

# Essential Skills for Managers

# Workbook

[](http://www.nhsggc.org.uk/working-with-us/hr-c)

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**A word about hyperlinks used in this document**

Most hyperlinks will lead to a document or page on the HR Connect site, or other publically accessible websites, and will therefore work on any device. A few of the hyperlinks lead to the NHS Greater Glasgow and Clyde StaffNet site (internal site) and can only be accessed via terminals (and wireless devices) at NHS Greater Glasgow and Clyde locations.

In some cases you may require and Athens account. You can register [here](http://www.knowledge.scot.nhs.uk/home/register-or-sign-in.aspx) if you do not have an account.

1. **Introduction and Purpose**

Welcome to the NHS Greater Glasgow and Clyde Essential Skills for Managers Programme.

This document has been designed to both introduce and supplement the programme with a blend of supporting material and some self-directed learning where you will take the initiative for exploring and reflecting on the essentials of your particular role.

The programme will focus on common, but often taken-for-granted management skills.

**Day 1** will cover key principles of communication (team and individual) and how to be more effective in organising and delegating.

**Day 2** focuses on your role in supporting and managing change in the workplace including continuous improvement and problem solving.

The programme is part of the wider management and leadership support available to managers in NHS Greater Glasgow and Clyde. Current activities supporting management and leadership development can be found through [HRConnect](https://www.nhsggc.scot/staff-recruitment/hrconnect/) and by contacting your local Learning and Education Advisor for management development activities and your local [Organisational Development Advisor](https://www.nhsggc.scot/staff-recruitment/hrconnect/organisational-development-od-and-your-od-team/) for opportunities supporting leadership development.

Additional modules providing in-depth coverage of core and specific management issues will be advertised separately in the [Training Catalogue](https://www.nhsggc.scot/staff-recruitment/hrconnect/learning-education-and-training/learning-education-and-training-catalogue/). These will be a blend of tutor-lead and e-Learning interventions.

You may also find our [Career and Development Planning Framework](https://www.nhsggc.scot/staff-recruitment/hrconnect/organisational-development-od-and-your-od-team/) valuable as you plan development activities for your current post and prepare for future roles.

Not all the information in this document will be covered during the programme, some information is for reference to consider after the programme and to assist you in deciding on the next stage of your development as a manager.

[**The New People Managers and Supervisors Pathway**](https://www.nhsggc.scot/staff-recruitment/hrconnect/learning-education-and-training/induction-portal/new-people-managers-and-supervisors/)

Our managers are at the core of helping us deliver our objectives, to uphold our NHS values and their skills in managing people are vital for the function of all departments and the wider organisation. They organise the care or services delivered by each team and they work to ensure that all staff can not only operate at their best, but also experience NHSGGC as a great place to work and develop. This pathway is designed to provide clear guidance for managers joining NHSGGC and signposting next steps in development for their career journey.

The Induction pathway for new people managers is based on the following which have been developed using feedback from iMatter and Investors in People to ensure that our staff have the best experience of being managed:

* People Management Guide: Being a Manager of People in NHSGGC – Responsibilities and Guidance
* Equality Law: A Manager’s Guide to Getting it Right in NHSGGC
* People Manager Self-Assessment Questionnaire
* Systems and Processes

If there is any other information you need to support you in your new role please discuss with your line manager or contact the Learning and Education Team through our [HR Portal](https://nhsnss.service-now.com/ggc_hr).

**Equality and Diversity**

The philosophy of the NHS Greater Glasgow and Clyde Workforce Equality Action Plan has underpinned the approach of the Programme to its delivery and content. We will ensure suitable adjustments are made to support the requirements of individual delegates. Any specific requirements can be discussed with the Programme Leader in confidence.

**The Partnership Agreement**

The [Partnership Agreement](https://www.nhsggc.scot/staff-recruitment/hrconnect/policies-and-staff-governance/polices/trade-unions-and-professional-organisations/) has been developed jointly by the Board and the Trades Unions and Professional Organisations representing staff. The Agreement is designed to ensure staff are effectively involved in influencing the shape and implementation of decisions that affect their work, and offer managers the means through which staff views can be considered before taking the decisions for which they are responsible.

**Staff Health and Wellbeing**

Staff can access a range of help, including money advice (debt, budgeting, benefits, energy advice) through the Support and Information Services.

* [NHSGGC Support and Information Services](https://www.nhsggc.scot/hospitals-services/services-a-to-z/support-and-information-services/); Available at QEUH, Royal Hospital for Children, Royal Alexandra Hospital, New Victoria, New Stobhill, Beatson West of Scotland Cancer Centre and Glasgow Royal Infirmary or via phone and email.
* [NHSGGC Health and Wellbeing Directory](http://infodir.nhsggc.org.uk/) – Information on a wide range of health topics and local support, including for money worries.
* [Staff Resources and Support](https://www.nhsggc.scot/staff-recruitment/staff-resources/) (StaffNet) and also the ‘[All About Money](https://www.nhsggc.scot/staff-recruitment/staff-resources/all-about-money/)’ tile has a host of information and resources relating to money, for staff and managers.

Also, you as a Manager can print off the [attached poster](https://www.nhsggc.org.uk/media/271682/cb-money-worries-poster.pdf) and display for your staff who do not regularly have access to or use a computer/laptop.

1. **Organisational Objectives, Goals and Values**

Being a manager can be daunting experience, not least because you now must also be familiar with the “corporate” agenda.

**Scottish Government**

The Scottish Government had set out its vision for the NHS in Scotland in the strategic narrative for 2020.

**Our vision is that by 2020** everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission.

***Reference:*** [***Achieving Sustainable Quality in Scotland’s Healthcare: A 20:20 Vision***](https://www.webarchive.org.uk/wayback/archive/20150218121544/http:/www.gov.scot/Topics/Health/Policy/2020-Vision)

**NHS Greater Glasgow and Clyde**

NHSGGC has an agreed set of corporate objectives set out under the following ambitions:

* Better Care
* Better Health
* Better Value
* Better Workplace

The successful delivery of our corporate objectives is underpinned by the Workforce Strategy and in delivering this we will remain true to our core values which are: Care and Compassion, Dignity and Respect, Openness, Honesty and Responsibility and Quality and teamwork.

Within our Staff Governance Standards we will ensure that all employees are:

* **Well informed**
* **Appropriately trained** and developed
* **Involved in decisions** that affect them
* **Treated fairly and consistently**, with dignity and respect in an environment where diversity is valued
* **Provided with a continuously improving and safe working environment**, promoting the health- and wellbeing of employees, patients and the wider community

**Personal Reflection**

Consider your work objectives at the moment. To what extent have they taken into consideration NHS Greater Glasgow and Clyde strategic priorities?

**Small Change Matters**

The senior team is working on strategic transformation and integration which will ensure a focused approach and clarity in the medium to long term. We are very keen to listen to, and work with, you on any areas where you believe changes could be made to achieve further efficiencies and value for our patients and to address the resource challenges we face. Full details can be found on [here](https://www.nhsggc.org.uk/working-with-us/financial-improvement-programme/small-change-matters/).

A previous NHSGGC programme (Facing The Future Together) developed a range of materials which are still available [here](http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/FTFT/Pages/Default.aspx). They are being reviewed and many will in future be accessible via HR Connect. Five areas of focus were identified:

**Our Patients;** We will have a consistent and effective focus on listening to patients, making changes to improve their experience and responding better to vulnerable people.

**Our People**; We will develop a workforce which feels positive to be part of NHS Greater Glasgow and Clyde, feels listened to and valued and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to patients.

**Our Leaders;** All our managers should also be effective leaders, leadership is management plus, it is about more than managing transactions but managing with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients. Managers need to:

* Be better equipped and supported to perform effectively
* Work with clearer and more consistent organisational requirements and real incentives for delivery, particularly on relationships with staff and quality of services
* Be able to develop beyond management into leadership
* Be highly motivated and respected by the staff they work with

We also want people across the organisation to feel able to exercise leadership in their area of work, to improve services to patients, to make the team they are part of more effective and to encourage and value leadership across the professions.

**Our Resources**; We know that we need to reduce our costs over the next five years. We need staff to help us decide how to do that in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce cost.

**Our Culture (The Way We Work Together);** To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that. We need more listening, more reflection, and better working, together as individuals, in our own teams and with other teams.

**Additional Support Materials**

You will find a set of supporting tools, processes and materials under each of the five headings. For example;

**Managers and Team Leaders Checklist** (Our Leaders); contains the basic expectations of those in managerial or team leadership positions and allows self-scoring and preparation for performance discussions with your line manager.

