

Bespoke Training & Learning Facilitation

Our purpose is to support our colleagues to flourish and deliver Queen Mary's vision: to open the doors of opportunity.

We do this by working with leaders and teams, to diagnose and respond to current and future organisational and individual needs.

Our goal is to avoid 'solutioneering'. This means starting with the solution instead of fully understanding the problem. Investing some time and effort up front to explore the problem, and identify the root causes, can save a lot more time and effort later.

To do this, we use the **Diagnosis - Intervention - Evaluation** model.

Diagnosis

1. What are you aiming for?

This is what you want to see in an ideal world. Keep it positive! Avoid 'I want people to stop doing/saying...' – what **do** you want to see? What's currently working well that you'd like to keep or expand on? Examples that might be reported within a particular team, School or Faculty/Department include:

- a. Staff get a healthy balance of positive feedback and constructive criticism.
- b. Team members meet their deadlines.
- c. Staff make sure that customers stay informed at every point in the process.

2. What are you seeing which is different?

This is the 'surface level' issue. To use the three examples above:

- a. Staff Survey feedback on management is negative.
- b. There is a constant backlog of work and Service Level Agreements (where they exist) aren't being kept to.
- c. Feedback from customers (students or colleagues) is poor.

Often, we want to jump to action to solve the problem - sending people on management development or customer service training feels like the best option.

3. How is this measured or quantified?

It's very difficult to know if anything has changed if you can't describe where you're starting from!

Some measures are very easy, for example:

- How much time or money does it take to do [task]?
- What does our customer feedback say?
- What were our Staff Survey results on [subject]?

However, you might be trying to improve on an area where there are no easily measured metrics. The OPD team can help you work out how to measure a 'baseline' of present behaviours which will help you to evaluate your interventions later.

4. What behaviours underlie this problem – what are people doing?

What does this problem look like in practice? What impact is it having? If your problem is more abstract – 'I feel like people aren't...' – what observations make you feel that way?

To get the details, you might need to speak to the people involved – the people the behaviours are impacting on, the people carrying out the behaviours, and their managers. The OPD team can help you to facilitate this if you're not sure where to start.

Using the examples above, you might find that:

- a. Staff report that managers only ever give negative feedback, and the feedback they do give is vague and demotivating, making them feel like they're never good enough.
- b. Deadlines aren't being met, and staff are having to waste time on writing emails or making phone calls to explain this to customers (e.g. students), which makes the problem worse.
- c. Customers report that their tickets are closed before their problem is resolved, and without asking them if they're satisfied with the outcome.

5. What is causing this behaviour?

There are four main causes of a particular behaviour. Using the management feedback example:

- **Knowledge:** Managers aren't aware of positive things their staff are achieving.
- **Skills:** Managers don't know how to give constructive feedback.
- **Motivation:** Managers don't believe there's any benefit to giving positive feedback.
- **Environment:** Due to workload, Managers don't have time to give constructive feedback.

These factors also influence each other; if managers don't feel the need to give constructive feedback, they're unlikely to find time to do it.

As you'll notice, this can also throw up additional problems that need solving (managers don't have time to line-manage properly; why not?). This can lead to a reiteration of the process.

6. Choose the right intervention

The most appropriate intervention will always depend on the underlying cause. You can see some worked examples below.

The problem	Underlying behaviours	Cause of behaviour	Interventions	Measurable Outcome
Staff Survey feedback on management is negative.	Staff report that managers only ever give negative feedback, and the feedback they do give is vague and demotivating, making them feel like they're never good enough.	<ul style="list-style-type: none"> Managers don't know how to give effective, constructive criticism. Managers don't have time to give positive feedback, so tend to focus on the negative. 	<ul style="list-style-type: none"> Training for managers on how to provide constructive feedback and have challenging conversations. Further inquiry into how managers' time is used 	Staff get a healthy balance of positive feedback and constructive criticism; work output and staff engagement measures improve as a result.
There is a constant backlog of work and Service Level Agreements aren't being kept to.	Deadlines aren't being met, and staff are having to waste time on writing emails or making phone calls to explain this to customers (e.g. students), which makes the problem worse.	Staff have to follow a lengthy and outdated process which has become longer and more complicated over time, making it impossible to meet the deadlines they've been given.	<ul style="list-style-type: none"> Process mapping exercise to identify sources of waste and opportunities for streamlining or automation. Review of deadlines/SLAs and what is realistic. 	Team members meet their deadlines consistently and Service Level Agreements are upheld.
Feedback from customers (students or colleagues) is poor.	Customers report that their tickets are closed before their problem is resolved, and without asking them if they're satisfied with the outcome.	<ul style="list-style-type: none"> The only staff performance metric is number of tickets closed, so staff are motivated by ticket closure over customer service Tickets can't stay open indefinitely. There is a timeframe for customers to respond in before tickets are closed automatically, but customers aren't made aware of this 	<ul style="list-style-type: none"> Creation of new metrics for customer service quality Automated reminders to customers that open tickets will be closed automatically if they don't respond within a given timeframe. 	Staff make sure that customers stay informed at every point in the process; customer feedback improves and fewer tickets are reopened or duplicated.

7. Evaluate the intervention

Applying an intervention is an iterative process. If you're trying something new, it's a good idea to decide how long you'll put it into practice for before reviewing your progress.

Three to six months is a good estimate for this 'trial period'. This allows time for colleagues to get used to using new processes, skills, or resources, but won't allow them to become entrenched. Depending on the intervention, you might find that results become clear sooner than this.

When evaluating, return to the measures you identified in Step 3 and use them to get an up-to-date picture of the situation. You can also gather information in other ways:

- Speak to the people directly involved. Do they feel the situation has improved – for example, do they feel they have more time for useful work, or that their relationships with management are better?
- Speak to other stakeholders who may be impacted. Are they finding it easier or faster to work with your team?
- Have there been any unexpected savings – of money, time, other resources? Have there been other changes in measures such as staff sickness absence? It may not be possible to prove that these are directly caused by your intervention, but they may suggest that there is a relationship.

After you've reviewed what, if anything, your intervention has changed, you have a decision to make:

- If you're getting the results you want, you can **adopt** the intervention permanently and make it part of your 'business as usual'.
- If the intervention has potential but isn't quite delivering the results you want, you can **adapt** the intervention to make it more effective, and try it out for another trial period. This one could be shorter.
- If the intervention isn't helping at all (or is making things worse!), you should **abandon** the intervention and return to the diagnostic phase. Have you correctly identified the behaviours you're trying to change? Do you know what the root cause of those behaviours is? Could you have overlooked something?

It can be tempting to adopt an intervention regardless of its success, because it feels like too much of an upheaval to continue experimenting. This is an example of the [sunk cost fallacy](#).

In the long term, it's a much better idea to continue adapting and finding what really delivers results for you and your colleagues.