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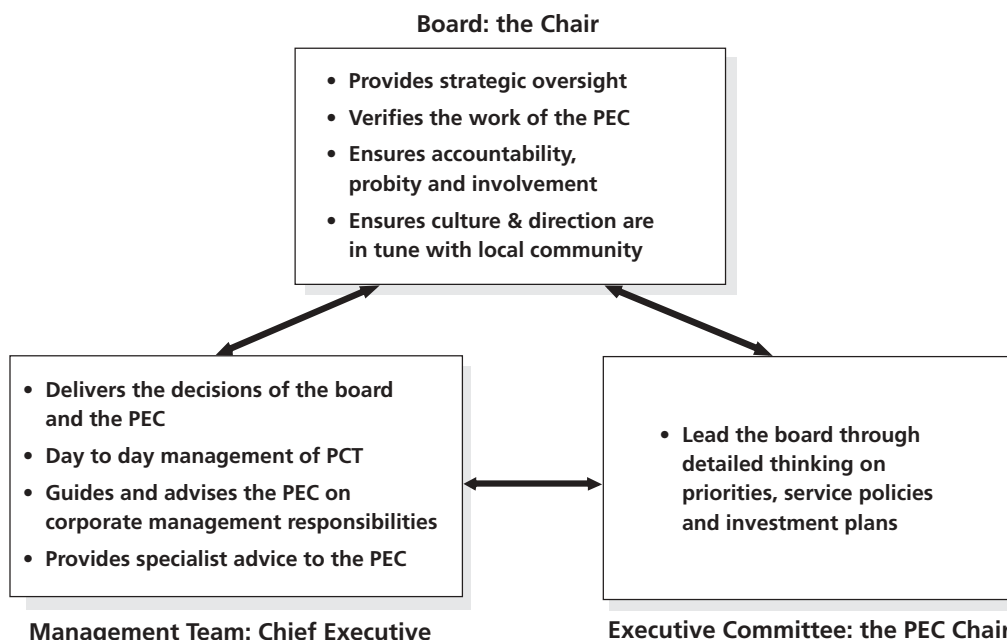
Welcome to the seventh issue of our Newsletter which discusses our current activities.
To find out more, contact us on 0121 443 3075 or visit www.businessdevelopmentconsultancy.co.uk

The Professional Executive Committee: an emerging role

An integral part of the governance arrangements of a Primary Care Trust (PCT) is the Professional Executive Committee (PEC). The PEC consists of around fifteen members which include professional members – comprising a broad balance between GPs and other clinicians, but including nurses, other community professionals and public health expertise – together with the Chief Executive, Director of Finance and a Social Services representative. An elected Chair from amongst their number heads the PEC. Originally, it was envisaged that PCTs would be "managed by a board of GPs" (Cm 3807, 1997). Subsequent guidance, however, described a 'triangular' – three at the top – relationship between the PCT Chair/board, the PEC Chair/PEC and the Chief Executive/management team (DoH, 2002). Therefore, any attempt to understand the role of the PEC - and its relationship to the other corporate governance elements – needs to be understood both in absolute and comparative terms.

The role of the PCT board is to provide "strategic oversight and verification of the work of the Executive Committee" (DoH, 2002). The role of the PEC, at least originally, was to "be responsible for the day-to-day management of the PCT" (NHSE, 1999), subsequently revised to responsibility for "much of the day-to-day decision making and strategic development [of the PCT]" (DoH, 2002). The management team of the PCT – accountable to the Chief Executive – is charged with ensuring the delivery of the decisions of the executive committee and the board – see diagram (DoH, 2002).

Whilst this separation of powers makes sense – the board: the focus of accountability, harmonisation and performance management; the PEC: policy, priority setting and practice; with management responsible, effectively, for implementation – in practice it is unlikely to be as clear cut as it seems. The literature suggests that much of the dysfunction found in the boards of earlier NHS bodies stemmed in part from 'rubber stamping' and it will be important for PCT boards not to interpret "verification" in this quiescent fashion. Similarly, the



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Editorial

In this edition attention has been drawn to the numerous challenges facing NHS managers, clinicians and staff. The pressure is on to deliver the modernisation agenda, to drive forward service improvement whilst at the same time delivering on a multitude of targets and ensuring that both national and local priorities are met.

