

A practical guide to the art of psychological safety in the real world of health and care

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The structure of this report

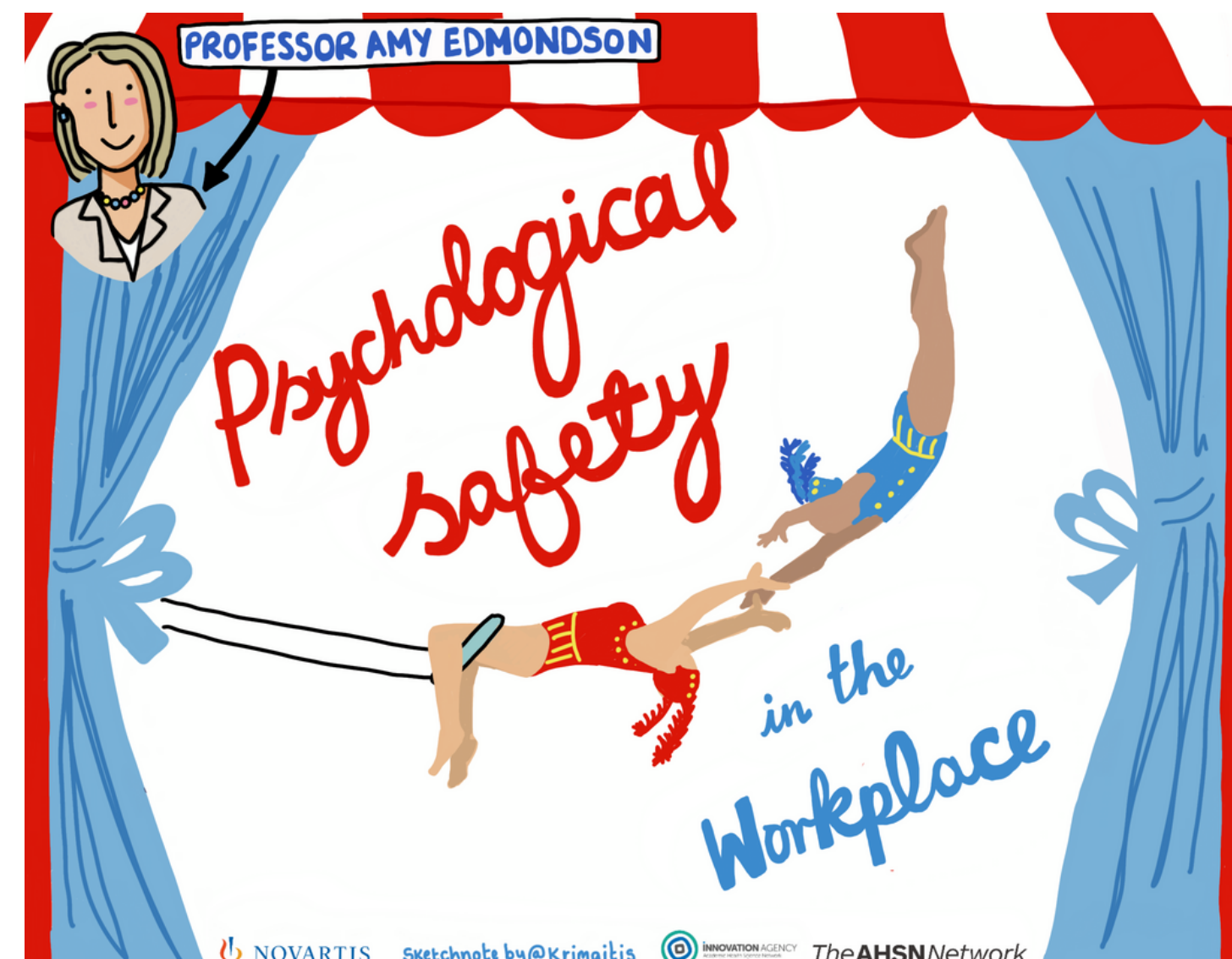
Welcome to this practical guide to the art of psychological safety in the real world of health and care.

More than 20 years of research demonstrates that organisations with higher levels of psychological safety perform better on almost any metric or key performance indicator (KPI) in comparison to organisations that have low psychological safety. However, achieving psychological safety is a challenge in the complex, ever-evolving health and care systems in which we operate.

In this guide, we share insights that emerged from exploring the experience of differing Integrated Care Systems with Professor Amy C. Edmondson; a range of case studies, and a wealth of tools and resources.

This guide is not a 'how to' for how to create psychological safety; it is more of a reflection on the opportunities and challenges in our health and care system, and how you might seek to work with them.

The work would not have been possible without the support of Novartis Pharmaceuticals UK Limited and we thank them for providing sponsorship and resources for the project. We hope you find this guide a valuable overview and tool for you in your work.



Psychological safety is an enabler of the goal, not the goal itself

If we are going to mobilise everyone in the health and care system to transform care for patients, we need to create the conditions where people feel they can speak up, offer ideas, and ask questions without fear of being punished or embarrassed.

So psychological safety is always at the forefront of the thinking of a team like NHS Horizons. It's an important principle but not always easy to apply, even in a small team like ours. The bigger or broader the team, the trickier it gets, so creating psychological safety at an integrated care system level is a big challenge.

Yet the ICS leadership teams that we have worked with have shown outstanding leadership and resolve, in their quest to build psychological safety to accelerate effective system change. We have learned from these leaders that creating the right conditions requires time and commitment.

You have to start somewhere. Being open to the possibility of working differently, encouraging curiosity and using data to generate insights are enabling systems we have worked with to progress.

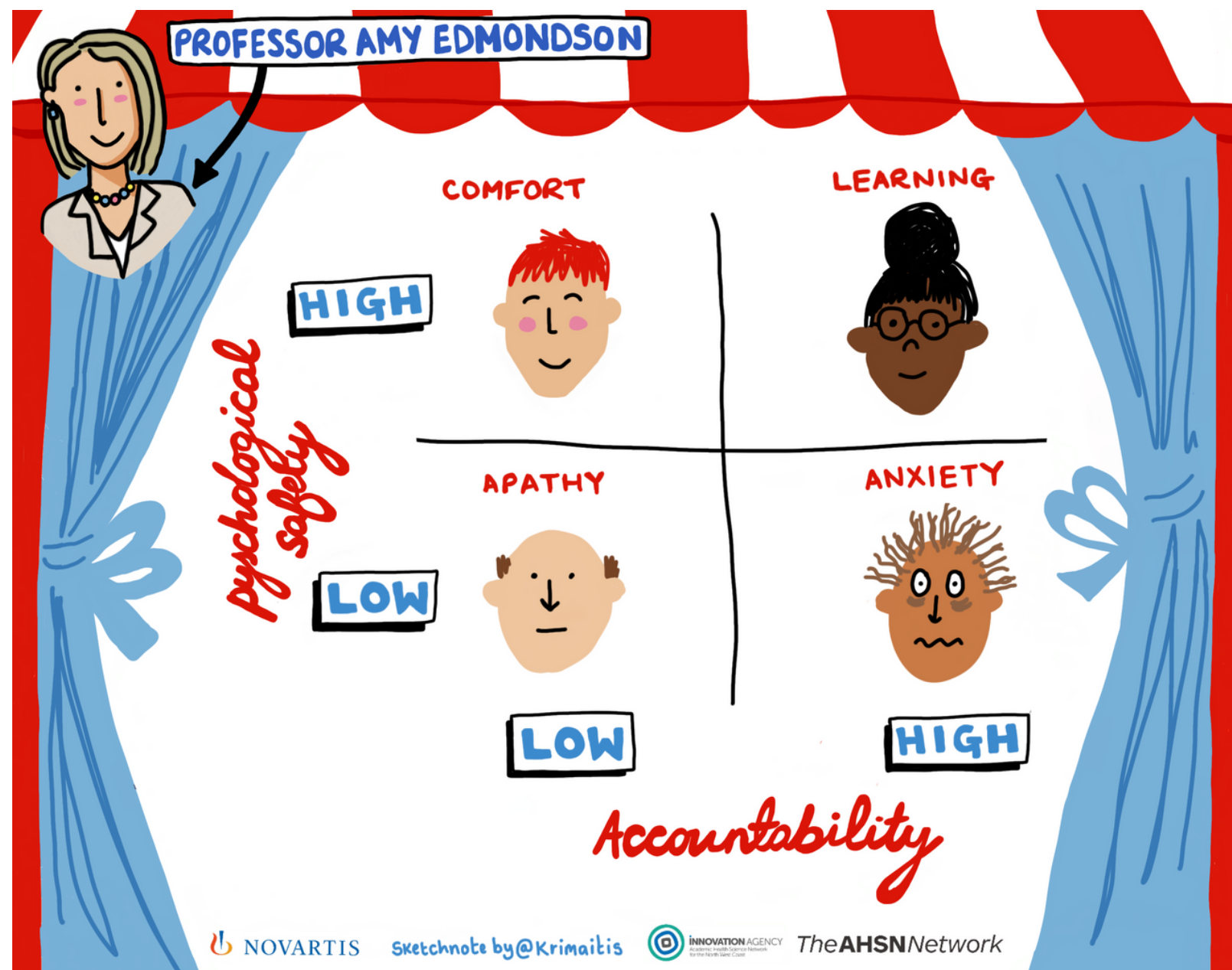
We hope that sharing our experience and practical tools will help others working to maximise the impact of their ICS on the health and care of the communities they serve. Psychological safety is not the goal but creating it is a significant enabler for achieving our shared purpose.

“Psychological safety is not the goal, but creating it is a significant enabler for achieving our shared purpose.”



**Helen Bevan,
Chief Transformation
Officer, NHS Horizons**

What is psychological safety?



Psychological safety is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes.

This creates a culture of supported accountability and compassionate candour.

“Anyone can help create a culture of psychological safety by framing the work & context, ask explicit questions, listen, respond appropriately. Small actions: humility, empathy, curiosity all help.”

Professor Amy C. Edmondson

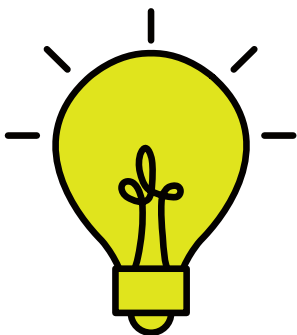


Professor Amy C. Edmondson first identified the concept of psychological safety in work teams in 1999.

Background to Psychological Safety

More than 20 years of research demonstrates that organisations with higher levels of psychological safety perform better on almost any metric or key performance indicator (KPI) in comparison to organisations that have low psychological safety.

Psychological safety is the enabler for a successful team.



Research shows that psychologically safe leadership does not conform to traditional concepts of “The Boss” and requires the attributes of the “Inclusive Leader”.

“Intentions are invisible, actions are visible. Leaders need to say they are doing the very best they can. They need to be listening, say they value people’s input. We need to forgive each other – it’s iterative.

Professor Amy C. Edmondson

Traditional mental model of The Boss	Mental model of the 'inclusive leader'
Holds all the knowledge	Has humility and acknowledges their own fallbility
Appears inaccessible	Seems accessible
Listens when approached, but unclear whether they have heard	Embraces appreciative inquiry and engages with meaningful questions, genuine curiosity
Speaking up seems like a risk	Speaking up is encouraged as part of 'how we do things around here'
Silence might be risk-free	Silence can create an illusion of success

Psychological Safety is not:

✗ Being nice

✗ Freedom
from conflict

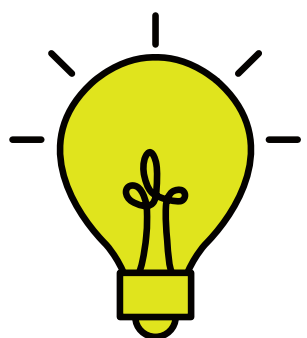
✗ A guarantee that all
your ideas will be
applauded

✗ Permission to slack off

✗ A licence to whine

✗ Oversharing

✗ The goal...



