

**The role of the coach in supporting frontline
NHS teams in developing Microsystems
working: an exploratory study**

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May 2008

Summary

This exploratory study presents an insight into the role of the coach in supporting NHS teams in developing microsystems working. The study identifies seven key themes for consideration in the coaching of teams and sets out recommendations for coaches, teams and organisations to inform the future development of microsystems working in the UK.

There is a growing emphasis within the NHS for organisations to accelerate the uptake of innovations in health care. The policy direction for the next ten years is to create a world class NHS that strives relentlessly to improve services for patients.

Until recently, the predominant approach to leading improvement in the NHS has been through nationally led programmes of work. Increasingly, NHS organisations are adopting improvement strategies to provide purposeful direction to improvement work at an organisational level. A number of improvement strategies are in use in the UK, one of which is Clinical Microsystems (CMS).

CMS presents organisations with a flexible framework for supporting teams in leading and managing purposeful improvement work aligned to corporate priorities. Whilst research suggests that the coaching of teams is an important enabler to the successful introduction of CMS working, little evidence exists to guide the role and practice of the coach in working with teams.

This study adopted a qualitative, fieldwork design. Data was collected from six coaches using interviews and from three teams using focus group interviews. Coaches, teams and organisations are recommended to consider the seven emergent themes and the recommendations of this study in establishing coaching arrangements in support of CMS working.

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Chapter 1: Introduction

This chapter provides an introduction to the project.

The title of the project is:

“The role of the coach in supporting front-line NHS teams in developing microsystems working: an exploratory study”.

1.1 Background Context

There is a growing emphasis within the NHS for organisations to accelerate the uptake of innovations in health care (Department of Health 2007)¹. The policy direction for the NHS over the next ten years is to create;

“a world class NHS that strives relentlessly to improve the quality and personalised nature of the services and care patients receive”;
(Department of Health, 2007, p17)¹

Our NHS, Our Future (Department of Health 2007)¹ sets out an ambitious expectation that over the next ten years the NHS will focus on accelerating wide-scale uptake of innovations and improvements in patient care and service delivery. The intention is that NHS staff at every level of the organisation will lead innovations and improvements in services as a core part of their everyday role (Bevan 2005)².

Until recently, the predominant approach to leading improvement in the NHS has been through nationally led programmes of work. Increasingly, there has been a recognition that this approach is unlikely to achieve the level or scale of service transformation required to deliver a world class NHS.

There is evidence to suggest that both in the NHS and internationally, there has been a move away from undertaking discrete improvement projects towards developing organisation-wide improvement strategies. Increasingly, organisations are setting ambitious and wide ranging goals at a corporate level, setting up performance measures and aligning the work of teams with corporate goals to deliver focused, measurable improvements in services for patients (Bevan 2005)².

These organisation-wide or system-level improvement strategies focus on providing strategic co-ordination and purposeful direction to improvement work at an organisational level (Bate et al 2004)³.

A number of system-level improvement strategies are in use in the UK one of which is Clinical Microsystems (CMS).

1.2 Clinical Microsystems

The concept of (CMS) as a system-level improvement strategy has been developed by the Dartmouth Hitchcock Medical Centre in the US. They define clinical microsystems as;

“...the small, functional, front-line units that provide most health care to most people. They are the essential building blocks of larger organisations and of the health system. They are the place where patients and providers meet. The quality and

value of care produced by a large health system can be no better than the services generated by the small systems of which it is composed"

(Nelson et al, 2002 p473)⁴

CMS presents organisations with a flexible framework for supporting teams in leading and managing purposeful improvement work aligned to corporate priorities (Golton and Wilcock 2005)⁵.

Two evaluations have been undertaken to evaluate the impact of the use of CMS in the UK (Golton and Wilcock 2005⁵, Williams et al 2007⁶). Both evaluations suggest that the provision of coaching support is likely to be an important factor in supporting teams to develop effective CMS working.

Whilst evidence is emerging to suggest that the role of the coach may be important in supporting teams to develop CMS working, there is a paucity of guidance on what the role of the coach should be in supporting teams in developing CMS working or on what a coach should do to perform effectively in their role. This study seeks to inform this issue.

The study will take an inductive approach to generating insights into the role and practice of coaches. The study will seek to capture the learning from the experience of coaches who have been supporting teams in developing CMS working. This information will be used to offer guidance to coaches in developing their role and practice in supporting teams in developing CMS working.

Chapter 2: Objectives and Literature Review

This chapter sets out the specific objectives of the project and a brief review of the literature

2.1 Objectives

The key objectives in undertaking this project were to:

1. Undertake a brief review of the literature
2. Formulate an interview schedule, to plan and conduct focus groups to seek feedback from teams on their experiences of receiving coaching support in developing CMS working
3. Formulate an interview schedule, to plan and conduct interviews to seek feedback from coaches on their experiences of coaching teams in developing CMS working.
4. Analyse the focus group and interview data.
5. Draw conclusions and make recommendations from the study to inform coaches, teams and organisations of the potential role of the coach in supporting teams in developing CMS working

2.2 Boundaries of study

CMS is used widely across the US, Europe and more recently the UK as an approach to supporting teams in leading improvement in services for patients (Golton and Wilcock 2005)⁵. At the time of undertaking this study, I was working as an improvement leader in NHS Yorkshire and the Humber. Most of the 100 teams using CMS in the UK at that time were based within the region in which I worked.

At the time of undertaking this study I was working both as coach in supporting teams to develop CMS working and in coaching CMS coaches. The opportunity existed to take on the role of the worker researcher to use my networks of CMS coaches and teams to undertake a study to gain some insight into the role and practice of the CMS coach

Given the limited resources available and the exploratory nature of the study, I chose an inductive, qualitative case study design to explore the coaching experiences of coaches and teams in my region to provide some insights into the role and practice of the CMS coach.

2.3 Literature Review

2.3.1 Introduction

This short review of the literature provides some context to this study by:

- defining the concept of CMS
- demonstrating the wide spread use of CMS as a system-level strategy for achieving and sustaining large scale improvement and transformation both in the NHS and internationally.

- identifying the significance of coaching support in enabling teams to use CMS as an approach to leading improvement and transformation in the NHS
- identifying the need for greater definition of the role and practice of the coach in supporting teams in developing CMS working

2.3.2 Review

Clinical Microsystems

Front-line teams are the smallest replicable unit within an organisation (Quinn, 1992)²². Quinn proposes that leading service organisations continually re-engineer their frontline interface to connect the competence of the organisation with meeting and exceeding the needs of their customers

The Dartmouth Hitchcock team in the US have applied Quinn's theory to the health care context calling these smallest replicable units clinical microsystems (Godfrey et al 2007)⁷. Clinical microsystems are the building blocks of larger organisations. Microsystems have;

“clinical and business aims, linked processes and a shared information environment, and it produces performance outcomes”
(Nelson et al 2002, p473)⁴

The CMS approach involves supporting teams to lead and manage their improvement work by focusing on the needs of their client group and strengthening their organisational links to enhance their competencies in meeting these. Teams are supported in identifying and addressing areas for improvement through the use of a 5 P framework and a set of specific tools and techniques (Nelson et al 2007)⁷.

Use of CMS as a system-level improvement strategy

CMS is used widely across the US and Europe as a system-level improvement strategy and was introduced into the UK in 2004 (Golton and Wilcock 2005)⁵. Hibbs (2005)⁸ described the early spread of CMS working following the introduction of a national CMS pilot programme in the UK and Howell (2005) provides evidence of the uptake of CMS working in one health community in the UK. Williams et al (2007)⁶ estimate that at least 100 teams in the UK are using CMS working to lead their improvement work.

