EVALUATION PLANNING TEMPLATE

Title of Intervention	Crucial Conversations for Board Executives & CCG equivalents
Context	The NHS is seeking to enhance leadership to maintain flexibility and competence in the face of rapid change and profound uncertainty in their environment. Change and uncertainty is inevitable in the NHS and arises from a number of external and internal sources including technological revolutions in treatment and care, economic climate, political imperatives, government policy, changing patient/consumer expectations and public concerns about quality of care and increasing competition. Historically, there has been a 'pace setting' leadership style prevalent within the NHS, that focused on targets and delivery rather than engaging both staff and patients. There is now a recognised need for leaders who are able to adapt and flex their style, to meet these challenging demands and achieve the best outcomes for patients. In the light of key reports (e.g. Francis, 2013; Keogh, 2013; and Berwick, 2013), as well as the Healthcare Leadership Model, it is vital that leaders create conditions of transparency across all roles, professions and positions; modelling behaviours which facilitate honest conversations wherever anything needs to be openly discussed to ensure quality, compassionate and sustainable care for service users. Giving (and indeed receiving) honest feedback and tackling difficult conversations are essential to shift organisational culture across the system. Senior NHS leaders are clearly facing challenging times. They will need skills to transform the values and behaviours required for the future.
Theory of Change	The overarching aim of this workshop is to give senior leaders an opportunity to practise and learn strategies for some of the very difficult conversations they have to make. The senior leaders need to feel confident and equipped to have these challenging conversations in order to manage and shift organisational culture to improve and meet the demands of a changing health and care system. As a result of the Crucial Conversation workshop participants will have: • Understand how crucial conversations fit within a healthcare leadership context • Improved confidence in approaching 'crucial conversations' • Learnt and applied a model to explain approaches to challenging conversations; • Applied a structure for effective conversations and feedback and understood the importance of planning and preparation • An awareness of how feelings, assumptions, experience, mind-set and inner dialogue may affect our behaviour and outcomes of crucial conversations; • The ability to apply and role-model good practice back in their organisational context
Intervention	This one day workshop has been designed specifically for our most senior members (Board Executives, and CCG equivalents (with at least 2 years' experience on the Board or Governing Body) who are grappling with very difficult issues and are having to have crucial conversations within and across

organisational boundaries.

The workshop is interactive and will map honest feedback and courageous conversations against The Healthcare Leadership Model 2013.

The sessions takes place in a confidential, peer supported, environment providing delegates with the opportunity to practice and learn new strategies in a safe environment.

Areas of learning will include:

- Setting the context of the values and behaviours required for effective leadership across the NHS
- What makes certain conversations crucial?
- Identifying and managing difficult, manipulative, aggressive or destructive approaches
- Practical role-play to move from dysfunctional to collaborative style
- Analysis of actual conversations/interaction
- Developing a Mind-set for Success
- Action planning

Types of activity will include:

- Discussion exercises
- Role play with actors
- Role play in pairs on real life up-coming conversation
- Reflection exercise
- Formation of an action plan

Expected Outcomes	The expected measurable outcomes include participants being able to: - Explain how crucial conversations fit with the healthcare leadership context; - Understand, relate to and apply a model to explain approaches to challenging conversations; - Use a structure for planning effective conversations and feedback and showed an understanding of the importance of 'planned' conversations; - Give examples to show awareness of how feelings, assumptions and inner dialogue exist and may be affect our behaviour and outcomes of crucial conversations; - Demonstrated an awareness of the value of planning conversations (and challenges of unplanned conversations); - Produced an action plan for an upcoming conversation and committed to applying learning back in the workplace

EVIDENCE GATHERING TEMPLATE

This document should be completed in the early planning stages of your intervention and evaluation. Although completed sometime before you come to write up the evaluation report it should be presented as Appendix 2 to that report for ease of reference (see later Evaluation Report Template).
Use the 'Before, During, After' Table and questions to prompt you to consider what type of evidence and from where you should be seeking it. This should relate to your theory of change, so if your intervention is designed to have an impact in a healthcare system or in a board or at a team level then you should be looking for evidence in those areas for impact.

