



Appreciative Leadership: Delivering Difference through Conversation and Inquiry

The story of a journey to embed values and change culture

Heather Tierney-Moore and Fiona MacNeill

Foreword by Dr. Diana Whitney

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Foreword

I am delighted to write the foreword for a book so full of practical ideas and case examples illustrating Appreciative Leadership at work. Every once in a while an organisational initiative gets my attention because of its heartfelt approach and unquestionable effectiveness. Such is the case, described in this book, of the Appreciative Leadership Programme implemented system-wide at Lancashire Care NHS Foundation Trust.

The book is a story of leadership, collaboration and conversations that make a positive difference. The dedication of LCFT's CEO, Heather Tierney-Moore and her executive team, to a values-based culture is written into every page. As Appreciative Leaders, they engaged hundreds of leaders in values-based learning and action projects. As the case studies reveal, leaders at all levels in the organisation participated in the Appreciative Leadership programme and conducted action projects. They engaged their teams, ranging from dozens to hundreds of people in Appreciative Inquiry conversations that transformed the ways they provide care and do business. The results are evident: a shared language, caring relationships, and a culture of inclusion, inquiry and illumination where diverse strengths and ideas are aligned to the common good.

The partnership of Tierney-Moore and consulting firm, Fiona MacNeill Associates, set the stage for widespread collaboration and innovation throughout the organisation. Indeed, this book is the story of their exemplary collaboration and the positive difference it made at LCFT. From concept to measurable results, this is a story from which there is much to learn.

Diana Whitney, Ph.D.

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About this e-book

This e-book is the story of two organisations that share a joint belief in a values-based culture, the delivery of services aligned to core purpose and beliefs, and the engagement of people through Appreciative Leadership. The organisations, Lancashire Care Foundation Trust (LCFT) and Fiona MacNeill Associates (FMA), have embarked on a five-year journey working in partnership to shift and shape culture. This book will be of interest if you are tasked to deliver cultural change, improve engagement and create the climate for values-driven leadership.

Organisational Background, Customer Organisation Lancashire Care NHS Foundation Trust

Lancashire Care NHS Foundation Trust (LCFT) was established in 2002 and employs 7,000 people across more than 400 sites, providing a wide range of healthcare and well-being services for a population of approximately 1.5 million people, across 1,200 square miles of urban and rural communities. Specialising in in-patient and community-based mental health services, LCFT also provides community nursing, health visiting and a range of healthcare services, including physiotherapy, podiatry and speech and language therapy, within the context of the wider **National Health Service (NHS)**.

Organisational Background, Provider Organisation Fiona MacNeill Associates

Fiona MacNeill Associates (FMA) was established in 1996 and provides learning, development and consultancy services across the UK. These services include the creative design, development and delivery of large-scale leadership programmes, team development, and individual coaching and mentoring. Each package is bespoke and developed in line with the customer organisation's needs, values, and desired future. FMA has a particular interest in Appreciative Inquiry, World Café and the associated power of questions and conversations. The organisation creates thinking space away from the mechanistic processes and procedures that define many organisations and encourages connections, conversation, and the co-creation of the future. FMA was the successful applicant in a European Tender process to win the bid to support LCFT in its cultural transformation.

The Challenge

The following is an excerpt from the requirement set by the customer organisation:

“The Trust wants to transform its services and become a high performing, compassionate, person-centred organisation, which responds to the needs of our service users, carers, staff, and commissioners. Of critical importance to achieving this aim is the need to develop the right organisational culture with effective leadership and management systems. We need to challenge ourselves to look at what we do and how we can innovatively make real improvements that enhance the patient experience. The Trust is therefore looking to work in partnership with an external provider to develop a leadership development programme that will focus on excellent customer service and have at its heart the Trust’s values of **Teamwork, Integrity, Compassion, Excellence, Respect, and Accountability**”.

The Design and Delivery Solution

Appreciative Leadership Development Programme (FMA)

Appreciative Leadership

Appreciative Leadership is developed on the foundation of Appreciative Inquiry, Whole Systems Thinking and Action Research. The organisation is seen as a relationship to be explored and developed, teams as communities of purpose and practice, and individuals as thinkers and innovators. Appreciative Leadership favours the generation of interdependencies, an openness to multiple realities, the promotion of conversation and inquiry among relevant people, the development of novel and creative ideas, and engagement that fosters a true desire to co-create the future. The concepts that underpin Appreciative Leadership align well with the core business of the customer organisation in terms of delivering excellent care in a person-centred and compassionate way.

About the Authors

Professor Heather Tierney-Moore is the CEO of Lancashire Care Foundation Trust (LCFT). A nurse by background, Heather has had a long interest in putting compassion at the heart of care for patients, teams and the wider organisation. This interest developed during the time she spent as the Director of Nursing at NHS Lothian in Scotland and subsequently in her current role as CEO.

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Fiona MacNeill is the Founding Director of Fiona MacNeill Associates (FMA), a leadership thinking and development consultancy based in Glasgow. FMA has a successful track record of delivering leadership development in public sector organisations with a specific interest in health. FMA has a positive, values-driven approach to the design, development and delivery of leadership thinking space for individuals and organisations.

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The Whole Story

The National Story, the CEO's Story and FMA's Story

1

The National Story

There is an acceptance that healthcare services need to change. The historic transactional model was designed for a different time, a different population and different conditions. A relentless focus on finance and costs has prevented organisations from seeing the challenges facing the systems within which we work and serve. Although worsened by recent financial crises, these challenges have deeper roots around culture, systems and relationships.

The NHS system designed post-war is not equipped to serve the challenges of an ageing population, long-term chronic conditions and the changing expectations of service users. The events at NHS Mid Staffordshire were a stark reminder of the ill health of the health system and brought into sharp focus the impact of values, beliefs and culture as well as reporting, governance and quality.

The resulting Francis Inquiry stated that action was needed across all levels of the NHS in order for systemic and sustainable change to happen and referred to the following four key groups that are essential for creating a culture of safety, compassion and learning that is based on co-operation and openness:

1. Patients and service users, their friends, family and advocates
2. Frontline staff working together as effective teams
3. The leadership at all levels in provider organisations, including the board
4. The external structures, including commissioners, regulators and other local scrutiny bodies, special health authorities and the Department of Health

Following the Francis Inquiry, the medical director of NHS England led a review into the quality of care and treatment provided by 14 hospital trusts in England. The Keogh report identified some common challenges facing the wider NHS and set out a number of ambitions for improvement, which seek to tackle some of the underlying causes of poor care. These include:

1. Improving the engagement of staff and patients
2. Hospital boards and leadership using data to drive quality improvement and reduce mortality
3. Reducing geographical, professional or academic isolation
4. Valuing and supporting frontline clinicians, particularly junior nurses and doctors to champion patient care
5. Finding a balance between the use of transparency for the purpose of accountability and blame rather than support and improvement

The Challenge for NHS Organisations

The challenge for NHS organisations is similar to many organisations that are working in an outdated system of service design and delivery: to engage people to take care of the organisation, to engage people in relationships, and to engage people in the drive for innovation, improvement and excellence. The research evidence (The Kings Fund, 2012; 2013) is indisputable, as engaged individuals:

- Provide safer services
- Are more compassionate
- Do more
- Feel more connected to their values and core purpose

My Story: Some Initial Thoughts

Professor Heather Tierney-Moore, CEO of Lancashire Care Foundation Trust

When I was appointed as CEO of Lancashire Care Foundation Trust in 2009, the first thing I wanted to do was spend time thinking, exploring and co-creating the values that would shape the culture of our organisation. This was in advance of everything that subsequently emerged post-Francis and Keogh and stemmed from an inherent belief in compassion being central to the provision of care in every care setting and in care delivery and care management teams. I had a clear vision of how our values and behaviours would be at the heart of the services that we deliver to the people of Lancashire. This in turn will transform our services to become a high-performing, compassionate, person-centred organisation, which responds to the needs of our service users, carers, staff, and commissioners.

Using conversation and inquiry, we brought together over 300 people from the organisation to explore and extrapolate the values that were central to them in their roles. The values that emerged were: **Integrity, Respect, Excellence, Accountability, Compassion** and **Teamwork**.

Having defined the values, I knew that we needed to find a sustainable way of embedding them in our organisation and that token mouse pads, posters and briefings would not deliver on my desire for the values to be meaningful to all of our people.

As a result of a European Tendering Process, Fiona MacNeill Associates (FMA) was commissioned to provide this key component of the major cultural change across the organisation. This provision became even more crucial in view of a large acquisition which increased the size of the organisation by approximately 40 per cent and significantly increased its complexity and diversity.

The critical components in the partnership between FMA and LCFT are:

1. The programme is completely bespoke whilst remaining evidence based. FMA understands the cultural shift we were seeking, the nature of my organisation, our operating model and the challenges within it. They created a unique branding of the programme which resonates with the organisation and flows through all the documentation and presentation

2. The programme explicitly embeds the values set by the Board and ensures alignment between the philosophy and practice of leaders and managers with that of front-line staff. This is particularly important in a healthcare setting where the alignment between clinical and leadership practice has often been lacking and can adversely impact highly vulnerable clients
3. The programme is delivered through conversation and inquiry. Not only does this align well with the function of our organisation, but it also holds leaders to account through high challenge alongside high support. I believe this was needed to have the degree of impact we are seeking and for it to be sustained
4. FMA is highly reflective, engaged in constant evaluation and has shown it is able to adapt very quickly as the need arises. The evaluation strategy which aligns the learning to the Personal Development and Review process and to the delegate's line manager has provided consistent results on the sustainability of the learning

This was the beginning of our journey towards the organisation that I wanted to lead. Throughout this e-book, I will be making other observations and providing my thinking, which I hope will be of value to you in thinking about your development, the culture in your team, and the culture in your organisation.

My Story: Some Initial Thoughts

Fiona MacNeill, Founding Director of Fiona MacNeill Associates

The Challenge and the Response

FMA was tasked to design and deliver a leadership development programme that embedded LCFT's six organisational values and contributed to cultural change. The only way to make the "poster", "mouse pad", and "screensaver" organisational values statements come alive is to invite people to have conversations about what they mean to them as individuals. The design of the programme puts the values at the heart from, "Ways of Working", to the 360 Degree Feedback framework, workshop activities to coaching and mentoring plans, and finally, at the core of the organisation's internal Personal Development and Review process.

Founded on the principles of conversational-based change, the delivery methodology uses conversation to surface the stories and experiences of everyone involved; creating new futures together rather than simply reshuffling the present in a different format. The methodology supports people to think, converse, inquire, and take action together. Learner-centred and with a minimum amount of trainer input, this methodology creates thinking space, an environment that enables leaders to explore their ideas and insights. The trainer is a facilitator, setting context, holding meaning, challenging and inquiring. This approach considers the conversation as part of the action and change process, which in turn informs the work-based Action Research Project.

Alignment to LCFT's values

It was also really important to FMA that our behaviours demonstrated the values that we were working to explore and embed with the leaders who undertake the programme. To do so, we made the following explicit commitment to the organisation:

Integrity – We will be honest with you as our partner at all times, even when the messages that we need to share are challenging, and we expect the same in return

Respect – We will respect everyone with whom we come into contact, and we will build meaningful relationships across the organisation based on strengths and a shared desire to improve the situation for service users

Excellence – We will always look to add value, be the best we can be and make incremental improvements at no cost to LCFT

Accountability – We fully understand the level of trust that will be placed upon us as your partner, and we will deliver what we say we will deliver and back this up with significant valid and reliable evaluation data

Compassion – Specifically when dealing with individuals and teams that are in the midst of the flux of change, we will create a safe space through either one-on-one or small or larger group conversations, thus allowing emotions to emerge; therefore, we need compassion to engage with people and their reality

Teamwork – We are a well-established team, many of us having worked as a community of practice for 16 years; therefore, we are continually developing and evolving our own practice, which has a positive impact on our customers. Furthermore, it is important for us to be part of the LCFT Learning and Organisational Development (L&OD) team internally, continuing to develop our relationship and deepen the sustainability of the learning

FMA has learned a huge amount as a result of this partnership, and that learning is ongoing and continues to inform our practice with LCFT and other customers. My desire is that the account of the learning is also of value to you.