Coaching for CMS working

In a synthesis of the literature on implementation research, Fixsen et al (2005)¹⁰ identified coaching as one of seven key components in supporting the successful implementation of a new practice or programme within an organisation. Fixsen et al comment that whilst the evidence suggests coaching is an important component in supporting the successful implementation of practices and programmes, there is little research evidence to suggest what a coach should say or do to be most effective.

Coaching support is suggested to be an important component in developing effective CMS working yet there is a paucity of evidence to define what the role and practice of a coach should be in supporting teams in developing CMS working.

In their evaluation of the UK national pilot programme, Golton and Wilcock (2005)⁵ identified four factors that appear to have contributed to the success of teams one of which is “coaching”. They suggest that:

“local coaching support is crucial for help with technical needs (providing skills the team may not yet possess), for promoting understanding and involvement (offering external support to teams who need to explain the concepts and methods to sceptical others) and for independent facilitation and guidance (to ensure the work is seen to be free from internal ‘hidden agendas’)”.

(Golton and Wilcock 2005 p 13)⁵

Golton and Wilcock conclude that coaching for CMS working is “crucial” if organisations are looking to develop internal and self-sustaining capability to lead CMS working. They suggest that within organisations coaches should have a role in promoting uptake of CMS working, supporting teams in developing an understanding of CMS and supporting teams in developing CMS working.

In an evaluation of CMS working in the UK, Williams et al (2007)⁶ make a series of recommendations for CMS leaders at a programme, organisational and team level. Amongst the recommendations, Williams et al suggest that programme leaders should:

“train and allocate CMS ‘experts’, ‘coaches’ and/or improvement workers to provide ongoing and systematic support to implementer sites. A minimum involvement should be a precondition of recruitment to the programme”

(Williams et al p37 2007)⁶

To encourage the successful development of CMS working, Williams et al identify the need for teams to be supported in developing a “thorough” understanding of the CMS concept and to take ownership of their CMS work by identifying internal champions and advocates at an early stage in the implementation process.

Coaching for CMS working was a key topic for discussion at the 4th Clinical Microsystems Festival in March 2007 with presentations led by Godfrey (2007)¹¹ and Nilsson and Henriks (2007)¹².

Key points in the presentation by Godfrey include the importance for coaches to spend time learning about the unique characteristics of the team they will be coaching, the role of the coach in supporting the team in their development journey, the role of the organisation in supporting and coaching microsystem leadership development, the need for organisations to develop internal coaching networks and the intensity of coaching support required by teams at the beginning of the coaching relationship. Godfrey suggests teams are likely to require intense coaching support in the first four to five months with a steep reduction in input from the sixth month onwards.

In their presentation, Nilsson and Henriks suggest that the coach has a key role to play in ensuring that teams have the competencies required to undertake improvement work. They argue that transformation is the result of both “people power” and “process power” and that it is the role of the coach to support the development of a motivated team.

Nilsson and Henriks also suggest that the coach has a role to play in enabling the team to agree and share a compelling vision for improvement, to encourage the engagement of the whole team in the improvement effort, to support all team members in recognising and realising their potential as improvement leaders and to ensure that the team recognises and celebrates its achievements.

2.3.3 Conclusion

This brief review of the literature has identified that CMS is increasingly being used as a system-level improvement strategy in the UK, particularly in the region in which I work. Coaching support has been identified as an important enabler to the successful introduction of CMS working. The paucity of research evidence to inform the role and practice of the coach in supporting teams in developing CMS working supports the need for this study.

Chapter 3: Methodology

This chapter will describe methodology used in undertaking the study.

3.1 Aim

The aim of this study is:

To explore the role of the coach in supporting teams in developing CMS working to inform the future development of the role and practice of the CMS coach.

3.2 Research questions

The following research questions were formulated to address the research aim. The questions were generated through my reflective practice as a coach and informed by CMS leaders not involved in this study;

1. What are the needs of teams in developing CMS working?
2. What is the role of the coach in supporting teams in developing CMS working?
3. What approaches have coaches been using to support teams in developing CMS working?
4. How useful have teams found the coaching support they have received in developing CMS working?
5. What are the needs of coaches in supporting teams in developing CMS working?

3.3 Research Methodology

The research aim and questions in this study are exploratory in nature. The study sought to learn from the coaching experiences of teams and from the experiences of coaches in supporting teams in developing CMS working. The intention was to systematically capture and interpret this information to inform the future work of coaches and teams. A qualitative, fieldwork design (Blaxter et al 2002)¹³ was selected to study the research questions in depth to generate new insights and understanding to inform the development of the role and practice of the CMS coach.

A case study approach was used to generate insights into the role of the coach drawing on the experiences of coaches and teams. The case study approach enabled an exploration of the experiences and practices of different coaches and teams in different settings in the intention of generating a rich insight into the role of the coach.

Data was collected using individual interviews with coaches and focus group interviews with the frontline teams.

3.4 Sample selection

Gill and Johnson (2002)¹⁴ suggest that where a study is exploratory in nature, a researcher may choose to select a sample based on their judgement of who is most likely to provide some interesting insights into the topic under study. Where such an approach is used, the researcher needs to provide clear rationale for the selection of their sample in relation to addressing the research aim. In addressing the research aim, the study needed to capture the experiences of both coaches and teams to inform the 5 research questions.

There are many variables in the coaching arrangements that have been established between coaches and teams. Coaches are currently supporting teams in a range of service settings (e.g. Primary health care teams, ante-natal teams, community mental health teams, acute cardiology teams etc) and in a range of organisations (e.g. GP practices, mental health trusts, acute trusts and primary care trusts). Some coaches have been supporting teams within their own organisations whilst others have been supporting teams from outside of their organisation. Coaches will inevitably have differing levels of knowledge, skills and experiences in working with teams, in coaching teams, in leading improvement and in using the CMS model. There will also be significant diversity amongst the teams. They are likely to be of different sizes and configurations, have differing cultures and levels of knowledge, skills and experience in leading improvement work.

The aim of the study was not to manage the diversity amongst coaches and teams but to learn from the diverse context in which the coaching of teams took place. A purposive sample of coaches and teams was selected using the following criteria:

Sampling criteria for teams	Sampling criteria for coaches
Team began to develop CMS working at least 12 months ago	Coach to have experience of working as a CMS coach for at least 12 months
Team received coaching support to develop CMS working	Coach to have experience of coaching at least 3 teams in developing CMS working
Team considered coaching support to have been helpful in developing CMS working	Coach to have at least one positive experience of supporting a team in developing CMS working
Teams to be selected from 3 different service areas	Coaches to be selected to reflect diversity of employing organisation, range of teams coached, experience of coaching teams within or out with organisation. Sample to include the coaches involved in coaching the three sample teams
Teams to be selected from 3 different types of organisation	

Table 1

3.5 Triangulation of perspectives, participants, methods and analysis

A triangulation of methods, participants and analysis was used to enhance the validity and reliability of the research findings. Robson (2002)¹⁶ defines triangulation as the use of;

“More than one perspective, theory, participant, method or analysis...to give a better “fix” on the object of study”.

The design in this study triangulates the use of more than one perspective - by seeking the experiences of coaches and teams on the role of the coach, by using more than one participant - by engaging six coaches and three teams, by using more than one method - by using individual interviews and focus group interviews and by using informant verification of interpretations from the data as another form of triangulation (Saunders et al 2002 p103)¹⁷.

3.6 Data collection, analysis and validation

Each team was invited to participate in a focus group interview (Krueger & Casey 2000)¹⁸ to share their experience of coaching. The group interview focused on addressing the research questions and the methodology used was in accordance with the recommendations of Krueger & Casey. This included the structuring of questions, the taping of interviews and the validation of interpretations from the data with participants to enhance the validity of the research findings. The focus group data was transcribed and analysed using the long table approach described by (Krueger & Casey 2000 p157).