The agenda is complex and involves the need for both longer term strategic thinking and also the capacity to manage the day to day issues by 'keeping an eye on the ball'. It is often the pressures of the latter which dominate the agenda as healthcare organisations juggle resources to meet demanding targets.

It is an interesting paradox that at the very time that healthcare organisations are pursuing standards such as Improving Working Lives the actual reality for hard pressed managers, clinicians and staff can seem to be so very different. Long hours, new initiatives, endless meetings and the public management of performance through the star rating system can all lead to de-motivation and the erosion of goodwill upon which the NHS has for so long relied.

The real challenge facing organisations is to ensure that they have the capacity to learn and to develop. A recurring theme is the need to strike a balance between providing leadership and direction at a strategic level and maintaining an appropriate focus on operational issues. This requires a fine balance to be struck between proactively managing as opposed to merely reacting to events and situations. The opportunities to take stock, to stop, think and plan and to prioritise effectively are key organisational skills. All too often the reaction is to urge people to work harder and to run faster when what is really required is for them and the organisation to work smarter.

The Professional Executive Committee: an emerging role (*continued from page 1*)

political rhetoric has sought, rightly, to encourage the active participation of clinical professionals, but the above changes in emphasis and realpolitik – that "in the last resort [the board will] have the final say" (DoH, 2002) – suggests a measure of retreat from the originally envisaged dominant role for PECs. This ambiguity is compounded in the paradoxical juxtaposition of management which is required to both deliver the decisions of the PEC and the board, and, in the person of the Chief Executive, act as the PCT's "accountable officer" (NHSE, 1999).

This tangled skein will almost certainly prove a challenge to all those most intimately concerned. The way forward will depend upon a degree of co-operation and trust between the three elements, which may, at times, be complicated by tensions between functional "guardians" and stakeholder "champions". Stability and progress will therefore depend upon sound organisational development and systematic progress towards a locally negotiated, agreed and understood pattern of working. That the PEC should act as the "engine room" of PCTs (DoH, 2002) – thus providing the motive power to move forward – is not in doubt, but such a metaphor must surely also require a clear and unambiguous presence on both the bridge and the decks. A safe and effective voyage will depend upon it.

Cm3807 (1997)

The New NHS: modern – dependable
London, The Stationery Office

NHSE (1999)

*Primary Care Trusts: Establishment,
the preparatory period and their functions*
Leeds, NHS Executive

DoH (2002)

A Competency Framework for PCT Leadership
London, Department of Health

**For further information on corporate governance and/or
PEC development contact Dr James J H Harrison at the
Business Development Consultancy on 0121 443 3075**

Consultant Appraisal

In April 2001 the Department of Health issued a formal appraisal scheme to cover all Consultants employed in the NHS. Many clinicians questioned the validity and reasons for the introduction of a compulsory appraisal process. The case of the GP Harold Shipman and other high profile cases led to a feeling amongst some that appraisal was being introduced in order to exercise greater control, limit professional freedom and to assuage public opinion.

So what is the case for appraisal and what are some of the lessons to be learned in introducing and maintaining the process?

Appraisal is not a new concept and for many years such processes have been seen as part and parcel of good organisational practice. This notion has been supported by some research but has largely been taken at face value and as accepted wisdom. However, in recent research, Professor Michael West et al looked at the relationship between human resource management (HRM) practices and organisational performance including quality of care in healthcare organisations. This research concluded that there were strong links between HRM practice and patient mortality in hospitals. In particular the research showed that the more sophisticated the level of appraisal across all staff groups, the lower the patient mortality. A link was also made to the level and sophistication of training for staff and also with the percentages of staff working in teams. Whilst the study concluded that more research was needed, it provided good supporting evidence of the link between HRM practices, quality of care and performance.

