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

## Independent Service Reviews

Managers today frequently face the need to optimise the use of resources. This may require them to:

- improve services with the same level of resource
- maintain services with reduced resource
- improve services while reducing unit costs, or,
- use minor increases in resource to achieve major improvements in service.

The **Business Development Consultancy** has responded to client needs in this regard by providing and conducting comprehensive service reviews. The purpose of one such review was to:

- undertake a comprehensive review of all A&C staff (except Medical Records staff) throughout a large clinical directorate, with a view to:
- determining the nature and scale of the support required to sustain the clinical and business needs of the Directorate;
- optimising the utilisation of such staff in resource and performance terms; and
- identifying opportunities for individual, collective or organisational development now and in the near future.

The initial phase was qualitative and involved the in-depth interviewing of both staff and 'consumer' managers. The second phase involved examining a variety of documentary sources which included charts, job descriptions and planning material. The third and final phase was quantitative in orientation and involved studying workforce performance and financial data to develop staffing profiles, manpower and cost ratios. This approach produced a detailed understanding of the organisation, work, management and the numbers and cost of A&C support, together with an analysis of the group's attitude towards change and the influence of consumer opinion upon service definition and performance. The review made a number of recommendations which proposed:

- a modest increase in staffing numbers;
- the need for greater clarity in defining fewer roles, improved leadership and supervision and the introduction of appraisal;
- the need for systematic individual development; and
- a more active and less accepting attitude on the part of consumers.

The value of service reviews to managers resides in their ability to:

- address real organisational objectives/needs in terms of a systematic and explicit response to a particular requirement;
- provide a thorough examination of a specific service via a clearly articulated and structured approach;
- provide analytical sophistication by using research and other methods not easily accessible to managers;
- be independent due to the absence of historical/local or other bias;
- make evidence based recommendations rooted in specific data and their analysis; and thus
- offer the basis for informed management decision making.

*Should you wish to discuss work of this type, contact James Harrison on  
0121 442 4644*

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## Editorial - A New NHS?

The recently published White Paper *The New NHS* proposes the replacement of the internal market. In spite of abolishing ECRs, however, the split between ‘purchaser’ and ‘provider’ is to remain, with the former securing the delivery of appropriate needs related provision - via “service agreements” - by NHS Trusts and others in exchange for funding. Such characteristics - including the introduction of the potentially high transaction cost Primary Care Groups - are more consistent with support for social (rather than internal) markets. It would, nonetheless, be a mistake to assume that the White Paper is simply or only a change in emphasis.

The proposals attempt to address some of the less attractive deficiencies of market mechanisms and also seek more even provision. Competition and the ‘invisible hand of the market’ (sic) are to be replaced by collaboration and planning. In addition, the emphasis upon efficiency and performance are a predictable response to economic necessity<sup>1</sup> with the reinforcement of local responsibility perhaps a harbinger of the “tough decisions” that the Prime Minister acknowledges may be necessary.

From a managerialist perspective the (again) shifting balance of power between managers and clinicians will certainly create opportunities, but, it may also rekindle previous tensions between very different mind and value sets. For example, the collaboration which is sought between the NHS and Local Government will be delivered, if at all, by politicians and by politically aware managers. This might suggest that clinical involvement is seen as a necessary contribution to shaping and legitimising choice, whilst the role of the manager is to adopt a lower profile whilst providing both the motive force for high performance and the locus of accountability.

Although the White Paper represents “an appetite for change that goes with the grain” it is somewhat authoritarian in tone. Whilst ruling out a return to the command and control approach of the past there are nonetheless portents of centralism, reserve powers and intervention. As with many White Papers it is long on rhetoric and short on detail which is both its strength and its weakness. As serious policy watchers will recall *Patients First* gave little real warning of what actually followed. As ever, actual intentions and the new management agenda await events; a judgement upon them both, awaits history.

<sup>1</sup> see previous Editorial “A Zero Sum Service?”

## *Premier League Status for Business Development Consultancy (BDC)*

*The BDC has been re-accredited by the Institute of Health Services Management (IHSM) to run the Managing Health Services (MHS) certificate programme for another four years. It was only the second time that this particular re-accreditation panel has awarded such an extension (normally only a further three years is awarded).*

***Bernard Jones the IHSM’s external assessor** called the BDC ‘a Premier League delivery centre’. The programme continues to be successful and a new cohort began on 18<sup>th</sup> September. If anyone is interested in the MHS certificate programme do not hesitate to contact **Stephen Oliver** or **Gill Mapp** on 0121 442 4644.*

### **The Project route - providing evidence of learning being transferred into the workplace**

Managing Health Services has now been in existence for seven years. In that time it has become tremendously successful. One of the reasons for this success has been the flexibility of the learning materials in helping students to transfer theoretical learning into work based practice and, in particular, in giving confidence to participants to be better managers. However one criticism from sponsors has sometimes been that a lack of tangible evidence exists that the organisation has gained substantial

benefits. The introduction of the Project option is one way to ensure that both student and organisation benefit.