To evaluate the experiences of coaches, semi-structured interviews (Bell 2005) were undertaken with a purposive sample of six coaches to capture their experiences of coaching. The sample included the three coaches involved in coaching the focus group teams and an additional three coaches who have worked with teams who were thought to have found coaching support helpful in developing CMS working. The interviews focused on addressing the research questions and the methodology used in accordance with the guidelines set out by Bell (2005, p165)¹⁹. This included the structuring of questions and the taping of interviews where permitted. The data was transcribed, analysed and validated as for the focus group data.

3.7 Ethical Considerations

The research was undertaken in accordance with the NHS Research Governance Framework (DOH 2001)²⁰. Permission for undertaking the study was sought and received from my employing organisation's ethics committee and the ethics committees of the three organisations employing the informants for this study.

3.8 Confidentiality and informed consent

Bell (2005)¹⁹ emphasises the importance of ensuring that participants are clear about the purpose of the research and issues of anonymity and confidentiality and of their relevance to them. Although anonymity could not be agreed, wherever possible steps were taken to maintain anonymity. For example correspondence was made individually with each coach and each team. A written agreement was used to ensure that all participants were clear about the issues of anonymity and confidentiality and of how these applied to them. All participants were required to sign an agreement prior to participating in the research to confirm their informed

consent for the use of their data and to advise them of their rights to withdraw from the study at any point (appendices 1, 2, 3).

3.9 Strengths and limitations of research design

3.9.1 Strengths of the research design

- Evidence suggests that coaching is an important factor in supporting the successful implementation of CMS working. This study will contribute to an evidence base to inform the future role and practice of the coach in supporting teams in developing CMS working in the UK
- Although this is a small study the findings are likely to have generality in informing the role and practice of the coaches in supporting teams in developing CMS working in a range of settings and organisations
- Involvement of coaches as participants in the research is likely to support the adoption of recommendations made

3.9.2 Limitations of the research design

This study does not seek to;

- evaluate the effectiveness of CMS as a system-level improvement strategy
- determine whether or not teams need a coach to support them in developing CMS working
- evaluate the experiences or capture the learning from teams who have not found coaching support helpful in developing CMS working

Chapter 4: Project Activity

This chapter will describe how the study was undertaken

4.1 Interview Schedule

An interview schedule was drafted to address the 5 research questions as set out in section 3.2. The following sequencing of questions was used as recommended by Robson (2002)¹⁶ as a structure for the schedule; Introduction, warm-up, main body of interview, cool-off and closure.

Copies of the draft interview schedule were forwarded to two colleagues who were involved in coaching CMS coaches but who were not involved as informants in the study. The colleagues were invited to comment on the face validity of the schedule to determine whether they felt that the questions were meaningful, clearly presented and were appropriately focused for addressing the research questions. Both colleagues provided feedback that led to the production of the final draft of the schedule (appendix 4). Piloting of the interview schedule was not undertaken due to time constraints.

4.2 Focus Group Schedule

A focus group schedule was drafted to address the 5 research questions set out in section 3.2. To inform the structure of the schedule the following questioning route was used in accordance with the advice of Krueger and Casey (2000)¹⁸ opening, introductory, transition, key questions and ending questions.

Copies of the draft focus group schedule were forwarded to three team leaders who had experience of receiving coaching support for developing CMS working but who were not involved as informants in the study. The team leaders were invited to comment on the face validity of the schedule to determine whether they felt that the questions were meaningful, clearly presented and appropriately focused for addressing the research questions. All three colleagues provided feedback that led to the production of the final draft of the schedule that was used in the focus group interviews (appendix 5). Piloting of the interview schedule did not take place due to time constraints.

4.3 Identifying a sample and recruiting informants

A purposive sample of six coaches and three teams were selected to participate in the study using the criteria set out in 3.3.4.

The teams were drawn from three different organisations serving different client groups. They included a team from a PCT, a team from a mental health trust and a team from an acute trust. All three teams had participated in one of two microsystem development programmes to support them in implementing CMS. All three teams had received coaching support in developing CMS working. The data collection took place 18 months after the coaching relationship had been put in place. Teams had received coaching support for a period of approximately six months to support the initial introduction of CMS working. Two of the teams had continued to use CMS as an approach to leading improvement, one team was no longer using CMS. The teams were asked to focus on their experiences of receiving coaching support for developing CMS working in their team to inform this study.

The six coaches were drawn from three different organisations. All six coaches were employed as service improvement leaders. Two worked as improvement leaders in a local cardiac network, two were members of an improvement team in a Mental Health Trust and two were members of an improvement team supporting several organisations in a local health community. Two of the coaches provided support to teams from within their organisation, two provided support to teams within the cardiac network and two supported teams in a range of organisations across a health community. The coaches all had experience of providing coaching support to three or more teams in supporting the introduction of CMS working. The sample of six coaches included the three coaches from the three teams included in this study. Coaches were asked to draw on their overall experience of coaching teams in developing CMS working to inform this study.

4.4 Informed consent

Informed consent has been defined as:

“An ethical principle that requires researchers to obtain the voluntary participation of subjects, after informing them of possible risks and benefits”.

(Polit and Hungler 1991)¹⁵

Saunders et al (2000)¹⁷ suggest that there are a number of aspects to the concept of informed consent. These include: the nature of the research, the requirements for taking part, the implications for taking part, the participants' rights, and the use of the data and the way in which it will be reported.

To obtain informed consent it is recommended that the researcher produces and information sheet and an informed consent sheet for both the researcher and informant to sign (Robson 2002¹⁶, Saunders et al 2000¹⁷, Polit and Hungler1991¹⁵). The use of this documentation enables the informant and the researcher to confirm the basis on which the informant is agreeing to participate in the study and sets out the rights and responsibilities of the informant and the researcher in relation to the study.

To secure informed consent from participants in this study, information sheets and consent forms (appendices 1,2,3) were discussed and signed with all focus group participants and interviewees. The information sheets and consent forms were based on a template by Robson (2002)¹⁶ and were customised for each individual informant.

Bell (2005)¹⁹ emphasises the importance of providing informants with time to understand and absorb the information provided to them before being asked to provide their signed consent. In accordance with this recommendation, all participants were provided with the information sheets and consent forms at least two weeks ahead of the interviews or focus groups.

4.5 Undertaking the interviews and focus groups

The interviews and focus groups were scheduled to take place at mutually convenient times with the informants over a six week period. Permission was gained from all participants to tape the interviews and focus groups.

The interview schedules were used to lead the discussion. Notes were taken both in the individual and focus group interviews.

4.6 Transcribing the data

The interviews and focus group data were transcribed from the tapes. Notes taken during the interviews were useful in interpreting less audible parts of the recordings. The transcripts were validated with each of the informants.

4.7 Analysing the data

The “long-table approach” (Krueger & Casey 2000)¹⁸ was used to analyse the focus group and interview data. This low-technology approach to analysing data allows the analyst to identify themes and to group these together in categories. Krueger and Casey (2000) suggest that data can be categorised to answer each of the research questions or more powerfully, they can be used to identify key themes that emerge from asking the research questions. They suggest that ideally the written report should focus around the emergent themes rather than the research questions.

In applying the long-table approach the transcripts were cut up and used to identify key themes in the data. Seven key themes emerged from the data in relation to the five the research questions. In line with the advice of Krueger and Casey (2000) the findings were structured around the seven emergent themes. In writing up the findings from the study the themes were initially presented in the form of a “rainbow pyramid” as a pictorial representation of the seven emergent themes associated with the role of the coach.

