

Ian White



Ian White 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 the BDC over the last eight years. Ian is the Regional Head of Programme (NPfIT) for the North East Cluster National Programme but is currently on secondment as Head of the

Senior User Team for the Service Desk Implementation Programme. Prior to this he worked in the NHS for ten years most notably as Director of Information for Doncaster and South Humber Healthcare NHS Trust and as Programme Director for the South Yorkshire ENHANCE (EPR) Project.

Prior to joining the NHS, Ian worked in the private sector in a variety of information technology roles incorporating operational, development

and management responsibilities. Ian carried out these roles working in the UK, Europe, South and North America.

Ian has long had an interest in education and in addition to his work with the BDC is also a tutor at Derby University where he co-tutors the Advanced Diploma in Information Management and Healthcare.

Ian has a strong track record of achievement combined with a national profile in information technology, which he brings to his work with the BDC.

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, Postgraduate Diploma in Managing Health and Social Care

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 465 7850.

or visit our website:

www.businessdevelopmentconsultancy.co.uk



bdc. consultancy news

CONTENTS

Issue 11. July 2006

www.businessdevelopment
consultancy.co.uk

Page 01

The Best Year... Ever

Page 02

Editorial
Highlights – Our health, Our care,
Our say - white paper

Page 03

Co-Production – What is it?
Leadership in Times of Change

Page 04

Career Management in Times
of Change

Taking Stock – What's Your
Career Anchor

Page 05

So that's how to be a good
leader?

Page 06

Development for Senior Managers

MHSC Certificate (accredited
by the Institute of Healthcare
Management

Page 07

Get a good start in management

Web Watch

Book Review

Page 08

Pen Picture
About the BDC

Address

Business Development Consultancy

West Heath Hospital
Rednal Road
West Heath
Birmingham
B38 8HR

Tel 0121 465 7850
Fax 0121 465 7857

Email
enquiries@BusinessDevelopment
Consultancy.co.uk

NEWS

The Best Year... Ever

This was the view of the Secretary of State for Health the Rt. Hon Patricia Hewitt MP at the end of April 2006. Unusual, remarkable, unwelcome? Well, it is undoubtedly true that investment has gone up, staff numbers have increased, their remuneration has been improved and waiting times have dramatically reduced. However, this has to be set against the backdrop of a record financial deficit, some 6-8,000-job cuts, and a growing number of bed closures at the time of going to press. The political parties, media commentators and staff organisations dispute the figures - and the causes - but whatever the explanation for the crisis (or success) managers within the service will, once more, have to demonstrate courage and fortitude in dealing with a volatile and uncertain environment.

The first consequence of these circumstances will be to liberate funding to meet ever-increasing savings requirements and then to manage services with less funding than had been expected. Finding savings is never easy but the Business Development Consultancy has worked with a number of different NHS and other healthcare clients in carrying out efficiency studies and also service reviews. Efficiency studies have tended to revolve around improving the organisational performance of client organisations and their consumption or use of resources e.g. improving information and billing systems to increase the recovery of charges and thus improve both the financial and economic position of a large acute services provider. A further example included increasing the productivity of theatres in another acute provider.

If efficiency studies look at processes, service reviews focus upon practices, especially the extent to which services deliver policy outcomes (e.g. a School Nurses review vis-à-vis the child health agenda); organisational expectations (e.g. do Clinical Nurse Specialists or Health Care Assistants meet the requirements for 'new roles' and add value?); or, changes in practice which have or will deliver different and enhanced outcomes (e.g. reviewing the medical records and information support to front line practitioners).

Another method managers are almost certainly going to have to pursue is that of bidding for funding in order to resource innovation and service development. Some NHS bodies have already established Invest to Save schemes in which managers have to make 'bids' - for revenue or capital funding - which demonstrate cash releasing savings, productivity increases, service redesign or a shift from secondary to primary care. All of these initiatives require the recalibration of activity to the funding available, finding new and imaginative ways of putting existing resources to work or accessing increasingly scarce resources.

Central to all of these and thus the successful implementation of public policy is, of course, the goodwill and hard work of managers. Recent suggestions - that the NHS's funding difficulties are as a result of poor management, comments by the Home Secretary that his department was not "fit for purpose" and criticism of judges who "lack common sense" when sentencing (in line with Government policy) - do little to encourage and still less to support public servants. Effectiveness, in the economic circumstances that we now find ourselves in, must encompass a willingness to deliver clearly articulated policy in a climate which acknowledges the requirements of policy makers and the reality for practitioners in the field.

