

PEN PICTURE

Dr Lawrence Benson



Dr Lawrence Benson is an associate tutor at BDC for the Postgraduate Diploma in Managing Health and Social Care and is co-module tutor on the Managing Information module and has worked with BDC over the last 5 years. Lawrence is also a Lecturer in Healthcare and Public Sector Management at Manchester Business

School, which is part of the University Manchester. His teaching and research interests include organisational behaviour, partnership in primary care (the subject he explored for his PhD which he gained in 2003 from the University of Bradford) workforce development and health informatics. Lawrence has been involved in Managing Health and Social Care and its predecessor MESOL since 1992 and before going into teaching and research

worked in health service planning from 1985 to 1992. He lives in the glorious Holme Valley in West Yorkshire with his wife and two kids.

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.

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To find out more, please contact one of our Consultants on telephone number 0121 465 7850.

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NEWS

Public Health - The New Frontier?

It has been said, with some justification, that the NHS in the field now consists of three elements - provider trusts, commissioning and public health. Although public policy, proposals for change and staff themselves have endlessly been preoccupied with the first two, less attention has been paid to public health. In this context what is public health, why does it matter and how should provider and commissioning organisations play their part in delivering this important agenda?

Although the public health function has been a part of the modern healthcare landscape since the Acheson Review (DoH, 1988) it has often struggled to make its presence felt and to have an impact. Numerous relaunches have come and gone but since the publication of *National Standards, Local Action* (DoH, 2004), one begins to sense a mood of optimism, a sense of urgency and, most importantly, some real progress.

Public health has been described as *"The science and art of preventative disease, prolonging life and promoting health through the organised efforts of society"*. Historically, this has been important in terms of addressing health inequalities and many of the public health policy initiatives have sought to strengthen individuals and communities, improve access to essential services and facilities, encourage macro-economic change through fiscal policy and benefits, and, encourage cultural change by targeting the socially excluded. Whilst the available evidence is equivocal, there are grounds for optimism and some progress is clearly visible in relation to e.g. improving service access, smoking cessation, and work with some black and minority ethnic communities. However, new impetus has been given to the public health agenda by the challenges associated with chronic illness, health care associated infection (e.g. MRSA), the emergence of new diseases (e.g. bird flu) and, of course, population health issues associated with extreme weather or terrorism.

Such a challenging agenda requires public health specialists to conduct the necessary analysis and to help shape local policy but they alone cannot deliver all of what is required. Who else is involved and how can they help? We can perhaps think of this at a number of different levels i.e. corporate, organisational, and individual. **Corporately**, PCT boards have a responsibility to maintain an effective public health function and to identify and work to improve the health needs of the population. Both competent leadership and a clear and public commitment to these obligations are important internal and external signals. Secondly, it is **organisationally** important that services commissioned by a PCT in the light of Commissioning a Patient Led NHS (Crisp, 2005) are also consistent with the PCT's public health agenda. Examples here might be to ensure effective prescribing by the contractor professions, or promoting and funding initiatives associated with the management of chronic ill health etc. At the level of **individual practice** key groups of workers (e.g. nurses and therapists) need to have public health enshrined in their professional strategy and featured in individual service encounters e.g. the work for School Nurses.

The Business Development Consultancy has considerable experience of teaching public health to undergraduate students, of facilitating the development of professional strategies and reviewing and shaping the work of e.g. School Nurses in relation to the public health agenda. If your organisation, group or personal practice is confronted by the challenges of the public health agenda the *Business Development Consultancy* can help.

For further information contact Dr James J H Harrison at the Business Development Consultancy on 0121 465 7850

EDITORIAL

The amount of change currently being generated in the public sector is probably greater than it has ever been. Nowhere is this more so than in the primary care field where the agenda is particularly challenging given that there are issues about re-configuration of PCT's and also questions about the positioning of

provider services. From the summer onwards a number of different messages emanated from the Centre as the debate became more politicised and subtle changes in position were revealed. Banner headlines in the various journals hardly helped to reduce uncertainties or fears of those working in PCT's.