Creating a culture of psychological safety does not compromise high quality care or a reduction in operational standards or expectations.

Psychologically Safe Leadership in Integrated Care Systems

NHS Horizons collaborated with Novartis Pharmaceuticals UK Limited, Professor Amy C. Edmondson and the Soircas Consultancy, UK specialists in psychological safety at work, to design and deliver a programme with the ambition to develop psychological safety as an integral element of building system capacity and capability to transform NHS and care safely.

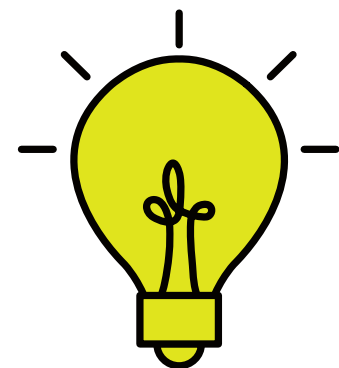
We're grateful to the more than 80 health and care leaders including Executive Directors, CEOs/Accountable Officers, Chairs and Non-Executive Directors from the following Integrated Care Systems (ICS) who took part as part of the programme.

- Devon ICS
- South West London Health and Care Partnership
- Hampshire and Isle of Wight ICS
- Liverpool Integrated Care Partnership
- Black Country and West Birmingham ICS
- Novartis Pharmaceuticals UK Ltd

The programme identified challenges that health and care systems in England will recognise:

- To create and sustain cultural change within the operational reality of front-line delivery is challenging.
- Individual leaders have to navigate trade-offs between accountability for self, legacy culture of the NHS institution they are part of and creation of new co-terminus relationships with partners within each Integrated Care System
- Curating the right blend of knowledge, skills, expertise and experience to develop leadership capability that is simultaneously operationally proficient and embodies the characteristics of psychologically safe leadership, is complex.

[continued on the next page](#)



Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Psychologically Safe Leadership in Integrated Care Systems

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- Bringing into alignment the perceived incongruence between the regulatory requirements and operational reality of leading health and care organisations can lend itself to a reliance on tried and tested command and control approaches to leadership, particularly if there is a nervousness or inexperience in practicing psychologically safe leadership.
- Health and care organisations are traditionally measured on the technical aspects of delivery – so it's those areas that receive most focus. The irony is academic evidence suggests that adopting a proactive approach to psychosocial risk mitigation in the workplace improves staff satisfaction and effective teaming. In short, adopting the principle of psychological safety improves performance.
- How are the relationships navigated between those members of staff who are substantively employed by the ICS and responsible for making the ICS work? How do we navigate things around performance management and command and control leadership response to the pandemic in a way that maintains psychological safety, the technical versus relational?

“Our intention is not to make you expert in psychological safety because that's a fun thing to do, but because this is a crucial attribute of the organisations that are able to thrive under especially difficult times and challenging times and where there's lots of change and uncertainty and a real need for teamwork in order to get your work done.”

Professor Amy C. Edmondson

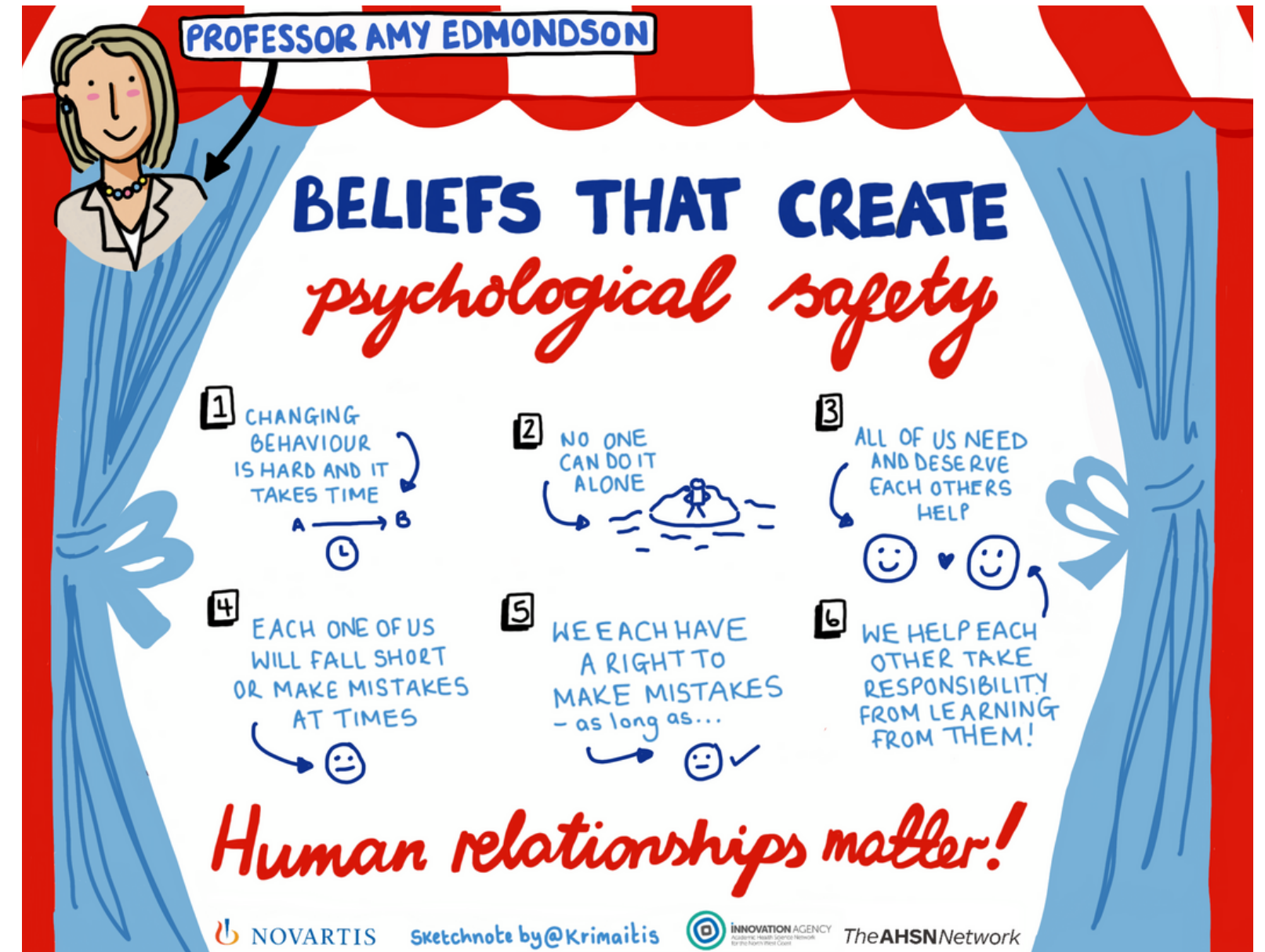
Our project

We created the space, expertise and support for a self-nominating group of health and care sector leaders to understand, learn and share how they transform care in psychologically safe ways.

To provide a measure of psychological safety we worked with Wellbeing Works 'Boardworks' tool. Data was provided on a confidential and non-attributable basis for analysis by Soircas and Wellbeing Works to inform our discussions with Professor Amy C. Edmondson

We covered:

- Health and care system challenges and strategies to improve health outcomes
- Approaches to partnership working advance achievement of health outcomes
- Recognition of the psychological safety factors that enable collaboration at the most senior level



“Your voice is necessary. We live in a VUCA world. Anyone’s voice might be mission critical. We won't know who. We won't know when. We won't know how we need to hear from you. Err on the side of contribution. Do not err on the side of holding back.

Professor Amy C. Edmondson

What we are aiming for



The ambition for leaders, their teams and the organisations they serve, is to operate in the Learning Zone (seen here in this graphic as red). This represents high performance, high accountability, high commitment to standards and high levels of psychological safety.

Our findings

This project is not about reporting on the level of psychological safety in participating teams. Rather we want to share insights that emerged from exploring the experience of differing systems with Professor Amy C. Edmondson.

We learnt that measuring levels of psychological safety in teams offers a valuable way of identifying issues and that creating a space for open discussion and reflection is vitally important. If it was ever in doubt, it is also clear that leading is very demanding. Many leaders appear to put their commitment to service ahead of their personal health and wellbeing. This is unsustainable.

Leaders are, in part, a reflection of the organisation and society they operate within. During times of volatility uncertainty complexity and ambiguity (VUCA), it is more important than ever that leaders consider psychological safety.

In high VUCA periods, such as pandemic, we are asking our leaders to go further again be the best version fo leadership they can be and then stretch some more. This is hard.

Most progress comes from building trusting relationships and working towards shared purpose. There are no quick fixes. There is a need for openness, challenge and persistence. Leaders that are making these commitments are seeing benefits, both for the people they serve and for themselves.



Three key elements to building psychological safety

1. Frame the work

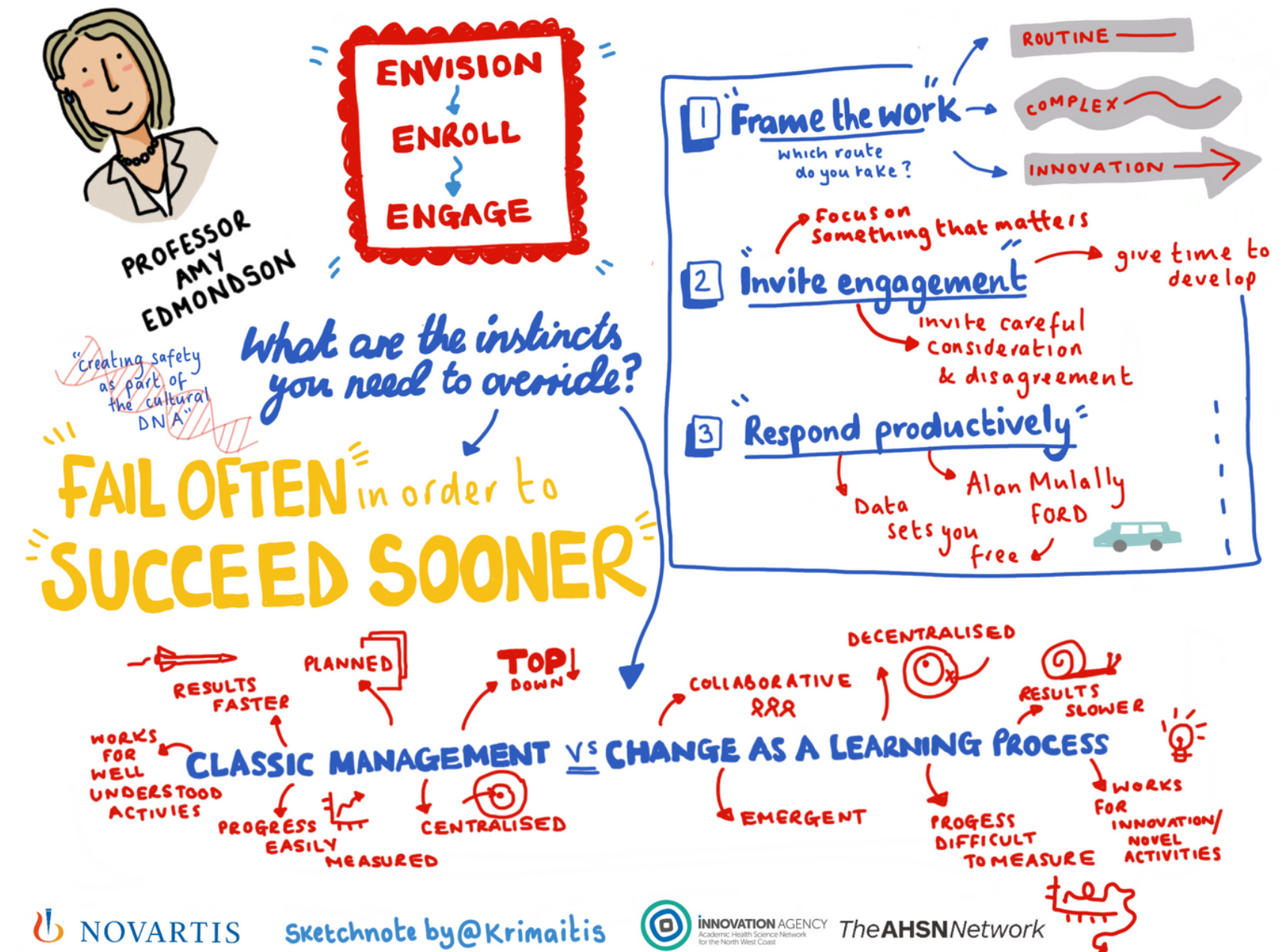
This is context specific and should acknowledge any uncertainties or potential rate limiting factors. Framing the work builds shared understanding, creating the conditions for speaking up, shared expectations and purpose.

