



**Management
Futures**

**REALISING POTENTIAL
IN HEALTHCARE.**

**COACHING SKILLS
TRAINING FOR CLINICIANS
IN THE NHS NORTH WEST**



North West
Leadership Academy



We close the gap between current and potential performance - giving clinicians the confidence and skills they need to perform at their very best.

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WHAT IS COACHING?

THE COACHING LANDSCAPE

All manner of coaches exist today. There are sports coaches, life coaches, lifestyle coaches, maternity coaches and many more but, to be clear, when we are talking about coaching in this instance we are talking about a non-directive form of coaching as used primarily in business and organisational development.

Business/executive/organisational coaching (as it is variously known) has reached a stage of maturity and development where there are now recognised bodies offering qualifications, standards and ethical guidelines.

This kind of coaching assumes that:

- The coachee has resources and potential that they can tap into
- The coach's role is not to advise, direct or instruct but to draw out learning and assist the thinking of the coachee
- The purpose of the coaching is to define and achieve significant change goals
- The coach and coachee work in partnership
- The coachee is a unique person so the coach should avoid assuming any kind of 'one size fits all' solution
- The coachee operates in context, as part of a number of systems. These impact upon the coaching and need to be thought about when looking for effective change solutions

COACHING AND MENTORING

The terms 'coaching' and 'mentoring' can be used almost interchangeably in some organisations. From our perspective 'coaching' is a broadly preferable term when it is used to describe a non-directive and non-advisory approach.

The term 'mentoring' traditionally implies that the mentor is older/wiser/more senior/more knowledgeable than the mentee and that the value they offer the mentee is largely rooted in this assumption of seniority. However mentoring is also a useful tool and a mentoring relationship is something that can exist for years.

Coaching tends to be more situational and briefer. It is worth noting that the best mentors use coaching skills too!

BETTER CONVERSATIONS AND INCREASED ENGAGEMENT

We believe that executive coaching is a powerful learning process designed to enhance professional performance and achieve organisational objectives. The coach believes in the resourcefulness of the coachee and works with them to maximise their chances of reaching full potential. In recent years the principles and practice of this non-directive form of coaching have achieved wider application, e.g. in addressing patient needs directly.

At Management Futures we are clear that the purpose of coaching is to produce results – integrating personal and organisational needs. It helps people see all available options, to adapt to new responsibilities, to build on strengths, to reduce destructive behaviours, to have better conversations, to enhance teamwork and to support organisational change.

Rapidly becoming the leading development tool of the 21st century, coaching can deliver significant benefits to individual development. It

can help address under-performance, lift performance to full potential and increase an individual's engagement with their place of work. Coaching also takes a rounded and holistic view of an individual, helping them to achieve clarity about whole life issues such as key values and their future career direction.

WIDER APPLICATION

Coaching - and the core skills at its heart - continues to expand its application at pace. Already the core skills have found a place in helping doctors to help service users take greater responsibility for their own health – and in so doing has achieved considerable savings, e.g. in costs of wasted medication.

Outside the NHS, coaching is increasingly seen as a tool in consultancy practices, in academia, and in customer relationship building. It has even come full circle in helping professional sports coaches to more effectively support the development of their charges.

DEFINING COACHING

There have been many attempts to define this kind of non-directive coaching, none of which are absolutely authoritative. However, if you intend to practice as a coach it is useful to develop a shorthand definition of the coaching you do - the 'elevator pitch' if you like.

We suggest something like: "The purpose of coaching is to close the gap between current and potential performance. The coach works in partnership with the coachee - unlocking their resourcefulness and helping them to achieve desired sustainable changes." OR

"Coaching is about helping someone achieve the goals they aspire to by helping them tap into their full potential."



The purpose of coaching is to produce results.



Coaching is a powerful learning process.

Last year the NHS North West Leadership Academy worked with Salford Royal NHS Foundation Trust, Lancashire Teaching Hospitals NHS Foundation Trust and Cumbria Partnership NHS Foundation Trust to run nine two-day intensive coaching skills programmes - three at each trust. These pilot programmes were commissioned to test the value of providing structured coaching skills training for clinicians.

Management Futures were selected by the NHS North West Leadership Academy to deliver these. Management Futures have extensive successful experience training doctors and clinicians in coaching skills throughout the UK.

The participants evaluated the programmes after two days. They were then re-contacted eight weeks later to see if they had been able to make of their skills - giving us rich insight into the potential for coaching and what would be needed to support it in future.

