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Welcome to the sixth issue of our Newsletter which discusses our current activities. To find out more, contact us on 0121 443 3075

# Managing Mergers

Substantial organisational change is once again in the air with the publication recently of the Government’s proposals for further system-wide reform of the NHS. The structural proposals set out in the *Shifting the Balance* programme (DoH, 2001) envisage:

- the acceleration in the creation of Primary Care Trusts,
- the amalgamation of the 95 existing Health Authorities to form 30 “Strategic Health Authorities” and
- the abolition of Department of Health’s Regional Offices and their replacement by four Regional Directors of Health and Social Care.

In short, as health bodies emerge and amalgamate ‘merger’ is a major challenge to organisations, their managers and staff. Given the propensity of our clinical colleagues to engage in evidence based practice, what can we learn from the public sector management literature about mergers?

## The Literature

Perhaps an early and common issue is what exactly constitutes a “merger” since the term is often used loosely. Mather (2000) argues that there are five levels of approximation between organisations - see Table 1.

**Table 1 Levels of Engagement and Organisational Planes**

<i>Level of Engagement</i>	<i>Organisational Plane</i>
1 Joint Benefit	KNOWLEDGE, contacts, networks and opportunities
2 Joint Engagement	ACTIVITY, operations delivery and applications
3 Joint Management	RESOURCES, management, staffing and funds
4 Joint Strategic Development	DIRECTION, planning, decision-making and transition
5 Full Merger	GOVERNANCE, corporate and form of ownership

*Source: Mather, 2000*

It is clear that in those cases:

- where PCGs are joining PCGs to form PCTs,
- where PCTs and CHTs are joining to form PCTs,
- where DHAs and DHAs are joining to form Strategic Health Authorities, and,
- where Regional Directors of Health & Social Care emerge from the primordial soup of eight Regional Offices...

merger is both a useful concept and an inescapable reality.

What is also self evidently true is that a merger is not a single event but rather a process that unfolds over several months or even years. Mather (2000) argues that in the not-for-profit field there are five distinct phases in a merger i.e.

- Incentive - the emergence of a single (or joint) motivation
- Consideration - a tentative and sensitive process of ‘taking soundings’
- Exploration - the formal consultation process which is influenced by the issues of speed and timing
- Planning - the establishment of explicit Merger Achievement Planning (MAP), and,
- Implementation - analysing the nature of the journey, assessing the risks, setting the timetable and resolving the legal issues.

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# Editorial

*Shifting the Balance of Power within the NHS: securing delivery* (DoH, 2001) sets out yet a further agenda for change in the NHS. This agenda envisages a NHS structured around (essentially) Acute and Primary Care Trusts, a greatly reduced number of Strategic Health Authorities, with a 'bridge' of four Regional Directors of Health and Social Care between the Department of Health and the service. Whilst some of this programme clearly consolidates earlier policy change, the Labour administration has clearly now moved its focus of attention from the *process* of delivering healthcare to changing - again - the *structure* of the NHS.

The service has, of course, experienced structural change in the past. So why should the current round provoke concern? One reason is the inevitable and high cost - financial and human - that change on this scale exacts. In addition, whilst senior managers and clinicians are distracted by and submitting themselves to the requirements of the reform process, the reality of change and the attendant uncertainties diminish still further the service's capacity to deliver health care. If this is in doubt, one simply has to question the wisdom of a process of simultaneous structural change to all (non-Acute) health bodies in a period of less than twelve months. As others have observed, this will substantially reduce progress with the implementation of the NHS Plan (Walshe & Smith, 2001).

Also of interest - and perhaps of greater significance in the longer term - is the abolition of the network of Regional Offices and their replacement by four Regional Directors of Health and Social Care who will use "NHS Franchising... to deliver reform across the local health economy." (DoH, 2001). Leaving aside what "NHS Franchising" means, the potential seems to exist, and Directors will be encouraged to, shape both the office and its style in perhaps very different ways. Were this to be the case, *Shifting the Balance* would complete the fragmentation of the NHS that devolution has begun. Oh calamity, what can be done! At least that would be the cry if we had arrived at such an unintended and unexpected outcome. The conspiracy theorists, however, have it that in such circumstances the opportunity would exist to integrate Government policy across a range of bailiwicks, including health, into the network of Regional Centres of Government. Indeed if this were to coincide with a popular appetite for Regional Government, health policy and management could find itself drawn further into the political arena. Fanciful and unlikely? Maybe not.