4.8 Informant validation of analysis

Draft copies of the findings and the pyramid model were circulated to the informants to seek their feedback on the interpretation of their experiences of coaching for Microsystems working. Three informants responded commenting that the findings reflected their experiences and understanding of the role of the coach on supporting teams in developing CMS working. However the informants felt that the pyramid was not the best way to present the seven themes as the themes are likely to be less linear and more fluid in their application to different coaching situations. The pyramid has since been adapted to a “rainbow compass” (appendix 6) with the approval of informants.

Chapter 5: Findings

This chapter will set out the findings of the study and their relevance to role of the coach in supporting teams in developing CMS working.

5.1 Key themes

Seven key themes emerged from the data. These include:

- Clarification of the role of the coach
- Supporting the role of the coach
- Building a rapport with the team
- Developing team understanding of CMS working
- Developing team ownership of CMS working
- Enabling teams to implement CMS working
- Making an exit

5.2 Clarification of the role of the coach

The role of the coach was considered to be about enabling, empowering and facilitating teams to lead CMS working;

“coaching is a different model of leadership. It’s not about going in there as an expert, it’s about facilitating a process to enable teams to work on their issues”
(Coach 6)

“a coach means that you are an asking individual not a telling individual that’s very important that you’re not managing these people but that you are trying to get them to understand and to get them to come to their own conclusions. So understanding the role of the coach is very, very important”.
(Coach 1)

Informants identified the need for clarity in the role of the coach from the outset of the coaching relationship with the team. Clarity in the role of the coach was suggested to be an important factor in developing a positive, productive working relationship between the coach and the team.

“Clarity early on about my role as a coach would have been very, very valuable. I have seen a number of coaches working with microsystems and some have been in extremely successful relationships and some have maybe not been as successful. It could have been about what the coach is there to do. Again it’s that clarity about the relationship between the coach and the microsystem team”.
(coach 2)

One team suggested that if they had had greater clarity of the role of the coach at the outset it would have enabled them to have developed a more productive working relationship with their coach;

“I don’t think we really ever understood our coach’s role. From our point of view what would have helped would have been some really, really clear, definite guidance on the role of the coach. It just would have helped start the process and helped us to be clearer at the beginning”.
(team x)

The role of the coach in enabling and empowering teams in leading, managing and owning their improvement work is supported by Nilsson and Henriks (Clinical Microsystems Festival, 2007)¹². Nilsson and Henriks describe coaching as “an art of supporting the professionals to execute” by ensuring that teams have the competencies required to undertake improvement work. They also suggest that the coach has an important role to play in supporting the development of a motivated team and that working with teams in leading CMS working is as much about “people power” as “process power”.

5.3 Supporting the role of the coach

The role of the coach presented participants with a new and different approach to supporting teams in their improvement work. By taking on the role, coaches were required to make a transition from working with teams in undertaking improvement projects to enabling teams to own, lead and manage an ongoing programme of improvement work.

In making this transition, informants identified their need for support in preparing for their new role:

“I have never received any formal coaching or any training on coaching. I think that as we’re moving more into building capacity and capability in front-line teams, an understanding of how to coach is a skill gap for me. I think a more robust and structured approach to preparing coaches in advance of working with teams with clinical microsystems would be a distinct advantage.” (coach 2)

“I am not a trained coach. We should perhaps in hindsight focused more on what the skills of a coach should be. Some sort of starter pack might be helpful. A list of possible bits that you can read about the coaching role would have been helpful. Maybe an option to have a buddy or something like that would be quite useful.” (coach 1)

Coaches had accessed a range of support and development opportunities to support them in developing their role in working with teams. These opportunities included; CMS development workshops, coaching networks, peer supervision and individual coaching. The support mechanisms were considered to have been helpful in enabling coaches to reflect on their own learning, to learn from the experiences of others and to benchmark their progress in coaching their team in developing CMS working:

“The national pilot programme was an excellent environment in which to share the learning. I think if I hadn’t have been there my expectations of my role wouldn’t have been so clear...it was a confirmation to myself as a coach that things were moving in the right direction hearing the experiences of other people was an invaluable way to help and support me to develop as a coach” (coach 2)

“My colleague and I have given a lot of peer supervision to each other. We kept logs of our experiences.” (coach 4)

“I was very lucky having someone who knows a lot about coaching coaching me. I skinned her of all her knowledge. She was excellent” (coach 1)

The need for developing a range of support mechanisms for coaches is supported by Golton and Wilcock (2005)⁵ and Godfrey (2007)¹¹. Golton & Wilcock emphasise the importance of supporting coaches to develop new competencies. Godfrey suggests

that coaches should keep a reflective diary or “playbook” to support their development and that they should be enabled to access regular support through internal coaching networks.

5.4 Building a rapport with the team

The importance of building a positive rapport or relationship between the coach and the team was recognised as an important, early step in the coaching process. It was suggested that by getting to know the team the coach would be better placed to assess and develop the team’s potential for developing CMS. Building a rapport with the team involves getting to know the team and agreeing some rules of engagement.

“I think that if the relationship between the team and the coach is not fostered, nurtured and developed then that will seriously jeopardise the team’s ability to accept the clinical microsystems model.” (coach 4)

“the first thing you need to know are the key basics about the team and the pressures they’re working with. You need to have a chat with the team and gauge their level of enthusiasm and then determine how you will work with them. No one size fits all. You definitely need to know about the team”. (coach 3)

Whilst teams have some common needs for developing CMS working, different teams will also have different needs. For example, some teams may primarily need a reinforcement of ideas and reassurance that they are on the right track whilst others may require support with managing behavioural issues etc.

“Different teams need different things. For one team it was about process, for one team it was purely about behaviour, how they actually behave with each other. They have needed different things” (Coach 1)

“We looked to our coach for a reinforcement of ideas, reassurance, enthusiasm and motivation.” (Team z)

As different teams are likely to have different needs for coaching support, coaches may have different roles to play with different teams;

“The role of the coach depends on the team you’re working with. I worked with three different teams and took on a different role with each. With (team a) there was a strong leader in the team, I was merely a backup and an information resource, in (team b) they also had a strong team leader so the only thing I did was to go and help to generate initial enthusiasm and to act as an fall back if they needed me. In (team c) I could have become very involved. I had to draw myself back, it’s not about me telling them and doing it for them it’s about them working it out for themselves with my support”. (coach 3)

Teams and coaches suggested that it may be beneficial to discuss and agree some terms of engagement as a foundation to establishing a positive coaching relationship.

“I did feel that the team I worked with in the pilot were very unclear about what my remit and role was there to do and if I’m honest I didn’t set that level of clarity with the team so we went through a period of well where are my boundaries as a coach within this relationship and what are their expectations

of me...and we never had that debate or discussion and I think that would have been something that might have helped clarify some points early on and might have alleviated some of the potential conflicts that may have arisen in working with that team"

(Coach 2)

"Can I ask would a coach normally have been known to the team? I don't think I ever really understood the concept. I think she was just there. There wasn't really ever a question of why she was there. I don't know how she became our coach. She wasn't chosen by the team."

(team x)

Coaches had different views on how they might agree terms of engagement with their teams. Whilst two coaches were using a formal documented agreement to agree rules of engagement, another coach felt strongly that this would be incompatible with the trusting nature of a coaching relationship;

"Before we started anything we would say we need to have a meeting with the nurse manager or whoever manages the service to sort out what we have to do. We have a thing that we call our Modernisation Brief. It was giving us a feel for the team and what they wanted us to achieve together. The Modernisation Brief keeps you on the straight and narrow"

(coach 4)

"a formal agreement might go against the grain on how coaching should work. The three teams I worked with were all very pleased to have a coach. There was never any suggestion that they didn't want to have me. There were ups and downs"

(coach 1)

The importance of building a rapport with team is supported by Godfrey (2007)¹¹ and Nilsson and Henriks (2007)¹². Godfrey suggests that it is important for the coach to learn about the unique characteristics of the team as a foundation to productive coaching relationship.

