Evaluation of Coaching in the NHS

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REPORT 455

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Executive Summary

Overview

This report presents the results of an evaluation of coaching in the NHS carried out by the Institute for Employment Studies (IES) on behalf of the NHS Institute for Innovation and Improvement in August and September 2007. Specifically, it focuses on two elements of the NHS coaching portfolio: internal coaching and the external coaching register.

First, the NHS Institute has provided a training programme for people within the NHS to gain an accredited coaching qualification. These coaches then provide a coaching service within the NHS sometimes through their SHA or through personal promotion of the service. Anyone within the NHS can access the services of these coaches.

Second, four sessions from coaches outside of the NHS, on the external coaching register, are made available with central funding to Chief Executives, Chairs and Executive Directors who are new to their post. Other people who are on specific development programmes may also get access to these external coaches, as indeed may anyone who funds the coaching through their own organisation.

In addition to the effectiveness of the coaching itself, we have looked at the ways in which these two elements are being managed and marketed within the NHS.

It is worth recognising the organisational context within which much of the coaching was happening. This was one of significant organisational change for most people, often resulting in them changing roles or refocusing their existing one. It was clear from talking to both the coachees and the coaches that many people were under significant pressure as a result of these changes.

This Executive Summary provides an overview of the methodology and findings. Greater detail, including specific comments and benefits, is provided in the main body of the report.

Methodology

The evaluation employed a primarily qualitative approach, consisting of telephone interviews with the following participant groups:

- fourteen 'trios' (coachee, coach, and where appropriate, a third party participant such as sponsor or line manager) from the internal coaching programme
- seven 'trios' from the external coaching programme
- ten Strategic Health Authority (SHA) representatives
- three training providers of the internal coach training.

With the coachees and coaches, the interviews were designed to discover details of coaching received, what objectives were set, what was achieved in terms of personal, behavioural and business impacts and what was good/less good about the coaching process. Where possible, specific business benefits and the impact of coaching on these was sought. Interviews with the coachee's sponsor (or manager) were particularly focused on recognising visible benefits. Coaches and coachees were recruited to take part through an opt-out process initially and then on a pragmatic basis of who was available during the research timeframe.

The interviews with the SHAs and training providers were designed to learn about how coaching and coach training were being managed and, in particular, to identify what was working well and where things could be improved.

Internal coaching

The sample of fourteen coachees included individuals in a diverse range of roles. Most were in Director positions or heading up part of the service and one was a Chief Executive. They worked in a range of services within the NHS, from Information Management and Technology to HR to Pharmacy, and three of the interviewees were in clinical roles. The sample of fourteen coaches similarly came from a range of backgrounds. Most were senior level staff, with two holding Chief Executive positions and six working as Directors.

In nearly all of the case studies, the coachee took up coaching without any involvement of their manager or other sponsor. Coachees were either invited to take part directly by the coach or sought it out themselves. Only two of the line managers interviewed had recommended that their report take up coaching. In all cases, the line manager or sponsor had no further involvement with the coaching process, either during or at the end. In the majority of the case studies the coaching had been completed in the last year; some finishing around a year ago, some earlier in the year and a few in Spring 2007.

Many of the coachees admitted that they knew very little about coaching before getting involved and were therefore unsure at the beginning about what they wanted to get out of it. They had not heard much about coaching and did not fully understand how it worked or what it should achieve. Whilst most coachees were unsure how exactly coaching would help them, they were nonetheless pleased to get any help they could. A few were feeling very distressed and demoralised and finding it difficult to cope during the reconfiguration of the NHS. For many, coaching was an opportunity to get some clarity and guidance on how to cope with the changes.

The objectives for the coaching tended to be set by the coachee, with some facilitation from the coach in formulating and specifying them. In none of the case studies was anyone else involved in setting objectives. Often, the coaching relationships would commence with some broad objectives which were revised as the sessions progressed, and many felt that this flexibility was an important feature of coaching.

The objectives covered in the coaching were diverse, and in some respects unique to each coaching relationship. However, some broad themes were identified across a number of coachees including preparing for a new job role, raising their own profile, influencing people, and dealing with difficult relationships. The first two of these were clearly linked to the context of an organisational reconfiguration, and helping clients cope with the organisational change. It is worth noting that none of the objectives set by the coachees were focused on specific business targets; they were much more about how they deal with the organisational change, and also how they might improve the way in which they do their jobs with an implicit assumption that this will lead to business benefits.

The case studies showed a number of benefits emerging from the coaching process at personal, behavioural and business levels. Personal benefits included an increased sense of motivation and enthusiasm, and also an ability to deal with frustrations encountered. Most benefits that were identified were at the level of behaviour, or how people were going about their work. These included having a more objective and strategic approach, better work prioritisation, increased confidence, improved ability to influence key people, better team management and enhanced self-presentation in job applications. A number of coachees were able to identify specific business benefits that they had achieved including reduced staff costs, increased investment in staff, hitting chlamydia targets and commercialising services. In addition a clear benefit identified by those coaches who were in senior roles in organisations was that of retaining good people in the service during difficult times.

Some coachees found it difficult to determine how much of the benefits were due to the coaching, given the changing context, but some were very clear that these benefits would not have been achieved without it.

> *'Without coaching I think the NHS would have probably lost a very valuable employee, I don't think she would have performed best at interview or would have been prepared. She was totally isolated ... I think she's come out of it a more resourceful individual.'*

The overwhelming majority of coachees were positive about how the coaching had gone. They praised their coaches, who they saw as competent in their profession, including those who were still working towards their qualifications. What they seemed to value most about coaching included having space to reflect on their work, having a safe environment in which to work through options, being encouraged to find the answers for themselves, having a new perspective on their situation and being able to draw on the expertise of their coach.

> *'I wish that everybody could have the experience that I had. I can put my hand on my heart and say that I had a superb experience which I would have been prepared to pay for.'*

External coaching

The sample of seven coachees who had received coaching from someone on the external coaching register comprised individuals in a range of roles, including two Chief Executives, a Managing Director and a Director of part of the service; one coachee was a Workforce Development Lead and the remainder were Chairs of various types of trust. They were employed in services with the NHS including ambulance, primary care and community healthcare trusts and in HR roles at regional level. The sample of seven coaches similarly came from a diverse set of backgrounds; three had an NHS background while four did not. Two had previously been trust Chief Executives and another came from a clinical background.

Each of the coachees had received, or were contracted to receive, three to four sessions in total and had been coached within the last year. As the external coaches had quite significant, and often extensive, histories of coaching, the initial approach to coaching tended to be set by the established style of the coach. However, the content was developed around the needs and situation of the individual.

Most of the coachees received information about the External Register Coaching offer shortly after (or before) taking up their new position, although the way in which they found out varied a great deal. All of the coachees had selected their own coach, and different considerations had guided their choices. Some of the potential coaches on the list were previously NHS staff, and for some of the coachees a priority was to seek a coach from outside of the NHS, whilst for others the opposite was true.

Most of the coachees had quite clear ideas both about the nature of coaching and about what they wanted to gain from the process, although they may have had less understanding of quite how the process would work. This clarity about their needs informed their decisions to seek coaching in the first place and their subsequent choices of coach.

Although the goals were specific to the particular coachees and his/her situation, several broad areas emerged that were common across the seven coachees. These included thinking through the transition process (for the individual and/or for the organisation), understanding their own role and the relationships with others – both

within and outside trusts – deciding priorities, establishing new teams, managing difficult people, managing relationships with external organisations, influencing, networking skills, communicating and decision-making.

Again, the objectives for the coaching tended to be set by the coachee, with some facilitation from the coach in formulating and specifying them. In none of the case studies was anyone else involved in setting objectives. Often the coaching would commence with some broad areas and those 'themes' were then revised to more specific objectives as the sessions progressed. Or, as in many cases, what actually happened was that specific results were achieved in the broad areas as a result of exploration and reflection rather than through an explicit focus on achieving them.

Benefits were again identified at the personal, behavioural and business levels. A key personal benefit was an increased level of self-awareness. Benefits to do with behaviour and ways of working included operating in a Chief Executive, Chair or Director role, developing a more strategic approach, having a sense of increased confidence and improving networking skills, particularly with other organisations in the NHS that they work with to deliver patient services. These senior level people struggled to identify specific business benefits that they were responsible for given the interconnectedness of much that they are accountable for. However, some specific benefits that were identified included increasing revenue, achieving the business turnaround plan and the development of new services.

> *'We also managed to get the SLAs in place for the start of the new financial year allowing us to put a saving plan into place, and specifically, we were able to increase capacity by opening three new beds, giving us an additional £400,000 income for the year.'*

The coachees found it hard to quantify the impact of coaching although they were clear that it helped clarify their thinking and reduce the time it took to achieve specific benefits.

> *'The coaching helped speed up this transformation (probably by around 20 per cent).'*

The coachees identified that the things they valued about the coaching were having the protected space and time to think things through, to test out their ideas and draw on their coach's experience. As many of these coachees are at the top of their organisation they recognised that there was no-one else with whom they could really have these conversations.

Management of coaching

Drawing on the interviews with the coaching 'trios', SHAs and training providers, it is clear that, when coaching takes place, benefits are being achieved for both the individuals involved and for the organisation. It was also evident from the research that the training programme for internal coaches and the selection process for the external coaching register have created two pools of excellent coaches. The

opportunity for the NHS appears to be in improving the deployment of these coaches, particularly the internal pool but also some elements of the external register.

The challenge for the internal programme is in the utilisation of the coaches in terms of the amount of coaching that is being done, and the focus of the coaching itself. Subsequent to the coaching training programme a number of participants have left the service and so these new skills have also been lost (although some do return as external suppliers) thus reducing the potential impact of the coach training programme. Further, those coaches that do remain are, in many cases, having to seek out their own clients and, given their own day-to-day pressures, this tends to be in their immediate area of contacts. The coaches are also getting varying levels of support from their own organisations to continue spending time in providing coaching. SHAs are approaching the deployment of the coaches in varying ways (and some not at all), and it is within their remit to do so. Coaches are also struggling to find the time to engage in the range of CPD, and particularly supervision, that is available. In addition, whilst it is clear that benefits are achieved by the coaching, it is not clear whether the focus of the individual coaches and coaching sessions is delivering the greatest possible value to the service as a whole. Given the variability in utilisation of the internal coaching pool and the significant investment that has gone in to creating it, we suggest that further serious thought goes in to how the greatest value can be obtained from this initiative. Is there anything more that can be done centrally? How can the SHAs or other local entities be encouraged to embrace coaching further? (We are aware that, since this research was carried out, further initiatives by some SHAs have been developed to improve the deployment of coaching in their areas.)

Concluding remarks

Unsurprisingly, the content of the coaching sessions was heavily influenced by the context in which people were operating. This was one of significant change, either for the coachees themselves or their trusts (or both). This context is reflected in the focus of many of the coachees of internal coaches on finding, applying for or entering into a new position. The external coaching programme is targeted specifically at people moving into new, senior roles and so there was a significant degree of commonality across both programmes in the focus of coaching sessions on dealing with change and transition.

While the specific issues between the two groups of coachees did vary, we could also identify some common areas that both groups were focusing on. There was one set of issues around becoming clear about what their focus should be and prioritising activities to deliver the key items. A second common area was around building relationships with, and managing, other people; this included networking both within and outside the immediate organisation, influencing skills and managing difficult people.

As with most coaching programmes, many participants gained real benefits from becoming more self-aware, and importantly, becoming more confident in their own abilities through the opportunity to test out ideas and the positive reinforcement from their coaches.

What was also clear was that very few coachees were setting objectives in terms of specific business targets. Instead the focus of coaching was much more on improving their own capabilities, behaviours and attitudes in a way that they believed would lead to the achievement of business benefits. And, indeed, in many cases the desired effect was achieved with coachees reporting specific business improvements as a result of the coaching.

This also reflects a clear pattern that we observed in all the coaching, which was that the coaching process began with the identification of areas of focus, rather than specific goals to achieve. The coaching would then proceed session by session, with specific objectives agreed for the session and actions identified at the end of it. Through a process of exploration, idea generation, experimentation and reflection people were moving forward in the areas they wanted to develop. So, by working on areas of development, or perhaps directions to move in, rather than explicit goals, specific individual and business benefits emerged without these necessarily having been identified at the start of the process. This is in contrast to the commonly described coaching process in which goals are explicitly identified and then worked towards, but does fit in with the experience described by many other coaches and coachees in other situations.

In both coaching programmes, there was very little involvement of a person who might be regarded as a sponsor or line manager and so people in these roles were neither able to help the coachee with their development agenda, nor comment on any progress made. This may also have contributed in part to the lack of explicit business goals that were set, although in discussion with these sponsors their focus was also often on the capabilities, behaviours and attitudes of the coachee, again with the implicit assumption that focus here would lead to specific business benefits as a result.

When asked what they liked specifically about their coaches, many of the internal coachees told how it was useful that their coaches worked in the NHS as it meant they understood the context of their problems and that they were able to draw on their coach's experience of similar situations. Often the more senior coachees who received coaching from an external coach valued the added perspective that their coach was able to bring to a session. However, in these cases they also found it useful if the coach had experience of the NHS and was able to understand the context of the issues they were facing.

For the external coaching register, most of the target audience are aware of the availability of coaches and overall the marketing and support for this is well regarded. People did, though, learn of it in different ways and some felt that the marketing

could be further improved so that there is more universal and consistent awareness of the service. Potential coachees would also value more help in choosing a coach, both in terms of greater information about the coaches on the website and someone they could talk to about possible options. Internal coachees would also benefit from improved information about coaching, including how coaching works and what it can be used for, as well as help in choosing a coach.

It is clear that when coaching takes place it is delivering benefits to the NHS, but there is also an opportunity to improve the deployment of coaching, particularly through the internal coaches, so that even greater benefits can be achieved.

1 Introduction

1.1 Aims and objectives

The NHS Institute for Innovation and Improvement (NHS Institute) wished to commission an over-arching evaluation of coaching interventions to support leadership development across the NHS. The aim of the evaluation was to identify specific behavioural changes achieved by the coaches and, where possible, to demonstrate the impact in meeting business objectives.

The portfolio of coaching interventions considered by this evaluation covers the coaching provided by:

- external coaches for new-to-post Chief Executives and Chairs and Executive Directors as well as some directors on specific development programmes (referred to as external coaching)
- internal coaches who have been through the NHS accredited training programme (referred to as internal coaching).

The evaluation has also addressed how these two elements are being managed through the SHAs.

This work was commissioned by the Leadership Directorate, Board Level Development Team.

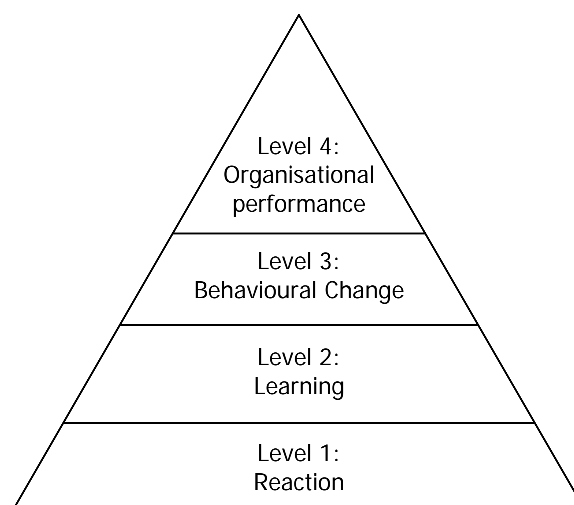
2 Methodology

2.1 Background to evaluation issues

The most commonly used model of training evaluation is the Kirkpatrick model. The model consists of four stages, originally described as steps but more recently, by Kirkpatrick (1996), as levels (see Figure 2.1). The four levels are:

- **Level 1: Reaction** — what the participants thought of the programme, normally measured by the use of reaction questionnaires.
- **Level 2: Learning** — the changes in knowledge, skills, or attitude with respect to the training objectives and is normally assessed by use of performance tests.
- **Level 3: Behaviour** — changes in job behaviour resulting from the programme. This level seeks to identify whether the learning is being applied. Assessment methods can include observation and productivity data.
- **Level 4: Results** — impact at organisational level, or the 'bottom-line' contribution of the training programme.

Figure 2.1: The Kirkpatrick four level model



Source: from Kirkpatrick, 1996

Methods to assess behavioural- and organisational-level impact include measuring costs of the programme (inputs), range, quality and quantity of outcome(s) and calculating an overall return on investment (ROI). Most organisations struggle to conduct evaluation at the level of impact, that is, at levels 3 and 4. For this reason, many evaluations terminate at level 2, which, while it may reveal that some learning has taken place, does not necessarily confirm that the learning in question has been transferred to, or used in, the work setting. In this work, the primary focus of the evaluation will be at levels 3 and 4: did the individual change their behaviour as a result of participation in the coaching programme, and can this be shown to have improved service delivery within their unit or department?

2.2 IES approach to coaching evaluation

In our recent publication 'Practical Methods for Evaluating Coaching' (Carter A, IES Report 430, November 2006), we suggested that, while Kirkpatrick provides a useful starting point, evaluation of coaching presents more challenges than does the evaluation of other training and development initiatives. These include:

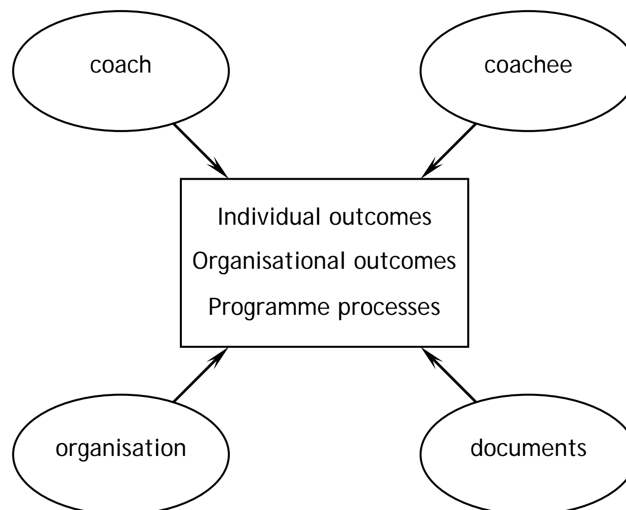
- Outcomes are not always defined at the start of the programme; they emerge as the coaching process takes place.
- Organisations and individuals might have different objectives.
- The impact may occur over a longer time frame.
- Coaching sessions are normally confidential between coach and participant and this confidentiality must be upheld.
- The skills and quality of the coach and the coaching relationship have a very significant impact on the success of the coaching.

- The very act of evaluating the coaching (if it is known that this will happen) may affect the coaching process itself.

It is therefore necessary to collect a wider range of data than might otherwise be necessary, and particularly obtain data from different perspectives so that there can be a process of 'triangulation' towards understanding the true impact of the coaching.

Therefore we have developed a model of evaluation that recommends that all of the various different perspectives and issues involved in the coaching process and potential outcomes are considered. This is illustrated in Figure 2.2 below, which shows that, in addition to considering different perspectives, we would recommend including within the evaluation both individual and organisational objectives.

Figure 2.2: Key dimensions in framework



Source: Carter, IES, 2006

This model then leads to the framework presented in Figure 2.3 which provides a focus for considering whether particular elements are important, deciding what the best source of evidence will be and specifically what questions it is appropriate to ask in each 'cell' of the framework. It is used as a guide to inform development of the evaluation; it may be that all boxes do not need to be populated. The corollary is that use of the framework ensures that no research question or focus is overlooked during the design phase.

Figure 2.3: A framework for coaching evaluation

Likely sources of evidence ▸ Evidence sought at: ▾	Coachees	Line managers or sponsors	Coaches	Documents
Individual level				
Organisation level				
Programme processes				

Source: Carter, IES, 2006

The primary focus of this evaluation was on the impact of the coaching on NHS service delivery and other business objectives. Hence, we designed the core of our approach in order to build the evidence base that would allow us to explore and understand this. However, it was important also to gain the individual's perspective on the process and the value of participating. It is useful to learn first hand how and why coaching has been beneficial and ways in which participants feel it could be improved. Therefore, in this evaluation coaches, participants and, where appropriate, those developing the coaches, were also asked to give their views on what they found useful/less useful in the coaching sessions, as well as more general feedback on coaching in the NHS, the work that the NHS Institute is doing to support this (and anything additional that would assist this process).

In an ideal situation an evaluation should measure behaviour and performance at the outset (before participation in the coaching programme), at the end of coaching, then sometime after the coaching, say at six months post-conclusion and twelve months post-conclusion. This longitudinal approach is desirable as organisational benefits often emerge over a period of time, and a baseline measure of performance allows us to see changes that occur after coaching is received. In this study, this longitudinal approach was unfeasible given the time-scale available for undertaking the work, and therefore we proposed collecting evidence from a cross-sectional sample of individuals at different stages in the coaching process. It is also important to stress that this was a qualitative project which used self-report data obtained from interviews with participants, and did not use any external measures of impact. The views of this small sample of case study participants are not necessarily representative of all those who have received coaching in the NHS. Nonetheless they

provide rich data on the experience people have received and the perceived differences it has made to their working lives.

2.3 Project methodology

We met with the team from the NHS Institute to confirm the scope of the project, agree timescales and responsibilities and to begin the process of determining the specific research questions that we would be seeking to answer.

The research consisted of telephone interviews with the following participant groups:

- fourteen 'trios' (coachee, coach, and where appropriate, a third party participant such as sponsor or line manager) from the internal coaching programme
- seven 'trios' from the external coaching programme
- ten Strategic Health Authority (SHA) representatives
- two training providers of the NHS accredited training course.

2.3.1 Recruitment of participants

The process of recruitment of trio participants was slightly different for those in the internal and external coaching programmes. With regard to the external coaching programme, the NHS Institute was able to provide a list of all the coachees who were contacted by e-mail and given the option to opt-out of the project. After two weeks those who had not declined were contacted again and interviews arranged. Subsequently the relevant coach on the external register was contacted and an interview arranged.

For the internal coaching programme, there is no central list of who received coaching from the internal coaches and so, in this case, the coaches were emailed to see if they were prepared to participate. All those who wished to take part were asked to contact their client list, give them the option to opt out and to pass on contact details to the research team of those who did not decline. Again a two week period for opting out was provided. When contact details were provided interviews were arranged, first with the coachee (to ensure that they were prepared to participate) and then with their coach.

At the end of interviews, all coachees were asked whether there was a manager or sponsor who had been involved in their decision to take up coaching, in setting objectives, or who could comment on any changes or benefits that they might have seen. Contact details were obtained from the coachee and interviews arranged.