**Leadership Framework** (Our Leaders); sets out four key areas of challenge across which leaders in NHS Greater Glasgow and Clyde have told us they divide the majority of their time and focus:

* Achieving value for money and financial balance
* Focus on service quality and improvement
* Engaging staff
* Working with partners

**Team Development Framework** (Our Culture); tools and techniques to develop the team or teams in which you are part.

**Our Organisational Values and Behaviours** (Our Culture); sets out our commitment to six NHSGGC Values that should have meaning to everyone in our organisation irrespective of role or level:

* We put patients first
* We focus on outcomes
* We take responsibility
* We work as one team
* We always try to do better
* We treat each other with respect

We have made all these tools, processes and materials available for everyone to use to support of our long term goal in Facing The Future Together; A culture shift towards a more positive working environment for staff where they feel more engaged and able to contribute their best in their care of patients and in service delivery to communities.

**Personal Reflection**

Which of the themes and values will you be prioritising over the next three months?

1. **Session Descriptors and Supporting Material**

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| **Communicating and Influencing**  **Overview**  Effective communication and the ability to influence are foundational to good management of individuals and teams. We will introduce and explore the communication cycle and help you to reflect on your current practice. This will include 1-to-1 and team communication.  **Learning Outcomes**   * Understand the nature and importance of the communication process in workplace * Understand the advantages and disadvantages of commonly used methods of communication * Principles of effective communication * Be ready to use tools and techniques to support more effective communication * How to plan and assess a successful communication * Role of managers in delivering effective communication and employee voice   **Additional Resources**   * LearnPro modules   + Assertiveness   + Conflict Management   + Managing Effective Meetings   + Presentation Skills   + Questioning and Listening   + Business Report Writing   + Stress Management * [NHS Education Scotland Knowledge Network](http://www.knowledge.scot.nhs.uk/home.aspx), follow Good Practice link (may require an Athens account) and search for Delivering Feedback * ACAS provides a wide range of valuable resources e.g.   + [Managing People](https://www.acas.org.uk/sites/default/files/2021-03/managing-people-guide.pdf)   + [Employee Communication and Consultation](http://www.acas.org.uk/index.aspx?articleid=663)   + [Employee Engagement](http://www.acas.org.uk/index.aspx?articleid=2701) * Turas Learn, Leadership and Management Zone (may require sign-in)  [Communication Skills](https://learn.nes.nhs.scot/4248/leadership-and-management-zone/people-and-resource-management/management-matters/managing-self/communication-skills)  * + [Presentation Skills](https://learn.nes.nhs.scot/4247/leadership-and-management-zone/people-and-resource-management/management-matters/managing-self/presentation-skills)  [Collaborating and Influencing](https://learn.nes.nhs.scot/1242/leadership-and-management-zone/leadership-capabilities/collaborating-and-influencing)  * + [Persuading, Influencing and Negotiating](https://learn.nes.nhs.scot/4207/leadership-and-management-zone/people-and-resource-management/management-matters/managing-self/persuading-influencing-and-negotiating)   + [Strategic Influencing](https://learn.nes.nhs.scot/2108/leadership-and-management-zone/leadership-links/webinar-library/strategic-influence-making-collaboration-work-with-maximum-buy-in-colin-gautrey)   + [Self-Awareness](https://learn.nes.nhs.scot/4249/leadership-and-management-zone/people-and-resource-management/management-matters/managing-self/self-awareness)   + [Personal Resilience](https://learn.nes.nhs.scot/4242/leadership-and-management-zone/people-and-resource-management/management-matters/managing-self/personal-resilience)   + [Values](https://learn.nes.nhs.scot/4243/leadership-and-management-zone/people-and-resource-management/management-matters/managing-self/values)   + [Role of the Manager in Human Resource Management](https://learn.nes.nhs.scot/7487/leadership-and-management-zone/people-and-resource-management/management-matters/managing-teams-and-others/role-of-the-manager-in-human-resource-management)   + [Manager's Role in Equality and Diversity](https://learn.nes.nhs.scot/6705/leadership-and-management-zone/people-and-resource-management/management-matters/managing-and-leading-in-organisations/manager-s-role-in-equality-and-diversity)   + [Managers Living Values and Shaping Culture](https://learn.nes.nhs.scot/6684/leadership-and-management-zone/people-and-resource-management/management-matters/managing-and-leading-in-organisations/managers-living-values-and-shaping-culture) * [Communication Skills Framework](https://www.nhsggc.scot/staff-recruitment/hrconnect/learning-education-and-training/communication-skills-training-framework/) (includes support for clinical and staff communication) * NHS Scotland Staff Governance – [i-Matter](http://www.staffgovernance.scot.nhs.uk/monitoring-employee-experience/imatter/national-staff-experience-tool-kit/) * Viva Learning App (MS Teams), type whatever you would like to learn about within the search box * MindTools for Business (Free for NHS Staff supported by NES) please register [here](https://nes.mindtools.com/login) using your NHS email address.   + [Communication Skills](https://nes.mindtools.com/search-results?search=Communication%20Skills&start=1)   + [How Good Are Your Communication Skills](https://nes.mindtools.com/a3y5cte/how-good-are-your-communication-skills)   + [Stakeholder Analysis](https://nes.mindtools.com/aol0rms/stakeholder-analysis) |
| **Activities**  **Barriers to Communication,** During the session you will identify a range of barriers to communication in your workplace. We will explore some universal ways of minimising barriers. You should also reflect on any local barriers and identify ways in which they could be removed or minimised.  **Self-Assessment**   * Select a method of communication that you commonly use * Based on the session reflect on your strengths and weaknesses when using this method * Identify ways in which you could improve your performance as a communicator when using this method * [Online self-assessment](http://www.mindtools.com/pages/article/newCS_99.htm) (How Good Are Your Communication Skills?) * [Online self-assessment](https://www.mindtools.com/pages/article/how-approachable-are-you.htm) (How Approachable Are You?) * Personal Authority Analysis (**Appendix 1**)   **Staff Engagement/Communication**   * Review effectiveness of current communication channels * Promote annual i-Matter questionnaire and action planning   **Staff Engagement, Values and Behaviours**   * Reflect on the values that you actively promote * Reflect on your behaviours and what you role model   **Staff Health and Wellbeing**   * Identify actions you have taken to promote staff health and wellbeing, e.g. money information, stress awareness resources, mental health * Reflect on and assess your knowledge and skills and supporting staff wellbeing e.g. relating to attendance management |
| **Notes** |

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| **Organising and Delegating**  **Overview**  Effective use of your time, staff time and supporting staff development are priorities for you as a manager. This session will introduce tools and tips to help you delegate and organise your team.  **Learning Outcomes**   * Recognise the difference between leadership and management * Understand performance management and factors affecting performance in your team * How to measure and boost your staff performance * Time management and principles of good time management * Time Management tips and techniques * Key principles of delegation and how to delegate, monitor and review delegated activities   **Additional Resources**   * LearnPro modules   + Coaching and Mentoring   + Managing Effective Meetings   + Project Management   + Time Management * HRConnect   + [PDP and Review](https://www.nhsggc.scot/staff-recruitment/hrconnect/learning-education-and-training/personal-development-planning-and-review/)   + [Turas Appraisal](https://learn.nes.nhs.scot/)   + [Career and Development Planning Framework](https://www.nhsggc.scot/staff-recruitment/hrconnect/organisational-development-od-and-your-od-team/) * [NHS Education Scotland Knowledge Network](http://www.knowledge.scot.nhs.uk/home.aspx) – follow Good Practice link (may require an Athens account) and search for,   + Time Management   + How to Delegate   + Top Tips for Coaching   + Delegation-Empowerment Continuum Model * Turas Learn, Leadership and Management Zone (may require sign-in)   + [Time Management](https://learn.nes.nhs.scot/4246/leadership-and-management-zone/people-and-resource-management/management-matters/managing-self/time-management)   + [Transition to Management](https://learn.nes.nhs.scot/4245/leadership-and-management-zone/people-and-resource-management/management-matters/managing-self/transition-to-management)   + [Managing Your Team](https://learn.nes.nhs.scot/4252/leadership-and-management-zone/people-and-resource-management/management-matters/managing-teams-and-others/managing-your-team)   + [Managing Peoples’ Performance](https://learn.nes.nhs.scot/4267/leadership-and-management-zone/people-and-resource-management/management-matters/managing-teams-and-others/managing-peoples-performance)   + [Governance](https://learn.nes.nhs.scot/6665/leadership-and-management-zone/people-and-resource-management/management-matters/managing-and-leading-in-organisations/governance)   + [Delegation and Empowerment](https://learn.nes.nhs.scot/7215/leadership-and-management-zone/people-and-resource-management/management-matters/managing-teams-and-others/delegation-and-empowerment)   + [Motivating and inspiring](https://learn.nes.nhs.scot/1244/leadership-and-management-zone/leadership-capabilities/motivating-and-inspiring)   + [Empowering](https://learn.nes.nhs.scot/1245/leadership-and-management-zone/leadership-capabilities/empowering) * Team planning tools (content can be amended to reflect any topic).   + BALM and Skills Matrix Sample, **Appendix 4**   + Training Needs Analysis sample, **Appendix 5**   + Time Management (ABC Method), **Appendix 6**   + Time Management (Must, Should and Could Method), **Appendix 6**   + Preparing to Delegate Template * Managing a team that you had been part of   + [Managing Former Peers](https://hbr.org/2015/09/what-to-do-first-when-managing-former-peers)   + [Leading a Team that You Were Part Of](https://www.revolutionlearning.co.uk/leading-a-team-you-were-once-a-part-of/) * NHS Employers   + [People Performance Management Toolkit](https://www.nhsemployers.org/publications/people-performance-management-toolkit) |
| **Activities**  **Self-Assessment,** What kind of manager are you? **(Appendix 3)**  **Assessing team knowledge and skills (may also help with managing former peers)**   * Plan KSF PDP&R meetings (meaningful conversations) * Introduce (promote) team meetings   **TNA, BALM and Skills Matrix,** Consider ways in which these tools could be used i.e. to support specific individuals or across whole team **(Appendices 4 and 5)**  **Development Options,** Identify and develop the range of development opportunities available to your team.  **Time Management Tools (Appendix 6)**   * ABC Method * Must, Should and Could Method   **Self-Assessment**, How well do I delegate? **(Appendix 7)**  **What should be delegated?,** Simple tool to help you decide **(Appendix 8)**  **Delegation Planner,** Preparing to Delegate Template **(Appendix 9),** next time you delegate, use this planner  **Monitor Delegated Responsibilities,** Plan giving and receiving feedback  **Notes** |