Salford Royal NHS Foundation Trust was also contacted one further time to gauge the impact of the programmes after several months.

The aim was to get rich data from participants about:

- Their experience of the training itself
- Their sense of how relevant the skills might be in their roles - with service users, with colleagues, with teams and with those they manage or supervise
- To what extent they used their skills in practice
- How valuable the skills proved to be in practice
- What they felt needed to be made available to support the continued use of coaching skills

THE DATA

We were able to gather a significant amount of rich data from participants. Much of this is in the form of valuable verbatim comments and we are grateful to each of the clinicians who took the

time and trouble to contribute.

For reasons of time and logistics the amount of data we have been able to gather across the three participating trusts is somewhat uneven. In this report we major on the Salford Royal NHS Foundation Trust although we do reference feedback from the other participating Trusts - hoping to give a 'warts and all' picture of participant response. We also include some messages and thoughts from those who have sponsored and organised the training across the three trusts.

A number of participants pointed out that coaching takes time: this is undoubtedly true though there is mounting evidence that time invested in coaching can actually save time in the long run, e.g. with service users taking more responsibility for helping themselves; or with trainees and juniors becoming more self-reliant and needing to depend less on their seniors for support/advice.

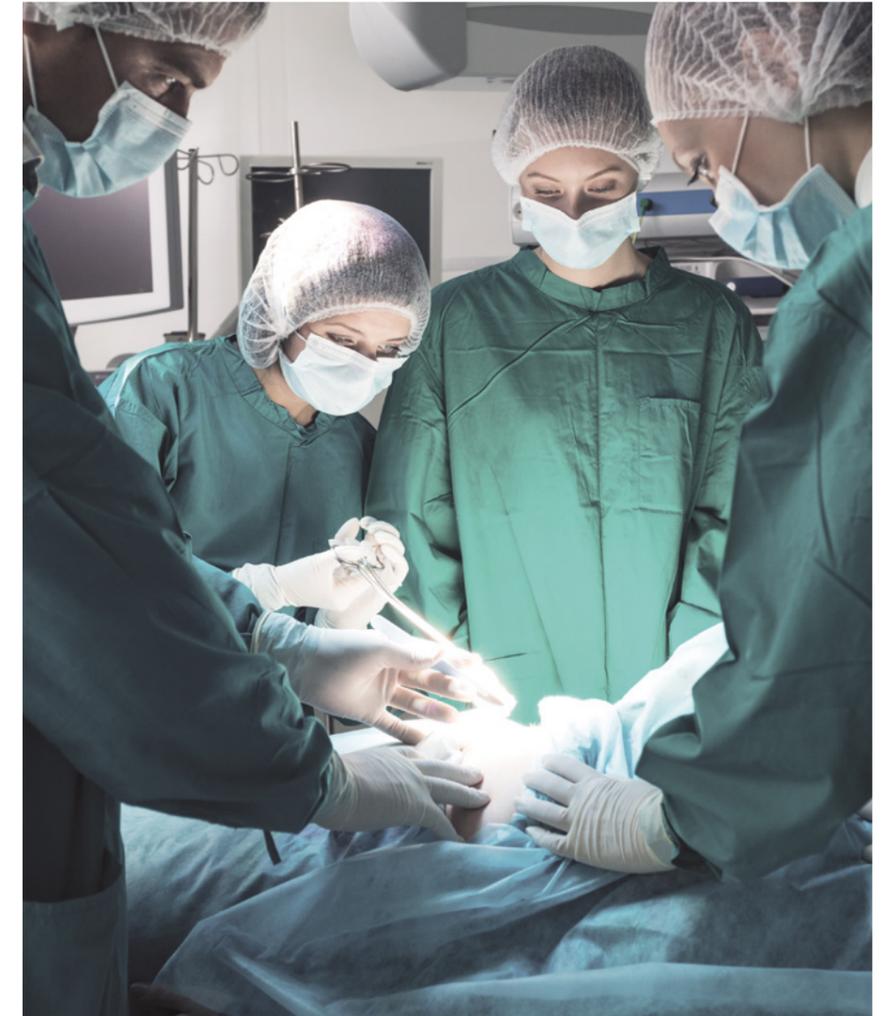
A significant number of participants also highlighted the need for ongoing support in developing their coaching skills - possibly in the form of follow-up training and/or supervisory support.



