i·coachacademy

Case Study

A new benchmark in coach selection to help transform health care

NHS
Institute for Innovation and Improvement

Over a four-month period, i-coach academy worked in partnership with the NHS Institute for Innovation and Improvement (NHS Institute) to establish two coach registers (a one-to-one register and a Board / Senior Team Coach register) to support senior leaders across the NHS. The process has been acknowledged as setting a new bench mark for coach assessment and i-coach academy's professionalism and thoroughness has been commended.

The context

The NHS Institute is dedicated to supporting the transformation of healthcare for NHS England by rapidly developing and promoting new ways of working, new technology and world class leadership. The NHS has the nation's largest workforce – around 1.3 million employees. The actions of its senior executives directly affect the healthcare of the majority of the population and every citizen is a stakeholder: as a patient, potential patient and / or taxpayer. After a decade of above inflation growth in NHS funding, the demands on the NHS are greater than ever. Its position within UK society means that it is under constant and increasing public scrutiny and constant demands from the government to adopt new ways of working and improve the service while operating within budgetary constraints. For the leadership cadre, especially board members who are individually accountable for their work, the future NHS environment offers increased responsibility and greater expectations for continually improving performance with less funding available.

Recognising the demands on strategic leaders the NHS Institute funds four sessions of coaching for all newly appointed executive directors, chief executives and chairs, providing them with the support they need in their transition to become effective leaders who need to deliver performance across the organisation quickly.
The NHS Institute has been at the forefront of organisations using coaches in a systematic way to support organisational development. The NHS has used executive coaches for over ten years as well as investing in developing internal coaching cadres and mentors to support the achievement of its aims.

In response to the rapidly growing market in coaching services and the desire to offer a rigorous product, the NHS Institute established a coach assessment process to select a pool of coaches in 2006. In 2009 with the renewal of register due under EU procurement rules, the NHS Institute put out a new competitive tender for a coach selection process. After the initial sift and interview, involving not only NHS Institute staff but also an independent subject matter expert from another government department, the new contract was awarded to i-coach academy.

i-coach academy is not new to assessment or coach selection, founder Professor Mike van Oudtshoorn is well known for his development of innovative self insight assessment centres in the 70's and i-coach designed the first organisation led coach selection assessment for Unilever in 2005, followed shortly by Standard Bank (also 2005). i-coach academy also mirrors assessment processes used in organisations in its own professional

A new benchmark in coach selection to help transform health care

NHS
Institute for Innovation and Improvement

education programmes accredited by the EMCC and Middlesex University which have been running since 2002.

i-coach academy was awarded the work because they demonstrated an underpinning philosophy which the interview panel felt was congruent with the requirement. The assessment methodology mirrored the experiences that the coaches would have once on the NHS Institute register. While i-coach academy also offered flexibility in what they were willing to do to meet the clients requirement, demonstrating a coaching approach within the actual tendering process itself.

The Brief

The NHS Institute requirement was for not one, but two registers. The first was for a pool of 25 coaches who would provide one-to-one coaching over four sessions. There was a clear purpose to support individual's who were transitioning into their challenging role of newly appointed executive director, chief executive and chair and a specific requirement for the coaching work to align with the NHS philosophy for coaching (where the "focus is on supporting individuals to learn rather than teaching them") as opposed to mentoring (which is described as having a longer term focus with ad-hoc, frequently stand alone conversations which draw on the mentor's experience as a key part of the process). The coaching offer was time-limited to the first year of appointment to ensure the coaching process was most effective, rather than being used in an ad hoc way. There was also a requirement to ensure a wide geographic spread of the coaches and ensure best quality for most competitive fee.

The Team Coaching register was to have a list of ten to 15 coaches who would be used to work with NHS Boards and senior teams who were dealing with specific and often difficult governance or team performance challenges, but who would also facilitate a Board Development Tool (BDT) being used with great effect across many trusts. The BDT is often the first stage of a team coaching intervention and benefits from the delivery of a facilitation team comprising both internal Board coaches as well as external Board / senior team coaches.