2. Invite engagement

Ask good questions, focus on what matters, deepen the discussion and explore the evidence, alternative options and offering people the space to contribute their experiences hypothesis.

3. Respond productively

Embrace any outliers and messengers of difficult news, value collective problem solving, practice just culture, learning and growth mindset.



“A leader’s job is to paint reality and give hope.”

Professor Amy C. Edmondson

Creating a psychologically safe environment

Four domains of psychological safety emerged as the focus for discussion. Establishing the right size of group and paying particular attention to how partners such as voluntary sector groups are involved and valued is crucial.

Inclusion and Diversity

When team members feel included, they are more inclined to speak up, contribute and add to the group. Some groups appear too big to be effective with many decisions made outside the 'leading' group. Equally, some appeared too small with people outside unsure about how to contribute.

Willingness to Help

Teams become unsafe when people are not able to help each other feel appreciated by team members

Attitude to Risk and Failure

Teams that hold mistakes against each other risk a lack of control and forward momentum

Open Conversation

A team that has open and candid conversations is able to tackle hard problems better

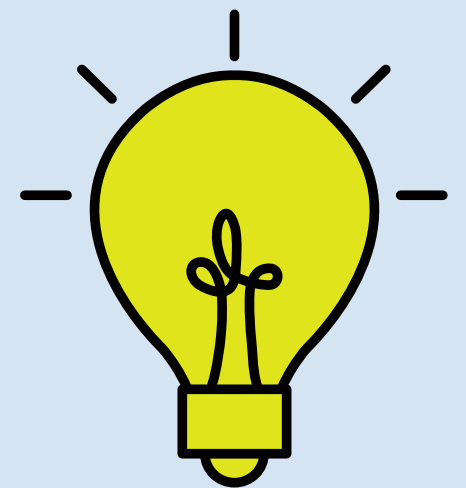
Balancing dimensions of inclusion and diversity to build conditions for success

Getting the right blend of knowledge, skills, expertise and experience to create psychologically safe leadership is complex. Key points for consideration include:

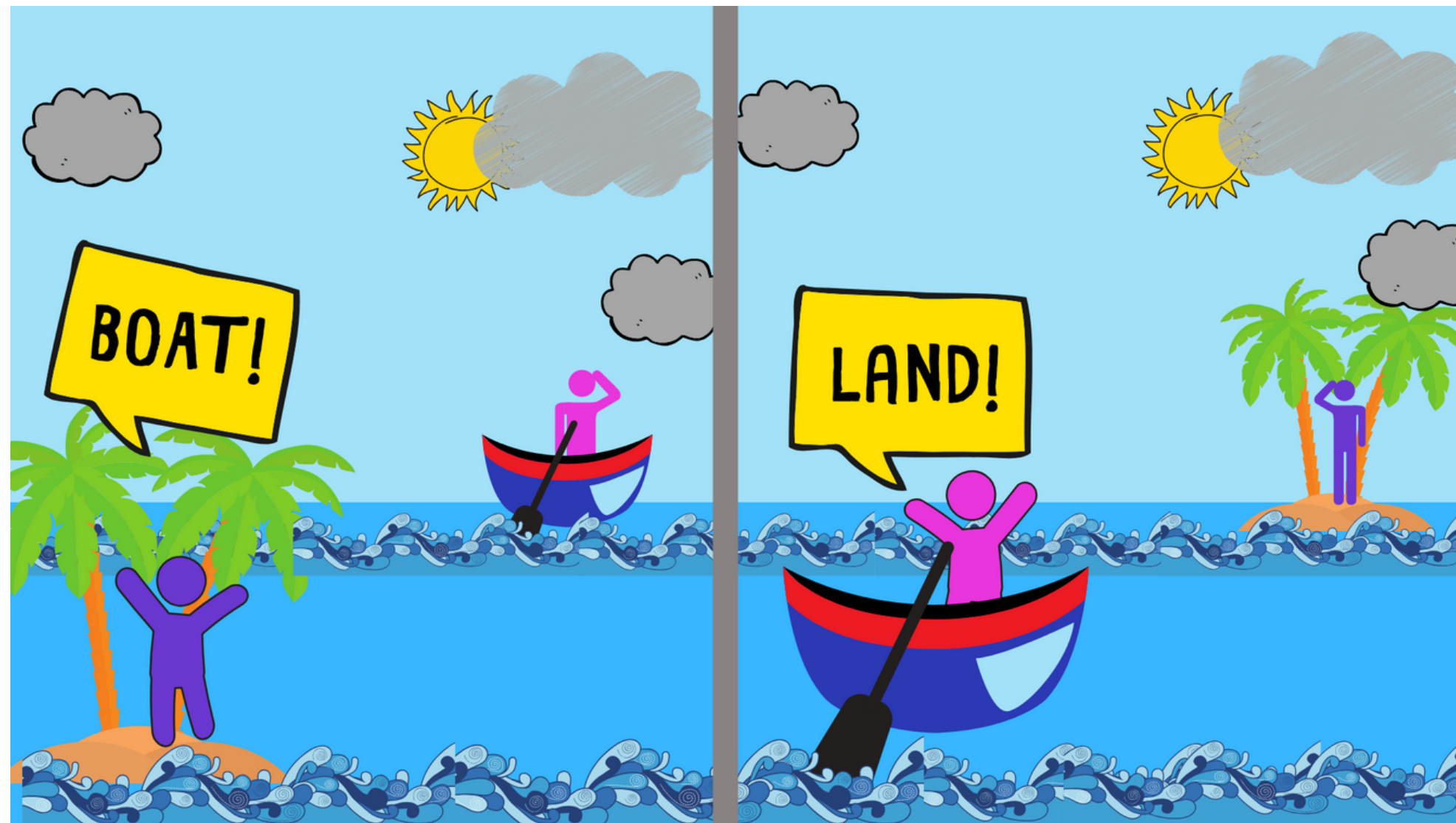
- New boards with historic individual and organisational relationships need to create the space and culture for differing viewpoints to be heard, respected and considered.
- Varying leadership styles in multi-dimensional population health contexts is important. Stopping the 'clonal expansion' of appointing characteristics that perpetuate the leadership of a bygone era and enabling partners (e.g voluntary organisations) to contribute.
- Create conditions for long-term success of place-based population health services and consider the needs of existing organisations and institutions.
- Almost unanimously it is perceived to be unsafe to be in a minority of one, speak the truth, challenge the conventional viewpoints or step forward to innovate first and this represents a significant risk.

When working in volatile, uncertain complex and ambiguous (VUCA) environments anyone's voice might be mission critical.

The role of the leader in being inclusive and setting the tone for psychological safety is critical.



It's all about perspective...



“The essence of a good question is that it focuses us on some issue that matters in a case, a situation or decision. It invites careful thought and it listens thoughtfully to the response.

What are we missing? What do others think? It's my favourite because what I often hear is people saying, does anyone have a different perspective?

Professor Amy C. Edmondson

Teaming - a crucial skill for effective system working

Colleagues across an ICS will be 'teaming'

- Teams are stable groups of people used to working with one another.
- Teaming is 'teamwork on the fly' - collaborating with new people.
- Teaming offers many opportunities as well as challenges - teaming is called for in a crisis and has been seen in the response to Covid-19 with individuals being redeployed to different departments.

Fostering teaming across siloes



Never stop calling attention to your shared purpose



Be explicit that you see diverse perspectives as a resource - for joint problem-solving in support of that purpose



Create forums for cross-silo sharing to build mutual understanding and empathy as part of teaming to get work done

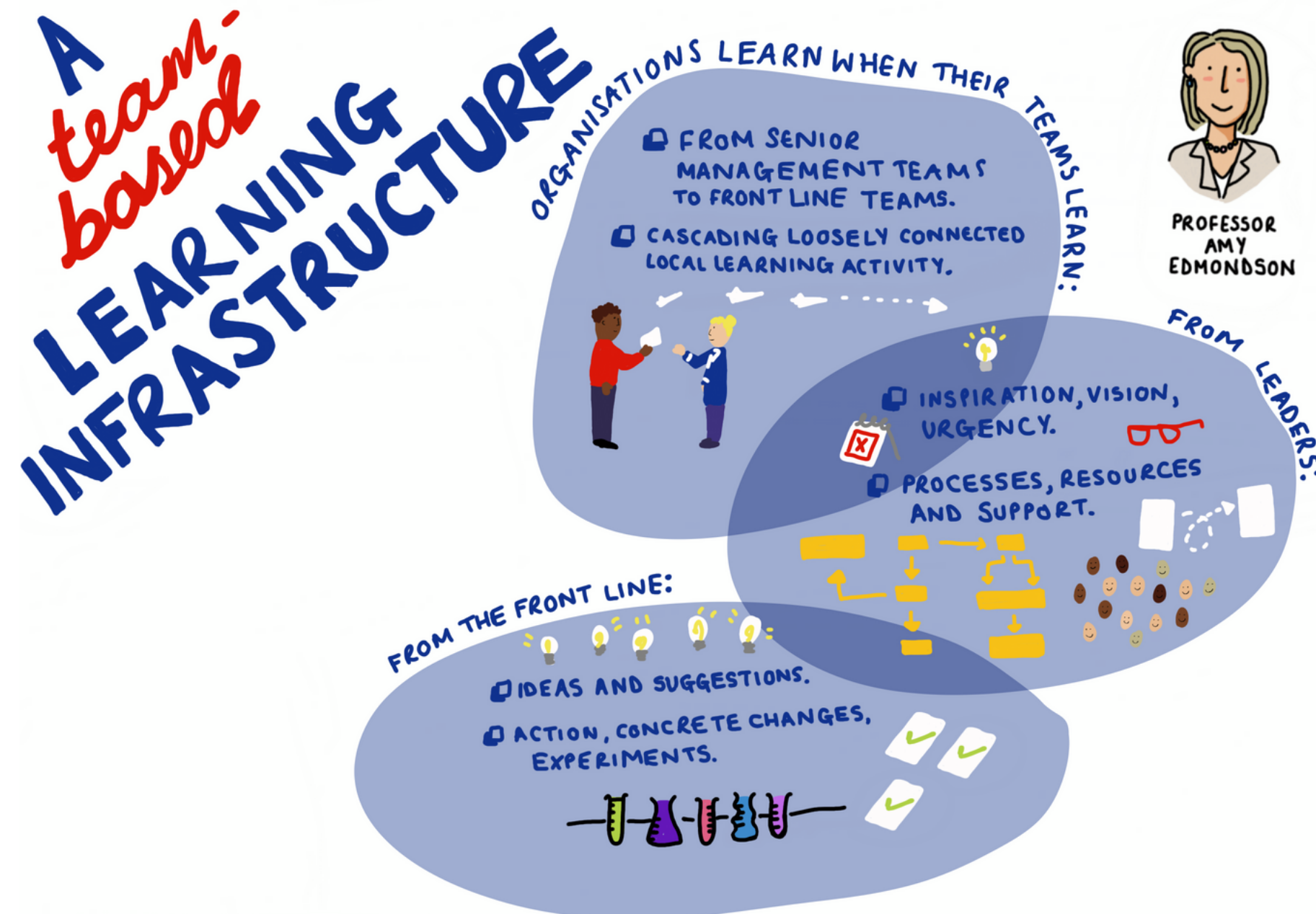


Our intention is not to make you expert in psychological safety because that's a fun thing to do, but because this is a crucial attribute of the organisations that are able to thrive under especially difficult times and challenging times and where there's lots of change and uncertainty and a real need for teamwork in order to get your work done.