The change process needs to be well managed and support given to staff in order to prevent morale hitting rock bottom putting a strain on the reform agenda, service provision and financial performance.

CASE STUDY

Integrating Governance

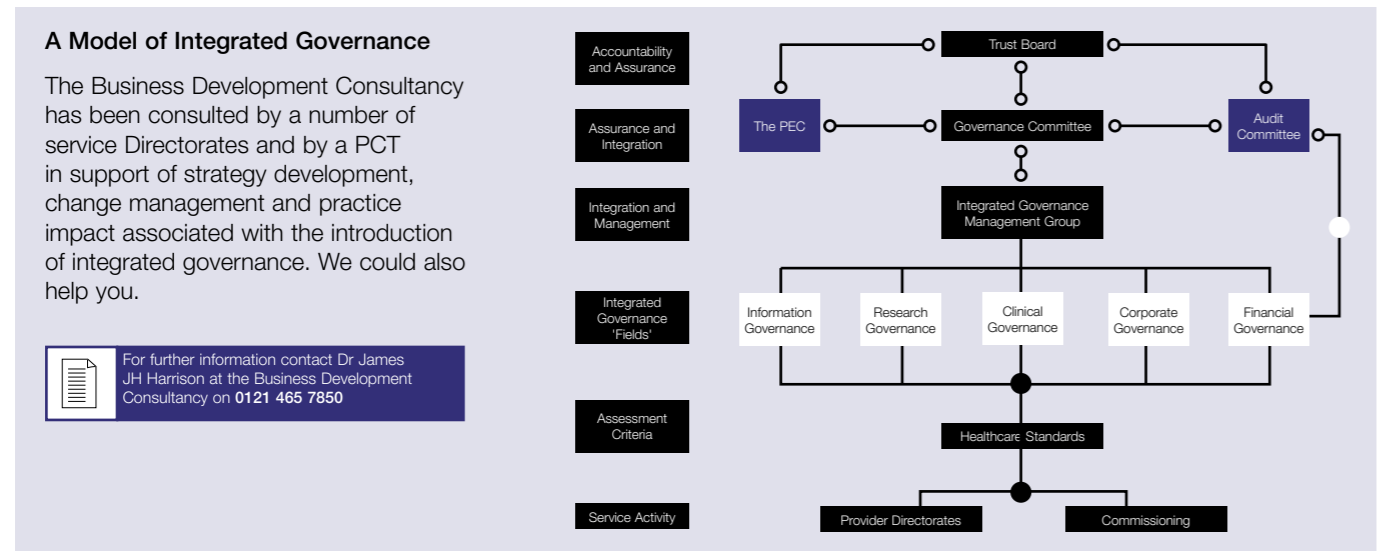
Corporate and clinical governance has long been a part of the health service's vocabulary and has provided a framework within which both boards and clinicians thought about and shaped their respective practice. More recently the concept of integrated governance has been developed to stimulate debate and to "rejuvenate" governance (Deighan & Moore, 2004). Integrated governance consists of five 'fields' - corporate, clinical, financial, information and research governance - and has been defined as the "systems and processes by which trusts lead, direct and control their functions in order to achieve organisational objectives, safety and quality of services in which they relate to the wider community and partner organisations" (Halligan, 2004).

Integrated governance has been developed for a range of reasons, not

the least of which was the growing number of high level 'failures of control' both clinical and financial. In almost every case the issue was not a lack of control *per se* but rather a lack of coherence across a range of controls - hence integrated governance. Integrated governance therefore requires an organisation to approach the topic in a much more coherent or 'joined-up' fashion than in the past. In particular, it places a greater responsibility upon the organisation to satisfy itself that it is behaving reasonably and is in compliance with guidance, and, upon the board, to provide a public statement to that effect.