In the proposal for this project we suggested stratifying the sample to include coachees who had recently completed the course, those who had completed it six months previously and those who had completed 12 months ago, in order to

understand both the early and longer impact of receiving coaching. However, difficulties in recruiting participants meant that we were unable to select who should take part and ended up with an opportune sample. Whilst the sample breakdown shows a diversity of roles and stages reached in coaching amongst the coachees, we were unable to speak to many participants who had completed it some time ago, and a few were still receiving coaching at the time of interview. Given the difficulties in the recruitment, and the fact that this is a qualitative project, it is important to recognise that these findings are based on a small sample of participants, which may not be representative of all those who have received coaching in the NHS from these two programmes.

The NHS Institute provided contact details of appropriate representatives from the ten SHA offices and the key contacts for the two training providers delivering the accredited NHS coaching course.

2.3.2 Trio interviews

Telephone interviews were conducted with 21 case study groups, or 'trios', 14 from the internal coaching programme and seven from the external coaching programme. Semi-structured telephone interviews were carried out with:

- the participant themselves (coachees)
- their coach
- (where available) their line manager (or someone to whom they are accountable).

Using relevant documentation, and in consultation with the NHS Institute, semi-structured discussion guides were designed for coaches, coachees and sponsors which covered the following:

- **coachee:** background, details of coaching received, objectives set, whether these were achieved, outcomes of coaching (behaviour, business impacts, less tangible impacts), what was good/less good about the coaching
- **coach:** background, experience of coaching, details of coaching delivered, objectives set, outcomes of coaching (behaviour, business impacts, less tangible impacts), what was good/less good about the coaching (internal coaches were asked additional questions on their views of the training, experience of supervision and personal benefits they had received)
- **sponsor:** background, reasons for sponsoring (if appropriate), involvement in coaching, whether noticed any outcomes (behaviour, business impacts, less tangible impacts). As is described in the following sections, these people were less able to comment on the benefits of coaching than we had anticipated at the outset of the project.

In discussing business outcomes a process was put in place to attempt to quantify the contribution of the coaching in order to provide more concrete evidence of impact. This involved asking firstly whether the coachee had had any impact on key business indicators, what proportion of this was due to their impact, and the finally what proportion of this change was due to the coaching. As described in the following chapters this was a challenging methodology for many of the interviewees.

Given the confidentiality of the coaching relationship, during the interviewing process we reassured participants that no participant will be identified in the subsequent report and any quotes or vignettes used to illustrate the report would be anonymous.

The breakdown of the trio samples is covered in the following chapters.

2.3.3 SHA and training provider interviews

In addition to this trio interviews we conducted telephone interviews with a representative of each of the SHAs to understand how they are managing their coaching capability so that we could compare and contrast their approaches and highlight examples of good practice. We also interviewed the three training organisations that are developing the internal coaching community to gain their perspective on how coaching is working within the NHS.

Full copies of all the discussion guides can be found in the Appendices.

The interviews were carried out during August and September 2007. Interviews with coaches and coachees were between 30 and 60 minutes whilst interviews with sponsors/line managers and SHA and training providers were typically 20 to 40 minutes in length. In total 69 participants were interviewed (including 37 from the internal coaching programme and 20 from the external coaching programme).

2.3.4 Analysis

Having collected the evidence, we carried out thematic analyses of the interviews which are presented in subsequent sections. These look at the internal and external coaching interventions and also provide an overall perspective on how coaching is being managed in the NHS.

3 Internal Coaching

This chapter of the report looks at the coaching delivered by NHS staff who had been through the School of Coaching/Performance Coach training programme. Telephone interviews were conducted with fourteen sets of coachees and their coaches to understand how the coaching was set up, what the aims were, what they felt they got out of it and views on what worked well and what worked less well. In just over half of these case studies, an additional third interview was held with an individual who was able to comment on any performance and behaviour changes witnessed in the coachee as a result of their coaching. In addition, the coaches were asked to give their views on the training they had received and how they think that coaching is being managed in the NHS. These elements are covered in the following chapter.

3.1 Sample profile

A total of 37 interviews were conducted with coachees, coaches and third-party individuals. A brief sample breakdown is described below.

Coachees

The sample of 14 coachees included individuals in a diverse range of roles. Most were in Director positions or heading up a part of the service and one was a Chief Executive. Some were in middle management positions. The interviewees worked in a range of services within the NHS, from Information Management and Technology to HR to Pharmacy and three of the interviewees were employed in clinical roles. Given the recent reorganisation within the NHS it is not surprising that the majority of participants were new to their roles, although all had worked in the NHS for some time. The interviewees were spread across a number of the SHA areas, although the sample did not include anyone from the South East Coast, North West or North East regions.

Coaches

The sample of 14 coaches similarly came from a diverse range of backgrounds. Most were senior level staff, with two holding Chief Executive positions and six working as Directors. They also came from a diverse range of work areas, although many worked in development areas such as Business Development, Leadership Development, and HR.

A few of the coaches had a pre-existing relationship with their coachee. In one of the case studies the coach was the coachee's line manager, and in three other cases the coach had a current or previous working relationship with their coachee. In one case the coach was actually a subordinate of the coachee, and worked in their team. Such a close working relationship has allowed these coaches an opportunity to witness the impact of their coaching on behaviour and performance. Whilst these coaches stressed that they put their previous working relationships to one side whilst engaged in the coaching, this familiarity has implications for the effectiveness of the coaching relationship, and is discussed later in the chapter.

All of the coaches had attended the School of Coaching/Performance Coach programme organised by the NHS Institute but had been in different cohorts. Some had attended in Spring/Summer 2006 whilst others had only recently qualified after starting the course in January 2007. A few of the coaches had been involved in coaching, counselling or mentoring prior to undertaking the training, although many subsequently realised that this was fairly informal. However, one of the coaches had been delivering coaching since 1993, and had previously received training from Ashridge.

Despite their commitment and enthusiasm for coaching, none of the coaches had achieved a big client base since taking up the training. Most had only been able to coach one or two additional clients since qualifying, although more NHS staff were coached as part of the training. The majority of coaches had delivered less than 30 hours coaching since training, and this included some who had qualified over a year ago. All of the new clients were exclusively working within the NHS. Only a couple of the coaches had a substantial amount of time allocated for coaching, with one mentioning that he was able to devote a day a week to coaching and another stating that he did four to five hours of coaching or mentoring each week. In the vast majority of cases, coaching seemed to be done on an ad-hoc basis and coaches were responsible for finding clients and managing their coaching time around their day job. Chapter 5 of this report provides more information on the commitment to coaching currently being provided by those who have undertaken the School of Coaching/Performance Coach training programme.

Third-party interviewees

Eight of the coachees gave permission for the research team to interview a third individual who could give an insight into the impact of coaching on their performance and behaviour at work. In one case study two third-party individuals were interviewed. Some of these third-party interviewees were the current line manager to the coachee, whilst others were previous line managers who still had a working relationship with them. In some cases, coachees had not discussed their coaching with either their colleagues, direct reports or line managers and felt it was inappropriate for us to contact additional people for our research. Many of the coachees had obtained new posts and, as such, new line managers during their coaching programme, who they felt were not in a position to comment on changes over the period.

It is important to stress that in nearly all of the case studies coaching was taken up without any third party involvement, so usually there was no 'sponsor'. Coachees were either invited to take part directly by the coach or sought it out themselves. Only two of the line managers interviewed had recommended that their report take up coaching. Some of the line managers we spoke to were not even sure whether it would have been appropriate for them to be more involved. One line manager said she did not expect the coaching to be discussed with her.

> *'I look on [coaching] as something that I wouldn't – as her line manager – get personally involved in, but something that she would use for her own personal development; rather than as a management tool for me to improve her performance in a direct way.'* (Line manager)

A Clinical Lead, who had been put in touch with a coach-in-training by her colleague, told how her own line manager had been sceptical about the coaching and commented that if she needed to have the support of a coach then perhaps she should not have been allocated her role.

This lack of involvement in the coaching process, coupled with the change in roles over the period, meant that many of the third-party interviewees found it difficult to talk confidently about changes over the period they had witnessed, and even harder to attribute these to coaching.

3.1.1 Details of the coaching received

In the majority of the case studies the coaching was completed in the last year. Some had finished around a year ago, some early in 2007 and a few in Spring 2007. Six of the participants were still receiving coaching sessions so their programme was ongoing. One of these had only taken part in a single session so far, but the others had all attended at least two sessions. Whilst clearly those still involved in coaching were not in a position to ascertain its longer-term impact, these case studies were useful for

identifying some of the early wins. The majority of coachees had received, or were contracted to receive, three or four sessions in total.

Seven of the trios had received coaching whilst their coach was still in training, to help them complete their portfolio. However, as mentioned above, many of the trainee coaches had some prior experience of delivering coaching in the NHS. In one of the case studies coaching was delivered by the coach before he had started the School of Coaching/Performance Coach course. However, this individual had previously obtained other coaching qualifications and at this time had already been delivering coaching informally for six months. None of the coachees felt that they got less out of the coaching because their coach was still in training and many forgot that they were being used as 'guinea pigs'.

3.2 Getting involved

Most of the coachees were invited to take up coaching by their coach. Coaches-in-training typically looked for volunteers amongst their colleagues, or via their colleagues. Even those who were qualified were often required to look for people to coach.

Two of the coachees were invited to receive coaching after taking part in the Leadership Quality Framework (LQF) questionnaire which identified development areas for participants to work on. This questionnaire is available to anyone in a management role and provides 360 degree feedback. In both of these cases, the coachee received coaching from the individual who had originally delivered their feedback.

Only two of the coachees were recommended coaching by their line managers. One of these line managers told how he tends to recommend both coaching and mentoring to everyone he appraises. He felt that this particular direct report, who was a Workforce Development Lead, could use the coaching to help her adjust into to her new, more senior role, particularly in terms of how she deals with senior managers. It was interesting to learn that an Intermediate Care Manager, who was also recommended coaching by her line manager, was sceptical about her manager's motives as she felt it was her manager's job to aid her development.

> *'My manager said it might benefit me. Personally, I didn't see why I would need it, because I couldn't quite understand how a coach might help me where my line manager wouldn't … [it was recommended] purely because it was a reconfiguration and everybody had to be seen to be supportive. So actually we'll suggest to all our staff, if you think it may be helpful, go for coaching.'* (Coachee)

When interviewed, her manager said she thought coaching would provide her direct report with a chance to consider working in a different way and applying for other posts given the recent reconfiguration. At the time of this research the coachee had received only one session, but had decided that she wanted to continue.

Only one coachee from the sample, an Urgent Care Network Director, had actively sought out coaching himself. He had approached his SHA for support when he realised that his career had reached a crossroads. He saw coaching as an opportunity to think about how he might reposition himself after all the changes and to get his frustrations off his chest. The SHA subsequently put him in touch with a coach.

Since most of the coachees had been invited to take up coaching by a coach, or coach's colleague, most had not gone through a process of selecting the most appropriate person to deliver their sessions. An Intermediate Care Manager thought it would have been beneficial to have received more guidance on selecting a coach.

> *'Just a bit of background to understand who might be the best person to approach. It's not supposed to matter about your background, but I do think it helps if the person who's coaching you does come from a similar area, because otherwise they can't probe as much …. Because if you've got to start explaining exactly what the operational issues are and the management systems and everything else, it just takes away from that [relationship].'* (Coachee)

3.3 Aims and objectives of the coaching

This section looks at the reasons why coaching was taken up, how coaches and coachees decided on the aims and objectives of their sessions and what these were. Please note that some of the coachees referred to the aims of their coaching relationships in terms of 'themes' rather than objectives. For reasons of consistency, the term 'objective' is used throughout the rest of this chapter.

3.3.1 Why coaching was taken up

Many of the coachees admitted that they knew very little about coaching before getting involved and were therefore initially unsure what they wanted to get out of it. They had not heard much about coaching and did not fully understand how it worked or what it should achieve. An Intermediate Care Manager noted that there is a general lack of clarity about what coaching involves in the NHS.

> *'I don't see any guidelines around about what I expect from coaching, just that coaching's good for you and you ought to try it.'* (Coachee)

Some of the coaches agreed that there was a lack of initial awareness amongst their clients. An Emergency Services Manager told how even after sending information and speaking to her coachee on the phone, the coachee arrived expecting a discussion about how it works and had not prepared any objectives or areas that she wanted to work on.

The final chapter of this report focuses more on the profile of coaching in the NHS and the need for better marketing. However, it was clear in these interviews that considerable time was spent early on identifying what coaching would be used for.

Whilst this is quite normal in coaching, it begs the question about whether coaching time could be used more productively if coachees were better prepared, which is especially crucial given that typically only a few sessions are made available.

Whilst most coachees were unsure how exactly coaching would help them, they were nonetheless pleased to get any help they could. A few were feeling very distressed and demoralised and finding it difficult to cope during the reconfiguration of the NHS. For example, a Health and Improvement Principal was keen to take up coaching when it was offered:

> *'It was a timely thing …. It was an unsettled period …. This came up as an offer and I thought it would be a useful thing for me.'* (Coachee)

For many the coaching was an opportunity to get some clarity and guidance on how to cope with the changes. In the case study just mentioned, the coach told how her client knew where she wanted to go in terms of her career but had 'lost complete sight' of what her knowledge and skills were or how she should go about it. Her client was in such a poor state that initially she thought she might benefit more from counselling than coaching.

> *'She was very open and honest at the start, this is what I want to do but I just feel totally demoralised. So it was about picking that person up and working with them, facilitating her to address those issues she wanted to address … I was a bit concerned in the beginning that I had someone with mental health problems. It was just a very, very dejected, demoralised individual.'* (Coach)

She reported that this was fairly common in her experience of coaching to date, and that primarily the issues clients bring to sessions are around organisational change and job security and that often they are very distressed about their situations.

Another coach described how her client, a Clinical Lead, was at crisis point when she got involved in the coaching:

> *'It seemed like she was a dam ready to burst. She was handed a department in crisis with all sorts of emotions around. In the second or third session it all came out in a rush and there was lots of anger and resentment and fear around.'* (Coach)

Some of the interviewees stressed how important coaching is at times of organisational change, which come frequently in the NHS and set the context for all of the coaching relationships discussed in this report.

> *'The NHS is in constant change. The peaks are when your own job has to change. That's when personal development like coaching is particularly important.'* (Line manager)

3.3.2 How objectives were set

This section looks at how objectives were set by the coaches and their clients and how these developed during the coaching relationships.

Little involvement of third parties

The objectives for the coaching tended to be set by the coachee, with some facilitation from the coach in formulating and specifying them. A coach who was an OD Adviser stated how important it is for the coachee, rather than the coach, to set the agenda:

> *'It easy to imagine how sessions can drift off into the coach's agenda not the coachee's agenda. The model gives a discipline to it. It is good to ask people where they want to focus. it helps ensure coaches don't take people where they don't want to go.'* (Coach)

In none of the case studies was anyone else involved in setting objectives. None of the coachees consulted with their line managers on their objectives and, as mentioned previously, several managers were not even aware that coaching was taking place. A few did discuss their coaching with their line managers and colleagues, but often not in great detail. One coachee, a Clinical Lead, told how she particularly valued being able to set both public goals which she would share with her manager and private ones which were just between herself and her coach.

Initial period of formulating objectives

Four coachees who had been through the LQF questionnaire process used this as a starting point for identifying objectives. Most other coachees were unaware what they wanted to work on in the beginning and spent the first sessions trying to articulate their needs. This is common practice in coaching, and many of the coaches told how clients often need help in articulating where their development needs lie. One coachee, a Senior HR Adviser, told how she was unsure in the beginning what she wanted to get out of the coaching, and how it was only when she started to talk about herself that she realised how she wanted to develop.

Some coachees needed more than one session to identify their needs. A Clinical Lead told how she struggled to start with in setting her objectives. Her coach wanted her to set specific goals at the beginning but she found that it was only later when she had thought about the broad areas that she was able to be more specific. She spent over half the early sessions talking about her problems with colleagues and eventually the coach was forced to drive the agenda to focus more explicitly on the goals that had been set. Similarly a Senior HR Adviser told how she spent both of her early sessions talking about her issues, and then struggled to find the time to deal with these in her later sessions. As previously suggested, better preparation and understanding of coaching prior to receiving sessions could help to save time in setting initial objectives.

Continuous development of objectives

Often the coaching relationships would commence with some broad objectives which were revised as the sessions progressed. Many of the coaches felt that this flexibility was an important feature of coaching:

> *'Sometimes the coachee doesn't do what they said they would do, and/or they come up with something different in the interim. And then usually at the beginning of the session what I do is really try and focus on what they then want to achieve out of that session.'* (Coach)

A coach who worked as an OD Adviser described the setting of objectives in his coaching relationship as 'tight and loose':

> *'Although [the coachee] wanted to find out more about coaching and had a general interest in whether it could help her make job choices, specific goals came out as the work progressed and she learned more about herself.'* (Coach)

His coachee, a Head of Scheduled Care Development, told how she valued the fact that her coaching had been adaptable, and felt that this distinguished coaching from other development activities where you are often 'stuck' with your first assumptions. Similarly, a Coach and Mentor Coordinator told how she and her coachee spent the first 20 minutes of each session reviewing the objectives and checking that they were still on track:

> *'Sometimes in trying things out, realising that actually, we haven't been specific enough and [the objectives] need to be reviewed …. Some of them I suppose I've had a gut feeling that they're not right, but there's that whole thing of leaving responsibility with the coachee and them actually owning the situation. There's been a couple where I've thought 'Hmm, I'm not really convinced you've really got to the bottom of this, but you need to actually work through that and realise for yourself.'* (Coach)

Occasionally her coachee phoned her between sessions to say that her objectives needed tweaking. Clearly she had needed more time to reflect on her issues and only then did *'the penny drop'*.

Given the context of organisational reconfiguration, it was often appropriate for objectives to change substantially as coaching progressed and new external factors impinged on the clients. A few coachees were about to apply for a post when they began the coaching, and then obtained the new post before they had finished. For these individuals, initial objectives included preparing themselves for interview, whilst subsequent objectives looked at how to manage their transition into the new roles. For example, a Health Improvement Principal told how she used the coaching to help her obtain a new post in the reconfigured organisation. Her early objectives were around identifying her skills and representing them for application and interviews, *ie 'selling yourself'*. Part way through the coaching she received the new post so switched the focus to assisting her transition into this new capacity. Her coach told how:

> *'A clear action plan was drawn up at the end of each session, then we'd review the actions before we started the second session to make sure we were still going in the right direction and that nothing had changed that would alter that.'* (Coach)

Similarly, a Head of Scheduled Care Development started her coaching during a time of upheaval. There was one overarching objective she set herself for the coaching and

that was to help her identify which type of post or career move she wanted, given that some kind of move was inevitable. Objectives for the first two sessions related to aspects of her getting a new job, and these have been fully achieved at the time of the research interview, she was planning to spend her future sessions focusing on how to gain competence in her new role.

In addition to reviewing objectives within sessions, most coaching relationships finished with a final review of objectives at the end of the last session. A Director of Business Development told how reviewing the objectives at the end of the programme provides a clear finish to the relationship:

> *'It gives you a nice feeling of completing the circle and you've signed it off. And I was able to leave feeling that we'd completed it and that it had had a very positive effect.'* (Coach)

Broad and specific objectives

Usually the objectives were about broad developmental issues, but some coachees also asked for help in dealing with specific work tasks. A Training Manager told how her overarching objectives centred on the feedback from her LQF and included performance, project management and work-life balance. However, there were a number of additional topics that cropped up in between sessions that were also dealt with. These related to specific tasks she was carrying out and were about very practical issues, such as which approach to take on a project.

> *'Sometimes it was about the immediate workload I had on, sometimes it was about the feedback …. I was looking to work on issues that had been identified to me in the LQF, work on personal issues and in some coaching sessions I was looking to resolve a problem that was current at that moment in time, difficult issues that I was struggling to find an immediate solution to.'* (Coachee)

3.3.3 Content of the objectives set

The objectives covered in the coaching were diverse, and in some respects unique to each coaching relationship. However, some broad themes were identified for a number of coachees including:

- preparing for a new job role
- raising their own profile and influencing people
- dealing with difficult relationships.

The first two of these were clearly linked to the context of an organisational reconfiguration, and helping clients cope with the organisational change.

It is worth noting that two of the coachees were unwilling to discuss their objectives with the research team because they felt that they were very personal to them.

Little focus on business targets

Prior to discussing these subject areas, it is important to note that none of the case studies focused their objectives specifically on achieving business targets. Instead they concentrated on the individual's needs at work and improving their fit within the organisation. When asked why they did not focus directly on business indicators, some responded that this was not a priority as they felt that their team or department was already achieving in this regard. They valued the fact that coaching was an opportunity to think about themselves in their role at work rather than the business in the broader sense. For example, a Health Improvement Principal felt that the main focus in her coaching was on coping with the organisational change rather than improving performance.

> *'It was less performance focused because of the issues at the time ... it was probably more personal really.'* (Coachee)

An Intermediate Care Manager commented on how she wanted to use the session to gain better self-awareness of her role and relationship with colleagues:

> *'A bit of clarity in my own mind about my own role and responsibilities, working with other team members and all the management issues that I have to deal with …. It's something personal for me; it gives me a chance to sit back and think about my role and the way I behave and those sorts of issues, rather than the service.'* (Coachee)

Applying for new roles

Many of the coachees used the sessions to help them prepare their applications for a new job. For these individuals, sessions focused on a range of areas, from understanding where they should apply, to preparing for interviews and assessments centres, to increasing self-confidence. For example, at the time of coaching a Director of Clinical Quality and Commissioning wanted to move into the acute sector and in preparation needed to make sure she understood the language of the sector. More specifically she used the coaching to help improve her confidence in taking part in assessments centres, and to prevent her from being a *'nervous wreck'*. Similarly a Director of Nursing used the coaching to prepare her for candidacy for a new position. The objectives of the coaching included being able to present herself well at interviews.

Building relationships and influencing

Subsequently, for many of these coachees, and for others, objectives focused on how to fit into their new roles. Often this involved working on their relationships with colleagues, raising their profile within the organisation and ensuring that they influenced the right people. An Intermediate Care Manager focused her objectives on *'managing upwards'* and making herself and her work more visible, to ensure she made it clear to her superiors that she was doing her job.

'I'm very much one who gets on with the job and let people think what they think about me. In my opinion, it was always, 'They can think what they think – I'm doing the job. That's it.' But actually sometimes, you have to prove to the manager … that you are actually doing what they want you to do, and you're present and you're there and you're responding to things they want.' (Coachee)

For a Chief Pharmacist, a major objective was learning how to influence key colleagues at board level. Although she had been in her role for quite a long time, the need for her to influence colleagues at a strategic level, rather than an operational level, had become more salient. However, she felt that she was being marginalised and not encouraged to provide advice on medicine management, *'which they did not see as a strategic issue and therefore didn't need a lot of input'*. In her coaching sessions they worked on strategic influencing and holding difficult conversations with people.