DoH (2001)  
*Shifting the Balance of Power  
within the NHS: Securing Delivery*  
<http://www.doh.gov.uk/>

Walshe K & Smith J (2001)  
*Drowning, not waving*  
*Health Service Journal*  
16th April p12-13

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## Birmingham Specialist Community Health NHS Trust Leadership Development Programme

The *Business Development Consultancy* was commissioned by its host Trust to design and deliver a programme of management development and learning, which would assist managers at all levels to deal effectively with the change agenda facing the Trust. The programme has been well received, to the point that many of the short skills based workshops e.g. around topics like *Managing in a Turbulent Environment*, *Leading Teams in a Changing World*, *Managers Role in Staff Development* and *Managing Diversity* are fully booked, with waiting lists to the end of March 2002. However, the Programme is more diverse than providing workshops. Learning Sets, Development Centres, Executive Coaching and Career Review are also included. These learning activities are also very popular and tend to be more attractive to senior

managers requiring a stronger focus or problem solving approach.

The *Business Development Consultancy* has also assembled a team of experienced associates to help deliver the Programme. This team brings added value to the Programme and provides Trust Managers with a wealth of experienced individuals with diverse backgrounds and interests from within the NHS, other public sector organisations and the private sector.

If you might be interested in developing a Leadership Development Programme for your Trust or Health Organisation do not hesitate to contact Stephen Oliver or Peter Tonks on 0121 443 3075.



*The launch of the BSCHT Trust Leadership Development Programme. Front: Anne McKie, Cynthia Bower, Linda Tomkins Back: Peter Tonks, Ken Hutchinson, Stephen Oliver*

# Coping with Change

Continual change and uncertainty are familiar bedfellows to those working in the NHS. In recent years the pace and complexity of change has increased. One only has to witness the current changes in the Health Service to confirm this. Alongside complex structural change is the continuing pressure to change and improve the way in which services are organised and provided in order to meet ever increasing demands and expectations.

The only constant for the future is the certainty of further change. This is not necessarily bad news since it is only through change that new innovations and achievements can be realised. However, the pace and nature of the current changes emphasise the need for health workers to develop successful coping strategies and a more systematic approach to managing personal change.

Whilst for some, change can be exciting, stimulating and the precursor to new opportunities, for others, it can provoke anxiety, frustration and a sense of loss and helplessness. Not the least of these concerns is the worry about job security and longer term career aspirations. The question to ask then is what can we do to help ourselves to cope with change? From our work in this field the following steps provide a sound platform for coping with change.

## ▼ Step 1 Self Awareness

You are a product of your personality, knowledge and experience. Try to understand yourself and your own reactions to change. Everyone has different emotional reactions and tolerance to change, ambiguity and uncertainty. Some people are born worriers whilst others seem to float calmly through periods of change. Understanding yourself enables you to put things into perspective and to consider what coping mechanisms will work for you.

## ▼ Step 2 Scanning Your Environment

Over time, you have learned new skills, gained new knowledge and mastered changing circumstances. Most of the time this has just happened and you may not even have been aware of it. The lesson to be learned from these experiences is that change does not have to be painful. It can be positive and is essential to personal and professional growth. This means that having an awareness and understanding of the changing environment is of paramount importance. By scanning the environment and setting longer term goals you can ensure that you seek to position yourself effectively by broadening knowledge and experience and developing new skills to match to the changing environment. This forms an essential part of your longer term strategy and makes you more employable.

## ▼ Step 3 Seeking Helpful Support

Change is stressful. It affects everyone. Understand that you aren't the only one adjusting. Seek out those who seem to be working through the change. They may have good advice for you. Equally most employers managing major change where jobs are affected will provide support in the form of one to one sessions, career advice, CV guidance and advice on job search and interview techniques. No matter how experienced you are take up such opportunities and see them as a way of helping you to take a fresh look at yourself and the chance to present yourself in a positive manner to the job market.

## ▼ Step 4 Career and Continuous Development

Awareness of change can be helpful as you begin to consciously think about your career, what new skills you wish to acquire and what new experiences you wish to seek. You don't want to be guilty of sitting back and just letting things happen. By taking a more proactive stance your goal should be to improve your skills continuously. Your strategy should include flexibility as an important component as this is critical for coping with change.

## ▼ Step 5 Be Adaptable

Be adaptable to changing circumstances wherever possible and demonstrate a willingness to take on new responsibilities. This shows a preparedness to engage in the change process and will help you to maintain your credibility and employability.