The Leadership Story: Thinking Differently about Leadership

Appreciative Organisation, Appreciative Leadership and
Appreciative Inquiry

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My Story: Appreciative Approach

Professor Heather Tierney-Moore, CEO of Lancashire Care Foundation Trust

Adopting an Appreciative Leadership Approach to Whole System Change

My interest and awareness of Appreciative Leadership and Inquiry started when I was working in Scotland. I was the Director of Nursing at NHS Lothian, recruited to provide strong professional leadership across nursing and allied health professions, with the overall aim of strengthening the quality and governance of services. At this time, Napier University was also exploring the landscape of nursing and the links to compassion, quality of care and nurse engagement.

Our starting point wasn't about "Nurses aren't trained properly" or that "The clinical context could do more to get the best out of nurses". There was simply a sense of us struggling with the general issue of standards of care and a strong desire to do something to make the system work better.

As a result of a series of conversations and negotiations, we established a joint **Centre for Leadership in Compassionate Care**. The Centre was supported by a generous benefactor who donated a million pounds over three years to fund the work. What we developed was a series of pieces of work, to review the undergraduate curriculum and determine how compassion could be built into it all the way through as a theme. Our belief was that you couldn't teach individuals to become nurses and then state "Now have some more care and compassion" at the end of their training.

We looked for areas within the Health Board, wards or teams where we could see and report on real instances of nurses demonstrating compassion. These became our "Beacon Wards". We wanted to study them in terms of understanding what it was that they did that contributed to their ability to deliver compassionate care. We developed some other work themes around supporting newly qualified practitioners to sustain their values and compassion into practice, regardless of where they might be working. We were very concerned that we might instil all the right values in an individual, but if this newly qualified person then started working in an area that didn't share those values, the individual may not have confidence to practice those values on his or her own.

Thirdly, we identified another theme of work, which focused on supporting staff nurses who wanted to undertake improvement projects to improve the care in their teams.

In essence, our thinking was about how to create architecture to sustain this programme. The approach we wanted to take was an appreciative one, in terms of focusing on what works and to then apply that learning elsewhere, rather than a deficit-based approach that concentrated on what was going wrong and trying to fix it. So we built it as an appreciative approach all the way through. This was real Appreciative Inquiry in practice.

What was really interesting was how many people struggled with this approach right from the start. It was very interesting that in an early conversation with our benefactor about the approach/methodology that we wanted to take, she and many colleagues said, “I don’t want you to look at what’s good, I want you to sort out what’s wrong”.

My response was, “Please trust me; by understanding what works, we can then apply that to areas that aren’t working and help them to learn and to apply what is working. For those areas that are really unsatisfactory, we will use methods to manage them”. Our overriding message was that if you’re interested in improvement, you need to use an appreciative approach. I had a team of compassionate care practice development staff who worked alongside the staff on the Beacon Ward; I noticed what was good and drew attention to it, and created conversations about what was working. Certainly, if we had issues of negligence or incompetence, for instance, we had to manage those differently.

The work we did in NHS Lothian based on this approach was so powerful and worked so well that when I came to LCFT as the Chief Executive, I wanted to build on that experience. At that time, I was working in the space of creating compassion in practice as a functional director in a nursing role. Now I was keen to attempt to create a compassionate and appreciative organisation as a Chief Executive.

This led me to work with colleagues to scope out the parameters for an Appreciative Leadership Programme.

My Story: The Appreciative Approach

Fiona MacNeill, Founding Director of Fiona MacNeill Associates

Adopting an Appreciative Leadership Approach to Whole System Change

With Appreciative Leadership, the focus of attention is on positive potential – the best of what has been, what is, and what might be. It is a process of positive change. In the world of engagement and staff surveys, Appreciative Leadership gives leaders a way of really motivating and engaging individuals in owning their own future. It alters who is involved and who has access to information – from some of the people to all of the people. It alters the results – from a best solution to the problem, to the boldest dream of positive possibility. In so doing, it can transform people and organisations. The appreciative approach starts from the positive assumption that people have the capacity to be competent and can excel in a supportive environment. The assumption is that with the right environment and stimulus, people want to perform and contribute and that trust and encouragement work better than suspicion and coercion. Furthermore, this approach assumes that people have more potential than they are currently able to display, and is dedicated to helping people discover, develop and overcome obstacles and realise their full potential. This underpins the concept of the learning organisation, which is flexible, adaptive, productive and self-renewing. We have found that most leaders merely need space to think. They have the capacity for creativity and innovation, to challenge and support teams, and to engage people in a meaningful way. They simply need an opportunity to think differently about the action-oriented, target-driven environment in which they work.

Our approach to development brings together the best of materials and resources, professional input, and direct and indirect learning methods, with a view to significant personal responsibility for learning and reflection. We also utilise technology and provide an online “Learning Space” where delegates can access documents associated with the programme, have conversations about the learning and about how the learning is making a difference in the organisation, and share stories of best practice. This approach has been tried and tested elsewhere and represents the best of our experience to date, based on feedback from over 5,000 learners concerning accessibility and sustainability after the programme is formally complete.

Appreciative Leadership through conversation and inquiry creates a thinking space for leaders to engage with the organisation, its purpose and values through:

1. Identifying and engaging with existing leadership strengths and how these support engagement, innovation, quality and person-centred service delivery
2. Exploring personal communication preferences and the impact on engagement, innovation, quality and person-centred care, defining commitment to personal improvement
3. Informing performance objectives and the content and process of the Action Research Project and agree these with Line Managers
4. Reviewing the impact of the Appreciative Leadership Programme and Action Research Project on engagement, innovation, quality and person-centred care

The LCFT Appreciative Leadership programme includes the following methods of delivery:

1. Sixty per cent self-study; 360 Degree Feedback, Action Research Projects agreed with Line Managers and linked to operational objectives, reading, and reflection
2. Forty per cent programme attendance; 2 x 2 day Workshops (25 delegates), 3 x ½ day Leadership Learning Sets (approx. 6-7 delegates) and a reflective World Café Event which feeds leadership strategy (up to 150 delegates), followed by 3 additional internally facilitated learning sets
3. Unlimited telephone and email support, including outside business hours for every delegate

Appreciative Approach

Thinking Differently about the Organisation and Leadership

Appreciative Organisation

The Appreciative Organisation is a response to the challenges that organisations face in a world of rapid and complex change. The old, hierarchically organised, command and control model of organising has ceased to be effective. The new world requires new thinking. This thinking is about how we unleash the intense natural resources that are within each of us, how we play at work as part of work, how we make the connections that we have more meaningful, whether through face-to-face or mobile conversation, and how we redesign the architecture of the organisation. The Appreciative Organisation takes care of the deeper purpose and values in the work, the relationships with colleagues as well as service users, and the desire for excellence in every interaction.

These are the aspirations of the Appreciative Organisation, which in turn requires a different kind of leader, an appreciative leader who sees people as being as important as the process, who considers time to think as being as important as time to do, and who will create space for conversations and listening. At the heart of the Appreciative Organisation and Appreciative Leadership are philosophies such as Social Constructionism, Appreciative Inquiry, Living Systems Theory, Positive Psychology and Strengths-Based Development.

Some of these will be explored in the context of this story in later chapters.

Key Focus of the Appreciative Organisation



Caring for the organisation's values and purpose: The Why

In the post-Francis world, the NHS in the UK has had a wake-up call about leadership and reconnecting with the core purpose of providing care. The recommendations in the Francis report and the subsequent work done by the Kings Fund sit very comfortably with the concept of the Appreciative Organisation where everyone is connected to their strengths and their core values.

In caring for the organisation's values and purpose, the Appreciative Organisation:

- Puts the people who use its service at the heart of values, behaviour and decision making
- Is motivated by its vision, positively united by its values and proud of its reputation
- Has the ambition to be the best that it can be
- Joins up the services that it delivers in a meaningful way
- Believes in its people
- Is accountable for its performance and the associated impact

Appreciative Leaders support this by:

- Creating the expectation and the space for conversations about values and purpose to take place in every team at every level
- Enabling individuals and teams to be creative and innovative in how they deliver services in line with the vision and values
- Developing a culture of excellence in their teams
- Supporting collaborative working
- Building on strengths and developing areas for growth
- Holding people accountable for their behaviours and performance in line with the values

Appreciative Inquiry conversations may include:

- What is the deeper purpose in your work?
- Why does it matter to you that you make a difference every day?
- When your heart is alive at work, what kinds of things happen to you and those around you?
- How does being connected to your core values make a difference?
- When you feel proud, what kinds of things happen to you and those around you?

Caring for the Relationships: The How and the Who

The Appreciative Organisation is built on the concept of Social Constructionism. This theory believes that we make sense of the world through the relationships we have with people and the subsequent meaning that we make together. In the Appreciative Organisation, the “How” is just as important as the “What” and the belief is that relationships between people have as significant an impact on organisational culture and performance as the achievement of targets.

In caring for the relationships, the Appreciative Organisation:

- Accepts that action is not the only route to change and that thinking and understanding are equally important
- Encourages the asking of questions as a routine way of dispelling assumptions and improving performance
- Believes that people can and will think for themselves and that the organisation is stronger if that thinking is shared
- Accepts that some relationships are not helpful
- Recognises that engaged people are happier, healthier and deliver more

Appreciative Leaders support this by:

- Creating space for conversations about tasks, targets, ideas, improvements and concerns (different from meetings)
- Enabling teams to work as communities of practice in line with objectives
- Encouraging a culture of inquiry, openness, honesty and transparency in how things are done as well as what is done
- Supporting collaborative working through the emotional engagement of people
- Challenging behaviour that undermines the team

Appreciative Inquiry conversations could include:

- Tell me a story of when the compassion of a colleague made a real difference
- Tell me a story of a time you were part of a team that liberated the best in you
- When you have felt real respect from your boss, what kinds of things happened to you and those around you?
- Why does it matter to you that you listen really well?
- When you think about the legacy of your leadership relationships, what do you envision?

Caring for Excellence: The What and the When

The Appreciative Organisation is ambitious about policy, procedure and process and how these serve people to deliver excellence. It is focused on aligning these to best practice and using information to celebrate success, share learning, continuously innovate and improve the service that it delivers. In the Appreciative Organisation, information management is a supportive, not dominant function.

In caring for the information, the Appreciative Organisation:

- Puts the people who use policy, procedure and process at the heart of their continuous improvement
- Joins up policy, procedure and process in a meaningful way
- Focuses on robust and transparent systems to deliver for patients/service users
- Creates space to imagine new and different ways of delivering services
- Rewards ideas, creativity and innovation

Appreciative Leaders support this by:

- Creating the expectation and the space for conversations about policy, procedure and process and how this is serving patients/service users
- Enabling individuals and teams to be creative and innovative in how they deliver services in line with policy, procedure and process
- Developing a culture of process improvement in their teams
- Encouraging a culture of sharing learning across traditional boundaries
- Holding people accountable for their use of policy, procedure and process

Appreciative Inquiry could include:

- If I was to invite you to be really ambitious about the future of our service, what do you envision?
- What is at the heart of excellence in your work?
- What would you do tomorrow in your service if success was guaranteed?
- What's the boldest and biggest idea you have about improving things for service users/patients?
- What's the improvement conversation that you have been putting off having?

Appreciative Leadership and Engagement

Therefore, an Appreciative Organisation is a response to the outdated industrial organisation design, an antidote to command and control and to hierarchical leadership. Appreciative Leadership is a new name for leadership that is more flexible, connected to relationships, sensitive to change, and quick to utilise information. Such leadership is not only more effectively self-sustaining, but also contributes to the personal lives of individuals and to their emotional engagement with the work that they do. This leadership is about permission to fail and permission to succeed; it concerns values, belief, vision, voice and faith in the organisation, not only structure, hierarchy and roles. Furthermore, Appreciative Leadership takes care of the organisation by challenging people to be accountable for their behaviour and their performance as partners in the success of the organisation. It is not a soft option.