However these challenges and tensions are to be resolved, health care managers and professional leaders are going to have to do the same with less or secure new funding to deliver difference. The Business Development Consultancy has considerable experience in the areas of efficiency studies, conducting service reviews and developing business cases and proposals in order to bid for or secure funding. If you are currently facing these challenges 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

In today's world of work change is a constant feature. Even allowing for this it is fair to say that the NHS probably goes through more change than any other organisation, private or public sector. The Government is impatient to see the extra investment and the reform agenda bring about long lasting and permanent change. System reform and good management are the only ways to deliver the NHS values in the modern world the Prime Minister told the Health Services Journal in a recent interview (HSJ 15th June).

The current major changes across the health economy as organisations respond to the agenda and seek to become ever more efficient in delivering cost effective services highlights the need for strong leadership at a local level. The change process needs to be led sensitively in order to keep things on track and to keep morale from hitting an all time low as staff worry about the impact of the changes on jobs and career plans. There can be a tendency when the pressure is on to move more towards a

command and control leadership style to achieve short-term gains. Although there is a need to respond quickly to meet the demands placed on the NHS the principles of effective leadership as described elsewhere in this edition must not be forgotten. Change and the consequent efficiency gains will only be achieved by engaging staff and providing a sense of direction, involvement and support.

INVOLVEMENT

Highlights – Our Health, Our Care, Our Say - White Paper

This White Paper unlike many others in recent times seems to command much public support even if this is qualified support. The consultation process undertaken by the Department of Health with the wide-ranging citizen and stakeholder involvement seems to have paid off. The White Paper itself is ambitious, but because of the process of involving citizens and stakeholders, potentially this document carries more weight than most other White Papers. This to a degree is the "will" of the people. Thus the fundamental aim is to give people more control of their health and care services. This White Paper sets a new direction for the whole health and social care system. It proposes a radical shift in the way in which services are delivered. Indeed it strengthens the vision that the NHS will be patient-led. So how does it strengthen this vision? Essentially there are four main goals:

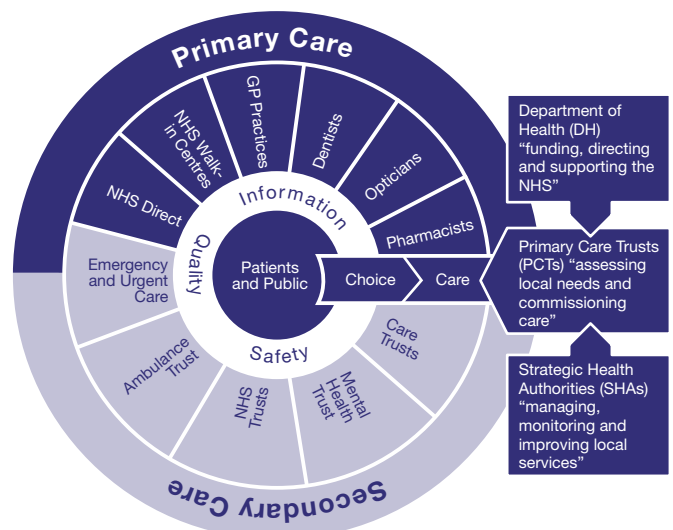
- (i) better prevention services with earlier intervention
- (ii) people will have more choice and a louder voice
- (iii) tackle inequalities and improve access to community services
- (iv) improve the support for people with long-term needs

The "paper" also sets out how these goals will be achieved and some of the milestones it details are:

- better access to GP's e.g. new opening times
- better access to services e.g. extend individual budgets and direct payment pilots and increasing investments in end of life care
- support for longer term needs e.g. trebled investment in Expert Patient Programme (by 2009)
- care closer to home e.g. developing new community hospitals and self referral programme to six specialties (to be decided)

- support for health and well being will be given to individuals by piloting the NHS 'Life Check' and introducing the 'Fitter Britain' scheme with an aim to shift resources into prevention
- more maternity services available by 2009

If successful this White Paper will have a profound effect on how health and social care services are delivered in this country. However, as ever with such an ambitious vision there will be concerns over costs of transition from secondary to primary care and managing the process of change so that the overall thrust doesn't get bogged down in the detail.



Co-Production – What is it?

