

# Organisational Analysis and Development

Brochure 2010



*begin with the end in mind*



“ I am concerned about the breeches we are experiencing in our A&E department. The Strategic Health Authority is breathing down our necks and we are desperately trying to get to the root cause of the problem but the data is only really telling us part of the story. This problem needs to be fixed and quickly as I worry about compromising patient safety”

## Organisational Analysis and Development

*“I went to a management meeting today and a decision has been made that we are to implement an admissions lounge within our day case theatre complex. We were assured that it will be the answer to our prayers and sort out all of the patient movement issues that we face. I am unsure who the project manager is and some of the details seemed a bit sketchy to me. It would have been nice if the staff had been asked for their opinion. If they get it wrong there will be chaos and patients will suffer and staff will be expected to sort the mess out. We could really do without a Terminal 5 situation at this hospital.”*

### Our approach

For solutions to be effective the real problem needs to be understood. Healthskills offers a unique analysis service which focuses on the human side of the organisation exploring issues of teamwork, culture, leadership and values which, if they fit, provide a sustainable foundation for success.

We work with clients for short, intensive periods. This approach is successful in exposing deep issues which need to be tackled. There are two driving scenarios for this work:

- The performance data suggests there is a developing problem but discussions, meetings and internal analysis appears to be having little impact or there is already a real and palpable sense of developing crisis manifested by deteriorating levels of performance and a breakdown in team relationships. **PROBLEM DIAGNOSTIC AND REVIEW.**

- An organisation is about to embark on a change or transformation process and requires a sense of how this change might impact on the team, department or organisation at the human level. **CHANGE READINESS ASSESSMENT.**

In either driving scenario we offer;

- Positive team engagement
- The honest unearthing of, and feedback on issues
- A challenge to the status quo
- The development of a structured map of issues and solutions
- Short term interventions for improvement and recommendations for longer term developments.

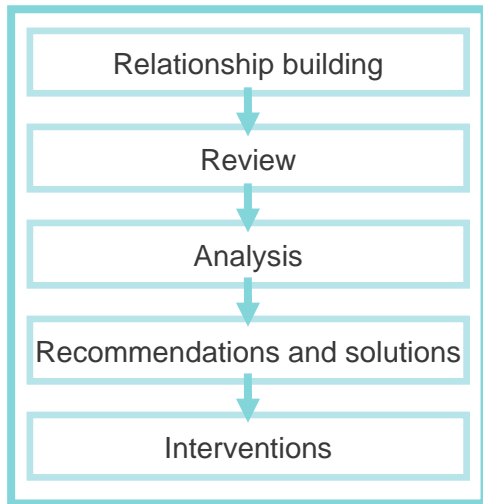
### Who would benefit from the service?

- Our diagnostic service can be applied to any NHS organisation

For further discussion about our Organisational and Service Diagnostic and the needs of your organisation, please contact our programme manager  
Lucie Gilbert  
on 0800 652 3322  
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## The Process

Whatever the driving scenario, the detailed work involves a five step approach:



### **Relationship Building**

Short Introductory Session

- Sets the objectives
- Describes the process
- Introduces Healthskills
- Briefly describes and summarises the problem or issue or,
- Briefly describes and summarises the change programme
- Marks the starting point

**DEVELOPING CLIENT RELATIONSHIP AND KICK OFF**

### **Review**

The review step involves one-to-one structured interviews, small group semi-structured sessions and 'fly on the wall' team observations. The work can be intense, so logistically organisations need to be able to provide access to the appropriate

staff in what can be challenging timescales.

### **One-to-one interviews**

45-60 Minutes Digitally Recorded Interviews

- Begins to detail the issues
- Individual assessment of the issues
- Honest debate
- Sounding board

**DIAGNOSTIC ONE-TO-ONE ANALYSIS**

### **Observation**

Informal Observation of Team, Department of Service

- Fly on the wall approach
- Flexible access
- Corridor conversations

**OBSERVATIONAL ANALYSIS**

### **Small Group Interviews**

45-60 Minutes Interviews

- Group think surfaced
- Group dynamics
- Honest debate
- Sounding board

**DIAGNOSTIC SMALL GROUP ANALYSIS**

All feedback material is then analysed and mapped to provide a solid and objective foundation before moving to the next step.

## Analysis

We focus down in detail on the surfaced problem and make sense of all the material that has been collected. The analysis of the specific issue is then constructed around key headings that enable solutions to emerge.

### ***Driving Scenario - Problem Diagnostic and Review***

The detailed report is structured to give an assessment of the problem from the following perspectives:

- **Basic Headline Findings** that give a simple but effective analysis of the issue(s) and a compelling assessment of the root cause(s) of the problem.
- **The People Environment** offers an assessment of the dynamics and inter-personal relationships between the people involved. An assessment is made in relation to the communication problems that may exist and the status of working relationships. Direct, but non attributable quotes are used to reinforce the issues.
- **The Process Environment** relates specifically to any issues that have emerged in relation to process weaknesses.
- **The Move to Action Environment** offers an assessment of innovation and the flexibility to change and seize the future and deal with the problem on the ground.
- **The Leadership Environment** builds a picture of the style and behaviours of leadership and how it impacts on the problem.

- **The Business Environment** gives an insight into how the culture is impacting on the identified issues.
- **The Performance Management Environment** gives an assessment as to the strength of accountabilities in relation to the unearthed problem.

### ***Scenario - Change Readiness Assessment***

The change assessment report is detailed and structured to give an indication of the readiness of the team in question to go through the stated change:

- **Basic Headline Findings** that give a simple but effective analysis of the change in relation to the impact and readiness of the affected team or department.
- **Staff Perceptions on the Need for Change** gives an indication of the understanding of the people involved as to the why the change is required, and the benefits that will be derived from it; in other words has the benefit message got through.
- **Surfaced Change Issues** will give an indication of any issues or problems exposed by the team that may not have surfaced elsewhere that can be fed back into the change cycle as identified risks.
- **Resource Constraints** will give an indication of what the team feels maybe the real coal face pressure on resources during the

change and how that compares with what is being planned.