Title of Intervention	Crucial Conversations for Board Executives & CCG equivalents

	Before	**During**	**After**
Individual	*How can we measure individual readiness & suitability?* • Participants are Board Executives/CCG equivalents with at least 2 years' experience on Board or Governing Body.	*What evidence can we collect to demonstrate the individual is actively learning?* • Facilitator observations/ records and delegates self-assessment of contributions to: • Discussion exercises • Role play • Reflection exercises • Explaining how crucial conversations fit with the healthcare leadership context • Demonstrating understanding and application of models for approaching challenging conversations • Demonstrating awareness of factors affecting outcomes of crucial conversations, and value of planning conversations • Action plans for upcoming conversations	*How can we evidence that individuals are applying their learning?* • Ask participants to complete an evaluation form asking how they intend to apply their learning; • Personal commitment to role-modelling effective receiving of feedback when others offer it

Team/Organisational/System	*How can we measure organisational readiness & engagement?*	*What evidence can we collect to demonstrate organisational support and receptivity of the intervention?*	*What evidence might we collect to show learning has been shared and had impact at a team, organisational or system level?*
	• The participants hold the most senior positions within their organisation, so they are acting on behalf of their organisation by making the decision to participate in the session. Their learning/best practice can be disseminated throughout the organisation. • The environment is changing, people are required to work in a more collaborative way – 5YFV & STP work demonstrates this.	• Crucial Conversations is a one day workshop therefore it is very difficult to capture receptivity at an organisational level during the course of the intervention. Participants will be preparing action plans on how to structure and plan effective Crucial Conversations back in their organisations.	• Ask participants how they intend to apply new learning during up-coming meetings; • Ask participants to share their learning and experiences with colleagues at their next Board Meeting; • When dealing with real-life issues, how are participants going to try and make a difference using new skills learnt from the Crucial Conversation session; • Ask participants to role-model best practice throughout their organisations.
Facilitator	*How can we evidence our understanding of the appropriateness and alignment of the intervention?*	*What evidence can we collect to demonstrate whether the intervention is working?*	*How can we demonstrate that the goals have been met, impact and outcomes demonstrated and lessons learnt?*
	• We have assessed the suitability through recent research including soft intelligence gathered via conversations with our members e.g. feedback from Reference Group meetings and feedback from our Very Senior Leader March '17 Network event. • Three previous Crucial Conversations sessions have taken place. Evaluation Forms were completed and previous attendees said the following: • "A really relaxed, challenging	• On the day of the session, the facilitator will pay close attention to the effectiveness of the content and delivery methods against identified outcomes and are responsive to any issues which may arise.	• Collect data from participants to evidence measurable outcomes.

	and honest workshop" "This was thoroughly interesting!" "It will help in every aspect of my day-to-day life" "I will be more self-aware and will use this to improve my communication"		

EVALUATION REPORT TEMPLATE

Title of Intervention	Crucial Conversations Workshop
Academy	NHS North West Leadership Academy
Programme Lead/Author	Anonymised
Contact Details	Anonymised
Date	October 2017
Business Plan Area	North West Local intervention
Key Words	These words will be used as 'tags' to enable your report to be found on the on-line hub. Use existing categories (see the hub) where possible. Senior Leaders, Board and Governing Body, Conversations, Confidence, Mind-set, Leadership Development, Relationships, Tools
Level of Complexity	Low

2. Brief Description of the Intervention

This paragraph will be the brief description of the intervention that will appear on the evaluation sharing hub – it should provide enough information to enable colleagues to assess whether it is relevant to their work and whether it is worth their while in reading the whole report for their planning and evaluation purposes.

'Crucial Conversations' is a one day workshop designed for experienced senior leaders at Board or Governing Body level, who are grappling with very difficult issues and are having crucial conversations within and across organisational boundaries. The primary aim of the intervention is to enable senior leaders to feel more confident and equipped to have these challenging conversations in order to manage and shift organisational culture to improve and meet the demands of a changing health and care system.

The workshop is very interactive and has a strong practical element through a variety of role-play scenarios, leading to the formation of an action plan for upcoming conversations. Participants learn and practise a range of models to plan and structure 'crucial conversations' and develop their awareness of how feelings, experience and mind-set can impact on the outcomes of these conversations.