5.5 Developing an understanding of CMS

A common theme identified by both teams and coaches was the need for teams to develop an understanding of CMS, of what it is and how it might be implemented. Teams identified their need for developing an understanding of CMS as an important early step in the implementation of CMS working:

"It wasn't easy, microsystems was thrown at us to start with. You were given this thing and you were supposed to tell everyone else about it whilst you didn't really know about it yourself to start with."

(Team y)

"you've got to know what microsystems is before you start it. You need someone who is well informed and can pass this information on to other people at different levels".

(Team x)

"the coach has a role in enabling the team to fully understand the microsystems model. You've got to understand it and translate it as best you can to the team".

(coach 3)

Coaches commented on their approach to supporting teams in developing their understanding of CMS by providing a clear overview of CMS and examples of how it has been used successfully by front-line teams:

“You need to be able to give a general overview of Microsystems and show them evidence of how it has worked for other teams” (coach 3)

“I made sure I knew about Microsystems. I made sure I had the information if they needed it. I didn’t go in and give them it but I made sure that I was knowledgeable enough or would have been able to find out. I felt I had a responsibility to do that” (coach 5))

The need for teams to be supported in developing an early understanding of CMS is supported by Golton and Wilcock (2005)⁵ and Williams et al (2007)⁶. Golton and Wilcock recognised that it took some time for teams to develop an understanding of CMS and Williams et al recommended that teams should be supported to develop a “thorough” understanding of CMS working at an early stage of implementation.

5.6 Developing team ownership of CMS

The need for teams to take ownership of CMS working from the outset is a common theme in the data. Both teams and coaches identified the importance of ensuring early team ownership of CMS working.

“it’s got to be owned by the team. You’ve got to make people feel they own it” (Team x)

“don’t get them reliant on you” (Coach 4)

Coaches have a role to play in enabling teams to take ownership of CMS working as an effective approach to leading improvement. To achieve this, the coach needs to have confidence in CMS as an effective improvement model and to be able to communicate this to the team.

“As a coach you have to have confidence that microsystems will work. That you believe in it yourself.” (coach 1)

Make sure you believe in it too. Don’t go into a coaching role for microsystems if you don’t believe in it because it’s all about selling it big time as a new way of working”. (coach 3)

Coaches need to ensure that teams are clear that they need to own the CMS work and that the role of the coach is to support them in developing CMS working.

“I did feel that there was an implied expectation that I would be coming in, that I would be directing them, I would be co-ordinating what would happen, when, where and how. I had to say very early on, no that’s not what I’m here to do”. (coach 2)

“At first they expect you to come in to tell them what to do, how to do it and when to do it. As they begin to understand Microsystems they understand they need to own this” (Coach 6)

A number of approaches were used by coaches to encourage teams to take ownership of their CMS work. Approaches included; engaging teams in early dialogue about the need for them to take ownership of their work, undertaking an assessment of their needs and level of commitment, agreeing expectations at the

outset of the coaching relationship, and identifying one or more link people within the team to work with and through;

“Be clear about what you’re there to do and what you’re not there to do. Be very clear that it’s not a project.” (coach 2)

Examples were identified by teams of where they had successfully developed ownership of their CMS working and where this had not been successful:

“To start with there was a lot of input. She gave us an awful lot of support. She got us to take ownership. There was a lot of work to set things up. We could have dropped it (CMS) because no-one is looking now but we saw the value in it.” (team y)

“we did talk about whether we would continue microsystems once the coach was no longer there and we thought we probably wouldn’t you see. That was the problem. We should have gained more commitment from within the team.” (team x)

Coaches reflected on their role in enabling teams to take ownership of their CMS working. Coaches commented on the fine balance between under supporting and over supporting teams in developing CMS working.

“I think I can be too supportive at times. There is a tendency at times that I want people to succeed so much that I can maybe do too much and I really have to be careful and step back and enable them to grow and to do that. It’s an easy trap to fall into.” (coach 5)

The need for teams to take early ownership of their CMS working is well supported by the literature (Golton and Wilcock 2005⁵, Williams 2007⁶, Godfrey 2007¹¹, Nilsson and Henriks 2007¹²). Williams et al recommend that teams should identify internal champions and advocates at an early stage of the implementation process. Nilsson and Henriks suggest the coach has an important role to play in enabling the team to agree and share a compelling vision for improvement

5.7 Setting up CMS working

It was recognised that there is often a lot of work to do in setting up a programme of CMS work. The needs of teams in setting up CMS working included support and direction on how to implement CMS, the setting up of data collection systems, action planning and establishing processes to ensure the delivery of action plans to agreed timescales.

“We didn’t know what microsystems was about to start with. We didn’t know what to expect of any of it. We felt we needed to be told what to do. There was a lot of work to set things up”. (Team y)

“Teams expected me to help them with data to understand their patterns to help them to come up with their own ideas on how to improve. It was helping them to get started on the data issue” (Coach 3)

The role of the coach in supporting teams in setting up CMS working was suggested to include; ensuring the engagement of team members, unlocking synergy in the team, encouraging teams to put forward their improvement ideas, supporting the team to put their ideas and improvement plans into action, advising on improvement

tools and techniques and their application and supporting the team to access external sources of support.

“the coach should be proactive and engage members of the team” (team x)

“most of it is about working together and unlocking talent and understanding what each other does and what each other’s potential is. I think that’s hugely important”. (coach 1)

Several approaches were used by coaches to support teams in setting up CMS working. These included; agreeing expectations, front-loading support to provide more input at the beginning of the coaching relationship to support the set up of CMS working and supporting teams in applying improvement tools and techniques;

“Be very clear about for what period of time. Be very clear that initially it may be resource intensive with a more phased out approach as the team grows and develops. Be very clear about what your time investment to that team will be and what your projected exit strategy for that team would be”.(coach 2)

“knowing about improvement tools, how to apply these and introducing them at the right time for the team. Being able to judge this”. (coach 3)

Teams provided examples of how coaching support had enabled them to set up CMS working. Coaching support was considered to have been helpful in enabling them to make time for developing CMS working, to apply improvement tools and techniques and to ensure the implementation of improvement ideas and action plans.

(Our coach) has taken the load off of us as much as possible to support us in getting started. We wouldn’t have had time to do this without her. She made our time go further” (team y).

“(Our coach) was supportive, empowering, consistent, persistent at times and provided us with regular feedback. We knew we had to move things forward because she would be back next week chasing us up”. (team z)

The role of the coach in supporting teams in setting up CMS working is well supported in the literature (Golton and Wilcock 2005⁵, Williams et al 2007⁶, Godfrey 2007¹¹, Nilsson and Henriks 2007¹²). Godfrey emphasises the important role the coach has to play in supporting teams to develop appropriate measures, targets and goals and to put in place a system for tracking improvements in performance. Nilsson and Henriks (2007) suggest that the coach has a role to play in encouraging all team members to take an active role in the improvement effort.

5.8 Making an exit

Coaches and teams identified that coaching input is likely to be more intensive at the beginning of the coaching relationship and will reduce as the team begins to own, lead and manage their CMS work.

“coaching is more intensive at the beginning when people get going on it and then form a programme of change and once that becomes part of the way they work I would be saying to them well when do you want me to come back rather than saying I will come back again next week”. (coach 1)

Coaches and teams identified the need for an exit strategy to enable the coach to withdraw from the team and for the team to know where they can go for support if and when they need it as they continue to develop their CMS working.