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| **Managing Change**  **Overview**  Change is essential part of a dynamic organisation like NHS Greater Glasgow and Clyde providing health care in an ever changing world. This session will provide you with valuable guidance and models to support and take forward change initiatives.  **Learning Outcomes**   * Understand the forces for change in an organisation and common barriers * Recognise and know how to apply key principles of change management * Recognise and be ready to use a range of tools to support the management of change   **Additional Resources**   * NHSGGC Organisational Development pages – [HR Connect](https://www.nhsggc.scot/staff-recruitment/hrconnect/organisational-development-od-and-your-od-team/) and [StaffNet](http://www.staffnet.ggc.scot.nhs.uk/Human%20Resources/Organisational%20Development/Pages/Change.aspx) * LearnPro modules   + Change Management   + Project Management   + Continuous Improvement and Design * Reading * Leading Change, John P. Kotter, 1996, Harvard Business School Press * Who Moved My Cheese, Dr Spencer Johnson, 1998, Vermilion * Understanding Organizations, Charles Handy, 1993, Oxford university Press * The Fifth Discipline, Peter Senge, 1990, Random House * The 7 Habits of Highly Effective People, Stephen R. Covey, 1989, Simon & Schuster * [NHS Education Scotland Knowledge Network](http://www.knowledge.scot.nhs.uk/home.aspx), follow Good Practice link (may require an Athens account) and search for:   + Change management   + Kurt Lewin's Three Step Change Model * Turas Learn, Leadership and Management Zone (may require sign-in)   + [Change and Innovation](https://learn.nes.nhs.scot/7036/leadership-and-management-zone/people-and-resource-management/management-matters/managing-and-leading-in-organisations/change-and-innovation)   + [Overcoming Resistance to Change](https://learn.nes.nhs.scot/2122/leadership-and-management-zone/leadership-links/webinar-library/overcoming-resistance-to-change-gillian-mccready) * MindTools (Free for NHS Staff supported by NES) please register [here](https://nes.mindtools.com/login) using your NHS email address.   + [Kotter’s 8-Stage Change Model](https://nes.mindtools.com/a8nu5v5/kotters-8-step-change-model)   + [Mind Maps](https://nes.mindtools.com/ahlezc4/mind-maps)   + [Gantt Chart](https://nes.mindtools.com/aktsij3/gantt-charts) * Other Useful Websites   + [BusinessBalls](https://www.businessballs.com/) e.g. [SWOT Analysis](https://www.businessballs.com/strategy-innovation/swot-analysis-19/)   + [Value Based Management](https://www.valuebasedmanagement.net/) e.g. [Force-Field Analysis](http://www.valuebasedmanagement.net/methods_lewin_force_field_analysis.html), |
| **Activities**  **Reflect on Experience,** Identify aspects of change initiatives that have been successful and consider how they could be replicated. Identify less successful aspects and how they could be avoided (or minimised).  **Analyse Readiness for Change,** Force Field Analysis and SWOT Analysis of your team’s readiness for change **(Appendices 10, 12**)  **Develop a Communication Plan**   * Do this at beginning of any change project, **(Appendix 2)** * Get in touch with union and/or professional bodies (Partnership Working) especially if terms and conditions are likely to be affected   **Stakeholder Matrix**   * Identify a project or work issue that you need to persuade people to support * Identify the stakeholders * Populate a blank matrix gauging their respective power, interest, support and resistance **(Appendix 11)** * Plan your approach, communication and monitoring   **Culture and Climate**   * How receptive are you to change? What behaviours do you model? * Use Force-Field Model to identify and quantify support and resistance (this can include cultural issues if well defined) * A Stakeholder Analysis can be useful to explicitly identify and manage some of your priorities   **Roles, Responsibilities and Sponsorship**   * Identify who can/should be involved and what their role will be (especially sponsor) * Use the Stakeholder Analysis Tool   **Planning and Reporting,** All change projects need some planning and reporting. Think about the scale and scope along with findings from other activities in the workbook and the overall programme to determine the degree of planning and the required reporting process. |
| **Notes** |

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| **Problem Solving and Decision Making**  **Overview**  We will introduce and demonstrate a range of tools and techniques to help you work through day-to-day challenges as well as think about longer term improvement objectives.  **Learning Outcomes**   * understand the value of adopting a culture of improvement * recognise a range of tools and techniques that support problem solving and decision making * be ready to use a 6-step approach to problem solving   **Additional Resources**   * NHSGGC Organisational Development pages – [HR Connect](https://www.nhsggc.scot/staff-recruitment/hrconnect/organisational-development-od-and-your-od-team/)   + Change and Improvement Tools - PDSA, process mapping, root cause and 5S ([podcasts](http://www.staffnet.ggc.scot.nhs.uk/Human%20Resources/Organisational%20Development/Pages/ChangeandImprovement.aspx) on StaffNet) * LearnPro modules   + Continuous Improvement and Design   + Problem Solving and Decision Making   + Project Management * [Health Improvement Scotland](https://ihub.scot/) (ihub) * NHS Education Scotland   + [QI Tools](https://learn.nes.nhs.scot/1262/quality-improvement-zone/qi-tools)   + [Quality Improvement Zone](https://learn.nes.nhs.scot/741/quality-improvement-zone) * [NHS Education Scotland Knowledge Network](http://www.knowledge.scot.nhs.uk/home.aspx), follow Good Practice link (may require an Athens account) and search for Improvement Tools * MindTools (Free for NHS Staff supported by NES) please register [here](https://nes.mindtools.com/login) using your NHS email address.   + [Problem solving](https://nes.mindtools.com/cx4ems0/problem-solving)   + [Decision making](https://nes.mindtools.com/cyz4vzu/decision-making) * Other useful websites   + [Management Library](https://managementhelp.org/) e.g. [Problem Solving and Decision Making](https://managementhelp.org/personalproductivity/problem-solving.htm)   + [Value Based Management](https://www.valuebasedmanagement.net/) e.g. [PDSA Cycle](https://www.valuebasedmanagement.net/methods_demingcycle.html) |
| **Activities**  **Encourage a Culture of Improvement,** Consider how you can influence your team to think about and identify improvement opportunities for the benefit of patients and colleagues. Use i-Matter a mechanism to support meaningful discussions and action planning.  **Identify an Improvement Project or Problem,** This may arise from a number of sources but commonly - SWOT analysis, patient feedback, complaints, organisational change, i-Matter. A key guiding principle is that the outcome will beneficially impact on patient care (directly or indirectly) or result in more effective/efficient working. **Appendix 13** describes a problem identification tool.  **Option Appraisal,** Generate possible solutions (**Appendix 14**) and choose best options (**Appendix 15**) being as objective possible i.e. use well known tools and techniques.  **Implementation Planning and Reporting,** Develop SMART actions and contingency planning. Finalise the communication and reporting plan (**Appendix 16**). |
| **Note** |

