

# What impact has the Mary Seacole leadership development programme had in the east of England?

A review and analysis with 212 graduates

Challenging Confidence-building  
 Self-belief  
 Motivating Leadership  
 Effective Supporting  
 Positive Insightful  
 Innovative Energising  
 Inspiring  
 Rewarding  
 Pride Collaborative  
 Patient-focused  
 Enjoyable Engaging

Developing people  
 for health and  
 healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

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# Acknowledgements

I hope that this evaluation report provides a reach and informative insight to the impact and career development achieved by participants.

Having had over 200 staff graduate from the Mary Seacole programme we have undertaken this evaluation to better understand the long term outcomes from a leadership and talent management perspective.

I would like to take this opportunity to acknowledge the people who have contributed to this evaluation report.

Firstly the participants who undertook the Mary Seacole programme for their hard work and commitment to complete the programme enabling their development.

Secondly, participant sponsors and supporters, both family and friends, all of whom have played a vital role during the course of the programme.

Finally to Angela Blacklaw, Leadership Associate, Kasia Calka, Leadership Programmes Manager and Chang- Xi Sun, Leadership Programmes Co-ordinator, for their hard work and collaboration to undertake the overall evaluation and provide this final report.

Thank you for your contribution and support.

## **Karen Bloomfield**

Head of Leadership and Organisational Development  
East of England Leadership Academy  
NHS Leadership Academy - National Leadership  
Development Champion 2014



*Coming together is a beginning,  
staying together is progress and  
walking together is success."*

**Henry Ford**

# Introduction

This report explores the extent to which the Mary Seacole Programme (MSP) has supported participants in taking up their first formal leadership roles, and influenced their readiness and ambition for their future career. It also examines the degree of support and recognition that MSP participants required and received locally, through exploring individual stories in detail and highlighting re-occurring themes.

The Mary Seacole Programme (MSP) was introduced by the NHS Leadership Academy in 2013 to be a national leadership development programme, aimed at individuals working in healthcare to prepare for their first formal leadership role, or for those who had recently taken up such a role.

In a sector where previous leadership development had tended to be locally provided, and often focused on specialisms, the more collaborative and large-scale nature of the MSP was ground-breaking. It focused on personal development and practical application of leadership skills and reflected on the notion that people carry influence beyond their team and impact on the delivery of services regardless of their role or position in the organisation. However, in line with the sector's focus on and respect for professional qualifications, the MSP also contained a strong academic element and thus offered the opportunity for participants to gain a postgraduate certificate in healthcare leadership.



Given the size of the investment, it is important for HEE to understand the outcomes of the MSP including the impact of local projects and the level to which participants are achieving personal objectives.

The report also contains key organisational recommendations to maximise the impact of the investment in MSP.

The data gathered in this report refers exclusively to the version of MSP which ran for four cohorts between 2013 and 2016, totalling 2,000 delegates nationally, of which 212 were from east of England organisations. After 2016, the programme was redesigned and re-launched with a move away from the academic experience while retaining the practical bias, with focus on personal development and applied learning.

The recommendations in this report can therefore be applied to inform further leadership development activities.

When reading these it is hoped that others may be encouraged to adopt and adapt the learning to instigate and implement change in their own work environment.



# Executive Summary

The MSP was designed for individuals working in healthcare to prepare for their first formal leadership role, or for those who had recently taken up such a role. The data gathered in this report refers exclusively to the version of MSP which ran for four cohorts between 2013 and 2016.

Data was analysed from a number of sources including:

- Leadership intervention directories
- A MS celebration event
- A survey monkey questionnaire
- Telephone interviews

The outcomes which were measured were:

- The extent to which the MSP had supported participants in taking up their first formal leadership role
- The extent to which the MSP had supported or changed participants' readiness and ambition for their future career
- The degree of support that participants wanted and received
- The degree of recognition that participants wanted and received

## First formal leadership roles

Wherever the data was gathered, graduates reported a high degree of personal transformation. Consistent themes emerged about how the MSP enhanced their confidence, resilience, self-awareness and ability to reflect, strategic awareness, tolerance and understanding of difference, and need to adapt their leadership style to different circumstances. In many cases their leadership initiative has successfully changed workplace processes and outcomes, and where that has not happened, the personal learning has still been powerful. 91% of graduates have shared their learning with others, and 78% have shared the details of their leadership initiative with their colleagues.