Creating willingness to help

There is a recognition that change starts with us.
Key questions that emerged in discussion include:

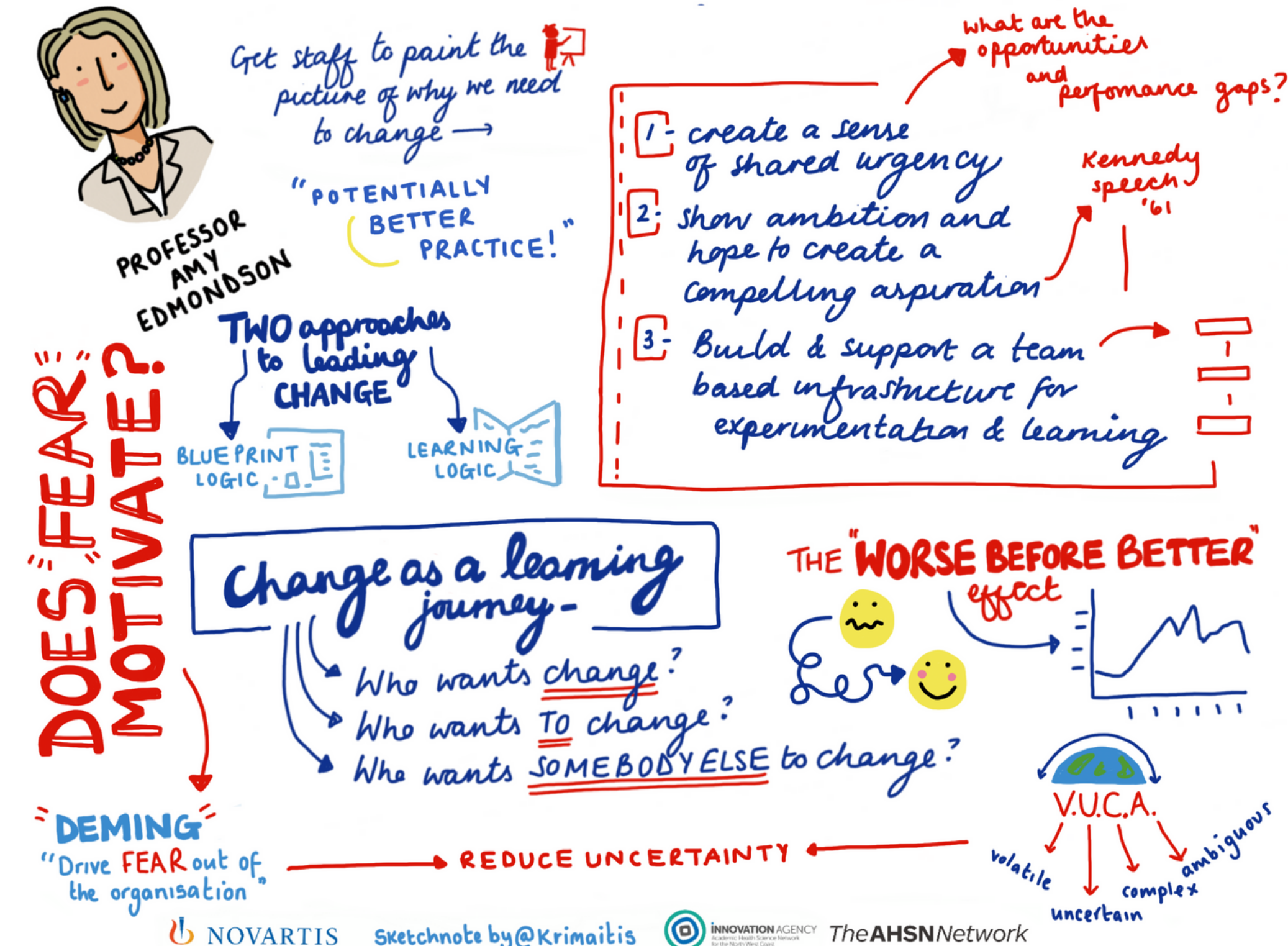
- What personal action can I take to create psychological safety for me and others and what collective action can we take as leaders to design work better, reduce duplication and cultivate psychological safety?
- How do we generate clarity and shared sense of purpose?
- How do we create time and space to build trusting relationships rather than relying on system and process?
- How do we support each other to navigate trade-offs between personal accountability, the NHS institution they are part of and creation of new co-terminus relationships with partners within each Integrated Care System?



“ Do not lose sight of how very powerful you are for influencing someone else's perception of psychological safety. You are more powerful than you think.

Professor Amy C. Edmondson

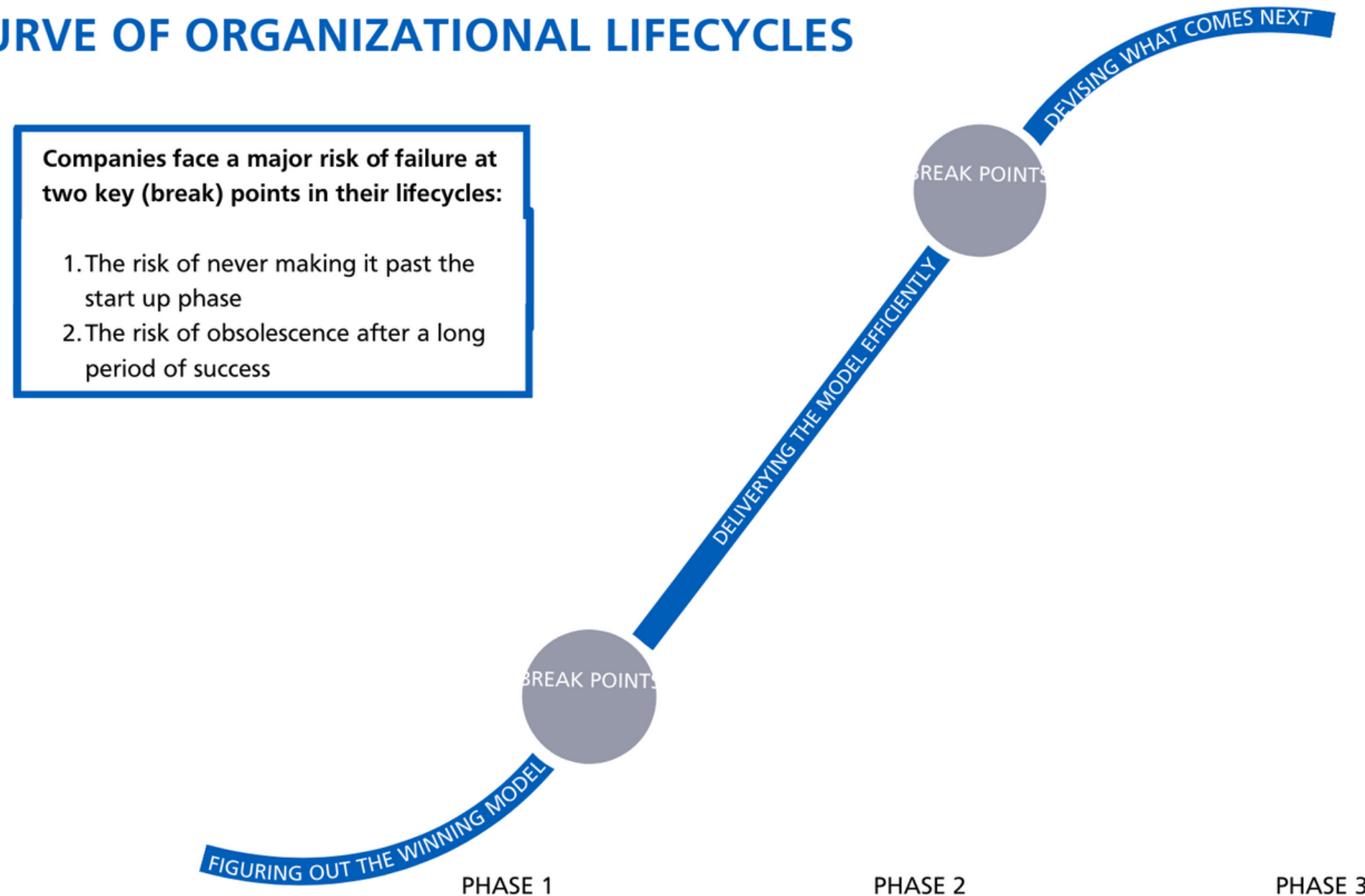
Creating and supporting psychological safety in our systems



- Measuring levels of psychological safety at boards, within teams and across organisations and systems offers important opportunities for reflection, learning and improvement.
- Creating safe space locally and nationally to reflect on and improve psychological safety offers important benefits for everyone.
- We offer a number of tools and approaches that have been developed by the Horizons team and Novartis to support leaders seeking to improve psychological safety in their systems. You will find these tools in the next section of the guide.

The S-Curve of Organisational Lifecycles

THE S-CURVE OF ORGANIZATIONAL LIFECYCLES



Our systems have entered the ICS framework in different ways. There are new teams in established systems and established systems needing to reinvent themselves.

The greatest challenges to psychological safety and the greatest need are at the breakpoints.

How to build psychological safety - tools, approaches and case studies

Novartis Case Study: Creating a psychologically safe environment to drive enterprise transformation and innovation

At Novartis, we use science-based innovation to address some of society's most challenging healthcare issues. To achieve this, we aim to create a diverse, inclusive and psychologically safe environment within which we can unleash the power of our people. We want our people to fully apply their talent and energy and contribute to solving some of the toughest healthcare challenges and have an extraordinary impact on people's lives.

To Novartis, psychological safety is a shared belief that it is safe to discuss ideas, experiment, take risks, give feedback, and learn from mistakes. Every person in every part of our organisation is responsible for creating and supporting this safety which in return helps to increase our diversity of thinking and innovation. We have an ambitious roadmap to build a curious, inspired and unbossed culture, based on integrity and purpose, and a powerful shared aspiration that no patient should have to wait for an extraordinary life. We have recently reimaged our operating model, knowing that true partnership and collaboration with our customers and stakeholders is fundamental to solving some of the complex healthcare challenges we face together.