The Project route enables the student to take the opportunity to use a work based Project to enhance their development in practical terms, as well as satisfying the organisation’s need for tangible outcomes. As stated in the last issue this will cement the link between learning and work performance outcomes.

Although this option is in its infancy it is proving to be an extremely popular route with students and their organisations. The Business Development Consultancy has now launched its third Project cohort inside six months, representing 28 people from more than half a dozen Trusts and other health care organisations. If anyone is interested and would like further details of the next intake please do not hesitate to contact **Stephen Oliver** or **Gill Mapp** on 0121 442 4644.

# Managing Change: does it ever end?

*Change is endemic* (Ridgeway & Wallace, 1994). It is also continuous and, in the NHS as in other parts of the Public Sector, has an air of permanency to it. Typically any organisation will have a number of items on its change agenda; these might include restructuring parts of the business, rationalisation of services, the development and introduction of new services or the implementation of a performance management culture. Ideas that a 'stable state' may exist at various periods in time are probably misleading. Therefore, any thought of reprieve is false and perhaps, in certain situations, an ultimately demoralising notion.

Change needs to be recognised as a series of ongoing episodes providing opportunities for personal and organisational development. Managing change should be proactive and empowering. Without such basics any change, slight shift or quantum leap, will be less successful than expected.

Experience suggests that change has to be assumed as a natural state of being. There has to be a permanent 'mind set' which allows constant review and renewal. Although sometimes difficult to achieve, having such a 'mind set' can lead to new opportunities and freedoms (Oliver & Harrison, 1996). Using a variety of 'soft' and 'hard' approaches a balance has to be found which enables not only the organisation but also the people to grow. The 'soft' approaches may be concerned with the people issues while the 'hard' approaches may focus on business strategy, structures, performance and the bottom line (Ridgeway & Wallace, 1994). In getting this balance right some of the learned critical success factors in this process are as follows:

- ownership through early involvement;
- the impetus for change comes from within, the environment being constantly scanned, analysed and understood;
- there are 'champions' acting as the promoting force;
- create a 'vision' which is tangible and realistic;
- monitor and evaluate performance - plan, do, review, plan, do, review, plan and so on; and
- support casualties, giving practical assistance in finding 'lifeboats'

*(Oliver & Harrison, 1996).*

The message is clear that managers in every part of the NHS need to be active in promoting the concept and reality of change. It is also important to recognise that successful change is only achieved through the involvement of people. The people must be motivated and empowered by the change; it is people who are adaptive, creative, flexible, innovative and enterprising, not organisations. Nonetheless there is also a need to have that harder edge to ensure the change is managed successfully, in time for the next inevitable shift or quantum leap.

Ridgeway C & Wallace B (1994): Empowering Change, London, Institute of Personnel and Development

Oliver S & Harrison JHH (1996): 'A Journey from Bureaucracy to Enterprise', Health Manpower Management, Volume 22 Number 1, pp 10-15

## New Courses for '98

The **Business Development Consultancy** (BDC) will be launching two new courses for 1998. The first is an Introductory Certificate designed for first line managers and supervisors. This management development programme will last seven months and will consist of a series of one day and half day workshops, covering such subjects as communication

skills, assertiveness, managing change and managing self. Participants will be assessed by completing a work based assignment. The first such programme has been tailored for staff nurses working in the South Birmingham Mental Health NHS Trust.

The second new course will be an innovative NVQ in Mentorship.

This will provide mentors with the chance to obtain a nationally recognised qualification, codifying their current good practice. This qualification will be of interest to mentors working across all professions.

*For further information about these new courses contact Gill Mapp on 0121 442 4644.*

# *Re-discovering Team Briefing*

## **Introduction**

One of the challenges facing managers today is to communicate key messages effectively throughout their organisation to promote understanding and encourage commitment. One of the ways of helping to achieve this is to implement a Team Briefing system.

Use of Team Briefing is not a new phenomenon, however, over the last two or three years there has been an increasing trend in the NHS to implement Team Briefing as organisations strive to reduce the dissonance between top management language and actions and those at the metaphorical 'coalface'.