The Head of an Information, Management and Technology Consortium told how his major objective for the coaching was to get his organisation's sponsors on board. During the reconfiguration he was required to propose and implement plans for a shared service for the three merging organisations. A major task during this time was to manage the organisation's senior sponsors (largely the CEOs and directors from the three organisations) to get buy-in and get plans and funding agreed.

'The bottom line was to help me get 100 per cent approval for this new service. There were only five months between the decision window whereby these people were in favour of the new service in principle until they would make the final decision yes or no.' (Coachee)

Dealing with difficult work relationships

Some of the coachees were experiencing interpersonal difficulties with colleagues at work, and used the coaching to try to resolve these sensitive issues. For example, a Senior HR Adviser spent much of her coaching trying to address a difficult relationship with a colleague. After the merger in her region, a number of senior HR advisers from various PCTs were brought together to work under one team. She had major personality clashes with one of the advisers who she believed subjected her to bullying and harassment. In the sessions with her coach they focused on how she could boost her confidence in dealing with this individual, stand up and speak up in a way that does not appear aggressive. Similarly, an Intermediate Care Manager spent part of her initial session talking about how to improve her relationship with a peer from whom she had a very different personality and working style. This was something she had been worrying about for a while, so she found it useful to finally get some guidance on how to deal with it.

3.4 Outcomes

This section of the chapter looks at the outcomes of the coaching. It includes views from the coachees and coaches on any changes they witnessed during the programme

and afterwards, as well as third-party views. Whilst the major objectives of the coaching centred on dealing with organisational change and relationship issues, the outcomes of the coaching were more broad ranging. In line with the Kirkpatrick model of training evaluation, they have been classified throughout the chapter as outcomes focused at the level of:

- the individual personally
- their behaviour and approach to work
- the business.

Prior to discussing the outcomes it is important to note that some coachees found it difficult to recall all of the outcomes beyond saying that they found the coaching beneficial. Substantial probing was required during the interviews to tease out the changes observed. Understandably some of those who were still receiving coaching at the time of the research interview reported that it was too early for them to ascertain all of the impact. Nonetheless, some of these individuals were able to describe concrete examples of changes made, and these early wins are noted in what follows.

As mentioned in the previous section, very few of the objectives set for the coaching focused on meeting business targets. As such, it is not surprising that some found it particularly difficult to ascertain the impact of the coaching on business indicators. In particular they struggled to quantify the contribution attributable to the coaching.

> *'It's not one I can pinpoint down.'* (Coachee)

It is important to stress that this does not mean that no impact on business outcomes was achieved. Indeed some coachees, particularly those in non-clinical roles, found it difficult to quantify their own impact on business indicators per se, irrespective of their coaching. A Health Improvement Principal noted how it is difficult to make the link to business outcomes when you do not work in direct service delivery.

> *'I think that's quite difficult in public health, that's quite difficult anyway to be honest, so to look at the difference something makes to your ability to deliver that … a lot of what we do is not direct service delivery anyway, it's influencing their delivery, so it's not the easiest thing to evaluate!'* (Coachee)

The line manager of a Workforce Development Lead agreed that it is much easier in some roles to work out the impact on the bottom line than in others. In both his role and that of his direct report, which look at influencing higher education and workforce planning, the plans are set over three or five years so trends take place over the long-term and are not in synchronisation with the financial year.

It is also important to mention that many of the coaches did not have evidence of the impact of coaching outside of their sessions, and based their evidence purely on observations made within sessions or on anecdotal evidence obtained from their clients or their colleagues. They were aware of the implications of the lack of

evaluation activity in their work and were, therefore, keen to see the findings of this research project. Only one coach, however, stated that he had plans to conduct his own evaluations in the future. As previously mentioned, a few of the coaches in our sample had working relationships with their clients outside of their coaching relationship, and were able to provide evidence of changes they observed in the workplace.

In the overwhelming majority of cases, those who had been through the coaching programme felt that their objectives had been met. One coachee recalled her feeling of satisfaction at the end of her coaching programme:

> *'At the end of the coaching I felt satisfied that I'd dealt with all of the issues that I wanted to deal with at that time.'* (Coachee)

3.4.1 Personal benefits

All of the coachees interviewed were very positive about their experience of coaching and many had gone on to recommend it to colleagues, family and friends. One individual had even decided to get involved in delivering coaching as a result of her experience. Some of the comments made included:

> *'I wish that everybody could have the experience that I had. I can put my hand on my heart and say that I had a superb experience which I would have been prepared to pay for.'* (Coachee)

> *'It has really benefited me. Now I know it can happen I may pursue it in the future because it is really useful. I can see a huge benefit and I have been really lucky.'* (Coachee)

The common themes around the personal benefits included:

- increased motivation and enthusiasm
- a more positive outlook at work
- released frustration.

Increased motivation

Many of the coachees came out of their coaching feeling more motivated about work. For example, a Director of Nursing told how she came out of each session more confident and positive about her own role and situation. She found the coaching 'soul building' and motivating and thought that this had a tangible effect on her work, beyond making her feel better about herself. A Health Improvement Principal also found the training motivational:

> *'I think because of all the changes I probably felt at quite a low ebb at the time, so it assisted me with moving on.'* (Coachee)

A couple of coaches stressed how much positive energy the coaching had given their clients, and the stark contrast in their demeanour from one session to the next.

> *'The difference between where she started and where she finished was huge …. She started as a dispirited person, head down, the weight of the world on her shoulders to somebody with their head up, smiling, and keen to take this team that she'd got forward. And I've thought gosh it's not many times you get to make that difference.'* (Coach)

> *'The last three weeks felt that it was a major challenge for her … she wasn't all subdued and shoulder down, she looked energetic and strong about how she was going to move things forward. That felt a big change in her.'* (Coach)

More positive outlook

This new found ability to look on the situation more objectively equipped some coachees to cope more effectively with difficult work issues. A Chief Executive who provided coaching to her direct report told how it had helped her coachee to cope with the changes affecting her role. Whereas previously she would have bemoaned the situation and felt like a victim, having had coaching she was able to approach the changes in a very positive way and, in particular, reassure her team. An Urgent Care Network Director described how after only two sessions he felt more positive about a conflict he was facing with a work colleague. He believed his coach had helped to open up his thinking, look at things in a new way and thereby see that the situation was not as bad as he initially conceived it. His coach described how his client had moved on to think about things in a more constructive way, and not *'just sitting in a room and thinking how awful it all is'*.

Whilst not able to witness changes in the workplace, a Coach and Mentor Coordinator noted a change in the language used by her client in sessions to talk about her situation. In describing how she felt marginalised by colleagues and unable to make an input, she went from saying, *'Well, they've decided they don't want my involvement and that's it, really'* to *'I just need to look at things differently; there will be an answer to this; we just need to try a different approach'*. This change in outlook was also achieved in just two sessions.

Released frustration

For some coachees the benefit of coaching included simply having the opportunity to vent their frustrations with work. A few described their sessions as cathartic in this respect. An Urgent Care Network Director told how in the first two sessions he had already been able to talk to his coach about some of his frustrations, even though he was usually fairly reserved.

3.4.2 Behaviour and approach to work

In addition to feeling more positive as a result of their coaching, most of the coachees were able to give specific examples of how the coaching had impacted on their behaviour and approach to work. The common themes that emerged included:

- a more objective and strategic approach
- better work prioritisation
- increased confidence
- increased ability to influence key people
- better team management
- better self-presentation in job applications.

More objective and strategic approach

A strong theme to emerge from the interviews was an improved ability to manage emotions in the workplace and take a more objective approach. The current line manager of a Health Improvement Principal, who had known the coachee for a number of years and had managed her in a previous role, witnessed a change in the objectivity of her direct report in her role.

> *'Almost her feelings used to get in the way. Now she steps back more and looks at the situation from a greater distance …. Her feelings don't get in the way of what she needs to say. She's able to use the more appropriate line.'* (Line manager)

Similarly a Training Manager felt that the coaching had helped her to put issues into context and be more objective about them.

For some, this more objective approach translated into an ability to be more strategic at work, because it allowed them to step back and see the bigger picture. The Chief Executive of a hospital trust felt that being able to have the time to think through the issues helped her achieve a more thoughtful approach:

> *'It made me think things through, so maybe I did things in a more thoughtful manner, rather than shooting from the hip.'* (Coachee)

A Director of Nursing and Service Improvement told how people in her profession often take an emotional approach to work. One of the outcomes she reported for her client, also a Director of Nursing, was the ability to be move beyond her emotions towards a more strategic approach. The coachee's colleague actually witnessed this change in her approach which allowed her to be more effective in board-level discussions:

> *'At one time, she was exceptionally defensive in meetings … she recognised that herself. And then during the coaching and especially afterwards she did make a step change. That defensiveness disappeared and she was able to step back from issues and then deal with them more logically and objectively.'* (Coachee's colleague)

Her line manager also believed that she had become more strategic in her thinking, less reactive and better at focusing on the real issue at hand. However, he still felt she had some way to go in controlling her emotions at work:

> *'Sometimes her frustration takes over, when she could stand back a bit, think more logically …. She's often been a passionate believer in things she's behind … and sometimes she has a problem that by being so passionate about some things she can infer that other people around the table don't take them seriously enough.'* (Line manager)

Ability to prioritise workload

Some of the coachees reported that the coaching process taught them how to prioritise their workload more effectively and concentrate on the most important tasks at hand. This included tasks that benefited their other development in addition to those that were key to the organisation. A Clinical Lead believed her coaching programme had helped her to focus her priorities in her new role:

> *'I was a complete mess when I came into the job … it has given me a clearer idea of what to focus on, which should lead on to achieving departmental targets; now I can see the point of knowing where to direct my energies'* (Coachee)

A Director of Nursing felt that the coaching aided her transition into her new post by helping her to prioritise her tasks, balance working in the senior management team with her operational responsibilities, and *'focus on what was important on my agenda'*. Another example came from a coach who worked closely with his client, a Training Manager, outside of coaching and saw that it had helped her to prioritise her workload. Whereas traditionally she would always say 'yes' to taking on more work, after coaching she started to use strategies which allow her to either say 'no' or to ensure that what she is doing fits in with her own development plans.

Increased confidence

A common outcome of the coaching, mentioned by many of the coachees, was an increase in self-confidence. The process of coaching allowed participants to realise their strengths and thereby increased their confidence in their competence at work. Participants talked about increased confidence in relation to their relationships with colleagues, their working style and their knowledge of their work area.

> *'I became more confident in my own decisions and my own abilities because I had to think through things and be challenged on them and articulate them to someone else.'* (Coachee)

Ability to influence key people

As discussed above, some objectives in the coaching dealt with working on how to influence key people and gain their commitment on specific work issues. The Head of an Information Management and Technology Consortium felt that the coaching helped meet this objective and helped him to influence the board to approve the new service he was implementing. It allowed him to *'get a lot of ducks in a row'*, partly through teaching him to be tactful in his dealings with senior management:

> *'I'm a get on with it guy. I'm not tactful. During that period I displayed tact to previously unknown levels.'* (Coachee)

The line manager of a Workforce Development Lead felt that her ability to influence and impress the senior board had improved immensely as a result of the coaching she received, which focused on her presentation skills:

> *'It's been very evident. She's worked on her body language, her eye contact, her voice tone and emphasis techniques and I think she has improved a bundle. She now knows what's important, her presentations are more engaging, the prioritisation is a lot more obvious, she's coming across as more credible and convincing to those people who don't see her as often as I do. I know how good she is but those people are seeing a different person.'* (Line manager)

A Chief Pharmacist thought that her coaching had really helped her to influence her colleagues in a more strategic way. Her team now includes her in projects right from the start and value her role in advising on medicine management, whereas previously she was given very little room for input. She believed that part of her new influence came through adopting some of the broad coaching concepts in her work with this group. Whereas previously she circulated papers for comments that were essentially finished products, she realised that by giving colleagues a draft paper, ie getting them to identify the issues themselves, she was able to engage them more effectively.

Similarly, the line manager of a Health Improvement Principal told how her direct report had become more effective at partnership working since taking up the coaching because she was using the skills of coaching in her dealings with these different groups:

> *'She's always been extremely good at partnership working because she's a people person, but I would say what she does now is a more academic approach, a more planned approach. She's aware of using skills and techniques as opposed to just relying on her personality.'* (Line manager)

Better team management

Some of the coachees described how they were adopting the skills of coaching in their dealings with their staff, in particular the skills of facilitating discussions and encouraging people to come up with their own solutions. This highlights the wider

benefits of coaching, and the internal programme has enabled these skills to be cascaded down the organisation. As a result some of the coachees believed they had become more effective managers. For example, a Health Improvement Principal told how she is less directive in one to one meetings with her team nowadays, and encourages them to come up with their own ideas, *'so that they own it a little more'*. Her line manager confirmed that she was using these new techniques (which she recognised from her own coaching sessions), and believed this new approach was particularly helpful given the challenges that her team faces.

> *'We're a very small team with a very big job to do, so we need to maximise our output and using coaching skills does that.'* (Line manager)

A Senior HR Adviser also believed she had begun to use some of the coaching techniques in her dealings with staff, by asking them to sometimes work things out for themselves. Her line manager had witnessed a big change in her performance in this regard. Whereas in the past she was seen as a bit of a *'control freak'* who needed to know the detail of everyone's work, she is now much better at delegating work to staff:

> *'She is giving them tremendously more ownership.'* (Line manager)

This he felt was benefiting both the team, as it provides staff with better on-the-job learning experiences, and the department which has an agenda to 'grow its own' HR resource. A Service Director saw that he was now modelling a different way of working with colleagues which he had experienced his coach use with him:

> *'I am now responding differently to my team in one-to-one sessions: I am less directive. I encourage them to come up with their own solutions, for instance in setting their own targets – as long as they are within range.'* (Coachee)

The process of coaching was clearly very attractive to coachees, and they recognised that wide range of applications that it can have. Many told how they had recommended coaching to friends and colleagues, and another was in the process of organising team coaching in her department. A Training Manager had even volunteered to receive the coaching training herself and was due to start work as part of the coaching and mentoring service in her trust.

Better self-presentation in job applications

As mentioned above, coaching was often used to help coachees prepare for job applications. Many felt that the coaching had succeeded in helping them to perform better at interview, and some were successful at obtaining their desired posts.

Some of the third-party interviewees subsequently confirmed that their performance at interview had improved because they sat on the interview panels. For example, the line manager of a Health Improvement Principal, who had actually interviewed her

direct report both for her current post and for a previous role, noted a huge difference in her interview performance at interview:

> *'I thought she handled the interview situation much better than she had done on a previous occasion. Much more planned.'* (Line manager)

Similarly, the colleague of a Service Director who had sat on his interview panel told how he performed well at interview and how coaching had been timely during that period of change.

> *'He was being coached during our last Leadership Review, whereby all our jobs were effectively on the line. I changed from being his line manager to an interview panel member. The Chief Executive changed from being his Chief Exec to being an interview panel member. The people he managed changed into the competition for a job. Coaching is particularly valuable to people during periods like that as a coping strategy. In the event, after nine months of waiting and uncertainty the time came and he did such a good interview. You could see how much preparation he had done and his new found assertion shone through. He got the job he wanted.'* (Coachee's colleague)

Two of the coachees unfortunately were not successful at interview, but nonetheless felt that the coaching had improved their performance. Whilst a Director of Clinical Quality and Learning did not receive the post she was going for, she did receive very positive feedback at interview which confirmed that she had developed in her skills. Her coach agreed.

> *'She felt that it had really benefited her because she felt that she was in a better position to compete, was clearer about what she was looking for and was feeling more confident about competing.'* (Coach)

A Director of Nursing received support with interview preparation during her coaching sessions but was unfortunately unsuccessful in gaining the post she applied for. Nonetheless she was happy with how it had gone, and felt that she had overcome a barrier when it came to doing interviews. She felt that the coaching had helped her to focus more specifically on outcomes and performance as opposed to processes.

> *'I know that I wouldn't have done as good an interview had I not done coaching …. It helped me to speak the language of the organisation; it points you much more in the direction of setting up a performance management framework … I was much more focused on performance than I would have been previously.'* (Coachee)

In one case study a Director of Clinical Quality and Commissioning was actually dissuaded from applying for a particular post. She had been considering going for the Chief Exec post prior to taking up coaching but after some challenging from her coach realised that she wanted to stay in her current role. She suspected that without coaching she may have ended up taking the wrong job just because it was offered to her. In the end she turned jobs down, even at significant pay increases, because they were not right for her.

3.4.3 Business benefits

A few of the coachees felt that it was unlikely for the coaching to have impacted on the bottom line. The Chief Executive of a hospital trust thought the idea that what she received had impacted on business was *'stretching it a bit'*. Her coach agreed and thought that looking for improvements in key business indicators *'would be reading too much into three one-and-a-half hour sessions'*. As previously mentioned, many struggled to think of outcomes in these terms, although they thought it was inevitable that the business would have gained from their experience. Nonetheless, a number of coachees were able to suggest ways in which the business overall had benefited from the coaching they received, as well as them personally. They could see the difference that the improvements in behaviour and skills noted above have on the bottom line. Two key areas were mentioned with regards to business benefits, including:

- measurable benefits
- retaining staff.

Measurable benefits

A minority of the coachees were able to offer concrete evidence of business benefits, including:

- reduced staff costs
- increased investment in staff
- meeting chlamydia targets
- commercialising services.

The examples which follow highlight the range of ways in which coaching can lead to business outcomes. A Chief Pharmacist, who had only received two sessions at the time of interview, felt that her new found ability to play a more strategic role with peers enabled her to make savings of about £333,000 in staff costs. She did not think this would have happened without her coaching, as the approach she successfully used to pursue her argument – that certain staff were not needed – was clearly influenced by it. Meanwhile a Workforce Development Lead told how the coaching helped her to influence the behaviour of the SHA to allow a greater investment in staff.

> *'They were going to spend 1.3 million on staff and we influenced them so we got more money – instead of one fifth we got one-third of 1.3 million.'* (Coachee)

The line manager of a Health Improvement Principal told how her direct report adopted coaching skills from her sessions to influence their commissioning body. By getting these people on side, she believed she had succeeded in giving their

department a better chance of meeting their targets to reduce chlamydia, a key business priority.

> *'Being able to use those skills with commissioning colleagues to persuade them to buy something different, to change the way we buy commissioned services, is key.'* (Line manager)

The coach of a PCT Training Manager, who was also her colleague, told how the coaching had put his client in a better position to contribute to the trust agenda to commercialise their training services. It achieved this through enabling her to manage her workload better so that she could focus on this crucial part of her role.

> *'Previously she was inundated with her day-to-day job. I think what she was able to do was to prioritise and to a certain extent say no to things to allow her to engage with the agenda.'* (Coach)

Retaining staff

Arguably another major business outcome for the internal coaching programme was the retention of staff within the NHS. As mentioned previously, many felt that the coaching had helped them to be successful in their job applications or to stay in their current role. A Chief Pharmacist believed that the coaching had turned her away from thinking that she would actually leave her NHS trust.

> *'It wasn't just you know, 'I've just had enough of it', end-of-the-week sort of thing. It was really becoming that that was the only way forward, because I'm somebody that believes you've always got to keep your work/life balance …. That's how important it is … I really do think that it's been invaluable.'* (Coachee)

A few of the coaches were convinced that their coaching had helped the NHS to retain valuable staff. A Chief Executive believed her coaching work had helped two individuals to stay within the NHS, whilst a Director for Business Development told how she had helped her coachee to remain in the organisation by preparing her for interview.

> *'Without coaching I think the NHS would have probably lost a very valuable employee, I don't think she would have performed best at interview or would have been prepared. She was totally isolated ... I think she's come out of it a more resourceful individual.'* (Coach)

It is worth noting that the coachee in this case thought that she probably would have acquired her new position without coaching, but believed that it would have been a much more stressful process for her.

3.4.4 How much attributable to coaching

The section above describes some of the changes that coachees experienced as a result of coaching. However, it remains unclear exactly how much these benefits were

attributable to the coaching sessions and how much they were due to other factors. For many of the coachees, coaching took place during immense organisational restructuring so how much changes were due to coaching and how much were they due to the fact that people were learning to adjust to their new roles was hard to ascertain. In the absence of a large-scale longitudinal research design, it has been impossible to measure the contribution of coaching objectively and the study has relied on the self-report of the interviewees. As already described, the majority felt that the coaching did have its benefits but many admitted that they found it difficult to say with certainty how much the changes were due to the sessions they received.

All of the third-party interviewees found it difficult to attribute the changes in the colleagues/direct reports directly to the coaching and tended to use the coachees' testimony that it was the sessions that made a difference. Some stressed that it was particularly difficult given that they were not involved in setting the objectives. The line manager of a Chief Pharmacist found that it was impossible for her to separate out the effects of coaching from the range of factors at play for her direct report, *'there are so many external factors impinging'*, particularly as she had no involvement in the coaching:

> *'Because of the complete lack of dialogue between me and the coach, that's quite difficult, in fact I can only rely on what she [coachee] says and I trust that it's working for her. But I believe it's beneficial and I believe I'm seeing evidence.'* (Line manager)

Another line manager admitted that she could not attribute the changes in her direct report to the coaching concretely, but having received coaching herself she was convinced it was a benefit. In the end she estimated that the coaching increased her direct report's effectiveness by around a third.

> *'I don't know whether these are things she wouldn't have done without the coaching but I'm convinced it's helped her.'* (Line manager)

Even though all of the coachees stated that they found coaching beneficial, they found it difficult to quantify how much of the change was due to coaching. Only two were able to describe the impact in terms of proportions. A Service Director told of a team re-organisation the coaching had helped him to set up which had resulted in an increase in the number of home treatments delivered by 20 per cent. Whilst he was reluctant to attribute a quantifiable proportion or percentage of the impact to the coaching, when pressed he estimated that it lay at around ten per cent. A Director of Clinical Quality and Learning felt that the coaching enabled her to be clearer about what she wanted in her career and more confident in her decision, which led to her decision to stay in her current role. When asked whether this would have happened without coaching, she initially suspected that she would have got there in the end. However, on greater reflection she felt that without coaching she would have looked at all the difficulties and gone through a period of self-doubt and downward spiral. She suspects she may even have taken the wrong job just because it was offered to

her. In the end she attributed 50 per cent of the change to her coaching and another 50 per cent to the mentoring she received at the same time.

The interviewees found it easier to talk about the counterfactual, ie what would have happened in the absence of coaching. A number of the coachees felt that their coaching had not necessarily led to a different outcome but that it aided the process of achieving that outcome. This in turn made it easier for them and in some cases led to a higher quality end point. For example, a Health Improvement Principal believed that she probably would have been successful in obtaining her new post even if she had not received coaching. However, she felt strongly that the coaching had helped her to be more systematic in her approach and more motivated and confident. All in all it had made the process of change a lot less stressful for her.