The Government recently published National Standards, Local Action (DoH, 2004) which contained a set of standards against which healthcare providers will be judged. These need

to shape a health body's thinking generally and inform their approach to the topic. In addition to an annual declaration by a health care body, the Healthcare Commission will also selectively inspect providers to validate their declaration. The organisational challenges that health bodies face is thus threefold. Firstly there is the need to adapt and augment existing governance arrangements, secondly to secure a high level of coherence across the five governance 'fields' and finally to do so to an acceptable standard as judged by the Healthcare Commission. This is depicted diagrammatically below. Although the model depicted represents a PCT the broad approach can be adopted by other NHS provider bodies with some minor adaptation.



LEADERSHIP DEVELOPMENT

New ways of Working: The Leadership Challenge

The Business Development Consultancy has for some time worked with the Elderly Directorate of South Birmingham Primary Care NHS Trust to support innovation, build capacity and enhance service delivery. In developing new ways of working the Directorate has over a number of years shown itself willing to seek out and embrace change in the interests of the service (Harrison, 2000). Although the NHS Plan (DoH, 2000) formally drew attention to the opportunities for "new ways of working" the Directorate had a long tradition of such thinking and practice and used the impetus of the NHS Plan to build upon and extend innovation in this area.

Why has this been necessary? A number of factors have influenced such an approach including increasing the rehabilitation content of the service, developing individuals, developing the service and managing and improving performance. Examples of the new roles or 'unconventional' appointments include the creation of Rehabilitation Assistants; Nurse Practitioners/ Advanced Nurse Practitioners and subsequently Nurse and Therapy Consultants; Modern Matrons. Joint appointments have been made in association with local universities and therapists have been appointed

to service leadership roles e.g. Modern Matron.

The logical extension of this approach was reflected in the outcomes of an organisational review undertaken in the Elderly Directorate (Harrison, 2003) which recommended the development of fully integrated inter-disciplinary teams with either a general or specialist service role. These reconstituted teams being led by Clinical Team Leaders (CTL) with managerial responsibility for all the non-medical disciplines and supporting staff working for that clinical team. In short, the CTL (a post open to nurses or therapists) will provide overall leadership and manage both events and people in delivering clinical activity. Core responsibilities include:

- budget holding for supplies, services and manpower;
- appointments to the team;
- off duty and deployment
- performance management, discipline and development
- clinical quality, clinical governance and standards of care
- user and carer involvement and the 'patient experience'
- the overall clinical performance of the team, and,
- a defined and personalised corporate obligation or project

Such developments represent important adaptations in an ever more complex policy and employment environment. Not only are such changes compatible with 'new ways of working' but, importantly, will bring about a far greater level of coherence and co-ordination than was the case in the past. This will use and focus available resources more intelligently, improve communication and offer a superior approach to service provision. No matter how intuitively 'right' such an approach may be one should not underestimate the managerial effort necessary or the co-operation and good will needed from the professions concerned. Such a bold programme required effective change management skills, investment in supporting those appointed to the CTL role and the establishment of meaningful professional leadership arrangements.

If you are not sure your present organisational arrangements are fit for purpose or if you believe that your organisation could benefit from the introduction of new roles or new ways of working... call us to-day.

For further information contact Dr James JH Harrison at the Business Development Consultancy on 0121 465 7850

Seven tips on ... Negotiating Change

Do

- Understand what is being sought and ensure you deliver the benefits of the change
- Communicate, communicate, communicate
- Give time to the team and to individuals to build and maintain strong relationships
- Manage the concerns and handle resistance positively
- Pay attention to the skills of project management, anticipate demands and translate thinking into workable plans
- Involve as many people as possible in making decisions as early as possible

Don't

- Jump into any change without looking first and answering the question "Is the change needed?" You need to understand the driver's for change.

Delivering the Benefits of Agenda for Change

It may not seem it but the easy bit of Agenda for Change is nearing the end and now it's time for the difficult part.