**Although a growing number of organisations have re-discovered Team Briefing as a method of helping to communicate more effectively, there is evidence that it can be less successful than expected in delivering the desired outcome - Oliver & Tonks (Forthcoming).**

This evidence is a source of concern and the purpose of this article is to highlight some of the major pitfalls and restate the fundamentals for successful implementation.

## **Lessons Learned the Hard Way**

Evidence from several evaluations undertaken by the Business Development Consultancy (BDC) between 1994-96 have highlighted several recurring themes and these can be encapsulated as follows:

- *logistical problems eg getting the message efficiently across multi-site organisations and variable shift patterns*
- *off putting presentation style and commitment of team briefers*
- *poor and variable attendance*
- *poor content of the brief*
- *purpose and structure unclear to staff (and possibly some managers)*
- *top down and not a genuine two-way communication channel*
- *organisational culture not consistent with the Team Briefing philosophy*

It would be unfair to imply that all of the above occurred in all of the organisations evaluated, however, evidence often suggested that more than one symptom did exist in each of the organisations surveyed; this does not mean that Team Briefing was viewed as unsuccessful, on the contrary despite such glitches the organisation would still consider it a valuable contribution to improving communication. The valuable lesson from the evaluations was that implementing a truly successful Team Briefing system required hard work and constant attention from senior management. Also such evaluation provides important feedback to spur on management to getting it right.

## **Getting it Right**

- Commitment from the top is essential. This can be achieved by: (a) ensuring the 'core' brief is written and cascaded down at the stated time each month and (b) walking the patch to ensure Team Briefing takes place.
- Appropriate and timely training for the Team Briefers. Also build in a monitoring process so that standards of presentation are maintained at a high level; this could be one of the things managers walking the patch could usefully monitor.
- Allow the Team Briefers some latitude in the way they deliver the brief (but still ensuring the true meaning of the message is maintained).
- Attendance can be improved by: (a) ensuring that the Team Briefers are positive, (b) show that Team Briefing is a way to involve people in the decision making process and (c) develop an effective feedback loop.
- Make messages clear and follow them up with actions.
- Make messages meaningful and relevant to the receiver.
- Ensure everyone knows what Team Briefing is and is not.
- Ensure Team Briefing is a genuine two-way communication channel.
- Last but not least think about the organisation's culture and whether it is compatible with the philosophy of Team Briefing.

The message is clear that Team Briefing is wanted by both management and staff and that by ensuring the above issues are addressed it can be a useful addition to the organisation's armoury to improve communications

Oliver S & Tonks P (Forthcoming): **Team Briefing: Helping to Re-discover the Road to Utopia**, *Health Manpower Journal*.

# ‘Managing the Future’

*This is the title of the innovative management development programme being introduced by the University Hospital Birmingham NHS Trust.*

*Working in collaboration with the Business Development Consultancy and Dearden Management the Trust is aiming to equip managers to manage for the future.*

## **What does this mean?**

Managing health care is increasingly complex with rapid technological and managerial developments taking place within a changing environment. The Trust also has to navigate a complex local change agenda which may mean bringing two hospitals onto a single site. Managing the future requires managers in the Trust who are able to achieve results without having direct control, who constantly seek improvements for patients and staff, are adaptable to changing circumstances and who have a full range of analytical, planning and implementation skills.

## **Where did the Trust start?**

As a first step the Trust commissioned the **Business Development Consultancy** to identify and define the personal competencies required by managers at different levels. A series of focus groups comprising managers from different disciplines and levels were run over several months and a framework of personal competencies was developed. The competencies were developed using a number of techniques including critical incident analysis and repertory grids. The framework describes the competency characteristics and the behaviour indicators for each competency area. This work also embraced other strategies being pursued by the Trust such as the ‘Family Friendly Initiative’ and the ‘Investors in People’ Award to ensure that the framework was inclusive. This framework was also designed to sit comfortably with the MCI Management Competency Framework.

## **Taking the next steps?**

The Trust decided to invest in a management development programme to be delivered by a combination of in-house providers and Consultants from Dearden Management and the Business Development Consultancy to equip managers with the necessary skills. Working in collaboration a comprehensive programme of activity has now been introduced with the following aims:

- **for managers**, to support them in their professional development
- **for staff**, to enable them to have the best management possible
- **for patients**, to ensure the care they receive is appropriately resourced, planned and effectively provided
- **for the Trust**, to enable it to be a leading teaching hospital
- **for the management culture**, to develop an open, blame free and proactive culture.