1. **Additional Resources**

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| [**HRConnect**](http://www.nhsggc.org.uk/working-with-us/hr-connect/) | The main NHS Greater Glasgow and Clyde resource for information, training and guidance relating to Human Resources and Organisational Development. |
| [**StaffNet**](http://www.staffnet.ggc.scot.nhs.uk/Pages/Staffnet%20Home%20Page.aspx) | NHS Greater Glasgow and Clyde’s internal website. This is only accessible via terminals (and wireless devices) at NHS Greater Glasgow and Clyde locations. |
| [**Flying Start NHS®**](https://www.nhsggc.org.uk/media/267912/flyingstartbooklet-1.pdf) | Flying Start NHS® is a national development programme for newly qualified nurses, midwives and allied health professionals. |
| [**NHS Scotland Quality Improvement Hub**](http://www.qihub.scot.nhs.uk/default.aspx) | Provides access to a wide range of resources in support of improving healthcare quality. |
| **[NHS Scotland Staff Governance](https://www.staffgovernance.scot.nhs.uk/)** | This website has been developed as a resource for staff and managers within NHS Scotland to provide information on effective Staff Governance and Partnership working which are critical success factors in achieving the aspiration of a world-class health service and exemplary employer status. |
| [**Healthcare Support Workers Toolkit**](http://www.hcswtoolkit.nes.scot.nhs.uk/) | Provides a range of guidance and support to managers and educators in respect to developing Healthcare Support Workers. |
| [**LearnProNHS login**](https://nhs.learnprouk.com/lms/login.aspx?ReturnUrl=%2flms%2fuser_level%2fwelcome.aspx) | Convenient link to the LearnPro login page. |
| [**Advisory, Conciliation and Arbitration Service**](http://www.acas.org.uk/index.aspx?articleid=5835&utm_medium=email&utm_campaign=NTL%20Sept%202016&utm_content=NTL%20Sept%202016+Version+A+CID_b87110951e22d813e461544bfc0c3368&utm_source=Acas%20National%20Email%20Marketing%20Live&utm_term=Download%20New%20Acas%20guide%20-%20Managing%20People) **(ACAS)** | A link to the nationally recognised service which also provides valuable guidance and supporting resources. |
| [**Chartered Institute of Personnel and Development**](https://www.cipd.co.uk/) **(CIPD)** | The professional body for HR and people development. |

**Appendix 1**

**Personal Authority Analysis**

Consider which of the following statements is true of you and give a practical example.

|  |  |
| --- | --- |
| 1. **Resource Power** – people do as I require because I control resources which they value | **Y / N** |
|  | |
| 1. **Information Power** – I can influence the behavior of others because I have access to information they need or desire | **Y / N** |
|  | |
| 1. **Position Power** – I have power over others because I hold a perceived powerful position in the social or organizational hierarchy. I bear an invisible label which says ‘I am in charge’. | **Y / N** |
|  | |
| 1. **Proxy Power** – People do as I require because I have friends in high places. | **Y / N** |
|  | |
| 1. **Reward Power** – People do as I want because I can reward those who comply with my wishes. | **Y / N** |
|  | |
| 1. **Sanction Power** – People do as I require because I can punish those who do not. | **Y / N** |
|  | |
| 1. **Expert Power** – People do as I wish because they respect my knowledge and expertise. | **Y / N** |
|  | |
| 1. **Personal Power** – People do as I wish because they like me and want to model their behavior on mine. | **Y / N** |
|  | |
| 1. **Status Power** – People do as I wish because I have status in the group e.g. oldest, longest serving. | **Y / N** |
|  | |
| 1. **Charisma Power** – People do as I wish because they are bowled over by my personality, vision, enthusiasm and/or charm. | **Y / N** |
|  | |
| 1. **Favour Power** – People do as I wish because I build a bank of favours and call them in when I need compliance. | **Y / N** |
|  | |
| 1. **Technical Power** – People do as I wish because know how to influence behavior and apply my knowledge and skill. | **Y / N** |
|  | |

Which of these sources of power do you use most frequently?

Which would you like more of?

Which are you least comfortable using?

Would colleagues (or family) agree with your analysis of power?

Please explain further.

How might you access the source of power you want more of?

**Appendix 2**

**Communication Strategy**

* **Who** (audiences)
  + directly and indirectly affected (includes reporting progress)
* **Who** (messengers)
  + consider most appropriate source for each communication e.g. sponsor, change agent, champion
* **What** and **Why** (message)
  + raise awareness, explain purpose, provide information, promote benefits, encourage support, meet statutory/mandatory requirements, show progress
  + recognise culture and climate
* **When** (timing)
  + consistent, throughout the process, key element of any project plan (timeline)
* **How** (methods)
  + Meetings / events (local, central), flyers, email, letters, notice boards, 1-to-1, change agents

**Communication Plan (Sample)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audience**  (identify individuals, teams and their roles, includes reporting on progress to sponsor and other management) | **Messengers**  (consider most appropriate source for each communication e.g. sponsor, change agent, champion) | **Key Messages**  (what people need to know and why) | **Timing**  (frequency ; consider what the audiences need to know at various stages of the change process) | **Delivery Methods**  (carefully think about best methods - may require multiple methods) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

**Appendix 3**

## What kind of manager am I?

* Do you notice that other managers approach their relationship with their team differently?
* Are you confident that you are using the most effective style of management to get the best results from your team or colleagues?

This self-assessment is designed to help you think about your management style and how you can modify it to suit certain situations. Look at the statements below and give your answer an honest score from this scale:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Strongly Agree** | **Agree** | **No Preference** | **Disagree** | **Strongly Disagree** |

Add up your score in the Total Score column and compare it with the Score Analysis.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Statement** | **Rating** | |
| **1** | I like to have complete control over decisions. |  | |
| **2** | I worry if I am not prominent in decision-making processes. |  | |
| **3** | I do not want to see my team take responsibility. |  | |
| **4** | All decisions must be run past me first. |  | |
| **5** | I do not like to hear others’ views before making decisions. |  | |
| **6** | I think empowering others can cause problems. |  | |
| **7** | I feel uncomfortable allowing others to make important decisions. |  | |
| **8** | I make decisions on my own and do not like them to be challenged. |  | |
| **9** | I do not feel that collecting more opinions will help make better decisions. |  | |
| **10** | I will not risk poor decision-making from my team if it means they will have the opportunity to take responsibility. |  | |
| **11** | I listen to others, but make decisions independently. |  | |
| **12** | I would rather people who make their own decisions do not work with me. |  | |
| **13** | I do not believe that empowering a team is an important aspect of team development. |  | |
| **14** | I become annoyed if I find out decisions have been made without being consulted. |  | |
| **15** | It is my job to make decisions and I should not need help to do it. |  | |
| **16** | I do not believe it is in the long-term interest of the company to let everyone become involved in the decision-making process. |  | |
|  | **Total Score** |  | |
| Score Analysis **16–39:** you have an autocratic approach to management, and generally decide what to do yourself and then tell others. You like to feel in control and favour the centralisation of decision-making. You usually take action without consulting your team or your colleagues.  **40–59:** there is evidence of both autocratic and democratic styles within the way you approach management. You use styles that are most appropriate to the situation, e.g. you may naturally favour a more consultative style of management, but you are aware that sometimes it can be more appropriate to adopt an autocratic telling approach. You can identify these situations easily and adapt your style accordingly.  **60–80:** you prefer a democratic approach to management. You empower your team by joining with them to discuss ideas, involving them in management activities and decision-making processes. You delegate authority when possible. There might also be occasions when you will make a decision, but then take time out to sell the merits of it to those it affects. Apply Learning Think about certain situations where you took on a management role, and analyze whether the style you used was appropriate. Are there any areas where a different style would have been more suitable in retrospect?  How could you have approached the situation differently? | |  |

Source: Good practice guide, The Knowledge Network

<http://www.knowledge.scot.nhs.uk>

**Appendix 4**

**BALM Model and Skills Matrix**

1. **B**reak down the team or department’s work objectives into specific targets or activities. Rank these in order of priority, based on:

* Their precedence; a task that has to be completed before something else is done has precedence
* Urgency; how soon the tasks need to be completed
* Importance; how significant the task is for achievement of overall goals.

2. **A**nalyse the skills needed for completion of each task, bearing in mind that someone’s skills reflect their education and training, experience, attitude, motivation, the ability to accept responsibility and take control.

3. **L**ist the skills of the team members, using the same dimensions. You should take account of not just someone’s current skills level, but their development needs. Some tasks may serve to provide the experience that someone needs to develop their skill level, or allow someone to take on responsibility or help improve their motivation. Some tasks may also allow those with high skill levels to coach or mentor others to help bring them up to their standard.