You may find this kind of leadership referred to as Enabling Leadership, Engaging Leadership, and Transformational Leadership. Appreciative Leadership is only unique in the underpinning theory and some of the processes that it employs. What all of these leadership frameworks have in common is the belief in the critical impact of the team member/line manager relationship and a belief that positivity breeds engagement. This leadership relationship is responsible for 6 out of 10 indicators that produce high performance and 17 out of 20 indicators that influence retention. This happens even when operational leadership is not integrated with strategic leadership. An effective line manager/leader can increase the potential of team members by 43 per cent, their engagement by 42 per cent, their ability by 36 per cent, and their performance by at least 30 per cent (Roebuck, 2011). Of course, people also feel better being around this kind of leader, which means people come to work because they want to and believe they have something to offer.

Appreciative Approach: Appreciative Inquiry

In the previous section, we introduced the idea of the Appreciative Organisation, Appreciative Leadership and Appreciative Teams. We also reflected on the need for people and organisations to spend time working and developing the positives in relationships and practices to build engagement and improve the service.

This section looks at Appreciative Inquiry, which was developed by David Cooperrider and his colleagues at Case Western University approximately 25 years ago as an alternative way to create positive change in organisations, teams and individuals. This framework builds on strengths and believes that everyone has greater potential than they currently display, including the potential to be creative with ideas for improvement. There are numerous examples of where Appreciative Inquiry has been used in a healthcare setting, and you can search on the NICE (National Institute of Health and Care Excellence) website to find more articles about Appreciative Inquiry.

Appreciative Inquiry invites us to:

- Recognise the best in people and the world around us
- Perceive those aspects which give life, health, vitality, and excellence to living human systems
- Affirm past and present strengths, successes, assets, and potentials
- Increase our own value and the value of others by doing more of what works

The philosophy is built on the following principles:

- The Constructionist Principle
- The Poetic Principle
- The Simultaneity Principle
- The Anticipatory Principle
- The Positive Principle

Constructionist Principle

This principle is based on an understanding that we make meaning through the conversations we have with each other, and subsequently we develop agreements about how we see the world, how we will behave, and what we will value.

We do not see the world as it is, but as we are.

What does this mean for you as a leader?

In the traditional organisation, a premium is placed on individual expertise. The ideal leader should possess full knowledge, sound ideas, and clarity of expression. However, in a world of multiple opinions, reasons, and value, such singularity of expression is problematic. In contrast, conversational partnerships are encouraged by approaching relationships in a posture of “not-knowing”; not-knowing means employing a stance of genuine and intense curiosity and interest in the ideas of others.

Leadership Question: “What are you seeing and experiencing that I need to understand?”

How does this benefit the organisation?

The organisation requires the flow of resources across its traditional boundaries to be developed in order for it to flourish and make the best of its wider connections. The organisation can increase cross-boundary connections by opening multiple channels of communication, nurturing positive conversations, framing fruitful questions, and creating open communication. Potential antagonisms may be defused through joining in collaborative efforts. Sharing stories of success can be effective in building trust and optimism. Internet communications are also vital in building knowledge webs that span space and time limitations.

“ *In order for collaboration to occur there must be a means of bringing together, valuing and aligning the diversity of experiences, strengths and ideas that will inevitably exist among all the relevant stakeholders.* ”

Cooperrider et al. (2008)

Poetic Principle

This refers to the value of storytelling as a way of gathering knowledge about the organisation, including the emotional experiences of its participants.

We all have a story to share and those stories have value and possibility.

What does this mean for you as a leader?

Appreciative leadership is earmarked by forms of collaboration that expand participation in all aspects of organisational change. Appreciative leadership utilises people's capacities to create value-filled visions of the future. Around the globe, people hunger for recognition. They want to work from their strengths on tasks they find valuable, where they can connect to their core purpose and values and make a difference.

Leadership Question: "What story of hope and possibility can you share about...?"

How does this benefit the organisation?

In our own work, we have observed a falling away from old world leadership practices. We have watched as leaders invite their whole organisation/function/team as well as customers/service users into processes of inquiry and conversation designed to foster collaborative planning and action. Collaborative participation is becoming more and more the norm in hospitals, schools, charitable organisations, and government agencies as well as business worldwide. As discussed earlier, this connecting and engaging improves health, well-being, the desire to learn, and performance.

“ After nourishment, shelter and companionship, stories are the thing we need most in the world. ”

Pullman (n.d.)

Simultaneity Principle

This refers to a realisation that inquiry is change, and the questions we ask are fateful. The organisation, the team or the individual will turn their energy in the direction of the question, whether positive or negative; as a result, the seeds of change are embedded in the formulation of a question.

We can create powerful positive questions that will unlock powerful positive stories.

What does this mean for you as a leader?

Inquiry refers to the acts of exploration and discovery. The spirit of inquiry is the spirit of learning. It implies a quest for new possibilities, being in a state of unknowing, wonder, and a willingness to learn. It also implies an openness to change.

Leadership Question: “How far can you go with your own thinking, before you need mine?”

How does this benefit the organisation?

The act of inquiry requires sincere curiosity and openness to new possibilities, new directions, and new understandings. Leaders cannot have “all the answers”, “know what is right”, or “be certain”.

Inquiry is a learning process for organisations as well as for individuals. To continue to succeed, organisations need more inquiry. They need less command and control by a few and more exploration of possibilities among many. This creates greater capacity to sense and adapt quickly as their world changes.

Questions must be affirmative and focused on areas valuable to the people involved and directed at topics, projects, and targets central to the success of the organisation.

Appreciative Inquiry turns command and control cultures into communities of discovery and cooperation, which can then turn around organisations.

“ Judge a man by his questions rather than by his answers. ”

Voltaire

Anticipatory Principle

This principle is based on the fact that decisions and actions are based not only on past experiences, but also on what we anticipate, think or imagine will happen in the future.

We can imagine more than is currently real, and tapping into imagination gives us more to think about.

What does this mean for you as a leader?

Imagine what would change if you changed your thinking about your leadership role and encouraged others to do the same. What if you simply decided that you would talk about the future as much as you talk about the present or the past?

Leadership Question: “What would you do to move this forward if you knew you couldn’t fail?”

How does this benefit the organisation?

Two of the most common findings of research that support the Anticipatory Principle are the Placebo Effect and the Pygmalion or Galatea Effect. The first of these informs us that what we believe to be true affects our well-being and ability to heal. For years, doctors have known that under certain circumstances, giving a patient a placebo (a pill made from sugar or an inert substance) can cure an illness simply because the patient believes it will. Double-blind studies have further documented that if the physician also believes the pill will cure the patient, the patient is even more likely to be healed. This is known as the Pygmalion Effect, and it reveals that what others believe about us affects our well-being and ability to succeed. It also tells us that our beliefs about others affect their ability to achieve. The power of belief is very strong.

What you believe about yourself and your capabilities impacts your willingness to try, to stretch, and to reach your dreams. What you believe about your children, your partner, and your colleagues impacts how you interact with them, which in turn informs their beliefs about themselves.

“ *The best way to predict your future is to create it.* ”

Peter Drucker (Maciariello, 2011)

Positive Principle

This belief is that a positive approach to any issue is as valid and fruitful as a basis for action as a negative approach; taking the positive stance is an antidote to cynicism and defeatism.

We can choose to have conversations about a positive future.

What does this mean for you as a leader?

Appreciative Inquiry gives leaders a way of really motivating and engaging individuals in owning their own future. It alters who is involved and who has access to information – from some of the people to all of the people. It alters the results – from a best solution to the problem, to the boldest dream of positive possibility. Finally, it shifts the capacity gained in the process – from the capacity to implement and measure a specific plan, to the capacity for ongoing positive change.

Leadership Question: “If you were to flip this on its head and make a success of it, what would happen next?”

How does this benefit the organisation?

Current research in the field of Positive Psychology is finding that focusing on what is wrong in an effort to fix it actually narrows our thought repertoire, thereby restricting our access to the very skills that we need for creativity and critical thinking. Engaging in activities, thoughts and behaviours that produce positive emotions actually expands our mental repertoire and increases creativity. A greater capacity for change, growth, learning and solution-finding is the outcome.

“ *It is more productive to convert an opportunity into results than to solve a problem – which only restores the equilibrium of yesterday.* ”

Peter Drucker (Maciariello, 2011)

So what about problems?

This is one of the most frequently asked questions about Appreciative Inquiry. Appreciative Inquiry does not deny or ignore problems, or pretend problems don't exist. If you want to transform a situation, relationship, organisation or community, focusing on strengths is much more effective than focusing on problems for all of the reasons we have already explored. When working in situations involving anxiety, tension, stress, apathy, and low morale and motivation, inviting people to turn their attention from what is wrong to when they are at their best can significantly change the situation.

For example:

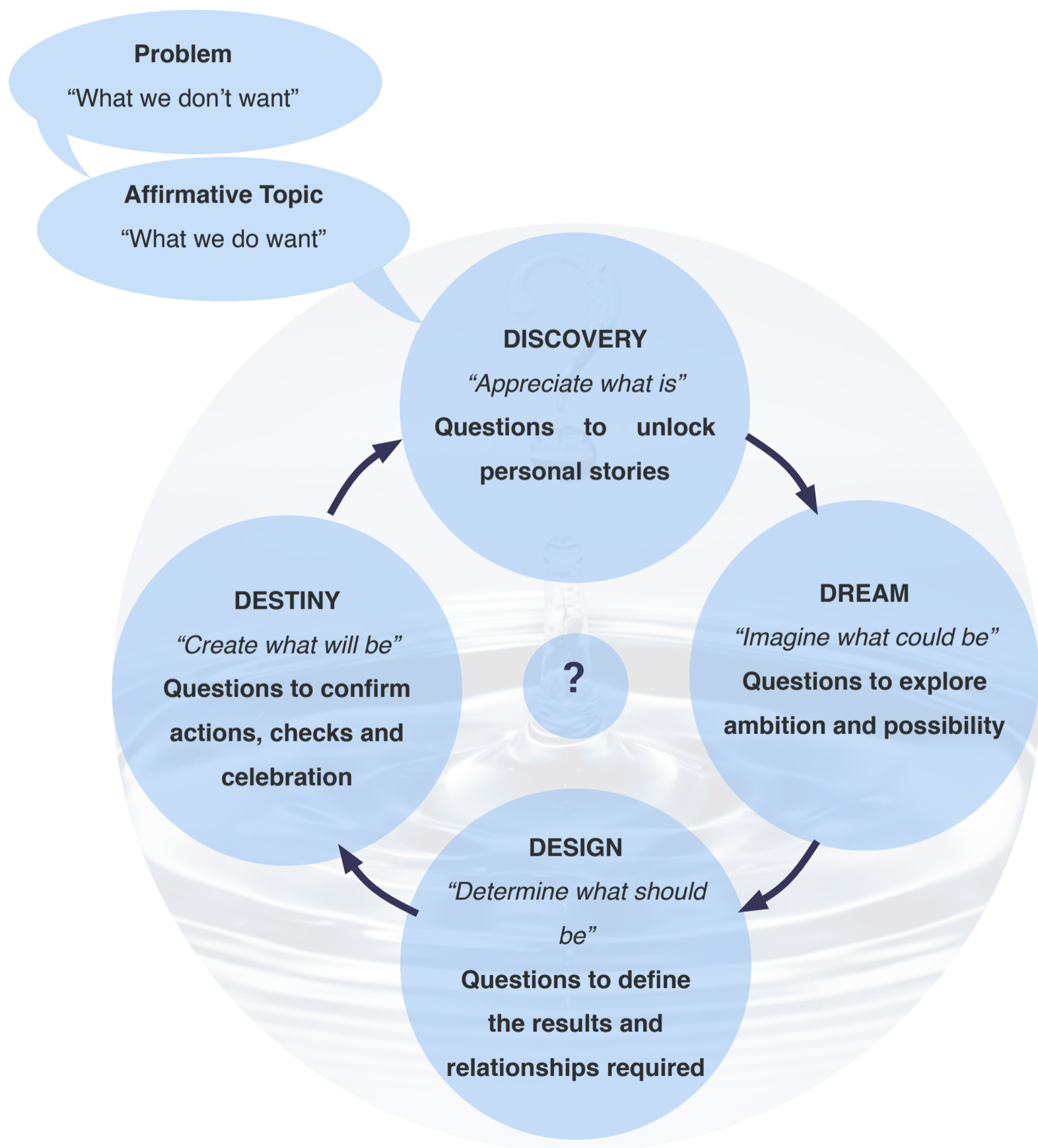
- Susan has a problem with confidence when presenting. Do we spend hours trying to understand why and reinforce the negative self-talk, or do we get her involved in a conversation about areas in her life where she is confident?
- A team is in a serious conflict situation that is affecting the care provided. Do we use blame and criticism to deal with the situation or do we start a conversation where we ask the team what would be happening if there was no conflict and we were providing the care we would wish our relatives and friends to receive?

