Issue 4

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

A Strategic Future for Human Resource Management?

Last year the Department of Health published *Working Together (DoH, 1998)* to provide a national framework and strategic perspective for managing human resources in the NHS. This is the first such strategy for the NHS and its implementation sets out a challenge not only to all in the HR community but also to Chairs and Chief Executives, who will have a key leadership role to play as well as to all those who manage staff. It is perhaps helpful to reflect on the key messages.

Overall the aim of the strategy "is to ensure that the people who work in the NHS are able to make the best possible contribution, individually and collectively, to improving health and patient care". The document sets out three strategic aims concerned with:

- ensuring a quality workforce, in the right numbers, with the right skills and diversity, organized in the right way, to deliver the Government's service objectives;
- being able to demonstrate improvements in the quality of working life for staff, and,
- addressing the management capacity and capability to deliver this agenda and the associated programme of change.

To take these aims forward the national framework sets out key values to do with equity and fairness, flexibility and efficiency, which should underpin the management and development of all NHS staff. A schedule of priority areas and objectives/targets to be met has been established to deliver each of the strategic aims. Some of the more notable are as follows.

- An emphasis on the need to have appropriate plans in place for the recruitment and retention of staff. The target is to improve retention rates and demonstrate that year on year progress is being made in achieving a workforce which is more representative of the community.
- The provision of a safe and healthy working environment is one of the cornerstones of the strategy. This includes achieving a year on year improvement in sickness absence rates, the provision of occupational health services and counselling for all staff and to monitor violence against staff and to have in place strategies to reduce such incidents. Policies, procedures and monitoring arrangements to tackle harassment by staff and service users need to be in place by April 2000.
- A policy on staff involvement in the planning and delivery of healthcare is also seen as a key requirement. All employers are also required to undertake an annual staff attitude survey by April 2000 against which improvements to the quality of working life can be measured.

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Editorial

After a relatively short and at times difficult gestation, Primary Care Groups (PCGs) came blinking into the light on the 1st April 1999. For most PCGs this took place against the backdrop of an earlier involvement in Fund Holding or related initiatives which provides a rich vein of experience and, in some cases, may reinforce pre-existing divisions amongst some of the participating GPs. Not withstanding this, PCGs face a number of immediate challenges, not the least of which is becoming physically established, determining their asset base and, more importantly, a distinctive identity in support of their prime purposes i.e.

- Improving the health of their community
- Developing primary and community health services
- Commissioning secondary care.

Their growth pattern, however, will be complicated by both functional and structural change over a variable and largely unknown time scale.

In terms of the **functional** agenda PCGs will need to build capacity in terms of Public Health analysis, information management and health improvement planning in order to be able to commission effectively and thus improve local health status. But, as ever, the *manner* in which this is done, as well as its doing, is important in a public sector context, and, for these reasons, PCGs will also need to pay attention to patterns of governance, transparency and involvement. To deliver the task or the process in isolation will not be good enough.

Turning to **structural** considerations, most PCGs will, as they mature, evolve through a number of intermediate stages on route to Primary Care Trust status. This will require them to grow rapidly and to change both form and behaviour over a relatively short period. Moreover, in a period which for many will be characterised by rationalisation and merger, the present position and future prospects for PCGs suggest that they will be ‘transitional organisations’ for some time to come.

Given therefore the scale of the task and the complexity of the environment, PCGs will need to invest time and effort in defining and addressing their Organisational Development (OD) needs if they are at all serious in their intentions and ambitions. In this regard an important first step has been taken in Birmingham where the Health Authority has commissioned the ***Business Development Consultancy*** to undertake an OD programme with all twelve of its PCGs. Work of this type needs to be evidence based and the lessons and frameworks to emerge from detailed interventions are to be shared for the benefit of all. In this way these PCGs can grow, mature and thus operate successfully to the benefit of the communities they exist to serve.

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This strategy, rightly, places HR on the mainstream agenda and highlights the need for the support of Chief Executives, Chairs and other Board members if it is to be successful. This presents a real challenge to HR staff who will invariably be given a lead responsibility, which will require them to keep *Working Together* firmly on the agenda. They will need to ensure that they are not isolated from strategic decision making nor bogged down in operational matters. HR Directors in particular can also expect to receive a number of requests for information on progress from the Department of Health and it is important that this does not become another paper chase, which could contribute to a ‘tick box’ mentality in employing organisations.