The convergence of the research evidence with accepted wisdom suggests that effective appraisal is an essential part of good patient care. So there appears to be a strong case to support consultant appraisal. Why then is there still scepticism about the process? We have worked with a number of Trusts across the Acute, Primary Care and Mental Health sectors and a number of common themes have emerged.

It is important for the purpose of the process to be openly discussed and some common agreement found. Whilst not all 'hearts and minds' will be won over it is important to allow debate so that the process and the requirements for evidence can be understood. We have found that there is the potential for different perceptions to exist and for consultants to feel that there is a reality gap between the theory and actual practice. This can lead to frustration and a 'tick box' mentality which means that lip service is paid to appraisal. We have

found that where the Chief Executive and Medical Director have actively sought to champion the process (as they should) and consult, listen and act upon comments then some of these concerns can be allayed.

Whilst appraisal is compulsory and there is national paperwork to support this, there is scope to vary the process and hence the way that appraisal is conducted. Some organisations in which we have worked have used a one to one approach, others have introduced a process involving two appraisers (based on hierarchical and specialism considerations) and some have incorporated 360° feedback. The latter was seen as important because it provided evidence about for example relationships with colleagues. What is important is that the nature and type of process needs to fit the culture, style and management maturity of the organisation.

Finding time to prepare for and attend appraisal meetings was highlighted as a real issue. Although protected time needs to be given for this activity we found that other pressures often meant that this did not happen. Appropriate planning and incorporating this into mainstream activity might seem to present a solution. However, it is important that other work and targets do not cause appraisal to be considered to be a peripheral activity.

Almost without exception the paperwork has been viewed as cumbersome. There has been some criticism that a 'one size fits all' approach has been adopted and that this leads to inflexibility. Appraisees need to understand the process and paperwork and be prepared to gather evidence to demonstrate achievements and personal development. The quality, accuracy and availability of information are critical issues. Often the quality of information available was poor or non-existent. Similar findings were found in work undertaken by the Centre for Health Leadership in Wales.

Appropriate training sessions can help to overcome some of these problems by examining the evidence required, how this can be cross referenced and what needs to be included under each category. Our work highlights that training is important for both appraisers and

appraisees. There are issues here about ensuring that sufficient time is available to conduct meaningful training. In our work training sessions for appraisers generally lasted 1 day, compared to appraisees who received a maximum of half-day training session. There is a temptation in organisations and amongst participants to undervalue the need for training and to seek to keep training time to a minimum. In our opinion this should be resisted.

A concern also stems from whether issues raised in appraisal sessions will be acted upon and feedback provided. There is a real opportunity for appraisal to make a difference here if appropriate feedback is given. Some scepticism exists as to whether this will be the case. Other common themes concerned issues about resources of time and money to undertake planned development and some lack of understanding about the need for development to be linked not only to personal needs but also to the Trusts agenda. Again issues of control were raised about linking development to Trust objectives.

It is too early to draw too many conclusions about the effectiveness of the consultant appraisal process. In the short term Trusts need to ensure that this issue is not put on the 'back burner' in the face of heavy workloads. Otherwise lip service will be paid and the positive benefits will not be realised. The process needs to be continually championed and issues around time and other resource implications need to be tackled rather than ignored. There are also messages about providing feedback and the real test for appraisal will be if consultants can see some positive outcomes from the process. The important issue is not whether appraisal should exist but how it is run.

*DOH (2001)
Consultant Appraisal Process*

*West MA. HR in the NHS.
Department of Health 2002*

*Ledgard A, Thomas B, McClelland S,
Robbe I, Appraise Where Due.
Health Service Journal, 2002 Nov29*

For further information on appraisal processes please contact Peter Tonks on 0121 443 3075

Agenda for change – *THE CHALLENGE*

It's something everyone in the NHS has now heard of even if they have not read the outline document "The New NHS Pay System – An Overview". There is also a target date for implementation of October 2004, which has heightened anticipation. Sensibly there are a number of pilot sites in operation now and as a result the rest will learn, be given a blue print of successful implementation and theoretically have a smooth transition. Simple. Well, organisations beware.