The concept of co-production has been an idea that has been around for a little time. What is it and how, if at all, could it be of value in helping you to deliver services more effectively? Co-production owes its theoretical origins to the move from notions of 'public management' to 'progressive governance' in the management and delivery of public services, especially in the UK. This can almost be encapsulated in the shift from being given services in which the user is passive to services that are jointly defined - and in part jointly provided - in which the user plays a much more active and more equal part.

Understanding co-production is easier if we think of some commercial examples e.g. supermarkets, self-service garages and on-line banking. All have in common the existence of a 'space' in which the provider and consumer interact, with the latter being central to the production of the service they seek i.e. by selecting, conveying and packing goods, filling the tank with petrol and making entries in the electronic ledger. This is now a part of our social landscape, indeed a major part of an active, confident and increasingly a self-determining lifestyle. So? The consequences of this are twofold: other (public service) providers are beginning to explore and apply the principles. By the same token consumers are, in

some cases, beginning to accept - and in due course expect - that they will be much more central to and participate in the production of the services they consume. Let us explore these ideas a little further.

Why would the providers of public services find co-production of interest? There are probably two principal reasons. Firstly it can be seen as a means of improving service quality, not by imposing arbitrary standards within models they own, but by engaging users in defining, delivering, consuming and/or evaluating services which are jointly owned. Examples from the criminal justice world might include the police force that provided a rural community with a radar speed detector to help them control speeding traffic through their hamlet. Whilst the citizens had no legal powers they could advise motorists that they had exceeded the legal limit and if they were detected doing so three times that the information would be passed to the police... who would prosecute. Similarly, witness support and victim support are largely provided through voluntary and charitable bodies who provide these services on behalf of government. The plain unvarnished truth is that policing fails without community support.

However, it is in the provision of social welfare that the most rapid growth

can be observed. The expert patient i.e. a service user with valid and often lengthy experience of their condition can be used to help deliver services to their peers. Public health and dietary advice concerning, e.g. stroke, can be taken into black and minority ethnic communities by those expert patients from that community. In this way target groups can obtain health advice and support from culturally and personally valid sources. Similarly, those with e.g. AIDS or addictive disease can help prevent these difficulties and/or support those who have succumbed from an authentic perspective. It is upon such principles that support groups have burgeoned over recent years but the key difference now is that they need to be seen as inside - rather than outside - the tent. They need to be actively encouraged and supported by the providers of publicly funded services who have to work more consciously and explicitly with co-producers for mutual benefit. Such an approach would clearly be consistent with engaging citizens, changing behaviour (of provider and consumer), addressing social exclusion and inequality, enhancing value and being cost effective. Why wait?



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

Tips on... Leadership in Times of Change

1. Adopt a positive attitude.
2. Be enthusiastic and offer direction where you can.
3. Act as a role model by embracing change.
4. Be resilient. Expect set-backs and some resistance but don't be put off by this.
5. Scan the environment to understand change.
6. Know your people and be aware that some will have concerns and anxieties. Put in place support mechanisms.
7. Communicate with staff like never before to ensure understanding of the change. Communicate even when there is no new news to report.
8. Involve staff in decision making wherever possible to encourage ownership.
9. Provide feedback to close the loop.

Career Management in Times of Change

Change and the consequent uncertainty are always difficult to deal with and can lead to fears about being able to cope and about self-worth. These feelings are usually normal reactions and can be more easily lived with if they are recognised and not suppressed. But where you carry responsibility for family and other dependants then the pressures can be more and a greater sense of urgency for failure can prevail. We resist change for a number of reasons, such as:

- Change of habits/routine
- Fear of uncertainty
- Fear of what we don't know
- Loss of security
- Loss of control
- Loss of status and role identity

During organisational change it is clear that people need three things:

- Structure
- Information and
- Support

To help cope with the transitional stage in any change process when structure and information are likely to be in scarce supply we need to start gathering our own information and forming a structure for effective career management. In this way we can start to take control in what can be an uncertain time.

Think through how you feel so that you can consider what you want to do and not just what others might expect of you. It is a combination of what you like and are happy doing and what is the baseline in financial terms that provides a sense of satisfaction in the job. As employees there are strategies that you can put in place to help you to regain control and manage through periods of change:

- Gather information about yourself, your preferences and career drivers.
- Take advantage of training and be proactive.

- Brush up your CV and make sure that it is fresh and up to date.
- Look for opportunities presented by change.
- Identify areas for development and create a personal development plan.
- Make sure your organisation understands what you have to offer.
- Know when to move on.