Appreciative Inquiry does not dismiss conflict, problems or stress. With Appreciative Inquiry, these are not the basis of conversations about the future. There is **always** another way of looking at things, and Appreciative Inquiry simply asks you to start the conversation about the future from a place that believes people want something better, and given the opportunity will step up and make that happen. This is likely to be more sustainable than management-led problem solving, which can be deficit-based and blame-oriented. People may do what is asked of them in that situation, but only because they have been “told” to, not because they have the desire or ownership of the future.

Appreciative Inquiry: The 4D Model

To enable practical application of the philosophy, Cooperrider and his colleagues created the 4D Model. This is a simple model that can be used for a whole system inquiry, a team inquiry, a topic-driven inquiry with a small group of people or indeed as a framework for one-to-one development or supervision conversations.

What questions can we ask to open new and different conversations?



Using Appreciative Inquiry is a central part of Appreciative Leadership thinking. It enables leaders to approach problems and challenges from a different perspective, asking different questions and opening up different conversations, decisions and futures.

Appreciative Inquiry supports engagement and even if the “what” and “why” are outside your circle of influence, the “how” in terms of engaging the people is not. Appreciative Inquiry invites leaders to invest 80 per cent of their energy into thinking and acting on what is within their circle of influence. So why as a leader would you choose to be negative, deficit-based and disengaged? Do what you can in a positive way, where you can, and watch engagement flourish and your circle of influence expand.

The reasons for beginning this adventure in thinking should involve integrity, positive intent and a real desire to discover new stories and experiences. Equally, there needs to be a valid reason why this approach will support organisational or team development; the conversation does not happen in a vacuum. This is true with any **Affirmative Topic Choice** for inquiry.

Although many Appreciative Inquiry processes will be the result of something not being/behaving as it should, the first and fundamental point of the process is to step away from opening conversations about what is not working. Whatever you put your energy into grows; whatever you ask about will lead to more stories about that topic. Therefore, the first key stage is to reframe the area of inquiry in the affirmative: **what you want** as opposed to **what you don't want**. An easy way to think about this is like flipping over a coin.

Powerful Questions

“ *The important thing is to never stop questioning.* ”

Albert Einstein

Powerful questions are one of the central features of Appreciative Inquiry and Appreciative Leadership. Powerful questions are provocative queries that put a halt to evasion and confusion. They enable us to initiate new and different conversations, unlock stories, create energy for ideas, and ensure accountability for actions.

Powerful questions have legs; they travel well and may end up taking you somewhere that you never expected.

Powerful questions lead us to the future.

Powerful questions have heart; they get to us at our values base, connecting with what really matters to us as individuals.

Powerful questions motivate fresh thinking.

Powerful questions have hope; they are about the possibility and potential in any given set of circumstances.

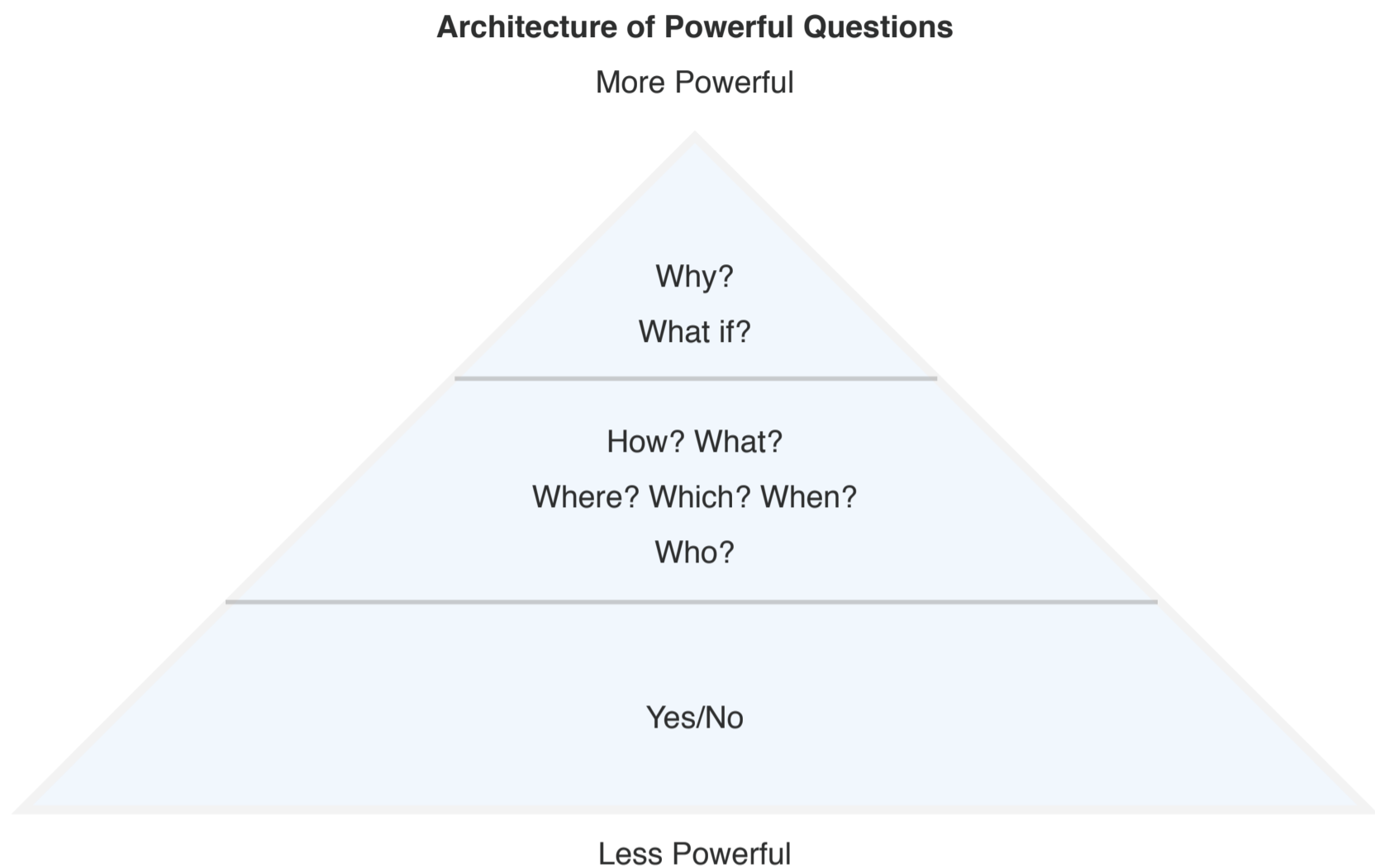
Powerful questions are a window into creativity and insight.

Powerful questions have power; they can shift thinking and behaviour that has been stuck.

Powerful questions challenge outdated assumptions.

“Where can I get a good hamburger on the road?” motivated Ray Kroc to create McDonald’s, the global fast food chain. Similarly, when James Watson and Francis Crick considered *“What might DNA look like in a 3D form?”* this led to the ground-breaking discovery of the double helix in the world of science (Vogt, Brown and Isaacs, 2003).

Constructing Powerful Questions



(source: Vogt, Brown and Isaacs, 2003)

As well as questions beginning with the words nearer the top of the pyramid, statements like “Tell me about a time...”, “Tell me your best story of...” and “Talk to me about your thinking on...” also work well, especially at Discovery.

Powerful Questions, Conversations and the 4D Model

The scope of the question is the membrane or boundary within which responses can be made. Therefore, if the question is about eliciting stories of compassion at work in a particular team, this needs to be explicit in the question. Furthermore, depending on the Affirmative Topic and the direction of travel, a wider Discovery question about compassion could also work. You simply need to be clear from the start, as all roads lead back to the question.

Assumptions

All questions hold assumptions, and the language that we use has a huge impact. The difference with Powerful Questions is that they are designed explicitly with a positive assumption. They assume there is a positive story to be shared, an idea to be explored or a decision that can be agreed. So “Why does it matter to you...?” assumes that it does matter, “What if you could turn this situation around...?” assumes that you can, and “What would you do now if you had no fear?” assumes that you have ideas that are valuable.

Using Powerful Questions

Powerful Questions are helpful in almost any situation, and we will be looking in detail at their central role in Appreciative Inquiry and Appreciative Thinking Space. We encourage you to try them anywhere and everywhere. If you are faced with silence and a puzzled expression, then you are on the way. You will need to manage silence, wait with interest, and listen with appreciation and ease. At no time should you interrupt or disagree. Just listen and learn and then ask “What more do you think or feel or want to say...?”

Powerful Questions and Conversations

Powerful Questions and the 4D Model

Discovery – The best of now – Unlocking stories

Discovery questions need to be specific enough to make a difference linked to the Affirmative Topic being explored and generic enough for everyone to be able to engage with them.

You might ask yourself: What question(s) will help to discover/explore real positive stories from people about the affirmative topic?

Examples:

Can you give me an example of how you currently use your strengths to support the team with xxx?

Tell me about a time when you were able to make a real difference around xxx?

The question must enable people to share real stories; theoretical responses don't connect with values and don't provide the richness needed to continue to the next part of the process.

Dreaming – What could be – Ambitious visions of possibility

Dreaming questions are expansive and provocative.

You might ask yourself: What question(s) will help to discover/explore dreams and ambitions **based on what you have found out at Discovery?** How could a greater connection to the **Discovery themes** make a significant difference to them/their team/their customers/their business?

Examples:

What is the story about xxx within the organisation that you would like to be telling 12 months from now?

What if that kind of feeling was prevalent across the organisation?

The question must be expansive and allow a creative response. The main factor is that the dream is built on what came out of **Discovery**; it is not a blue-sky conversation separate from the positive stories that have emerged.

Design – What should be – Big Ideas

Design questions encourage Big Ideas in line with the outcome of the **dreaming** conversation and are generally concerned with the framework of organisational purpose, relationships, results and customers.

You might ask yourself: What question(s) will help to discover/explore positive and creative ideas from people about what would need to be in place in terms of relationships and behaviours/purpose and practice/process and procedure to make the **Dream and Ambition** real?

Examples:

What Big Ideas do you have about how the dream could become a reality in terms of relationships with external providers?

What Big Ideas do you have about improving a cross-functional team working to make the dream a reality across the organisation?

Destiny – What will be – Turning Big Ideas into action

Destiny questions can be quite generic, as they are about turning Big Ideas into action. The picture of success has already been agreed at **Dreaming** and the detail at **Design**.

You might ask yourself: What question(s) will help to gain commitments and measures from people about what they will do to turn the **Design into Destiny**?

Examples:

Of all of the Big Ideas, which 3 will have the greatest impact?