There is a history and those with not so long memories will remember the late 80's and the nurse clinical grading exercise. Of course it is hoped that 'Agenda for Change' has been more considered than this earlier attempt with nurses. However, whatever assistance may be given by the work undertaken on the pilot sites, this is still a major change that has to be managed effectively by each individual NHS organisation.

The challenges for organisations and their managers are as follows:

- knowledge of and understanding of the competency framework
- communication of this knowledge/understanding to managers
- managers to be trained and enabled to communicate knowledge/understanding to their staff
- aligning present appraisal systems with the needs of competency assessment for individual jobs
- managers to feel able and confident in assessing competence
- setting up of appeals panels and mechanisms for resolving issues around grading and assessment
- overall project management
- winning hearts and minds of staff throughout the process

Essentially there are several important tasks for organisations to tackle now and in the future. (See Fig 1)

These tasks include the fundamentals of successful change processes, which focus on communication to all parties involved, training/education and early involvement in decision making. Keeping these principles in mind alongside the energy needed for immediate action and the plan for future development 'Agenda for Change' can be successfully implemented into any organisation.

References

DoH (2003): 'The New NHS Pay System – An Overview', DoH Publications, London

For further information on how the Business Development Consultancy can help please contact on of our Consultants on 0121 443 3075.

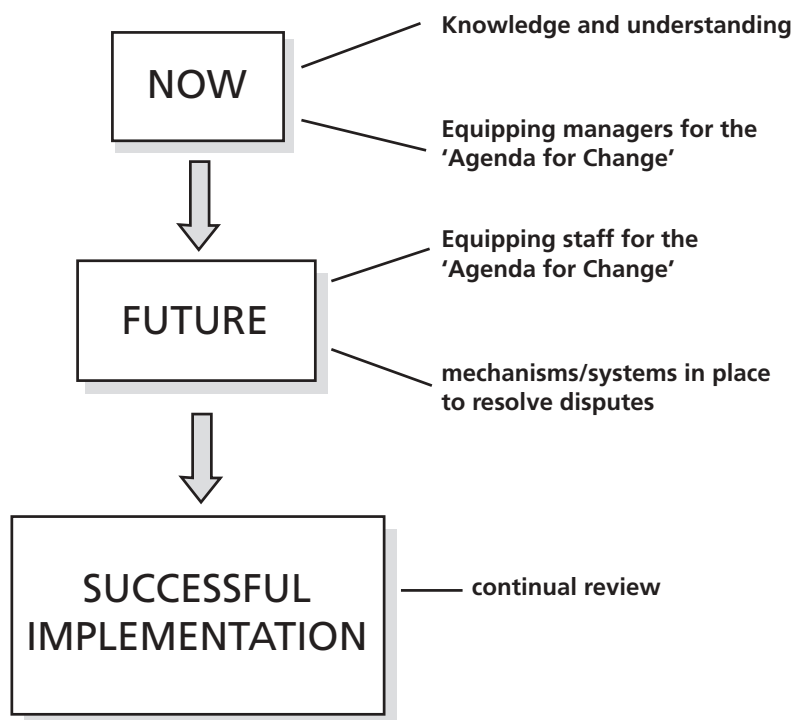
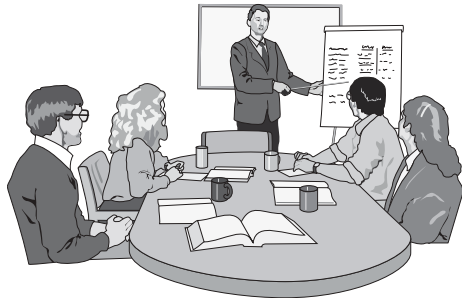