“The team need to agree an exit strategy at an appropriate time in the process so that when they are confident they are moving forward with things then the coach can slowly withdraw their input in a way that the team never feels alone, it might only ever be telephone contact but they need some sort of mechanism for linking in if they need support further on. You need to ensure that when you stop supporting the team you don’t take the ownership of the work with you. It really should stay with that team.” (coach 2)

Godfrey (2007)¹¹ suggests that most teams are likely to require coaching support for a 12 month period to enable them to develop a sustainable approach to CMS working. They recognise that coaching input is likely to be intensive for the first four months with a steep reduction in the need for input from the sixth month onwards.

Chapter 6: Conclusions and Recommendations

This chapter sets out the conclusions of the study and makes recommendations for coaches, teams and organisations in providing teams with coaching support in developing CMS working.

6.1 Conclusions

This study aimed to explore the role of the coach in supporting teams in developing CMS working. In addressing the original five research questions, seven key themes emerged from the data. The conclusions from the study are presented here in relation to the seven emergent themes.

6.1.1 Clarification of the role of the coach

The role of the coach in developing CMS working is about enabling, empowering and facilitating teams to own, lead and manage their CMS work. It is important for coaches and teams to develop a shared understanding of the role of the coach as a foundation for developing a positive, productive working relationship. The coach has a role to play in supporting the development of a motivated team and in supporting the team to develop competencies in leading improvement work.

6.1.2 Supporting the role of the coach

The role of the coach is likely to present both coaches and teams with a new approach to leading improvement work. Until recently, the predominant approach to leading improvement in the NHS has been to undertake improvement projects with or on behalf of teams. The approach to providing teams with coaching support to develop CMS working presents a fundamentally different way of supporting teams in their improvement work.

In taking on the role of the coach, coaches will often need to make a transition from the way they have traditionally worked with teams in undertaking improvement projects, to working with teams in enabling them to own, lead and manage an ongoing programme of improvement work. In making this transition, coaches are likely to have some development and support needs.

Coaches need to think about establishing support arrangements to enable them to develop into their new role. Support arrangements might include; learning workshop programmes, participation in a coaches network, peer supervision, individual coaching and the use of reflective practice. Access to support is likely to be of help to coaches in enabling them to reflect on their own learning, to learn from the experiences of others and to benchmark their progress in coaching their team in developing CMS working

6.1.3 Building a rapport with the team

Coaches need to develop a positive rapport or relationship with the team at an early stage in the coaching relationship. By developing a positive rapport with the team, the coach will be better placed to assess and develop the team's potential for developing CMS working. Building a rapport with the team involves learning about the unique characteristics of the team and agreeing some terms of engagement.

The coach needs to learn about the team, their aspirations, level of enthusiasm for CMS, the context that they're working within and their support needs.

Teams will have some common needs and some differing needs for coaching support. Coaches are likely to play different roles in supporting different teams. It may therefore be beneficial for the coach to agree some terms of engagement with the team as a foundation to establishing a positive, focused coaching relationship. Different people will have different views on the best approach to agreeing terms of engagement. Some will prefer to depend on a verbal agreement whilst others will choose a more formal approach of using a signed agreement.

6.1.4 Supporting teams to develop an understanding of CMS

Most teams will need support in developing an understanding of CMS and of how they might develop CMS working in their setting. Coaches need to have a detailed understanding of CMS and of how it has been applied successfully in a range of settings. Coaches need to be able to communicate about CMS to a wide range of audiences with confidence and conviction.

6.1.5 Developing team ownership of CMS

Teams need to take ownership of their CMS work from the outset of the coaching relationship. Coaches have a role to play in supporting teams to develop a compelling vision for their improvement work and to identify internal champions and advocates at an early stage in the implementation process.

Coaches are likely to use a range of approaches to support teams in taking ownership of their CMS work including; engaging teams in early dialogue about the need for them to take ownership of their work, undertaking an assessment of their needs and level of commitment, agreeing expectations at the outset of the coaching relationship, and identifying one or more link people within the team to work with and through. Coaches need to strike a fine balance between under supporting and over supporting teams in developing CMS working.

6.1.6 Setting up CMS working

Teams are likely to need support in setting up a programme of CMS work. The needs of teams are likely to include; support and direction on how to implement CMS, the setting up of data collection systems, action planning and establishing processes to ensure the delivery of action plans to agreed timescales.

The role of the coach in supporting teams in setting up CMS working may include; ensuring the engagement of team members, unlocking synergy in the team, encouraging teams to put forward their improvement ideas, supporting the team to put their ideas and improvement plans into action, advising on improvement tools and techniques and their application and supporting the team to access external sources of support.

6.1.7 Making an exit

Coaching input is likely to be more intensive at the beginning of the coaching relationship and will reduce as the team begins to own, lead and manage their CMS work. Teams may require intensive input for up to four-five months with a significantly reduced level on input from the sixth month onwards. Coaches and teams need to agree an exit strategy to enable the coach to withdraw from the team

and for the team to know where they can go for support if and when they need it as they continue to develop their CMS working.

The seven themes have been summarised in the form of a “rainbow compass” (appendix 6). The model aims to depict the themes as seven key considerations that need to be taken into account when developing a coaching relationship to support teams in developing CMS working. Coaches, teams and organisations may wish to use the wheel as an aide memoire in informing the coaching of teams for CMS working.

6.2 Recommendations

Coaches

- Ensure the team understands that your role is to enable them to own, lead and manage their CMS work
- At an early stage in your coaching relationship, make time to get to know the team, to learn about their aspirations and level of commitment for developing CMS working.
- Work with the team in identifying their needs for coaching support.
- Work with the team to agree some terms of engagement as a foundation to your coaching relationship. Agree with the team whether this should take the form of a verbal or documented agreement.
- Support the team in enabling them to develop an understanding of the CMS model
- Support the team in enabling them to take ownership of their CMS work. Support the team in developing a compelling vision for their improvement work and seek to identify some internal champions and advocates at an early stage of implementation.
- Support the team in setting up a programme of CMS work. Support might include help in generating ideas, the setting up of data collection systems, undertaking data analysis, follow through with the team on the delivery of action plans etc. Bring in additional skilled support as appropriate.
- Work with your team in developing an exit strategy. You are likely to need to provide a greater amount of coaching support for the first four to five months of your coaching relationship with a reduction in input for up to a year as the team takes full ownership of their CMS work. Consider putting in place arrangements for the team to call on future support if and when they need it once you have moved on from the team.

Teams

- Ensure that you understand that the role of your coach is to enable your team to own, lead and manage your CMS work
- As an early step in your coaching relationship, make time to meet with your coach to enable them to get to know your team and to learn about your aspirations and commitment for developing CMS working.
- Work with your coach in identifying your team's needs for coaching support
- Work with your coach to agree some terms of engagement as a foundation to your coaching relationship. Consider whether you would like this to take the form of a verbal or documented agreement.
- Draw on the support of your coach in enabling your team to develop an understanding of the CMS model
- Draw on the support of your coach in developing team ownership for CMS by developing a compelling vision for the improvement work of your team and by

identifying champions and advocates from within your team with whom the coach can work to support you in developing CMS working

- Draw on the support of your coach in setting up a programme of CMS work. Support might include help in generating ideas, the setting up of data collection systems, undertaking data analysis, follow through with the team on the delivery of action plans etc.
- Work with your coach in developing an exit strategy. You are likely to need a greater level of support for the first four to five months of your coaching relationship with a reduction in input over a year as your team takes full ownership of your CMS work. Consider putting in place arrangements to call on future support if and when you need it to support your team once your coach has moved on from the team.