Above all else concern yourself with those things that you can do something about. Don't worry excessively about those things that are outside of your sphere of influence. Develop a personal strategy and take control. By taking small steps to prepare yourself you will feel better equipped to deal with organisational change and to realise your job and career goals.

Taking Stock - What's your Career Anchor

In taking stock you should try to understand what is important to you and what drives you to do what you do, the type of work you do or would like to do.

The work of Edgar Schein is helpful in understanding career drivers. He identified what he described as eight career anchors, which help people to identify what is important to them in terms of perceived areas of skill, interest, motives and values. Understanding these can be helpful in making choices about the future and to recognise what you would not want to give up.

The eight anchors are:

Technical Functional

What you would not give up: the opportunity to apply your skills in that area of specialism and develop them to a higher level. The exercise of these skills gives you your identity.

General Management

What you would not give up: the opportunity to move to a level where you can integrate the efforts of others across functions and be responsible for the output of a team / department.

Autonomy

What you would not give up: the opportunity to define your own work in your own way. If you work in a large organisation like the NHS you want still to have the flexibility to decide on when and how you work.

Security / Stability

What you would not give up: your employment security or tenure in a job in an organisation. Your main concern is to achieve a sense of having succeeded so that you can relax. Financial security and employment security are key drivers.

Entrepreneurial

What you would not give up: the desire to create an enterprise of your own which is the result of your own efforts. Of value is the desire to build on your abilities, to take risks and to move out of an organisation, to do this when you feel you can.

Service / Dedication to a Cause

What you would not give up: the opportunity to do work that achieves something of value, such as caring for others and improving harmony amongst others. You derive intrinsic satisfaction

from such activities. You pursue these opportunities even if it means changing jobs.

Pure Challenge

What you would not give up: the opportunity to work on difficult problems, to deal with difficult situations and people or to overcome obstacles. Novelty, change to the routine and difficulty become ends in themselves. If the job is easy it becomes boring.

Lifestyle

What you would not want to give up: a situation that allows you to balance your personal and family needs with the requirements for your career. You may make decisions on career to keep your life balance which is how you judge success.

Reference: Schein E (1990): Career Anchors, Discovering Your Real Values, Jossey-Bass / Pfeiffer.



If you would like to know more about how we can assist organisations and individuals to manage job and career change please contact Peter Tonks on 0121 465 7850.

So that's how to be a good leader?



Anyone who has watched 'The Apprentice' on BBC2 will probably be fascinated by the process and the subsequent leadership behaviours adopted and applied by all the candidates. So is what we are being served up on the BBC a good advert for sound leadership? For those who have not seen the programme the candidates are split into two teams and each week set a different task to complete. Each week a different leader is chosen for each team and each week there is a winning and losing team, often based on who has made the most profit. This for some is a major flaw in determining who the best candidate may be. The question this programme prompts is what makes a good leader? Well this article will not give a definitive answer to that question but will draw out some key points highlighted by 'The Apprentice' and try to make sense of them in a public sector context.

Clearly one of the key aspects to leadership is context thus having an understanding of the environment you work within is vital. Within the public sector profit does not loom large as it does in 'The Apprentice' but increasingly the public sector is target driven and income/expenditure balance is one of those targets. So for public sector leaders striving for profit (surplus) isn't so far away from the truth. So wanting to provide the best service within available resources might be an important quality of leadership in the public sector. This might be described as having a drive for success.

However, there are other qualities. One of the contextual issues with the teams in 'The Apprentice' is that they are ever changing and ultimately one person

wins, not one team. Sir Alan Sugar goes to great lengths to emphasise this point. In the public sector the teams people work in are usually longer living organisms. As a consequence of this it is important for the leader to nurture relationships to gain support and commitment. Short term gain at the expense of longer term relationships isn't always the best way forward. So a second quality is the ability to build lasting working relationships with team members to maintain commitment. To do this leaders need to develop a 'social account'. A 'social account' is just like your bank account. If you save regularly you build up reserves so when you need that expensive holiday or new kitchen you have the funds to do it without getting into debt. By building your 'social account' the same applies. When you need commitment to change you can draw on the good will and trust you have built up and people are more likely to go with you. Without that 'social account' it is harder to gain commitment. The idea that leadership should be viewed as a relationship between the leader and the led is sound (Goffee & Jones 2006). In 'The Apprentice' competition is clearly a contextual factor of the environment in which the successful candidate will inhabit. This has led to division in the teams and a break down in trust. Thus although competition can be healthy in any environment it must be tempered with the greater good of the team's longer term health.