1. **M**atch people to the tasks. A useful tool for doing this is a skills matrix. This can be a simple chart listing the main tasks in columns, with the specific skills requirements for each in sub-columns. Team members are listed down the side, in rows. Here’s an example:

|  |  |  |  |
| --- | --- | --- | --- |
| **Task** | **Resolve Customer Service Problems** | | |
| **Skill**  **Team**  **Member** | **Detailed knowledge of products** | **Questioning and listening skills** | **Problem solving skills** |
| **Name 1** |  |  |  |
| **Name 2** |  |  |  |
| **Name 3** |  |  |  |

Each identified skill can then be scored using this guide.

|  |  |  |
| --- | --- | --- |
| **Scoring** | | |
| **Score** | **Skill Level** | **Description** |
| **5** | **Coach** | * Fully competent and experienced * Needs no assistance to complete tasks * Demonstrates ability to lead and train others * Seen as a Subject Matter Expert |
| **4** | **Skilled** | * Capable and experienced * Demonstrates proficiency * Able to work independently with little help * Will be able to Coach with more time |
| **3** | **Not yet skilled** | * Able to perform at a basic level * Has some direct experience * Needs help from time to time |
| **2** | **Learning** | * Limited in ability or knowledge * Cannot perform for critical tasks * Needs significant help from others |
| **1** | **None / Low** | * Unable to perform * Little to no experience |

**Appendix 5**

**Training Needs Analysis (Sample)**

|  |  |
| --- | --- |
| **Name** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **I would like refresher training** | **I feel competent in this area**  **(No further training needed)** | **I am confident in this area and can help others learn** |
| * Recognise our duty of care and Staff Governance standards |  |  |  |
| * Understand the absence reporting and recording requirements |  |  |  |
| * Dealing with short-term and long-term absences |  |  |  |
| * Understand how to use attendance data and its use to identify trigger points |  |  |  |
| * Recognise formal and informal approaches and interventions |  |  |  |
| Return to Work interviews |  |  |  |
| Making appropriate Occupational Health referrals |  |  |  |

**Appendix 6**

**Time Management (ABC Method)**

Create a to-do list (order is not important at this stage), then populate the tables as follows:

* **A Tasks** -most urgent, need to be prioritised.
* **B Tasks** - need to be completed soon and may have deadlines.
* **C Tasks** - not urgent (yet).

|  |  |  |
| --- | --- | --- |
| **A Tasks** | **Due Date/Time** | **Notes** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **B Tasks** | **Due Date/Time** | **Notes** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **C Tasks** | **Due Date/Time** | **Notes** |
|  |  |  |
|  |  |  |

**Time Management (Must, Should and Could Method)**

Generate a task list (do not try to prioritise at this stage). Identify each as an **M**, **S** or **C** and then prioritise your list.

|  |  |  |  |
| --- | --- | --- | --- |
| **Task list** | | **M/S/C (e.g)** | **Prioritised list (e.g)** |
| **A** |  | M | C |
| **B** |  | S | A |
| **C** |  | M | F |
| **D** |  | C | B |
| **E** |  | S | E |
| **F** |  | M | G |
| **G** |  | S | D |

You may get an unexpected new ‘must’ so you may need to negotiate moving a ‘must’ to a ‘should’ temporarily. Be aware of ‘shoulds’ ultimately becoming ‘musts’ at some point.

**Hints and Tips:**

|  |  |
| --- | --- |
| **Problem** | Flitting back and forth between multiple jobs |
| **Solution** | Make time to plan your day |
|  |  |
| **Problem** | Looking for necessary documents/resources etc. |
| **Solution** | Get organised |
|  |  |
| **Problem** | Forgetting jobs |
| **Solution** | Keep a ‘to do’ list |
|  |  |
| **Problem** | Missing deadlines |
| **Solution** | Prioritise |
|  |  |
| **Problem** | Never getting around to some jobs |
| **Solution** | Set timescales for all tasks |
|  |  |
| **Problem** | Struggling at particular times of the day |
| **Solution** | Understand your working rhythm |
|  |  |
| **Problem** | Too much time lost in meetings |
| **Solution** | Be selective about the meetings you attend |
|  |  |
| **Problem** | Getting bogged down in ‘little things’ |
| **Solution** | Delegate |

**Appendix 7**

# **How well do I delegate?**

Here is an opportunity to learn how well you delegate. This scale will help identify your strengths and determine where improvement would be beneficial. Circle the number that best describes you. The higher the number, the more the statement describes you.

When you have finished, add up the numbers circled and total in the space provided.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Each of my employees knows what I expect of her or him. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 2 | I involve employees in goal-setting, problem-solving and productivity improvement activities. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 3 | I place my personal emphasis on planning, organising, motivating and controlling, rather than doing tasks others could do. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 4 | When assigning work, I select the assignee thoughtfully. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 5 | When a problem occurs on a project I have delegated, I give the employee a reasonable chance to work it out for him/herself. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 6 | When I delegate work to employees, I brief them fully on the details with which I am familiar. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 7 | I see delegation as one way to help employees develop their skills, and I assign work accordingly. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 8 | I support and help employees in emergencies, but I do not permit them to leave work for me to do. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 9 | When I assign work, I stress the results desired, rather than how to accomplish them. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 10 | When I delegate a project, I make sure everyone concerned knows who is in charge. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 11 | When delegating work, I balance authority with need and experience. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 12 | I hold my employees responsible for results. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

**Total** \_\_\_\_\_\_\_\_

* A score between 72 and 84 suggests you are on target.
* A score between 48 and 71 indicates you are getting by, but could improve.
* Anything below 48 means you need to make changes.

Source: Good practice guide, The Knowledge Network <http://www.knowledge.scot.nhs.uk>

**Appendix 8**

**What should be delegated?**

In addition to considering routine and developmental tasks for delegating, team leaders can also consider the priority of the task in identifying what should be delegated.

Most team leaders have more work than they have time for, and so they tend to organize their work according to priority. They focus on the jobs which are urgent and important, in other words high priority jobs. The jobs they leave until last and which may even not get done, are those of lower priority. They may be important but not urgent or they may be of relatively low importance. It is these jobs which can be usefully delegated to others.

The chart below shows how jobs may be prioritised according to their importance and urgency, and how far jobs falling into different areas of the chart can be delegated.

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***High Importance*** | |  |
|  | These jobs are likely to be too important and urgent for delegating | Plenty of scope for delegating here |  |
| ***High Urgency*** |  |  | ***Low Urgency*** |
|  | Too little time to delegate?  Perhaps experienced team members could do these jobs | Do these jobs need to be done at all? |  |
|  | ***Low Importance*** | |  |

**High Priority/High Urgency:** Team leaders are likely to want to do these jobs themselves. The jobs have to be done well and they are needed soon, so there is perhaps not enough time to delegate effectively.

**High Important/Low Urgency:** The jobs in this category will become urgent if they are not done now. They are likely to be suitable for delegating as there is time to plan, monitor and review the job. By delegating relatively important jobs, the team leader is demonstrating trust and confidence in the team member. The fact that these jobs are important suggest that they may be used to develop staff

**Low Importance/High Urgency:** Team leaders may feel that they do not have time to delegate jobs in this category and that it is quicker to do them themselves. But if team members already have the experience in doing these jobs then the time taken to delegate will not be great and team leaders can focus on more important work.

**Low Importance/Low Urgency:** If the job is not important and not urgent, team leaders may question whether the job has to be done at all. However where jobs still need to be done, they can be effectively delegated to team members.

There are some advantages in delegating work of lower priority:

* You will ensure that these jobs are done
* You will have time to go through the delegation process thoroughly with jobs that are not urgent. This will be especially necessary when the jobs themselves are important or when you are delegating to an inexperienced team member
* When you delegate jobs that are of medium to low importance you will have more time to focus on those which you consider important.