3. Context

The NHS is seeking to enhance leadership to maintain flexibility and competence in the face of rapid change and profound uncertainty in their environment. Change and uncertainty is inevitable in the NHS and arises from a number of external and internal sources including technological revolutions in treatment and care, economic climate, political imperatives, government policy, changing patient/consumer expectations and public concerns about quality of care and increasing competition. Historically, there has been a 'pace setting' leadership style prevalent within the NHS, that focused on targets and delivery rather than engaging both staff and patients.

There is now a recognised need for leaders who are able to adapt and flex their style, to meet these challenging demands and achieve the best outcomes for patients. In the light of key reports (e.g. Francis, 2013; Keogh, 2013; and Berwick, 2013), as well as the Healthcare Leadership Model, it is vital that leaders create conditions of transparency across all roles, professions and positions; modelling behaviours which facilitate honest conversations wherever anything needs to be openly discussed to ensure quality, compassionate and sustainable care for service users. Giving (and indeed receiving) honest feedback and tackling difficult conversations are essential to shift organisational culture across the system. Senior NHS leaders are clearly facing challenging times. They will need skills to transform the values and behaviours required for the future.

4. Evaluation Activity

In your Evaluation Planning document you will have described in advance what you planned to do, what your theory of change was, where and with whom you might see an impact etc. In this section you should discuss what actually happened, did you find evidence to support or refute your theory of change, did something unexpected happen did some new evidence or interesting effect emerge, i.e. what were your findings?

One of the primary aims of this intervention was to increase the confidence of senior leaders in planning and holding 'crucial' conversations. All participants reported an improvement in their confidence following the workshop, captured as a quantitative measure on the evaluation form. There was an average score difference of + 2.25 in participants' self-assessments of their confidence before and after the workshop based on a score out of 10.

The objectives set out in the 'theory of change' of this intervention were shared with the participants at the beginning of the workshop, and all participants reported on the evaluation form following the event that these objectives had been met. 3/5 respondents rated the relevance and applicability of the content to their current role as 'excellent' and 2/5 rated it 'good'.

A clear objective of this intervention is that participants would be able to understand, relate to and apply a model to explain approaches to challenging conversations. A number of participants referred to the value of a specific model in their evaluations, and their intention to use that model to structure upcoming conversations. The 'Aim to Agree' model was identified as an especially useful framework, and one participant placed significant value on the benefits and applications of the 'quadrant model'.

An improved awareness of the value of planning conversations was reflected in a number of participants' comments on the evaluation forms in which they highlighted the importance of planning as a key learning point from the workshop. One participant reflecting on the importance of 'clear and unambiguous opening statements' and others emphasised the value of 'slowing down and reflecting' and being 'prepared' in approaching these conversations.

Improved awareness of the role of feelings, assumptions and inner dialogue was reflected in participants' comments on the emotional tenor of such conversations, for example the experience of 'imposter syndrome' and the utility of keeping a 'personal positivity journal'.

Participants were asked how they intended to apply their new learning during up-coming meetings and role-model best practice back in the workplace. A number of participants commented on the applicability of the knowledge gleaned during the workshop and articulated their intention to apply their learning 'directly to situations happening now', for example in preparing for an upcoming team meeting. One participant commented that they could see how 'adjusting' their current approach to incorporate their learning from the session would allow for more effective conversations. As part of the workshop, participants produced an 'action plan' for an upcoming conversation.

5. Interpretation and Discussion

In this section consider; 'So what does all this mean?'- what are your reflections on what has been learned, what are the implications for future recipients, what insights does this intervention and evaluation provide, what implications for future development interventions does this have. If you present data in this section then attempt to interpret it, what is interesting or insightful, are there any trends or patterns, can you explain or suggest any outliers?

Collation of the evaluation data demonstrated that all participants felt that the objectives of this intervention were met, and that the knowledge and skills developed during this workshop were relevant and applicable to their current role as senior leaders grappling with an uncertain and ever-changing health and social care landscape.

