

TEWV ThinkOn

Evaluation at 18 months - executive Summary

Organisational reason why

In 2017 the executive management team (EMT) recognised that whilst there was a mature quality improvement (QI) programme, a ‘command and control’ culture had also developed. This meant that staff were not always feeling able to take responsibility for decisions at their level. EMT also identified that variations in team performance could not be explained by resourcing alone.

EMT sought support for work that would develop staff confidence, help staff to share in collective problem solving and enable better decisions to be made across the whole workforce.

Vision and objectives

Vision

To develop an approach that encapsulates the **psychological, behavioural and contextual elements of successful and healthy change** at individual, team and organisational levels.

To develop a workforce culture where staff can reflect on their own thoughts, problem solve and **make more effective decisions for themselves and with the people they work with**.

This culture will be present across the workforce and will be **self-sustaining** beyond the 3 year project.

Aims

To enable all staff to use a solution focused framework in their work to **think about change in relation to themselves, their colleagues, services users and carers**.

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Leadership responsibility

It was critical that EMT role modelled the change. Members of the EMT have all attended training in the ThinkOn methodology, and worked together to use the different frameworks both in how formal EMT meetings run and how we problem solve and make decisions. We have also been supported by our partner ThinkOn to use the frameworks in discussion around some key strategic problems.

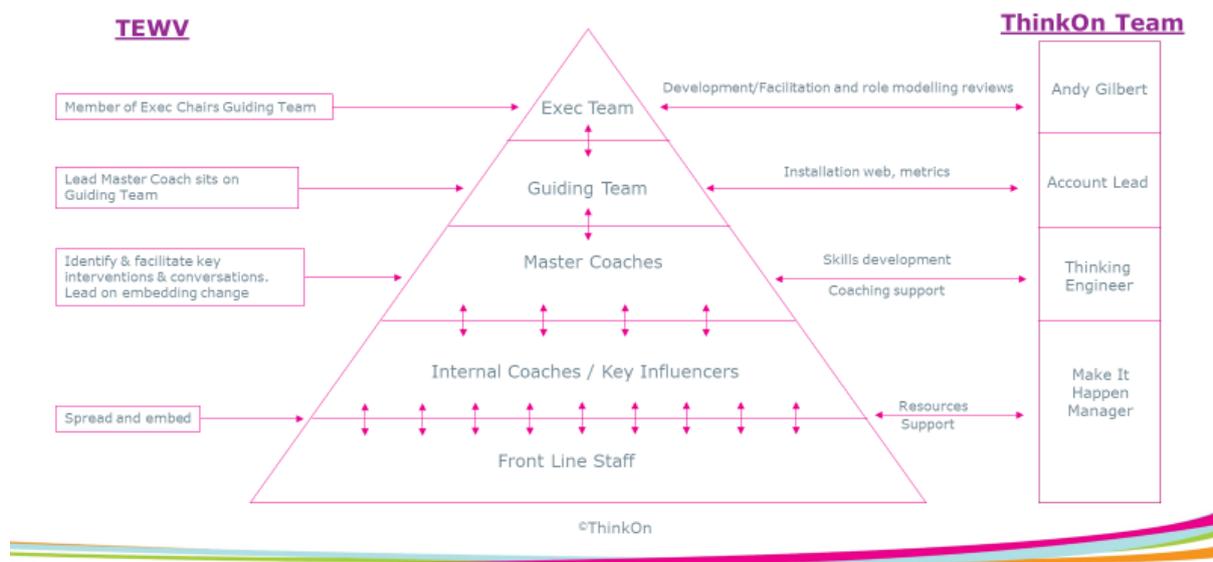
The goal was to spread and embed a stronger coaching culture to empower staff to take greater responsibility for decision making in their areas. Responsibility for embedding the change was delegated to a guiding team who, rather than traditionally 'steer' the project, were tasked with supporting the work and using their influence to identify key areas that they could support.

To support the day to day detail of the work the director of therapies and the heads of organisational development and Kaizen promotion office (KPO) liaise closely about the practicalities of the project.

The guiding team began by identifying all the conversations that happen in the Trust (from self-talk, 1:1s, informal, through to formal meetings) and identified 140 potential conversations.

The guiding team also broke the vision down into 14 key metrics that would be closely measured to ensure the change was on track, referred to as the installation web. This is reviewed at each guiding team meeting.

To drive this change within the Trust, master coaches were introduced. A master coach spends approximately 20% of their time spreading and embedding the frameworks to help staff think together about their goals, reason why, self belief and how to more creatively tackle issues *before* rushing to take action and measure impact. To date 44 master coaches have been trained. They are led by the director of therapies.



Organisational development identified that it was important to demonstrate the potential impact of the work by example rather than a formal launch. An approach of “contagious commitment” was taken which meant there was no ‘big bang’ but word spread based on the impact that was being experienced by staff who were involved in the work.

Progress to date

Over 60 members of staff (including executive directors who then act as sponsors to the master coaches) have been on the four day solution focused coaching training with ThinkOn. 44 are already accredited or are in the accreditation process to become master coaches.

Over 2500 members of staff have experienced some element of the ThinkOn methodology and we are now thinking about how we use the frameworks in our clinical work and how we can share the frameworks with service users so that they can decide if and how they want to make use of them.

Outcomes

There is considerable evidence the impact of this change in the way that conversations are held; particularly around staff well-being, confidence, management skills, and tackling long standing issues.

EMT and the operational management team (OMT) are role modelling as evidenced by changes to agendas, and the use of ThinkOn tools in meetings to solve issues/generate possibilities leading to improved decision-making.

Impact on staff experience of working in the trust has been the most exciting part of the work to date. Staff report improved wellbeing (happier at work, tackling long held problems, seeing problems as opportunities), increased confidence in their role (especially in managing teams), and much more clarity on goal setting (along with the reason why a change does, or does not, matter).

Organisationally the impact has been on cost savings, reduced time in/ better focus of meetings, better goal setting, and improved business planning. It has also helped us think through communication processes and understanding the multiple ‘reasons why’ a group might want to make a change.

Beyond the vision to spread and embed this change there are multiple examples of savings that have been made through better thinking around meetings, interventions and projects.

- One older persons quality assurance group has saved over 95mins per meeting with an estimated annual saving of >£4,000.
- Research and development estimated savings in the region of £41,000 per year from a change to their meetings.
- A quality improvement event reduced from four to three days and another from three days to just one.

- £11.6m identified in possible savings by using master coaches to lead cost reduction efficiency saving sessions. This has been recognised by the HSJ and was a shortlisted finalist in the 2019 awards.

Long term sustainability planning is underway which includes lead master coaches in all localities and within corporate services. ThinkOn master coaches are now being aligned with the strategic programmes and cohort three of the master coaches are predominantly in inpatient and crisis services to address the balance of the previous two cohorts.

ThinkOn methodology has also been embedded, where appropriate, in key processes within the Trust such as appraisal, supervision, and QI training.

With 16 months of the three year programme left there is significant evidence of change in the way in which we collectively approach challenges in the Trust. We have learnt a lot about where and how the methodology works most effectively and where the fit is less effective.