Figure 1: Important tasks for organisations

Changing Times for

The MHSC Programme (formerly the Managing Educational Study by Open Learning (MESOL)) has recently been absorbed by the NHSU. This is great news. For sometime MHSC has been left in a void after the closure of their headquarters in Sheffield and the transfer of only some responsibilities and funding to the Centre for Leadership. It is true that since 2000 the MHSC Part I materials have been re-written and re-packaged but after that exercise it was unclear when (if) the materials would be revised again. NHSU's intervention certainly will give MHSC a new steer and impetus that the Programme deserves and merits. It is still early days but there are now locally appointed NHSU co-ordinators with responsibility for the development of MHSC, a new module is currently being designed for MHSC Part 1 and all of the materials for MHSC Part 2 (the Diploma)

Personal effectiveness in meetings



Most of our readers attend meetings on a regular basis. Such occasions provide a range of opinion and emotion. In terms of the former one can often hear participants – sometimes referring to the same meeting – describe it as "good and useful" and also as "a complete waste of time"! Meetings can also engender strong feelings concerning the opportunity to express oneself and influence events – "on a good day I can almost fly" – and profound performance anxiety and in some cases outright fear at the prospect of attending or speaking. To the competent and mature participant such views are often treated with surprise, even disdain, but managers and others have to learn how to be effective in such settings.

Meetings can start to go awry for a number of reasons. Probably the most common is at the level of task where absent or unclear purpose, a poor agenda, poor discipline and/or chairing quickly lead to confusion, even chaos. In this regard, I am reminded of a meeting I observed recently where the 6-8 participants arrived to pursue clearly different objectives, had an agenda that they steadfastly ignored, where the chairmanship was contested and there was a complete lack of any personal discipline. The resultant spectacle quickly resembled toddlers in a sandpit. When the noise eventually abated and they had stopped striking one another with their buckets and spades they departed – in despair and denial – in almost equal measure.

The second area of difficulty that can occur is concerned with process issues. Here we see the tensions inherent in human relations and the conflicts and rivalries between individuals being played out around the meeting room table. As someone once observed "inside every team there are two teams – one playing against the opposition, one playing against itself" Poor process can seriously undermine effectiveness in meetings. This may take the form of members failing to participate, being difficult or simply talking in a manner that disrupts or excludes others. Participants, therefore, need to develop essential skills, understand group etiquette and chairs need to effectively manage people and events and thus their meetings. Inevitably, perhaps, any consideration of process begins to shade into team structure, attributes and performance. Indeed much has been written on this subject – how to build great teams, motivate your group etc. – now staples of the airport bookstall. However, it is important to make the distinction between an established and stable team who are experiencing difficulties with their meetings and a number of people – perhaps not yet a true team – simply experiencing difficulties. The differential diagnosis is important, since these maladies require different interventions.

The *Business Development Consultancy* has worked with a range of individuals and corporate clients in order to help them improve effectiveness in meetings. Interventions here have included:

- observation, analysis and the development of remedial strategies
- member training and/or chair coaching, and, where appropriate,
- group profiling and team development.

For further information on personal effectiveness in meetings contact Dr James J H Harrison at the *Business Development Consultancy* on 0121 443 3075

or Accredited Management Programmes

are being revised and updated (and this should be completed early next year).

All in all MHSC's future is looking bright and the BDC is excited at the potential of working with the NHSU and other organisations to develop MHSC locally and within the Region.

Finally a new accredited certificate programme from the Institute of Leadership and Management at level 3 is being designed for First Line Managers and Supervisors and will be available from the New Year.

If you are interested in developing in-house accredited Programmes for your organisation or wish to take a place on an MHSC Programme then please contact Stephen Oliver or Fiona Rutter at the *Business Development Consultancy* on 0121 443 3075.