The MSP was not merely intended to make participants better performers in a job they were already doing, but to ready them for their first formal leadership role. While only 58% of graduates seem

to have applied for that specific reason, there is considerable anecdotal evidence to indicate that the "readiness" goal was achieved as far as the programme was concerned.

Recognition received had a mixed response: some had a significant amount, including being offered further training opportunities, congratulations from the top of their organisation and being asked to get involved in other projects, while others felt they were not noticed or valued. Some of the most powerful forms of recognition tied in with making sure graduates were engaged in wider work.

## Readiness and ambition for their future careers

A quarter of the survey monkey respondents had already been promoted since completing the MSP, with a further one in five taking a lateral move for broader experience. Looking forward, a quarter of respondents saw their next step as moving to a more senior role, and another quarter to a role that would offer different experience or perspective. Over 50% of graduates now felt ready to take that next step in their career; with a further 20% feeling that they would be ready now with the benefit of line manager support. From the interviews, a graduate noted her eagerness for a broader leadership role citing the reason that if she doesn't change roles soon, she will lose her MSP learning.

## Support and recognition

Of the graduates who were interviewed, only one said that they felt that they had received all the support that they had wanted from their line manager during the MSP process. Participants noted that while their manager responded positively when asked for help, they did not receive more proactive support such as the opportunities to share thoughts and ideas, and to act up into other roles to gain experience. While some trusts were too short-handed to be able to offer study leave, even simple actions such as regular engagement from line managers seemed to have a positive impact.

# Executive Summary

Looking forward, some graduates do not seek or expect support from anyone and see it as their own responsibility to keep their learning alive. However, most graduates said that they want some form of support including: opportunities to get involved in wider work so they could apply their learning, freed up clinical time so they can focus on leadership, further training, and the opportunity to meet up with MSP colleagues. A theme that emerged strongly from the interviews was a significant need for mentoring relationships outside of their organisation to help them plan their future career.

Recognition received had a mixed response: some had a significant amount, including being offered further training opportunities, congratulations from the senior staff from their organisation and being asked to get involved in other projects, while others felt this wasn't acknowledged or valued. Some of the most powerful forms of recognition tied in with making sure graduates were engaged in wider work.

## Conclusion and recommendations

The report concludes with some recommendations to take action on:

- **Recommendation 1:** Communication with line managers of future Mary Seacole Programme participants, not only at the start, but two or three times during the programme, to keep them informed about the programme components, progress and learning so that this can be applied in day to day work and in delivery of organisational priorities.
- **Recommendation 2:** Provision of support to graduates through access to mentoring or coaching, further masterclasses to consolidate on learning and encouraging participants to become mentors themselves.
- **Recommendation 3:** Convening an annual networking event for all existing and future Mary Seacole Programme graduates so that it recaps on some of the key Mary Seacole Programme learning and brings it into current strategic context across the system to provide cross-organisational learning.

- **Recommendation 4:** Consideration of how to maintain connection with the Mary Seacole graduates as programme alumni as part of our overall approach to talent management and succession planning to develop an increasing pool of leaders who aspire and have the potential to move into more senior or more complex roles within health and social care.

The Mary Seacole Programme seems to have been transformational to the graduates themselves, and, in the main, they are making significant impact locally. Whether the impact is as sustainable as it could be will depend on whether trusts recognise and make the most of the strategic possibilities of the Mary Seacole Programme investment, and whether the graduates are able to make the best and most informed choices about their future career steps.





# Methodology, Focus and Restrictions of the Study

The Mary Seacole Programme was designed for individuals working in any role in healthcare to prepare for their first formal leadership role, or for those who had recently taken up such a role. This study was commissioned to explore the impact that the MSP had from a talent management perspective on those who:

- were preparing for their first formal leadership role
- had recently taken up their first formal leadership role

The study was limited to MSP graduates from Cohorts 1-3; excluding those who had deferred or withdrawn from the programme., and those (e.g. currently on Cohort 4) who were still experiencing the Mary Seacole Programme.

Key research areas were:

- The extent to which the MSP had supported participants in taking up their first formal leadership role;
- The extent to which the MSP had supported or changed participants' readiness and ambition for their future career;
- The degree of support that participants wanted and received;
- The degree of recognition that Mary Seacole Programme participants wanted and received.

However, it was agreed the study would remain open to other and emerging areas of interest.