This strategy provides a real opportunity for a concerted effort to place human resource management at the heart of health care strategy. It does, however pose real questions about the capacity and capability of HR functions to respond given their already busy agenda. These questions need to be addressed to ensure the success of *Working Together*.

We are able to offer a breadth of experience and skills in this area. If you are interested in exploring this further contact Peter Tonks or Stephen Oliver.

Reference

Department of Health (1998) Working Together-Securing a quality workforce for the NHS. Department of Health, London.

Performance Management - The Role of Appraisal

In our work we are often asked to help organisations to introduce appraisal processes. There currently seems to be renewed interest in this subject as organisations seek to find more effective ways of managing performance and the introduction of the NHS strategy *Working Together (DOH, 1998)* has also created additional impetus.

Appraisal processes have been around in the NHS for a long time and there will be those who remember the launch of the Individual Performance Review System across the service some ten years ago. The implementation of this was at best patchy and since that time organisations have refined the process, some have retained objective setting systems, others have developed competency based appraisal systems, whilst in others 360° appraisal has been introduced.

There is no one panacea and there are a number of important factors to consider when introducing an appraisal process. Some of the key lessons learned from our work are as follows:

- It is important to be clear about the purpose of the appraisal process and its link to performance management. This means that mechanisms need to be in place to link the organisation vision, values and key business objectives with Directorate/Departmental key result areas and the individual objectives, which have to be met by managers and staff. The appraisal process plays a key role in making the link between the individual objectives and the strategic objectives of the organisation. This link needs to be both robust and clear to all parties.
- The nature and type of appraisal process needs to fit the culture, style and management maturity of the organisation. There is little point in introducing a sophisticated 360° process if the organisation is not ready for it.
- The notion of continuous learning and effective staff development needs to be at the heart of the process. Learning opportunities provide staff with an obvious benefit, but there is an organisational imperative behind this message too; namely that learning needs to be applied in a way that helps the organisation to meet its objectives. A personal development plan should be one of the key outcomes of the appraisal process. Too often this is ignored or is badly done.
- The introduction of appraisal should not be seen as a new initiative but an extension of good management practice. A link also needs to be made between the appraisal process and other strategies being followed such as Investors in People.
- Top level commitment to the process is vital both in terms of words and deeds. It is always helpful to make the appraisal of staff in itself a key objective for all managers. This is helpful in keeping momentum going and in monitoring progress.
- Appropriate training needs to be offered to both those responsible for carrying out the appraisal and the appraisees. Appraisees need to be fully briefed to ensure that they are prepared, know what to expect and can make the best use of the opportunity. Managers need to understand the system, be confident in its use and have the skills to run an appraisal discussion effectively. Poor performance at this point is often a key contributor to ineffectiveness in the process as a whole.
- An effective system of quality control also needs to be put in place, which ensures that confidence in the process is maintained. There should also be a review of the extent to which individual performance has contributed to the overall goals of the organisation.

Appraisal processes can play an important part in clarifying roles, improving morale and motivation and in reducing work place stress. Such processes also have an important part to play in managing performance and personal development. Introduced and run badly they will create dissatisfaction and disaffection. Many of the lessons described above seem fairly obvious but it is surprising how easy it is to forget them when dealing with a heavy agenda.

If you wish to discuss work of this nature contact Peter Tonks or Stephen Oliver

References

Department of Health (1998) Working Together-Securing a quality workforce for the NHS, Department of Health, London.

Walters M [Ed] (1997) The Performance Management Handbook, IPD, London

NVQ Level 4 Management Programme

Following the hugely successful NVQ level 4 Management programme recently run by the ***Business Development Consultancy (BDC)*** with a large local NHS Trust for their Facilities Division the ***BDC*** is pleased to announce the launch of the next NVQ Management Programme.

The programmes are tailored to meet your organisation's objectives and will ensure your managers are trained, developed and competent for the needs of the current changes within the NHS.

For further details of the range of competencies that Facilities Managers can select from to gain their full management award and the launch dates of the next programme please contact **Gill Mapp on 0121 442 4644.**

Has the quest for Continuous Personal Development (CPD) created a learning paradox?