Organisations

- Ensure that coaches and teams understand that the role of the coach is to enable teams to own, lead and manage their CMS work
- Ensure that coaches have a clear specification and understanding of their role
- Ensure that coaches are well prepared for assessing the coaching needs of teams
- Ensure that coaches are supported in meeting the differing needs of teams by facilitating their access to specialist resources to address a range of needs e.g. data analysis, managing team dynamics etc.
- Ensure that coaches are supported in establishing appropriate mechanisms of support to guide and inform their practice e.g. access to a mentor, peer network, action learning set of coaches etc.
- Enable teams to take a lead role in selecting their coach
- Support your coaches and teams in developing an exit strategy. Teams are likely to need a greater level of support for the first four to five months of a coaching relationship with a reduction in input over the year as the team takes on full ownership of their CMS work. Consider supporting arrangements to enable the team to call on future support if and when they need it to support the team once the coach has moved on from the team.

6.3 Limitations of the study

This small scale exploratory study seeks to provide some insights into the role of the coach in supporting teams in developing CMS working to inform the future development of the role and practice of the microsystems coach. This study does not seek to determine;

- the effectiveness of the coach in supporting teams in developing CMS working.
- whether teams require the support of a coach in developing CMS working

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Appendix 1



Yorkshire and the Humber

Participant Information Sheet

1. Study Title

“The role of the coach in supporting front-line teams in developing microsystems working: an evaluation”

2. Invitation to participate in the study

I am Laura Hibbs, a Service Improvement Manager for NHS Yorkshire and the Humber. I am undertaking the above study as part of a Masters Degree Programme. I am the project lead and can be contacted on 07879 898152 or at laura.hibbs@yorksandhumber.nhs.uk

I would like to invite you to participate in the above study. Before you decide it is important for you to understand why the study is being undertaken and what it will involve. Please take time to read the following information to decide whether or not you wish to take part. Please do not hesitate to contact me if there is anything that is not clear or if you would like more information.

3. What is the purpose of the study?

The aim of this study is to inform the role and practice of the coach in supporting front-line teams in developing microsystems working. Microsystems working is being used by over 100 teams in the UK to lead and manage their improvement work.

There have been no previous studies to evaluate the coaching support of microsystems teams. This small study aims to capture some early learning from three teams and their coaches to inform the developing role and practice of coaches in supporting front-line teams in leading and managing their performance improvement work through microsystems working.

The findings from the study will be used to inform the training and development of microsystem coaches.

4. Why have I been invited to participate in the study?

This study aims to capture the “coaching” experiences of three front-line teams and their coaches in leading improvement through microsystems working.

I am inviting you to participate in this study to share your experiences of having worked as a coach in supporting one or more front-line teams in developing microsystems working. I would really welcome your thoughts on what has worked well or not so well in your experiences of coaching microsystems teams and on how you feel coaching support might be usefully provided in the future for teams looking to develop microsystems working.

As one of the first microsystems coaches in the UK you have some very valuable experience that we are keen to learn from.

5. Do I have to take part in the study?

No. Participation in the study is entirely voluntary. It is up to you whether or not you wish to take part in the study.

If you would like to participate in the study, you will be given a copy of this information sheet to keep and will be asked to sign a consent form. You are free to withdraw from the study at anytime and without giving a reason.

6. What will happen if I take part in the study?

If you choose to take part in the study I will ask you to participate in an interview to explore your experiences of coaching a front-line team in developing microsystems working.

As the project lead, I will undertake the interview with you. At the beginning of the interview I will seek your permission to record the interview on audio-tape to ensure that I do not miss any of your comments.

I will securely store the audio-tapes from the interview for a period of up to 12 months following the completion of the study. The tapes will not be used for any other purpose than as a data source for this study. The tapes will be kept strictly confidential and will be available only to the research team. Excerpts from the interview data may be used in the final report, but under no circumstances will your name or any identifying characteristics be included in the report.

The interview will take place at a time and venue of convenience to you. The meeting will last for no more than 90 minutes. You will be given the opportunity to review and comment on the analysis to confirm and corroborate initial findings before they are presented in the final report. I would welcome any comments or concerns that you may have about the process and can be contacted on 07879 898152 or at laura.hibbs@yorksandhumber.nhs.uk

7. What if there is a problem?

It is important that you feel comfortable and supported in participating in this study. If at anytime you feel uncomfortable or concerned about participating in the study I would like to encourage you to share your concerns with me. If you would prefer not to raise your concerns with me, I would like to encourage

you to raise your concerns with your manager or with your organisation's research and development co-ordinator. Your Research and Development Co-ordinator's details are:

.....(insert details)

8. Will my taking part in the study be kept confidential?

Yes. All the information about your participation in this study will be kept strictly confidential. Under no circumstances will your name or any identifying characteristics be included in the report.

9. What will happen to the results of the study?

A Report will be published summarising the findings of this small study. Copies of the report will be provided to all participants. A copy of the report will also be provided to The NHS Institute for Innovation and Improvement (NHSII). The NHSII are interested in supporting the development of Microsystems working in the UK as an approach to engaging front-line teams in leading and managing their performance improvement work. The report will act as a vehicle for sharing early experiences of using this approach in the UK.

I intend to use the findings of this study to inform my work and the work of others in coaching front-line teams in developing microsystems working. The findings will also be shared with existing microsystems coaches to enable them to reflect on their current practice and with new coaches to support them in developing their role with front-line teams.

10. Who has reviewed the plans for the study?

The plans for this study have been reviewed and approved by the Chair of the Hull and East Riding Local Research Ethics Committee, your organisation's research and development governance lead and my academic supervisors.

11. Contact details for further information

For further information please do not hesitate to contact Laura Hibbs, project lead on 07879 898152 or at laura.hibbs@yorksandhumber.nhs.uk

Laura Hibbs
September 26th 2006

Appendix 2



Yorkshire and the Humber

Participant Information Sheet

1. Study Title

“The role of the coach in supporting front-line teams in developing microsystems working:an evaluation”

2. Invitation to participate in the study

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There have been no previous studies to evaluate the coaching support of microsystems teams. This small study aims to capture some early learning from three teams and their coaches to inform the developing role and practice of coaches in supporting front-line teams in leading and managing their performance improvement work through microsystems working.

The findings from the study will be used to inform the training and development of microsystem coaches.

12. Why have I been invited to participate in the study?

This study aims to capture the “coaching” experiences of three front-line teams and their coaches in leading improvement through microsystems working.

I am inviting your team to participate in this study as one of the three front-line teams. As a member of the xxxxxx Team, I would like to invite you to

participate in the study, along with other members of your team, to share your experiences of having received coaching support in developing microsystems working. I would really welcome your thoughts on what went well or not so well for your team and on how coaching support might be usefully provided in the future for teams looking to develop microsystems working.

As one of the first teams to develop microsystems working in the UK you have some very valuable experience that we are keen to learn from.

13. Do I have to take part in the study?

No. Participation in the study is entirely voluntary. It is up to you whether or not you wish to take part in the study.

If you would like to participate in the study, you will be given a copy of this information sheet to keep and will be asked to sign a consent form. You are free to withdraw from the study at anytime and without giving a reason.

14. What will happen if I take part in the study?

If you choose to take part in the study you will be asked to participate in one focus group interview with colleagues from your team. The focus group interview will seek to explore the experiences of your team in receiving coaching support for developing microsystems working.

As the project lead, I will lead the focus group interview with the support of a note taker. At the beginning of the interview I will seek your permission to record the interview on audio-tape to ensure that I do not miss any of your comments.