How will you collectively take it forward/who has responsibility for what?

How will you measure the impact?

What is the commitment and action required from senior leaders/others?

Where do we need to obtain support/resources?

How will we share learning/with whom/for what purpose?

Conversations and the 4D Model

A core aspect of the leader's new work involves creating multiple opportunities for learning conversations around powerful questions and facilitating working conversations in a way that enhances trust and engagement. This is true of specific Appreciative Inquiry 4D conversations and other parts of the leader's role where a conversation would serve them, their people and the system better than a meeting, an email, or an instruction.

Some small changes that make a big difference:

- Creating a climate of discovery
- Suspending premature judgment
- Exploring underlying assumptions and beliefs
- Listening for connections between ideas
- Encouraging diverse perspectives
- Honouring everyone's contributions
- Articulating shared understanding
- Harvesting and sharing collective discoveries

These skills and the behaviours that demonstrate they are genuine are especially important in situations in which there are no simple answers; finding creative paths forward can make a positive difference. Leaders become connectors – of both people and ideas. Diverse voices and new perspectives that aren't limited by traditional boundaries play an increasingly important role in personal and organisational development and growth. The connections among these diverse voices and perspectives enable people to fruitfully explore critical strategic questions, building and encouraging personal relationships through networks of collaborative conversations.

The Practitioner's Story

Appreciative Organisation, Appreciative Leadership and Appreciative Inquiry

3

Appreciative Leadership in Practice

This chapter includes stories from a group of leaders who have attended the Appreciative Leadership Development Programme delivered by FMA for LCFT. These stories illustrate how the concepts and philosophies described earlier have been translated into practice in real clinical situations.



My name is Kath Roberts and I am the Lead Nurse for Infection Prevention and Control in Community Services at **Lancashire Care NHS Foundation Trust**.

This is my story about the work I have been promoting to utilise the leadership skills learnt from Appreciative Leadership (AL) to enhance the team's performance through engagement and teamwork. Our key aim was to apply and implement this cultural change to the services to embed Infection Prevention Control (IPC) as part of their "routine" practice to improve quality and safety so that we have communities of purpose, with common goals and aims, which contribute to the organisation's objectives and Quality Strategy. Put simply, our aim was to find a way "to embed IPC into people's minds so that it becomes part and parcel of every day practice – unconscious competency".

Why Appreciative Leadership (AL)?

AL is an initiative embraced by the organisation and led by the CEO and Executive Team, so that our people can develop understanding and knowledge of the concept and are engaged, motivated and nurtured by example and role modelling.

AL is "*...the relational capacity to mobilise creative potential and turn it into positive power – to set in motion positive ripples of confidence, energy and enthusiasm, so as to impact on performance to make a positive difference to the organisation*" (Whitney, Trosten-Bloom and Rader, 2010: 3).

“ My own dream was to help to develop a team that wants to come to work, wants to make a difference, and one where members are fully supportive of each other.

”

I wanted to develop a team that understands its relationship with the services, the service users and the wider organisation so as to embed good practice and quality outcomes. Most importantly, my dream was about nurturing a team to be able to see the improvements those differences have made and sustain those differences through partnership working, adaptability to internal and external forces, and striving for excellence in practice.

Key Objectives

This specific piece of work had the following set of key objectives:

- Making improvements through conversation-based change with services – attendance at meetings at every level of the organisation using language that means something to the audience
- Creating new futures – utilising every opportunity within the organisation to engage and wave the flag, e.g. Trust Engage Events, Service Away Days and Trust Study Events. This is what we can offer, how it will impact positively to improve service delivery, resource utilisation, reduce avoidable errors, cut costs, and innovate to improve – new technologies
- Challenge thinking that is stuck – motivate, engage, get the “buzz” back and enjoy

The key words used or acted upon in all conversations are:

- *Integrity*
- *Respect*
- *Teamwork*
- *Accountability*
- *Compassion*
- *Excellence*

These are the Values of our Trust.

Our Approach and Method

In Step 1, we revitalised and energised the team by:

- Organising an Away Day as an opportunity for the members to get to know one another as a newly formed team
- Revising team meetings to incorporate AL and Trust values to promote teamwork. This was a milestone, as the impact on the team was immediate and positive. The team was nominated for the Trust Team of the Year and received a highly commended award

In Step 2, we adopted an Appreciative Inquiry approach

We reviewed the vision of the team, what we wanted to achieve and the best approach to achieve that objective so that we could construct the conversations and powerful questions – being proactive rather than reactive. The team can choose whether to focus on problem-solving and doing less of what doesn't work or on what is generative and doing more of what does work. Prior to every meeting, the team took time to plan the most effective approach to achieve the result/objective required.

The team utilised the 4D cycle to decide on the objective and plan how to achieve it as follows:

- Discovery – Tell me a story of when the team works well
- Dream – If the team was working at its best, what would it look like?
- Design – What would each of us be doing in the future that we don't do now?
- Destiny – What do each of us need to move forward?

Our ethos was one in which everyone owns the problem and is part of the solution.

In Step 3, we utilised 360 Degree Feedback

The team members who attended AL sent out 360 Degree Feedback forms to staff with whom they worked in our Trust and to fellow team members. The team utilised the information to understand the team's strengths, so that their skills could be used effectively.

In Step 4, we implemented the following plan

Six elements were considered crucial for delivering safe patient care:

1. Leadership – All members of the team are leaders, and this will be measured by utilising a Leadership Measurement Tool for the team
2. Staff engagement – IPC representation at all meetings – informal & formal throughout the organisation; Annual Programme shared with networks so that they sign up to their responsibilities for delivery, provide evidence and act on gaps/shortfalls; open door approach – staff drop in to discuss issues; annual audit programme, which includes representation from services; Link Practitioner Programme with over 48 representatives from all services – Showcase event in 2013 to which Executive Team and Non-Executive Directors, Network Directors, Senior Managers, staff and the public were invited; revision of IPC intranet site to deliver key messages, links to other sites (DOH, HPA, etc.), and educational material
3. Guidelines and training – The team works collaboratively with the Learning & Organisational Development Team to deliver mandatory training; bespoke training delivered in response to incidents and requests from services to support service development; Education Strategy developed to showcase what the team can provide and look for potential business opportunities; podcasts being planned to support training that will be available on the IPC intranet site; “grab packs” and “quick guides” for staff reference; provision of training to nursing students at Burnley College; future potential for students to have placements with the IPC Team – initially, students will be able to spend time with the team whilst working with other services
4. Safety metrics – Data is fed back to services on incidents related to IPC and actions to address shortfalls; environmental audits; practice audits (Essential Steps); compliance with mandatory training; HCAI data; joint working with the Governance team on Executive Walkrounds to improve patient safety; collaborative working to deliver the “Harm Free” objective for the Trust
5. The learning cycle – Information gathered at every team meeting and one-to-one data received by the team are utilised to drive change and enhance performance by ensuring the lessons learnt are implemented
6. Resourcing – Appropriate use of staff within the team is reviewed at team meetings to ensure we act on all identified risks as a priority to minimise potential impact; products for teams (hand hygiene; PPE; cleaning products) are reviewed and recommendations made for best practice and standardisation

What we have achieved/are achieving

- Monthly data collected on team activity. The aim is to decrease email and phone enquiries and increase face-to-face contact. Data on types of enquiries are analysed at team meetings against incident reporting to identify trends to enable the team to target activity in order to reduce errors and promote best practice; for example, an increase in enquiries about training led to a review of the presentation content
- The Link Practitioner programme has been embedded across the Trust with buy-in from senior management and a commitment to send a representative who feeds back to their team meetings and supports the IPC team within the working environment on implementing new initiatives. This individual also acts as a contact, supports training, and notifies the team of any IPC-related issues. Increased levels of contact reflects the positive impact this programme has on engagement with the team
- The Harm Free programme has led to joint working with partner organisations across Lancashire, and the Lancashire Network Group (attended by the Directors of Nursing for the three local Acute Trusts and LCFT) has led to the sharing of best practice; for example, the Lancashire Teaching Hospitals and LCFT (Continence Services & IPC Teams) developed a Urinary Catheter Passport to be used across the health economy (to reduce incidence of use/infections), which has been adopted across Lancashire and enquired about nationally
- The Essential Steps Clinical Practice Audit Programme has been rolled out across the Community Services and is completed quarterly by all teams and reported against at network meetings. There is full commitment by senior management and any non-returns are acted upon immediately. In Q4 2011/12, the number of staff audited against hand hygiene was under 1,000; following training from the IPC team and commitment from senior Managers for Q1 2012/13, the number of staff audited rose to 2,100
- The Community Services have achieved a level of zero community associated MRSA & MSSA bacteraemias and Clostridium difficile-associated infections since joining LCFT; this is an excellent achievement, as evidence demonstrates a decline in hospital-acquired and an increase in community-acquired infections
- The team is proactively engaged in Executive Walkrounds to improve patient safety
- The team contributed to providing evidence for Outcome 8: Cleanliness and infection control by working collaboratively with Networks/Services and the Clinical Effectiveness Team by aligned reporting templates/evidence collection to avoid duplication
- The Trust utilises Enterprise Assurance Management to manage risk and the Lead Nurse contributes to the Networks' EAM in relation to IPC to ensure appropriate actions are in place to reduce the level of risk. Evidence from data analysis supports the assumption that staff are reporting risks, but the severity of the risks are decreasing, identifying that the appropriate controls are in place

Our Future Steps

Patient safety improvement is driven through a change in culture. This is a journey of continuous improvement, not a “one-off” initiative.

“ Shared values (what is important) and beliefs (how things work) that interact with an organisation's structure and control system to produce behavioural norms (the way we do things around here). (Reason, 2009)

The team will continue to:

- Implement patient safety processes (the strategy) and engage with all parts of the organisation at all levels
- Drive a culture of change by communicating the vision and taking every opportunity to engage
- Ensure there is a “Just Culture” where report incidents are managed consistently across the Trust (Patient Safety First, 2010)
- Share examples of best practice and learning to promote best safe practice
- Develop data collection and analysis to ensure services receive “intelligent” data, which will drive improvement
- Develop an education and training strategy

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Story 2: Nurturing Relational Work



My name is Paul Bibby and I am a Co-ordinating Manager at Lancashire Care NHS Foundation Trust. The service I manage, Community Restart, has social inclusion at its core. Our services ethos is based on the assumption that people do not recover from mental illness in isolation, but are more likely to do so when they have supportive networks and are more connected to their local communities. This is the central tenet of our service approach.

Social inclusion has been a policy driver of successive UK governments over the past 10 years. This principle is underlined by the current UK government's mental health strategy, *No health without mental health* (Department of Health, 2011).

The Community Restart Service comprises a number of teams, one of which is the Service User Development Team (SUDT). The SUDT has been, and continues to be, highly successful in facilitating the establishment of service user-led community groups. The key aim of the team is supporting service users to become completely autonomous, free from the influence of statutory services, and a community resource which general members of the public can use.

The SUDT is small in terms of staffing numbers (only four). However, they are able to support larger numbers of service users by supporting them to establish such groups. Consequently, the SUDT facilitates capacity building, that is, supporting groups to build skills, increase opportunities, and enhance involvement in the decisions that affect them (Bates, 2002).



The purpose of these groups varies, but can generally be classified into one or more of: social, activity or peer support. Based on my own career experience, I recognise how challenging establishing and maintaining such groups can be.

Indeed, upon reflection of my professional practice as an occupational therapist, many of the service user groups I have observed and been involved with in the past, have not been as successful in terms of sustainability or genuinely engaging with service users at a profound level.

During my initial conversations with the staff from the SUDT, I was struck by how they were able to genuinely empower service users to be accountable for their own groups, to foster a sense of ownership, and to enable the service users themselves to determine the future of their groups. I was equally surprised to learn that the SUDT staff had not reflected more profoundly on why they were so successful in their work. Although the outcomes were tangible, that is numbers of service user-led groups that had been supported to be established, it was almost as if the SUDT's approach had become tacit and innate.