The study was commissioned by Karen Bloomfield (HEE) and carried out by Angela Blacklaw (Leitmotif Learning Ltd) with support from Kasia Calka (HEE). Angela was a facilitator with the Hay Group for the workshops for Cohorts 1 and 2. The potential for conflict of interest was discussed and it was decided that Angela's familiarity with the MSP and with many of the participants was a compensatory asset to the study.

Not all of the participants could be reached by this study: some had moved job with no forwarding contact details.

There had been four intended stages to the research:

1. Thematic analysis of the HEEoE Mary Seacole Programme Leadership Interventions Directories (one of each printed for each of the three cohorts) and of exercises undertaken at the Cohort 3 graduation event;
2. Questionnaire via Survey Monkey sent to the whole group of participants;
3. One to one telephone interviews with volunteer participants;
4. One to one telephone interviews with line managers of the stage 3 participants (only if the participants were comfortable for that to happen)

At stage 1, individuals are named in the Directories. At stage 2 participants could choose whether to be anonymous. At stage 3 and 4, the detailed conversations were to be kept confidential unless the interviewees explicitly agreed to be a) quoted and b) attributed.

Stage 2 received 47 responses (42 of which completed the full questionnaire) and stage 3 attracted only seven volunteers. Although almost all of them gave their permission for line managers to be interviewed, those line managers did not respond, so stage 4 could not go ahead.

Prior to interviews at stage 3, Angela familiarised herself with the individual's Leadership Intervention (where available).



# Background to the Mary Seacole Programme (MSP) Leading Care 1

## Academic components delivered by Open University

The Mary Seacole Programme (MSP) was designed for individuals working in healthcare to prepare for their first formal leadership role, or for those who had recently taken up such a role. It addressed the national priority to improve the quality of care within constrained resources, regardless of whether participants were in clinical or support services.

The programme was delivered jointly by the Open University and the Hay Group (now Korn Ferry Hay Group) and led to the award of a postgraduate certificate in healthcare leadership. Participants who submitted their Leadership intervention report also received the NHS Leadership Academy Award.

The MSP aimed to:

- Help transform participants' natural empathy and resilience into an inspiring, practical and resourceful leadership style;
- Offer the skills, knowledge, attitudes and belief needed to inspire others, make informed decisions and focus even more on the patients, service users, carers and families that they support;
- Help develop great leadership skills and to make the NHS values even more central to participants' daily roles and working environments;
- Have a strong practical focus so participants can apply skills immediately, making a difference for their colleagues as they learn;
- Provide an opportunity to demonstrate how participants applied the concepts and ideas from the programme to bring about improvement in the area in which they worked for the benefit of patient services.

Together with other NHA Leadership Academy programmes, the Mary Seacole Programme addressed four key learning outcomes:

1. Making person-centred coordinated care happen: putting users' needs at the heart of plans for developing their team or service;
2. Improving the quality of the patient experience: what it means to provide a positive experience of care, including holding others to account and challenging people;
3. Creating a culture for quality: providing a climate that encourages staff to give of their best and encourages them towards excellence;

4. Understanding self to improve the quality of care: so that leaders can balance empathy with practical support, and thus engage with the complex emotional life of care-providing workplaces.

As a postgraduate certificate, participants needed to give commitment to their personal study, workshops and assessments. To gain the Postgraduate Certificate in Healthcare Leadership each participant will have completed and passed five written assessments:

- Two assignments of 2,000 words each
- Two assignments of 3,000 words each
- One final assessment of 4,000 words

Each assessment focused on their leadership and the improvements each participant wanted to make. It was expected that participants would study for around 10-12 hours per week over a 12-month period.

Participants had to reflect on how they'd developed as a leader and how they approached the identification, planning, leadership and evaluation of the improvements they chose to implement. There were nine programme units, each 4-5 weeks long, supported by practical assignments, face to face workshops and tutor groups:

- **Unit 1** Explored what leadership and quality of care means for the individual and the service they work in, taking different perspectives about the nature of leadership.
- **Unit 2** Identified different ways of gathering information about the kinds of experiences patients have and how to use different forms of evidence to make robust decisions.
- **Unit 3** Looked at how organisations work, and considered how processes can be more effective.
- **Unit 4** Built an understanding of how to manage various stakeholder relationships that participants were accountable for including clarifying what requirements and standards must be met, and how to manage and improve performance in healthcare.
- **Unit 5** Looked at the social and emotional aspects of providing healthcare and uses this understanding to consider how individuals lead.