> *'I would have had to have done it anyway, the outcome probably would have been the same, but I think I felt better about it personally because it assisted in that process.'* (Coachee)

A Training Manager believed that her coaching helped her to clarify directions and provide solutions to some specific tasks. Whilst she suspected she would have dealt with the same issues without receiving coaching, the coaching offered her a way of exploring options in a safe environment, which would have been difficult to find otherwise. As a result she believed her plans and options were more rounded, and therefore of a better quality.

> *'It gave me an opportunity to talk through plans before having to make them and present them in a public arena, which is useful because you start to look at the strong points and weak points.'* (Coachee)

Some of the interviewees stressed the hard work of the coachees in the coaching relationship, and how they play a big role in obtaining their benefits. A Director of Nursing was not sure whether she could distinguish between the outcomes that were due to herself and those due to coaching:

> *'How can you separate those two things? For coaching to work, you have got to be very open and amenable to it, and very reflective. That's the way I see it – I think I am that kind of person, so I know that coaching and those types of intervention work for me because I'm very very keen to look and reflect on me and my impact on other people. So it's a bit of both.'* (Coachee)

Similarly the coach of a Health Improvement Principal recognised that a lot of the change in her coachee was due to her own hard work and commitment. She felt that the coaching provided a base for her to work from:

> *'I'd attribute a large amount to the coaching, and the final bit is the actual changes that she facilitated in herself following the coaching session, so it gave her the platform to build on. She'd built that platform working with me, and she actually took it, used it, I think saw the benefits of it … so the energy rose in her.'* (Coach)

3.5 Barriers to successful achievement of outcomes

The majority of the interviewees felt that the objectives of their coaching had been achieved but there was a minority who admitted that some of theirs had not. This section highlights the problem areas and looks at the barriers that prevented these particular aims from being met. Mostly these barriers centred around a lack of willingness amongst others to accept change and a lack of time to implement objectives. However, there was also some evidence of slightly unrealistic objectives being set to begin with, which highlights the importance of getting the objectives right early on.

A Senior HR Adviser who used her coaching to improve her relationship with a difficult colleague felt that this objective had not been fully achieved. Whilst she herself had moved forward, her colleague appeared unwilling to meet her half way. This highlights the difficult of implementing objectives which require the cooperation of other people:

> *'It is a long process to build any kind of relationship … If that person isn't prepared to work with you then you can't move ahead. And also it depends on line management and how much they've managed the problem. So other people and other factors are involved in that.'* (Coachee)

Her line manager confirmed that the relationship still required a lot of work, and had set up mediation to help resolve the two women's differences. However, the coach believed the coaching had at least helped her client to confront the problem, rather than keeping it bottled up.

> *'I don't think it's going to be the most productive working relationship but I think it's now a more neutral situation, one that she is able to manage day to day.'* (Line manager)

A major step forward for this client was having the confidence to talk to her line manager about this relationship conflict. However, she told how this was also difficult to achieve and it took two months after her coach initially suggested it for her to finally approach him. Clearly she needed time to build up her own confidence before she could take this step.

> *'She'd [my coach] say I suggest you go back into the office, if not today, then tomorrow, and go and speak to so and so… and I wouldn't do that, I wouldn't agree to it because I was feeling so vulnerable…. you have to be comfortable to do that, and it takes time to change the way you are and how you manage situations.'* (Coachee)

A Director of Nursing failed to obtain a new post she was looking for during the organisational changes, despite receiving lots of help with preparation in her coaching sessions. Whilst she felt the coaching had benefited her and improved her work performance, her colleague wondered whether the problem was that other people's perceptions of her ability had not yet changed. This case highlights how changes in an individual do not necessarily translate to changes in their reputation.

'I think history can sometimes defeat even the most changed person, and other people's attitudes sometimes don't change.' (Coachee's colleague)

Two coachees wondered whether the reason why they did not achieve their objectives was because they had been slightly unrealistic to begin with. A Service Director, who declined to provide details of his coaching objectives, felt that the majority of these had been achieved but on the rare occasions where they had not put it down to poor articulation and consideration at the outset. A Health Improvement Principal, who received coaching before taking up her new post, had not yet managed to implement her objective to get her new team fully engaged in their roles. This was partly because when she started the role she was faced with new pressures and had not yet had the capacity. However, she wondered whether she may have had slightly unrealistic expectations about what could be achieved at that stage, when she did not yet appreciate what her new post would entail. She said she would value some further coaching sessions now to talk through the reality of her new challenges.

3.6 The process of coaching

All of the coachees and coaches were asked to reflect on the process of coaching and what they had liked or disliked about it. The overwhelming majority of clients were positive about how the coaching had gone. They praised their coaches, whom they saw as competent in their professions, including those who were still working towards their qualification. Many were pleasantly surprised at how coaching had benefited them, having not taken part in any beforehand. What they seemed to value most about coaching included:

- having space to reflect on their work
- having a safe environment in which to work through options
- being encouraged to find the answers for themselves
- gaining a new perspective on their situation
- being able to draw on the expertise of their coach.

3.6.1 Space to reflect

A number of coachees described having the dedicated space in their coaching sessions to think and reflect as 'luxurious'. Many stated that in their day jobs they rarely have the time to look at the bigger picture.

'It means that you focus yourself on things and don't get swamped by all of the other things that you get involved in.' (Coachee)

'It's something personal for me; it gives me a chance to sit back and think about my role and the way I behave and those sort of issues, rather than the service.' (Coachee)

3.6.2 A safe haven

The coachees valued having a confidential relationship with their coach, and being able to discuss issues without fear of reprisals.

> *'You're able to say things without it having a bearing on your work and your relationship with that person.'* (Coachee)

Some told how they had no one else they were able to approach for such help. The coach of a Clinical Lead told how her client had been keeping all her work problems to herself and felt unable to talk to anyone at work about them. Instead she took her problems home to her husband. By having the opportunity to talk through difficulties in confidence with a coach, she was able to stop offloading to her husband and thereby improved her work-life balance.

This absence of someone to talk to was perhaps most acute for those in more senior roles. This is discussed in greater detail in the next chapter on coaching from the external register which was delivered to Chief Executives and Chairs. A Chief Pharmacist from this sample felt that a key value of the coaching in the NHS is:

> *'Acknowledging that as a senior person, you still need help in that way; that you can benefit from an external person giving you guidance, giving you coaching. I think the fact that the organisation is willing to support you in that is really important.'* (Coachee)

Developing a good trusting relationship requires considerable skill and commitment on both the part of the coach and the coachee. Coaches talked about needing to be clear about the relationship with clients from the start, and working to build rapport, *'getting on the same branch of the tree'*. For one coachee, a Senior HR Adviser, it took considerable time for her to trust her coach. Subsequently she felt that four sessions were not enough, and went back to receive a fifth session.

> *'When you first go into it [coaching], it's difficult, you have to trust that individual. And building that trust takes time. Really, by the time you start to trust someone it's time to finish.'* (Coachee)

3.6.3 Finding your own answers

The most striking beneficial feature of coaching for coachees was the way in which it encouraged them to come up with their own solutions.

> *'The blinding simplicity of it is what's so good about coaching. Deep down people really do know the answers but it gets obscured by thoughts and feelings. It's very helpful to have someone to guide you through.'* (Coach)

> *'I thought it was very useful, in that it reflected back on you all the time. You're not given a decision, you're not given advice as such. Things are reflected back on you, to think about what you're going to do about it, rather than somebody sitting and giving you all the answers.'* (Coachee)

A Chief Pharmacist really valued being given the opportunity to work out the issues for herself:

> *'This has really made me develop from within myself. I had it there – I just perhaps got stuck into a rut; I needed someone else to say it and give me the time and just ask some clever questions', such as 'who have I involved in this process' and 'how have I involved them.'* (Coachee)

For many this feature of coaching came as a bit of a surprise. As stated earlier, the majority of coachees had very little understanding of what coaching entailed before they got involved. Many expected to get something akin to mentoring so it took time for them to appreciate the different focus. For example, a Senior HR Adviser told how it was only after the first few sessions that she realised the programme was going to be quite different to mentoring. Her coach tried to explain the differences at the outset, but none of it made sense until they started. She entered coaching hoping to get the answers to all her problems, and so was disappointed after the first session when these were not forthcoming.

> *'I thought oh god, this isn't about mentoring, this isn't about someone showing you that you should do it this way, but this is about me coming up with solutions …. I suppose in the first session I felt a bit disappointed because I really wanted the answer, but then I think in the second, third and the fourth I came to terms with the fact that I have to make the decision … forcing me to think in a different way.'* (Coachee)

Some coaches agreed that clients lacked an appreciation of the difference between mentoring and coaching.

> *'They [coachees] understand that it's about their development but they seem to think they're going to be given something.'* (Coach)

A Director of Workforce told how often in the past she has been selected by clients because of her HR background, and because they think she will be able to give them advice on their job applications. In one case she ended a coaching relationship after just one session because all her coachee wanted was for her to look over her CV. This highlights again the need for better publicity about coaching which would save time for all concerned.

One coachee, a Service Director, disliked always having to answer his own questions, and wanted the coaching model to be more flexible so that at times he could just get advice.

> *'Some of the questions used are leading. Forcing the issues back on me all the time can be frustrating. I've used the technique of exploring options myself so I understand why it can be useful. But I wanted more direction at times.'* (Coachee)

He was so insistent that his coach at times had to stop and move into a mentoring mode, making it clear that he was making this transition each time. Indeed many

coaches appeared to switch between the two approaches, and some felt it important for their clients to have both mentors and coaches.

3.6.4 A new perspective

Most of the coachees described how their coaching sessions had given them an insight into their situations they had not experienced before, and allowed them to see things in a different way. Often this was achieved by using specific coaching tools, such as imagining yourself as a stranger looking in at yourself.

> *'I think it was very useful in fact. It gave me the opportunity to see things differently, in a way that I perhaps wouldn't have done had I looked at it on my own.'* (Coachee)

> *'It gives you an insight into you as an individual, how you perform in the workplace, how you portray yourself, you have somebody there who has a different view of situations which you may not have even thought of. You may not even feel comfortable performing in that manner but it's about trying it out and testing the way you work.'* (Coachee)

One of the coaches, a Director for Business Development told how often people are not able to see the reality for themselves, and how coaching skills facilitate this new perspective.

> *'There are problems at work that you get so close to, you know you're right next to that elephant, you can't see it at all and someone just helping you to use another part of your brain to look at it is I think time well worth spending …. Just having that time to step back and reflect on it in a different way, and the tools of coaching just free your brain up to look at it from a different perspective, and it's amazing what you come out with.'* (Coach)

Some of the coaches believed that an effective coaching relationship depends in part on the skill of the coachee and their ability to reflect and take part in introspection. As such, some thought it imperative that coachees be well suited to coaching and motivated to get involved. A Director of Nursing and Service Improvement told how her client had been particularly easy to coach because she already possessed these skills:

> *'She is a joy to coach, because it's in there, inside her; she's just in that transition. When you go to something new by definition you're not confident. So she's actually a joy to coach because she's got really good insight.'* (Coach)

Others told of clients who had been particularly difficult because they were not used to thinking in this way. However, it is important to note that some of the coachees interviewed for this research were surprised at how well they had adapted to coaching. They too thought it would be difficult for them to take an introspective approach but in fact found that they adapted well to their new learning environment. For example, a Chief Pharmacist viewed herself as being a *'typical pharmacist'*, ie very 'outcomes and process' driven. Her typical attitude would be:

> *'Come on, get on with it! ... 2 plus 2 = 4.'* (Coachee)

Initially she thought that coaching would be too *'fluffy'* and too much like *'navel-gazing'*, but was surprised to find that actually it fitted in well with her working style. Similarly the coach of a Chief Executive told how his client acknowledged that introspection and reflection did not come naturally to her, and so was surprised that coaching was effective for her.

3.6.5 Drawing on the coach's expertise

As stated earlier, the coachees were full of praise for their coaches, even those who were yet to finish their training programmes. They often appreciated the immense skill required in delivering an effective service:

> *'People who haven't experienced coaching don't necessarily know how much energy, emotional energy that takes up for a coach and what a skilled process it is.'*(Coachee)

When asked what they liked specifically about their coach, many told how it was useful that their coaches worked in the NHS as it meant they understood the context to their problems. Often the coachee worked in a similar area to their coach. This was not usually because they had requested a coach with the same background but is a likely consequence of the fact that coachee were often invited to participate by colleagues. Some clients found this very beneficial as it meant that they were able to draw on their coach's experience of similar situations. However, it should be noted that this provision of advice is not in-line with traditional coaching, and shows how mentoring was occasionally being conducted. A Director of Nursing felt that part of the success of her coaching was due to her coach being very experienced in the same role across many different trusts. In their sessions, her coach made it clear when she was moving from coaching into an advisory role.

> *'She'd do this thing where she'd say, 'Right: coaching hat off; Director of Nursing hat on', and that worked for me and she was able to separate her two roles very much. But at times, I needed some advice about, you know, 'Have you done this before as Director of Nursing?' – you know, what had worked; what hadn't worked. So I found that particularly useful.'* (Coachee)

Similarly, a Senior HR Adviser found it helpful that her coach was from an HR background and able to give her tips from her own breadth of experience.

Many of the coachees received coaching from someone that they already knew, either as a current or previous colleague. In these case studies the coaches stressed how they made conscious efforts to separate their coaching and working relationships. A Development Manager who provided coaching to an old colleague told how he was slightly wary to begin with but was pleased that they were both able to create a new space to work in. He was also pleased with himself for having the courage to ask questions which could be difficult given that they already knew each other. In another case study, the coach was her client's line manager and had known her for over 20 years. She deliberately separated her line manager role from her coaching role by

focusing the coaching on career issues rather than day to day ones. The coachees, meanwhile, were a little mixed in their views about the difference this made. Some particularly welcomed coaching from someone who knew them already. A Senior HR Adviser felt she got a lot out of the coaching relationship with her previous line manager because she was able to evaluate her previous performance.

> *'Because she was my line manager as well her knowledge of me was important …. Because she was my line manager I thought she was acknowledging the value she sees me bringing to the PCT.'* (Coachee)

However, a Chief Executive admitted she was not truly comfortable receiving coaching from a member of her team, who asked her to take part to help him complete his portfolio. She was receiving coaching from an external coach at the same time, with whom she felt much freer to discuss certain issues, such as 'life-changing' decisions about whether to go for the Chief Executive post and some work tasks. Whilst she was on the whole positive about the experience, another issue she mentioned related the fact that her coach was more junior than her. As a Chief Executive, she thought that any coach she had would ideally need to be as senior as herself, or else be someone who had extensive experience as a coach. This case study, whilst just one example, has implications for the appropriateness of using internal coaches for staff in very senior executive and chair positions.

3.6.6 Number and timing of sessions

As stated earlier, the number of sessions received by coachees varied, but most of those who had finished coaching had received either three or four. Most felt that this had been sufficient for their needs, and mentioned how their objectives had been set with this limit in mind. A number of coachees valued the fact that their coach had maintained communication and welcomed them to get back in touch if ever they needed more help. Only one, a Senior HR Adviser, said she felt it was not long enough to meet her needs. She found that it took her two sessions just to talk through her issues which meant that she then did not have sufficient time to really tackle them.

> *'Four sessions aren't long, if you have something to talk about you can't cover much.'* (Coachee)

Partly this was due to her lack of understanding about what coaching would involve or how it could help her, and she later recognised the importance of setting some objectives from the start. This highlights again the value in improving awareness of coaching prior to take-up. The coachee subsequently went back to her coach for a fifth session which helped, but overall she thought it would be beneficial for coaching to be continuous, with a session available every three months.

A couple of coachees had concerns about the timing of the sessions they received. One, the Head of an Information Management and Technology Consortium, felt that

his sessions were too spread out for someone working in such a fast changing environment. They were approximately one month apart but felt very disjointed; the detail and intervening work was changing so quickly that every session needed a recap. A Health Improvement Principal was full of praise for her coach, but would have liked the opportunity to set the timing of the sessions to meet her needs. They were arranged in close succession so that her coach could meet her deadline for submitting her portfolio.

3.7 Benefits to coaches

The internal coaches were asked to talk generally about their experience of coaching in the NHS and to give their views on the training they had received. Their responses are covered fully in the final chapter. However, this section looks at some of the benefits that they gained themselves through being involved in coaching.

All of the coaches were very positive about the experience of coaching.

> *'I love it. I think it is really great.'* (Coach)

> *'Hugely rewarding.'* (Coach)

> *'It is a privilege to be coaching.'* (Coach)

They valued being able to perform something which is worthwhile and has clear benefits for individuals and the organisation as a whole. They also felt that they had personally gained from being involved. Some coaches valued the opportunity they had during their training to receive coaching themselves. It is important to note that these individuals also had to go through the organisational changes and were also in need of support. An Emergency Services Manager told how the coaching she received through the training helped her to explore her own identity against the context of her challenging role. It allowed her to get back in touch with who she is and where she wants to go:

> *'I have had a huge insight into where I want to be … I want to do something more advanced now.'* (Coach)

Many felt that learning the new skills not only benefited their clients but also their family, friends, colleagues and members of their team as they used the skills in a broad spectrum of their work and home life. A Director of Provider Services told how she uses coaching techniques in one-to-one meetings with her staff, in dealing with HR, and in performance and conflict issues. She believes she is consequently a better listener and that her conversations have become *'more sophisticated'*. One of the skills she uses most is silence, to get other people involved in finding their own solutions.

> *'The skill of silence – I use silence much more than I ever did before.'* (Coach)

Like their coachees, a number of coachees thought that coaching skills had improved their management style. A Director of Provider Services found that since the training

she has started speaking to her staff in a coach-type way, and saw her coaching skills as another *'tool in her management toolbox'.* A Director for Business Development felt she had gained a skill through the training which she uses a lot with her own team to empower them to take decisions themselves.

> *'Coaching just fitted with me as an individual … I think it's given me a lot more tools I can use with my own team.'* (Coach)

3.8 Summary

The case studies from the internal coaching programme found that the coaching was very well received by the coachees, even when the coach was still in training. For those who received coaching, it came at a difficult time of change and upheaval, which for some was distressing. After an initial period of working out their objectives, coaching sessions were used to help individuals cope with the organisational changes, through support in applying for new jobs, building relationships and influencing colleagues, and in some cases dealing with difficult work relationships. In addition to focusing on these broad development areas, coaching was used to deal with specific work tasks.

Most coachees believed that their objectives had been met. They were able to describe a range of benefits they gained from the coaching, including outcomes related to the issues raised above and others: a greater personal sense of motivation and enthusiasm, a chance to vent their frustrations, a new more positive and objective approach to work, more effective prioritisation of tasks and increased confidence. The benefits went beyond those obtained at the individual level; through adopting coaching skills in their day to day dealings with staff, both coaches and some coachees believed they had become better managers. Some went so far as to say it had helped them achieve business targets or stay employed within the NHS. Whilst many found it hard to quantify the difference made through coaching, some believed that without coaching the transition would have been more stressful and their outputs of a slightly lower quality.

Many of the coachees were impressed with the process of coaching and its benefits – through providing them with space to reflect, in a safe trusting relationship where they were encouraged to find their own solutions. For some it helped that their coach understood their area of work and the issues they were facing. Nonetheless, the interviews identified areas in the internal coaching programme that require further consideration. Often coaching was provided ad-hoc, with coaches approaching coachees to participate who were otherwise unaware of the service. This suggests that the profile of coaching is currently low and that greater publicity is required for it to be opened up to a wider audience. Whilst the vast majority were pleased with the coach they had, none had the opportunity to consider other coaches who may have suited them better. Better publicity about coaching in the NHS and preparatory

information for coachees would help to ensure that sessions are used more cost-effectively.

Coachees entered coaching without much awareness of how it would work or what they should get out of it, so some time was required upfront to talk through the process. Since the provision is limited, it is important for sessions to be used as cost effectively as possible, so better preparation before coaching may be required. The objectives set were specific to each coaching relationship and coachees valued that they focused on themselves and their approach at work rather than specifically on business targets. However, there may be times when it is appropriate to have more focus on business targets or at least for links to be made between an individual's behaviour and the overarching aims. Greater involvement of line managers, who are after all responsible for the development of their direct reports, may help with this and it is possible to include both objectives that are public, and objectives that are private and confidential.

Sometimes it takes time, and the cooperation of others, for goals to be achieved. Coaching, certainly over just a few sessions, cannot be expected to be the solution to everything. However, on the whole these coachees found the experience beneficial for themselves personally, for their competence at work and for the business.

4 External Coaching

This chapter of the report looks at the coaching that was received by senior level NHS staff who had availed themselves of coaching offered through the external coaching register. In line with the methodology used to explore the internal coaching offer, telephone interviews were conducted with seven sets of coachees and their external coaches to understand how the coaching was set up, what the aims were, how they felt they had benefited from the process and their views on what worked well – or less well – in the process. For the majority of these case studies an additional third interview was held with an individual who was in a senior position (sometimes, although not always, the coachee's line manager) and therefore able to comment on any performance and behaviour changes witnessed in the coachee as a result of the coaching. Because of the range of positions they held in relation to the coachees these are referred to as 'third-party individuals'.

Together, the coach, coachee and third party constituted a 'trio' of interviewees; six trios and one pair of interviews (where there was no third party interviewee) were conducted. All coachees were asked about how they had found the coaching, the nature of the coaching received and its impact. Information relating to the impact of the coaching was also sought from coaches and third party individuals.

In addition to information relating to the specific coaching relationship explored in each trio, the coaches were asked how they feel coaching is being managed in the NHS; these points are covered in Chapter 5 rather than here.

In general, the themes that emerged from these interviews were broadly in line with what had emerged from the interviews with individuals who had received coaching from an internal coach. Where there are differences these are identified in the text.

4.1 Sample profile

A total of 20 interviews were conducted with coachees, coaches and third-party individuals, although two of the third-party individuals were able to give only limited information. A brief sample breakdown is described below.

Coachees

The sample of seven coachees included individuals in a diverse range of roles. These included two chief executives, a managing director and a director of part of the service; one coachee was a workforce development lead and the remainder were chairs of various types of trust.

They were employed in a range of services with the NHS, including Ambulance, primary care and community healthcare trusts and in HR roles at regional level; however, none was in a clinical role. The majority of participants were new to their roles, although all had worked in the NHS for some time.

Coaches

The sample of seven coaches similarly came from a diverse range of backgrounds; three had an NHS background while four did not. Two had previously been trust Chief Executives and another came from a clinical background. None of the coaches had a pre-existing relationship with their coachee.

The coaches varied in their routes into coaching and in the extent of their current involvement with NHS clients. Some had been coaching for more than 20 years; others had been coaching for just two or three years. Some had entered coaching from a business background, some had come into coaching via their work for the NHS and two were psychologists.