**Example:**

On Tuesday before leaving work, Sandra drew up a list of tasks which she needed to do the next day (Wednesday). The tasks are noted below:

|  |  |
| --- | --- |
| **A** | Arrange farewell presentation for Thursday |
| **B** | Answer memo from general manager on behalf of my boss |
| **C** | Complete return for the finance department (currently overdue) |
| **D** | Prepare information for computer input by 5pm Friday |
| **E** | Check suppliers acceptance of new spec before contract starts |
| **F** | Prepare case for unfair dismissal industrial tribunal for my boss for Friday |
| **G** | Write up team meeting minutes for Thursday |
| **H** | Complete report on yesterday’s accident |
| **I** | Collect info about results of quality improvement project for boss by end of the month |
| **J** | Prepare briefing to team on new contract for Thursday meeting |

Sandra ranked tasks in order of importance:

|  |  |  |  |
| --- | --- | --- | --- |
|  | *High Importance* | |  |
|  | F  H J    G | B  I  D |  |
| *High Urgency* |  |  | *Low Urgency* |
|  | A  C | E |  |
|  | *Low Importance* | |  |

She identified that only she could do **B, C, F, H**, and **J.** She would complete **F, H**, **J** on Wednesday and the rest on Thursday. She decided to delegate parts of **A**, although she would have to plan what to say. She also felt that tasks **D, E** and **I** would be developmental tasks which various members of her team would benefit from doing. She decided to ask an experienced team member to do **G,** as he had done the job before.

**Activity**

Make a ‘To Do List’ for the next three to five days (or whatever is your usual planning period for action required). Write down all the things you need in the space below.

Give each task a letter starting from A:

|  |  |
| --- | --- |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |
| **E** |  |
| **F** |  |
| **G** |  |
| **H** |  |
| **I** |  |
| **J** |  |
| **K** |  |
| **L** |  |
| **M** |  |
| **N** |  |
| **O** |  |
| **P** |  |

Now prioritise them by placing them in the appropriate positions in the chart below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | *High Importance* | |  |
|  |  |  |  |
| *High Urgency* |  |  | *Low Urgency* |
|  |  |  |  |
|  | *Low Importance* | |  |

The prioritising of the tasks should show you tasks which you need to carry out yourself and which ones may be suitable for delegating.

**Appendix 9**

**Preparing to Delegate Template**

Use the space below to record all the relevant information relating to the work you are preparing to delegate:

|  |
| --- |
| The task I am delegating is … |
| The team member I am delegating this task to is …  I am delegating the work to this individual because …  □ This is a good development opportunity for him/her  □ This piece of work needs a safe pair of hands  □ They will bring a fresh perspective to the work  □ Other (please provide details in the space below) |
| The deadline for this piece of work is … |
| The goals and objectives of the delegated work are … |
| If the work is completed successfully the consequence is likely to be …  If the work is not completed successfully the consequence is likely to be … |
| The roles and responsibilities of the team member to whom I am delegating are … |
| The resources and equipment the team member will need to complete this task are … |
| Within their delegated role the team member will have the authority to …  However, they will not have the authority to ... |
| The team member will be able to make decisions about … |
| Before approaching the delegated work, the team member should receive training in … *(Mark N/A if not appropriate)* |
| I will review the team member’s progress in the following ways … |
| For help, guidance or support with completing the delegated work, the team member can refer to … |

Source: Good Practice Guide ([The Knowledge Network](http://www.knowledge.scot.nhs.uk/home.aspx))

**Appendix 10**

**SWOT Analysis**

|  |  |
| --- | --- |
| **Strengths**  Identify key attributes of the team/service that are felt to be important to staff, patients, service users (NB: some of these may also appear under ‘Threats if the change is perceived to impact on current practices) | **Weaknesses**  Identify areas where the team/service could do better or where there are gaps (e.g. relationships with other services, communication, resources, outdated processes, poor planning) |
| **Opportunities**  Internal and/or external factors, e.g. team members may want change, identify co-working opportunities with other teams, patients (service users) actually looking for changes too.  Also note PESTLE. | **Threats**  Internal and/or external factors e.g. perceived/actual loss of resources, insurmountable weaknesses.  Also note PESTLE |

Sample for the activity; carry out a **SWOT Analysis** on your team’s readiness for a specific change.

**Title:**

|  |  |
| --- | --- |
| **Strengths** | **Weaknesses** |
| **Opportunities** | **Threats** |

**Appendix 11**

**Stakeholder Influence Matrix**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Power** | **High** |  | **Keep Satisfied** | | **Manage Closely** | |
| **Low** | **Monitor** | | **Keep Informed** | |
|  |  |  |  | | | |
|  |  |  | **Low** | **Interest** | | **High** |

**An Influencing Process**

Know what you want

* Issues, objectives, concessions, tactics

Know what the other person wants

* Put yourself in their shoes. Discover why they are taking their position.

Avoid conflict

* Differentiate between personalities and issues i.e. tackle problems not ‘enemies’
* Do not react to aggressive behavior with aggressive behavior

Find common ground

* Share the problem, show the other person that the solution requires cooperation not confrontation

Test acceptance

* Do not assume too much
* Communicate early. Repeat if necessary.
* Ensure important messages have been correctly understood.

Be creative

* Successful influencing requires imagination and intervention
* Do not give up easily. Be determined to find some route of influence.

Confirm agreement

* Agree the agreement!

Often written confirmation helps avoid any future disagreement and encourages implementation

**Appendix 12**

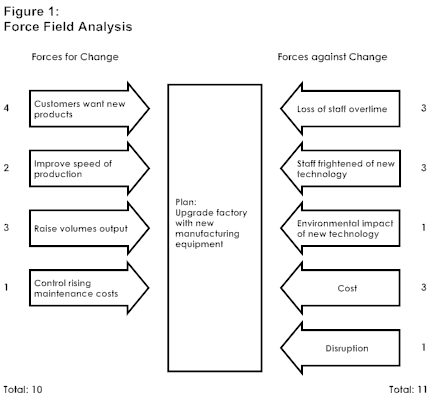
**Force Field Analysis**

Force Field Analysis is a useful technique for looking at all the forces for and against a plan. It helps you to weigh the importance of these factors and decide whether a plan is worth implementing. Where you decide to carry out a plan, Force Field Analysis also helps you to identify changes that you could make to improve it, maximising the likelihood of effecting the desired change.  
To carry out a Force Field Analysis, follow these steps:

* Describe your plan or proposal for change in the middle
* List all forces for change in one column, and all forces against change in another column
* Assign a score to each force, from 1 (weak) to 5 (strong)

*Example:*

You are a manager deciding whether to install new manufacturing equipment in your factory. You might draw up a Force Field Analysis like the one in Figure 1:

****Once you have carried out an analysis, you can decide whether your project is viable.  
  
Where you have already decided to carry out a project, Force Field Analysis can help you to work out how to improve its probability of success. Here you have two choices:

* To reduce the strength of the forces opposing a project, and/or
* To increase the forces pushing a project

Often the most elegant solution is the first: just trying to force change through may cause its own problems. People can be uncooperative if change is forced on them.

If you had to implement the project in the example above, the analysis might suggest a number of changes to the initial plan:

* By training staff (increase cost by 1) you could eliminate fear of technology (reduce fear by 2)
* It would be useful to show staff that change is necessary for business survival (new force in favour, +2)
* Staff could be shown that new machines would introduce variety and interest to their jobs (new force, +1)
* You could raise wages to reflect new productivity (cost +1, loss of overtime -2)
* Slightly different machines with filters to eliminate pollution could be installed (environmental impact -1)

These changes would swing the balance from 11:10 (against the plan), to 8:13 (in favour of the plan).

**Force Field Analysis Worksheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Forces FOR Change** | **Score** |  | **Forces AGAINST**  **Change** | **Score** |
|  |  | **Change**  **Proposal** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  | **Total** |  |

**Appendix 13**

**Problem Definition**

**A. Involve stakeholders**

Identify and agree constraints

Challenge assumptions or bias

Establish a shared understanding of the problem

**B. Gather and analyse information**

Data, literature, study, survey

Interviews of "experts" and trusted sources

Observation, either personal or reported

**C. Talk with people who are familiar with the problem**

Look past the obvious

Challenge assumptions

Ask for clarification when you do not understand something

**D. Clarify what it is/is not**

Scope

Kepner Tregoe tool

**Problem Definition Tool (Kepner Tregoe)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **The problem is** | **The problem is not** | **Distinctive features** | **What has changed?** |
| **What** |  |  |  |  |
| **Where** |  |  |  |  |
| **When** |  |  |  |  |
| **Who to** |  |  |  |  |

**Example**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **The problem is** | **The problem is not** | **Distinctive features** | **What has changed?** |
| **What** | Trays returned with various scope parts missing | Not other equipment – just scopes  Not a particular scope part | Parts not interchangeable – original parts have to be found |  |
| **Where** | From theatres | Not from clinics | Interaction with theatre staff largely by phone; more face-to-face contact with clinics staff |  |
| **When** | At least once a week | Not just occasional |  |  |
| **Who to** | All theatre staff; CDU staff; patients affected by related delays | Not specific theatre staff/ theatres/shifts |  | CDU staff who were previously theatre technicians used to know/have a personal rapport with some theatre staff; changes in staff over time have decreased these relationships |

(You should have already stated objective evidence in support of what is stated here, e.g. re frequency of problem.)