The Job Evaluation process is nearing completion and the process of designing Knowledge and Skills Frameworks (KSF) is well under way. So what next? Well now for the difficult part. Managers need to get to grips with how they will effectively integrate the appraisal review with the KSF discussion. For those that already have an effective appraisal review discussion that has meaningful outcomes for both the organisation and the appraisee this will not be too difficult. For the rest who don't do appraisals (yes these managers still exist), those that cannot always find the time and those that do appraisals but only so they can 'tick the box' it will mean changing behaviours and possibly attitudes in order to deliver the full benefits of Agenda for Change. Up and down the country Trusts are feverishly delivering Appraisal/KSF awareness training in order to prepare

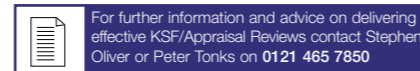
their managers because ultimately it will rest with these managers to make the time to have meaningful discussions that both cover the work objectives required for the job and the identification of training needs and the agreement of a well thought through and deliverable Personal Development Plan (PDP).

So what do managers need to do? Well in a nutshell managers need to demonstrate commitment by:

- Having a full understanding of KSF and the Core Dimensions and other relevant Specific Dimensions applicable to the jobs of their staff
- Preparing their staff in advance of KSF/Appraisal Reviews so that they understand the process and their role within it
- Creating sufficient time to discuss one to one the KSF outline and complete the Appraisal Review (allow one to two hours per person)

- Emphasising the individuals strengths and what is possible to change and achieve
- Being optimistic and constructive within your discussions
- Agreeing meaningful work objectives and a deliverable PDP
- Monitoring regularly and by having at least a mid year review (note for staff with less than 12 months experience in the job they will need to have at least two review discussions)

Without this commitment the full benefits Agenda for Change presents will be missed. This is a fantastic opportunity to develop staff and the service to meet the changing demands we all have to face up to.



For further information and advice on delivering effective KSF/Appraisal Reviews contact Stephen Oliver or Peter Tonks on 0121 465 7850

Career Review – Meeting the Personal Challenge

Most organisations are subject to continuous organisational change and the extent to which stability is desirable or even possible is open to question. This means that there is a need to be much more flexible and adaptable in our approach to our careers and the way we work. Many conventional career ladders have disappeared and people are now much more likely to build what might be described as portfolio careers. This may mean changing career direction more than once and/or building a career around more than the job.

It is only natural to feel uncomfortable when there is so much ambiguity about the nature of the changes in the NHS particularly in the primary care setting. The first thing to do is to get that sense of control back so that you can exercise some choice about what you want to do. To take control you need to:

- Be positive. Remember that although organisational structures may change the services provided will still be required. Change will lead to new possibilities and to opportunities for career development. Try not to feel like a victim but instead take action. You can start by broad scanning your work environment to find out more about the likely changes.
- Review your longer term career goals and write these down. Make a list of what you want from a job. Be specific about what you would like to achieve. It is only by doing this that you can take the necessary action. Even if you do not have aspirations to go higher it is still worth defining your goals so that these are more likely to be achieved.

- Bring your CV up to date. It is always worth polishing up your CV to ensure that you respond in a positive fashion when putting in a job application. Your CV should be re-crafted for each and every job that you apply for.
- Scan the job market and read advertisements. Look at the range and type of jobs available. Consider the qualifications, skills, experience required and match yourself to these. Recognise and manage your attributes and your brand image and use this to market yourself effectively.
- Build and use your personal network for career opportunities.
- Review your personal development plan. Take this opportunity to look for development opportunities that will help you to achieve your goals. Consider those areas where your experience might need to be boosted or whether you need to develop additional skills and knowledge through more formal studies.

In times of change many people search around thinking that they should be doing something but are unsure about what this might be. By following this checklist you will start to exercise greater control over your own future and will feel empowered and more positive.