Unlike the internal coaches, some of the external coaches had achieved quite a large client base within the NHS: one had 49 clients, though most had fewer than this, and in some cases just a few within the NHS.

Sponsors

All but one of the coachees gave permission for the research team to interview a 'third party' individual who could give an insight into the impact of coaching on their performance and behaviour. However, some of these third parties were unable to comment on the individual's behaviour as it was not a typical line management relationship. Secondly, since some coachees had taken up the coaching offer close to commencement of their new roles (and in one case ahead of taking up a new role), some third parties found it difficult to separate out the effect of the coaching from any normal 'settling into' the role that might have occurred in the absence of coaching.

For reasons of consistency these third-party interviewees are hereafter referred to as 'sponsors'. However, it is important to stress that in most of the case studies coaching was taken up without any third party involvement.

4.2 Details of the coaching received

In the majority of the case studies the coaching had been undertaken and completed in the last year. The majority of coachees had received, or were contracted to receive, three to four sessions in total.

As the external coaches had quite significant, and often extensive, histories of coaching, the initial approach to coaching tended to be set by the established style of the coach. For example, one coach sends out a questionnaire prior to the first session and another uses a 'First 100 Days' template to shape the coaching. Ultimately, however, the content was developed around the needs and situation of the individual.

4.3 Making the decision to request coaching

Most of the coachees received information about the External Register Coaching shortly after taking up their current position. However, the way in which they found out varied a great deal: one reported having been sent the list of coaches by the NHS Institute; one received an email; one was informed by their SHA; and one said he had found out about its availability by reading 'the blue book'[1]. One had been invited to participate in the coaching after receiving 360 degree feedback in a management assessment centre which identified leadership style as a development area to be worked on. Some however had proactively sought coaching; in one case this had not been well-received:

> *'I mentioned at my interview for the post (a Chief Executive position) that I would like to receive some coaching to help me make the transition and this raised some eyebrows.'* (Coachee)

Those who had sought coaching tended to do so because they felt it would be beneficial, sometimes because it was the only development on offer to senior people, and sometimes because they felt there was nothing to lose by doing so, since the offer was being funded by an external body (the NHS Institute) and so would not impact on trust finances.

One specific benefit identified by two senior people interviewed was the opportunity to gain feedback on their own performance; this was valuable as there was nobody else who could be asked for this information:

> *'There is nobody, if you are the head of an organisation, unless you have a network or learning set of similarly-placed people, you don't have anybody to go and talk to … because there is no-one to whom you can say 'How do I look to you?' …. It's a very lonely place and requires objectivity.'* (Coachee)

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[1] A book that sets out all of the leadership development initiatives available to senior people within the NHS.

'I wanted coaching because I knew I was going into a new and challenging situation and I would be in an isolated position with no other person to talk things through with.' (Coachee)

This idea, of the position of coach as offering a sounding-board for coachees, was confirmed by one coach who, when asked about the benefits of coaching for her coachee said:

'I think one of the benefits that [she] received from the coaching was validation of the things that were tumbling around in her mind; I was an outlet for the things that she was thinking about. It was a place where a senior person who might be quite isolated could actually voice her thoughts and ideas.' (Coach)

4.3.1 Choosing a coach

As with the ways in which individuals had heard about the coaching offer in the first instance, there were differences too in how they had gone about finding a coach. All of the coachees had selected their own coach, and different considerations had guided their choices. Many of the potential coaches on the list were previously NHS staff, but for some of the coachees a priority was to seek a coach from outside of the NHS:

'I wanted a broader view than the NHS. I anticipated that if I had an NHS person, we'd end up talking about the NHS and I saw coaching as being [wider than that].' (Coachee)

Contrasted with this view was the perspective of some individuals that they explicitly sought more insight into the workings of the NHS:

'I was attracted by the fact that not only was she a coach but she had been a Chief Exec in the NHS herself.' (Coachee)

However, some considered the 'pros and cons' on both sides before coming to a decision:

'I was keen to have someone who had relevant experience of working in the NHS and who understands the issues around strategic management in the organisation … however, I also feel it's beneficial for the coach to have an independent viewpoint. The danger of 'growing your own' [coaches] is that they are too steeped in the NHS and you're not going to get that independent objective assessment that you're looking for … there are 'NHS answers' to things, which is not what you want, you want to be challenging that.' (Coachee)

It was not necessarily the case that individuals new to the NHS sought an internal perspective while those with a career history in the NHS sought an external point of view. The first interviewee cited above, the Chair who had sought an external coach, was relatively new to the NHS at the point at which he sought a coach; conversely, the Chief Executive who had sought a coach with a significant track record in the NHS had held many previous positions in the NHS, while being new to the Chief Executive position.

4.3.2 Why coaching was taken up

Many of the coachees had quite clear ideas about both the nature of coaching and what they wanted to gain from the process, although they appeared in some cases to have less understanding of quite how the process would work. These views informed both their decisions to seek coaching in the first place and their subsequent choice of coach. Even where they had been less clear about the coaching process they had generally felt that it would be beneficial and worth trying:

> *'I had never received coaching before and I volunteered for it because I thought it would be beneficial …. I thought "Why not?"'* (Coachee)

> *'I had previously thought about coaching and mentoring but had not used it and I thought that, as coaching was available here, I would try it out.'* (Coachee)

Unlike the interviews with internal coaches there were no comments that indicated any particular lack of clarity about coaching or what it should achieve. One admitted to having been slightly cynical at the outset and felt that some individuals might be too proud to admit that they could benefit from coaching. Generally speaking, these individuals had all gone into the coaching relationship with some idea of how they expected to benefit from it, and the broad areas they wished to tackle in the course of the coaching relationship.

> *'I spent the first session setting out my own idea of my priorities and then reworking them in the light of the challenge and the discussion with [my coach].'* (Coachee)

> *'Rather than explicit goals, I had a number of areas I wanted to talk through … and the goals were emergent.'* (Coachee)

4.4 How objectives were set

In this section the ways in which the coachees identified their objectives are considered.

4.4.1 Little involvement of third parties

Objectives for the coaching were set by the coachees themselves, with some facilitation from the coach in formulating and specifying them. In none of the case studies was anyone else involved in setting objectives. Typically the coaches had discussed the objectives for the coaching at the first session:

> *'We used the first session to work out the objectives together. [He] brought the things he wanted to achieve with him and was clear about what his goals were. My role was in helping him to articulate them.'* (Coach)

As was found for those with internal coaches, often the coaching would commence with some broad objectives and those 'themes' were then refined as the sessions

progressed. Sometimes the particular context meant that it might not be appropriate for objectives to be agreed at the outset:

> *'Rather than explicit goals, I had a number of areas I wanted to talk through. We reviewed progress at the end of each session and then at the end I was able to identify the specific things I'd achieved.'* (Coachee)

4.4.2 Focus

Within the broad areas for attention, some of the coachees identified more specific objectives, such as managing and prioritising immediate tasks. The interviews revealed that few of the coachees focused their objectives explicitly on business targets. Instead the focus was on the mechanisms and behaviours that they believed would then lead to improved business performance.

However, while one coach of a Chair reported that the coaching was aimed at working on his leadership style, improving a specific working relationship and helping him develop his influencing, communication and networking skills, which might appear to be fairly broad objectives, the coach nonetheless described her approach as being typically 'performance-focused'.

Another coach reported that her client (a Chief Executive brought into a failing PCT) had wanted only to outline goals for discussion on a session-by-session basis. Nonetheless these appeared to have been quite concrete areas: the Chief Executive had said that he wanted to focus on the turnaround plan in the first session, how to manage the existing staff and recruit others and start to plan the financial recovery. In the second session they then moved on to focus on self-management, behaviour and leadership style.

Some coaches do not feel that specific objectives are necessarily useful, particularly when working with Chief Executives and Chairs:

> *'It's a case of people saying to me 'I'm good at what I do, I know I've got more to do but I don't know what that is'. So more often than not there are no specific objectives …. I tend to work mainly without prescribed objectives and those emerge as we go through. But always focusing on results, what did we get from this session, what was helpful about the last session.'* (Coach)

4.5 What were coachees' objectives?

Although the goals were specific to the particular coachees and his/her situation, several broad areas emerged that were common across the seven coachees in three areas:

- managing organisational and role change
- managing processes and relationships

- personal style and self-management.

These are described in more detail below.

Managing organisational and role change

- Thinking through the transition process (for the individual and/or for the organisation).
- Understanding own role and the relationships with others – both within and outside trusts.
- Developing priorities and prioritising issues/initiatives; identifying particular challenges and new approaches within the role/trust; identifying longer-term actions.

Many of the coachees used the sessions to help them move into a new role, either in the early days or, in one case, before she started her new position. She had discussed the challenges of the role with other people to enable her to shape the agenda for the coaching from the start.

For those moving into new roles within the service, one objective was to help them maintain a clear distinction between the roles of chair and chief executive.

> *'One issue which emerged through the coaching was the danger of slipping back into an executive role, as in my previous jobs, and I found it very helpful to spend the third session discussing this.'* (Coachee)

The coachees with external coaches were more likely to seek support with strategic tasks and with managing their own transition to the new role than with what might be considered to be the more 'nuts and bolts' issues.

> *'Being new to the NHS and a non-executive role I wanted to get some help in knowing how to handle myself. I know I need to stand back from the running of the organisation, but at the same time to challenge it. I wanted help in getting that balance right and was conscious of the need to position myself effectively.'* (Coachee)

> *'The focus for me was on getting support for the transition from a director level role to a Chief Exec role, thinking through what the challenges would be and identifying priorities.'* (Coachee)

> *'I went into the coaching with some ideas about the areas I wanted to focus on … [which included] dealing with the difficult dynamics and disappointment after the restructure.'* (Coachee)

> *'I wanted to offer the right leadership role to the organisation.'* (Coachee)

Managing processes and relationships

Many of the coachees sought support in their attempts to build relationships, influence key people and organisations, and deal with difficult work relationships. While there are overlaps, it is possible to group these objectives into two broad sub-categories:

- **Internal management**: establishing new teams, managing difficult people.
- **External management**: managing relationship with external organisations.

Some of the coachees felt that they needed support and guidance in managing difficult relationships. These had sometimes arisen as a result of organisational changes which had caused resentment and disappointment within teams. More often though the objectives identified related to broader issues: the different roles that senior people needed to adopt, and managing relationships with the various component organisations of the NHS.

> *'One area I found valuable was the drawing out of the particular roles of the chairman including for example the ambassadorial role.'* (Coachee)

> *'I got a lot better at managing the key relationships with the SHAs, council, GPs etc, to get the support so that the transformation could go ahead.'* (Coachee)

> *'I now get out of the office a lot more and meet people on a regular basis from the acute trusts and the primary care trusts, which is not something I did before.'* (Coachee)

Personal style and self-management

The broad themes that could be identified in this set of objectives were:

- personal style and influencing skills
- improving networking, communication and decision-making skills
- managing stress, improving work-life balance.

Much of the discussion revolved around the need to improve communication and networking skills. As such, it is difficult to draw a clear line between this set of objectives and the previous group, as there are obvious overlaps. In addition, though, several of the coachees identified the need for help in regaining work-life balance and reducing their levels of experienced stress. As might be expected of such senior people, many of the coachees were highly-achieving individuals who often drove themselves to the point where they felt extremely stressed. For example, one Chairman had two other jobs as well as a busy domestic life and said that one of his objectives was to improve his work-life balance. A hospital Chief Executive wanted to make clear at the outset that she wanted to achieve a good work-life balance, and this had implications for more practical activities such as meeting management and setting expectations for her team:

> *'There were generic tools that I wanted to learn to enhance my leadership, negotiation and persuasion skills.'* (Coachee)

> *'One of the most useful discussions was around how you want to re-create yourself or set a standard for how you want to behave in the future … as well as setting expectations for your team and then role-modelling that as well.'* (Coachee)

> *'I thought initially the coaching would be about performance, but it turned out to be more about lifestyle than business. Performance management was not one of my objectives as I felt I was already doing ok in this regard … but I wanted to understand some of my behaviours and … improve my work-life balance.'* (Coachee)

However, in some of these cases, what initially were important issues subsequently became a lower priority as the individual settled into the post, and so their priorities – and their goals – often changed:

> *'When we had the first session he was new in his role so the major focus was his leadership style. By the second session he had relaxed into the role … so this became less of an issue.'* (Coach)

4.6 Outcomes

This section of the chapter looks at the outcomes achieved from the coaching. It includes views from the coachee and coach on any changes they witnessed during and subsequent to the programme, as well as third-party views on any differences observed. Whilst the major objectives of the coaching mostly focused on dealing with the organisational change and relationship issues, the outcomes of the coaching were broad ranging, and had effects on the individual personally, on their behaviour and approach to work, and on the business. It is worth commenting at the outset of this section that, while some of the themes that emerged mapped onto individuals' original objectives, some of the benefits had not been identified as objectives at the outset of the coaching programmes. The benefits can be grouped into three broad categories:

Personal benefits

- increased self-awareness.

Behaviour and approach to work

- more effective and strategic approach
- increased confidence
- improved networking.

Business benefits

A range of actions that had improved the business prospects of the NHS organisations for which the coachees worked were identified during the interviews. These included:

- improved income due to increased numbers of beds
- savings plan implemented
- financial turnaround
- increased speed of implementation.

Prior to discussing these outcomes, it is worth noting that while all of the coachees reported finding the coaching beneficial, they sometimes had difficulty gauging the extent to which the coaching itself was entirely responsible for all of the outcomes. Furthermore, some found it difficult to clearly identify the nature of the benefits.

> *'I feel I benefited from the coaching but find it a bit difficult to pinpoint the particular impacts it has had. I've gained in confidence, and because of that I find I'm better at relating to people … because it's developed my style to be able to cope with these different types of animals … because when you're dealing with a community nurse, or a doctor, or the public, you need a different style.'* (Coachee)

As mentioned earlier in this chapter, several interviewees (and their sponsors) found it difficult to separate out the relative contributions made by coaching versus the general process of settling into a new role. Also, where there had been multiple (and in particular, longer term) objectives, interviewees acknowledged that it was not reasonable to expect all of the objectives to have been met in the course of just four coaching sessions. Nonetheless all of the coachees felt that positive changes had been achieved as a result of coaching, and these early wins are reported in the following section of this report.

It is also important to note that many of the coaches did not have evidence of the impact of coaching outside of their sessions, and based their evidence purely on observations in changed behaviour within sessions or on the accounts of changes reported to them by their coachees. Furthermore, given the seniority of personnel involved in these coaching sessions, in most cases their 'line manager' or sponsor had little real contact with the coachees on a day-to-day, operational basis, and so information from these sources too was limited.

In the overwhelming majority of cases, those who had been through the coaching programme felt that their objectives had been met, even though they might not be able to identify specific benefits in their role. One coachee summed up the difficulty in identifying the outcomes in the following way:

> *'If the NHS said to me, 'Did you achieve anything for the NHS?', I'm not sure of that, except that I better understand myself and I've developed a number of skills that I didn't have before which do benefit the NHS.'* (Coachee)

4.6.1 Personal benefits

All of the coachees felt that they had personally benefited from the coaching, were very positive about their experience of coaching, and one or two had gone on to recommend it to colleagues or to family members. Some were considering seeking further coaching in the future; one intended to do so after completing the LQF 360 degree feedback tool, another after moving into a new role.

Increased self-awareness

In general, people tended to gain more understanding of themselves and their strengths and weaknesses.

> *'That's the nature of coaching. It forces you, or it should force you, to open up those boxes which normally you shut down …. My understanding of myself has much improved, and my strengths and weaknesses ... I understand myself and my drivers a lot better, why I am always piling the pressure on for myself.'* (Coachee)

This self-assessment helped individuals not just personally but in their working lives also:

> *'I think it made me more relaxed and people noticed that because people see that I am looking more relaxed and that is catching. As soon as I started becoming more relaxed myself I think that really did improve the atmosphere for people and made people more confident in my leadership and that the organisation would recover.'* (Coachee)

> *'I have had feedback that I am less frenetic and I believe that this is because I am using different tools and techniques to get people to do things differently.'* (Coachee)

> *'In the first session I recall him appearing very uncomfortable in his office, and uncomfortable in his dealings with the [colleague]. By the last session it was very much his space and he was clearly enjoying it.'* (Coach)

One coachee felt that he had achieved a better understanding of work-life balance as a result of the coaching and, as a result, was more relaxed about the role and 'less obsessive about it' although still just as effective.

4.6.2 Behaviour and thinking at work

More effective and strategic approach

One theme to emerge from the interviews was an improved ability to manage more effectively. One coachee observed that, although he felt unable to quantify the impact of the coaching sessions (partly because, in a non-executive role, he was not directly responsible for achieving targets) did nonetheless feel that the coaching had enabled him to work more effectively with the board:

'The coaching, by ensuring the relationship was right between myself and the board and the chief executive, enabled us to start the process of strategic planning, in a more effective way than we might otherwise have done.'

Others felt that they had become more strategic in their approach:

'We talked about prioritisation and what I should like to do in my first 100 days. I developed ten strategic principles which we have stuck to and without which we would not have achieved so much.' (Coachee)

'It will have had an effect on being very clear in the way we're moving strategically as an organisation in terms of strategy, in terms of what we're trying to achieve.' (Coachee)

A Service Director felt that the coaching had helped her to present issues in a way that enabled her to engage more effectively with practitioners:

'We have got clinical engagement with what is in effect a corporate priority and are getting positive feedback from the practitioners. What the coaching also helped me to do was deliver some of the difficult messages without being defensive. If it was not working in one way, I tried to get people to think about it in a different way, get them to think about it from the patient's perspective.' (Coachee)

The Chief Executive of another PCT felt that the coaching had enabled him to keep sight of the where the organisation was heading when things got difficult within the organisation:

'Coaching helped me to keep a long-term perspective so that I could keep focused on the long-term and the values, and also so that I myself can keep a long term perspective so that as we have gone through the bumpy times I have been able to hold onto the long term perspective and say 'yes, this will take some time'.' (Coachee)

Lastly, some of these coachees had found that the coaching process had helped them to prioritise their workload more effectively and enabled them to focus on the most important tasks:

'I have an … enhanced approach to an organisation that needs turning around, getting the focus right, getting the right people on board and getting the absolute priority tasks done and getting support from the key partners including the SHA.' (Coachee)

'As a result I am moving the trust from a one year planning focus to thinking about a five-year planning horizon and putting in place those things that would help move to foundation trust status.' (Coachee)

Increased confidence

These coachees were less likely than those who had received the internal coaching to mention self-confidence as an outcome of the coaching. This may well be because the majority of these coachees were very senior personnel who had generally reached

these positions on the basis of their existing achievements. As an illustration, below are the comments made by two coaches when asked about the setting of objectives:

> *'I have often found this with Chief Execs and Chairs. It's a case of people saying to me 'I'm good at what I do, I'm happy with what I do, I know I've got more to do but I don't know what that is'.'* (Coach)

> *'She was very prepared and had answered all [my questions] and had clearly mapped out the areas she wanted to work on.'* (Coach)

However, contrasted with this, two other coaches did identify increased confidence in their coachees as an outcome of the sessions, although this was not mentioned by their coachees.

The only coachee who directly commented on confidence as a significant gain was the individual who had been having some difficulties with a senior colleague. Feedback received during the sessions with the coach had reassured him that he was 'on the right track' and he had found this helpful:

> *'It gives you additional confidence to go that extra mile, doesn't it?'* (Coachee)

Improved networking

One particular benefit identified by individuals was an improved ability to network. Interviewees felt that this brought real benefits to the service as well as to themselves as individuals. Another explained how he had succeeded in developing an extensive network subsequent to the coaching and now got out of the office far more and met people from hospitals and trusts on a regular basis, which had not been something he had done previously:

> *'I didn't do networking before as I just didn't know where to start. Without these discussions, I just wouldn't, so we would have been very insular in terms of organisation … and I think building these bridges has made us a far more effective health community than just doing our own bits.'* (Coachee)

> *'I am now putting more emphasis on networking to find people to help and who might work with me or whose reactions I need to manage to get a good result for the organisation.'* (Coachee)

4.6.3 Business benefits

Few of the objectives set for the coaching had focused specifically on improving business performance. While some found it difficult to identify any impact of the coaching on business indicators, some did believe that they could attribute specific successes or changes at work to the impact of the coaching on their skills:

> *'When I joined the trust it was one of the 17 most financially challenged trusts and in my first quarter we broke even for the first time. We also managed to get the SLAs in place for*

the start of the new financial year allowing us to put a saving plan into place. And specifically we were able to increase capacity by opening three new beds, giving us an additional £400,000 income for the year. I believe that all of these achievements were down to my personal impact, and the coaching allowed me to come into the role knowing very clearly what I wanted to do.' (Coachee)

One coachee, a chairman of a PCT, said that when the coaching started, the PCT's goal was to achieve financial recovery: they had a £42 million deficit to recover. It was a challenging time but they had done very well and have now exceeded their targets for recovery. Whilst the interviewee acknowledged that the success could not be attributed directly to the coaching, nonetheless he felt that it had certainly played a part:

'The coaching, by ensuring the relationship was right between myself and the board, the chief executive, enabled us to start the process of strategic planning, in a more effective way than we might otherwise have done.' (Coachee)

A Chief Executive of a PCT similarly said that, whereas the organisation had previously been failing and heading towards a £20 million deficit, they were now working towards a balanced plan, with key business targets being hit and new services being developed. He saw this as evidence of the major impact that he was having on the organisation and said:

'The coaching has helped speed up this transformation and helped me to be more supportive to other people in the organisation because I was being supported.' (Coachee)

How much attributable to coaching

Despite these often quite glowing commendations for the impact of the coaching, these coachees often struggled to quantify the contribution made by the coaching. More typical was this response from the Chairman of the PCT quoted in the previous section, who said:

'I don't think you could quantify directly the impact of the coaching on those results. It's just that the coaching will have enabled me to be a more effective person within the organisation, and with us all being more effective we've achieved a significant position and standing within the health service.' (Coachee)

Another commented:

'You could quite easily make an argument to say the public patients have benefited from the four sessions I received … I think building the bridges has made us a far more effective health community than just doing our own bits.' (Coachee)

Aside from these types of business benefits, interviewees sometimes pointed to changes that they had made to the way in which things were done in the organisation:

'I discussed whether I should meet with the non-execs outside of the board meeting, and the coach's view was that it was a good idea and so I now meet with them in-between times and have someone from the organisation make a presentation to improve their understanding. I have also changed the role of the non-execs on sub-committees where previously they took the Chair and consequently weren't able to take the challenging role that they should.' (Coachee)

Others felt that, while the coaching might not have changed what they achieved, it had most likely helped them to achieve their outcomes in a shorter timescale than would otherwise have been possible:

'I probably would have got round to them anyway, but the coaching gave the focus to do it on a much shorter timescale.' (Coachee)

'The coaching helped speed up this transformation (probably by around 20 per cent).' (Coachee)

4.7 Barriers to outcomes

Whilst the majority of the interviewees felt that the objectives of the coaching had been achieved, there were a minority who admitted that some had not been met. As with the findings reported in the previous chapter, mostly these were issues around the lack of time to implement (the changes required would need a longer timeline than was available for the coaching) and the acknowledgement that, where any difficulties revolve around relationships, there is only so much progress that one individual can make on their own if the other individual is unwilling to meet them halfway. One of the coachees was experiencing interpersonal difficulties with a senior colleague at work. His coach felt that the coaching had helped him gain more confidence in the work relationship and make some progress with this particular challenge. However, she also acknowledged that coaching with one half of a relationship could only achieve 'so much' and she was frustrated that the other party appeared to be the main barrier now to progress.