CPD is a process focused on the individual. The essential principles behind CPD are that development should be continuous, owned and managed by the individual learner and serve organisational as well as personal goals. The Institute of Personnel and Development (IPD) outline, in their document 'Continuing Professional Development - The IPD Policy', five specific benefits. These are as follows:

- improving performance in your current job
- enhancing your career prospects
- increasing your learning capacity
- greater personal confidence when facing change
- managerial and organisational benefits

Although it is clear that CPD is an individual 'thing', there are also definite links to be made with the organisation and ultimately its performance. However, CPD is now often a requirement of continued membership of many professional bodies and many NHS professionals will need to demonstrate their development as a pre-requisite for re-registration with their professional body. Anecdotal evidence might suggest that this has created a paradox.

The paradox is simple. CPD is a commendable concept and the promotion of self-development is essentially a worthy cause. However, the mechanisms used to promote the concept may actually be backfiring. Many professional bodies are setting targets e.g. a typical goal might be to achieve 35 hours development each year, however, the focus may be on achieving the target and perhaps the concern about how the target is met becomes secondary. In short individuals may be undertaking inappropriate developmental activities, which may not address their real needs nor address the needs of the organisation in terms of improving performance.

Organisations should have a mind to this and develop a coherent policy that explicitly taps into this requirement. Those organisations which have a fully functional and comprehensive appraisal system will be able to make the link between the Personal Development Plan (PDP) and the individual's own CPD plan; ideally they should have considerable overlap. These organisations are better placed than others that still struggle to fully implement an appraisal system. Organisations without an appraisal system have a real challenge on their hands.

Organisations need to develop a definite view about CPD, underpinned by a policy statement. If CPD can be integrated and incorporated into the specific discussion of performance and the ensuing development which is required for the individual to improve in the current job, the chances that the organisation and the individual will both benefit increases. Left to the vagaries of the individual and the link with job performance may be less than satisfactory for both parties. The challenge is there, the opportunity has never been better and organisations must act positively, now.

If you are interested in CPD and/or performance management contact Stephen Oliver, Peter Tonks or Dr. James Harrison.

Reference:

IPD: Continuing Professional Development - The IPD Policy, IPD, London.

Working with competencies: A challenge for the new millennium

During the 1980s there was a growing dissatisfaction with the state of British management and in particular with the lack of a clear standard. By the late 1980s an approach had been developed; the era of the 'competency' had arrived.
This approach has had much publicity and although the initial reaction was mixed, it has now gained widespread acceptance, particularly in the training and development field. Indeed in the UK the Management Charter Initiative (MCI) has heightened the profile of the competency based approach and with gathering momentum is pushing towards respectability and credibility, especially within the area of Human Resource Management.

However, how widely is the competency-based approach used in day to day management within the NHS?
The probable answer is not very much. Nonetheless there are some wonderful examples to draw upon. The NHS Executive developed the '*Finance Staff Development Toolkit' (NHSE, 1998)*, which has enabled NHS Finance Departments to develop competency-based job descriptions, appraisal systems and Personal Development Plans (PDPs) for their employees. This has placed this function in a privileged position and their progress should be followed closely by other NHS managers.

Competency frameworks will, certainly within the next ten to fifteen years, sit at the heart of many good organisations' procedures and policies around recruitment and selection, training and development and appraisal. NHS organisations should now be getting to grips with this task, which is undoubtedly one of the challenges facing managers in the new millennium.

But why should organisations work with competencies? The answer is simple; working with competencies will add clarity to the job and focus on tangible outcomes. For example traditional job descriptions describe a set of tasks, which inform the individual on how the

job should be achieved. A competency-based job description takes you beyond the how; it asks what and why. For example questions that this approach may pose are as follows:

- What are the outcomes of this job?
- Are these outcomes of any value to the organisation?
- What competencies are required to achieve these outcomes?