“ 97% of those who participated stated they would recommend the programme ”

The overall response has been extremely encouraging - key points include:

- Increased confidence and capability in dealing with daunting managerial conversations
- Useful and relevant in the appraisal process
- Direct benefit to service users in helping them to manage lifestyle issues around their conditions
- Useful in the development of trainees and junior doctors
- 97 of the 100 clinicians who participated stated they would recommend the programme
- Useful as an aid to effective management of teams



FEEDBACK FROM THE NHS NORTH WEST LEADERSHIP ACADEMY

Working with Management Futures has been a very positive experience for the NHS North West Leadership Academy; they are a very flexible, agile provider. They listen carefully to their commissioners and service users/ customers feedback and always act upon it.

Catherine Loftus
Deputy Director
NHS North West Leadership Academy

Co-creating this development intervention with Management Futures has proved very successful for us, our member organisations and those who have participated in the pilot programmes.

Overall, we have been delighted with the outcomes of this work with Management Futures, and the impact it is having on patients, service users, carers and teams.

Deborah Arnot
Director
NHS North West Leadership Academy





The 'Kipper Tie' model shows the basic flow of a coaching session.

Each two-day programme followed the same format with Salford Royal NHS Foundation Trust later electing to add a third follow-up day. In total, 100 senior clinicians across a range of specialities attended the programmes.

The programmes were designed to focus on the practice of coaching and to develop useful skills that participants could take away and try out immediately.

Participants benefited from a mixture of short inputs, discussion, demonstrations by tutors and a number of opportunities to practice and receive feedback. Skills practice was conducted using the real issues raised by participants, which helped to ensure that coaching was seen to be - and felt - real from the outset. No role-play was used.

Programme Aims:

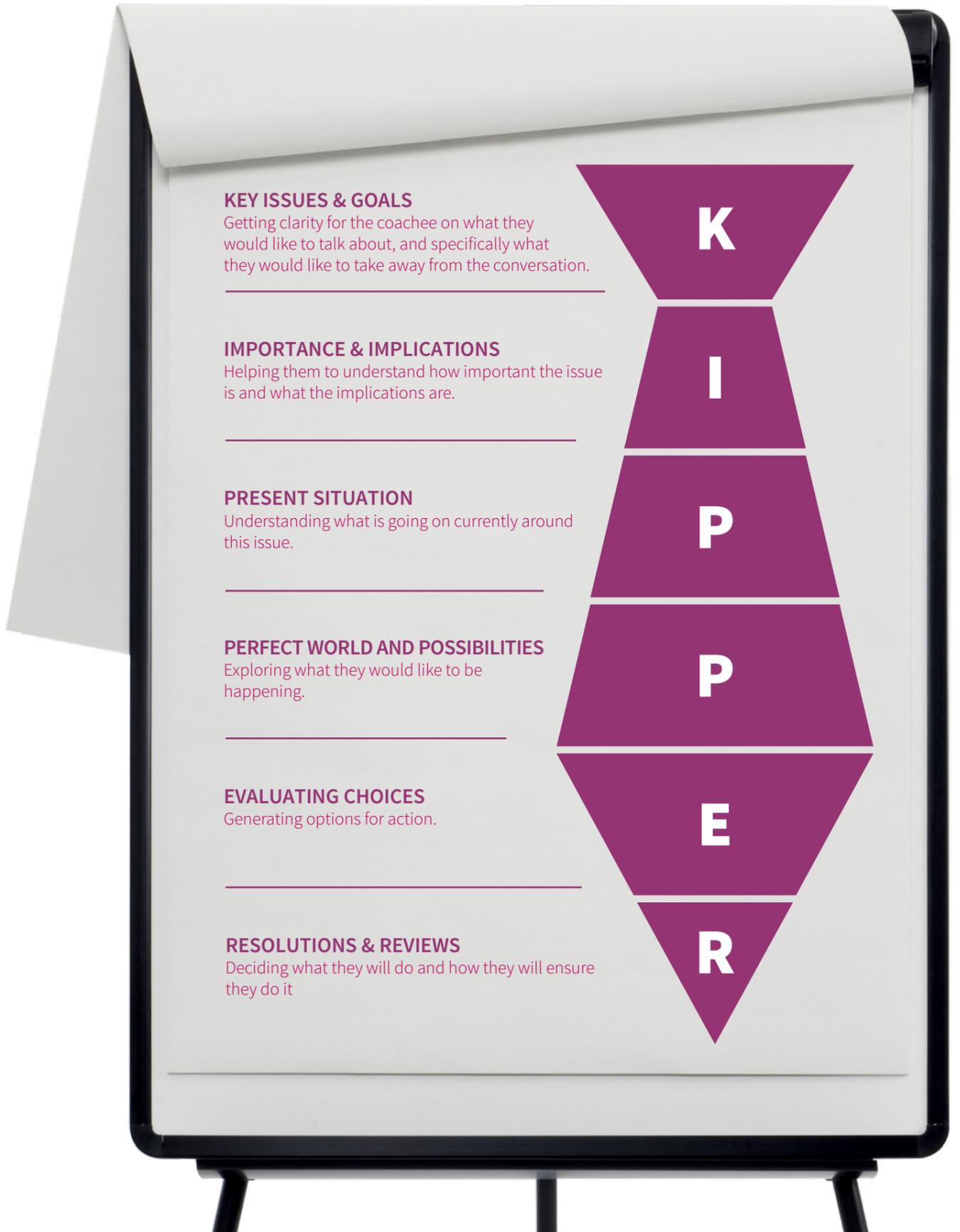
- To clarify what coaching is and is not
- To be able to judge when to use coaching or another style
- To build on existing skills and develop them further
- To develop confidence in using a coaching approach to transform your own performance and the individuals and teams you work with
- To have considerable practice in using the skills

