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NEWS

Emotional Intelligence & Effective Management -a growing link?

Emotional Intelligence is not a new concept but rather a new phrase that intends to bring together other research around this concept that has been undertaken over the last few years. Bringing everything under one umbrella serves two key purposes. Firstly it identifies that there are a number of disparate research studies, models and theories around issues like social skills that can be grouped together and given some order. Secondly it emphasises the importance of the subject area. In the world of work this has opened up a new debate about the role of Emotional Intelligence in areas such as leadership and team working.



There are many definitions but one that does simply explain Emotional Intelligence is that it:

" ... involves tuning into emotions, understanding them and taking appropriate action." (Geetu Orme, 2001)

Often the focus of effective management leans towards processes and systems that can be learned and are probably

transactional in nature. The concept of Emotional Intelligence is re-focusing our attention to the softer sides of management and in particular towards leadership and team working. We all know this is important but often the task of reaching preset goals and imposed targets distracts us from what in the long run is most important. Unless we pay attention to the idea of building lasting and workable relationships ultimately we will stagnate and create a situation in which goals and targets will increasingly be harder to fulfill.

Emotional Intelligence can help us to become more effective as managers and leaders. It is important to use our social skills, interpersonal competence and emotional awareness to manage working relationships, negotiate and influence others. This will ensure that the 'bottom line' is achieved, but in a way that maintains effective long term relationships and morale. Advocating the transformational approach will empower and inspire people, creating vision, meaning and opportunities for development.

Recent research by UMIST suggests that managers with high Emotional Intelligence experience less stress, enjoy better health and perform better. These kinds of results add to the body of evidence and thus promote the concept of Emotional Intelligence and as it gradually becomes more recognised as an essential component of effective management and good leadership the harder it will become for some individuals and organisations to ignore it. **BDC**

Orme G, 2001: Emotionally Intelligent Living, Crown House Publishing

EDITORIAL

The National Health Service University (NHSU) was officially launched last year to place life long learning at the heart of better health and social care. The aim is to provide everyone working in health and social care the opportunity to learn and develop in order to improve services for patients/service users. The NHSU is now starting to raise its profile and has created a new induction programme, is developing learning communities in health and social care and is establishing links with universities and colleges as well as other providers to put appropriate

programmes in place. A learning observatory is also currently being developed to help organisations to identify training and development needs.

The real challenge for the NHSU will be to prove that it is not an expensive centralised initiative but that it can demonstrate to hard pressed health and social care organisations that it is making a difference. In previous reforms a centralised approach to education and training has not stood the test of time and some will remember the demise of

the National Health Service Training Authority. The signs are encouraging but it is too early to tell whether or not the NHSU can engage with and influence health and social organisations to make a real difference. It will be important to ensure that duplication does not occur and that the service is properly engaged in developments. Otherwise there will be mutterings over time about whether there is need for the NHSU.

MARKETING

Marketing – a not-for-profit tool

The nature of public services and of not-for-profit organisations *per se* is that they exist to produce 'public good' or social rather than monetary profit. As a consequence, a popular belief in such circles is that marketing has little to offer these organisations since they do not need to stimulate sales or further demand. This, however, is to confuse marketing with 'selling', with promotion or with both. At worst it is to see marketing as a means of foisting upon hapless customers something that they neither want nor need.

In a not-for-profit context we can define marketing as the management process responsible for identifying and satisfying user requirements in a manner which creates social profit i.e. benefit to the user, the provider organisation and to the community. Such an approach challenges service providers to put a relationship of equals at the centre of their dealings with service users - one which seeks to understand and address their needs in designing and delivering public services. What might this require?

In general terms, this might involve public service and not-for-profit organisations

engaging in genuine debate with users, seeking to match service offerings with the requirements of the user and matching elements of delivery around the user's unique circumstances. Completely fanciful? No. Firstly, "involvement" is now a well established goal of public policy (DoH, 2003.) requiring public service organisations to engage both users and the community in a debate about the nature and character of the services provided. Secondly, the recently launched "choice" initiative in the NHS (Cm 6079, 2003) is a good example of an obligation to offer genuine choice to service users wherever possible. Finally, "partial booking" programmes (Cm 6079, 2003) specifically seek to fit outpatient appointments around the needs and demands in the lives of patients.