A competency-based job description will focus on the ‘core’ competencies required to do the job and as a result the outcomes are more likely to be achieved. This approach brings clarity both to the jobholder and their manager; it enables a freer, more focused and meaningful discussion around development based on areas of competence, actions to achieve competency-based outcomes, objectives and overall performance. This latter point in itself may be the catalyst causing the resurgence in interest of performance management. Certainly performance and competence are closely linked. Boyatzis (1982) defined effective job performance as:

> *‘the attainment of specific results (i.e. outcomes) required by the job through specific actions while maintaining or being consistent with policies, procedures and conditions of the organisational environment’*

In essence the competency-based approach will provide the jobholder and organisations with a set of behaviours and action patterns which enable the individual to perform at the required standard. Like the new millennium working with competencies is inevitable, but unlike the millennium the exact date is not as precise.

For further information about competencies and developing a competency-based approach in your organisation please contact Stephen Oliver or Peter Tonks.

References:

NHS Executive (1998): Finance Staff Development Toolkit, NHS Executive, Leeds.

Boyatzis RE (1982): The Competent Manager; a model for Effective Performance, John Wiley & Sons, New York.

Situations vacant: required a coherent national Management Development Qualification for NHS managers

A recent article by Chris Ham (1999) highlighted the obvious lack of a national Management Development Strategy for the NHS, and perhaps how it now might be an opportune time to start the debate on the back of the recent HR document ‘*Working Together’ (DoH, 1998)*. However, this is a wide-ranging debate, which has undertones of ‘how do you eat an elephant?’. The answer as we all know is to divide the elephant ‘into bite size pieces’. Therefore, one of the first issues would be to look at providing a national management qualification.

It can be argued that the framework for this is already in place under the guise of Management Education Scheme by Open Learning (MESOL). MESOL, at one level, has been tremendously successful in enabling both the student and the organisation to use open learning materials flexibly and innovatively in situations that more conventional learning and development activities were less effective. At another level this local autonomy has also caused fragmentation which could undermine one of the over riding reasons for having the MESOL programme. The MESOL approach has enabled NHS organisations to seek accreditation from a number of sources, each with slightly varying standards. This, of course, has many benefits including greater local control over content and delivery and lower costs. However, the one thing it fails to deliver is a nationally recognised qualification with a standard currency within and across the NHS.

Some years ago there was a clear qualification route for NHS employees wishing to learn about NHS management and at the same time obtaining a recognised qualification. The qualifications had a national standard understood by all and there was a clear progression from Certificate to Diploma. Those managers who studied the Institute of Health Services Management (IHSM) courses will remember this.

Re-establishing a nationally recognised route with a clear national curriculum may be the first ‘bite size piece’. In itself this will be no mean feat; but the opportunity does exist. The MESOL programme currently provides the framework for Certificate and Diploma qualification, what is needed is a national strategy that brings together the various awarding and accredited bodies to agree a coherent and consistent approach. This will provide:

- A national curriculum /standard
- A common language
- A coherent link with other public sector organisations
- A qualification with currency for both individuals and organisations
- More efficient and focused use of management development resources

In many respects this is a plea for common sense and a degree of collaboration not witnessed before in this arena for many years. It is essential for the government to take action to give ‘...the gravity pull of the pendulum...’ (Ham, 1999) so that this debate can begin in earnest.

References:

Ham C (1999): Getting into the swing, Health Services Journal, 25 February 1999, pp30

Department of Health (1998): Working Together - securing a quality workforce for the NHS, Department of Health, London

Managing Resources, Boundaries and Change

The ***Business Development Consultancy*** was recently commissioned by a Midlands Acute Trust to assist it in shaping change within its multi site operating theatre environment. The client Trust, in common with other NHS Trusts, was confronted by the need to rationalise facilities and optimise the use of resources against the backdrop of an impending capital development. However, the Trust was also - and simultaneously - experiencing supply side difficulties in recruiting and retaining non-Medical theatre staff, which created added service and financial pressures. The Trust asked us to undertake detailed consultancy in support of their evolving strategy. Specifically, this included:

- **Task Analysis:** to 'dismantle' the proposed draft job descriptions and associated working papers etc. and to 'map' them into a valid job design framework, including job descriptions, job relationships and organisational structures(s), and,
- **Competency Mapping:** to 'map' the training requirement associated with the proposed job design framework, including a 'directory' of like-for-like qualifications etc.

The methodology involved the use of in-depth interviews to gather local, site and discipline specific information from both managers and staff. In addition, documentary analysis was also undertaken which involved the study, analysis, manipulation and 'reconstruction' of material variously contained within job descriptions, duty rotas, staffing schedules, pay scales, organisation charts, training schema, minutes etc. Both approaches yielded the information necessary to fulfil the consultancy brief.