THE KIPPER TIE FLOW OF COACHING

Participants were introduced to the 'Kipper Tie' model of coaching as a basic template for the programmes. This model, in itself developed from the well-known 'GROW' model of coaching, shows the basic flow of a coaching session.

The real advantage of the 'Kipper Tie' model is the visual element it brings. Participants quickly understand the shape of a coaching conversation. It raises the occasional smile too, which adds to its impact and makes it memorable!

Time and again we hear how helpful it has been for clinicians applying a coaching approach.





AMBITIONS

“We believe that having coaching conversations helps people at SRFT be the best they can be, enabling us to perform at our highest level of effectiveness. Leaders at SRFT who adopt a ‘coaching conversational style’ with their colleagues are more likely to have a significant motivating impact on an individual’s development, actively supporting their contribution.

As an aspiring world-class organisation, world-class leaders understand that the only way to systematically improve performance is by having coaching conversations which include giving constructive developmental feedback.

Coaching is leadership in action, a key leadership tool in our toolkit, it is a way of being and needs to be inextricably linked to everything we do, whether it is supporting our new colleagues, students, holding team meetings or having Contribution Framework conversations.

Coaching and mentoring use the same skills and approach, however coaching focuses on short term specific development issues and mentoring more on advice and guidance for personal and career development and tends to be a longer term relationship.”

Paul Renshaw
Executive Director of Organisational Development and Corporate Affairs

“The more you use a coaching approach, the more engaged and empowered your workforce will be; and the higher their contribution and impact. Sir David Dalton, SRFT’s CEO, believes there are three underlying principles to effective modern leadership: values; mindset; and behaviours. Of successful behaviours, a coaching approach is integral; key to engaging and empowering staff; and driving forward positive outcomes for service users.”

Carole Swindells
Head of Leadership Development

REFLECTIONS

“It is a fully engaging course detailing practical methods of coaching with plenty of practice. It is highly relevant to NHS practice – essential skills. It is well worth the Trust continuing with investment in this course – should be available to all consultants.”

Dr Peter Woolfson
Consultant Cardiologist & Clinical Lead

“This approach is more effective than the traditional mentoring/advice approach. It gives serious confidence in managing complex and daunting conversations without feeling you have to have all the answers yourself.”

Dr Alan Fitchet
Consultant Cardiologist

“It’s also a user friendly tool for problem solving and ownership of outcomes.”

Dr Kate Lenton
Consultant Paediatrician

“It broadens the skills of clinicians and takes them away from their ‘advice’ mentality.”

Dr Jason Williams
Consultant Dermatologist

“I have changed tack (or at least am trying to change) from advice to coaching, which I believe leads to more constructive, sustained change.”

Dr Niamh Collins
Speciality Doctor Emergency Medicine

THE DATA

The course was evaluated at the end of the third follow-up day of the course as well as 8 weeks after completion of the course. The findings from the end of course evaluation was that overall participants found the course extremely useful and provided very positive feedback as follows:

Rating of 1 equals dissatisfied, with a rating of 6 being highly satisfied.



Relevance to your role



How far were the stated objectives met?