- **The Identification of Pioneers** will identify people who are positive about the change and can act as a guiding coalition in creating positive change energy across the team.

## **Recommendations and Solutions**

The reports will contain recommendations and solutions for moving forward. This is presented to the organisational sponsor before moving to the intervention phase.

### **Short Term Interventions**

This really begins to move the issue or change planned forward; and also begins to build team cohesion.

- **Staff engagement workshops** to transfer ownership of the issues and facilitate moving forward.
- **Team development workshop sessions** to reinvigorate and re-focus the team, and to identify “quick wins” projects and actions to facilitate moving forward.
- **A developed communication plan** to minimise any change resistance based on feedback sought from the team.

### **Add On Interventions**

We are also able to offer the following “add on” sessions depending on identified need:

- **Rapid process review and improvement sessions** to fix any identified process problems

in order to improve flow by using LEAN thinking and other improvement methodology such as Ishikawa.

- **High impact coaching** to facilitate the development of staff.
- **The development of a medium term improvement plan** that the team owns with clearly identified milestones and measurable success criteria.

### **Long Term Interventions**

These could include:

- **Formal leadership development** through our high quality and innovative 9 month programme using state of the art models and action learning.
- **Dysfunctional team improvement** programmes that run over 3 months and are constructed to enable a team to re-build itself in a very focused and disciplined way.
- **Change project management** support if required.

Some examples of the types of issues and problems our organisational and service diagnostic has tackled in acute trusts:

We facilitated a significant improvement in an Urgent Care service and harmonised some interpersonal relationship difficulties.

Through a combination of workshops and individual coaching we turned a team facing difficult challenges around within a six week intervention.

Considerable input was required in tackling problems and challenges that a theatre department was facing. An improvement plan has been written and is being implemented.

The Chief Executive needed a consultant consensus for the future of maternity services. The work we did driving issues to the surface and understanding individual concerns has established that consensus.

### **Diagnostic Services Case Studies**

#### **Acute Foundation Trust North of England**

##### **Context**

Healthskills worked with this acute Trust over a 6 week period. The setting was a day case theatre unit and the context was that the organisation had been in a turnaround situation with some significant job cuts resulting in many nursing staff having to apply for their jobs.

The Medical Director wanted to understand the views of the team in moving forward and developing the business now that the financial position was slowly improving and so we were invited in to gather views and opinions from both theatre staff and business management staff. Twenty-two staff were interviewed in total ranging from porters to consultants. The Medical Director was particularly interested in hearing from anaesthetic colleagues to try and understand how they managed resource slots and time.

There was significant “opposition” to this piece of work, although once a relationship was established, issues were surfaced and a positive engagement resulted. There was still a certain amount of “organisational shock.”

##### **The Interviews**

The interviews lasted approximately 45 minutes and were semi-structured around the following key areas:

Context, scene setting, getting to know them	Thoughts on innovation, managing development	Learning and moving on
Change and the management of change	Leadership across the team and the Trust	Communication quality
Performance management	Frustrations	Solutions

##### **The Issues**

The general consensus that came out of the interview stage identified the following issues:

There is a climate of perpetual “crisis management”;	Morale was very low;
Staff felt quite angry and very frustrated in relation to the on-going financial pressures and there was a certain amount of confusion as to how the Trust arrived at the position;	Staff have a sense that the department is working well, but this is not reinforced with any real meaningful performance data;
There are some clearly identified process problems within theatre;	Staff feel that there are issues with the way that change is deployed;

Leadership could be more visible, possibly more sympathetic and more consistent;	Communication up and down the organisation is not considered to be particularly effective or focused;
There is a perception that too much discussion happens within committee;	There seemed to be an appetite to develop team owned solutions;

**Some Notable Quotes**

“I don’t feel clinicians are always kept clearly enough in the loop and more face to face presentations would helpful.”	“We need to try and get people on board to give them a sense of ownership and a voice in how things can change.”	“Lack of empowerment from the top and a lack of drive from the bottom to make things change”.
“I have to constantly ring for equipment and this happens everyday. It has taken a long time and lots of meetings to get fresh equipment ordered.”	“We would definitely be held to account if we operated in the business world. It is not about blame, but about team, rather than individual performance.”	“There are plenty of articulate, intelligent, bright individuals in meetings who know the solutions but nothing ever happens with regard to change.”
“We could do with some proper and focused team building”	“We have to treat patients like paying customers”	“I believe that there is a lack of clear direction now in our leadership.”

**Moving to Improvement**

The Medical Director welcomed the report and endorsed the solutions which the Trust is currently working through. We recommended the following:

**Staff Re-Engagement Sessions** via workshops where the Medical Director has reinvigorated his communication with the team in question. The sessions have also facilitated a short term improvement plan currently being implemented.

**Team Development** is now considered a “must do” and this promotion of cohesion is beginning to have impact in terms of inter personal team relationships creating the necessary environment for trust to flourish.

**The Trust Leadership** is refocusing the direction of travel for the organisation and has become much more visible. The Medical Director has also altered his communication style which is adding to team cohesion and team ownership of not only the problems but also the solutions.

**Re-invigorate Innovation and Change Management** is to be achieved through the Medical Director asking the team to devise radical new ways of organising theatres, appraising the initiatives that are developed and then project managing a pilot solution with formal review.

**Rapid Improvement** sessions are being planned that will “once and for all” solve problems with process and in particular the frustration over the right instruments arriving at the right time in the right theatre.



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