The outcomes for the client organisation from this assignment centred upon three core beliefs:

- the inescapable need for the Trust to reconfigure to a system of fully inter-changeable non-medical roles in its theatre environment,
- to deploy, manage and develop such resources effectively, and,
- for staff throughout the revised structure to understand, accept and perform in a manner consistent with the nature of the role/job they occupy.

Specifically, this resulted in:

- a comprehensively reconstructed series of non-Medical theatre roles and relationships
- set out within a completely revised organisational structure for theatres
- rooted in competency based job descriptions, together with,
- a systematic approach to both performance management and staff development.

A number of almost 'universal' truths emerged from this assignment, which are - as always - instructive.

Firstly, the client organisation's difficulties were, essentially, of a *management* nature, the results of which had *clinical* repercussions for the provision of a theatre service. This juxtaposition had consequences for how the problem was defined, the language used to describe it and also for questions of 'ownership'. An important outcome was, therefore, to work towards the creation of a climate in which both management and clinical responsibilities could be linked (and discharged) within a shared performance management framework. Secondly, the determination to bring about organisational change is, of course, mediated by the capacity of an organisation to do so. In this instance it was important to reinforce and support clinical leadership within the theatre environment and to invest in both clinical and managerial training to improve the clinical flexibility of most and managerial repertoire of some theatre staff. Finally, there was a need to understand the local 'political' reality. In particular: the boundaries between Nurses and ODPs, the alignment of surgeons with Nurses, of anaesthetists with ODPs, and, the how theatre assets are distributed within the prevailing Directorate structure. Some or all of which had the potential to impede progress towards implementation.

The success of organisational development of this type crucially depends upon being absolutely clear about the purposes to which particular assets are to be put, understanding and spanning the boundaries between groups and organisational entities, and, having the determination and skill to effect change.

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

Diploma in Health Services Management

The Diploma Programme is now entering its third year. The combination of Open University distance learning materials and the more traditional lectures/workshops is proving to be extremely successful. One senior manager working in Facilities Management in a large Acute Trust recently said of the programme that 'It has made me a better manager. It has opened up my vision and helped me to look at and learn from other people's experiences.' Other comments from present and past students reflect these views.

The programme over a period of two years covers the four key roles of management in an innovative and informative way using BDC staff, senior NHS managers and academic practitioners from Universities with vast experience in this field.

The next programme commences on 5/6 October 1999 and interested individuals or organisations should contact the BDC offices for more information and/or look out for our advertising material. There will also be a briefing lunch held at Moseley Hall Hospital in July and again if you would like further details please contact the BDC.

Research Supervision

An important product stream of our business is to conduct operational and academic research, experience of which has equipped the ***Business Development Consultancy*** to undertake research supervision at the highest level. Who therefore might benefit from research supervision and what, exactly, is involved?

An increasing number of individuals in the public service find themselves carrying out systematic and rigorous science-based inquiries to understand or describe phenomena or to inform particular decisions. In terms of the NHS, for example, this encompasses a wide range of perhaps differing activities undertaken by students, managers and clinicians. For example, those undertaking the ***Business Development Consultancy*** MHS Certificate or Diploma programmes (project route) are provided with supervision as are external students undertaking MSc and MBA programmes, where their employing organisation commissions us to provide such support. Similarly, managers tasked to undertake specific investigative or analytical studies or clinicians undertaking research can - and have - been provided with ‘commissioned’ research supervision. What, however, is involved and how do those supervised benefit?

Research supervision involves acting as a ‘guide, philosopher and friend’ to those undertaking the work. The precise requirements of individuals does, of course, vary but common elements might include help and advice with the following:

- shaping thinking and focusing upon the topic concerned
- developing an initial research proposal together with ethical considerations where appropriate
- guidance upon how to undertake a search of the focal and methodology literatures
- help with research design and strategy
- project and resource planning
- developing research instruments e.g. interview schedules or questionnaires
- access and fieldwork
- data analysis and presentation
- reporting.