## **What are the components of the programme?**

The programme offers a range of interventions including:

- a series of one and two day management skills workshops
- learning sets
- simulation exercises
- executive one to one support for Clinical Directors and General Managers
- career development processes
- development programme for Deputy Directorate Managers
- a ward managers’ programme
- skill swaps, mentoring and shadowing arrangements

Those accessing the programme are being encouraged to see development as a continuous process which involves more than merely sitting on a course. To facilitate this a range of materials have been developed including a **Personal Planning Guide** linked to the Trust competencies, performance review guidance and a **Career Planning Guide**.

The implementation of the programme is in its early stages, but a full evaluation of its impact will be undertaken to measure the results achieved.

*If you would like to find out more, contact Peter Tonks on 0121 442 4644.*

# A New Training Initiative for Finance Managers

Finance Managers in today's NHS need to be equipped to manage in an ever changing environment and are often required to respond on a broader front than a purely financial perspective. It is no longer sufficient for senior financial staff to be 'technically effective', they must also be able to operate on a more corporate basis.

With this in mind, and also the principles enshrined in Building on Framework for the Future issued by the NHS Executive, the West Midlands Regional Office commissioned the Business Development Consultancy to develop a modular management training programme for senior finance staff. One programme has been run successfully and a second programme commenced in October.

The programme starts with an Introductory Workshop and is followed by three separate two day residential modules suitably spaced to facilitate work between the modules. The overall aim of the programme is to encourage participants to review their personal and managerial effectiveness and style.

A central theme running through the programme is the link to the Strategic Management Personal Competencies (Management Charter Initiative) which indicate how a manager operating at a senior level would be expected to behave. This provides a framework for the design of the programme and information against which participants can assess their own capabilities and development needs. The ten personal competencies are:

Acting Assertively	Acting Strategically
Behaving Ethically	Building Teams
Communicating	Focusing on Results
Influencing Others	Managing Self
Searching for Information	Thinking and Taking Actions

A unique feature of the programme is the emphasis placed on getting participants to spend time considering their managerial style and the impact of this on their work and colleagues and ultimately upon their own success. To achieve this participants are taken through a variety of self assessment tools and are also given an instrument to gather 360° feedback from the work situation. This information, together with that gleaned during the programme, is used to put together a Personal Development Plan.

The programme is designed to be participative and each module has a core theme namely Managing Self, Managing the People Resources and Managing the Enterprise. The modules comprise a variety of interesting activities and in addition to normal group processes the participants face the challenge of a number of outdoor team challenges and complete a practical simulation exercise in the final module which is designed to consolidate and build on the learning that has taken place.

*If you are interested in this programme or would like to discuss how we might 'tailor' this for your own organisation please contact Peter Tonks on 0121 442 4644.*

## Closer links with Aston Business School

The **Business Development Consultancy** has always been keen to underpin its practice with robust thinking and contemporary insights and, to these ends, has sought alliances with the City's Universities.

Recently the Public Services Management Division at Aston Business School invited Dr James J H Harrison to join its faculty as a Visiting Fellow. This has involved Jim in more regular contact with the Business School in terms of teaching, supervision, management development work and research. Such a link not only supports the commercial interests of the **Business Development Consultancy** but also creates a bridge between the University and the NHS. We congratulate Jim and look forward to a long, fruitful association with the Business School.

# Market Research

As noted in Issue 1 of the *Business Development Consultancy Newsletter* (see feature on “Evidence Based Management”) managers are increasingly turning to market research as a means of gathering information to shape the development of, or judge consumers’ response to, the provision of services. Typically, this requires the organisation to explore the views of patients or clients. There are occasions, however, when the direct consumers of a service are the professionals themselves.

One such service is the Joint Equipment Stores (JES) of the Regional Rehabilitation Centre (a division of the Southern Birmingham Community Health NHS Trust) who provide equipment - via professional intermediaries - to enable people to live independently at home or to support the carers of people with disabilities living at home. In 1996/97, for example, JES supplied 35,000 items of equipment in response to some 17,000 requests.

The Regional Rehabilitation Centre, always keen to provide and further develop its service, once again commissioned the **Business Development Consultancy** to undertake a detailed survey of the views and perceptions of the professional users of the JES. This exercise followed an initial study in 1995 and provided both current and - most importantly - trend data.

Specifically, the survey and subsequent report was concerned with:

- defining the user base/market in terms of professional discipline and organisational type and organisational performance in terms of:
  - telephone contact;
  - equipment range and availability;
  - provision and delivery; together with
  - future prospects.