Role of Honour

Congratulations goes out to students recently receiving their Diploma, MHSC and ISM Introductory Award results. The BDC achieved 100% success rate and the following all passed and received their certificates from the Chartered Management Institute (CMI) for the Diploma, Institute of Healthcare Management (IHM) for the MHSC and the Institute of Leadership & Management (ILM) for the Introductory Award.

ISM

Colin Baker
Jennifer Forbes
Janet Gaffey
Sue Hamblett
Glyn Hughes
Joanne Jones
Jane Piggott-Smith
Robert Walker
Joanne Wells
Marie White

MHSC

Rukmani Argarwal
Nasreen Akhtar
Julie Chapman
Elizabeth Costello
Jonathan Dewell
Sara Jones
Margaret Mitchell
Lisa Smith
Jane Thomas

Diploma

Phil Davis
Richard Edward
Amanda Hill
Angie Villers

Diversity: taking a strategic approach

Amongst a multitude of other things NHS organisations are being measured as employers on their ability to implement diversity strategies. The principles of diversity are explicit in existing and forthcoming legislation and directives and within the NHS these principles are also enshrined in the NHS Plan and the requirements of the Improving Working Lives Standard. There is no doubt that developing and implementing diversity strategies can have significant benefits for the staff, the organisation itself and the community served by it.

Diversity in an employment context is about creating an environment where individual difference is accepted and valued and where staff are treated fairly and equitably in their working life. This requires awareness and understanding of the issues, enthusiasm and commitment, time and appropriate resources.

The NHS has responded to the challenge by establishing Positively Diverse which is an organisational development programme designed to support organisations to assess how well they are meeting their requirements and also to provide practical advice on how to address the diverse needs of the local community by ensuring that the workforce understands supports and reflects those needs. The programme also supports employers in achieving national equality targets which have been incorporated into the Performance Framework for Human Resources and into the Improving Working Lives Standard. Positively Diverse is about turning words into action.

A number of pilot sites and lead organisations are now able to demonstrate examples of best practice. The Positively Diverse programme contains a number of steps which provide a strategic framework:

- Planning and preparation
- Mapping the organisation
- Creating a picture for where we would like to be
- Designing and prioritising actions to achieve our aims
- Implementing solutions
- Measuring progress and ensuring that the momentum is maintained.

There is also a need to understand and map the community served and we would emphasise the need to have top level commitment and support to ensure the process is championed. Equally it is important that the values contained within the diversity strategy are integrated into the mainstream business and are fully understood by all staff. It is vital that diversity is not marginalised as a Human Resource Department issue as is often the case.

This all represents a real challenge if diversity strategies are to make a real difference. The challenge facing all organisations is not creating the strategy but in putting the words into action so that a real difference can be made to the quality of working life and the service provided. There are real benefits to be obtained including being seen as a good employer which will have a positive impact on recruitment and retention through to creating a more representative workforce with a culture which values people which in turn will lead to enhanced creativity and effectiveness and better services.

If you would like more information contact Peter Tonks at the *Business Development Consultancy* on 0121 443 3075

Update on Equal Opportunities Legislation

A range of new legislation has been enacted over recent times and further changes are planned. These will create much work in ensuring that both compliance and the spirit of the legislation are put in place. Here is just a snap shot:

Under the provisions of the Race Relations (Amendment) Act 2000 all public bodies have a positive duty to promote racial equality in the provision of services and to promote equal opportunities in employment. They must also prepare and publish a race equality scheme.

New regulations introduced in April, 2003 altered the existing rules around maternity leave and also provide the right for new fathers to take one or two weeks leave on the birth of a child. New rights for adoptive parents have been introduced and additional provisions permit qualifying employees to request flexible working.