Marketing is not, however, confined only to health care but increasingly to all organisations providing publicly funded services e.g. education, local authority and emergency services, charities and religious/spiritual organisations.

The challenge to leaders, therefore, is to make individual initiatives, more than simply the sum of their parts. The

marketing paradigm offers a coherent framework within which to locate these - and other - questions in order to create 'joined up' thinking around the relationship between provider and consumer and the influence of this upon service design and delivery. Marketing can offer rational, radical and robust strategies that are value developing, value defining and valuing delivering. [BDC](#)

DoH (2003)
Strengthening Accountability - Involving Patients and the Public Policy Guidance: Section 11 Health & Social Care Act 2003
London, Department of Health

Cm 6079 (2003)
Building on the Best: Choice, Responsiveness and Equity in the NHS
London, Department of Health



For further information on marketing contact Dr James JH Harrison at the BDC on 0121 443 3075

Multi-level Effectiveness: the CEO's challenge

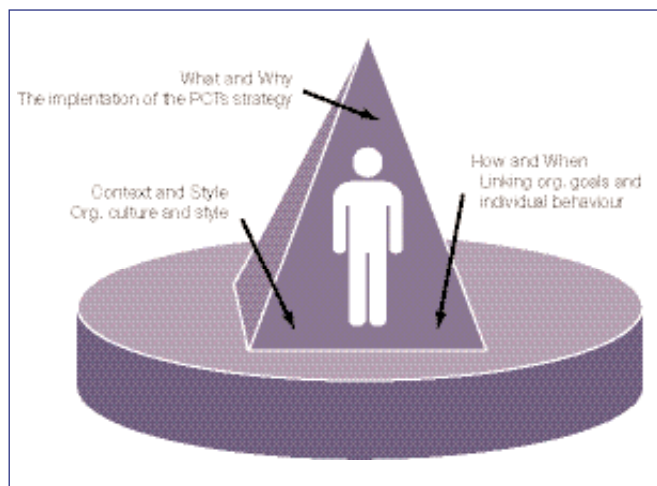
A recurring challenge for both Chairs and Chief Executives is to ensure that board members are individually effective, that the boards they chair or lead are collectively successful and thus their organisation - be it a college, health body, or local authority - flourishes and thus delivers its corporate obligations. Yes, you say, but surely these require quite distinct measures and processes - and, in any event, no sooner have you addressed one of these and moved to the next - when the task is redefined and therefore remains permanently incomplete. What can be done?

The Business Development Consultancy recently developed and applied 360° appraisal to just such a challenge in a Primary Care Trust to some effect. The client organisation tasked us to undertake the exercise with its fourteen most senior managers in order to:

- Inform the implementation of the PCT's strategy
- Help the development of an open, dynamic and responsive culture, and,
- Establish appropriate links between organisational goals and individual behaviour.

The Business Development Consultancy developed a bespoke appraisal tool designed to collect data in four key areas - (i) biographical, (ii) PCT strategy, (iii) organisational culture and style and (iv) linkages between organisational goals and individual behaviour. As is normal when using 360° appraisal, the fourteen "subjects" and each of their six "reporters" (the 2 superiors, 2 peers and 2 subordinates they chose) completed the assessments. Some 98 data sets were thus identified and collected, all of which were subsequently analysed and reported. Feedback was thus evidence based, locally sensitive and took place at two levels.

Firstly, individuals were provided with detailed written and verbal feedback on a one-to-one basis which drew attention



to the strengths and weaknesses in their individual performance and in particular to any variance between their view of themselves and the views of their "reporters". This helped individuals to reflect, understand the perceptions of others and in some cases to identify individual development needs. Secondly, the entire team received feedback on the aggregate findings. This drew attention to both the strengths and weaknesses in their collective performance as a team - which may require a collective developmental remedy - and to those issues that might have a more profound impact upon the nature of their corporate performance and thus upon the effectiveness of the PCT itself.

