



**COACHING**  
THROUGH  
**COVID**

# Our Purpose

To be of service to NHS front-line staff

**By offering high quality professional coaching and timely, demand led resources which are bespoke to individual needs and schedules**

In a way that is relational, tangible and sustainable

In order to support NHS staff to find meaning, learning and growth from their experiences, attend to their own wellbeing and deliver sustainable care to those they serve

# Professional Coaching

- **Match & Connect**
  - 245\* frontline NHS staff matched to experienced coaches
  - 205\* coaches *approved to proceed* through our [rigorous onboarding process](#)
- **Quality Assurance to match the operating environment**
  - All very experienced coaches (APECS, ICF PCC/MCC or equivalent)
  - *Later stage coaches* in terms of [Coaching Maturity](#)
  - All operating under personal supervision with requisite professional insurance
- **As a duty of care and CPD we also offer the following to each coach**
  - Trauma Sensitization / Orientation
  - Reflective Practice Groups
  - Resilience & Well-Being Coach Education
  - Mindfulness & Compassion Training to [minimise secondary traumatic stress](#)

# Professional Coaching

## Quality Assurance on Scaling

Highly experienced coaches from partner organisations including:



Coaching Professional Body Endorsement (To Date):



# Professional Coaching

- **Clear positioning within Pilot Trust's Resilience & Emotional Support Team framework and clear referral routes**
  - Level 1: Trauma Specialism
  - Level 2: Psychotherapists and Counsellors
  - Level 3: Coaches and Chaplains
  - Level 4: Mental Health First Aiders
- **Weekly MI** – to track usage by role, service and site
- **Thematic reporting**
  - Whilst maintaining individual confidentiality, thematic data can be provided on a regular basis through
    - Reflective Practice Groups
    - Coach survey

# Quality Assurance

- **Pre** – rigorous onboarding process
- **During**
  - Coachee feedback after first session with option *not* to proceed
  - Option to proceed with another coach
  - Clear referral framework for other needs
  - Reflective Practice Groups as a means to examine and support professional practice
  - CtC Champion as a source of contact for coachees if required
- **Post**
  - Full evaluation feedback after 6 sessions
  - Opportunity for extension re-contracted between coach and coachee
  - Full end of programme evaluation feedback

# Feedback to Date

*“Just wanted to highly recommend this programme. I’ve just had my 2nd session with my coach and all the misconceptions that I had about coaching have disappeared. I’ve found the programme really helpful so far and it has definitely helped me find order in the chaos!”*

*“Having had my second coaching session yesterday, I am amazed by what the programme offers. Pure life changer and I’m so pleased I signed up. Suddenly, I can identify resources already available to me that I can utilise to build resilience.”*

*“And now, I truly think it is the incredible and proactive support we’ve been receiving that is keeping us going through this crisis. Definitely agree that the coaching is really good for identifying signs we need to respond to, which we may otherwise ignore and perhaps could have got through if times were a little different.”*

*“Just wanted to say that I feel like I’ve really struck gold with my coach. Had my second session yesterday and felt so much better afterwards. Thank you for everything you are doing”*

*“Resilience coaching is priceless in the time of crisis. I am sure you have already thanked the coaches on behalf of ITU but please let them know how grateful we are.”*

# Our Coaching Approach

## Systemic Eclectic, Relational and Compassionate – Enabling & Resourcing Others

1. Be Present
2. Be With
3. Hold Space

### Offering Generative Attention & Unconditional Presence

- Are we both relaxed enough to allow the issue and the solution to emerge in whatever way they will?
- Do I need to apply any techniques or processes at all? If I do, what does the client context tell me about how to select from the wide choice available to me?



# Modelling Compassionate Leadership\* / Coaching

- 1. Attending:** Being present with and attending to those we lead. Leaders who attend will model being present with those they lead and 'listening with fascination' (Kline, 2002).
- 2. Understanding:** Appraising the situation those they lead are struggling with to arrive at a measured understanding. Ideally, leaders arrive at their understanding through dialogue with those they lead and perhaps have to reconcile conflicting perspectives rather than imposing their own understanding.
- 3. Empathising:** Compassionate leadership requires being able to feel the distress or frustration of those we lead without being overwhelmed by the emotion and therefore unable to help.
- 4. Helping:** The fourth and final component is taking thoughtful and intelligent action to help the other. Probably the most important task of leaders in healthcare is to help those they lead to deliver the high-quality, compassionate care they want to provide.