Whilst specific findings must remain confidential to the client, studies such as these support the work of managers and inform their decisions. More particularly they:

- help define and structure the markets for particular services which facilitates eg business planning;
- provide feedback to service providers on organisational performance by quantifying areas of satisfaction and dissatisfaction;
- help measure progress/change over time where trend data exist (see for example Fig 1 which compares levels of JES staff helpfulness over time); and
- shape strategies for services and market development and in particular identify where and what type of investments need to be made.

*Should you wish to discuss work of this type contact James Harrison on 0121 442 4644*

## Joint Equipment Store Survey 1997 - Staff Helpfulness

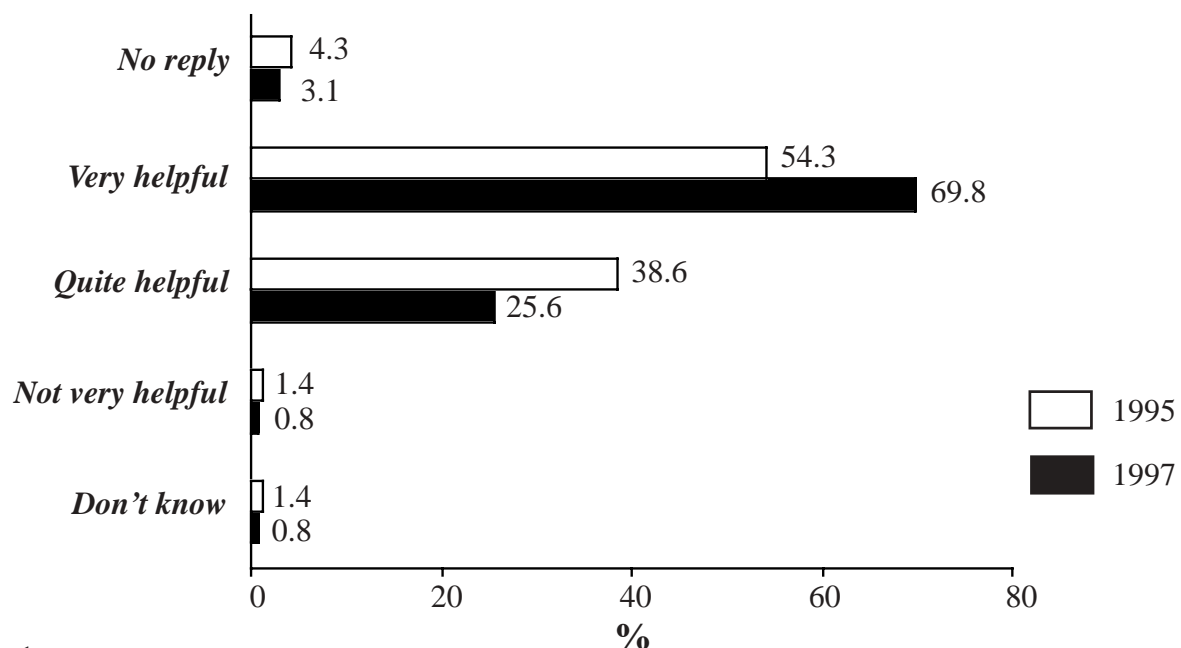


Figure 1

## *About the Business Development Consultancy*

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

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

### **Our Range of Services**

#### *Consultancy Services*

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

#### *Training Services*

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

#### *Research*

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

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

### **Pen Picture**



Gill is the Business Support Manager of the **Business Development Consultancy** and has been with the Consultancy since it was founded in 1991. She works primarily in the areas of management development and training in competency based qualifications. She has carried out work on behalf of the BDC throughout the NHS and has experience of work with other public sector, private and voluntary organisations on a training and consultancy basis. Gill has considerable experience, having been employed in the Health Service for 10<sup>1</sup>/<sub>2</sub> years and carried out the role of Scheme Consultant in a national organisation for 10 years prior to joining the NHS. She also has experience of running a small family business.

Her current work involves taking a lead in maintaining and developing the BDC's National Vocational Qualification (NVQ) Programme in Training & Development Awards. These include the various Assessor Awards, the Internal Verifier Award and the Accredited Prior Learning Award.

She also leads with the NVQ Management Level 3 Programme. She tutors with colleagues, advises, assesses and internally verifies on the above courses and the NVQ Level 4 in Management Programme.

Gill has trained in and has a qualification in Personnel Management, Vocational Assessor Award, Internal Verifier Award and the Accredited Prior Learning Award. She has also been trained in competence based assessments and holds the Management Assessment Series Award.