Exercises such as these demonstrate two things. Firstly, that it is important to actively manage the performance of individuals and, secondly, that in so doing this has profound consequences for both team health and organisational effectiveness. [BDC](#)

 For further information contact
Dr James JH Harrison at the BDC
on 0121 443 3075

NEWS

Next Issue

The BDC has also used the NHS Leadership Framework 360° instrument to assist in individual and Board Development. In the next issues we discuss a case study involving the use of this instrument with the Executive Team of an Acute Trust.

Management Development for Senior Managers

-mission impossible

Developing managers for the changing and often turbulent environment in the NHS has never been as important as it is today. Yet many experienced managers and clinicians find themselves thrust into senior managerial positions mostly unprepared and worse still for some unsupported. Nonetheless they are still expected to deliver more and more targets, initiatives, modernisation and the re-structuring of services and departments (even mergers) in some cases, with decreasing funding.

Recently the Business Development Consultancy helped one group of senior managers in their quest to meet all of the above and more for their Trust. Senior managers who feel they have had their "fill" of learning in the more traditional ways sometimes can under value management development. With this in mind it is imperative to take a different approach, in itself a worthy candidate for mission impossible.

A good approach is to identify with those involved with the programme including the participants the key components and an approach to delivery that meets needs.

The design will likely be a mix of formal input, self-assessment, 360° feedback, key speakers and action learning sets. The exact mix will vary although our view is that there will be a bias towards the practical and action is the key to success.

Through debate it is important to identify the key areas of achievement and how best to engage the participants so that they do act and achieve their goals and thus continue to learn.



Also important are quick successes to help win over the sceptics. The action learning sets are an important component of any management development programme at senior level. The most important aspect of this is to secure the

commitment of all involved. A good starting point is to actually clarify the true meaning of a learning set even if people say they understand the concept (our experience is many have imperfect information and so have a slightly distorted picture).

One technique we have used effectively is to invite key speakers to talk around the areas identified as important for the senior managers.

Usually a discussion ensues and from this it is important to then focus the group upon actions individuals and/or the group itself must take. At the next meeting the set members will report back their actions. The impact is deep and lasting. Sometimes these actions are obvious and simple yet for



whatever reason without this process they would not have been actioned. Successes are important and starting with the obvious and simple is usually wise.

Another vital element is self-assessment and 360° feedback. A variety of development tools such as Myers-Briggs Type Indicator can be used but for 360° feedback we have used the Leadership Qualities Framework tool. This gives a sound footing for the one to one discussion about the development of a Personal Development Plan. It can also throw up group development needs. This type of discussion adds to the feeling that support is on hand and that the organisation does have a genuine interest in them as people.

Such a programme also needs to be spaced out over a number of months and may be up to one year. Thus the individuals and the organisation need to be committed. However this approach can empower, inspire and liberate senior managers so that the demands of the NHS are seen as a challenge rather than a grinding down process. [BDC](#)

Certificate in Managing Health & Social Care (MHSC)

October 2003 saw the start of two new MHSC programmes at the Business Development Consultancy with a mix of delegates from Primary Care, Acute Trusts, Therapy services, Community services and GP Practices.

Both programmes are off to a flying start with attendees studying the first module 'The Manager' covering personal approaches, strengths, effectiveness and what the role of the manager is.

The new year promises to bring further in depth studies developing strategies for 'Managing People' through leadership, motivation, objectives, team development and recruitment and selection protocols. The remainder of the year then focuses on 'Managing Service Delivery', and 'Managing Information'.

The NHSU has assumed responsibility for the MHSC developing the course materials to ensure they are as current as possible. The materials are being 're-branded' in 2004 and will reflect the corporate colours of the NHSU.

Nationally new 'Management Standards' to replace the old Management Charter Initiative (MCI) standards are being developed by the 'Management Standards Centre'. It is envisaged that the new standards will be launched early to mid 2004. For ease the new standards have already been mapped by the NHSU to the MHSC materials.