However, quite aside from where there are particular difficulties involved, some issues take time to bring about change, and therefore it was acknowledged that for some issues, the timescale for the coaching meant that certain objectives might not be met. For example, one coachee (the Chairman of an Ambulance trust) observed:

'Some of the issues, like work-life balance and long-term career planning, there are so many issues in play, you can't determine it yourself because you've got other people involved … that's where it becomes a kind of ongoing issue, a rolling programme whereby some coaching every four months or so would be useful.' (Coachee)

Another said:

'[Four] sessions would not have turned the world around, [there is a limit] to what you can expect from [four] sessions.' (Coachee)

However, this again may serve to emphasize the importance of setting realistic objectives at the outset, in keeping with the observations made in the previous chapter, although it should be borne in mind that many of the coachees whose views were reported in this chapter particularly valued not having set specific objectives from the start.

4.7.1 The process of coaching

All of the coachees and coaches were asked to reflect on the process of the coaching they received and what they had liked or disliked about it. The overwhelming majority of clients were positive both about their coaches and the coaching process. As with those who had received internal coaching many were pleasantly surprised at how the coaching had benefited them, having not taken part in any coaching before. Only three expressed what might be considered to be reservations about the value of the coaching. One said that he had felt that the coaching could have been more challenging; another felt that he had not been given any new ideas on 'managing the transformation' (of a failing PCT), but he felt that this may have been because he (the coachee) had already been through this process several times previously. Lastly, a Managing Director who was about to leave to take up a new position said:

> *'I thought about paying for an extra session to help me prepare for a job application and chose not to, and, on balance, would not have paid for what I got [in terms of the coaching] myself.'* (Coachee)

This coachee had felt that although the coaching was supportive, interesting and intellectually stimulating, there were 'no real eye-openers' and at times he found the reflecting back of his own ideas slightly irritating. It is perhaps worth noting that this individual was the only coachee who was undertaking the coaching as part of a leadership development programme and was not a new chief executive or chair. Despite the rather negative comments, the interviewee nonetheless was considering working with another coach when he shortly moved into his new Chief Executive position.

The aspects of the coaching that the coachees seemed to value most included:

- having space to reflect on their work
- having a safe environment in which to work through options
- the opportunity to look on their situation in a different way
- being able to draw on the expertise of their coach.

However, these points are extremely interconnected, as will be seen from the comments reported below. Therefore, broader groupings have been used in reporting the comments from this group of coaches. In addition, there was one point which appeared to be of more importance to these coachees than for those reported in the

previous chapter. This was the fact that, at their level in the organisation, there may in fact be nobody with whom the individual can discuss such issues or confide in. However, because this point overlaps to a great extent with their comments regarding a 'safe haven', these comments are reported in that section, rather than as a separate section.

4.7.2 Space

Some of the coachees found it useful to have 'protected space' in their diaries to think and reflect. One said that it was good to have protected time with someone non-judgemental, confidential and slightly separate from the organisation that she could use to reflect off and be a sounding board for her ideas.

> *'It was good to have that protected time to reflect how things had been going and what progress had been made.'* (Coachee)

> *'I am sure that having a dedicated two-hour slot to talk through issues, have reflective time and get an objective perspective on situations … was vital.'* (Coachee)

One coach observed that the value of the coaching lay largely in giving the coachee 'a space for reflection, a regular opportunity to stop and examine his actions and behaviour'. A coachee commented that:

> *'The opportunity for self-analysis with someone impartial, in confidence, it's having that confidential ability to look at your performance with a third party and then with their commentary, suggestions as to how you might change to achieve a better result is vitally important.'* (Coachee)

4.7.3 Safe haven

These coachees valued the opportunity to discuss issues they otherwise felt unable to discuss at work. This was out of concern regarding how it might reflect on their performance. One coachee, appreciated being able to discuss issues with a 'non-judgemental' listener.

> *'It forces you to have time out with a non-judgemental listener. It provides a free environment in which to discuss your weaknesses. I am not able to speak to my Chief Executive in the same way, as it may impact on me and my actions.'* (Coachee)

> *'It was a useful time to reflect on my own style and bounce ideas off (the coach); the opportunity to try things out before going public with them. I used the coach as a critical friend, someone who would draw different perspectives from me and also say "good idea, but what about …".'* (Coachee)

This absence of someone with whom they could confidentially discuss issues regarding their own performance was particularly important because of their senior position:

'Being a Chair is a lonely position in the organisation. (What I particularly valued was) the opportunity for self-analysis with someone impartial in confidence … it's having that ability to look at your (own) performance with a third party and then with their commentary and suggestions as to how you might change to achieve a better result is vitally important.' (Coachee)

'It is a form of support in that it is somebody you can talk to about your working life including some of the hilariously, bizarre things that can happen in it, in a way that you can't really do with your team or even in your network; somebody who can see that the system doesn't always help you and who understands that.' (Coachee)

Several of the coachees valued the fact that the coaching was not solely focused on their role within the NHS.

'I feel I received a lot of personal benefits. It was very focused on me as an individual. The coach asked me questions that I had never thought to ask myself, at times being quite forthright.' (Coachee)

'We discussed my future career plans and thoughts on another non-executive role and some personal business. And I valued the advice she gave me on these.' (Coachee)

Background of coach

Several coachees commented on the skills and background of the coach. When asked what had worked well in their coaching relationship, a few had referred to the background of the coach, and the value of having someone who understood the NHS.

'I liked [her] as a coach because she had both the coaching skills and the senior level NHS service. This meant that I was confident in her and we could acknowledge (certain) issues. I didn't want lots of theory and references but I did value the reference to what other NHS organisations had done. However, I would have liked more challenging and more ideas on transformation.' (Coachee)

The majority of the coachees praised their coaches:

'I think she was very skilled in her role. It was very informal, but I was aware throughout that she had a constructive plan.' (Coachee)

Others, however, were more reserved in their comments:

'I think [he] switched between acting as a mentor (giving suggestions) and a coach (asking questions) and the most useful times were when he was offering suggestions.' (Coachee)

Background and approach of the coach were important issues. Some people commented that they would have appreciated more information about the coaches themselves to help them in making their choice. One coachee said:

'There was limited information on the website. I asked around to see who other people thought was good and then had a short conversation with [my coach] before agreeing to go

> *ahead. It would be a very strong person who would decide at that point not to go ahead with the person they had spoken to.'* (Coachee)

In line with this, another coachee suggested that there should perhaps be a separate 'getting to know each other' meeting before the first coaching session so that someone had the opportunity to change their mind should they discover they did not get on with the coach.

Number and timing of sessions

All of the coachees had completed their four sessions by the time of the interviews. Most felt that this had been sufficient for their needs, and mentioned how their objectives had been set with this in mind. However, a number of coachees did feel that some more coaching would be useful, and made suggestions for how the current offer might be supplemented:

> *'Four sessions doesn't really seem enough and I think it would be valuable to have this support available for the first year after taking up a new post.'* (Coachee)

> *'It might have been better to have had more sessions. If it was six sessions of two hours you've got time to do some setting of objectives, time to go on to achieve them, then judge how gar we have got against those, then reset and complete.'* (Coachee)

This individual said that he would have preferred to have paid a small cost and have six sessions rather than just four for free. However, most of the individuals did feel that four sessions had been sufficient. One of these observed that, although these sessions were sufficient for now, more might be valued in the future:

> *'The frequency of the sessions was about right, at 4 to 6 weeks, and the four sessions were enough for me. It might be nice though to have some sessions further on in time with all the changes that are happening in the NHS.'* (Coachee)

Another had pointed to the value that she felt she had gained by being able to receive coaching before starting in the role.

4.8 Summary

The majority of the coachees who received coaching from the external coaching register saw clear business benefits and almost all believed the coaching to have been a positive experience.

In general, these coachees focused their coaching on broad themes rather than on specific tasks. This largely reflected their senior roles (and the fact that in some cases these were non-executive roles and therefore not hands-on positions). This, together with the very great deal of experience that most of them had, meant that, largely, they did not need support with regard to operational issues. The areas that coachees were focused on at the start of their coaching relationship were managing organisational

and role change, managing processes and relationships, and personal style and self-management.

The benefits, while being related to these areas, have been grouped into three levels; personal, behavioural and business level. Whilst in some cases these individuals had started off with less tangible objectives, when reflecting on the outcomes of the coaching the majority recognised that the outcomes had in fact been quite tangible and, they felt, of real value to their organisation. Personal benefits included increased self-awareness, whilst at the behavioural level people became more effective and developed a more strategic approach, had a sense of increased confidence and improved their networking particularly with other organisations in the NHS that they work with to deliver patient services. Business benefits were very specific to individual coachees but included improved income, implementing a savings plan, delivering financial turnaround and increased speed of implementation.

Regarding the process of accessing coaching, the research suggested that there were aspects of the coaching offer that could perhaps be improved. First is the level of awareness of the availability of coaching from the register which could be improved through enhanced promotion. The second point relates to information about coaches where it would appear that further information and, perhaps, guidance, regarding the selection of coaches would be appreciated.

Coaching at times of transition appeared to be very valuable; for example, one person had found it of particular value to have coaching before she moved into her Executive post and one of the objectives identified by several of the other coachees was to help them make the transition to the new position. A suggestion made was that there should be access to coaching at times of major change or transition within the NHS. While it is unlikely ever to be feasible to offer support for *all* such transitions (given the pace of change within the health sector) nonetheless the NHS Institute might wish to consider making some limited coaching offer available at times of particularly extensive change or organisational development.

5 Managing Coaching Within the NHS

This chapter reports on a number of issues. Firstly it looks at current and planned coaching activities across the SHAs, and about the relative benefits and experiences of internal versus external coaching schemes. Our reporting on these matters is based on data collected in interviews with SHA leadership development leads during August/September 2007; although North East SHA was unable provide us with a suitable interviewee within the project's time frame. We also conducted a follow-up telephone call with the West Midlands SHA lead in November 2007, after finding out about their new cross-SHA initiative with the East Midlands SHA (discussed below).

Following our focus on SHAs, we report on a number of issues relevant to the training and CPD of the internal coaches. For this we draw on the interview data from the 14 coaches from the internal coaching programme. We asked the internal coaches a number of questions regarding their training, supervision, masterclasses and how much coaching they were doing. We also interviewed representatives from the providers: School of Coaching, OPM and Manchester Business School.

In the final section we present perceptions on what's working well about the way coaching is organised in the NHS, together with some lessons learned. Since we asked all interviewees how they felt coaching is being managed in the NHS, for this section we draw on the data from:

- seven sets of interviews from the external coaching register
- 14 sets of interviews from the internal coaching programme
- interviews with the SHAs
- interviews with the three training providers.

We also compared some of our findings with IES knowledge of how coaching is managed in other sectors.

5.1 Current and planned activities across the SHAs

This section describes the current and planned coaching activities across the different SHAs. In order to give a good flavour of what is going on we have provided five detailed examples (three of current activity and two planned) of the different approaches.

5.1.1 Current activity

Six out of nine SHA interviewees emphasised that their SHA was 'in the early stages' of developing coaching. A number of SHA respondents said that their SHA does not see its role as being to manage coaching across the SHA and they had no current planned activities. Reasons given for a lack of (or delay in introducing) coaching activities to date included:

- Where responsibilities are devolved and trusts urged to be more autonomous and take responsibility for issues themselves. In this context it is expected that each trust should be managing coaching for that trust and maintaining a register. The trusts could then link up when someone is looking to source a coach.
- Where the SHA is large and dispersed, meaning the SHA is too big to sensibly manage coaching activities.
- Lack of finance for funding external coaches or providing the infrastructure for internal coaches. That funding needs to come from the health community itself, we were told, not the SHA.
- Challenge of winning over the trusts and PCTs etc. to the cause of coaching (and thereby getting them to commit money to it). Interviewees told us that they had had a good reaction from trust directors so far and they seemed to be behind the principle of coaching and having a more structured approach to it, but how much financial backing they will actually give, and when, was yet to be seen.
- Newness of the SHAs; they have only recently come into operation themselves so it has taken them some time to get up and running on such issues.
- SHAs do not have statutory accountability or a controlling function in relation to development, as their responsibility is to overview and advise

What coaching activity is currently taking place was reported to us as being relatively unpoliced and non-standardised. To give a flavour of what is going on, three detailed examples follow.

As an interim measure two SHAs had been able to piggy-back onto existing mentoring activity. Our first example comes into this category. East Midlands SHA's interactive electronic database listing was designed as an awareness-raising and matching mechanism for mentoring, and is now helping to promote coaching as well.

Example of an interactive electronic database listing

The East Midlands SHA has an active mentoring network, through which some coaching activity also takes place. The mentoring network is based within The Improvement Network (TIN), which is an open network run by staff across the SHA. Part of TIN is an interactive electronic database listing consultants, mentors, coaches and facilitators, 'which is very much self-selecting', people generally matching themselves to mentors or coaches. Thus, the first port of call is to refer potential coachees or mentees to the TIN register, where they can find the profile of the coaches and mentors, their job, what they do, what their interest in coaching and mentoring is, what their experience is, and the sort of areas of support that they are prepared to provide.

Although 'in some cases' potential coachees and mentees have a clear idea of what coaching and mentoring constitute and the difference between them, there is as of yet no real universal understanding of what coaching is within the NHS. To clarify this for individuals and to help them choose a coach or mentor, the TIN network contains 'very useful' guidance notes which actually describe what coaching and mentoring are and help people think through what it is that they actually want out of this relationship. Very often someone will say, 'I'm on a programme and my manager has said it would be useful to have a coach or a mentor. How do I go about it?'

Within the NHS the interviewee thought that this distinction was becoming better understood and was generally understood by 'the very senior management, who have been experiencing this for quite some time', but needed a good degree of correct marketing among middle managers.

However, the TIN database is primarily aimed at promoting mentoring, coaching being something that some mentors are skilled in and/or will recommend to some people. The database is fairly unregulated and very low maintenance. The interviewee saw it as an additional service/ infrastructure, 'disseminating and managing the knowledge' and doing 'the mixing, the dating agency, as it were'. She thought that its only weakness as such was its inability to attract financial support.

Through evaluating the mentoring network, the SHA had found that a key benefit of TIN was that it represented the whole of the East Midlands.

'With both coaching and mentoring, it is very often appropriate for an individual not to be coached or mentored by somebody within their own organisation. [The TIN network gives people] access to somebody outside their organisation in a different area – it might be in a different geographical area or it might be in a different sort of trust.'

The SHA runs an active training programme for mentors and mentees; mentors then post their details on the database and people can approach them directly to enter into a coaching or mentoring relationship. The only ways in which the SHA keep a check on the database are by monitoring the number of hits made on the website and conducting an annual use survey. It is promoted as the first port of call for people who approach the SHA Leadership Development Manager or the leadership leads within their trust. A follow-up call with the West Midlands SHA lead in November 2007 revealed that it had joined forces with the East Midlands to create a Coaching Collaborative, due for piloting in December 2007 (see below).

Our second detailed example of an SHA which has made a start is South Central SHA, who set up a self-selecting coaching register. IES would categorise this as an example of a low investment, low maintenance, 'arms length' initiative which would be relatively easy for others to replicate should they wish.

Example of a self-selected 'hands-off' coaching register
South Central SHA do not claim to be a shining example but they have made a start by tapping into the resources of their 25 NHS Trust organisations in setting up a self-selected register of mainly internal coaches. People were invited to volunteer through the HR directors and managers across trusts and PCTs. They invited self-nominations from those with coaching qualifications, experience, and background, and then set up a database. Around 60 people put their names forward including most of those (eight people) who had gone through the NHSI programme run by the School of Coaching/Performance Coach. Two of those coaches are now external. The largest employer in the South Central area is the Radcliffe NHS Hospitals Trust and they have put individuals through the programme offered by the Oxford School of Coaching and Mentoring. There are some concerns regarding the quality control aspects – if no-one has been through accreditation and they have self-selected - but to get the register off the ground South Central have taken the pragmatic approach that 'here are a wide range of individuals and backgrounds and if you want to contact one you can'. They are contracting to provide group external supervision. The South Central SHA are actively promoting the register but do not offer a matching service. The information is sent to four key individuals in each organisation, HR Director, Head of HR, Training and Development Manager, and Leadership Lead. Some have actively promoted it, having been triggered by a performance review. Group leadership leads, training and development managers and OD specialists in each of the 25 organisations in the SHA meet every two to three months and raise what is happening on the register. They last reviewed the register in March 2007 and plan to revise it again and promote it again by sending information round to all Training and Development leads. They do not offer a matching service and have not yet got any formal feedback on utilisation. Use of the register is a free resource, drawing on talent and experience, especially useful during times of organisational change.

Our third example of current activity is provided by the East of England SHA which has a network of internal coaches as part of its leadership development strategy. On the basis of what our SHA interviewee told us IES would describe this as an actively managed coaching network with ongoing maintenance funding supporting it.

Example of a network of internal coaches situated within a leadership development strategy
Within the East of England SHA, coaching sits in the context of their approach to leadership development and talent management. It is being championed by the SHA Chief Executive and has been agreed by all 40 Chief Executives and Chairs. The developing of a coaching culture and a coaching network is a key aim. There are about 20 active internal coaches in the region; four or five who came through the NHS Institute programme and the rest through a local five day programme run by Management Futures. Some of this latter group have gone on to complete the ILM Level 7 diploma in coaching. They are planning to run a further five day programme for 15 people to provide a wider geographical spread across the SHA. There are about 20 to 25 active coaching relationships at the moment. The SHA team manage the coaching network which includes an on-line database where prospective coachees can look at the available coaches and their portfolios and decide who they want to talk to. They then contact the coach and have an initial discussion and decide whether to go ahead or not. People can also contact the SHA team and discuss whether coaching is right for them and get some signposts about what to look for when choosing a coach. Coaching contracts are for four sessions, which run over a period agreed by the coach and coachee, and can be over 12 months. Coaching tends to be done face to face and where necessary the coachee tends to travel as the coach is giving their time free. When the coaching is completed, the system generates an evaluation form for the coachee to complete which is returned to the SHA. There is some supervision and peer support but not enough. They would like to train up people in supervision skills so that they can build their own infrastructure rather than using expensive external coaches. External and internal coaches are both used and can be asked to work on the same types of issues. Coaching is part of the middle management development programme and also other SHA wide initiatives. Coaching is becoming part of the culture in East of England and is being talked about, so the marketing process is an organic one. Individuals will decide for themselves whether they want to access the coaching, perhaps hearing through word of mouth, or maybe through a referral suggestion by their manager.

5.1.2 Planned activity

A number of SHAs described their aim of developing a coaching register to make internal coaching much more available and better marketed. Interestingly, many of these were described as having similar features to the external register and are contextualised within broader leadership development strategies, subject to the approval of local Trust Chief Executives within those other SHAs.

Our first example of planned activity comes from North West SHA, which is soon to launch an executive coaching database as part of its North West Academy for Leadership. There are some similarities to the current coaching network within the East of England SHA, described previously, in the sense that they are situated within a broader leadership development strategy. A key difference, however, is that the North West Academy is targeting the most senior managers only.

Example of planned Executive Coaching Database as part of an Academy for Leadership
Coaching is one of the central planks of the new Northwest Academy for Leadership being launched on 23 November. Initially it will be funded by Health Authority monies as it was agreed as one of the SHA strategic priorities. Thereafter it will a subscription-only service. All but two of the local NHS CEOs have signed up to it already and it is hopeful the other two will come on board shortly. An Executive Coaching Database will run alongside the Academy and only members of the academy will be able to access it, ie CEOs and Directors from subscribing organisations. In addition to the seven to eight coaches trained through the NHSI coach training programme, Management Futures were commissioned to train another 45 internal coaches. There is a scoping exercise currently underway to determine how many other internal coaches have been trained by their own organisations and how many of those are willing to be on the new register. Together these three sources will comprise the region's coach capacity at the register's launch. Thereafter the number of coaches will be determined by the demand over time: they will train more only if it transpires there is excess demand. The plan is for coachees to access the Executive Coaching Register and choose their own coach virtually without an intermediate person at the SHA matching applicants, as currently happens with their mentoring scheme. The database is currently still under development but the concept behind it is that when coaches have met their quotas of coachees or have no time available for a period then their details will be in shadow so that no more coachees can select them. The database supports the belief that coaching is the way forward for development for Chief Executives and Executives. It is expected that each individual will have different specific objectives but they have already had a lot of development and what most of them will need now is 'a bit of headroom'. The hope is that the register of internal coaches will in time replace the use of external coaches. The decision on how many sessions are needed over what period will be left to the coach and coachee to decide between them, as the SHA does not wish to become a 'policeman' of coaching. It is hoped that the coach training and on-going quality assurance will ensure the relationships do not become dependent. Northwest are currently developing quality assurance arrangements.

Our final example is from West Midlands SHA. When we spoke to the West Midlands Lead in August 2007 it was in the early stages of setting up its own internal coaching register, but their plans included a stronger monitoring and evaluation aspect than we heard of elsewhere. The subsequent follow-up call in November 2007 revealed that it had since joined forces with the East Midlands SHA and the East and West Midlands

Core Services Improvement Partnerships (CSIP), a DoH-funded body which supports trusts in terms of service improvement. The idea behind the partnership, known as the Coaching Collaborative, was to create a cross- SHA network of internal coaches, and the details are described below.

Example of a Cross-SHA Coaching Collaborative

The East and West Midlands Strategic Health Authorities (SHAs) have recently launched a Coaching Collaborative, along with the East and West Midlands Core Services Improvement Partnership(CSIP), to create a shared internal network of coaches and a joint system for coordinating coaching across the entire Midlands region.

The W Midlands SHA told how a major benefit provided by the partnership working is simply the ability for the members to pool their available coaches so that they all have a bigger resource to draw on. There are also practical issues to consider: since the two regions border each other in some areas, it is easier for staff to meet a coach from a neighbouring SHA than from their own. Furthermore, they are aware that those who take up coaching often value being able to speak to someone from outside of their region, and may prefer not to use a coach 'from their own patch'.