Recruitment and Selection –

Many commentators argue that for recruitment and selection to be effective a systematic approach should be followed. This is enshrined in best human resource practice and organisational policies and procedures. Recruitment and selection is time a consuming business. But good preparation and a systematic approach can bring real benefits. After all the knowledge, skills and experience which employees bring into the organisation are its biggest asset. However, recognition of this fact does not seem to prevent short cuts being taken and bad practice creeping in. Consider the following:

A Hypothetical Case Study:

A vacancy occurs and the dust is blown off the current job description and person specification. It is a busy job and needs to be filled quickly. An advert is prepared and applications start to arrive. The timetable hasn't been sorted out, arrangements for those on the panel are still being made and a date for the shortlist meeting has not been arranged. Shortlisting takes place by telephone or a hurried meeting takes place with those who could attend. It seems like a good idea to assess the candidates by interviewing them and asking them to do a presentation (if only we could think of a good title). The day arrives and the panel arrive early to plan questions. Unfortunately someone is late and the discussion has to be cut short because the first candidate has arrived on time. This interview overruns with a knock on effect on all the others. The timings were tight anyway. In reality the panel practised on the first candidate, improved their interview technique for the second, got it right for the third but then started to tire for the fourth and fifth candidates. In assessing the candidates each had used the Assessment Form in different ways but after a struggle manage to agree on an appointment. They need to get references and occupational health clearance but that can wait until tomorrow. The panel wind their way home late and absolutely exhausted.

Is this fact or fiction? Think about recruitment in your organisation and you are likely to find that some or all of the above has occurred. So what should we do?

- Don't rush give the process the time and attention it deserves. Properly review the job if it becomes vacant and adjust the job description and person specification. If it is a new job carry out a

Changes were also made this year to the law governing indirect discrimination. Until recently the definition of indirect discrimination was the same under the sex and race legislation.

By December 2003 new regulations will be in place that prohibits discrimination on the grounds of sexual orientation, religion or belief. Draft regulations have been out to consultation since October 2002. Further tidying up of the sex discrimination legislation is promised for 2005.

Changes to the disability legislation are promised for October 2004. These will extend the Disability Discrimination Act and the definition of what constitutes discrimination and also removes the exemption from small employers.

By 2006 the Government is required to produce legislation prohibiting discrimination on the grounds of age.

If you would like more information contact Peter Tonks at the Business Development Consultancy on 0121 443 3075

Fact or Fiction

job analysis to identify the characteristics of the job. Agree the assessment methods to be used and link to job requirements. Remember rather like a detective you are looking for evidence in this case that candidates can meet the requirements of the job.

- Agree the panel and the whole recruitment and selection timetable prior to advertisement. This will enable you to put key milestones in covering shortlisting and selection arrangements and also the timetable for requesting other information such as references.
- Ensure that the job description and person specification are agreed and then advertise. At the shortlist meeting assess applications against the job requirements, confirm the assessment methods, and agree the structure of the interview and the questions and the assessment form. Determine the approximate length of the interviews and add a little on for overrunning and comfort breaks.
- During the interview follow the agreed structure with each panel member asking questions in their assigned areas. Don't jump to early conclusions, listen and probe and obtain the evidence you need. Assess each candidate against the job description and person specification using the agreed format to make your decision. Take care to avoid any questions which a candidate might think are discriminatory
- Make sure that all those with recruitment responsibilities receive appropriate training and monitor this

This advice sounds easy to follow and, of course, it is if the importance that is required is attached to the process. As we all know, it is too easy to let this process be squeezed by everyday pressures and also to feel that you have recruited many times and so feel that you know what you are doing. The important thing to remember is that getting it right can help with recruitment and retention, cut down on time spent on recruitment in the longer term, increase morale and promote effective management.

So was it fact or fiction? We'll leave you to draw your own conclusion.

If you would like help reviewing your policies, training or support in making a critical appointment please contact Peter Tonks at the Business Development Consultancy on 0121 443 3075

Book Review

LEADERSHIP THE SVEN

GORAN ERIKSSON WAY

How to turn your team into winners

by Birkinshaw and Crainer S

A great book for those interested in alternative leadership styles.

Although the book is based around the leadership style of Sven-Goran Eriksson it does look much broader and discusses what is termed as "Swedish" management and leadership. The book does try to demonstrate that the Swedish way is different from other management and leadership styles, in particular Anglo-American and German/Japanese models.