## ▼ Step 6 Lifestyle Considerations

Ensure that any strategy takes into account those things that are important to you outside work. This will help you to manage any conflict between work and family/ social pressures. Seek to understand the scope and or limitations you are imposing on yourself linked to job or career aspirations. Above all during times of major change and upheaval schedule time for things you enjoy doing outside the workplace, especially with friends and family. Try to leave the problems of the workplace behind when you go home. This often takes concerted effort but does help to relieve anxiety and the potential for stress related illness.

## ▼ Step 7 Take a Positive View

Try hard to view change as an opportunity, not a threat. Easier said than done perhaps. However, recognise, that problems will arise, do your best to address them. Accept that there may be some negative consequences that cannot always be corrected quickly. Try to rise above them and by taking a more proactive stance, meeting challenges head on you are likely to be more positive in your approach.

Your coping strategy should help you to manage personal change. The essential elements would seem to include the following elements;

- develop your strategy
- develop a plan to support your strategy
- measure your progress and yourself and take advantage of development opportunities
- be prepared to deal with and address issues

From our work with people going through major change, it is apparent that there can be a reluctance to engage in these events. This is only natural but it won't make the change go away. The answer is to face the challenge and to manage change rather than be managed by it.

▼ If you would like to know more about our services support change please contact Peter Tonks on telephone number 0121 443 3075

# Managing Mergers (continued from p.1)

The practitioner literature, however, advances a more considered insight, particularly the 'lived experience' of merger and the lessons that can be drawn and shared. Recent examples concern a pre and post assessment of the influence of merger upon culture (Wallace *et al*, 2000) and reflections on the HR management of merger (Gillet, 2000).

These studies, respectively, remind us of the importance of cultural assimilation, integration and transformation, and, of the need to manage appointments and support staff.

Finally, to the serious/academic literature. The only recent source of real value is that of Smith & Bowens (2000) and their report *Health Service Mergers: Questions to be Asked*. Although not a systematic review, it sets out the key questions to be posed if one were to *evaluate* a merger - see Table 2. These are extremely important since any intention to evaluate **must** start with clear *a priori* objectives and measures, which the evaluation would subsequently judge.

**Table 2 Key Objectives, Metrics and Methods in Healthcare Mergers**

Key Areas of Performance	Potential Metrics and Methods
Financial issues: the cost of the merger, the savings, the source and monitoring savings, economies of scale, increased/improved use of capital etc.	Capital costs, reduced duplication, bed/staff reductions, comparison of service & management costs, changes in cost base of service and/or uptake etc.
Clinical quality issues: how clinical outcomes will be assessed, how case mix alters, linking clinical performance to Consultant (or other) clinical units.	Before/after comparison mortality/morbidity, activity levels; clinical audit etc.
Teaching and Research issues: teaching accreditation, recruitment and training pattern; programme of research and relationship to teaching, patient care and research work.	Consult with Royal Colleges, University and Deanery; sequential staff attitude surveys etc
Organisation and Morale issues: management costs, redundancies, out-placement, organisational structure and cultural change.	HR surveys, vacancy factors, turnover, recruitment and retention, before/after qualitative research and opinion surveys.

Source: adapted from Smith & Bowens (2000)

## Reflections on the Merger Literature

What lessons can be drawn from the experience of others to both inform and increase the chances of success of any approaching merger?

### • Contemplating Merger

most mergers are entered into voluntarily, yet in the case of the NHS, they are often imposed upon unwilling, or at least reluctant, parties. This may engender suspicion and hostility as the participants seek to protect and defend that which they cherish rather than seeking to secure the benefits that a more considered and mutually sought after union would produce. The lesson: **given a choice, only enter into mergers from which clear prior benefit can be derived.**

### • Merger Partners

courtship rituals normally require careful introductions, a growing level of intimacy and finally a stable relationship develops, mergers are no different. At least they *should be* no different. However, many NHS mergers are either forced marriages or marriages of convenience, in which the parties have little or no knowledge of, or desire for, one another. The lesson: **life - and organisational partners - need to be chosen with care if the relationship is to flourish and endure.**

### • Project Management

has come to have two common meanings, one is a specific, systematic and largely quantitative approach to the management of a given scheme, the other, a disciplined and thorough approach to management *per se*. The lesson: **a successful merger requires both project management and also effective management at all levels in the partner organisations.**

### • People Management

Organisations are neither statutory instruments nor organisation charts... they *are* people. The lesson: **every effort must be made to manage the HR dimension well and with as few casualties - real or imagined - as possible.**