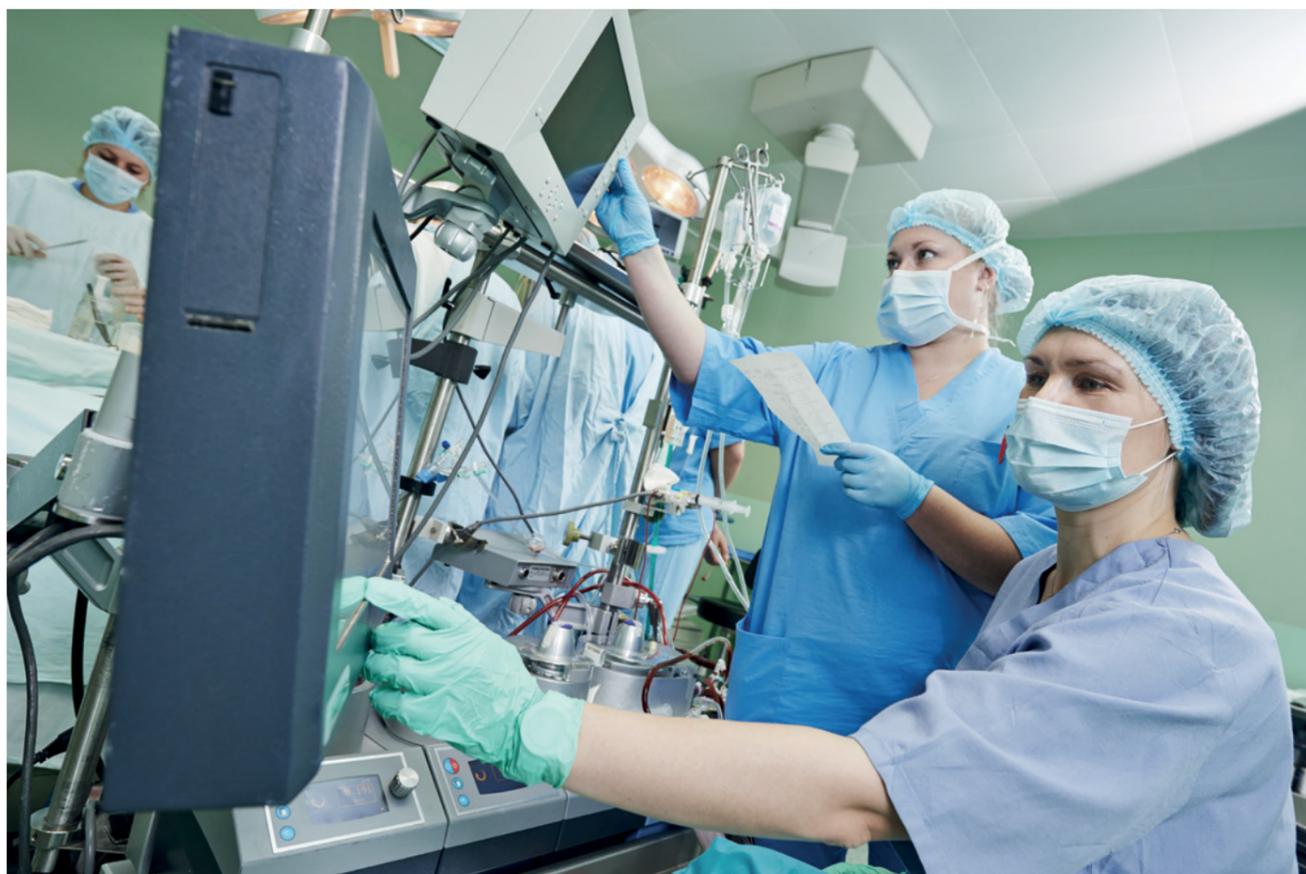
The competence of the facilitator



The effectiveness of learning methods employed



Quality of support material



AMBITIONS

It is hoped that delegates who complete the programme will be able to use their coaching skills in the following contexts:

Coaching and Mentoring

Having a coach or mentor can help new consultants to get to grips with the day-to-day non-clinical aspects of their job – things such as staffing, targets, leadership and management, which they may never have experienced before.

Appraisals and 360° Feedback

Coaching skills help individuals to understand what is happening around them and identify what they can do to build on their skills. Appraisal or

feedback sessions have more impact on the individual as they feel listened to, engaged and in control of their future development.

Education

Coaching can complement existing teaching skills - supporting a different type of conversation with learners which is focused on them, their learning style and development needs.