The book cites numerous Swedish examples from Football Managers to business managers to demonstrate the sometimes quite subtle differences. The view is that Swedish leadership engenders the following:

- Dual focus on the task and relationships with people
- Situation sensing (being aware of the situation and adopting accordingly)
- Authenticity (being true to yourself)
- Identifying with your team (seeing the world through their eyes)
- Knowing when to get close to the team members and knowing when to stand back
- Team work/co-operation
- Creating consensus and commitment around a vision
- Face to face dialogue
- Trust in your team

The book also looks at research in Sweden by Holmberg and Akerbolm that suggests that good leaders had to have a number of attributes. These include: performance and action oriented; charismatic; visible within/out the organization; honest; pragmatic; a team-builder; work for egalitarianism and consensus; entrepreneurial and procedural.

In addition empowerment can also be added as a Swedish trait. While some of these are familiar, terms like modest, pragmatic and egalitarianism are worlds apart from the archetypal British leader, where drive, energy, confidence and intelligence are valued more.

The authors finish off by pulling out of their research the certain themes about Swedish management and leadership; such as keep your distance (silence can be golden), motivate to win (being positive, trusting people and providing calm focus), there is an I in Team (the individual and the collective), keep it simple (simple rules - set direction, define boundaries, let people get on with it and provide support) and face up to failure and bounce back.

Finally one phrase in the book sums up the Swedish way and its difference from the Anglo-American model. In this country we might say, "Just do it" (command and control) but in Sweden it would be "See what you can do about it".

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 South Birmingham Primary Care 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 and Social Care Certificate, Diploma in Management

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

**or visit our website:
www.businessdevelopmentconsultancy.co.uk**

Pen Picture

Fiona Rutter

Fiona has recently joined us as a Senior Consultant from the NHS in Worcestershire where she had responsibility for leadership and management development.

Fiona has extensive experience of both the public and private sector working at all levels including Executive, Board, Senior and other Management groups in business and consultancy roles, which has been complemented by considerable facilitation and training management experience and guest lecturing at academic institutions.

More recently Fiona has used her experience of organisational change and behaviour to develop bespoke solutions for service delivery teams within the changing organisational environment of the NHS. She has also recently taken the lead on a multi-agency approach to the integration of management and professional development in support of the Continuous Professional Development of clinical and non-clinical staff groups.

In terms of Fiona's role, her skills and experience will be used to further develop the leadership and management development portfolio of the Business Development Consultancy. She will work on both consultancy and training assignments and will also take a lead role in maintaining and developing our qualification based management development programmes.

Having just completed a Masters Degree at University of Bristol Fiona is keen to use her spare time to focus on period house restoration and garden design and to take time out when possible for 'body boarding' in Cornwall.

Web Watch

National Primary and Care Trust Development Programme (NatPaCT) at www.natpact.nhs.uk/ is a Modernisation Agency site designed to provide organisational development support to PCTs in implementing the Shifting the Balance of Power in the NHS changes. The site is well designed and easy to use and provides a newsletter, an evolving competency framework – divided in nine areas which include organisational, public health and clinical dimensions – and a useful and searchable library facility. The initiative database, however, is rudimentary and disappointing. None-the-less, overall, this is an excellent site that provides informed support to those researching, managing, facilitating or delivering primary care.

Myers-Briggs Introduction at <http://www.geocities.com/lifexplore/mbintro.htm> provides useful information on the four dimensions – and their combinations – of this well-known psychometric test. The site details the four dimensions i.e. relating to others (introversion and extroversion), information taking (sensing and intuition), decision making (thinking and feeling) and life order (judging and perceiving). There are opportunities to examine the type descriptions and also the correlation with the Enneagram. This is an ideal site for those who have attended a development centre or have received post psychometric test feedback and wish to reflect upon how they function in the world. One for the insightful.