the Accredited Centre that trained the staff to assess the National Vocational Qualification (NVQ) undertaken by the Community Parents.

The *Business Development Consultancy* have many years experience as an Accredited Centre with City and Guilds offering training and development to candidates to become qualified Internal Verifiers, Vocational Assessors and Skills Assessors. We are currently training groups of staff for several local NHS Trusts to become qualified in these roles.

The assessor candidates are training to assess others within their organization undertaking NVQ Qualifications. The range of National Standards that Internal Verifiers and Assessors are being trained to assess and internally verify against are wide and varied. They include National Vocational Qualifications in Management, Care, Early Years Care and Education, Business Administration and British Cleaning Standards (Buildings Interior); these awards are at various levels ranging from level one to five.

The programme is structured to enable the trainee Internal Verifiers, Vocational Assessors and Skills Assessors to attend training workshops, conduct the assessment and internal verification processes within the workplace and to attend workshops which facilitate the support of their own qualification.

On successful completion of these programmes the Assessor Candidates gain an NVQ Certificate i.e. Vocational Assessor, Skills Assessor or Internal Verifier qualification. These are awards in their own right however they also contribute to either two or three optional units towards the Training and Development Awards at level three and/or four.

If you would like to discuss the above aspect of the *Business Development Consultancy's* portfolio please contact Gill Mapp Business Support Manager (Programme Manager) on 0121 443 3075.

Congratulations

Congratulations go to another successful group of Managing Health Services (MHS) students. The following passed the course via the Project route:

Val Bannister	Kirsty Brook
Nicholas Carey	Jackie Clinton
Gina Curtis	Andrea Harris
Maureen Moran	Amanda Palmer-Norrie
Lynne Reeve	Edna Reid
Tracey Suckling	Anne Whalley
Angela Wilson	Sheila Wood

Three students also sat the MHS examination and all three came through with flying colours. Again congratulations go to:

Simon Green	Christine Reade
Mark Wood	

In addition two students have successfully achieved the Diploma in Management qualification. This has been the result of two years hard work, so a special well done to:

Alan Rolli	Robert Wright
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Please note that the next MHS course commences in the Spring 2000 and the next Diploma programme in Autumn 2000. Anyone interested should contact Stephen Oliver or Gill Mapp for further details.

Finally, the *Business Development Consultancy* is also proud to announce the successful completion of the latest Introductory Certificate in Management course. This course is designed for people who are newly promoted to a managerial/supervisory role or practicing managers/supervisors who would like a refresher and of course a qualification to recognise their expertise and experience.

Congratulations goes to the following successful managers and supervisors who have all been awarded the Introductory Certificate in Management by the Institute of Supervisory Management:

Lucy Dunlop	Joanna Davis
Philomena Gales	Catherine Gould
Shirley Hardy	Matt Hopkins
Karen Kelly	Adarsh Masson
Mary Vaughan	

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 Birmingham Specialist 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 443 3075*

Web Watch

Each edition of the *Business Development Consultancy* Newsletter will from now onwards contain information about web sites of interest to our client base. The sites will, of necessity, have a strong health/public service bias. We introduce this new regular column with two sites that reflect such an orientation.

The Department of Health at <http://www.doh.gov.uk/dhhome.htm> is an excellent site for those interested in the management and delivery of healthcare in the UK to-day. This Government site is free and has a simple but well organised home page that provides access to a rich sources of information and/or guidance for professionals and members of the public alike. The site is searchable and requires only a modest level of skill to use although access to Adobe is necessary to download and print some types of document. An excellent site, well worth visiting.

Anbar Management Resources at <http://www.anbar.co.uk/management/> is an important resource for the serious management scholar who wishes to identify current thinking, to analyse patterns of research in a particular field or simply wants to locate the work of a particular author or a key journal article. Anbar is a subscription service provided by MCB University Press. Although well worth the relatively modest investment, it is probably of more value to organisations and libraries than to individuals. Still, it's worth a visit - if only for the free trial!

Pen Picture Eileen Brennan



Eileen is the Programme Administrator for the *Business Development Consultancy*. She is responsible for our internal procedures and the smooth running of the office as well as the first point of contact with our clients. Eileen is the newest member of the core team having joined the *Business Development Consultancy* in 1999.

Eileen has a background in training administration in the private sector and her skills are used to good effect. She provides support to the qualification based programmes, administers the 'tailor made programmes' and also provides assistance on recruitment and selection assignments.

BDC Web Site

The *Business Development Consultancy* is delighted to announce the launch of its own web site, which can be found at <http://www.business-development-consultancy.org.uk/Default.htm>

The site provides a useful guide to the origins, consultancy team and recent clients. In addition, there are detailed descriptions of our services - consultancy, training and research - together with recent publications and a 'hot news' page. This is a welcome development and provides the *Business Development Consultancy* with a means of keeping current or potential clients or simply the curious, well informed. Why not try a visit and let us know what you think.