Organisational Development

Coaching is already widely used with more senior consultants to help deal with a challenging situation, to explore options for career progression or to enhance performance by influencing others, developing a vision for their service and leading teams. On completion of the course we would

like delegates to form part of our coaching and mentoring network. This will allow us to offer all new consultants and staff grade doctors the opportunity to have a number of coaching or mentoring sessions when they first join as a way to offer support and ease the transition into the new role.

The coaching conversations may be formal sessions or more informal sessions conducted over the phone, or in shorter conversations. Support and further development will be offered to all coaches and mentors in the form of further training sessions, completion of a formal qualification in coaching and mentoring, peer supervision and advice.

Louisa Graham
Associate Workforce and Organisational Development Director

REFLECTIONS

“The course has increased situational awareness and self-confidence when dealing with colleagues who are really seeking advice.”

Dr. Nicholas Pickstock
Consultant Anaesthetist

“The course provided me with effective teaching to facilitate the learning of a new technique and skills which are essential in the new NHS.”

Dr. Alison Gale
Consultant Obstetrician and Gynaecologist

“It is an excellent training on coaching and perhaps unintentionally Change Management”

Dr. Somnath Kumar
Consultant Cardiologist

“Coaching provides the power of guiding an individual to self-determined solution.”

Dr. Mike Dobson
Consultant Radiologist

“It is an eye-opening experience understanding the role and potential of coaching”

Dr. Alison Waite
Consultant Anaesthetist

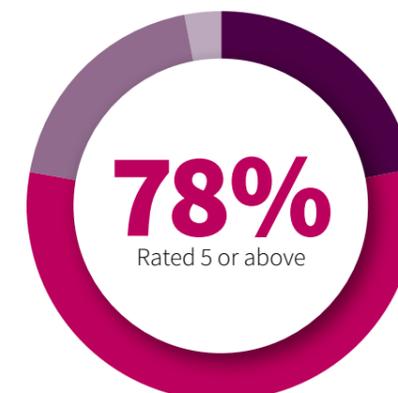
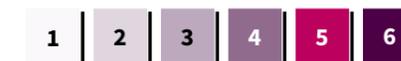
“...provides useful tools and strategies to improve negotiations and to effect change”

Dr. Eamonn Mckiernan
Consultant Anaesthetist

THE DATA

The course was evaluated at the end of the second day as well as 8 weeks after completion of the course. The findings from the evaluation were that overall participants found the course extremely useful and provided very positive feedback as follows:

Rating of 1 equals dissatisfied, with a rating of 6 being high satisfied.



Relevance to your role



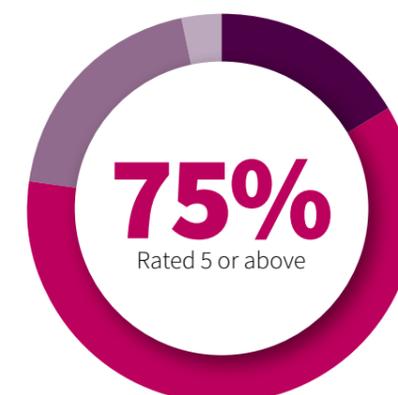
How far were the stated objectives met?



The competence of the facilitator



The effectiveness of learning methods employed



Quality of support material

AMBITIONS

The overall aim of the training is to help catalyse the development of a coaching culture among our clinical staff.

All of you will be aware that we are starting out on the 'Excellence Programme' in the organisation. Clinicians will be leading this ambitious programme of work that will help us redesign and implement high quality services for the future. Having well developed coaching skills will help us be more effective in this clinical leadership role.

In addition, for medical staff, we are developing a coaching/mentoring scheme for newly appointed consultants. It is very likely that a similar approach will be taken for senior appointments in other staff groups. Having attended this course you will be in a good position to provide skillful coaching and mentoring for colleagues.

Doctors have also been improving their annual appraisal systems to make them fit for the purpose of medical revalidation. Our trained appraisers will be attending the programme to

help them be more effective in the formative and developmental aspects of appraisal.

It promises to be a very enjoyable and useful two days that will help us develop skills that are very useful in a range of areas from appraisal to service improvement.

Dr Alan Swann
Clinical Director for Revalidation and Appraisal / Consultant Psychiatrist - Old Age Psychiatry

REFLECTIONS

"So much was achieved in a comparatively short amount of time. The approaches and materials used have been very thoughtfully applied – very clever!"