### • Strategic Management

strategy building and the development of strategic objectives in many public sector organisations is a reaction to external demands rather than a prior determination of what the circumstances demand and what therefore the organisation must do. The lesson: **success or failure is likely turn on the determination of strategy, for it both articulates what is sought and the basis of any subsequent evaluation.**

### • Evaluation

change on this scale is unlikely to be an isolated event and therefore it will be important to understand what went well or badly and why, and to learn from this for the future. The lesson: **all mergers should be formally evaluated.**

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For further information on mergers contact Dr James J H Harrison at the *Business Development Consultancy* on 0121 443 3075

# Secretarial Staff and Management Development

The study into Managing Health Services (MHS) mentioned in the last issue has now been completed. It highlights some encouraging outcomes but nonetheless indicates that more attention to the development of secretarial staff is required.

Secretaries have had to adapt their practices more than many other professional groups. Information technology has brought obvious changes, but the impact of re-structured organisations (with the consequences of fewer 'managers') has also reshaped the role of the secretary. They are now expected to take on responsibilities around problem solving, attending more (and a wider variety) of meetings, research, report writing etc. Many secretaries now find they are also supervising junior secretaries and clerical staff; this in itself brings extra responsibilities traditionally not associated with the role of the secretary.

With this increased managerial role in mind the study set out to discover how many secretaries had undertaken Managing Health Services (MHS). Between 1994 -1999 an estimated 2,000 NHS personnel studied the MHS qualification through the Institute of Healthcare Management (IHM); perhaps not surprisingly only 26 were secretaries (17 actually responded to the questionnaire). The questionnaire in a limited way set out to discover how useful MHS had been to that career development and indeed what other learning activities were planned and undertaken by secretaries as a result of taking this qualification.

A critical question was to ask if secretaries had a Personal Development Plan (PDP). Only 40% had one prior to the MHS programme and encouragingly after the MHS course has finished this increased to 80%. In terms of continuing professional development (CPD) having a plan of development is critical; development is continuous and it is important that this is acknowledged and supported through an agreed plan, which is reviewed at least every 12 months. MHS (or any other programme or qualification) should not be seen as the beginning and end of managerial development.

However, a substantial minority did feel that their PDP's are sometimes 'thin' and 'limited in scope' and often never reviewed. This has caused frustration for certain individuals, left with a feeling of 'why bother'?

Another key point from the study is that training is more than just attending a course. Other forms of learning and development might include:

- Observation
- Coaching
- Secondments
- Up dating knowledge through reading policies, health circulars, relevant journals etc
- Exposure to a wider variety of job related tasks

These activities need to be encouraged and run in tandem with a course like MHS. For many of the secretaries MHS had proven to be valuable and it had indeed acted as a catalyst for further development; several had moved into 'management' positions and/or taken higher management qualifications.

MHS has now been revised and updated and evidence locally suggests that Managing Health and Social Care (MHSC) is going to be popular and

pivotal to the process of management development in both the NHS and Social Services.

This small piece of research has indicated that a limited number of secretaries are gaining access to essential learning and development activities, which equips them for their changing role and beyond. The challenge is to foster a climate that encourages more secretaries to develop their managerial skills and knowledge, otherwise this group of staff will remain underdeveloped and probably disenfranchised, which is a wasteful resource for their employing organisation. What is clear is that in the past a limited number of secretaries in the NHS have gained access to MHS and that it has helped them in their changing role and beyond. Hopefully an increasing number of secretaries will gain access to MHSC as this programme potentially plays a dominant role in helping the NHS continue to improve its managerial effectiveness.

If you have any comments or wish to enquire about MHSC and/or wish a copy of a fuller article detailing more of the findings please contact Stephen Oliver or Gill Mapp on 0121 443 3075.

## Diploma in Management goes on from strength to strength

The Diploma in Management has been run by the Business Development Consultancy for over five years and it has become a very popular and valued programme of learning over that period of time. During 2001 the BDC have had discussions with the University of Bradford, which have resulted in the Diploma obtaining further status and credibility. Students completing the Diploma with us (to a certain standard) can obtain exemption from year one of the MSc in Health and Social Services Management at Bradford. In effect this means that students can obtain a Masters within one year of completing the Diploma in Management Programme. This development should make the Diploma even more popular than it currently stands.