If you would like further information about our career review services please contact Peter Tonks on 0121 465 7850

Getting that Job

There is no getting away from the fact that for most people the interview process is an anxiety provoking experience. Sweaty palms, dry mouth, mind going blank or talking too much but saying very little are some of the problems we are all likely to have suffered at some time when being interviewed for that coveted job. But interviews don't have to be like that. By following a few key steps we can develop strategies to give us that much needed edge.

Prepare

In busy lives preparation is something we often neglect. Looking for a job is all about preparation. Failing to prepare = preparing to fail. Preparation starts with your job search. Make sure you don't apply the scattergun effect by applying for 'everything that moves'. This is particularly important in times of change when you might be inclined to jump before thinking. Be discerning, focus on what you want and match your qualifications, skills and experience to the advertised job.

Use the job details as a means of preparing for the type of interview questions you can expect to face. Arrange to visit your prospective employer prior to your interview or at the very least make telephone contact. Use the contact to find out as much as you can about the organisation. Also use your network of contacts as well as the internet. Most health care organisations now have comprehensive websites which can provide you with useful background information on the organisation.

Practise

Most of us are interviewed infrequently and probably know what we want to say but it is another thing to give a polished and well practised interview performance. We advise our clients to practise with a partner who can act as the interviewer or in front of a mirror out loud. This helps to understand how you are coming across and whether you appear relaxed or not. Practise helps you to improve your technique and to approach an interview with a positive mental attitude. Instead of worrying about what might go wrong concentrate on visualising performing well at interview. Remember that a negative approach will only embed negative responses leading to poorer performance.

First Impressions Count

Remember that first impressions do count. Although most interviewers argue that they work hard not to it is likely that they will gain an impression of you within the first 60 seconds. To ensure that you make the right impression, walk into the room confidently, smile and shake hands firmly, if a hand is offered. The initial stage is important in order to overcome what is described as the 'horn effect'. This is where the interviewer(s) pick up a negative impression and then proceed to interview on that basis.

Create Empathy

You can create empathy and rapport by the way that you communicate both verbally and non verbally. Try to smile, nod your head, match and mirror the voice, body language and gestures of your interviewer(s). This is important because people like people like themselves. If someone speaks in short

sentences respond in similar fashion. We all have different preferences about the type of information we like to receive and this can affect our judgement. For instance, some people like hard concrete, factual information whilst others are more abstract and conceptual and are stimulated by the wider possibility of things. By getting in tune with the interviewer you are more likely to create a positive image.

Don't do all the talking

Make sure that you only answer the questions asked of you. Try to limit your responses to a maximum of one minute. In a recent coaching exercise we ran a mock interview and in response to the question "why do you want this job" the response was timed at 12 minutes. The way to respond to questions is to summarise your view and then check whether the interviewer wants you to go on. In this way you can leave 'hooks' embedded in your answers to encourage interviewers to ask further questions. Doing too much talking is a dangerous trap to fall into. You can appear vague, unfocused and insensitive to the needs of the panel and you might just say more than you wanted which can invite difficult questions.

Listen

Be a whole body listener by using your eyes and ears to check out the interviewer's verbal and non verbal language. Use eye contact appropriately and be mindful of the interviewer's body language. You can soon tell whether someone is listening to you or whether they have lost interest in your answer. At such times you may need to alter the way you are responding to match to the interviewer. Use your ears to make sure that you are responding to the question you have been asked and not the question you would like to answer.

At the End of the Interview.

Ask questions. The interview is supposed to be a two way process and this is your opportunity to find out more about the employer. Interviewers often subconsciously take a poor view if questions are not asked. Try not to finish in a limp fashion by saying to the panel 'you have covered everything in the interview'. Equally, do not have too many questions. Typically, ask questions about upcoming priorities in the job, pick up on any loose ends from the questions asked of you and explore development opportunities. Do not ask questions about terms and conditions at this stage.

Remember be yourself. You haven't got to be something you are not. However, you do need to perform in a friendly and confident manner. So respond with enthusiasm and confidence and avoid responses with words such as maybe, I hope, I suppose and perhaps. Follow these simple strategies and you will create that extra edge.