The MHSC programme runs at various times throughout the year normally in April and October. We are also able to deliver organisational specific programmes 'in-house' for you. If you would like any further information regarding the programme please contact one of our consultants on 0121 443 3075. [BDC](#)

Institute of Leadership and Management

Introductory Certificate in First Line Management

For a number of years the Institute of Supervisory Management has accredited the Business Development Consultancy to provide qualification based management programmes. Following a recent merger the Institute of Leadership and Management (ILM) has become the new awarding body for nationally recognised management qualifications, and as such the Business Development Consultancy is able to offer the new Introductory Certificate in First Line Management.

You might ask what is the qualification? Holding this award demonstrates understanding and provides a qualification in basic management practice. The award is based on seven modules and the overall structure of the programme offers an introduction into key areas of management to include:

- Managing Self
- Managing Change
- Managing and Developing People
- Managing Information and Communication
- Managing Activities and Resources

Open programmes commence in April and September or alternatively we can tailor a programme to the needs of your organisation to commence at any time during the year. [BDC](#)

 For further information please contact one of our consultants on 0121 443 3075

New Learning Materials for the Executive Diploma



The Open University has progressed the revision of the Health and Social Services Management (HSSM) learning materials and some of these are now being integrated into the current programme. It is expected that all the materials will be fully revised in time for the start of the next Executive Diploma intake in September 2004. The new materials have updated information about the current changes to the NHS but have also included some new ideas and subjects considered relevant to managers working in both the NHS and Social Services.

The Executive Diploma has been extremely successful and part of that success has been the continual development of

the programme content and the revision of the learning materials. The Business Development Consultancy has now delivered the programme for eight years and the Open University Business School in that time has revised the materials three times; however, it is fair to state that the current revision exercise is by far the largest undertaking since the materials were launched in the early 1990s. This revision will also ensure that our students are receiving the most up to date information on current management and theoretical thinking.

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 For further information on this informative and well designed course contact Stephen Oliver or Peter Tonks on 0121 443 3075

Recruitment and Selection

user involvement

A growing trend in health and social care on the back of the requirement for public and patient involvement has seen the increase in service user involvement in the recruitment and selection process. This is an important step for organisations and they should not merely pay lip service to the concept. There are some simple but important steps to take to ensure that this does not happen.

The Business Development Consultancy recently handled the recruitment and selection process for two Executive Director jobs in a large Primary Care Trust where user involvement was seen as an integral part of the process. In order to engage properly in the process the various user forums working with the Trust were approached and three user representatives agreed to be involved in the selection process. These were people drawn from different backgrounds and with different levels of experience. The user representatives were invited to meet to go through the job description and person specification and to discuss the outline process. Top up training in recruitment interviewing techniques was also provided.

During the two day process for each job the user representatives formed a single panel and carried out structured interviews to explore the candidate's perception about public and patient involvement and views about service quality. The questions were agreed beforehand in the briefing session held prior to the selection days and the user representatives were comfortable with their role. Other panels undertook structured interviews at the same time to explore

different job requirements. At the end of this process all the panels came together to give their views on the candidates and the user representatives were accorded the same rights. This process worked well because the users were involved at each stage. The key lessons to be learned to ensure effective user involvement in selection are:

- engage users at the earliest possible stage so that they do not just feel like an adjunct to the process
- be clear about their role. For example, are they to be involved in agreeing job requirements, short-listing and to contribute to the final decision. These factors need to be properly understood by both the service users and other panel members
- simplify the jargon (which is no bad thing for all of us)
- provide the necessary briefing and training so that service users are familiar with what they have to do

It does take time to engage people properly but the benefits can be very worthwhile in demonstrating a positive commitment to and interest in the views of service users. Because time is at a premium these simple steps may be overlooked and consequently there is the potential for people to believe that your organisation is not serious about involvement. [BDC](#)



For further information on recruitment and selection contact Stephen Oliver or Peter Tonks on 0121 443 3075

Potential Employers Deterred by Interview

Two out of three people have turned down job offers because of poor performance by employers, new research shows. Some 4,400 people were questioned for the survey conducted by reed.co.uk and two thirds indicated that crass comments, poor preparation and poor interviewing techniques were just some of the reasons for rejecting a job offer.