Our findings from this evaluation have highlighted the importance of providing participants with a range of practical tools and models that they can take away with them to structure and adapt back in the work-place. Access to and learning about a range of tools helps directly in supporting participants to develop and prepare a more planned, structured approach to 'crucial' conversations and is likely to have had impact on the reported measures of increased confidence.

The importance that participants place on the practicality and applicability of the knowledge and tools provided during this workshop is reflected in comments that underlined the value of the practical 'role play scenarios', with some participants requesting more time dedicated to this more experiential, practical dimension of the intervention. Again, the opportunity to practise some of the skills and techniques learnt during the workshop is likely to have impacted on the increased confidence measures.

One of the participants commented that a key learning point from the workshop was the reassurance of 'knowing people have very similar issues in relation to this subject'. This reflects the value of this workshop in bringing people in senior leadership roles together to provide peer support in dealing with the complexities and emotional impact of having 'crucial conversations'.

6. Costings

The cost of our interventions is worthy of understanding and particularly to help us understand unjustified variation and best value. Please try and estimate the total cost of the intervention under the following headings.

Staff Time	Third Party	Venue related	Materials	No. of Participants	TOTAL COST
£760	£2641.00	£600.00	Included in third party costs	6	£4001.00

7. Summary

Capture in this brief section what you set out to do and what happened. To what extent was it effective, what

The primary aim of the 'Crucial Conversations' workshop is to enable senior leaders to feel more confident and equipped to have challenging conversations in order to manage and shift organisational culture to improve and meet the demands of a changing health and care system.

Participants value the interactive, practical and experiential element of this workshop, and all participants felt that the content was relevant and applicable to their current role. The intervention was effective in meeting its objectives, particularly in improving the confidence of senior leaders to approach difficult conversations. This improved confidence was likely connected to the value participants placed in learn and practising a range of models and tools to plan and structure 'crucial conversations' and in developing their awareness of how feelings, experience and mind-set can impact on the outcomes of these conversations. The peer support opportunity provided by this intervention was also of value with regards to supporting senior leaders manage the emotional and personal pressures of these scenarios.

8. Recommendations and Lessons Learned

What would you recommend for yourself and others to do as consequence of this learning to improve the outcomes or design of the intervention?
If you were to do this again, or another academy were planning something similar, what would you do differently,

Given the value placed on the role play element of these workshops, it might be beneficial to increase the time dedicated to the practical, experiential dimension of this intervention. As participants felt that the length of the workshop did not need changing, it might be useful to explore how some of the more 'academic/theoretical' content could be shared in advance of the face to face session.

Given that senior leaders within the NHS are increasingly required to work across organisational boundaries within a cross-sector system context, it would be beneficial to explore more explicitly the different kinds of 'crucial' conversations that individuals might be having as a result of this, and how 'system leadership behaviours and skills' tie into how to approach 'crucial conversations' in this environment.

The importance placed on the emotional and personal impact of these conversations also points to ways in which this intervention might connect to offers targeted at supporting individual health and well-being. Connections to other important areas of leadership development such as talent management might also be developed in relation to this intervention.

With regards to the evaluation, improvements could be made to the scoring of confidence levels as the evaluation form did not provide a quantitative scale for participants to score themselves against. Although all participants, bar one, scored themselves out of 10, the scale will need to be defined and labelled in advance in future. Further follow-up is needed with the participants to explore how they used the models, tools, skills and knowledge back in the workplace and what impact this had on the conversations as well as the broader organisational culture. It would be particularly interesting to understand where the models were of benefit to structuring the conversation, what needed adapting, and what was missing, so that this learning can be folded back into future commissions of this intervention.

9. Evaluating the Framework

In the interests of continuously improving how the network of leadership academies can improve its approach to evaluation please answer the following questions.

1   What did you find useful/helpful about using the framework

More consideration was taken into account with the pre-planning of the session, to ensure that evaluation was considered at every stage

2   What did you find not so useful/not so helpful about using the framework

We are a commissioning organisation so it is difficult to ensure that the evaluation is considered and built into any pre/post learning. In addition, we are not present during the sessions so we are reliant on our provider collecting anything more than our standard evaluation data.

For a short intervention, the 'Evidence Gathering Pro-Forma' is challenging to complete.

3   What suggestions, if any, do you have for improving the framework?