Furthermore, I felt not only that their work deserved wider recognition, but also that any approaches or methods we uncovered as part of our conversations should be shared more widely for others to use. Upon reflection, I realised that the way in which the staff within the SUDT work closely resonated with my own values and beliefs. Specifically, it resonated with that of empowering and enabling people to make decisions and take actions that not only improve their own lives, but also the lives of others with whom they come into contact.

More importantly perhaps is the fact that the service users themselves in their groups also seem to share these same values and beliefs. In any case, it is clear that those shared values, identified through initial conversations with the SUDT staff, was what attracted me to their work and stimulated my desire to delve deeper and gain a more insightful understanding of their success.

 *What are the key elements that contribute to the successful establishment and maintenance of a genuine service user-led group?* 

Through an Appreciative Inquiry approach, I developed the question, “What are the key elements that contribute to the successful establishment and maintenance of a genuine service user-led group?” I also set up two meetings: one with the staff from the SUDT, and a second meeting with the staff from SUDT plus some of the user-led group members.

Transcripts from conversations were taken and then analysed using thematic analysis (Miles and Huberman, 1994), resulting in the emergence of three overarching themes:

- Characteristics of the group and its individual members
- Characteristics of the staff
- Environmental characteristics

Sub-themes within each overarching theme also emerged. An example of a sub-theme for characteristics of the group and its members was that a genuine shared interest was necessary for the group to exist. This needed to be the service users' interest and not driven by statutory services. My own clinical experience has shown that a group will not develop and grow if the reason for the group's existence is being driven by external influences, for example, a statutory health or social care policy.

Many more sub-themes were identified, and these were drafted as a summary paper. We concluded that the more of these elements that were present in the groups, the more likely the groups would be to develop and grow, and ultimately become independent; that is, true capacity building in action.

Indeed, the approach of the SUDT together with service users is also evidence of co-production, a relationship where professionals and citizens share the power to plan and deliver support, recognising that both partners have vital contributions to make in order to improve the quality of life for people and communities (Slay and Stephens, 2013).

We hosted a day to present our findings to a wide range of people, including academics, service managers, representatives from the third sector, and members from the groups themselves. We used a living system metaphor to convey our idea that you need to "grow a group", and this was well received by the attendees.

An abstract based on the draft paper was accepted by the College of Occupational Therapists and we attended their annual conference in Brighton in June 2014 (Bibby, Butt and Broadly, 2014) This gave us the opportunity to share our findings with a wider audience, as well as allow the staff to be formally recognised for their efforts.

Interestingly, my role as manager of the service did not emerge from the thematic analysis as a contributory factor to the success of the groups. I therefore asked the staff directly what, if anything, had been a key influence on their outcomes. They replied, ***“As our manager, the fact that you took the time and interest to really find out what we do and understand how we work has made us feel supported and encouraged to continue. The fact that you did this in a non-judgemental and supportive way has helped. Your main influence has been on how we feel about doing our work, that is, that we are valued members of the overall Service and this has encouraged us all to continue and to develop”.***

I believe this, in a small way, reflects how conversations with our colleagues can develop and sustain engagement that can lead to positive outcomes of value to both service users and staff alike. I also believe this is the central element of an Appreciative Leadership approach and its potential to nurture relational work.

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Story 3: How Appreciative Leadership has become part of my daily life, routine and practice



My name is Josephine Harbison and I started my Appreciative Leadership journey in November 2012, which also coincided with starting a secondment as a Professional Lead Role. I was new to leading teams, and it was my first appointment. It was upon reflection most useful and enlightening to be able to have such thorough guidance and information when being met with what felt like new and more difficult challenges.

The area in which I worked was the field of Violence Reduction. I realised an approach where engaging and involving people would be effective for promoting the learning and reflection process where staff were not defensive and were encouraged to illuminate and uncover their practice. Our main approach was underpinned by the use of the 4D Model within the debrief process. We also changed the language to Practice Reflections to help people guide themselves to the answers as to why errors or incidents occurred. Instantly, there was a positive response to this new way of doing debriefs. People opened up, became more honest and already had the ideas and solutions to improve safety and improve the quality of care.

The team with whom I started initially required numerous prompts, guidance, and reminders to attend to the essential parts of their role. I quickly learnt that by adopting the ethos of Appreciative Leadership, they stopped coming to me with problems and instead came to me with ideas, or even better, ideas they had implemented, and they started to review the progress. All of the team members responded well to the concept of the “facilitation of learning” rather than the “provision of learning”, as we adapted all our training to use the 4D Model. We also embedded the use of Powerful Questions, Appreciative Thinking Space, and Appreciative Inquiry into the training and within clinical practice. We were able to encourage creative and innovative ways to help reduce violence within our services whilst enhancing safety.

We specifically developed a more enabling format regarding how we facilitated “debrief” following incidents. We placed a higher focus on the stories of success, celebrating when things went right or went well. Consequently, colleagues felt more positive and engaged and were better able to reflect and learn from situations or incidents. This contrasted greatly with the focus of previous debriefs, which were usually reactive to an incident and with a focus on what had gone wrong. The new approach placed greater emphasis on the debriefing process being more flexible and regular. This practice was also recognised by the Care Quality Commission as an aspect of enhanced practice during their last visit.

To summarise, my leadership journey has been enhanced and enriched through the learning and immersion in the Appreciative Leadership Programme. It has not only provided me with the skills and knowledge of how to get the best out of my team, but also how to continually improve the quality of care that our service provides. More importantly, it has provided new skills and knowledge, learnt throughout the programme, which now add to my daily conversations and practices.

Story 4: An Appreciative Leadership Journey



My name is Ian Harbison and I have worked in the field of Violence Reduction for 11 years, providing education programmes to large groups of direct care staff and advice to clinical teams who are providing care and treatment to service users with disturbed and violent behaviours.

The “holy grail” of my profession has been focussed on finding the answer to the infinite question of how to achieve a cultural shift toward violence reduction. In essence, this is about how to unpick and de-construct the very damaging “Zero Tolerance” approach to violence within the NHS.

Although born out of the best intentions, the Zero Tolerance campaign that was at the forefront of the NHS approach to violence management, unfortunately had the negative effect of categorising care givers as “good” and the perpetrators of violence, aggression, anger and frustration as “bad”, irrespective of the circumstances surrounding a person’s anger and frustration. Within the field of mental health, the Zero Tolerance campaign also encouraged services to focus on the intrinsic behaviours of service users whilst negating the more obvious precursors to violence such as the environment and culture of a service in itself.

Coupled with this Zero Tolerance approach, the answer to violence, particularly within mental health services, throughout the 1990s and 2000s was the mass roll-out of an education programme primarily focused on the “management of violence” through the use of restraint techniques, commonly known as “Control & Restraint”.

It was against this backdrop that myself and colleagues found ourselves “fighting” against, with a genuine desire to shift the culture and attention away from the “management of violence” towards a real understanding of what causes violence and what can we do to reduce this and its cousin – control and restraint.

We were aware that in order to refocus the approach on violence, we had to address the culture of the service providing care. However, this had actually become our Achilles heel. How do you change a culture as complex and diverse as that found in the NHS?

“ We found that the service adopted that usual approach to change – there was a shuffle toward change and then a gradual slide back to what was there before. ”

To be honest, at one point it seemed that we would never actually achieve this goal of cultural change. Over a number of years we tried numerous alternative change management processes during our education sessions in an attempt to shift thinking, attitudes and ultimately the over-arching culture. Nonetheless, this was generally rather unsuccessful. Although the initial post-education results were favourable, we found that the service adopted that usual approach to change – there was a shuffle towards change and then a gradual slide back to what existed before. “Frustrating” does not capture the true feelings of the team, and we experienced many “Why do they not just get it” moments. We could all probably retire if we had the proverbial £1 for every time one of the team members had made this utterance.

Were we ready to give up? Perhaps. Looking back, we may not have been at the point of completely giving up. However, I firmly believe that as a team, we were resigned to being unable to change this culture that we found ourselves working against regarding violence and aggression. It really did seem to be an insurmountable challenge. Then came our “Road to Damascus” moment.

I personally had heard various stories about a new leadership course in which the organisation had invested, Appreciative Leadership, and in particular, I had heard some very “interesting” stories about Fiona MacNeill Associates. To be completely honest, I had made a mental note to completely avoid attending this course until I was forced to upon the pain of death! Why? My assumption was that it was merely another gimmicky leadership course. I thought to myself, “If you’ve completed one leadership course, you’ve done them all”. I had completed a leadership course earlier and so had no desire to attend another one.

However, the time came when I was required to attend this leadership course. Therefore, I duly attended the first day...and experienced my light bulb moment and epiphany! I had found the key to unlocking that most persistent of problems – culture change!

If I look back on which elements of my Appreciative Leadership journey were the most important, I believe it was the message of collective and individual responsibility; what it is we are doing and trying to achieve coupled with the Appreciative Inquiry model were the biggest and most significant tools in the box.

Thus, refuelled with my new-found enthusiasm and insight, I trialled the 4D Appreciative Inquiry approach amongst the team in a “team away day”. We celebrated the here and now and our successes, looked to the future, and dreamt of what this may look like. For me, the most telling of all produced 18 personal commitments toward a violence- and restraint-free future – one commitment for each team member. As a team, this was the blueprint and dry run for our “new” education programme. We knew that in order to change a culture, we had to capture the hearts, minds and personal commitment of the majority of staff within the service, and what better way to do so than via the organisation’s violence education programme.

And so we started our new education programme based on the 4D Appreciative Inquiry model, underpinned by the philosophy and ethos of Appreciative Leadership. The results were astounding! People actually “got” what it was we were trying to achieve and bought into this ethos of personal responsibility and personal commitment. By the end of the first 12 months, we had approximately 450 “values statements” based on the organisation’s 6 values but told through individual stories around these values. We also created approximately 450 personal commitments to violence and restraint reduction – all personal to that particular person and just as important, and all “doable” by each person. No big and unrealistic commitments were made, only small and realistic ones.

Whilst we were running this 4D education programme, I personally had my own Action Research programme to complete. Those leaders who had completed the Appreciative Leadership course asked the question of our education programme, “You’ll be doing this for your Action Research Project then?” to which my reply was “No”. You see, we were adopting the 4D Appreciative Inquiry approach in our education programme for one simple reason: it works; it engaged people in a way that we had not previously witnessed, and engaged employees is a vital factor for a successful service.

My Action Research Project focussed on violent incident debriefs. You see, I was and am very much still interested in how as an organisation and service, we often play “whack-a-mole” with employees who dare make an error, or be involved in a violent incident. I believed that our mechanistic approach to violent incident debriefs prevented any real learning from taking place and was simply an organisational tick box. Thus, I wanted to shake up this process, make it more “human”, and more importantly, allow for learning and commitment to prevent the circumstances that led to the incident from reoccurring. To accomplish this, I followed the very simple process that had already yielded such learning – the 4D Appreciative Inquiry, underpinned by the use of powerful questions.

So, did it work? The answer is a resounding, “Yes!” What I discovered was that people (including service users) who are involved in violent incidents and incidents of restraint already know what they can do in the future to prevent the same situation from arising again. They simply need a sounding board and encouragement to personally commit to these preventative strategies. The new approach to violent incident debriefs allowed this to happen, and my Action Research Project actually produced tangible results.

As we neared the 10-month period of our 4D education programme on violence and restraint reduction, I was conscious that people who had attended this course in month 1 would soon be returning for refresher training... and I wanted to build upon what we had produced up to now as a collective service.

A quick call to FMA resulted in a meeting with Fiona MacNeill and a plan for the next 12-month education programme worked out in an afternoon of collective thinking. This second wave education programme was based on further individual, personal storytelling, coupled with a journey through the “change curve” of violence and restraint reduction, finished off with teams demonstrating their creativity by producing an advert “selling” the principles of violence and restraint reduction. To date, “gangsta raps”, “the Wizard of Oz”, “the weather” and “the 9 o’clock news” are just a few examples of the creative approach to selling the principles of violence and restraint reduction which individual groups of staff have devised. Perhaps of most importance, the staff are having fun doing this – and we have the recorded video to prove it!