The results also showed that 68% had accepted a job on the strength of the impression given by the panel.



for more information

The BDC continues to help clients to develop effective recruitment strategies through policy advice, support to appointment process and training managers in recruitment.

For further information on recruitment and selection contact Stephen Oliver or Peter Tonks on 0121 443 3075.

BOOK REVIEW

Primary Care in the UK

Peckham S & Exworthy M (2003)

Palgrave Macmillan

Given the growing importance of "a primary care led NHS" this edition's book review focuses upon the recent publication of *Primary Care in the UK* by Stephen Peckham and Mark Exworthy. The book explores the development of primary care in the UK in terms of policy, management and organisation. It takes the reader - novice or expert - on a journey of exploration through policy development, primary care in action and concludes by exploring possible scenarios for primary care in the future.

The book defines and charts the development of primary care and includes a particularly helpful timeline through successive pieces of legislation, command papers and reports; there is also a useful comparison of

the social and medical models of care. From a management point of view the book explores in some depth the issues of professionalism and managerialism, the rise of new public management and issues of governance in primary care. In a contemporary context, models of inter-professional working, the primary/ social care nexus and partnership working are explored and represent some of the greatest challenges encountered in primary care to-day.

Primary Care in the UK is a book that deserves to find a place on the bookshelf of students of public policy and health, together with primary care managers and practitioners as a key text in this important area of public service provision. [BDC](#)

WEBWATCH

Busy public sector managers necessarily must be outward looking, continually searching for and seeking to understand trends in public policy and - possibly less frequently - having to look at the exact text in primary legislation or the wording of that elusive statutory instrument. This edition of the Newsletter brings to your attention two web sites that would undoubtedly be helpful in such circumstances.

www.demos.co.uk



The first of these is **Demos** a renowned left of centre think tank - "a greenhouse for new ideas" - with a prodigious and influential output concerning all manner of public and social policy. The site can be found at <http://www.demos.co.uk/> and contains recent discussion papers and reports, many of which can be downloaded in whole or in part. For those with a deeper interest, it is also possible to take out a personal or corporate subscription and thus receive e-mail briefings. Well worth a visit.

www.hmso.gov.uk/acts.htm



The second site is that of **HMSO online**, which can be found at <http://www.hmso.gov.uk/acts.htm> This particular site is the web presence of the Stationary Office and concerned (amongst other things) with Acts of Parliaments, Statutory Instruments and Command Papers. A useful site for all those who need to understand, first hand, the intentions of Government or Ministers prior to making investment decisions, shaping action and managing performance. Definitely one for those with a serious interest in public policy.

PEN PICTURE

Julie Sanders



Julie has worked with us as an Associate for a number of years. She originally qualified as a teacher and went on to work in

management development and training in the NHS before moving into consultancy. She has worked in a variety of settings including health and social care, prison service and the university sector.

Julie has worked on a number of consultancy assignments with us in the areas of people management, performance management, team building and personal development. In addition to her management development background Julie is also a qualified Life Coach and Image Consultant. She has used these skills to support our work either in workshop settings or one to one coaching in areas such as career review,

achieving a work life balance and confidence building including colour, style and confidence.

Julie brings a wealth of experience to her work and operates in a friendly, open and facilitative style. She lives in Coventry and away from work has a variety of interests including fashion and travel and she enjoys socialising with friends whenever possible.

About the Business Development Consultancy

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

The BDC is hosted by the South Birmingham Primary Care Trust and operates as a trading agency throughout the NHS and other parts of the public sector. The BDC has a core team of Consultants and Associates with a wide range of skills and experience drawn from the Health Service and other public sector organisations. We provide sensitive consultancy, responding to the specific needs of clients.

Assignments have been undertaken in the health and wider public sectors throughout the UK and overseas.

Our Range of Services

Consultancy Services

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

Training Services

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

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.businessdevelopmentconsultancy.co.uk