**Appendix 14**

**Generating Solutions**

There are various methods of generating solutions, but many of these are variations on what is probably the most well-known, brainstorming.

**Brainstorming**

It is very simple and most people are familiar with it. A group of people are brought together and an issue for investigation is chosen as the subject. The following steps are useful to managing the approach:

* Six to twelve people is the ideal number, not exclusive to management
* The Brainstorming exercise lasts for a fixed period (10 minutes is about right)
* A chair is chosen to define the problem, remind everyone of the rules of brainstorming, maintain control and stop anyone trying to judge or evaluate the ideas put forward
* A scribe should be chosen to note the ideas down
* Active participation is encouraged from everyone
* All ideas should be recorded and should not be discussed or criticised
* The idea of the session is to be creative not logical
* The aim is to develop the maximum number of ideas. When participants start to flag, encourage them by asking “What else?” If necessary, allow up to 2 minutes silence, participants will feel obliged to say fill it!
* All ideas will be evaluated after the session, not during it

**Variations on Brainstorming**

* *Slip method -* ideas written on ‘post-it’ notes and placed on flipcharts. Helpful if some group members likely to be inhibited in verbal brainstorm, also ideal for clustering ideas into themes or headings
* *Nominal group technique (Delbecq & VandeVen) –* group members brainstorm individually and silently for 10 minute and then the facilitator collects ideas in a round robin. Helps ensure all group members have the opportunity to contribute
* Idea-writing *(Moore & Coke)*

1. A group of experts is gathered together and given approximately five minutes to individually write down their ideas for a solution, leaving plenty of room around and between ideas on the page
2. The group is then instructed:

* Select a sheet other than your own.
* Read the ideas.
* Write down your reactions:
* Which do you like?
* Which do you dislike?
* What else can you think of?
* How could each idea be improved?

1. This process is repeated until everyone has (a) read and reacted to each idea-writing sheet and then (b) received their own, original sheet back and seen the comments on it
2. The group then has a facilitated discussion of the principal ideas from all the sheets, recording a summary of the ideas on a flip-chart

**Determining the Best Options**

After the brainstorming exercise, the next stage in generating alternative solutions is to be critical about the ideas. With the group, you should:

1. Cluster similar or related ideas under headings or themes
2. Condense ideas within headings – eliminate duplication/overlap
3. Consider whether some ideas could be improved/refined:
   * think about possible advantages and disadvantages
   * think about how ideas might be improved to reduce possible disadvantages
   * re-write the solution as the now improved version
4. Reduce your list to a manageable number of options for further scrutiny. You can do this by:
   * removing those ideas which seem unrealistic, *or*
   * selecting those which are judged most attractive, *or*
   * have group members score ideas, or do a 3-dot exercise

**3-Dot Exercise**

Instruct group members that they have three votes each and should vote for their preferred options, by coming up to the flipchart and putting a dot (a sticker or just with a marker pen) beside them. You then see which options received the most votes. (You can either instruct everyone to pick their ‘top three’ and give them one dot each, or advise that they can distribute their three votes as they wish, i.e. they could give one idea two dots and one other one dot, or give all three dots to a single idea, or give one dot to three ideas.)

**Appendix 15**

**Evaluate Options and Select the Best**

During Step 5, a decision has to be made about which solution(s) to choose. Tools that can be used to assist this decision-making and help ensure that it is as objective and rational as possible include:

* Selection Matrix (Benefits vs. Effort)
* Paired Comparison Analysis
* Weighting & Scoring (also known as Solution Matrix or Grid Analysis)

**Selection Matrix**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Benefit** | High | **Maybe** | | **Go** | |
| Low | **Stop** | | **Maybe** | |
|  | | | High | | Low | |
| **Effort** | | | |

1. Assess each idea on a scale of low to high, based on:
   * the potential benefit gained
   * amount of effort required to implement the idea – difficulty, cost, resources, technology, skills development, processes
2. Plot your assessment of each idea on the matrix
3. The better ideas are towards the top right of the matrix – i.e. high benefit for low effort. Ideas which are low effort, low benefit might also be worth looking at, though, in terms of easy, early wins; high effort, high benefit ideas might be worth doing as the high benefit is deemed worth the high effort. High effort for low benefit can, however, can probably be dismissed.

An advantage of this tool is its simplicity, but it may be *too* simple for some topics. If it is difficult to score or differentiate between options simply on the basis of effort versus benefit, a more sophisticated approach may be required.

**Paired Comparison Analysis**

In Paired Comparison Analysis, each option is compared against every other option, by using stepped diagram. The option which if preferred most often gets the highest score.

*Example:*

You come into a small windfall, how will you spend it? You sit down with the family, and narrow down your choices to:

* Buying a new car
* Reducing your mortgage
* Investing in some ISAs
* Going on a holiday

Using the paired comparison diagram, you compare all the options, noting your choice from each pair in the relevant boxes:

|  |  |  |  |
| --- | --- | --- | --- |
| A. Buy new car |  |  |  |
| **A** | B. Reduce mortgage |  |  |
| **A** | **C** | C. Invest - ISA |  |
| **D** | **D** | **D** | D. Go on holiday |

You can see that you have scored as follows:

A – 2

B – 0

C – 1

D – 3

So D – going a holiday – looks like your preferred choice.

This method works well for very different options, when you are comparing “apples and oranges”. It is less helpful, though, if you need to consider more detailed, differentiating factors. So, while this tool helps to compare buying a car with other ways of spending money, it would be less helpful if, given that you are going to buy a car, you need to decide which model of car to buy. You would need to consider multiple factors such as, e.g. cost, fuel efficiency, look, safety features, storage capacity, comfort, etc. A more sophisticated tool would therefore be required.

**Weighting and Scoring**

This is a systematic process to select the best option based on agreed, weighted *criteria*. It is particularly powerful where you have a number of good alternatives to choose from, and many different factors to take into account.

The first step is to help the team agree appropriate criteria. Between three and six criteria should help you make your decision.

*Example***:**

|  |  |
| --- | --- |
| **Criteria** | |
| ***Ease of implementation*** | How easy would it be to implement the solution? |
| ***Probability of Success*** | How likely is it that the solution itself could be successfully implemented? |
| ***Effectiveness of Solution*** | How effective would the solution be in addressing causes and solving the problem? |
| ***Relatively low resistance*** | How much resistance might there be to implementing this solution? |

Applying the same criteria to each solution is a very effective tool for coming to a consensus. It enables the comparison of alternatives objectively. It also helps ensure that someone’s favourite criteria are not overriding others in terms of importance, guaranteeing equal consideration of alternative solutions.

Each possible solution on your shortlist is scored against the criteria (on a scale of 1 to 5 for example).

Weighting (e.g. between 1 – 20) can then be applied to each criterion, to show how important it criteria is in relation to the others. For example, is an effective solution more important than ease of implementation, etc.

*Example***:**

|  |  |
| --- | --- |
| **Criteria** | **Weighting** |
| *Ease of implementation* | 10 |
| *Probability of Success* | 15 |
| *Effectiveness of Solution* | 20 |
| *Relatively low resistance* | 5 |

The following is an example of a Criteria Rating Form to identify the best solution to improve customer service. The team has reached four possible solutions, agreed the criteria and given each criterion a weighting:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1. **Set up Stress Management training** | | 1. **Offer reduced service over peak periods** | | 1. **Escalate Sickness Absence management** | | 1. **Schedule extra hours for p/t staff over peak periods** | |
| **Criteria** | **Weight** | **Score** | **Weighted score** | **Score** | **Weighted score** | **Score** | **Weighted score** | **Score** | **Weighted score** |
| **Ease of Implementation** | **10** |  |  |  |  |  |  |  |  |
| **Probability of Success** | **15** |  |  |  |  |  |  |  |  |
| **Effectiveness of Solution** | **20** |  |  |  |  |  |  |  |  |
| **Relatively Low Resistance** | **5** |  |  |  |  |  |  |  |  |
| **Totals** | |  |  |  |  |  |  |  |  |

The individual solutions are then discussed against the set of criteria and scores are applied.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1. **Set up Stress Management training** | | 1. **Offer reduced service over peak periods** | | 1. **Escalate Sickness Absence management** | | 1. **Schedule extra hours for p/t staff over peak periods** | |
| **Criteria** | **Weight** | **Score** | **Weighted score** | **Score** | **Weighted score** | **Score** | **Weighted score** | **Score** | **Weighted score** |
| Ease of Implementation | x10 | 4 |  | 4 |  | 2 |  | 5 |  |
| Probability of Success | x15 | 5 |  | 4 |  | 4 |  | 5 |  |
| Effectiveness of Solution | x20 | 4 |  | 2 |  | 2 |  | 1 |  |
| Relatively Low Resistance | x5 | 5 |  | 3 |  | 3 |  | 4 |  |
| **Totals** |  |  |  |  |  |  |  |  |  |