A third attribute whatever the environment is being able to have a clear vision. Probably each team in 'The Apprentice' has been clear about its vision i.e. making the most profit.

However, Reynolds (2006) states that this is tricky to get right and ...' A lot of organisations, particularly in the public sector, think they've got a vision when what they've actually got is hallucination.' (pp. 17). Often in 'The Apprentice' this is also true. Therefore, it is more than having a clear vision, it is being able to articulate a meaningful and achievable vision of the future so that your people will be committed to it, which of course can only be achieved if you have engaged with your team members by having built up good will and trust.

Finally, one more key lesson should be learned from the BBC 2 programme. Often a lack of communication has ensued between team members causing all kinds of problems and in a recent article on Greg Dyke (Edwards 2006) the importance of being able to communicate to all levels of your team is highlighted as essential for success. So communication has to be another key element of good leadership.

Clearly there are several (many?) other attributes that can be identified but may be if leaders just concentrated on these four and got these right then perhaps leadership in general would be improved. Watching programmes like 'The Apprentice' is entertaining but they also give a message. It is important to adapt such messages to fit your own unique situation rather than to swallow it whole.

References:

- Edwards C (2006): On being Gregarious, *People Management*, 20 April, pp. 33-34
- Goffee R & Jones G (2006): The Lizard Kings, *People Management*, 26 January, pp. 32-34
- Reynolds L (2006): What is Leadership, anyway?, *Training Journal*, April, pp16-18

Coming soon to a Centre near you

A new ILM Introductory Certificate in Management to be launched in Shropshire / Staffordshire area aimed at new and aspiring managers / supervisors commencing in the Autumn.

Watch out for details or contact Eileen on 0121 465 7850.

The NHS Leadership Qualities Framework 360° Feedback

We are able to provide individuals/teams and Boards with feedback using this well recognised instrument. If you would like to know how we might help you please contact Peter Tonks or Stephen Oliver on 0121 465 7850.

News Round Up on Accredited Programmes

Development For Senior Managers

The Postgraduate Diploma in Managing Health and Social Care (MHSC) is an exciting new programme entering its second full year. It has proven a great success and the next programme is now planned to start on 27th September 2006 and lasts for approximately 17 months. The course is accredited by the De Montfort University Business School and carries 60 CAT points at level 7 (Masters level). The structure of the course covers the following six modules:

- Managing Personal and Team Effectiveness
- Managing Your Enterprise
- Managing Service Delivery
- Managing Information
- Managing Finance
- Business and Service Planning

These modules will equip you with the knowledge to undertake your role and responsibilities with greater confidence and to enable you to deliver more efficient and effective services in an ever changing and challenging environment. In terms of the KSF framework this programme will provide underpinning knowledge in certain aspects of the following dimensions:

- Core 1: Communication (Level 3/4)
- Core 2: Personal Development (Level 1-4)
- Core 4: Service Improvement (Level 3/4)
- Core 5: Quality (Level 3/4)
- Core 6: Equality & Diversity (Level 3)
- Information & Knowledge 2: Information Collection & Analysis (Level 3/4)
- General 4: Financial Management (Level 3/4)
- General 5: Services & Project Management (Level 3/4)
- General 6: People Management (Level 3/4)
- General 8: Public Relations & Marketing (Level 1-4)

If you require further information about structure, the assessment process, content, costs and entry requirements please contact Stephen Oliver or Peter Tonks on 0121 465 7850.

MHSC Certificate

(accredited by the Institute of Healthcare Management)

The BDC continues to deliver thriving MHSC programmes. The BDC is currently involved in running three groups, with a total of 47 managers. This probably makes the BDC the largest NHS accredited centre in England. Our experience dates back to 1991 and we pride ourselves in delivering a high standard course that does equip first line managers and those developing their managerial skills with the tools to work effectively as a leader and manager in today's NHS. This programme carries 60 CAT points at level 6 (Degree level) and covers the four key elements of management:

- The Manager
- Managing People
- Managing Services
- Managing Information

These topics fit into the national management standards and equips leaders and managers at this level with a strong set of skills and knowledge. In relation to the KSF framework this programme will provide underpinning knowledge in certain aspects of the following dimensions:

- Core 1: Communications (Level 2/3)
- Core 2: Personal Development (Level 1-3)
- Core 4: Service Improvements (Level 1-3)
- Core 5: Quality (Level 1-3)
- Core 6: Equality & Diversity (Level 1/2)
- Information & Knowledge 2: Information Collection & Analysis (Level 1-3)
- General 4: Financial Management (Level 1-3)
- General 5: Service & Project Management (Level 2/3)
- General 6: People Management (Level 1-4)

The next 12 month course commences on 4th October 2006 and if you want further information on content, structure, assessment and costs please contact Stephen Oliver on 0121 465 7850.