The first phase of the project has involved identifying a talent bank of coaches from across all member organisations. In addition to two trained coaches from the CSIP organisations, the bank of coaches includes staff in both SHA regions who have been through the School of Coaching/ Performance Coach training programme organised by the NHS Institute. The collaborative has plans to put many more through the programme, and has even put in a bid for funding to set up a training programme specifically for the Midlands region. In putting together the talent bank they have been mindful of the fact that there are many NHS staff who are already trained, qualified and practising as coaches within trusts and so have invited these people to join the network as well. These recruits will be quality-assessed by the collaborative, who will check relevant qualifications and ensure that they are up to date in terms of recent practice. They have also identified some people who are active in coaching but don't yet hold a relevant qualification, and will be offering to put these individuals through the School of Coaching programme so that they can also come on board.

Given the small resource of coaches available at the moment the Collaborative has been very clear about what sort of coaching the service will and will not be providing. However, the list of coaching available is extensive and includes: career coaching, performance coaching, behavioural coaching, development coaching, executive coaching, and coaching for emotional intelligence. They have also been very clear about the commitment they expect from coaches involved in the network and their employing organisations. Each coach is expected to give at least 6.5 days a year to coaching (including time for continuing professional development (CPD)), and to provide coaching to at least two coachees. In return coaches will receive free CPD to ensure that their skills are updated and regular supervision, and Margaret Chapman (formerly of the Leadership and Executive Development Centre at Manchester Business School) has been commissioned to help with this task.

The role of the Coaching Collaborative will be specifically to monitor, evaluate, coordinate and provide quality assurance to the coaching service. They plan to monitor the demand, the spread

of work, types of coaching being used, who is receiving it (particularly with respect to diversity) and the reasons for uptake (eg career coaching, performance coaching etc.). The Collaborative will help match coaches and coachees but will not volunteer people to take part.

The project is still in its early stages but the Coaching Collaborative is due to launch a year-long pilot in December 2007 to test out the new methods. Given the small size of the network at present they have been conscious of the need not to over-burden coaches early on, or to disappoint potential coachees if there is no one available to see them. In preparation for the launch, one of the major tasks has been selling the pilot to the stakeholders.

'We need to keep the stakeholders on board at a senior level. If it doesn't have the backing of the Chief Executives then it's not going to be successful.'

Provided they get the backing, they expect to provide coaching to a number of individuals over the coming year. How many people will clearly depend on the number they are able to get trained, but they are hoping for a minimum of 50 coachees, and expect this to grow in the future.

5.1.3 Internal vs. externally provided coaching

There was common agreement among our SHA interviewees that within the NHS the activities and objectives associated with internal or external coaching programmes were similar, if not identical. Coaching, we were told, currently tends to address one of three main objectives:

- people needing support through the change process – both structural and organisational change
- people in transition to a new role
- people experiencing major new challenges in their existing role.

The difference between internal and external coaching within the NHS context was thought to be in who uses them. External coaches we were frequently told are for Chief Executives and Board level Directors, with internal coaches being for everybody else. In other words it is down to the seniority of the prospective coachee: only external coaches are perceived as having enough credibility for the most senior people even though there may be no difference in the quality of the coaching provided.

In most other organisations IES has investigated, the decision to build up an internal coaching capability and switch to it as a first point of call is driven by cost and numbers: it is just too expensive to roll out coaching to wider populations of managers if external coaches are used. Internal coaches therefore tend to replace the use of external coaches over time as the unit cost per coachee decreases. However it seems much more likely within the NHS that the external register for new Chief Execs, Executive Directors and Chairs is now so well known and valued (confirmed by our interviewees with coachees) that our SHA interviewees advise that it is appropriate to keep the registers separate at least for the foreseeable future.

5.2 Training and CPD for internal coaches

This section provides feedback from the internal coaches on the training they received initially and any subsequent CPD activities they have been involved in.

5.2.1 Coach training programme

The coach training programme provided by the School of Coaching/Performance Coach was widely praised by our telephone interviewees. Some overall reactions to the programme are given below:

> *'It was fantastic. The best course I have been on in 20 years. There was an element of it being nice to get away from the office re-organisation, but that wasn't the main reason I enjoyed it so much. The facilitators were really good. The coaching approach was good. I can't fault the School of Coaching.'* (Internal coach)

> *'I got a huge amount out of the course … the tutors were frighteningly good and brought lots of practical and theoretical experience. It was a pleasure working with them.'* (Internal coach)

The rigorous selection process was widely praised by the coaches who were selected but also by the coach training provider who said that the high quality of coaches coming out was a testament to the selection process having worked so well. One coachee said:

> *'Remarkable, right from the start. The selection process was good. I liked the self-assessment approach to the programme and the pre-programme one-to-one with Charles Brook was very good. He opened my eyes as to the possible implications of already being experienced …. The actual programme was also first rate. It inspired me and gave a clear identity to what I do. There were very different abilities in the room, but it never felt frustratingly slow. The focus was on skills practice.'* (Internal coach)

Other aspects of the coach training programme singled out for particular praise by more than one of our internal coach interviewees included:

- observed/supervised practice in trios
- the chance to try out something different/risky
- being delivered by NHS 'outsiders'
- high quality and competence of tutors
- good mix of theory and practical learning, not 'chalk and talk'
- supportive group of participants and high degree of peer support/peer learning
- focus on evaluation, self-evaluation and giving feedback
- good coaching model which works well.

Only three of our internal coach interviewees (all of whom rated the course highly) offered feedback on any aspect of the coach training which had not worked quite so well. These aspects were:

- documentation was suitable for use when training, but not suitable to keep records in when you are actually 'out there' coaching
- one more module would have allowed more time for practice and reflection
- tutors could have challenged coaches' own assumptions more
- not made clear how you know as a coach that your coaching is working/adding value.

5.2.2 Continuing Professional Development (CPD)

Time is the key issue for internal coaches when it comes to their continuing professional development as coaches. Some coaches do not feel they can prioritise it over their other commitments, whilst for others the issue is more that their line manager does not support them prioritising it. Only two of our internal coach interviewees felt that it was 'OK' for them to spend time on CPD activities for this 'add-on' aspect to their job and they seemed to recognise that they were the exceptions rather than the rule. They described their position thus:

> *'I am lucky that my Chief Exec supports it.'* (Internal coach)

> *'I get the full support of my manager to use coaching skills and she allows me to manage my time on it as I see fit.'* (Internal coach)

Two elements of CPD are currently being provided for coaches who have completed their coach training with the School of Coaching/Performance Coach: masterclasses, and telephone supervision and supervision sets.

5.2.3 Masterclasses

Six out of our sample of fourteen internal coaches had attended a masterclass at the time of their telephone interview. A further three had planned to attend but pulled out at the last minute citing pressure of work from the 'day job'. The remaining five also cited work pressures as a reason they had not yet attended, although three of these were planning to attend the next masterclass in October.

All five internal coaches who have attended at least one masterclass found attendance to be a worthwhile experience. Comments included:

> *'It was a good combination of refresher and adding new skills.'* (Internal coach)

> *'They are a good idea, well organised and re-energising.'* (Internal coach)

> *'Helps keep my motivation up.'* (Internal coach)

5.2.4 Supervision

The importance of on-going supervision arrangements for practising coaches is stressed as an essential part of good practice by all the major coaching associations. During our interviews with internal coaches and the coach training providers we were told that the importance of undertaking supervision is strongly emphasised as part of the course. It was a bit disappointing therefore to find that not all coaches were accessing supervision. Only half (seven out of 14) had attended a formal supervision session organised after their training programmes had finished.

Two reasons for non-participation were given by those who had not attended. Firstly, administrative failures were cited, in particular the difficulties in setting a date within their area. A second reason was lack of time. Ad hoc alternatives to formal supervision sessions are taking place in some instances. For example one person had made an arrangement with a local counsellor instead, while another had continued to meet up with a former cohort participant in a self-supporting peer supervision partnership arrangement. One person expressed disappointment that the providers of the coach training were not also providing the supervision since good relationships had already been established during the training.

Among those who have attended a supervision set, feedback was generally positive with internal coaches describing the supervision as very valuable. One person described her experience of supervision thus:

> *'The reflective part of it is really very good. Because some of coaching is about instinct and what you pick up and the tools you use. When you start off you've got a set of tools you've been introduced to and it's quite wooden. You're thinking "I've got to do this, I've got to do this" …. The more coaching you do the more you realise that you're acting on instinct, something's triggered a thought that this is what I'm going to use next and that's really useful to look back on that and think "Why did I decide to use that? What was it that triggered that?" and then share experiences to see whether that was the same with others and see whether there was anything else that we could have used that would have been better. So that you're continually building your stock of experience.'* (Internal coach)

> *'I find it particularly useful with the guy that's supervising me. It's almost like we're coaching each other.'* (Internal coach)

Other examples given by coaches of where supervision has helped them included:

- boundary issues, ie maintaining a professional coach-coachee relationship
- keeping up quality
- extending knowledge of using tools and techniques
- appreciating the breadth of coaching and the range of applications
- sharing good experiences and bad experiences and looking at how it could have been done differently

- in working out what was coming out of the coaching.

However, one person was 'very disappointed' with her set because only two coaches attended, whilst a second person expressed disappointment with the meeting process at the supervision set he had attended. He said:

> *'Why are there inputs? It should be about practice. Also, the group doesn't follow its own rules.'* (Internal coach)

5.2.5 Further support needed

We asked all the internal coaches if there was any further support they required to help them with their role as coaches. Two people asked for specific advice; one on enhanced skills training; the other on further accreditation matter. They both queried whether their SHAs will have a role in providing advice.

The other ten requests for support related to the difficulties managers face in fitting in coaching with their 'day job'. They would like support from the 'centre' in promoting the use of coaching in the NHS and its potential valuable contribution to the NHS so that the time they spend doing coaching has at least some status, even if not equal status with the day job.

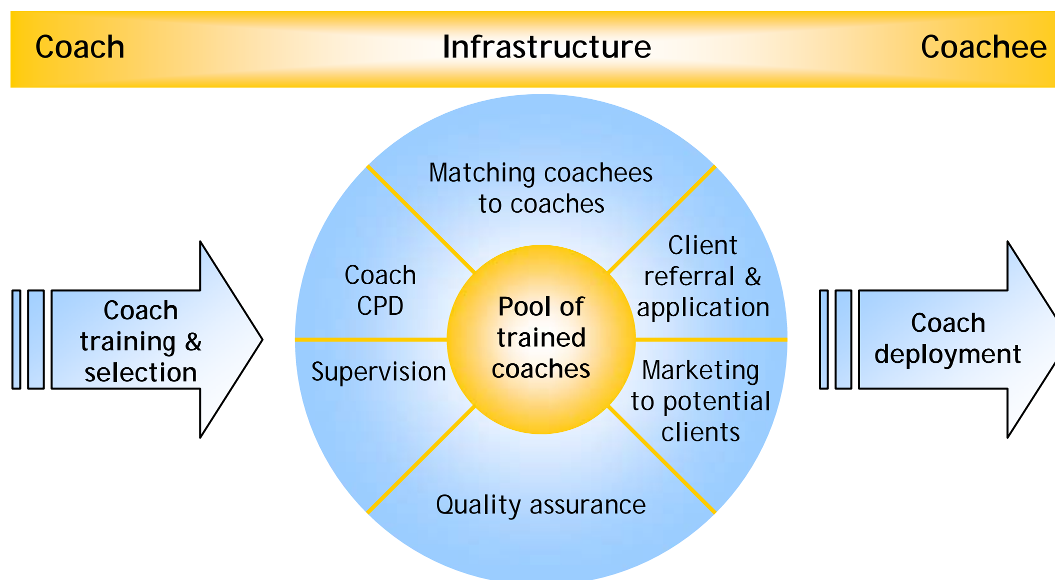
5.3 What's working well in coaching for the NHS

This section looks more broadly at the processes being used to manage coaching, considering firstly the external coaching register and then the internal coaching register, and the learnings that have emerged from the research.

5.3.1 External coaching

Based on all the interviews we undertook, IES has developed a model of the processes mentioned to us as important in managing a successful register on behalf of the NHS (see Figure 1 below).

Figure 5.1: Processes within external coaching register



Source: IES, 2007

There was generally a high degree of satisfaction, especially among our 'trios' of interviewees, with the way coaching for chief executives, executive directors and chairs is centralised and managed through the external register. The offer of four sessions to new appointees is perceived as an adequate number by most, although a few coaches would value a couple more. All of the processes appear to be in place and working, which is what we would expect with a well-established well-known scheme. Particular features of the external coaching register highlighted for praise by a number of coachees, sponsors, coaches and/or SHA interviewees included:

- good to have a choice of coaches on the register from an NHS and non-NHS background
- appropriate for coaching for this target group to be centrally orchestrated so that funding does not depend on the financial situation of a particular trust
- good that coachees get to choose their own coach
- good coach recruitment and assessment processes
- open matching process
- coaches value NHS Institute group/ quality assurance sessions which also helps coaches to identify further NHS development needs.

There were, however, areas for improvement highlighted. These include:

- Potential coachees would value much more help in thinking about what they want from a coach, ideally before choosing one, and certainly before their first session.

- A few coachees have found it very hard to choose a coach because of the limited information on which to make a decision. More active help selecting a coach was requested.
- Coachees with coaches from non-NHS background valued them but nonetheless felt coaching was at its most effective when coupled with mentoring from someone within the NHS.
- Two external coaches said they would like a briefing on the SHA situation to understand better the picture of the NHS.
- One coach said she would value any feedback provided on her by clients to the NHS Institute so that she can improve her work.
- One sponsor (an SHA Chair) was concerned that managers are not automatically informed when their reports take up coaching, which he felt meant they were unable to assess its usefulness. He would like to have been informed, he said:

  'It's difficult to accept accountability for someone's development as a chairman without knowing what skills are a) available to chairpeople and b) what skills they decide to take up … you're relying on the chairperson themselves to tell you what their development plan is, which isn't ideal.' (Sponsor of external coachee)

  'Your accountable manager, at least in [name's] case, is never told and therefore isn't in a position to evaluate whether the coaching has been any use or not, and therefore the whole thing, as far as I can see, is meaningless … with a little bit of structure it could be very useful indeed.' (Sponsor of external coachee)

5.3.2 Internal coaching

The feedback was not so positive from our interviewees about the way the internal coaching registering processes are working.

As previously reported, many of the coachees were fulsome in their praise of the coach selection, training, and where used, CPD and supervision. However, this contrasted sharply with their perceptions that no working processes were in place for deploying coaches once trained. This was the biggest area of concern for one internal coach who complained that he has spent time being trained as a coach but has not had any official call on his time since. The SHA contacts have either all gone or are in too much organisational turmoil to take on this activity. His understanding was that he was being coached specifically to support the re-organisation, so he thought it a shame to have to wait until after the reorganisation to be asked to coach someone. He would like to see arrangements formalised, perhaps with a more local (sub-SHA) register of coaches and some wider promotion of the availability of coaching in the NHS.

A different coach was disappointed that a formalised central structure had not been developed to organise coaching in the NHS, although she thought that these might be

currently being developed. The informal networks that she had used to get coachees was 'fine', as she was getting enough, but there was no proper approach to it.

> *'It's not what they said when they offered the course. And I can be very glib – I can say 'Well, I'll go on the course and that's fine, thank you very much', but I would suggest that the programme has not met one of its objectives in that way.'* (Internal coach)

If deploying coaches were viewed as one side of a coin, the other side would be selecting coachees. A particular problem highlighted by our interviewees is marketing within the NHS, so that potential people who may benefit from coaching can be identified and either come forward or be put forward. According to one of our sponsor interviewees, chief execs and directors have places they can apply to for funding and to get access to coaches, but at deputy levels and below they do not. She finds it hard to identify coaches for her reports if/when they need one. She feels it should be made clearer:

> *'Where do I find a coach? How do I pay for them?'* (Sponsor of internal coachee)

This theme was picked up by many of our interviewees. Here is a selection of comments:

> *'SHAs need to keep it going, but not all of them have a leadership function that would take care of this. I am promoting coaching within my own trust, but I don't think that people there would know about it otherwise because it has not been mainstreamed by the SHA.'* (Internal coach)

> *'PDPs are a manager's way to alert people that they can take some time out. The key skills for line managers like myself is to assess the gap in the first place and then to get the right coach for that skill gap. In practice it is very hard to identify coaches. Any help with this from the SHA or anyone else would be welcome.'* (Sponsor of internal coachee)

> *'There needs to be more access and publicity on this, which could be helped through providing case study examples of successes. I think that the different organisations need to be more prepared to work together. I would like to have reciprocal relationships with other organisations so that I can recommend coaching to some of the people I have to work with.'* (Internal coach)

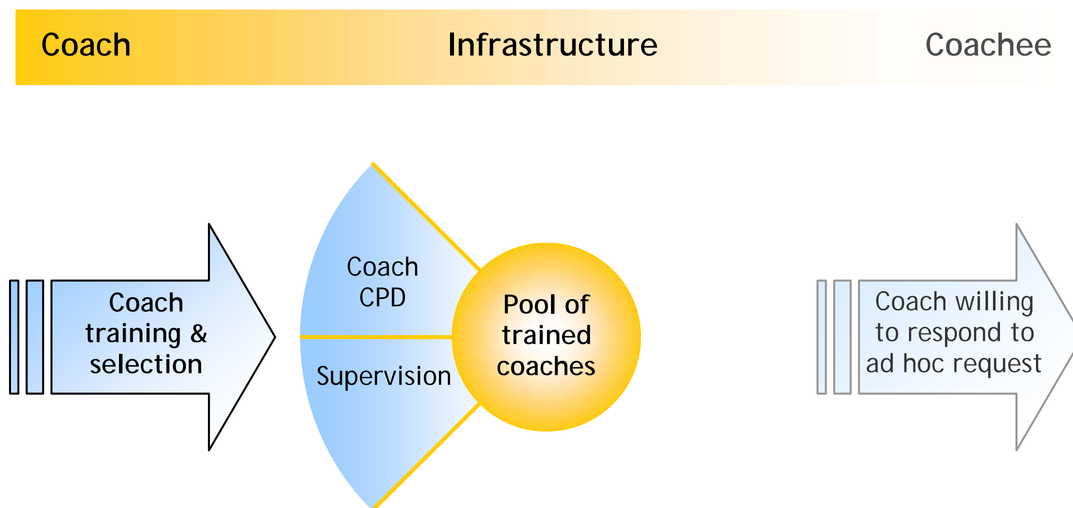
> *'I am very grateful for the significant benefit and I am very determined to give my input back and make the investment pay off. I do think that the way the Institute has gone about recruiting high quality trainers is a model for what we can do if we put our minds to it. I am a big fan … but there is a need for more role models who talk about the effectiveness of coaching. It would also be useful to train managers in how to choose and use coaches for themselves, including the evidence base which supports coaching. This will help managers understand the value of coaching and how to get the most from it for their staff.'* (Internal coach)

Similarly, 'matching' of potential coachees to trained internal coaches was, we were told, simply not in place in most regions.

'There isn't really a process; there isn't a structure. I see the need for a formal network for finding/allocating coaches in a geographical area so they can go into each other's trusts to coach …. Having spent all this money, it's a great shame that people who did the course with me are going off to other areas. Give it another couple of years – this is a big initiative, but it will peter out, simply because there isn't the connection with the coaches in a geographical area … such a network needs to be over 'workable geographical areas' – one SHA could be too large an area as it would mean the distances to travel would be too great.' (Internal coach)

IES would characterise the perceptions of many 'trio' interviews from the internal programme as a partial programme process, represented pictorially by Figure 2.

Figure 5.2: Processes within internal coaching register



Source: IES, 2007

So what benefit is the NHS getting from the internal coaches since they completed their training? In Chapter 3 we outlined the impact and personal benefit gained from the people who have been coached during the reconfiguration. This in itself addresses one of the main objectives of the coaching and may be sufficient to view the coach training as a worthwhile exercise. To supplement these accounts we asked the internal coaches about how many hours coaching they had done and how many coachees they had worked with so far, to get an idea of the likely sustainability of any continuing benefit.

It proved difficult for us to be confident in reporting the number of hours and the number of people coached. This is partly because not all internal coaches had kept good records and some supplied us with approximate figures. In addition, it was not always completely transparent to us who had been coached as part of coach training and who had been coached afterwards, especially since some coaching relationships begun during the training had continued afterwards by mutual arrangement. We have tended to err on the side of volume – where there was any doubt we have taken the higher rather than lower usage figure – which may mean the position may appear

better than it really is. Therefore the figures we present should be treated with caution: they are estimates broadly indicative of levels of coaching, not actual figures.

Between them our sample of internal coaches reported coaching 77 NHS managers. Since 39 of these coachees were coached as part of their training programme, this means 38 extra managers have received one or more coaching sessions since they qualified. This is an average of less than three new coaching relationships per coach. These figures are somewhat inflated as 20 of these 38 coachees are accounted for by just two of the coaches. The most commonly reported number of new coachees was one.

As the number of coachees and the number of hours coached are linked items, it is not surprising that the number of hours of coaching given to NHS managers by the coaches was also, IES feels, lower than we would have expected. A total of 360 hours of coaching was reported. Since 182 hours were coached as part of the coach-training programme, this leaves 178 extra hours since training. This is an average of 12.7 hours per coach.

To give you an idea of how this compares to other internal coaching programmes, the BBC's internal coaches are also volunteers, who undertake coaching in addition to their managerial 'day jobs'. They average 66 hours of coaching each per year. To some extent this comparison is an unfair one. At the BBC the internal coaches benefit from a well-embedded scheme backed up by a dedicated central admin function, marketing and selecting coachees for them. Sixty six hours of coaching per year equates to less than one day a month. The NHS coach training was centrally financed but was not, as we understand it, ever intended to be centrally managed; it was up to the SHAs to put in place a regional infrastructure. Some of our SHA interviewees are clearly intending to take up the challenge of managing such a regional asset, while others may not. This lack of infrastructure can therefore be seen as a temporary blip within some SHAs. As one interviewee advised us:

> *'There is always a challenge at the intermediate (SHA) level and the centre (NHS Institute) to get the level of investment right because local organisations will always want a choice about whether to get involved or make their own provision or continue with their own arrangements. The issue is often one of control. Questions such as who controls the coaching and how is it being used are important to some foundation trusts and especially in other contexts where organisational boundaries are blurred. Thus it cannot be assumed that trusts would wish to engage with an SHA to meet some of its development needs. The NHS is not a single organisation. It's nothing like that. It's a very complex interrelated system of many parts. We tend to forget that. We need to think it through when offering stuff. It is not easy to get buy-in locally. Perhaps we could work harder at presenting differently.'*
> (SHA leadership development lead)

IES adjusted the NHS figures to take account of the different lengths of time since the two different cohorts completed their training. It would appear to us that the NHS is

getting over sixty per cent fewer hours of coaching than the BBC is from a similar, albeit better-established, coach training and CPD programme.