# Background to the Mary Seacole Programme (MSP) Leading Care 1

## Academic components delivered by Open University

- **Unit 6** Investigated how to bring about change by defining a manageable improvement or innovation in the quality of care, drawing on insights and concepts from the programme.
- **Unit 7** Enhanced understanding of leading and working with change in a complex stakeholder environment.
- **Unit 8** Reviewed tools and methods for evaluating improvement and innovation projects, including reflecting on efforts to enhance care quality.
- **Unit 9** Crystallized learning about improving service and roles as a leader.

Face to face workshops took place near the start, middle and end of the programme, and enabled multiple tutor groups to come together and explore:

1. Self awareness, self-management and others' perception;
2. How to create a workplace climate that encourages others to give of their best, and styles for leading others to improve outcomes for patients;
3. How to influence others, as well as reflecting on the learning journey to date.

## Mary Seacole Programme Numbers in the East of England

In Cohorts 1 to 3 there have been 212 graduates so far in the East of England.

**Table 1:** East of England graduates by region

	B&H	C&P	Essex	N&S	HEEoE	East London NHS FT	NHS England	EOE Amb Trust	TOTAL
<b>Autumn 2013</b>	19	22	30	28	-	-	-	-	99
<b>Spring 2014</b>	6	24	13	17	1	1	1	2	65
<b>Autumn 2014</b>	6	12	16	8	-	-	5	1	48
									<b>212</b>

Of these passes, almost half of graduates passed with distinction or merit. Relatively few individuals deferred or withdrew and only two individuals failed.

**Table 2:** East of England graduates by result

	Distinction	Merit	Pass	Resubmission	Fail	Deferred	Withdrawn
<b>Autumn 2013*</b>	9	44	46	5	1	-	5
<b>Spring 2014*</b>	4	22	39	3	1	16	13
<b>Autumn 2014*</b>	3	15	26	1	-	4	4

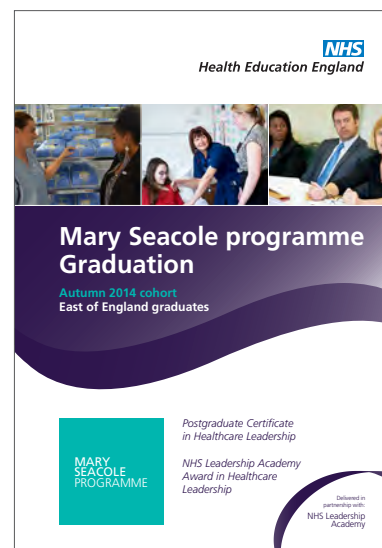
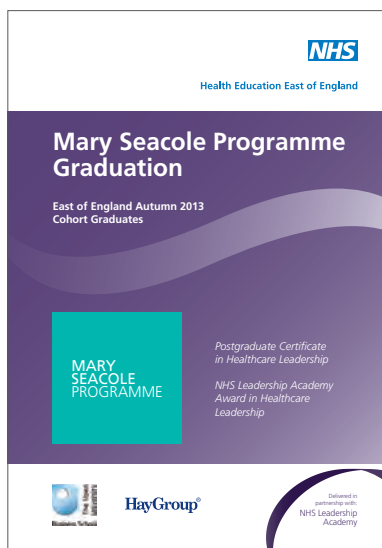
\* Please click [here](#) to access Graduation Booklet