For further information please do not hesitate to contact Stephen Oliver on 0121 443 3075

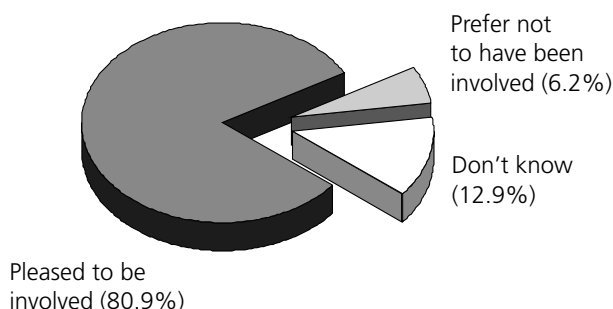
# Staff Attitude Surveys: the harvesting of opinion

Marketing research is a familiar tool in the repertoire of the private sector and has also found favour with public services, particularly in the wake of the 'market' reforms of recent years (see Evidence Based Management? in Issue 1). The publication of the White Paper *The New NHS: modern - dependable* (1997) and the subsequent NHS human resource framework *Working Together* (1998) take this still further by requiring all health bodies to undertake an annual staff attitude survey. Why and to what purpose?

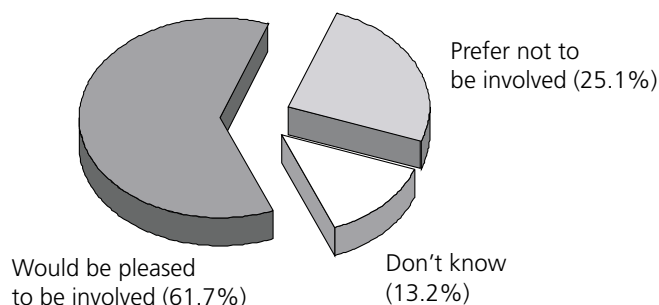
The logic of gathering such information is, essentially, the same in both sectors i.e. to understand and depict opinion concerning a particular issue or set of circumstances, to inform associated decision-making, and/or, to evaluate the policy (or product) response. The car industry, for example, typically gathers user views about design, performance and safety to shape the development of new models. Our satisfaction which is tested, both in sales and in user evaluations. This is also the case with those who provide a service whether they are an airline or a hospital. But why staff attitude surveys?

Increasingly, it seems, the workplace is being characterised as an organisational 'market place' in which employees 'consume' managerial output (Harrison, 2000) i.e. the values and culture of the organisation, the actions of managers, the level and quality of communication, personal development etc. These and related issues matter - both to the employee and to the organisation. In the case of the former, issues of individual contentment and satisfaction - and thus collective morale - crucially depend upon the view staff take of such matters. The organisation also needs to see itself through the lens of its employees so that it can make necessary corrections in order to realise its objectives.

## Attitude of Staff to Survey (BSCHT)



## Attitude of Staff to Potential interviews (BSCHT)



The Business Development Consultancy has extensive experience of staff surveys and recent examples have included exploring diversity management (Regional Office), organisational culture (Birmingham Health Authority), communication (South Birmingham Mental Health NHS Trust) and, more recently, a staff attitude survey in Birmingham Specialist Community Health NHS Trust. This latter study gathered data concerning:

- Biographical information on respondents
- Organisational culture, staff involvement and communication
- Health, safety and well-being
- Equality of opportunity
- Appraisal, training and development
- Service quality and clinical practice
- Issues concerned with surveying staff opinion.

From a survey of this type it is possible to analyse the data in such a way as to provide corporate and/or directorate reports and - depending upon the questionnaire design - specific questions can be further analysed by e.g. the age, gender, ethnicity, contract, tenure, length of service, staff group of the respondents. . Studies of this type therefore afford staff the opportunity to provide the organisation with feedback and the organisation with data to inform policy development, decision making and implementation. In an era where the limitations of command and control have been exposed a new relationship between employer and employed is needed. The language of consumerism may discomfort some organisations but it is a transactional relationship the dynamics of which are clearly understood by the parties and which impose rights and obligations... on both sides.

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 London Routledge

For further information on staff attitude surveys contact Dr James J H Harrison at the *Business Development Consultancy* on 0121 443 3075

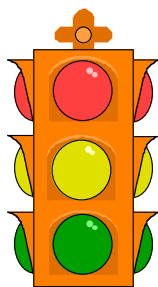
# Performance Managing Performance Management

The Labour Government's White Paper *The New NHS: modern - dependable* (Cmnd 3807) and the subsequent guidance set out in *A First Class Service: Quality in the New NHS* (DoH, 1998) required the NHS to introduce Clinical Governance. Clinical governance is defined as "a framework through which NHS organisations are accountable for continuously improving the quality of services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish" (DoH, 1998). Some three years on what progress has been made?