Alan Swann
Clinical Director for Revalidation and Appraisal Consultant Psychiatrist

"It develops a new set of skills that pharmacy training does not provide."

Joanne Rafferty
Pharmacist – Research & Clinical

"It is a new way of working with people - development that gives structure and has outcomes."

Avic Simpson
Consultant Psychiatrist

"I think that having managers trained in this approach could reduce staff sickness in stress-related issues."

Linda Cusick
OT Project Lead Rehabilitation

"It has given me very useful tools and questions to use when helping people to make decisions about actions to take."

Helen Huck
Pharmacist

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Relevance to your role



How far were the stated objectives met?



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Quality of support material



Dr Kate Lenton
Consultant Paediatrician

Situation:
Junior doctor confused about patient presentation/ what to do next.

Approach:
“I didn’t give them the answer/plan! I got them to structure the information they had, then identify what the important issues were (kipper tie approach). Once this was clear for them, they worked through options for investigations, indications, different diagnosis and managed to devise a list of likely diagnoses and investigations.”

Dr Alan Fitchet
Consultant Cardiologist

Situation:
An alcoholic man avoiding issues around stopping drinking.

Approach:
“My previous suggestion that he should stop drinking had no effect. However, after setting up a lengthened patient appointment we addressed his perceptions of goals which meant that he thought more about his aims and wishes for the future.”

Dr Richard Warner
Consultant Acute Physician & Gastroenterologist

Situation:
Patient who took an overdose due to financial worries.

Approach:
“Let them talk, run through the issues that led to the OD, run through where the money goes, then focus down on areas where they could save money and let her conclude where the savings could be made.”

Dr Sara Barton
Consultant Acute Medicine

Situation:
A doctor in training approached me in crisis since they realised their planned career choice was maybe not one they wanted to pursue anymore, which was a massive change in direction for them.

Approach:
“Firstly we agreed that I was not going to advise, but planned to coach. We agreed the task we were going to address and then set up a few meetings across several weeks

to work through the issue. I used the kipper tie model. They led the meetings in terms of content, I used careful questioning where necessary and we had time out if I drifted into advice. After much angst they made their decision (which is not the one I would have previously tried to talk them into) entirely on their own without pressure and is happy with the outcome.”

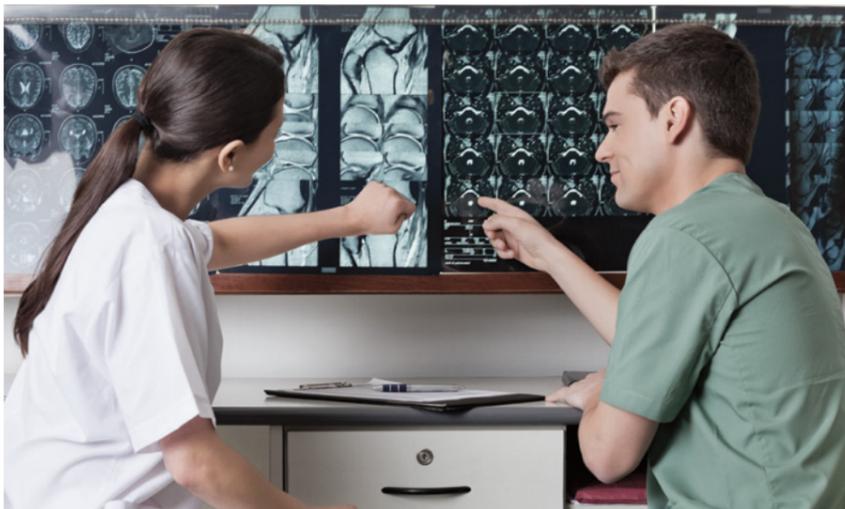
Situation:
A doctor was in danger of being labelled as unmanageable and was heading straight for performance management.

Approach:
“Nine months of meetings had not resolved the issues. I took a coaching approach with them and quickly we got to the nub of the issue. This nub had not surfaced previously, with this information their performance improved and the need for a disciplinary route was avoided.”

Craig Carroll
Consultant Anaesthetist

Situation:
Everyday clinical practice.

Approach:
“My clinical acumen has definitely benefited. I ask questions differently and - even though time pressured - I have achieved better results using open questions rather than closed ones. I feel much much more confident in dealing with requests for advice, I notice more issues around me and I don’t dive in with opinions of my own. I recognise assumption, opinion, mindset, beliefs, values and facts when discussing with individuals. I notice when I revert to my inner self and lose the context of other people’s bubbles. I have completely changed the way I ask questions - I try to keep them short.”