The initial scores are multiplied by the criteria weight or value to give a weighted rating for each box. The weighted ratings are then tallied. The highest rating identifies the solution that best matches the criteria.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1. **Set up Stress Management training** | | 1. **Offer reduced service over peak periods** | | 1. **Escalate Sickness Absence management** | | 1. **Schedule extra hours for p/t staff over peak periods** | |
| **Criteria** | **Weight** | **Score** | **Weighted score** | **Score** | **Weighted score** | **Score** | **Weighted score** | **Score** | **Weighted score** |
| **Ease of Implementation** | **x10** | 4 | *( x10 = )* **40** | 4 | *( x10 = )* **40** | 4 | *( x10 = )* **40** | 4 | *( x10 = )* **40** |
| **Probability of Success** | **x15** | 5 | *( x15 = )* **75** | 4 | *( x15 = )* **60** | 3 | *( x15 = )* **45** | 5 | *(x15 = )* **75** |
| **Effectiveness of Solution** | **x20** | 4 | *(x20 = )* **80** | 1 | *(x20 = )* **20** | 3 | *(x20 = )* **60** | 1 | *(x20 = )* **20** |
| **Relatively Low Resistance** | **x5** | 5 | *(x5 = )* **25** | 3 | *(x5 = )* **15** | 3 | *(x5 = )* **15** | 4 | *(x5 = )* **20** |
| **Totals** |  | 18 | **220** | 12 | **135** | 13 | **170** | 14 | **155** |

The highest score indicates that **Option A** is the most appropriate solution to take forward.

**Appendix 16**

**Implement the Decision and Evaluate**

Sometimes there is no difficulty in getting solutions implemented but there will be occasions when the best solution will have implications.

**Action plan**

Developing an action plan includes deciding what action is necessary and **who** is going to do **what**, by **when**.

An effective action plan will be **SMART** – i.e.:

* **S**pecific, tasks broken down to clearly defined activities and allocated to specific people
* **M**easurable, aim for outcomes that you can clearly demonstrate
* **A**chievable, do not include unrealistic actions or timescales
* **R**elevant to the broad aims or goals, or the desired future state in your problem statement
* **T**imed (i.e. target dates) and sequenced, with a logical chronology of events

*Example:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action Plan** | | | | | |
| **Action Step**  **Task/Activity** | **Responsible Person/Group** | **Begin Date** | **End Date** | **Estimated Hours** | **Cost**  **£** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **Totals** |  |  |

Exercise; SMART Action Planning

Read the following example and decide if/how each action could be more SMART.

For each action, ask yourself:

* How could this be more **S**pecific? Is more detail needed about what, who or when? Are there steps that have been missed?
* How could this be more obvious about how completion/successful achievement can be demonstrated or **M**easured?
* Is this really **A**chievable? Are we really going to do this?
* Is it clear how this is **R**elevant to what we are trying to achieve?
* Is it **T**imed, i.e. is (as specifically as possible) a timescale or date indicated?

Solution: establish new procedure for checking equipment.

|  |  |  |
| --- | --- | --- |
| **Action** | **Owner** | **Timescale** |
| 1. Develop checklist | Joe Bloggs | May 2022 |
| 1. Speak to team | SCN Smith | Next meeting |
| 1. Raise staff awareness of new procedure | All | Before implementation date |
| 1. Obtain agreement from key stakeholders | Joe Bloggs & N.E. Body | 30 May 2022 |
| 1. Ensure all staff use new procedure | All | From June 2022 |
| 1. Obtain up to date catalogue. | N.E. Body | May 2022 |
| 1. Set up audit | SCN Smith | June 2022 |
| 1. Report on impact | SCN Smith | Annual |

Now check on the next page for some suggested improvements to these actions.

Some suggested improvements

1. *‘Develop checklist’* is very broad. This could be broken down into more ***Specific*** steps, e.g. ‘develop 1st draft…’; ‘consult on draft with working group’; ‘try out use of checklist in practice with a member of staff’; etc. (all separate actions with phased timescales).

Considering all the steps involved, is May an ***Achievable*** timescale to have a final version of the checklist?

1. ‘*Speak to team’* is very broad. This could be more ***Specific***, e.g. ‘put new procedure onto agenda for April team meeting’; ‘develop and present an outline of purpose of and steps of procedure’; ‘identify and address any concerns’.

*‘Next meeting’* is rather vague – this could be more specific re ***Time***, e.g. ‘April staff meeting’, or ’28/04/22’.

1. *‘Raise staff awareness…’* – what does this mean, and how could it be ***Measured***? Could be more broken down/specific, e.g. ‘highlight at staff meetings and record staff attendance at same’; ‘e-mail a copy of the new procedure to all staff, with read-receipts’; ‘develop feedback form for staff to complete and return before …*(date)’*; ‘respond to any feedback/concerns/ questions before *…(date)’.*

*‘All’* is rather vague. Could this be more ***Specific*** about who should be doing each of these (broken down) actions?

1. *‘Obtain agreement from key stakeholders’*. Do we know if this is ***Achievable***? What if stakeholders do not agree?

Be more ***Specific*** about who the *‘stakeholders’* are, and what will be done to try to obtain their agreement – e.g. ‘develop paper to present at next … meeting’/ ‘arrange 1:1 meeting(s) with …’/ ‘arrange presentation of draft procedure at … meeting’.

Show how success will be ***Measured*** – e.g. ‘obtain sign-off in minutes of … Group’/ ‘ask … for letter/e-mail confirming …’/ ‘submit to … for approval.’

1. *‘Ensure all staff use new procedure’* could be more ***Specific*** and ***Measurable*** – e.g. ‘post monitoring sheet in treatment room’; ‘require all staff to sign and date monitoring sheet when checking equipment using new procedure’; ‘establish weekly check of monitoring sheet by SCN or deputy’; ‘record remedial action for any omissions in …’

*‘All’* is rather vague. Could this be more ***Specific*** about who should be doing each of these (broken down) actions?

1. Explain why/how this is ***Relevant***, e.g. ‘to ensure accuracy of checklist content’ (or, if relevance cannot be shown, remove from plan!).
2. *‘Set up audit’* is very broad. Could be broken down into more ***Specific*** steps (with ***Time***s), e.g. ‘develop audit tool (who will do this?)’; ‘carry out initial audit at *(state date)* then *(state frequency for ongoing audits)’*. State who will carry out audits, how the results will be reported and to whom, who will be responsible for any remedial action.
3. *‘Report impact’*. Be more ***Specific***. How will you report and to whom?

*‘Annual’* is a bit vague – give a specific ***Time*** for first report, e.g. ‘end of September 2022, then annually thereafter’.

**Monitoring and Evaluating Progress**

The action plan should also be **monitored**, to determine progress and to allow you to address any contingencies that arise. A system of milestones or targets incorporated into the plan, with **review dates**, will assist this process.

Through an established monitoring system, determine whether or not specific tasks are being performed, or short term targets are being achieved, as planned. Identified milestones and the control system associated with monitoring targets should be traced and updated regularly.

Possible methods for monitoring might be:

* Meetings; project group meetings and/or staff meeting or other established forums
* 1:1 meetings with key staff
* Data sheets
* Gant charts
* Software packages, e.g. Project Management Dashboard

Action plan outcomes should be measured and **evaluated**, to demonstrate that the original aim has been achieved.

By tracking the implementation of the action plan and evaluating progress, you can ensure the solutions are solving the problem. If this is not the case, you can repeat the 6 problem-solving steps.

**Contingency Plan**

Tied in with your action plan should be a contingency plan, just in case. While you will not stop the unexpected from happening, you can prepare for many potential problems by having a contingency plan.

You should:

1. Determine the key risks which may occur and which would seriously jeopardise your project
2. Prioritise these risks in terms of likelihood (L) and impact (I)
3. Determine which are under you control and which are completely out of your control
4. Any risk out of your control, flag up to senior management
5. Start contingency planning on those risks within your control. Simply create an additional column in your Risk Log in which you can detail how you would mitigate that risk.

*Example:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **L** (0 –10) | **I** (0 – 10) | **Mitigation** |
| Key person goes off sick / leaves | 2 | 8 | Key person keeps detailed progress notes; has regular update meetings with identified colleague |
|  |  |  |  |
|  |  |  |  |

**L** = Likelihood **I** = Impact

**Communication**

Communication of the plan to those involved in implementing and affected by it is essential. Remember to include communication as part of your action and contingency plans.