I suppose the ultimate question is, “How has all of this worked?” I can answer that from two perspectives. From a tangible, hard facts and data perspective, we have recorded a 30 per cent reduction in restraint use over the 12-month period from when we started on this appreciative journey. However, from a less tangible perspective, the results are even more striking – the feedback following attendance on the violence reduction programme has been 100 per cent positive; people are enjoying what they are doing and they feel much more engaged in the service and the organisation by taking personal and collective responsibility for violence and restraint reduction. People are recognising that we are all human, that we all have things going on in our lives and that we can all make a mistake, lose our temper, become frustrated and get angry. Staff and service users are “looking out for each other”. This is a major cultural change in our place of work.

Finally, from my perspective, the change in culture has been dramatic and significant. I believe that nowhere is this better demonstrated than in the language used in our service. Everyone is now talking about “violence reduction and not restraining”. After 11 years in the field of violence work, this is music to my often troubled ears!

The Evaluation Story

Appreciative Organisation, Appreciative Leadership and Appreciative Inquiry



4

LCFT/FMA Appreciative Leadership Programme: The Evaluation Story¹

This chapter tells the evaluation story of the Appreciative Leadership Development Programme, delivered by Fiona MacNeill Associates (FMA) to 497 leaders from Lancashire Care NHS Foundation Trust (LCFT) from April 20, 2011 to March 12, 2013.

These leaders were clinical, technical and managerial and ranged from executive-level board members to team leaders.

These leaders function in a competitive public sector environment with significant financial pressures, corporate and clinical governance structures, complex delivery targets set nationally by government, and external monitoring around corporate accountability.

This programme was designed with LCFT's values at its core, whole systems thinking as its philosophy, and conversations and inquiry as the delivery methodology.

This programme has been evaluated at all stages and is linked to the organisation's internal Personal Development and Review processes.

The chapter will explore the effectiveness of the inputs linked to the programme's purpose:

- The process of design and delivery (workshops, Leadership Learning Sets, 360 Degree Feedback process and an Action Research Project)
- The numbers and the narrative around impact
- Lessons learned and thoughts for the future, including reflections on the evaluation process

The chapter will explore the sustainability of the outputs in terms of change/improvement in leadership thinking and behaviour:

- The process of learning application
- The numbers and the narrative around impact
- Lessons learned and thoughts for the future, including reflections on the evaluation process

¹ This chapter is based on an article that appeared in the journal of Industrial and Commercial Training, published by Emerald (MacNeill and Vanzetta, 2014).

Full details can be found in the references list.

The Hypothesis

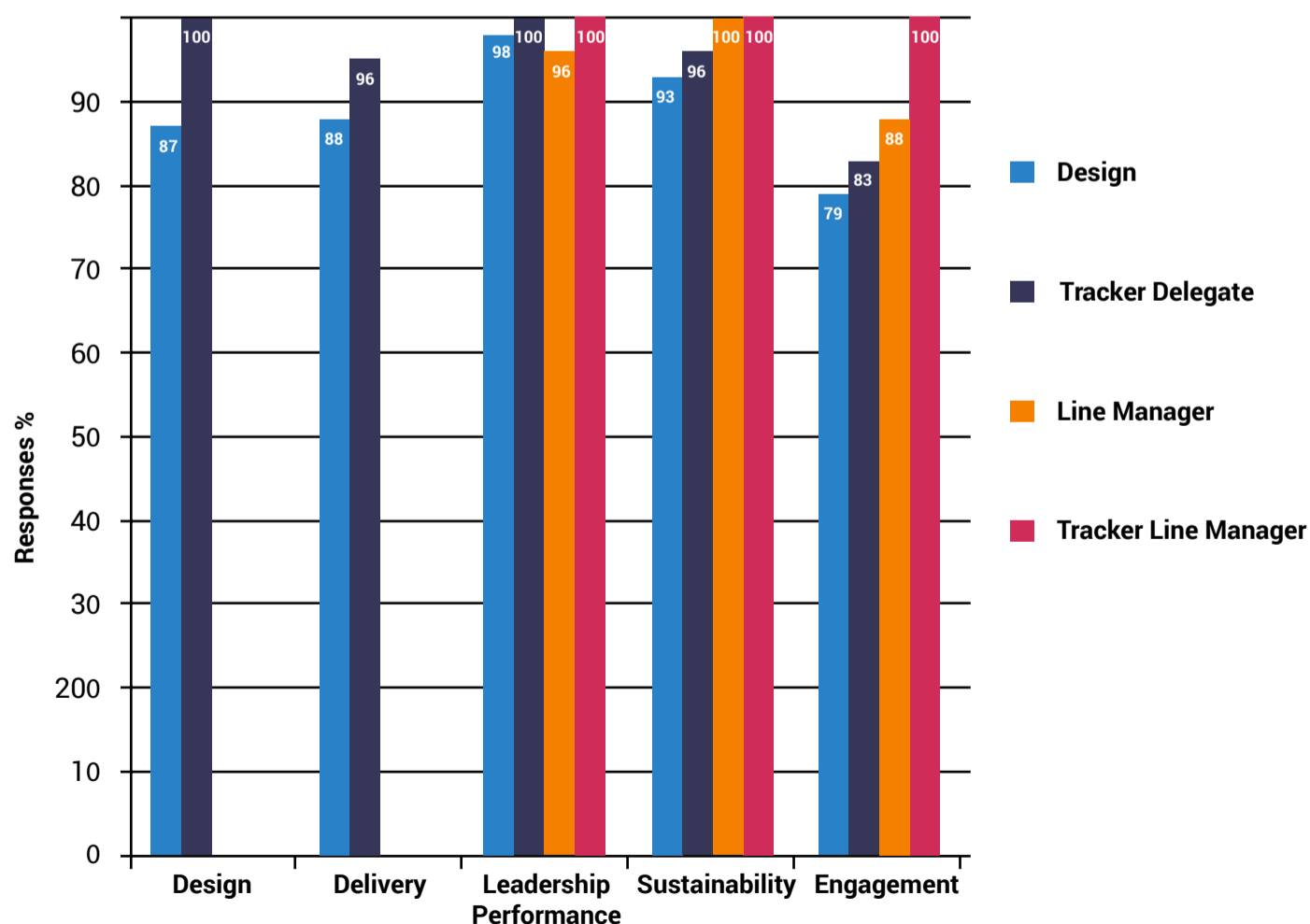
The design of leadership programmes around organisational values and the delivery using conversation and inquiry makes a difference. This difference is the sustainability of change in behaviour and learning transfer.

The Results

The results were positive and confirm the hypothesis. A high level of compliance was achieved between the positive responses of delegates and their associated line managers. The data were representative of both groups surveyed, and therefore the conclusions were well-founded. The findings were notable across the delegate and line manager population, with substantial differences evidenced in the study group (91) where pre-, end and post-data (quantitative and qualitative) are available. The evidence demonstrates that the impact of this design and delivery approach has been important in terms of the learning being sustained by delegates 10 months after the end of the programme. Delegates and their line managers' reported improved leadership thinking and behaviour, engagement of teams in the learning process, the embedding of values in service delivery, and the subsequent shift in organisational culture.

In addition, internal engagement data indicated that leaders who have attended the Appreciative Leadership Programme are more engaged with the organisation. This difference is statistically significant.

The Results so far: Sustainability



Objectives: Programme Evaluation

1. Identify the degree to which the learning has created a change/improvement in thinking
2. Identify the degree to which the learning has created a change/improvement in behaviour
3. Define to what degree the learning is being kept alive and influencing ongoing development
4. Describe the initial and current impact of the Action Research Project
5. Describe the initial and current impact of the 360 Degree Feedback process

Models and Methods of Evaluation

One hundred per cent of the delegates and their associated line managers who completed the programme in the period being studied were contacted and invited to complete the end and post-programme questionnaires. The evaluation process used conversations, questionnaires (both quantitative and qualitative) and content analysis as its central methodology. The evaluation tracked delegates throughout the learning process, at the end of the programme and post-programme, 6 to 12 months after completion.

Evaluation Areas of Inquiry

All evaluation was built on the learning outcomes from the programme, the transfer of those outcomes into practice, the sustainability of that practice, and the impact on teams and service provision. The 8 areas of inquiry were:

1. Organisational values
2. Appreciative Inquiry and conversations
3. Communication and impact
4. Leading teams in times of change
5. Impact of the learning on the wider team
6. Coaching and mentoring conversations
7. 360 Degree Feedback process (Kolb)
8. Action Research Project (Deming)

Evaluation Design

The evaluation design for all 497 delegates included:

- End of workshop questionnaire based on links to values, impact on thinking and value to operational delivery
- Reflective conversation at Leadership Learning Sets
- Conversation (World Café) around the link between Action Research Projects (ARPs) and the operational environment, culminating in a Living Leadership Strategy document
- End of programme questionnaire to delegates based on leadership concepts and programme outcomes
- End of programme questionnaire to delegate's line manager based on leadership concepts and programme outcomes
- Post-programme questionnaire to delegates based on leadership concepts and programme outcomes and sustainability (6-10 months after end of programme)
- Post-programme questionnaire to delegate's line manager based on leadership concepts and programme outcomes and sustainability (6-10 months after end of programme)
- Ongoing conversations with stakeholders from the organisation
- All questionnaires focused on change/improvement to leadership behaviour, examples of sustainability change and invited narrative and examples as well as scoring

The Study Group: Additional areas for a sub-set of 91 of the 497 delegates:

- Pre-programme questionnaire to delegates based on leadership concept and programme outcomes
- Thematic analysis of Action Research Projects
- Organisation engagement information

The Tracker Group: sub-set of 23 of the 91 delegates

- The tracker group was a random sample of the Study Group of 91
- At the end of Phase 3 of the programme, we randomly selected 30 delegates to be involved in the tracker group
- Some people chosen decided not to attend the group and some left the organisation, resulting in 23 delegates, 5 in clinical roles and 18 in non-clinical roles
- Each tracker was paired with a facilitator from FMA
- Trackers had calls once every six weeks from July 2012 to May 2013
- The evaluation sheet for each call consisted of qualitative and quantitative information

The Evaluation Process

Delegates were informed about the evaluation process in the pre-programme reading. At the first workshop, a briefing was held about the “attributed” nature of the evaluation process. In terms of the pre-, end and post-programme questionnaires, FMA can identify the delegates. However, they are not identified in any report except by a number. The latter applies to the delegate line managers.

The process differed for the “**Tracker Group**”. This group was a random stratified sample of 23 delegates, made up of 5 clinical leaders and 18 non-clinical leaders. This additional evaluation took the form of 4-6 telephone calls over the period using the same core areas of questioning as the other questionnaires. These call records were then thematically analysed. This group gave their permission in writing, via email, to be named in the report and for their narrative around the next iteration of their Action Research Project to be shared.

Evaluation Response Rate

- On average, **89 per cent** of delegates and **61 per cent** of line managers completed the end of programme questionnaire
- On average, **75 per cent** of delegates and **69 per cent** of line managers completed the post-programme questionnaire
- For the Study Group, **100 per cent** of delegates and **79 per cent** of line managers completed the pre-programme questionnaire
- For the Study Group, **90 per cent** of delegates and **70 per cent** of line managers completed the end of programme questionnaire

- For the Study Group, **82 per cent** of delegates and **53 per cent** of line managers completed the post-programme questionnaire
- For the Tracker group, **100 per cent** of delegates and **68 per cent** of line managers completed the post-programme questionnaire
- There was a drop in the response rate for delegates and line managers
- This drop was apparent post-programme for delegates
- More needs to be done internally to support improved response rates to the feedback requests, especially feedback from the line managers

What did we discover?