Coaching results in better conversations and increased engagement.

OTHER COACHING PROGRAMMES:

COACHING SKILLS FOR LEADERS & MANAGERS

As coaching increasingly becomes the leadership and management tool of choice, large numbers of organisations are now seeking to equip their key personnel with a practical coaching toolkit. Our programmes are run in-house and offer a proven, comprehensive and affordable means of equipping your leaders and managers with a toolkit that will enable them to coach their staff and teams effectively.

COACHING SKILLS FOR CCGs

CCGs are realising the benefits of a coaching approach in supporting their organisational aims. They recognise it as an effective enabler to support leaders to operate and support others in increasingly complex environments. Participants on our programmes report that the skills help with objective setting; increased resilience in the workforce, a sense of empowerment and a greater focus on the what can be achieved versus what can't. These programmes are always tailored to the specific needs of the CCG and include exploration of how the skills will be applied.

COACHING SKILLS FOR HEALTH OUTCOMES

Although predictable in hindsight, an unexpected outcome of our work with clinicians is regular evidence of doctors and dentists having successes – sometimes breakthroughs - with service users thanks to their newly developed coaching skills. It is clear that there are many potential benefits and applications of coaching with service users. One area where these skills can help is where behavioural change is required from service users experiencing long-term or chronic conditions. Increasingly, health professionals realise that merely 'prescribing' treatment or attempting to cajole a patient into change, does not work. Success can only come about through the positive and consistent motivation on the part of the patient. This course provides a practical and tailored introduction to these skills.

ILM LEVEL 7 CERTIFICATE IN EXECUTIVE COACHING AND MENTORING

The ILM Level 7 Certificate in Executive Coaching and Leadership Mentoring aims to provide practising senior leaders/managers (or those working in

a training and development role) with the knowledge, skills and confidence to perform effectively as coaches/mentors as part of their normal work role. The qualification is made up of three mandatory units which enable participants to develop their understanding of this level of coaching and mentoring and to develop the skills necessary to assist their clients.

ILM LEVEL 7 DIPLOMA IN EXECUTIVE COACHING AND MENTORING

The Diploma builds on the ICS and challenges the coach to further their development journey by undertaking an extended period of supervised executive coaching. The aim is for the coach to use this practice and feedback to take their skills to a new level through developing increased insight, confidence and learning. We recommend this qualification for individuals who expect coaching will play a significant part of their work portfolio in the future or for those intending to operate full time as Executive Coaches.

In addition to meeting the ILM criteria, our Diploma qualification holds a European Quality Award (EQA) at Senior Practitioner Level from the European Coaching and Mentoring

Council (EMCC). Evidence of achieving our qualification can expedite the process of Individual Accreditation through the EMCC.

COACHING FOR IMAGE & IMPACT

This exciting programme is aimed at trained Executive Coaches who want to expand their coaching repertoire to cover image and impact. Endorsed by the Institute of Leadership and Management, this programme is a collaboration between leading Image consultancy Aston & Hayes and Management Futures. It provides coaches - and those with a good grounding in coaching - with the tools, techniques and practice to help clients to create the right impression.

BESPOKE CPD EVENTS

We are experienced in leading sessions to support internal coaches for a variety of organisations.

Topics include:

- Coaching for Change & Transition
- Team and Group Coaching
- Coaching for Confidence
- Developing Resilience
- Coaching for Image & Impact
- Cross Cultural Coaching



NHS clients who have benefited from our Coaching programmes include:

- The NHS North West Leadership Academy
- The NHS North East Leadership Academy
- Kings College Hospital Foundation Trust
- South London and Maudsley NHS Foundation Trust
- London Deanery
- NHS Elect
- North East London NHS Foundation Trust
- Guy's and St Thomas's NHS Foundation Trust
- Salford Royal NHS Foundation Trust
- Heywood, Rochdale & Middleton CCG
- NHS Health Education Yorks and the Humber
- Southern Health
- Lancashire Teaching Hospitals NHS Foundation Trust
- Cumbria Partnership NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Mersey Care NHS Trust
- NHS Oldham Clinical Commissioning Group
- NHS West Cheshire Clinical Commissioning Group

FIND OUT MORE

To find out more about the Coaching for Clinicians programmes or to explore any of the elements described in more detail please contact:

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