I will securely store the audio-tapes from the study for a period of up to 12 months following the completion of the study. The tapes will not be used for any other purpose than as a data source for this study. The tapes will be kept strictly confidential and will be available only to the research team. Excerpts from the interview data may be used in the final report, but under no circumstances will your name or any identifying characteristics be included in the report.

The focus group meeting will take place at a time and venue of convenience to the team. The meeting will last for no more than 90 minutes. You will be given the opportunity to review and comment on the analysis to confirm and corroborate initial findings before they are presented in the final report. I would welcome any comments or concerns that you may have about the process and can be contacted on 07879 898152 or at laura.hibbs@yorksandhumber.nhs.uk

15. What if there is a problem?

It is important that you feel comfortable and supported in participating in this study. If at anytime you feel uncomfortable or concerned about participating

in the study I would like to encourage you to share your concerns with me. If you would prefer not to raise your concerns with me, I would like to encourage you to raise your concerns with your manager or with your organisation's research and development co-ordinator. Your Research and Development Co-ordinator's details are:

xxxxxxxxxxxxx

16. Will my taking part in the study be kept confidential?

Yes. All the information about your participation in this study will be kept strictly confidential. Under no circumstances will your name or any identifying characteristics be included in the report.

17. What will happen to the results of the study?

A Report will be published summarising the findings of this small study. Copies of the report will be provided to all participants. A copy of the report will also be provided to The NHS Institute for Innovation and Improvement (NHSIII). The NHSIII are interested in supporting the development of Microsystems working in the UK as an approach to engaging front-line teams in leading and managing their performance improvement work. The report will act as a vehicle for sharing early experiences of using this approach in the UK.

The project lead intends to use the findings of this study to inform her work in coaching front-line teams in developing microsystems working. The findings will also be shared with existing microsystems coaches to enable them to reflect on their current practice and with new coaches to support them in developing their role with front-line teams.

18. Who has reviewed the plans for the study?

The plans for this study have been reviewed and approved by the Chair of the Hull and East Riding Local Research Ethics Committee, your organisation's research and development governance lead and the project lead's academic supervisors.

19. Contact details for further information

For further information please do not hesitate to contact Laura Hibbs, project lead on 07879 898152 or at laura.hibbs@yorksandhumber.nhs.uk

Laura Hibbs
September 26th 2006

APPENDIX 3



Yorkshire and the Humber

Informed Consent Form

My name is Laura Hibbs. I am doing a research project entitled:

“The role of the coach in supporting front-line teams in developing microsystems working:an evaluation”

The project is being sponsored by my employers NHS Yorkshire and the Humber and Middlesex University as part of my Masters Degree Programme of Study.

I am the project lead and can be contacted at:

St John’s House, Innovation Way, York Science Park, Heslington, York, YO10 5NY, laura.hibbs@yorksandhumber.nhs.uk 07879 898152 should you have any questions.

Thank you for agreeing to take part in the study. Before we start I would like to emphasise that:

- Your participation is entirely voluntary;
- You are free to refuse to answer any question;
- You are free to withdraw at any time.

The interview will be kept strictly confidential and will be available only to members of the project team. In addition to me, the project team includes a transcriber and my academic supervisors. Excerpts from the interview may be made part of the final research report, but under no circumstances will your name or any identifying characteristics be included in the report.

Please sign this form to show that I read the contents to you.

.....(signed)

.....(printed)

.....(date)

Please send an initial analysis of the findings to enable me to review and comment on these:

YES NO (circle one)

Address/e-mail address to send initial findings to:

.....
.....
.....
.....

Laura Hibbs

26th September 2006

(Taken from Robson,C. (2002) Real World Research, Second Edition.
Oxford:Blackwell Publishing)

APPENDIX 4

Draft Schedule for Semi-Structured Interview with Microsystem Coaches

- Introduction:**
1. Introduction
 - Introduce myself
 - Explain purpose of interview, assure confidentiality (revisit details previously circulated to informant)
 - Seek permission to tape and/or make notes
 - Gain signed consent from informant
- Warm-Up:**
2. I'd like to start by asking you some questions as a background to your work as a microsystems coach in supporting teams in their development and improvement work.
 - a) What is your understanding of coaching a team
 - b) When did you first hear about the Microsystems model?
 - c) When did you first take on the role of a microsystems coach?
 - d) How many teams have you supported in using the microsystems model as an approach to leading development and improvement work?
- Main Body of Interview**
3. Think back to when you first began working as a Microsystems coach.
 - a) What were your first impressions of working as a microsystems coach?
 - b) What attracted you to taking on the role of a microsystems coach?
 4. Reflect on your experience of working as a microsystems coach
 - a) How would you describe your role as a microsystems coach?
 - b) What knowledge, skills and attributes have you needed to carry out your role as a microsystems coach?
 - c) What knowledge, skills and attributes do you feel you need to develop or improve upon to carry out your role as a microsystems coach?
 5. Reflect on the support you have received in developing your role as a microsystems coach

- a) What support have you received eg. coaching support, peer support, training, information, tools, techniques etc.
 - b) What support have you found helpful in developing your role as a microsystems coach?
 - c) What additional support would have been helpful to you in developing your role as a microsystems coach?
6. In your experience of coaching teams in microsystems working
- a) What have teams expected of you in your role as their coach?
 - b) What have teams identified as their key needs for coaching support?
7. Reflecting on your work in coaching teams in microsystems working
- a) Can you describe how you structure your approach to coaching a team?
 - b) What resources (eg. principles, strategies, models, tools, techniques) have you found useful in coaching teams in microsystems working.

Cool-off

8. If you were asked to give advice to a colleague who is about to support a team for the first time in developing microsystems working, what advice would you give?

Closure

9. Thank you for giving me so much of your time and for supporting me in this study. Can I ask you if you think there is any aspect of your experience as a coach that has not been covered in this interview that you feel would be of help in informing the work of coaches in supporting teams in developing microsystems working?

APPENDIX 5

Questioning Route for Focus Group Interviews with Microsystem Teams

Opening:

1. Introduction
 - Introduce myself
 - Explain purpose of focus group interview, assure confidentiality (revisit details previously circulated to informant)
 - Seek permission to tape and/or make notes
 - Gain signed consent from informants
2. Please tell me your name and your role in the team

Introductory:

3. I'd like to start by asking you some questions as a background to the microsystems work of your team.
 - e) When did you first hear about the Microsystems model?
 - f) Can you describe how Microsystems working has been introduced in your team?
 - g) What were your first impressions of using the Microsystems model?
 - h) What attracted you to using the Microsystems model?

Transition:

4. Reflecting on your Microsystems work:
 - a) when did you first start to receive coaching support in your microsystems work?
 - b) For how long did you receive coaching support in your Microsystems work?

Key questions:

5. Reflecting on your experience of working with your coach in developing microsystems working
 - d) How would you describe the role of your microsystems coach?
 - e) What did you expect from your coach?
 - f) What were your team's key areas of need for coaching support?
 - g) What support did you get from your coach eg. Tools, techniques, contacts, training etc
 - h) What worked well in the coaching support you received?
 - i) What did not work well in the coaching support you received?

j) In your experience, what knowledge, skills and attributes do you feel a coach needs to support a team in developing effective microsystems working?

Ending

6. If you were asked to give advice to a colleague who is about support a team for the first time in developing microsystems working, what advice would you give?
7. Thank you for giving us so much of your time and for supporting us in this study. As a final question can I ask you if you think there is any aspect of your experience that has not been covered in this interview that you feel would be of help in informing the work of coaches in supporting teams in developing microsystems working?

Questioning Route developed in accordance with the guidance set out in Kreuger, R.A. AND Casey, M.A. (2000) *Focus Groups: A Practical Guide for Applied Research*, Third edition. London, Sage Publications, Inc