The contract was awarded with a tight delivery deadline, with both registers needing to be filled before the summer in order that contracts could start on the 1st September 2009. Given the central role that the NHS Institute played in managing and supporting the coaching interventions, the process had to take into account and model the coaching philosophy and values of the NHS Institute. Further, the NHS Institute wished to develop its own learning from the work so partnership with the NHS Institute staff in the delivery of the work and building internal capability for future projects was an important factor to the programme.

Therefore there was a desire to build on the previous process as well as the learning from running the coaching register for the last three years. In particular there was a concern that the coaching should be about coaching and not mentoring. The importance of effective supervision was recognised as well as a desire to continue a development of the coaching community of practice which had been fostered by the NHS Institute.
To meet these requirements it was firmly stated that those on the existing register would need to reapply, a clear recognition by the NHS Institute of the importance of selecting the coach to align with the current organisational context and purpose for the coaching sessions.

Herein lies a greater level of complexity than a normal coach assessment process that would usually focus solely on one-to-one coaching. Was it possible to design a selection process which was flexible enough to accommodate the different requirements of individual and group contexts? Alternatively how much commonality between the one-to-one and team process was possible, and where and how would a distinction be made in the

A new benchmark in coach selection to help transform health care

NHS
Institute for Innovation and Improvement

assessment methodology? Both selection processes had to be delivered to a tight timeframe, with the contract provisionally awarded on the 17th April 2009 and completion of the assessment processes by 31st July 2009.

Assessment Philosophy and Approach

The philosophy and theoretical underpinning of i-coach academy were a crucial factor in winning the NHS Institute contract. This philosophy recognises the central importance of selecting coaches for the purpose specified by the client, in this case the NHS Institute, as opposed to assessing whether coaches are "good" or "bad". To support the selection of appropriate criteria for the process, i-coach academy's performance model was used to map skills required to deliver the task and manage the environment in a way that would deliver the required outcomes for the coaching. A survey of current clients' experience of the coaching they had received to date and what skills, styles and approaches they felt had worked well for them when offered by coaches was conducted, and a sample of telephone interviews completed. The eventual criteria included biographical, technical and behavioural requirements.

Drawing on assessment best practice, i-coach academy developed the activities best able to offer candidates the opportunity to demonstrate the criteria. The design used multiple activities that simulated the actual requirements that the coaches, once selected, would have to perform. For example, in the coaching demonstration activity, coachees in roles similar to the target audience of the registers were selected to ensure the demonstration activity would provide a situation as realistic as possible. To mitigate the chances of bias, multiple assessors were used for each phase and they themselves had multiple criteria against which they worked. The use of a moderator to ensure consistency of assessment across assessor pairing and across multiple assessment days was also used to mitigate bias.

The assessor partnership between i-coach academy team and NHS staff (from a wide spectrum across the organisation) offered tremendous value to the process by bringing technical and contextual experience in a mutually complementary way.

Assessor training was a key part of the philosophy and approach. The fact that NHS assessors were well versed in behavioural observation and capture techniques allowed the focus of the assessor training to be on, building shared understanding of the criteria and expectation of "level" required. Practice exercises helped to ensure both external and internal team members were thoroughly prepared for their role as assessors.

Running the Assessment

The numbers involved in the assessment centre were considerable and presented a challenge for both NHS and i-coach staff. While the numbers of applicants for the previous assessment centre were known (approximately 270 people applied for the register three years ago) the coaching industry has continued to expand rapidly over the last three years. The contract was advertised formally as well as being circulated around various networks, with the result that 1,154 candidates expressed an interest. Given the NHS system of electronic registration to see the tender documents required 1,154 individual passwords to be issued by NHS Institute procurement staff. The initial online form involved the production of a considerable amount of information, with ten specific areas and, despite the level of interest, a large number of coaches obviously chose to self-select out. There were 329 tender applications received for both registers (242 one-to-one; 87 board register).