Upcoming Workshop Events

Confidence Lab	5th September 2006
The Write Stuff – Report Writing for the Wary	21st September 2006
Developing and Leading Teams Effectively	25th September 2006
CV / Applications / Interviewing Techniques	9th October 2006
Improving Personal Effectiveness	16th October 2006

For information on these workshops and other events taking place contact Eileen Brennan on 0121 465 7850.

Get a good start in management

Since its launch several years ago the ILM Introductory Certificate in First Line Management has proven to be a highly popular course. For anyone new to management and supervisory management this is an invaluable introduction to what management is all about and will equip you with some sound principles which will enable you to develop into a more effective manager. The course is designed to give a cook's tour of the most important aspects of being a manager / supervisor covering such topics as communication, managing change, team building, leadership, managing budgets, decision making and problem solving.

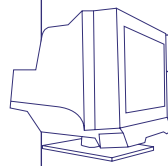
This course will also help you to cover certain knowledge and skills requirements from the following dimensions in the KSF framework:

- Core 1: Communications (Level 1-3)
- Core 2: Personal Development (Level 1/2)
- Core 4: Service Improvement (Level 1/2)
- Core 5: Quality (Level 1/2)
- Core 6: Equality & Diversity (Level 1/2)
- General 4: Financial Management (Level 1)
- General 5: Services & Project Management (Level 1)
- General 6: People Management (Level 1/2)

This programme is extremely popular so to book a place on the next course or to seek further information on content, structure, assessment and costs please contact Stephen Oliver on 0121 465 7850.

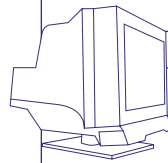
WEBWATCH

There are always those occasions in the office when your general knowledge lets you down. In years gone by one would have reached for an encyclopaedia to settle that argument or check that fact. This month we feature a couple of useful electronic sites which are the modern day equivalent of that now dusty volume. However, we are not going to recommend the ubiquitous MS Encarta but two rather different sources of general information.



http://en.wikipedia.org/wiki/Main_Page

The first is the Wikipedia "the free encyclopaedia that anyone can edit" located at http://en.wikipedia.org/wiki/Main_Page. This site is indeed an on-line encyclopaedia but one which is 'open' i.e. has free access and to which visitors can add content or edit existing content. The question in the novice visitor's mind is therefore... is the content accurate? Well, surprisingly, yes it is. Through a complex system of checks and balances content is checked to remove the incorrect or the ravings of a mischievous or partial contributor. Given the concept, the content is less than comprehensive... but always of interest.



www.historyworld.net/default.asp

For the historically curious seeking a slightly different approach to history Historyworld – at <http://www.historyworld.net/default.asp> – provides a more flexible approach to the topic. The site which has been developed by Bamber Gascoigne offers the visitor high quality historical information but also a variety of ways in which to search the content – by date, topic, region, category or contributor. There are also opportunities to develop customised time lines.

Book Review: Now Discover Your Strengths By Marcus Buckingham and Donald O. Clifton

The authors begin this book by stating they are starting a revolution, the 'strengths revolution'. They assert that too much time is focused on faults and failings and although this deserves attention it tells us nothing about our strengths. A simple and obvious message. Thus this book does what it says on the front cover and focuses the reader on their strengths. This is an easy read and its strength is in its simple design and message. It simply helps you realise what talents you have and assists you in sharpening your focus and understanding of these talents. Like any good product this book has a hook line. To find out what

your talents are the book skilfully uses technology and guides you to the Internet where on line you complete your Strength Finder Profile. Some techno-phobes may be put off at this point but don't be deterred it is an easy and pain free process. The profile will then identify your 'signature themes'. Once you have achieved this the book then helps you to analyse your results and puts your strengths to work. Like any profile it is to be used as a tool of development and this is no different. The difference is in its positive assertion that we all have talents and we must focus on these, not our faults. Published by Free Press Business.