Earlier this year the Business Development Consultancy completed a baseline assessment of progress in a Birmingham NHS Trust. The objectives of the exercise were to:

- undertake a proving study to develop and test the value of an appropriate set of key performance indicators
- in order to establish a Trust baseline position in a manner consistent with the 'traffic light' performance management system, and,
- to do so in a manner that would both inform and support the development of clinical governance throughout the Trust.

Using an assessment tool developed specifically for the purpose the Clinical Director (or equivalent) and the Business Manager (or equivalent) in each Clinical Directorate underwent a criterion-based interview which sought to assess progress with the implementation of clinical governance. In addition, they were also asked to make a self-assessment of the Directorate's capacity to lead, manage and implement change. Each element was subsequently and independently 'scored' by each of the pair of interviewers and thus the triangulation of data source, type and analysis provided the necessary degree of confidence in the findings. What did the exercise reveal?



The exercise provided the Trust with:

- a clinical governance performance score for each of the Directorates;
- a 'traffic light' colour code of green (1 Directorate), amber (3 Directorates) and red (3 Directorates)
- an overall Trust colour code of amber

and thus

- an identified order of priority in terms of which Directorates need help and support;
- an organisational development agenda for Directorates wishing to target their efforts in the further development of their clinical governance infrastructure and performance.

The findings also suggest that higher levels of performance tended to be associated with a history of investment, a measure of stability and good local leadership.

More broadly, the study demonstrated that meaningful key performance indicators could be developed and used in an operational environment to identify the extent of progress, shape - and target - further development, and provide the basis for future comparison.

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*A First Class Service: quality in the new NHS*  
The Stationary Office, London

For further information on clinical governance contact Dr James J H Harrison at the *Business Development Consultancy* on 0121 443 3075

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## Book Review

**Who moved my Cheese? An amazing way to deal with change in your work and in your life by Dr. Spencer Johnson (Vermilion) £5.99.** An amusing little book that charts the daily lives of two small humans and two mice living in a maze. This simple parable reveals some profound truths about change. The four characters every day get up, dress and go to Cheese Station C and here they find their daily fix of 'cheese'. One day they arrive to find the 'cheese' has disappeared. 'Cheese' is a metaphor for what you have in life - a good job, a successful team, steady workflow, established relationships, certainty, resources etc. The maze is the environment in which you look for your 'cheese'. Once the characters realise their 'cheese' has gone they all react in different ways. For the reader they might begin to recognise themselves and others and hopefully begin to reflect upon this behaviour. The book will leave the reader with some simple yet important messages about anticipating change, adapting to change and also enjoying change.

# 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 Birmingham Specialist 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 and Social Care Certificate, Diploma in 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 443 3075

or visit our website: [www.business-development-consultancy.org.uk](http://www.business-development-consultancy.org.uk)

### Pen Picture

## Lynn Wesbury

Lynn has been working in a temporary capacity for the past four months, providing clerical & administrative support for the *Business Development Consultancy*. Lynn has been a member of the Health Service clerical and secretarial supply team for just over a year, since returning to employment after her children reached school age. Before this Lynn was a Secretary/Administrator for 14 years at Triplex Safety Glass. Before joining the Health Supply Team Lynn spent several years updating her ICT and secretarial skills at further education establishments.



Another connection with the Health Service, Lynn is an instructor at the Centre Snorkelling Club based at the Morris Centre (QE Hospital). This is primarily open to children aged between 8-18 of employees of the Health Service.

## Web Watch

Open Government at <http://www.open.gov.uk/index.htm> is almost more a philosophy than a site yet provides a single portal into a world of information about Government and public services in the UK. This is source of information for students, managers - and citizens - with an interest in the field This Government site is free, has a well-organised searchable structure and is straightforward to use. The A-Z government listing provides easy access to a vast range of public service organisations and is ideal for that bit of extra information for your course project or business plan. An excellent site, well worth visiting.

The Wisdom Centre at <http://www.wisdomnet.co.uk/default.asp> is a useful resource for our health and social care readers and provides "educational materials to support health professionals in their life-long learning and professional development". Following a simple registration process information, resources and support can be accessed on a range of important topics e.g. being a Caldicott guardian, clinical governance, personal learning plans and portfolio development. If you are subject to Continuous Professional Development (CPD) and you need to understand the underlying processes or be briefed on contemporary issues you need look no further. This site is selective rather than extensive but useful none-the-less.