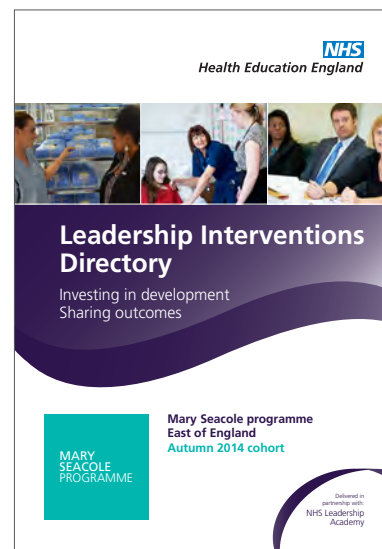
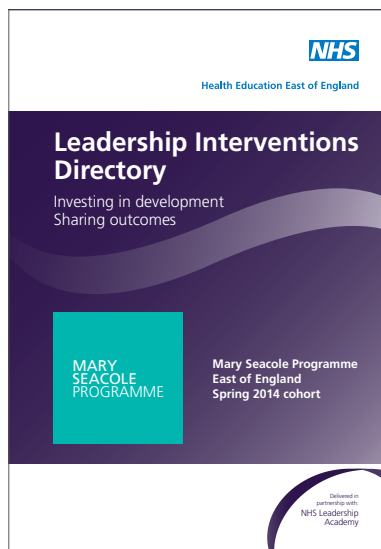
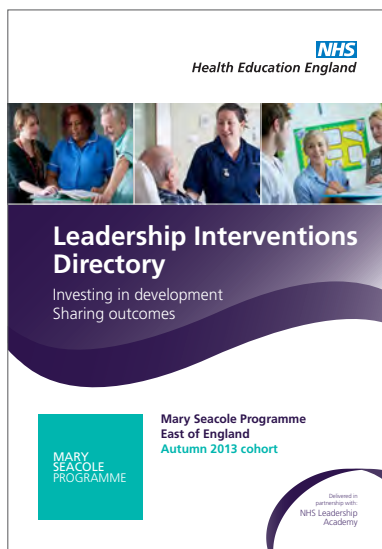
# Background to the Mary Seacole Programme (MSP) Leading Care 1

## Graduation

These are Graduation booklets from each cohort which provide participants profile and participants reflection on their time on the programme.



These are the Leadership Interventions Directories compiled to describe the summaries of the transformation projects undertaken by participants.



\* Please click on covers to access Graduation booklets and Graduation and Leadership Interventions Directories.

[Watch the video from the first graduation here:](#)

# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Leadership Interventions Directories



*I am now confidently leading change projects in the local healthcare economy that are delivering improvements in both patient care and financial savings. I would implore anyone with a desire to expand their leadership potential within the NHS, with the aim of improving patient care, to pursue the Mary Seacole Programme."*

**Robert Neave,**  
System Redesign Coordinator,  
Urgent and Integrated Care

The leadership interventions directory shares the MSP graduates' stories about their leadership interventions and what they personally learnt from the experience. There were 146 stories in total comprised of: 61 from cohort 1, 48 from cohort 2 and 37 from cohort 3.

Most stories followed a ten-stage structure and the tenth section, titled "about you", was subjected to a thematic analysis in order to identify themes occurring at a semantic level. The top ten key themes emerged from that analysis.

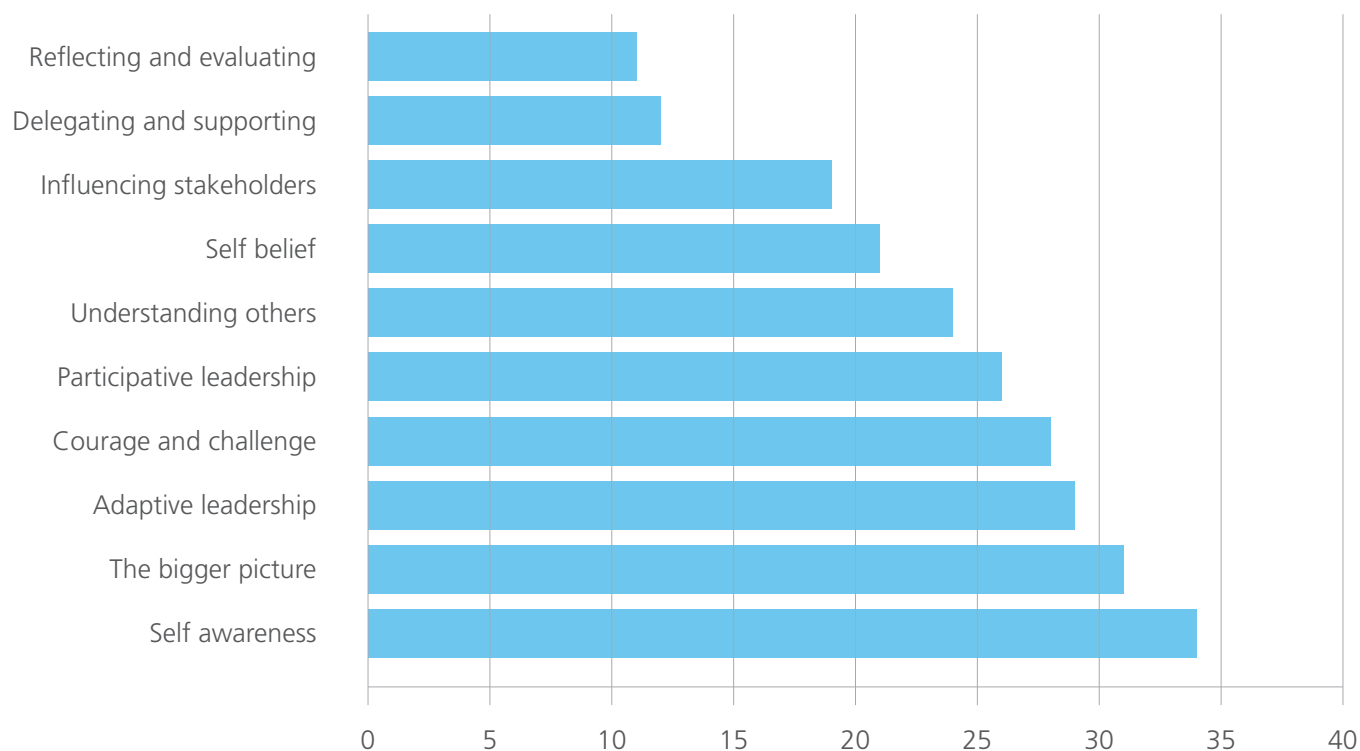
**Table 3:** Themes emerging from Leadership Interventions Directories "About You" section