Design

- Values at the heart of the design make a difference and are sustainable
- 360 Degree Feedback framework requires closer alignment to quality strategy, person-centred care and governance
- Action Research Project requires clearer structure and guidance around the use of Appreciative Inquiry as a research methodology and links to operational objectives

Delivery

- Inquiry and conversation make a difference and are sustainable
- Local Leadership Learning Sets could improve this in the future
- Mentorship within delivery networks for Action Research Projects can add value

Evaluation

- The evaluation strategy has delivered significant information, but it needs to deliver more
- The organisation needs to be an equal partner in the design, management and analysis of the evaluation process
- Additional analysis of performance is needed where complete teams have undertaken the programme
- Positive attention increases sustainability (Tracker Group)
- Conversations and associated analysis provide rich qualitative data to support the numbers

The full evaluation report has recently been published by Emerald Insights and is available with their permission at www.fmapeople.com

My Story: Evaluation

Professor Heather Tierney-Moore, CEO of Lancashire Care Foundation Trust

The evaluation of this programme has become even more crucial in view of a large acquisition, which has increased the size of the organisation by approximately 40 per cent and significantly increased its complexity and diversity.

This bespoke leadership development programme for a large cohort of staff from across the organisation is part way through implementation and is already having a significant positive impact on individuals, teams, services and the overall culture of the organisation.

In terms of the impact on the organisation, I have made the following observations:

1. People are having more conversations about people and change as well as targets and process. We are increasingly hearing people say “Let’s have a conversation”, rather than a meeting, a briefing or just working with email
2. The Trust ranks in the top 20 per cent of its peer group for overall staff engagement, as measured by national indicators
3. We have consistently delivered our annual plan despite all the financial changes and challenges
4. A statistically significant positive change has occurred in reporting effective communication between senior managers and staff, and staff feeling satisfied with the quality of care they are able to deliver. Both of these indicators put us in the top 20 per cent nationally
5. Language has changed and inappropriate language and behaviour is being challenged more often in line with the Trust’s values
6. Staff reflect on how they feel re-energised or reconnected to the reasons why they first entered the health service industry
7. Appreciative Inquiry and World Café are being used extensively throughout the organisation to engage staff, service users and carers in co-creating the future, as well as part of the service transformation events. There is evidence of greater involvement across teams in wider aspects of our business
8. We are increasingly being identified as an organisation in which people want to work, attracting high-quality candidates to vacancies

9. New people who enter the organisation – and many have over the last 12 months – comment on how different it feels here compared to other organisations
10. Powerful questions are being used to deal with challenging behaviour and to explore thinking and possibilities
11. Additional concepts such as Transactional Analysis have proved highly effective for people in their whole life

In summary, the Appreciative Leadership Development Programme has given leaders within the organisation a common language and methodology to enable them to engage with challenging economic, structural and delivery targets, in a way which takes care of people as well as process. It has not yet been implemented everywhere across our diverse organisation. However, the culture is changing, and we are determined to retain our values and our vision.

My Story: Evaluation

Fiona MacNeill, Founding Director of Fiona MacNeill Associates

“ Not everything that counts can be measured. Not everything that can be measured counts. ”

Albert Einstein

Evaluation is an important process for business performance management in all organisations. This is especially the case for a development consultancy like Fiona MacNeill Associates (FMA); a values-driven organisation that needs to be accountable to its customers. The Einstein quote has provided some level of permission over the years not to measure as much as we should measure. Furthermore, certain things that can be “felt, experienced and perceived” also need to be taken into consideration. Stories matter as much as numbers, and numbers matter as much as stories.

The incredible learning journey that has accompanied this piece of evaluation has allowed a better understanding of what is possible and the importance of real, robust evaluation at all stages. It has also highlighted gaps in knowledge, understanding, information gathering and data analysis.

The more you ask about, the more you need to ask about, and the less you really know!

I offer a heartfelt thank you to everyone from LCFT, FMA and beyond, without whom we could not even have had this conversation, this learning and the opportunity to do it better the next time.

The Possibilities

Thinking about where you are
Appreciative Organisation, Appreciative Leadership and Appreciative Inquiry

5



My Story: Possibilities

Professor Heather Tierney-Moore, CEO of Lancashire Care Foundation Trust

Reflecting on the possibilities for your organisation for this kind of approach is an important conversation before you do anything else. In this chapter, I have tried to provide some thinking that may help you to enjoy a greater chance of success.

Discovering the Best of Now

All systems have goodness in them in terms of people, process and culture. With an appreciative approach to organisational culture change, this is your starting point.

Coming in as a new CEO, it was important for me to understand what was already working, what people felt about being part of LCFT, and how they were connected to their work, their teams and their service users. This discovery process took the majority of 12 months, having conversations and listening to people, understanding that much of what I wanted was what others also wanted. This resulted in the agreement of our six values, which I introduced at the beginning of this book. Engagement with people is the key to success.

Lesson 1: Engagement is Everything

As a CEO, you need to have a vision; however, enforcing or cascading this vision will not produce cultural change, only engagement will accomplish that. Therefore, engaging and listening needs to be consistent, and not a “means to an end”.

Possibilities and Ideas

Some of the things that helped to make a real difference in LCFT around ongoing engagement with our values include:

- My commitment to attend staff induction events
- Large-scale “Engage” events for the guiding coalition of 300 clinical and managerial leaders
- Integration of our values into the Personal Development and Review Process
- My willingness to really listen and value diversity of ideas

Dreaming about the Future

I have always been very ambitious for LCFT, dreaming about the future, of what could be. This is not about personal ambition, status or achievement, but rather the untapped potential of the people within LCFT. Involving people in conversations about the culture they want is, again, critical.

Lesson 2: Courage, Patience, Determination

Don't compromise on your dreams and ambitions for your organisation. Culture change in a system of 7,000 people does not happen overnight. There will always be challenges concerning the political landscape, emerging situations will occur internally, and the results may not be what you desired. Standing firm requires courage, patience and determination in equal measure.

Possibilities and Ideas

The following helped to make a real difference at LCFT:

- Board's understanding of the importance of this work as part of a whole organisational improvement programme
- Continuing to invest in leadership development over 4 years, despite the financial pressures
- Supporting aspiring leaders to take forward their ideas, regardless of their organisational position
- Board and senior managers consistently adopting an appreciative approach to improvement, even when significant failures occur rather than resorting to blame and command modes

Designing the Future

It was clear to me that leadership was at the heart of this cultural change and that developing leaders at all levels would be one of the critical actions in developing the culture. The Board understood that we could not accomplish this alone and that we needed a development partner.

Lesson 3: Partnership

Make sure you find a partner that has values aligned to those of your organisation and can design a bespoke programme for you. Connect this partner to your internal Learning and Organisational Development people early in the relationship. This creates the foundation for sustainable growth. Also ensure the partnership works on a strategic as well as operational level.

Possibilities and Ideas

The following helped to make a real difference at LCFT:

- Values embedded in a bespoke 360 Degree Feedback framework
- Programme aligned to clinical theory
- Strengths-based approach
- Action Research Projects aligned to areas for improvement
- Internal facilitators trained

Destiny – making it happen

As I have stated elsewhere, creating the conditions for cultural change across LCFT remains one of my significant challenges. As we know, much is beyond our control. My strategy was always to focus on what I can do and where I can have an impact.

Lesson 4: Personal Commitment Makes a Difference

If you don't really believe in this and are not prepared to integrate this way of being into your life, you will not be successful in your endeavour. People see through fine words and look for integrity in behaviour. Staff consistently report on the impact of senior leaders' behaviour and in particular, they talk about the positive impact of seeing me "live the values". I also encourage adopting an Appreciative Inquiry approach to external and multi-agency programmes of the work in which I am involved.

Possibilities and Ideas

The following helped to make a real difference at LCFT:

- I open every new delegate group on the programme
- The Executive Team attends every World Café Event at the end of the FMA development input
- A member of the Executive Team attends every cohort's closing event
- We have a robust evaluation process and receive regular evaluation reports on each event as well as end and post-programme reports
- I talk constantly about our values and culture and use the values in guiding decisions

My Story: Possibilities

Fiona MacNeill, Founding Director of Fiona MacNeill Associates

Possibilities and Ideas

FMA has learned and adapted many times throughout this partnership, which is normal and fundamental in any iterative learning process and relationship. We have demonstrated leadership, held fast to our values and continued to look for ways to enhance our learning. Integrity surfaced again and again as our touchstone and demonstrated connectedness to our purpose. The lessons that follow, in some respects, are not new, but serve as an important reminder to all of us at FMA.

Lesson 1: Relationship

As a provider organisation, all you have is the relationships that you build. Winning a tender – regardless of its importance – is a fleeting moment in the relationship that follows. The process simply gets you through the door. It's then up to you and your team to connect, relate and make meaning with everyone in the organisation who crosses your path.

Possibilities and Ideas

The following helped:

- Making time to connect with senior leaders, especially the CEO
- Having the integrity and courage to share concerns
- Having faith in the FMA team and what we collectively stand for
- Challenging negativity around the programme
- Reflecting on the wider system by sharing stories within the FMA team

Lesson 2: Know Your Boundaries

As a group of professional developers of people and organisations, it could be easy for us to become evangelical about the programme and the learning process. We experience the system every day in rooms of delegates and through their eyes and experiences. We need to be mindful of our role in helping leaders to think better for themselves, to be personally accountable for their impact, and to avoid getting seduced into thinking that we can “fix” their system.

The following helped:

- Connecting with the evaluation to really understand where and how we are making a difference
- Respecting that the close relationship with the CEO may mean people are not always comfortable being as honest as possible
- Remembering that FMA is not LCFT, even though we share many core values
- Defining the role we need to fulfil, the relationships we need to build, the difference we want to make, and our understanding of the opposite and how to hold that boundary

Lesson 3: Development is a Journey

The journey for FMA has been exciting, challenging, exhilarating and exhausting! It represents the personal journey of each of us, the journey of the team and the journey of the programme, which looks and feels very different from when we ran a pilot for 50 people back in 2010. We have shifted ourselves, LCFT has doubled in size, and the world continues to change.

The following helped:

- Observed performance and feedback for all training delivery teams
- Thinking partner reflections with each other
- Real-time conversations with senior leaders, especially with a direct line to the Executive Team
- Changing, improving, and updating the programme in line with our development as a consultancy and the specific changes at LCFT

Lesson 4: Leading for the Future as it Emerges

FMA is a commercial organisation, and I hope that our learning from this partnership will bring new business, new relationships, and new challenges. Whatever happens next, the learning from this partnership is already informing our practice through Appreciative Leadership and influencing the creation of the next generation of Appreciative Leadership Development programmes. We can and will actively seek the opportunity to replicate this success.

From an LCFT perspective they have made a huge investment in financially challenging times. The vision and robustness of the CEO in holding firm in her desire for this cultural change has been vital in terms of the success that the organisation has achieved. If every line manager had this commitment, then, quite literally, anything would be possible.

The future is emerging for both organisations, with each changed by this programme and the relationship. I hope this publication has inspired you to think about what is possible and where you are, and to connect with people and help them think for themselves as leaders of the future.

I wish you good luck with your journey!

Below are a number of resources we found helpful:

- **Whitney, D., Trosten-Bloom, A. and Rader, K.** (2010) *Appreciative Leadership: Focus on What Works to Drive Winning Performance and Build a Thriving Organization*. New York: McGraw-Hill Professional.
- **Lapworth, P. and Sills, C.** (2011) *An Introduction to Transactional Analysis: Helping People Change*. London: Sage Publications.
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- Diana Whitney on Appreciative leadership: approximately an hour and well worth watching: <http://www.youtube.com/watch?v=qWP8WtF7ogM>
- www.kingsfund.org.uk – Includes lots of great information about the advantages of engagement in health and the critical role of leadership, including a document called *Patient-Centred Leadership* which we strongly recommend you read

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