\* For more details follow [this link](#) or see Annex 4 of the GMC report [Caring for Doctors, Caring for Patients](#)

# Reflective Practice & Thematic Reporting

## Core Team



Simon Cavicchia



Eve Turner



Graham Lee

## Further Supervisors From:



# Reflective Practice Approach

- Voluntary - space to connect as a community of practice
- Small groups of 3-4 for 90 – 120 mins
- Encouraging coaches to bring their learning edges as professionals and vulnerability as human beings given the unprecedented operating environment
- Modelling our *Coaching Approach*, particularly holding space
- Drawing on mindfulness, [compassion](#) and [self-compassion](#) practices to deepen presence, *neuroception of safety*, insight and awareness
- Offering [unconditional presence](#)
- Exploring [vulnerability and relative potency](#) in professional practice
- Exploring [windows of tolerance and self-regulation](#) in an unprecedented operating environment
- Encouraging experienced supervisors to bring their unique gifts and strengths

# Trauma Specialism

## Core Team



Helen-Jane Ridgeway



Simon Cavicchia

## Further Psychotherapists & Counsellors From:



# Compassion in The Workplace: Preventing Burnout in Healthcare\*

- Pilot 28/05/20 – 02/07/20 for 28 clinicians at The Royal Free London NHS Trust
- A first for the NHS and UK
- Developed by *The Compassion Institute* including:
  - James Hallenbeck, M.D., Associate Professor of Medicine, Emeritus, Stanford School of Medicine
  - Diana Adams, Ed.D., Adjunct Assistant Clinical Professor, Stanford University Medical School
  - Thupten Jinpa, Ph.D., CEO and Chairman, Compassion Institute and Executive Chairman, Mind & Life Institute

“The rising tide of burnout, coupled with its effects on quality of care and access, make burnout a major threat to the nation’s healthcare delivery system... If it affects half our physicians, it is indirectly affecting half our patients.”

- Tait Shanafelt, MD, Chief Wellness Officer, Stanford Medicine

Existing research shows that mindfulness and compassion trainings can meaningfully reduce the symptoms of burnout among clinicians. Compassion at Work has identified key elements to equip clinicians with the knowledge and skills they need to boost their resilience and avoid the risks of burnout.

\* For more details follow [this link](#) or see The Compassion Institute’s [Compassionate Healthcare Program](#)

# Compassion Cultivation Training (CCT)\*

- Pilot 30/06/20 – 18/08/20 for a cross section of the program team
- All provide their time pro bono on top of busy professional and personal lives in the midst of wider systemic trauma caused by the COVID-19 global pandemic
- Transference, secondary traumatic stress and compassion fatigue are likely to be a reality for anyone virtually entering the frontline
- For professional coaches, supervision is a primary means of working with transference
- However, [studies](#) also point to the efficacy of compassion training in alleviating secondary traumatic stress and compassion fatigue, and in building resilience and a capacity to sustainably meet suffering with an open heart
- As a duty of care we offer coaches Compassion Cultivation Training (CCT) - an evidence based 8-week program developed at Stanford University
- [Research](#) suggests that CCT also supports key underpinnings of adaptive leadership

\* For more details see the Compassion Institute's [Compassion Cultivation Training](#) or [follow this link](#)

# Psychological Safety

- “Psychological safety is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes”
- The foundation for high performing, innovative teams in VUCA environments
- Based on over [30 years of research](#) from Harvard’s Professor Amy Edmondson
- Google’s [Project Aristotle](#) found it differentiated their highest performing teams
- Psychological Safety and *Teaming* explicitly applied on the Coaching Through COVID program through:
  - Consistent application of a [team meeting protocol](#) to cultivate psychological safety
  - At it’s simplest - [conversational turn taking and generative listening](#)
  - Also combined with mindfulness and compassion practices to increase presence, connection and openness to cognitive diversity
  - Regular measurement and debrief on the [Psychological Safety Index \(PSI\)](#)

# Teaming

- Teaming is a verb. It is a dynamic activity, not a bounded, static entity
- Teaming is teamwork on the fly. It involves coordinating and collaborating without the benefit of stable team structures
- It is largely determined by the mindset and practices of teamwork
- Teaming calls for developing both affective (feeling) and cognitive (thinking) skills
- Enabled by distributed leadership, the purpose of teaming is to expand knowledge and expertise so that organizations and their customers can capture the value
- In a growing number of organizations, the constantly shifting nature of work means that many teams disband almost as soon as they've formed. You could be working on one team right now, but in a few days, or even a few minutes, you may be on another team.



# Our Values

## 1. Be of Service

## 2. Reduce Suffering

- Prioritise humanity-focused relationships

## 3. Do No Harm

## 4. Ethics & Integrity

- **“Do The Right Thing”**
  - Follow an ethical compass without ego
  - Behave with integrity
  - Pause and ask “what’s the right thing to do here?” when in doubt and when collaborating with others
  - Always serve the whole in the best possible way
- **Check Intentions**
  - Is it just for me or for others?
  - For the benefit of the few or for the many?
  - For now or for the future?

# Our Values

## 5. Agile

- “Speed not perfection” (From WHO)
- Agile not centralised
- Agile not anxious (actively managing our nervous system)
- Minimum Viable Product (MVP)

## 6. Courage

- Innovate, overcome fear and do what’s never been done before
- Speak truth to power

## 7. Collaborate to ‘expand the frame’

- from ‘me’ to ‘we’ and from ‘us’ to ‘US’

## 8. Compassionate Leadership

- model self-care and care of others for sustainable performance and compassion

## 9. Systemic awareness and a systemic frame

# Our Team



**Dr Raviro Mangwiro**  
Consultant Anaesthetist  
Royal Free NHS Trust



**Dr Charlotte Kingsley**  
Consultant Anaesthetist  
Royal Free NHS Trust



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**Sarah Barlow**  
Operations



**Mark McMordie**  
CEO,  
The Conscious Leader