The paper-based applications were in two sections. Section A responses were evaluated first on the weighted requirements of the NHS Institute (e.g. geographic location, fees, accreditation). This led to applicants being sifted out, at which stage the remaining applicants Section B was evaluated, which focused mainly on

Table 1: Assessment Process for both the one-to-one and Board / Senior Team Registers

NHS
Institute for Innovation and Improvement

One-to-one Register Process	Board / Senior Team Process
Register interest	**Register interest**
Complete an online form which included information such as geographic location, accreditation, experience (public vs. private sector and 'level of client group), fees etc which were weighted to support sift process.	Complete an online form which included information such as geographic location, accreditation, experience (public vs. private sector and 'level' of client group), fees etc which were weighted to support sift process.
Upload a more detailed application form sharing underpinnings to their work, case studies and references from clients and supervisors	Upload a more detailed application form sharing underpinnings to their work, case studies and evidence of their technical knowledge in theoretical areas considered key to the purpose of the work. References from clients and supervisors / shadow consultants were also requested
An initial sift of online form, followed by evaluation of Section B	An initial sift of online form, followed by evaluation of Section B (by two assessors)
Short-list for telephone interview	
30 minute telephone interview (two assessors – one i-coach / one NHS)	One hour interview by three assessors, one who had not seen the application (One NHS "client" and one NHS Institute internal / co-facilitator)
Assessment centre (one hour demonstration; one hour group exercise, reflective exercises) (two assessors – one i-coach / one NHS; different assessor for group exercise and moderator)	
Reference checks for those selected via telephone (client and supervisor)	Reference checks for those selected via telephone (client and supervisor)
Candidate Feedback email for interview phase, telephonic feedback offer for those who attended the assessment centre by i-coach assessors. NHS Procurement offered feedback to those sifted out earlier in the process.	Candidate Feedback Telephonic feedback offer for those who attended the interviews by i-coach assessors. NHS Procurement offered feedback to those sifted out earlier in the process.

A new benchmark in coach selection to help transform health care

NHS
Institute for Innovation and Improvement

technical criteria. This led to an initial shortlist of 79 candidates who were invited to take part in a telephone interview.

The next stage was a 30 minute criteria based telephone interview with an i-coach academy and NHS Institute assessor. The aim was to gather specific examples of the coach's experience of delivering coaching aligned with the requirements for the register. Following this stage the 79 were sifted down to 48 applicants who were invited to participate in a half day assessment centre.

"The telephone interviews were well designed and we got a lot more evidence from the 30 minute slots than I would have anticipated."

NHS assessor

The Assessment centre was in two parts. Each applicant was to coach a client from the NHS for one hour. The issues discussed were real ones. The demonstration was recorded and upon agreement of all parties, a DVD for further reflection and professional development provided to the coach.

After the demonstration each candidate worked in a group with five other applicants while being observed by i-coach academy and NHS Institute assessors. This activity aimed to simulate the peer supervision and community of practice work that the applicants would be required to do if successful.

In addition, after each exercise, applicants were asked to complete a self reflection questionnaire.

"I enjoyed it hugely. I thought the one hour coaching session and the group supervision were excellent selection processes and really allowed us to see how the coaches worked and how they approached the process – the group exercise was fascinating and created some excellent insights."

NHS assessor

The Board coach register shared some commonality of approach such as the paper based sift although the information requested, particularly around technical matters reflected the nature of this different task.
The paper-based sift reduced the numbers of applicants from 87 to 24 candidates to invite for interview.
The interview involved three assessors, from i-coach, NHS Institute and one from the wider NHS. While a view of assessment best practice would argue for a demonstration, the logistics of providing a realistic board for coaches to work with were insurmountable.

At the end of the process 30 coaches were short-listed to join the registers: 25 met the agreed criteria and benchmark for one-to-one coaching and ten met the criteria and benchmark for board / team coaching, of whom five met the criteria for both.