Clearly those undertaking systematic and rigorous science-based inquiries will benefit from the structure and discipline of good quality supervision. All members of our team are experienced and skilled in project supervision and some in the more advanced area of research supervision. We welcome the opportunity to discuss with individuals or organisations their needs in this area.

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

Developing Tomorrow’s Managers

The ***Business Development Consultancy*** has been involved in management education and training for many years. This has involved training, consultancy assignments, delivery of tailored programmes into organisations as well as a suite of accredited qualification based training from Certificate to Diploma level. Over the past two years we have been increasingly asked to help clients to explore how those with limited supervisory experience might start their *journey into management*.

Amongst a number of other initiatives the ***Business Development Consultancy*** has run the Introductory Certificate in Supervisory Management to help people break into management. This has been run for client organisations (for example a large NHS Trust who wished to prepare their staff nurses for management) and in addition two open programmes are currently offered each year.

The programme which is accredited by the Institute of Supervisory Management is designed to help participants to develop the practical management skills which are so essential in today’s NHS and to apply them in their own workplace. The programme of study covers five essential areas:

- *The Supervisor’s role*
- *Communication*
- *Managing people*
- *Managing resources*
- *Legal issues*

The programme runs over nine months and can be designed in a variety of ways. Typically it is broken into eleven modules, incorporating an introductory day followed by nine half-day workshops, and the assessment is carried out on the final module which also requires a written report to be submitted. Typical participants have included:

- *Head Porters*
- *Assistant Domestic Service Managers*
- *E/F Grade Nursing Staff*
- *Senior Occupational Therapists*
- *Office Supervisors/ Senior Receptionist Staff*
- *Practice Managers*

This is a flexible way to develop essential practical management skills. The feedback from participants has been excellent and resulted in some real organisational benefits. If you are interested in this programme or would like to discuss how this might be structured for your organisation **please contact Gill Mapp.**

Stop Press- First Announcement

The next open programme will be launched on 16th September 1999.
The fee, which includes enrolment, registration, materials and tuition, will be £415 for the nine-month programme.

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 and overseas.

Our Range of Services

Consultancy Services

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

Training Services

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

Research

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

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

Managing Health Services (MHS): Another successful year

The latest MHS results were nothing short of exceptional. In total 25 students took the MHS certificate either by the examination or project routes and 22 passed. Those to be congratulated are:

Carol Barley	Jeanette Beevor-Reid	Lesley Lilley
Jeanette Bullock	Sandra Chittenden	Winsom Robotham
Fiona Collins	Mike Harrison	Helen McCoy
Karen Hickman	Liz Jablonski	Linda Raybould
Kim Jennings	Marjorie Small	Trevor Toman
Anne Walsh	Jane Anderson	Sue Darby
Linda Brown	Caroline Armstrong	
Karen Cooper	Wendy Holland	

Many students undertaking the project route had some outstanding results, one student from Solihull & Heartlands Hospitals NHS Trust, taking the project route, being assessed nationally by the IHSM as overall second best with a mark of 86%. Several other students from the same Trust plus individuals from South Birmingham Mental Health NHS Trust, University Hospitals Birmingham NHS Trust, Good Hope Hospital NHS Trust and Royal Shrewsbury Hospital NHS Trust who attained superb results.

Anyone interested in Managing Health Services should contact Gill Mapp or Stephen Oliver

Pen Picture
Dr James JH Harrison

Jim is Principal Consultant (Organisational Development and Research) and, as a founding partner, has worked with the ***Business Development Consultancy*** from its inception in 1991. His background as a clinician, manager, director and academic suit him to the wide and varying demands of his busy portfolio. In terms of Jim's role, his particular consultancy and research interests include:

- public policy analysis, development and evaluation
- corporate governance and board level development
- organisational strategy, business planning and marketing
- individual and organisational performance management
- professional practice and development
- evidence based management
- primary care development, and,
- clinical governance.

Currently, however, Jim is heavily involved in leading a major project to define and address OD needs within Birmingham's PCGs on behalf of the Health Authority. In addition, he is also working with the Regional Office on equal opportunities and diversity management and with a Birmingham Trust evaluating the introduction of the Health Care Assistants/generic worker role. The year ahead, as ever, looks challenging!

Jim is married and lives with his wife Doreen and their three cats in rural Worcestershire. He enjoys travel, the arts and dining in and out.