We believe to flourish together in a constantly shifting external environment, and to maintain the engagement, creativity, learning and innovation needed to find solutions to these complex challenges, we need to create a 'safe environment' to work, where we can be open and authentic; where we can speak up; ask questions; discuss ideas; give feedback; take risks; ask for help; and learn from successes and failures.

Two years ago, we embarked on an exciting journey to create a psychologically safe environment at Novartis. During this time, we have taken concerted action to ensure that we embed psychological safety across our organisation through creative approaches and solutions to support our people, as well as leveraging innovative partnerships to support healthcare system leaders.

Partnering with healthcare systems

As part of our ongoing commitment to partnering with the NHS to support system transformation, innovation and leadership development, in 2019 we supported NHS leaders to learn from the academic work of Professor Amy Edmondson and how psychological safety could support system transformation through a series of events with the Kings Fund, the AHSN Network and the NHS Leadership Academy.

In response to the insights gathered about effective teaming, psychologically safe leadership and leading through crisis, we collaborated with NHS Horizons, Professor Amy Edmondson and the Soircas Consultancy to design and deliver a Psychologically Safe Systems Leadership Programme. The ambition was to develop psychological safety as an integral element of building system capacity and capability to transform safely. This collaboration also provided Novartis with the opportunity to learn how psychological safety could enhance our own working practices and culture, and our ability to collaborate effectively with the wider healthcare system.

Through the NHS Horizons Psychologically Safe Systems Leadership Programme, we have been able to support five participating ICS, alongside Novartis' Senior Leadership Team, with tailored support to understand the individual strengths, opportunities and challenges pertaining to psychological safety and effective team working at the leadership level within their organisations. The value and impact of this programme for the participating ICS are summarised in this report.

In addition to supporting the NHS Horizons Psychologically Safe Systems Leadership Programme, during the COVID-19 pandemic, Novartis supported key NHS networks to deliver a range of psychological safety webinars for frontline NHS workers, ICS/STP Chairs and to the NHS HR Directors' Strategic Workforce forum, to support them in a time of crisis when leadership and resilience of teams was paramount.

Supporting our leaders

Novartis leaders are accountable for their behaviours and the climate they create for their teams. We have learned that psychological safety takes time to understand and practice. We are working with our leaders through leadership experiences, workshops, reading, and events and to structure dialogues, discussion and feedback that create an increased self-awareness. All of our leaders have 24/7 access to tools such as Playlists, Listening Dialogue Guides and Team Boosters (bitesize resources to support teams). We have also put multiple feedback processes in place, and we help managers to structure inclusive dialogues around the results, to build safety and identify areas of strengths and opportunity. From this we know that associates' perceptions of psychological safety are highly influenced by leadership style and that leader led interventions have high impact.

As a result we encourage our leaders to:

- Acknowledge: recognise the uncertainties and potential failures that can be expected to occur when things are changing and we are solving complex challenges.
- Listen: create opportunities to listen, discuss and reflect without judgement.

- Be curious: ask questions which invite people to speak up with their questions or concerns.
- Be self-aware: be humble, and admit that you might miss things and make mistakes and make it safe for others to do the same. When people come forward with bad news or mistakes, respond in an appreciative and forward-looking way. Practice a growth mindset - “Let’s see how we can fix this together.”

In 2020, our Senior Leadership Team (Board) also took part in the NHS Horizons Psychologically Safe Systems Leadership Programme, which during a period of many internal and external changes, provided the space and time to reflect together. As a result of participating in this programme our Senior Leadership Team learned that they had the clarity of purpose, positive relationships and the core culture and diversity to succeed. However, it also gave the opportunity to consider how to ‘spark the fire’ which will achieve our purpose both inside and outside of our organisation; how psychological safety will be critical if we are to build collective accountability, curiosity and collaboration not just within Novartis but to truly partner and collaborate across the healthcare system with our customers and stakeholders. As a result our Senior Leadership Team have put in place new opportunities to listen, appreciate thoughts and ideas and generate new insights both within our teams, and with our partners.

Engaging our associates

At Novartis, we believe that our people are most creative and productive when they are empowered to shape their work environment and pursue their ideas. We believe we can achieve this by encouraging leaders to remove obstacles and to empower their teams to reach their full potential (we call this unbossed), and by equipping them with tools to be more self-aware and to set clear goals. In parallel to our participation in the NHS Horizons Psychologically Safe Systems Leadership Programme, we formed a group of Psychological Safety Champions from across our organisation who volunteered to learn about psychological safety and to share and implement this within their teams. Through the Psychological Safety Champions approach, we have been able to gain a much deeper understanding of how psychological safety works in practice and how we accelerate its scale and spread. The Psychological Safety Champions now play a key role active within our wider culture journey as part of a group of Culture Catalysts, who volunteer and connect others, articulate and champion ideas, and actively role model positive behaviours and ‘speaking up’, creating an inclusive ‘buzz’ to amplify our culture.

Through our work on creating a psychologically safe environment at Novartis, we have learnt that psychological safety is not the goal in itself, but is an enabler to achieve the goals and ambitions of our organisation, it is a journey that individuals and teams need to go on to create long-term sustainable change.

Liverpool Integrated Care Partnership

Prof Joe Rafferty; CBE CEO Mersey Care NHSFT, Steve Wharburton; CEO Liverpool University Hospitals, Tony Reeves; CEO Liverpool City Council; Jan Ledwood; Chief Officer Liverpool CCG

1. The Importance of Relationships and Psychological Safety to the Liverpool Care Partnership

The Liverpool Care Partnership is a co-created place based team comprising of the CEOS of Mersey Care NHSFT, Liverpool University Hospitals, Liverpool City Council and the Chief Officer of Liverpool Care Commissioning Group. Our strategy places people at its core, recognising the sector as a human system, creating congruence between culture, structure and process in order to achieve the organisational health required to deliver organisational performance. The two are intrinsically linked and support the ability to manage complexity whilst sustaining quality.

We were keen to learn and challenge our thinking in line with the next phase of work to develop integrated care at place level in Liverpool. Prior to this programme we had engaged colleagues in local health, social care and voluntary providers to help create the community platform required to successfully shift demand away from the acute sector into the community as articulated within the NHS Long Term Plan. through the establishment of integrated care teams that support a biopsychosocial model of care, we aim to devolve services more effectively within the Primary Care Networks, to better coordinate care and flow across the North Mersey system that better supports our patients and their families' lives.

Our approach has been based on the belief that sustainable system transformation must be socially constructed. Technical solutions, formal, mandated, governed, performance managed approaches were not achieving the degree of change required.

As form follows function, the successful delivery of our strategy is dependant on the alignment of our workforce against a shared purpose, values and beliefs and we recognised that this was fundamentally dependant on our alignment as a leadership team.

As the most senior leadership team, we were acutely aware of the importance of creating psychological safety for ourselves as a team , and how the culture we created would manifest and blueprint in the cultures of our integrated teams and the experience of our patients and service users.

2.Theory into Practice; our journey of integration and establishing the relationships.

From the beginning we have taken a ‘system convening ‘ approach, bringing individual contribution and collective leadership to achieve a shared vision, values and goals for our communities.

The team members have worked hard and purposefully, developing a deep understanding of each other’s roles and challenges. This has forged the trust, respect and relationships that are required to lead the transformation within our system and our swift and unified response to COVID 19.

Unlike some parts of the system, the LCP were not formally mandated to convene. Performance was not prescribed, formally governed or regulated. Conscious of ‘form follows function’ we have been cautious about formalising structures, budgets and governance arrangements and the potential for these features of ‘organisation’ to become the recipe for work systems that quickly become very unhealthy places to be.

We deliberately front loaded our emphasis on the importance of relationships. We recognised the importance of psychological safety in creating a safety culture for ourselves, our staff and our patients; explicitly designing psychological safety into the requirements, measures and development programmes for leaders and teams.

Our plans are situated in the “Learning Zone”. Positioning culture, safety, improvement and organisational design as interdependencies. This truly enables us to optimise and upscale quality and improvement.

We have combined this with our ambition to create a restorative, just and learning culture (RJLC). Applying organisational health concepts to address risks to safety are proven to improve outcomes for patients, lower levels of turnover and increase levels of wellbeing and commitment within the workforce.

Psychological safety is at the heart of a RJLC. Senior leaders need honest, objective feedback and critique. RJLC is underpinned by a comprehensive programme of engagement that facilitates a continuous process of listening and dialogue that challenges our thinking, provides the reality check, informs our strategic priorities and reinforces our shared accountability for quality and organisational culture.

3. Realising the benefits: impact to date.

Impact to the LCP Team

Participating in the Psychologically Safe Leadership 2020/21 programme provided a rich source for reflection and action. The quantitative data was reassuring and reaffirmed the validity of our approach described above. We gained valuable insight in to the maturity of our leadership relationships which will inform our continued development.

COVID has accentuated the importance of this approach, and strengthened our relationships through the trust and care for each others safety and wellbeing and that of our workforce in a way we can never have imagined.

The work we had done prior to COVID had established the relationships that enabled us to rapidly mobilise and pool our resources to achieve a system response. New, rapidly establishing teams configured of colleagues from across the partner organisations and beyond worked tirelessly and selflessly together during a sustained period of incredible pressure. Together we learned, failed and innovated quickly and continuously.

This approach has led to the holistic redesign of care and ensuring congruence of supporting infrastructure and oversight arrangements in keeping with the concept of 'work done, is as work imagined' which precedes and ensures our ability to continually align the workforce and wider stakeholders.

4. The benefits of participating

Applying Professor Edmondson's research and other evidenced based diagnostics, to provide data, demonstrated the importance and associated risk currently experienced at ICS level.

Using this data and discussion to shift the perception of psychological safety from being an academic exercise to front line practice is fundamental in demonstrating the intrinsic links between organisational performance and organisational health.