"The appointment of i-coach academy to design and deliver the coaching assessment process has been a real collaboration and partnership. i-coach challenged us to really unpick what we wanted from the register and focused the criteria around this. The rigour within the assessment centre closely mirrored the process used for the recruitment to our award winning graduate management training schemes and I know colleagues supporting the process, whether they were coaching clients or assessors, found the whole process extremely developmental. "

Sue Mortlock
NHS Institute for Innovation and Improvement

Candidate feedback

The NHS Institute was keen to provide an opportunity for coaches to use the assessment centre as a development intervention and 50 out of 72 candidates contacted i-coach academy to arrange a session with an assessor for feedback; 38 out of 48 (79%) from the one-to-one register (17 of which were successful candidates);

A new benchmark in coach selection to help transform health care

NHS
Institute for Innovation and Improvement

12 out of 24 (50%) requested feedback from the board coach register centre; of whom only four were successful applicants.

i-coach academy was surprised by the take up of feedback given the rare opportunity for external coaches to get performance feedback outside of a training environment and also given the value espoused by many coaches regarding life-long learning and openness to learning. The impact of the summer holidays on the availability of candidates to receive feedback may have contributed to the figures

"Please pass my thanks on to the team who made the whole process possible. This was one of the longest, and most detailed, procurement processes I have been involved in, and everyone was thoroughly professional and efficient throughout."

Candidate

Key learnings

The NHS is a heavily scrutinised public organisation, which as already mentioned, is known in some way to everyone. Working within and for a public sector body can be a complex process, and on this occasion this was compounded by the requirement for two distinct sets of coaches. While the project was completed to specification, cost and deadline, one key lesson for next time would be to allow a longer lead time. The additional complexity of working to a government procurement process with set ways of working also needs to be considered in terms of the contractor and candidate familiarisation and ensuring time to ensure all aspects of the tender clarified and aligned with procurement rules. The NHS Institute wanted a process which built upon the previous work and also contributed to the learning within the NHS Institute and broader NHS community, from the start therefore the project was run as a partnership and a key lesson was how to effectively integrate the NHS assessors. In total 31 NHS assessors participated. A key element was that many of them were skilled assessors familiar with behavioural questioning and observation, not something that can always be assumed in an organisation. Even so considerable effort was put into developing assessor understanding of what was required, normally within groups, but via one-to-one support when necessary. Given the multi-stage process, the conversations between assessors required considerable coordination. The benefit of this partnership was the richness of the assessment with both technical and contextual knowledge available for each assessment.

"Thank you again for the opportunity, for the professional and respectful way in which you included the NHS team and for sharing your knowledge and expertise. I hope we work together again some time."

NHS Assessor

"I think it was a very thorough and professional process and that the NHS assessors were treated as full team members whose views were important and valid"

NHS Assessor

There were a number of specific issues that arose in the one-to-one selection process. One of these issues was how individuals who were already on the register were dealt with. This was a problem probably unique to the NHS Institute register, in that in general, organisations were putting in place assessment centres for coaching for the first time, while for the NHS Institute this was the second iteration. The key lesson here is the importance of transparency, demonstrating that the assessment process was the same for all, regardless of the coaches' relationship with the NHS Institute. While nearly all (80%) of the existing register of coaches did apply this time round, eight (50% of those that applied) were successful. This reinforces the point of running the assessment

A new benchmark in coach selection to help transform health care

NHS
Institute for Innovation and Improvement

centre again, particularly as the requirement has developed, as was the case with the NHS Institute.

Given the size of the coaching industry, a pre-screen is essential to remove coaches who obviously do not meet first the requirement without having to run them through a costly assessment process. The assessment process is not just about cost though, there is also an availability issue, particularly in terms of finding suitable coachees who can bring real issues to be worked on. This is something for the procuring organisation to consider, the contractor has neither the internal contacts or access to source these individuals.