We provide advice and guidance on all aspects of recruitment and selection in either workshop or one to one coaching sessions. If you would like to know more please contact Peter Tonks at the Business Development Consultancy on 0121 465 7850

Certificate in Managing Health and Social Care

– new programme starting in the Spring 2006

The BDC has had another fantastic response and a course of 26 people kicked off their studies on 29 September. This is a twelve month programme and this programme will finish in the first week of October 2006. However this is a popular and valuable course so the BDC offers NHS and Social Care employees another chance to commence a new programme in late March/early April 2006, finishing in April 2007. This is a nationally recognised management qualification and one that feedback tells us gives managers the confidence to manage and lead their services more effectively. The programme comprises a mixture of workshops and Open University open learning materials and

is tailored to the health and social care sector and incorporates the following modules:

- The Manager (including the role of the Manager, management styles, culture and decision making)
- Managing People (including team working, performance management, recruitment and managing change)
- Managing Services (including service quality, setting standards, planning services and managing a budget)
- Managing Information (including the qualities of good information, organisational form/structure and communication)

The NHS actively promotes MHSC and nationally there is recognition that many organisations could still access the benefits that this programme gives both individuals and the organisation. As well as offering our 'open' programme the BDC has experience of delivering the MHSC programme for single organisations and clusters of organisations locally and nationally and can tailor the design of the programme to meet specific organisational needs. If you are interested as an individual in our next programme or wish to find out more about how the BDC could deliver/help to deliver this programme in your trust/organisation please do not hesitate to call Stephen Oliver or Peter Tonks on 0121 465 7850.

Introductory Certificate in First Line Management

– new course starting on 20 February 2006

Yet again both another full programme has been successfully launched and another programme successfully ended in November. This course has now been slightly redesigned to accommodate the newly updated units of managerial competence and covers the following areas of management:

- Self Development
- Interpersonal Skills
- Communication Processes
- Managing and Developing People
- Managing Resources
- Understanding Organisations

- Managing Information
- Managing Activities
- Managing Change

This structure offers a sound introduction to key management issues that informs and prepares people for their new/developing role as a manager/supervisor. Its popularity is soaring and now there will be three Open programmes commencing each year and the next programme will commence on 20 February 2006 and finish in September 2006. Places do fill quickly so if interested in this course

please contact the BDC offices as soon as possible to book a place and/or seek further information. Alternatively courses can be tailored to the needs of your organisation to commence any time during the year. The course design is also quite flexible and many other topics can be covered if the client wishes to focus on areas of management that are critical to them e.g. understanding quality, customer service, meetings etc. Again if interested in the delivery of an organisation based course do contact one of our Consultants at the BDC.

Postgraduate Diploma in Managing Health and Social Care (MHSC)

This new Diploma in MHSC was successfully launched in September. The programme is at postgraduate level and accredited by De Montfort University Business School. The course is built around six core modules and current students have just completed the first module 'Managing Personal and Team Effectiveness'. The other five modules are:

- Managing Your Enterprise
- Managing Service Delivery
- Managing Information
- Managing Finance
- Business and Service Planning

The course will be completed in December 2006 however the BDC plans to launch another programme in October 2006. Successful completion will carry 60 CAT points at postgraduate level.

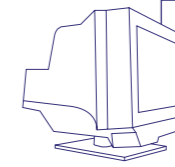
WEBWATCH

Elsewhere in this edition attention has been drawn to the growing importance of the public health agenda and our featured websites reflect this prominence and topical preoccupations.



www.hpa.org.uk

The first of these is the Health Protection Agency, which can be found at www.hpa.org.uk. The HPA is an independent body that protects the health and well being of the population – "protecting people from infectious diseases and... hazards involving chemicals, poisons or radiation." Their responsibilities also include "emerging threats, such as a bio-terrorist attack or virulent new strains of disease." Whether an expert or a concerned citizen this is a useful site, which is sensibly organised around their key functions together with a news section, clearly dated updates and useful links. Particularly helpful are the key topics section – e.g. avian flu – and clear and accessible regional profiles.



www.wmpho.org.uk/observatory

Given that many public health issues reflect local circumstances the second of our featured websites is the West Midlands Public Health Observatory, which can be found at www.wmpho.org.uk/observatory.

