Chapter 21
Developing Coaching Skills to Support OD Skills for Leaders

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ABSTRACT

This reflective case history explores how an acute National Health Service (NHS) Hospital Trust sought to develop its people through the introduction of a specific OD tool. Developed over three phases, key learning and evidence was continuously reviewed to inform subsequent phases and ensure positive impact both for individuals and the wider organization. Phase 1 brought together data from a literature review and a small in-work trial, which influenced the planning of Phase 2. Evidence collection, formal and informal, helped to identify the unexpected positive outcomes that went on to shape Phase 3. Scale and spread of the intervention was both planned and emergent, being shaped by reflection on the tool itself, personal experiences, and acknowledged impact. Around one thousand staff members have accessed the intervention in some form, which represents nearly one-fifth of the organization. Outcomes have included a noticeable increase in own/team engagement, raised self-awareness, and improved working relationships. Lessons learned continue to shape the program, which remains an integral part of the OD plan and and ensures the organizational development of quality people.

INTRODUCTION

The UK's National Health Service (NHS) is one of the largest employers in the world, employing some 1.5 million staff (NHS, 2016). The organization in this reflective case history is a hospital based in the Midlands region (UK) which serves a diverse population over a large geographical area, and employs nearly 6,000 staff based over numerous sites. Like many organizations, the hospital was, and still is, constantly going through change in respect of policy, activity and personnel. People development was, and always has been, considered critical to the success of the business, but formal and structured support to help managers and leaders excel at people management had been limited.

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As an Organizational Development (OD) professional, part of my role was to help develop the OD toolkit for those who lead people both day-to-day and through change, and to also affect positive impact on engagement and culture within the workplace, working towards the NHS values. Again, as with many organizations, resources and budgets were limited: I was searching for tools that could be easily developed, shared and used to create maximum impact for minimum outlay (although recognizing that personal buy-in from people would be critical to the success and impact). As the Trust wanted maximum impact, the tools had to be usable in a variety of workplace situations, be simple to use, and for all parties to recognize a benefit.

At the time of exploring options, formal Leadership and Organizational Development programs were new to the Trust, with no-one previously accountable for managing development of this area. Before any tools were selected, research and evidence were sought on suitable tools that existed and that other organizations similar to my own were using. I contacted similar organizations to understand how they were managing this area of work, and also reviewed websites promoting best practices for developing NHS services (such as The Kings Fund). I also reflected on my own previous work experiences to identify potential tools. This process was important not only to understand the return on expectations, but also to justify any spend. Monies taken to buy or develop OD tools meant taking resource from other workplace areas. The returned benefits had to provide more than would have been gained by, for example, employing a new nurse.

EVIDENCE-BASED OCD INITIATIVE

Phase 1: Identifying Coaching as a Suitable OD Tool

In a previous private sector role, I had explored the impact of coaching and mentoring on people development and staff engagement, and was keen to introduce something along these lines because it appeared to be adaptable for each person's benefit, and could be included into many different roles and situations. The research I explored, such as that by the Chartered Institute of Personnel and Development (CIPD), highlighted that coaching, in particular, was popular and many organizations were using it (CIPD, 2012, 2015). What seemed to be missing were the impact evaluations; most commentaries only detailed that Human Resources (HR) workers believed coaching to be impactful, but lacked the evidence to back this up. Formal coach development programs required significant input of time and financial backing. I had a small amount of money available to design and deliver an in-work Mentoring pilot, having identified 2 areas where mentoring could be implemented quickly and effectively. This offered an opportunity to understand the impact of this tool, whilst developing some coaching skills for the mentor-in-training, and therefore gaining a small insight into the impact of coaching too.

In this first phase, a short program of training for mentors was established with a local training company who offered 3 half days of training, covering items such as understanding of what a mentor does and the skills they need, and some 1:1 coaching support for participants. Within the organization, I had identified and offered the development to 2 small cohorts of people who had experience of either a) postgraduate study or b) clinical team leadership. These people then worked in a mentor capacity with those new to either area. Ability to match mentor with mentee was limited by the small number of mentors available, and those willing to come forward to be mentored. Their experience was evaluated for impact through an independent third party, a contact from a local university (Jones, 2012). Those