In addition to the low number of hours of coaching that had been carried out by the coaches, we also believe that a significant number of the coaches who were trained have since left the NHS and taken their skills with them. One coach who remained commented that:

> *'The training 'deal' should require people to coach 'x' number of NHS people for free even if they leave the NHS themselves after their training.'* (Internal coach)

This approach was one taken by the national coaching programme in local government set up by the (former) Employers' Organisation for Local Government and IES.

5.3.3 Summary

From the preceding chapters, it is clear that when coaching takes place benefits are being achieved for both the individuals involved and for the organisation. It was also evident from the research that the training programme for internal coaches and the selection process for the external coaching register have created two pools of excellent coaches. The opportunity for the NHS appears to be in improving the deployment of these coaches, particularly the internal pool but also some elements of the external register.

The challenge for the internal programme is in the utilisation of the coaches in terms of the amount of coaching that is being done. Subsequent to the coaching training programme a number of participants have left the service and so these new skills have also been lost (although some do return as external suppliers), thus reducing the potential impact of the coach training programme. Further, those coaches that do remain are, in many cases, having to seek out their own clients and, given their own day to day pressures, this tends to be in their immediate area of contacts. The coaches are also getting varying levels of support from their own organisations to continue spending time providing coaching. SHAs are approaching the deployment of the coaches in varying ways (and some not at all), and it is within their remit to do so. Coaches are also struggling to find the time to engage in the range of CPD, and particularly supervision, that is available. In addition, whilst it is clear that benefits are achieved by the coaching, it is not clear whether the focus of the individual coaches and coaching sessions is delivering the greatest possible value to the service as a whole. Given the variability in utilisation of the internal coaching pool and the significant investment that has gone in to creating it, we suggest that further serious thought goes in to how the greatest value can be obtained from this initiative. Is there anything more that can be done centrally? How can the SHAs or other local entities be encouraged to embrace coaching further?

For the external coaching register, most of the target audience are aware of the availability of coaches, although feedback suggests that they learn of it in different ways and that the marketing could be further improved so that there is more universal and consistent awareness of the service. Potential coachees would also value more help in choosing a coach, both in terms of greater information about the coaches on the website and someone they could talk to about possible options. As mentioned in Chapter 3, internal coachees would also benefit from improved information about coaching, including how coaching works and what it can be used for, as well as help in choosing a coach.

Appendix 1: Discussion Guide: Coachees

Thank you for agreeing to talk to me. The interviews form part of an evaluation of coaching across the NHS that has been commissioned by the NHS Institute and is being conducted on their behalf by the Institute for Employment Studies. The core part of the evaluation is a series of telephone interviews with a number of coachees, their managers and or sponsors (where appropriate) and their coaches. In addition we are talking to the providers of the coach training and development programmes, and also to the SHAs about how they are managing coaching.

The interview will be confidential to IES and individuals will not be able to be identified from the evaluation evidence presented to the NHS Institute.

As we indicated when we contacted you to arrange this interview, it will probably take about 30 to 45 minutes. Is it still OK to have this discussion now?

If no, identify new time for interview (but only in exceptional circumstances!) and check phone number they want to be called on.

Date: .... Time: .... Telephone: ....

Demographics

NB We should have this info from NHSI at outset, so it is probably best to fill it in for each interviewee ahead of the interview and then start the interview by checking their details with them – this will also save time.

Organisation: ....

Role/position: ....

Time in role/post at start of coaching: ....

A Details of coaching

A1 When did you undertake the coaching?

A2 How long did it last? (months and sessions)

A3 Who provided the coaching?

A4 Were any specific objectives set? YES NO

(if yes, what were they?)

A5 Who were they set by?

Self manager Board other (details)

B Coaching outcomes

If they have identified some objectives above, ask B1 to B4; if not, go to B5 to B8:

B1 You said previously that you/your coach/your manager had set some objectives for the coaching. Were these reviewed at the end of the coaching?

YES NO

B2 Do you feel these were achieved? YES NO

B3 All of the objectives, or some of them?

- Completely?
- Partially?
- Not at all?

B4 If not achieved, why not?

Otherwise, ask

B5 What do you think were the main objectives of the coaching?

B6 Do you feel these were achieved? YES NO

B7 All of the objectives, or some of them?

- Completely?
- Partially?
- Not at all?

B8 If not achieved, why not?

B9 Have you changed any specific behaviours as a result of coaching?

YES NO

(If yes, what were they?)

B10 We will talk about business impacts in a minute, but are there any personal benefits that you got from receiving the training? YES NO

If yes, what were they?

B11 Do you think you have had an effect on any key business indicators since the coaching sessions?

(What are the indicators?)

(Can you give me an idea of how you had an impact?)

B12 Can you quantify the extent of the impact you had on that/those indicators?

B13 What proportion of this change would you say is due to your (personal) impact?

B14 What proportion of your impact was down to the coaching you received?

(If they are struggling, perhaps ask: Do you think you would have been able to do this if you had not received the coaching?)

B14 *(If partially due to coaching)* Do you feel you approached the situation/task/activity differently because of the coaching? YES NO

(If yes) How did your approach differ from what you might otherwise have done? (Probe for skills, personal style, understanding of the situation/context)

B15 Are there any less tangible business indicators that you feel you have had an effect on since coaching? (describe indicators/impact)

B16 Are you able to quantify that?

B17 What proportion of this change would you say is due to your impact?

B18 What proportion of your impact was down to the coaching you received?

(*If they are struggling, perhaps ask:* Do you think you would have been able to do this if you had not received the coaching?)

B19 *(If partially due to coaching)* Do you feel you approached the situation/task/activity differently because of the coaching? If yes, how did your approach differ from what you might otherwise have done? (Probe for skills, personal style, understanding of the situation/context)

B20 Having had the opportunity to reflect on the coaching process and its outcomes, what do you think was good about the coaching process?

B21 Was anything less successful about the coaching process? YES NO

If yes, what was it?

B22 (*if not evident from response to B21*) Are there any changes you feel should be made to the programme or the way in which it is organised?

B23 Did you discuss the fact that you were receiving coaching

with your colleagues? with your direct reports?

YES NO YES NO

B24 If yes, would you be willing to allow us to approach that person/those people to ask them for their views on the impact of the coaching? YES NO

If yes, please take individuals' names and email addresses

Name: .... Position ....

E-mail: ....

Name: .... Position ....

E-mail: ....

B25 We would like to get a 360 degree perspective on the coaching and so would like, if possible, to speak to the person who would normally review your performance.

Who would be the most appropriate person for me to speak to in your case? *(If these details have been supplied ahead of the interview, fill in the details in advance of the interview and check they are correct)*

Name: .... Position ....

How can we best contact them?

e-mail (*check we have details)*

phone number (*check we have details*)

Could I check that you have alerted them to the fact that we will be getting in touch?

or

Perhaps you could let them know that we will be getting in touch?

(if appropriate) One of the outcomes of this research will be to draw up some short case studies of the coaching initiative for publication in the In View publication. Might you be prepared to feature as a case study? We would contact you to clear any material relating to you ahead of publication.

YES NO

If willing to be contacted, add interviewee name here, otherwise leave blank:

....

Thank and close.

Appendix 2: Discussion Guide: Internal Coaches

The NHS Institute is undertaking an evaluation of coaching across the NHS. The core part of the evaluation is a series of telephone interviews with a number of coachees, their sponsors (where appropriate) and their coaches. In addition we are talking to the providers of the coach training and development programmes, and also to the SHAs about how they are managing coaching.

Thank you for taking the time to talk to me. The interview will be confidential to IES and individuals will not be able to be identified in the evaluation evidence presented to the NHS Institute.

As we indicated when we contacted you to arrange this interview, it will probably take about 20 to 30 minutes. Is it still OK to have this discussion now?

If no, identify new time for interview (but only in exceptional circumstances!) and check phone number they want to be called on.

Date: .... Time: .... Telephone: ....

I would like to talk to you specifically about the coaching that you did with xxxx

Demographics

If we already have these details, insert before interview and check with interviewee that they are correct, otherwise please ask for this information.

What is your job title and role in the organisation?

For how long have you been coaching?

Is this solely within the NHS? YES NO

If no, how long have you been coaching in the NHS?

Were you coaching at all before you received the NHS training in coaching?

YES NO

If yes, ask for Could you give me some details of that?

When were you trained as a coach?

What coach training did you receive?

What did you think of the training (in coaching) that you received?

Have you had any supervision since the training? YES NO

Could you describe that for me?

How has supervision informed your coaching practice? What impact do you think it has had on your coaching?

Have you received any other development related to your coaching role since the training?

YES NO

Could you describe that for me?

Coaching experience since the training

I'd like to move on to discuss the coaching experience you have had since the training. Could we start with some details of the people you have coached since then?

How many people? How many hours coaching in total?

Let's now focus on the coaching that you did with xxxx.

When you coached them For how long (months and sessions)

Were specific objectives set for the coaching sessions? YES NO

If yes, who set the objectives? Coachee coachee and self other

If other, please describe.

Were the objectives reviewed at all? YES NO

If yes, When did this happen?

at the conclusion of the planned coaching period? At an interim point?

If at interim point: why was this?

If yes, were the objectives met? (*Probe for fully, partially, which ones*)

Have you noticed any specific behaviour changes in xxxx as a result of the coaching?

YES NO

If yes, Could you describe these?

Has xxxx had an effect on any key business indicators since coaching?

YES NO

If yes, Could you describe this/these?

Could you quantify this/these?

Are there any other, less tangible, business impacts that you've noticed?

If yes, Could you describe this/these?

Have you noticed any other specific behaviour changes in xxxx as a result of coaching? YES NO

If yes, please describe

Do you think that there were any other personal benefits that xxxx got from receiving the training? YES NO

If yes, what were they?

What was good about the coaching process?

Is there anything you would want to change in the way in which the coaching process operates within the NHS? YES NO

If yes, please describe

Looking outside this specific coaching relationship, are there other benefits that you feel you have gained from the coaching training that you received?YES NO

If yes, please describe

What was good about the coaching training, supervision and masterclass support that you have received/are getting?

Would anything have made it better? YES NO

If yes, please describe

Is there any further development or support you want or need in going forward with coaching? YES NO

If yes, please describe

(If appropriate) One of the outcomes of this research will be to draw up some short case studies of the coaching initiative for publication in the In View publication. Might you be prepared to feature in a case study? We would contact you to clear any material relating to you ahead of publication.

YES NO

If willing to be contacted, add interviewee name here, otherwise leave blank:

………

Thank and close.

Appendix 3: Discussion Guide: External Coaches

The NHS Institute is undertaking an evaluation of coaching across the NHS. The core part of the evaluation is a series of telephone interviews with a number of coachees, their sponsors (where appropriate) and their coaches. In addition we are talking to the providers of the coach training and development programmes, and also to the SHAs about how they are managing coaching.

As we indicated when we contacted you to arrange this interview, it will probably take about 20 to 30 minutes. Is it still OK to have this discussion now?

If no, identify new time for interview (but only in exceptional circumstances!) and check phone number they want to be called on.

Date: .... Time: .... Telephone: ....

We are talking to you because you coached xxxx

If we already have these details, insert before interview and check with interviewee that they are correct, otherwise please ask for this information.

Do you work for an organisation or are you self-employed?

For how long have you been involved in coaching?

And with the NHS?

Details of coaching: when did you coach xxxx, for how long (months and sessions)

Were specific objectives set? set for the coaching sessions? YES NO

If yes, who set the objectives? Coachee coachee and self other

If other, please describe.

Were the objectives reviewed at all? YES NO

If yes, When did this happen?

at the conclusion of the planned coaching period? At an interim point?

If at interim point: why was this?

If yes, were the objectives met? (*Probe for fully, partially, which ones*)

Have you noticed any specific behaviour changes in xxxx as a result of the coaching?

YES NO

If yes, Could you describe these?

Has xxxx had an effect on any key business indicators since coaching?

YES NO

If yes, Could you describe this/these?

Could you quantify this/these?

Are there any other, less tangible, business impacts that you've noticed?

If yes, Could you describe this/these?

Have you noticed any other specific behaviour changes in xxxx as a result of coaching? YES NO

If yes, please describe

Do you think that there were any other personal benefits that xxxx got from receiving the training? YES NO

If yes, what were they?

What was good about the coaching process?

Is there anything you would want to change in the way in which the coaching process operates within the NHS? YES NO

If yes, please describe

(If appropriate) One of the outcomes of this research will be to draw up some short case studies of the coaching initiative for publication in the In View publication. Might you be prepared to feature in a case study? We would contact you to clear any material relating to you ahead of publication.

YES NO

If willing to be contacted, add interviewee name here, otherwise leave blank:

....

Thank and close.

Appendix 4: Discussion Guide: Sponsors

The NHS Institute is undertaking an evaluation of coaching across the NHS. The evaluation is based on a series of telephone interviews with sponsors such as yourself, providers of the coach training and development programmes along with a number of coachees and their coaches. In addition we are talking to the SHAs about how they are managing coaching.

The interview will be confidential to IES and individuals will not be able to be identified from the evaluation evidence presented to the NHS Institute.

Thank you for taking the time to talk to me. As we indicated when we contacted you to arrange this interview, will probably take about 30 minutes. Is it convenient for you to speak at present?

If no, identify new time for interview (but only in exceptional circumstances!) and check phone number they want to be called on.

Date: .... Time: .... Telephone: ....

For this part of the study we are particularly focused on the coaching that (name of person/ people from your trust/department/unit) received. Were you the person that was the sponsor or equivalent for them? YES NO

If NO . Do you feel in a position to comment on the impact that coaching might have had with xxxx? YES NO

If NO – stop and thank them for their time.

And could you describe what led to your deciding to sponsor xxxx for the coaching programme?

Were you involved in setting any specific objectives for the coaching?

YES NO

If yes, what were they?

(*If not evident in what has been said already*) Was anyone else involved in agreeing those objectives?

Were those objectives reviewed at the end? YES NO DON'T KNOW

If yes, were the objectives met? (*Probe for fully, partially, which ones*)

Were you involved at all in the coaching process? YES NO PARTIALLY

(if needed, prompt) To what extent were you involved?

(If needed, prompt) In what way?

Have you noticed any specific behaviour changes in xxxx as a result of the coaching?

YES NO

If yes, Could you describe these?

Has xxxx had an effect on any key business indicators since coaching?

YES NO

If yes, Could you describe this/these?

Could you quantify this/these?

What proportion of this change would you say is due to xxxx's impact?

Are there any other, less tangible, business impacts that you've noticed as a result of coaching?

What proportion of this change would you say is due to xxxx's impact?

Thank and close.

Appendix 5: Discussion Guide: SHAs

Thank you for agreeing to talk to me. The interviews form part of an evaluation of coaching across the NHS that has been commissioned by the NHS Institute and is being conducted on their behalf by the Institute for Employment Studies to conduct the evaluation on their behalf. The core part of the evaluation is a series of telephone interviews with all of the SHAs, a number of the coachees, their sponsors (where appropriate) and coaches and to the providers of the coach training and development programmes. The interviews with the SHAs focus on the extent and nature of coaching in your area, how you are managing coaching, and what you expect to gain from any coaching activity that might currently be underway or planned.

Thank you for taking the time to talk to me. As we indicated when we contacted you to arrange this interview, it will probably take about 30 minutes. Is that OK?

If no, identify new time for interview (but only in exceptional circumstances!) and check phone number they want to be called on.

Date: .... Time: .... Telephone: ....

Details of the SHA respondents

NB We should have this info from NHSI at outset, so it is probably best to fill it in for each interviewee ahead of the interview and then start the interview by checking their details with them – this will also save time.

Which SHA? ....

Role/position of interviewee: ....

Details of the coaching activity

Is any coaching currently taking place in your area? *No – go to question set A*

Yes – go to section B

Question set A

If no, ask Do you plan to introduce any coaching in the near future? Yes No

If no, ask Are there any reasons for this?

If yes, When is this likely to happen?

Are you planning on using primarily external coaches, internal coaches or a mixture of the two External Internal Mixture

Can you explain to me what led the organisation to decide on using external/internal/a mixture of coaches?

And do you have any particular aims or objectives for the coaching programme?

What will be the nature of the coaching activity?

Could you explain to me how you are planning on implementing this (*probe for details of training/development, logistics of assigning individuals to coaches, time allowed for coaching activity*)

To what grades of staff are you planning to offer coaching?

Is there any other information you would like to mention about your plans to introduce coaching?

Thank and close interview

Section B

I'd like to start by asking whether this coaching is provided by internal coaches only, by external coaches or a mixture?

Internal only: Go to question set marked 'internal only' (in red) B1

External only: Go to question set marked 'external only' (in blue) B2

Internal & external: Go to question set marked 'both internal and external' (in green) B3

B1 Internal coaches only:

Did anything make you decide to use mainly internal coaching?

(Note reasons, or, if interviewee unable to identify factors, probe for: would understand culture, would be easier in terms of organisation, cost issues, location/access issues)

Aside from these issues, was there anything that made you decide against using the external coach register?

(If does not emerge in answer to previous question) Do you think you are likely to use the external coach register in the future?

If yes, When is that likely to be?

At the moment, are you actively promoting the internal coaching initiative?

YES NO

If yes, how are you doing this?

If no, why is that?

What is the nature of the coaching initiatives in your area?

Who is being coached by the internal coaches? (What grades of staff?)

What do you feel are the main objectives of the coaching initiative(s) in your area?

How are individuals identified to participate in the coaching activity/ies? Are they invited to participate? If so, who identifies them and issues the invitation?

Can individuals request the opportunity to participate (that is, without having previously been identified)

How do you manage (the invitation process) or (such coaching requests)?

How do you match coaches to clients?

How successful has coaching been in the area?

*(If no specific example given)*Are there any specific examples you can give?

Is anything else needed to enable you to use coaching more effectively in the area? If so, what?

(if appropriate) One of the outcomes of this research will be to draw up some short case studies of the coaching initiative for publication in the In View magazine. Might you be prepared to feature as a case study? We would contact you to clear any material relating to you ahead of publication.

YES NO

If yes, write interviewee's name here, otherwise leave blank: ....

B2 External coaching

Did anything influence your decision to use external coaches?

(note reasons or, if interviewee cannot identify any, probe for factors such as perceptions of expertise, independence, external viewpoint)

Are you actively promoting the external register? YES NO

If yes, how are you doing this?

If no, is there a reason for this?

What is the nature of the coaching activity/ies in your area?

Who is being coached by the external coaches? (What grades of staff?)

What do you feel are the main objectives of the coaching initiative(s) in your area?

How are individuals identified to participate in the coaching activity? Are they invited to participate? If so, who identifies them and issues the invitation?

Can individuals request the opportunity to participate (that is, without having previously been identified)

How do you manage (the invitation process) for (such coaching requests)?

How do you match coaches to clients?

How successful has the coaching been in the area?

*(If no specific example given)*Are there any specific examples you can give?

Is anything else needed to enable you to use coaching more effectively in the area? If so, what?

(if appropriate) One of the outcomes of this research will be to draw up some short case studies of the coaching initiative for publication in the In View magazine. Might you be prepared to feature as a case study? We would contact you to clear any material relating to you ahead of publication.

YES NO

If yes, write interviewee's name here, otherwise leave blank: ....

B3 Both internal and external

I'd like to ask you some questions about the way in which you manage and allocate the internal and external coaches.

Can I start by asking you whether you use the internal and external coaches for different types of coaching?

If yes, describe

If no, ask, what are the types of activity the internal and external coaches offer?

Check: and they both offer all of these types of coaching activity?

How do you decide who is assigned an internal coach and who is assigned an external coach?

(check/clarify for grades of staff/issues of seniority, location, logistics, different objectives for different coaching)

(If not clear from above) How do you use the external coaching register and the internal coaching list?

Do the internal and external coaching initiatives have similar objectives?

YES NO

What are they?

Both:

Internal:

External:

(if not clear from answer to previous) Do these objectives differ at all for the internal and external coaching offer?

How are individuals identified to participate in the internal and external coaching activity? Are they invited to participate? If so, who identifies them and issues the invitation?

For internal coaching

For external coaching

Can individuals request the opportunity to participate (that is, without having previously been identified)

And is this the case for both internal and external coaching?

How do you manage (the invitation process) for (such coaching requests)?

How do you match coaches to clients?

Internal:

External:

How successful has the internal coaching been in this area?

How successful has the external coaching been in this area?

*(If no specific examples of successful coaching given)*Are there any specific examples you can give?

Is anything else needed to enable you to use either the internal or the external coaching more effectively in the area? If so, what?

(if appropriate) One of the outcomes of this research will be to draw up some short case studies of the coaching initiative for publication in the In View magazine. Might you be prepared to feature as a case study? We would contact you to clear any material relating to you ahead of publication.

YES NO

If yes, write interviewee's name here, otherwise leave blank: ....

Appendix 6: Discussion Guide: Training Providers

The NHS Institute is undertaking an evaluation of coaching across the NHS. The evaluation is based on a series of telephone interviews with providers of the coach training and development programmes along with a number of coachees, their sponsors (where appropriate) and their coaches. In addition we are talking to the SHAs about how they are managing coaching.

The interviews will be confidential to IES and individuals will not be able to be identified from the evaluation evidence presented to the NHS Institute.

Thank you for agreeing to take the time to talk to me. As we indicated when we contacted you to arrange this interview, will probably take about 30 minutes. Is it convenient for you to speak at present?

If no, identify new time for interview (but only in exceptional circumstances!) and check phone number they want to be called on.

Date: .... Time: .... Telephone: ....

What 'coaching' training or development have you provided to the NHS?

And have you been involved in any other T&D with the NHS? Over what time frame?

Would you like to briefly describe your approach to coach development?

What do you believe has worked well in the coach training programme?

Is there anything in the programme you would you like to change or improve?

Is there anything ('anything else', *if they have already mentioned some change or improvement*) that the NHS could do to improve its coaching services?

Do you attempt to evaluate or assess in any way the impact your training has on the coaches?

If yes, how?

What have been the outcomes/findings?

Have you seen or heard any evidence of your trainees making a difference with their coaching skills?

What do you feel has worked well in your relationship with the NHS?

Is there anything that could be improved?

(If appropriate) What would be the best way for this to happen?

The NHS Institute is producing a supplement to their In-view magazine and is looking for some articles on particular topics that might be relevant to coaching. Is there anything that you think would be particularly valuable to include? Would you be interested in writing something for them? YES NO

If yes, write their details here, otherwise, leave anonymous.

Name: ....