The Observatory is a part of the Government Office for the West Midlands and its mission concerned with: "Improving the health of the public in the region by providing intelligence, developing public health capacity and acting as advocates for both". The West Midlands Public Health Observatory is one of nine in England and is part of the Government's strategy for improving health and reducing health inequalities. The site contains the customary elements of news & events, contacts and links. However, it also contains PCT and Local Authority sites together with public health resources and useful census and other data. If you are interested in public health matters much closer to the coal face this site is for you.

Qualification Based Management Development Pathways

Congratulations goes out to the following senior managers who have just gained their Executive Diploma in Management from the Chartered Management Institute:

- Angela Davis
- Peter Langston
- Susan Moorfield
- Lisa Smith

and to

- Jane Stroud

who has successfully completed her Masters in Health and Social Services Management at the University of Bradford.

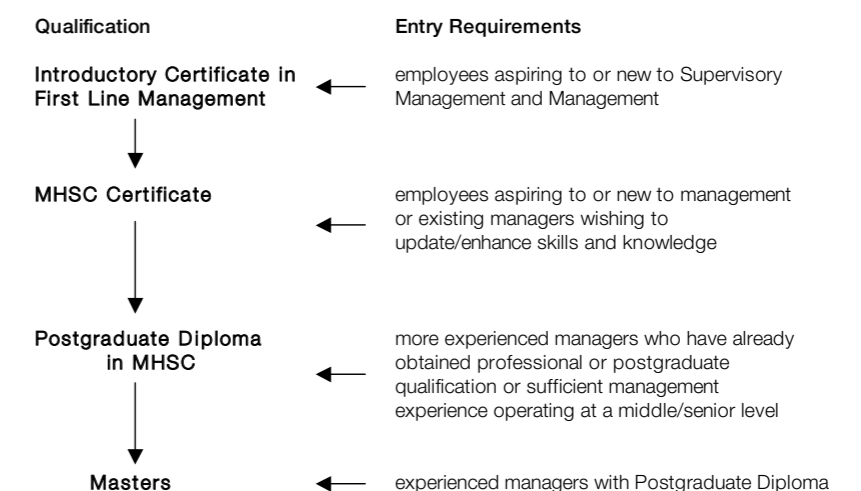
Peter, Susan, Lisa and another former Executive Diploma student Vicki Fitzgerald have just embarked upon studies for their Masters also at the University of Bradford. These examples demonstrate and provide a model for others who are thinking about a qualification based Management Development Pathway. In the case of Peter, Susan and Lisa they embarked on their journey about three years ago and Vicki, some four years ago when they started their studies with the Managing Health and Social Care (MHSC) certificate. This one year programme then gave these people the confidence to embark on their Diploma studies, which has now enabled them to commence a Masters programme. In the case of Jane

she gained direct entry to the Diploma programme and then progressed onto the Masters. For some other students they have commenced their studies with the Introductory Certificate in First Line Management (with the Institute of Leadership and Management) and then progressed onto the MHSC certificate.

This pathway (see Fig 1) provides employees with a rare opportunity to study at a NHS Centre from Introductory

Certificate through to Diploma and then onwards onto an established and well respected Masters programmes at the University of Bradford and the Open University. From 2006 the new Postgraduate Diploma in MHSC will enable students to access additional Masters programmes from other Universities such as De Montfort University Business School, Leicester.

Figure 1: Qualification based Management Development Pathway



For a discussion about the best pathway for you please do contact one of the Consultants at the BDC