Assessment methodologies in coaching have generated much debate, but for the NHS Institute, the age old mantra of "seeing is believing" was re-emphasised by the experience. Several times, individuals who on paper and telephone interview had seemed competent were not in the coaching session itself. Indeed the paucity of practice raised some ethical questions. Two of note were: first, at what stage do you intervene and stop a demonstration while in progress because you are concerned that the coachee is being damaged by the coach? There is a need therefore to provide an opportunity for coachees to have follow-on conversations in case they need to debrief for themselves a session they experience. This was provided for in this assessment process but there was a need to share this fact more explicitly with the candidate coaches. Second, how are the assessment team to deal with behaviour that they deem unethical, for example a coach who bullies their client, or proffers gifts to the client. At present there is no mechanism for reporting coaches to an industry body. It might be useful therefore for future assessment centres to have contingency plans in place to deal with malpractice and to issue clear guidelines about when and how to intervene.

The group activity provoked a number of mixed emotions. It was used because the NHS Institute requires coaches to participate in supervision and share organisational themes from their NHS coaching clients. For coaches who are not used to this way of working it provided a rapid learning experience for the candidates.

Some candidates found it a useful a way to reassess their practice while others found it too challenging or felt it was unethical to discuss clients in this context. However, the process was clearly articulated in advance so no coach could claim this was a surprise. Nevertheless, the simulation served the purposes of the NHS Institute, who were keen to identify those coaches who would collaborate, share and build the community of practice quickly.

The Board coaching register provided a different set of issues. There is considerable debate within the coaching industry as to the nature of Board coaching (also commonly referred to as team) and how it relates to one-to-one coaching; how it differs from facilitation interventions or group process consultation.
The experience of the NHS Institute assessment centre is that there is a wide variety of understanding about what Board coaching is. In the light of these comments the pre-screen of the initial applications was very useful to reduce the outlay in effort later.
The difference between one-to-one and Board coaching also meant that some common practices in the earlier field were not yet developed in the same way throughout. A learning from the NHS Institute assessment process is that Board / Team coaches do not have the same value or use of formal supervisory practices which in itself is interesting, given the increased complexity of the work. Most have mentors and shadow consultants but limited formal structures which organisations can rely on for quality assurance given the complex and frequently highly influential role that Board coaches can play in organisations.

Feedback from candidates included specific individual points regarding how the process could be improved. Many comments were positive, including those from unsuccessful candidates. Some were surprised at the amount of time and effort that had been put into the selection process and most appreciated that the experience had given them a valuable new experience of the coaching profession.

A new benchmark in coach selection to help transform health care

NHS
Institute for Innovation and Improvement

"Whilst I was disappointed not to be successful, I got a tremendous amount from it … I also loved being able to work with a pool of such experienced coaches in the group session … doing a one hour "blind" demo isn't something I would ever do lightly again but a lot of learning nevertheless! I hope all the coachees found it worthwhile too, it was great of them to put themselves forward."

Candidate

"Some of the coaches really rose to the occasion and the discussion of their dilemma in the supervision group was illuminating – it does mirror some of the challenges of multiple agendas that coaches have to negotiate. I was also particularly impressed by the quality assurance process where Caroline observed some of the sessions and compared her observations with the ratings, checking back any discrepancies."

NHS Institute Assessor

For the NHS Institute the process has achieved the desired result of two strong and diverse registers. Now the work begins internally and the NHS Institute have already begun the journey to ensure effective matching of coaches by introducing a new template for the coach registers and running induction sessions. They are also being very specific about expectations for supervision and required some coaches to change or review their supervisory arrangements. Whilst there is clear research that suggests assessment centres are more predictive of performance, both i-coach academy and the NHS Institute will be reviewing the impact of the delivery of the coach registers. The NHS Institute has commissioned Institute for Employment Studies (IES) to design an evaluation methodology to enable them to review the impact of the delivery of the coach registers on individual coaching clients and organisations. Results from using the methodology will be available at the end of 2010 when we plan a follow-up to this case study.

"Some observers may question whether the level of investment in such a rigorous assessment process can be justified. Based on uptake from the previous executive coach register the additional cost is approximately £10 per individual coaching session over the duration of the contract. We feel this investment is justified given we are working with the most senior leaders in the NHS."

Sue Mortlock
NHS Institute for Innovation and Improvement