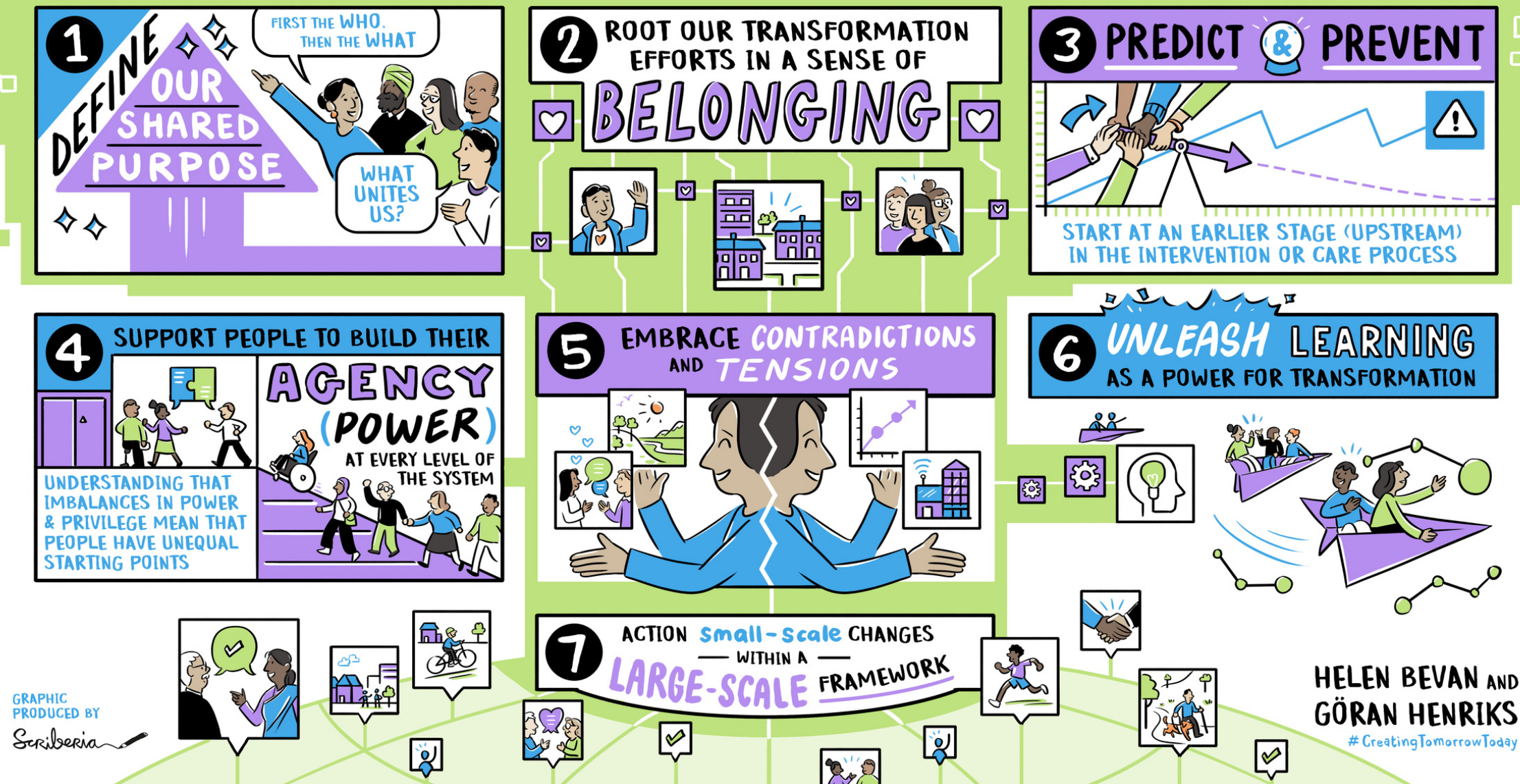
This programme created a safe space for facilitation of honest discussion with policy makers, of the current reality, and the challenges and barriers to truly enabling the NHS to become a psychologically safe environment.

It provided an opportunity to challenge our thinking as a system, focusing on the concept of 'work done as opposed to work imagined' as we redesign work systems and operating models to mitigate risk accentuated by COVID, deliver Population Health and embed PSII strategy.

The outcomes of the programme are repositioning psychological safety again as a critical enabler in the recovery from COVID 19, particularly in relation to the inclusion agenda and support for our BAME workforce and patients.

**How to build psychological safety:
Tools for framing, building engagement
and encouraging participation**

CREATING TOMORROW TODAY: SEVEN SIMPLE RULES FOR LEADERS



“Transformation is inherently relational: it depends on our ability to work with others to enable change. Leadership for transformation means creating a sense of belonging for everyone involved in the change. We define a sense of belonging as a feeling: of being accepted, included, respected, listened to and fully involved by those around you: in the team, organisation, change initiative, family, network or community.

Helen Bevan and Goran Henricks

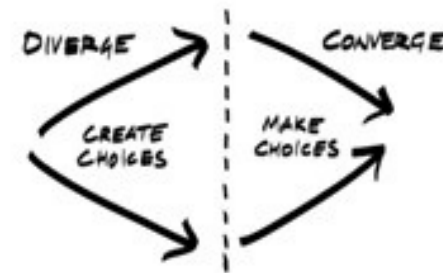
Six simple rules

Every system is perfectly designed for the results it gets.

Uniting people around a set of simple rules (a maximum of seven) that are co-produced can help build shared purpose, an important element of psychological safety.

**Our Shared
PURPOSE**

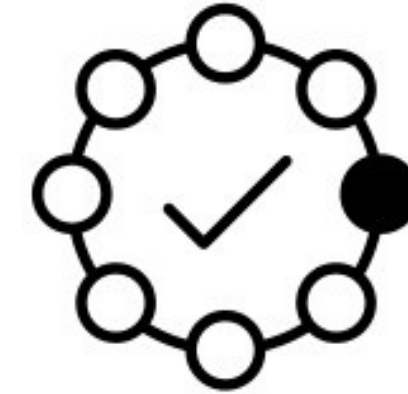
1. Start with our shared purpose



2. Be divergent and convergent



3. Keep testing and evolving your simple rules



4. Co-create them with the people who you want to be part of them



5. Find multiple ways to engage



6. Remember: 95% of the work is after you've created your simple rules

Images 4, 5, 6 from thenounproject.com

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Psychological Safety

Psychological safety is a shared belief that it's safe to discuss ideas, experiment, take risks, give feedback, and learn from mistakes. Every person in every organization is responsible for creating and supporting this safety.

Psychological safety exists when you're not afraid to:

Ask Questions



Take risks



Share Ideas



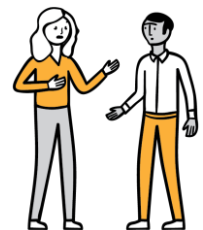
Speak your Mind



Admit Mistakes



Raise Concerns



What might hold us back?

Many times it is our personal beliefs and mindtraps that hold us back from asking questions, sharing our ideas, etc. Consider if you have held back from doing or saying something because you thought:



I will be perceived as negative



The last time I spoke up I was perceived as disruptive



I don't want to look ignorant or incompetent



Colleagues got defensive the last time I tried to address this issue



Last time I shared a new idea, the team didn't pay attention and moved to next topic in the agenda



A colleague had negative consequences when they admitted a mistake

What can leaders do to create psychological safety?

The primary role of a leader is to create an environment of trust and openness in which participants feel safe to speak honestly.

1. Frame the work accurately.

Acknowledge the kinds of uncertainties and potential failures that can be expected to occur in a given work context. This creates the rationale for speaking up.

"This is what we are facing. I'd like to hear everyone's ideas."

2. Admit your own fallibility.

Admit that you might miss things and make mistakes. This makes it safe for others to do the same.

"Please flag things that you think I might miss."

3. Ask better questions.

Model curiosity. Inviting people to speak up with their questions or concerns makes it more difficult for people to remain silent.

"What are you seeing? What concerns do you have?"

4. Embrace messengers.

When people come forward with bad news or mistakes, respond in an appreciative and forward-looking way. Practice a growth mindset.

"Let's see how we can fix this together."

What can I personally do about it?

Be Vulnerable. Be honest if you feel awkward/uncomfortable. Share openly and invite others to do the same.

Build Trust. Respect others and help them feel safe to be honest with you.

Be Curious. Try to understand other perspectives and invite people to share ideas.

Learn from a Mistake/Failure. Don't get defensive. Focus on how we can help each other take responsibility and learn from it.

Virtual working: People can find it difficult to spontaneously jump-in with an idea/question. Use the tools available like chat and polls to create space in the meeting flow/agenda to ask for feedback and questions. Value the different perspectives being shared. Consider inviting someone directly by saying 'Sara, I would love to hear from you'.

Psychological Safety

Safety Gap

Elevate the understanding and importance of creating psychological safety at work, and align on the steps needed to make it happen.

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Safety Gap

ACTIVITY
Align

GROUPING
Group (any size)

TIMING
45-60 mins

High-Level Description

Psychological safety is a shared belief that it's safe to discuss ideas, experiment, take risks, give feedback, and learn from mistakes. Every person in every organization is responsible for creating and supporting this safety.

This activity can be used for tactical alignment once the concept of psychological safety is understood.

Outcomes

- Clarity of the current state of psychological safety within the group
- Align on next steps to achieve a safer space together
- Encourage accountability for individuals to create safer spaces for each other

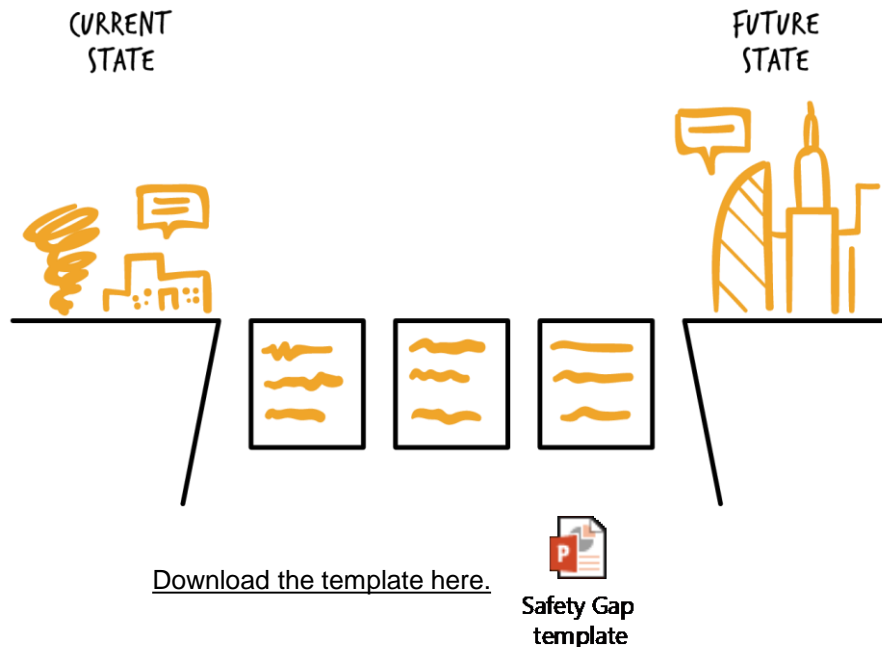
REQUIRED MATERIALS • *Whiteboard/flipchart or attached template*

PREREQUISITES • *None*

Safety Gap

Instructions

1. For large teams, divide into small groups of max 7-8 participants and run parallel breakout sessions.
2. Identify a lead for each group, who pays attention to the metalevel of the psychological safety in the groups: Does everyone have an equal opportunity to speak up? Are there people dominating the conversation? Are there big differences in perceived psychological safety within the group?
3. Draw the gap framework on a whiteboard or collaborate using the attached template. Ask each group to create their own version in their breakouts and debrief/compare collectively.
4. On the **left side** of the template, have each group draw what it looks like in their **current state of psychological safety**. They may draw vignettes or write phrases—anything that captures what the current state looks like.



Safety Gap

Instructions cont.

5. On the **right side**, have each group draw or write their **future vision** of a psychologically safe space.
6. Now that the current and future state is clarified, each group decides on three things they need to do in order to move from the current state to the future state. How do they close that gap?
7. Write the three ideas in the boxes in the middle of the template between the two sides.
8. Once the groups are finished, come back together as a team to share the stories.
9. Is it possible to borrow from other stories, and create a team vision together? What three things are needed to get the team from the current state to the future state?
10. List the three steps, and encourage the team to take accountability within an agreed-upon timeframe.

Psychological Safety

In/Out: Circle of Safety

Create clarity of what psychological safety means for the team.

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In/Out: Circle of Safety

ACTIVITY

Post-up

GROUPING

Group (any size)

TIMING

30 mins

High-Level Description

Engage in group post-up activity to sort and determine behaviors that do and do not support a psychologically safe working space.

This is a great way to foster honesty and encourage team support and trust.

Outcomes

- Create conditions for a psychologically safe team environment
- Empower individuals to speak up in team settings
- Learn to adapt personal approach to create trust

REQUIRED MATERIALS

- *Virtual whiteboard/flipchart or attached template*

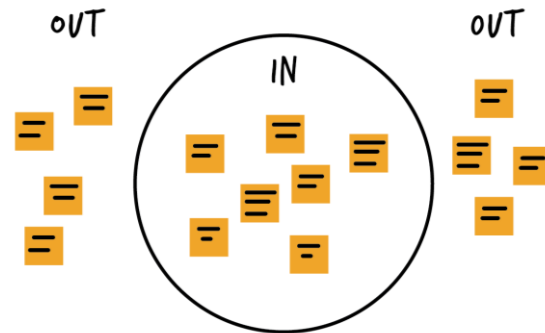
PREREQUISITES

- *None*

In/Out: Circle of Safety

Instructions

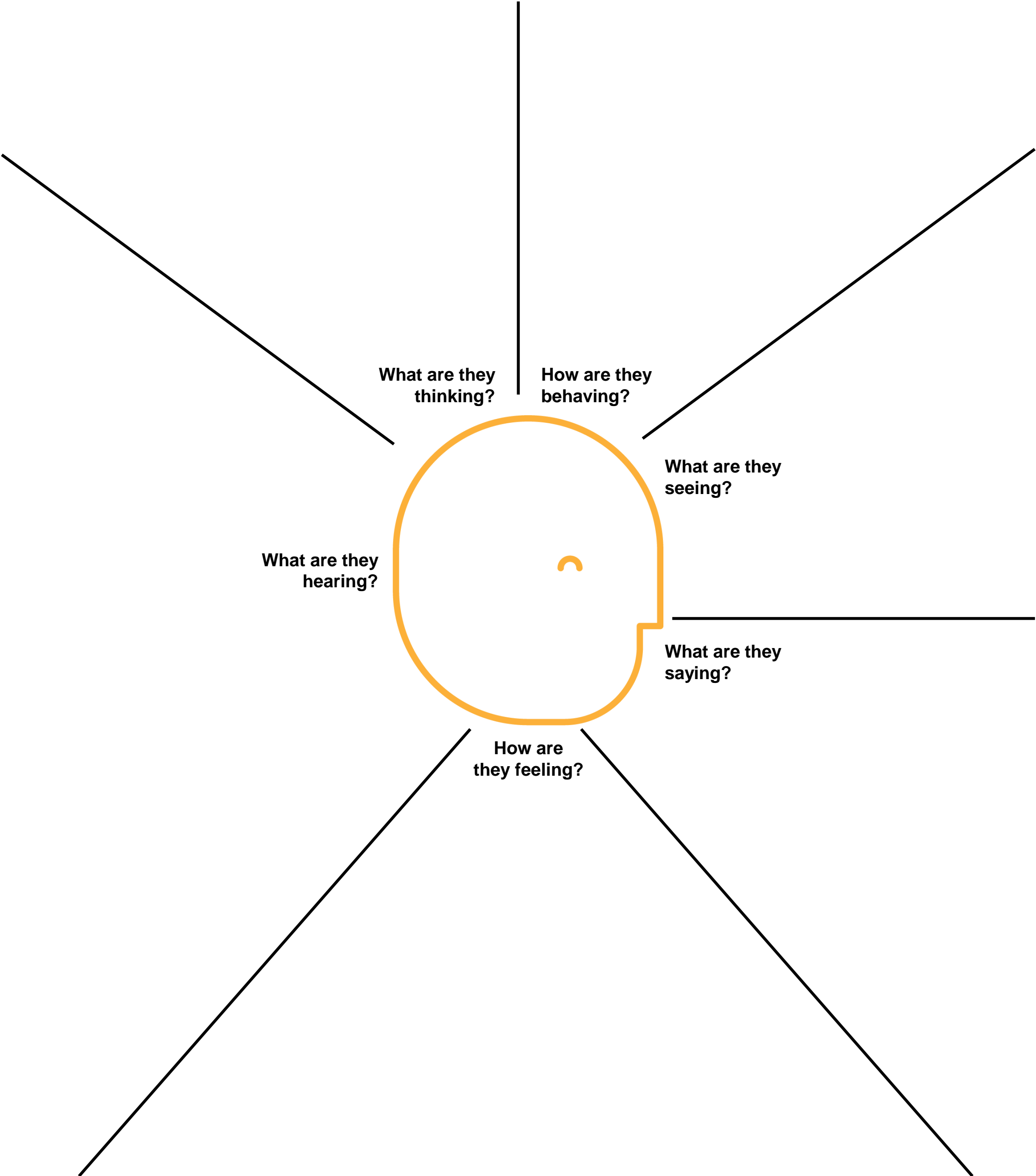
1. Collaborate on the attached template or draw a large circle on a whiteboard/flipchart, and write 'IN' inside the circle. Outside the circle, to the right and left, write 'OUT'.
2. **Set the scene with:** "Psychological safety is a shared belief that it's safe to discuss ideas, experiment, take risks, give feedback, and learn from mistakes. Psychological safety is key to an inclusive team culture. Everyone has a part to play in the psychological safety of the group, and this is the opportunity to state what behaviors we need."
3. Ask participants to add examples of behaviors or conditions that the team needs to see or feel for a safe psychological space. And then, outside the circle, add behaviors and conditions that work against psychological safety.
4. Demonstrate by writing 'WE ALL TRUST EACH OTHER' inside the circle.
5. Once all team members have contributed their ideas/post-it notes, take a few minutes for everyone to review all inputs.
6. "How can we make sure that everyone does what is inside the circle and avoids what's outside the circle?". Identify and address what gets in the way of psychological safety.
7. List concrete behaviors/actions that the team commits to in order to create/maintain a psychological safe space.
8. Agree how the team will hold each other accountable (use balcony moments/pauses for team self-reflection, meeting observer, calling it out in the moment, etc.)



In-Out Circle of Safety template

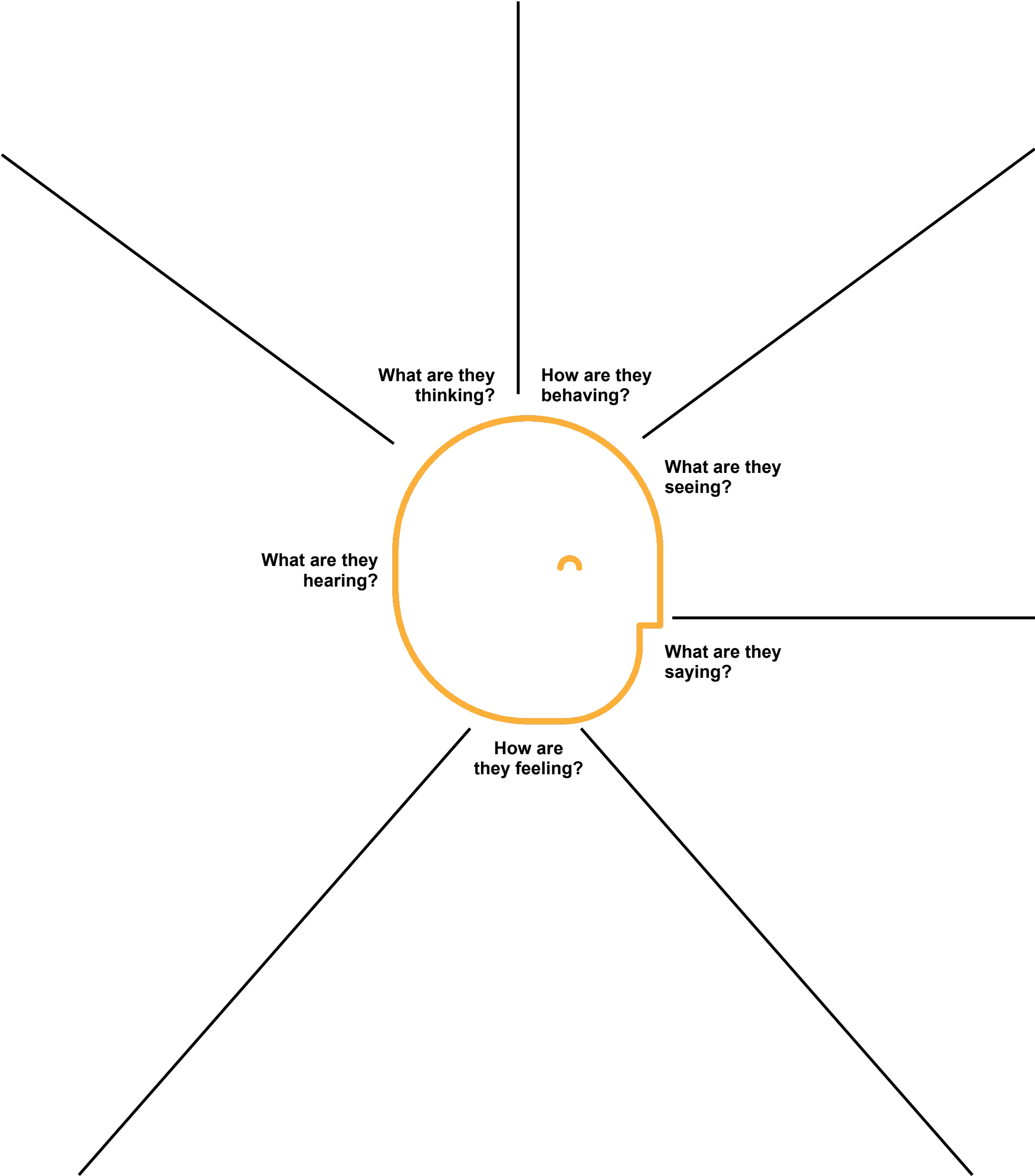
Name:

is in an Unsafe Space



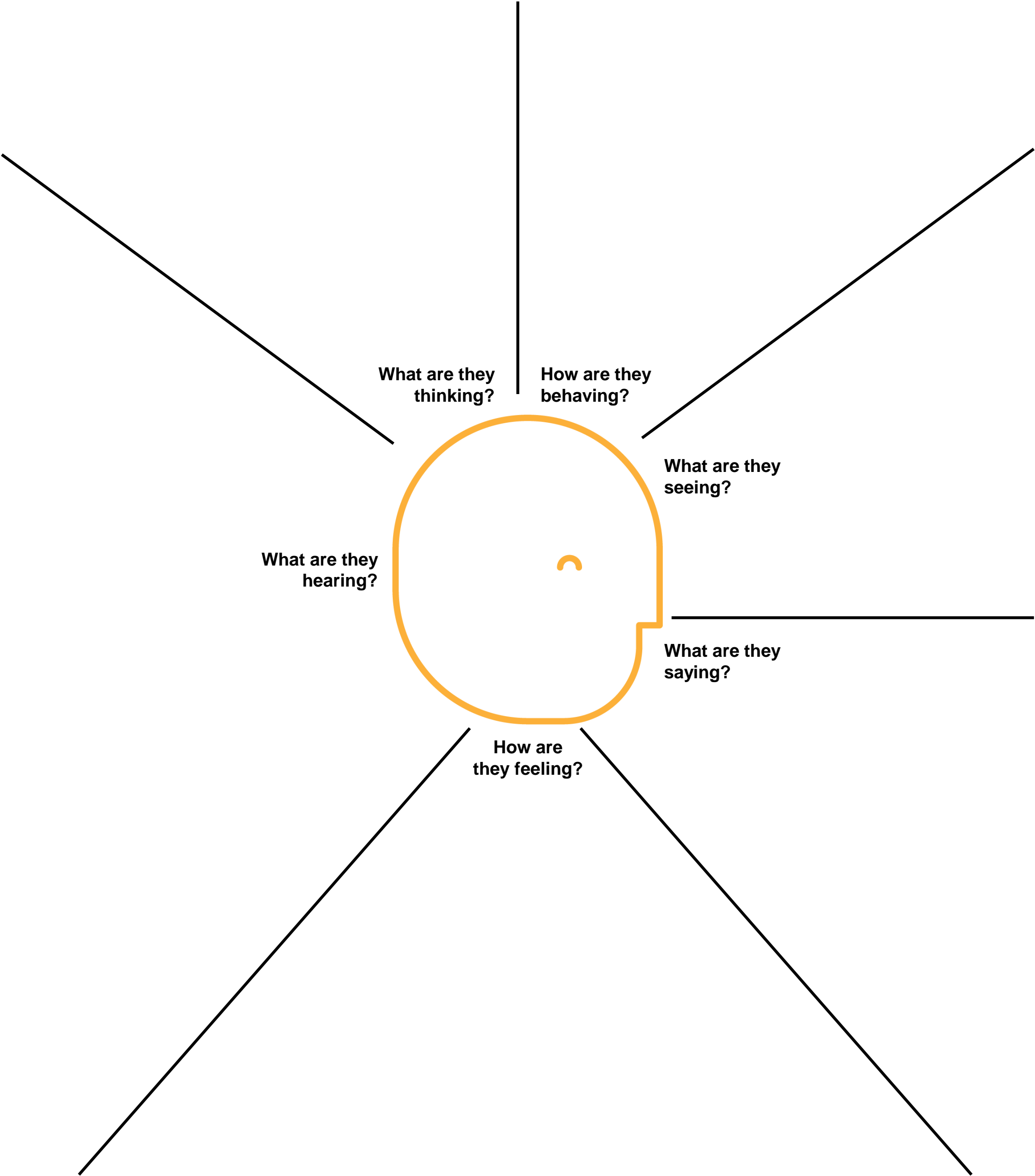
Name:

is in a Neutral Space



Name:

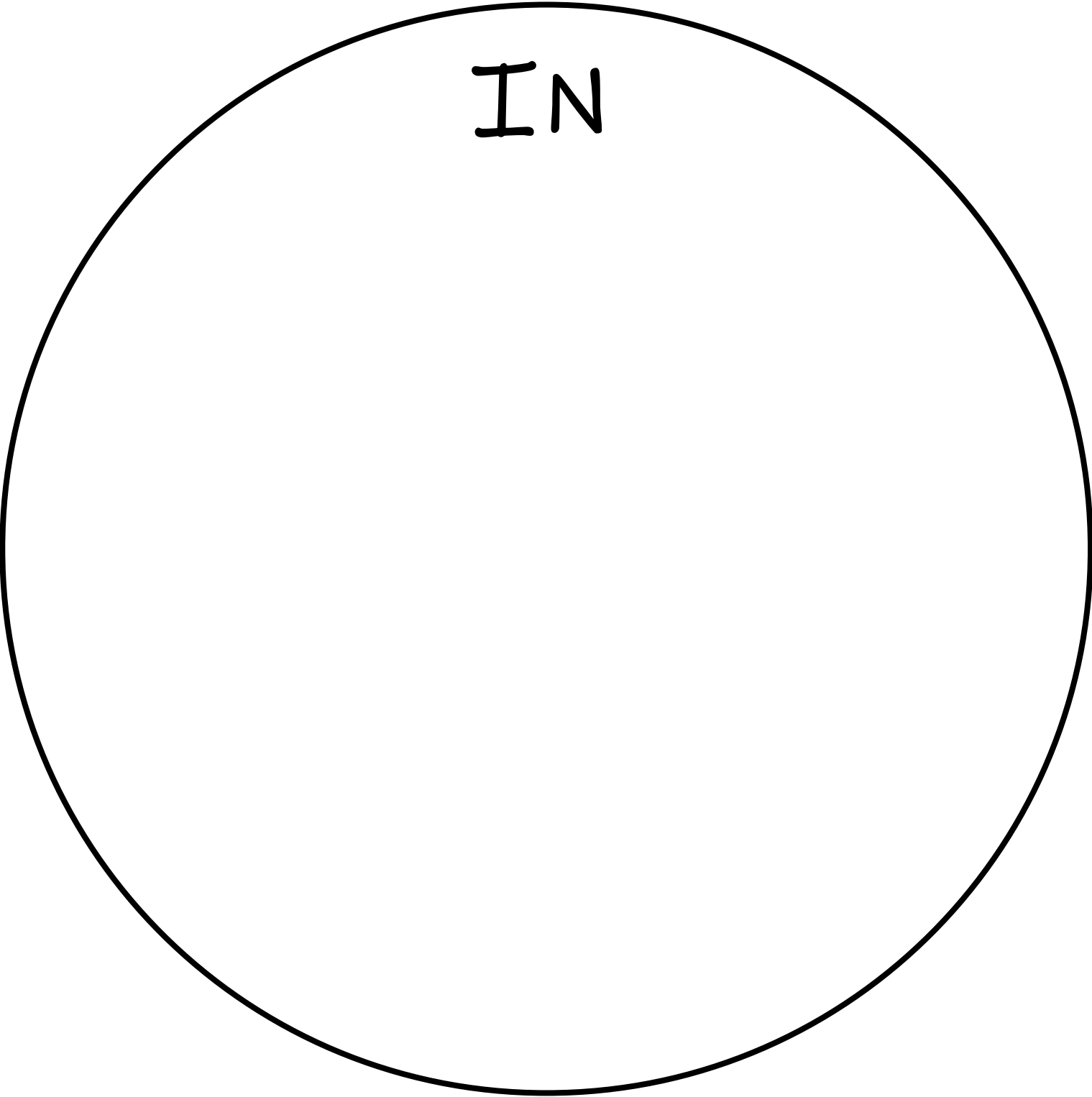
_____ is in a Safe Space





OUT

OUT



Team Objectives Retro Guide

To learn more, check out
go/Evolve.

1

CELEBRATE



20 minutes



ACCOMPLISHMENTS (10 min)

Participants (silently) post 1 thing they are proud of to a virtual whiteboard/shared document or flipchart. This could be a learning, accomplishment, collaboration, or milestone.

Participants take turns sharing this 1 thing.

Facilitator should:

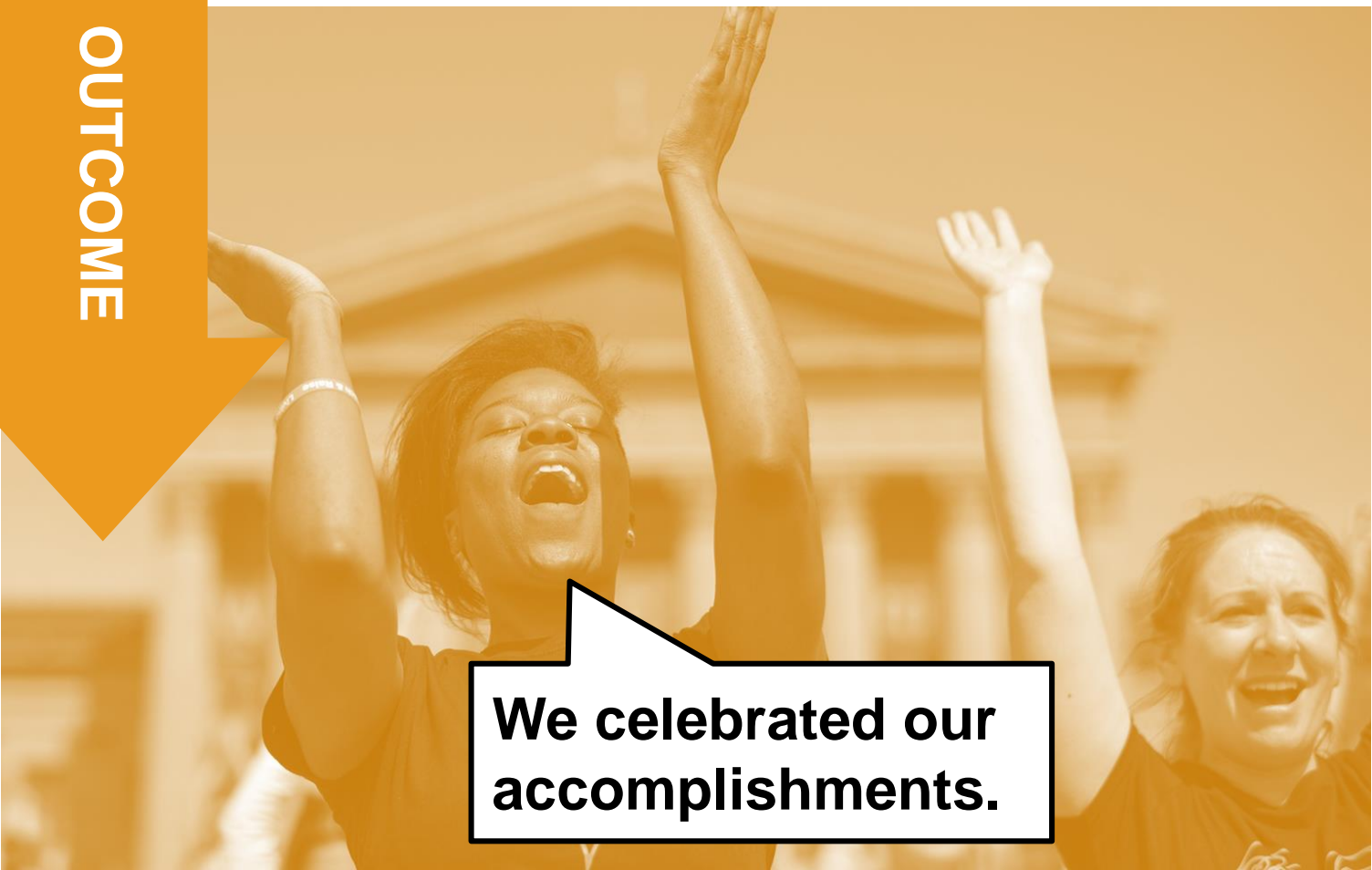
- Highlight how individuals created an impact
- Recognize examples of living our Values & Behaviors



MOMENTS OF GRATITUDE (10 min)

Invite team members to express gratitude to others who have impacted them. Highlight the 'joy of giving' recognition through the go/Spark program.

OUTCOME



We celebrated our accomplishments.

2

REFLECT



20 minutes



REFLECT (5 min)

Revisit the team's Big Bold Objectives.

Participants (silently) post the answers to these 3 questions:

- What's going well?
- What's not going so well?
- What have we learned?



TEAM DISCUSSION (10 min):

Entire team discusses the reflections. Identify themes and cluster similar reflections together.



CHANGES (5 min)

Discuss if any changes are needed to the team's Big Bold Objectives.

OUTCOME



We revisited the team's Big Bold Objectives.

3

FORWARD FOCUS



20 minutes



GOING FORWARD (20 min)

Ask each team member to share:

- What are you working on over the next 90-120 days?
- Do you need any help?
- What one skill or behavior/habit do you want to grow and practice between now and the next team check-in?

Next 90-120 days

Sara	Srikanth	Amy
I'm working on ____.	I'm working on ____.	I'm working on ____.
I want to grow and practice ____.	I want to grow and practice ____.	I want to grow and practice ____.

OUTCOME



We are aligned on the team's focus for the next 90-120 days.

Further reading and watching

To read:

- Extreme Teaming: How to deliver integrated care: Novartis 2019
- The Fearless Organisation; Professor Amy Edmondson; Wiley. 2019
- Teaming; Professor Amy Edmondson: Professor Amy Edmondson. Wiley. 2012

To watch:

- Improving psychological safety during times of rapid change
- Professor Amy C. Edmondson speaking at the #Caring4NHSPeople session, 13 May 2020
<http://horizonsnhs.com/caring4nhspeople-webinar-13-may/>
- What is Psychological Safety at Work?"
<https://vimeo.com/562891087>

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