Ranking	Theme	Number of incidences	Percentage of respondents
1	Self awareness	34	23.3%
2	The bigger picture	31	21.2%
3	Adaptative leadership	29	19.9%
4	Courage and challenge	28	19.2%
5	Participative leadership	26	17.8%
6	Understanding others	24	16.4%
7	Self belief	21	14.4%
8	Influencing stakeholders	19	13.0%
9	Delegating and supporting	12	8.2%
10	Reflecting and evaluating	11	7.5%

# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Leadership Interventions Directories

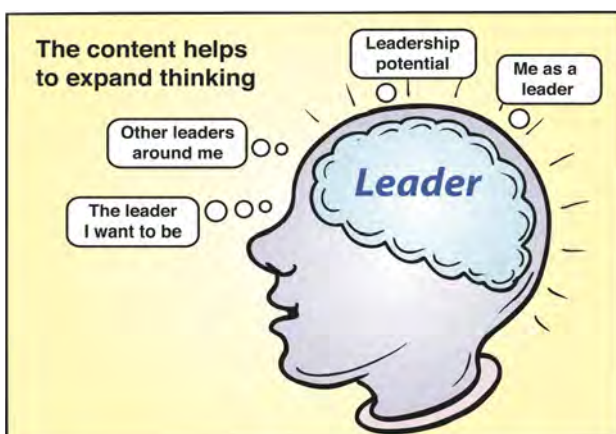
**Chart 1:** Themes emerging from Leadership Interventions Directories "About You" section



# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Theme 1. Self Awareness

The most consistent theme from graduates was their enhanced self-awareness, a more conscious and reflective knowledge of their own character, feelings, motives, wishes, and also an enhanced awareness of the impact that their choices and behaviours were having on others around them. Some talked about how they had sought feedback for the first time from others in their teams; others discussed how they had become more open and responsive to feedback that had been offered. Many spoke about their enhanced ability to reflect honestly on their own behaviours, motivations and emotional states.



“

*My journey as a leader has been turbulent. At the beginning of the Mary Seacole Programme I was clear about what I wanted to achieve for myself and what qualities I wanted to be recognised by others to endorse my leadership status. That sentence itself is telling that I wanted recognition and at the beginning I perceived the Mary Seacole Programme to be able to give me this, gaining importance. In some ways this has happened as I have become known through putting myself out there but it has given me more - the insight to know that the status is not important and that the journey and the learning is.”*

**Dawn Stewart,  
Deputy Ward Manager**

“

*One of the biggest changes is that I possess the ability to receive and welcome feedback and view it as constructive rather than criticism. I appreciate more that feedback does not always need to be negative in nature.”*

**Amy Clarke,  
Ward Sister**

“

*Self assessment and honest constructive feedback ... has impacted in various ways especially in how I address how I behave and use leadership styles to get the job done!”*

**Sandra Chick,  
Assistant General Manager**



# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Theme 2. The bigger picture

Graduates talked about their broader awareness and understanding of NHS issues and their greater degree of skill in understanding and analyzing the complex and often confusing world they operate in. They demonstrated a greater degree of understanding of the multiple and conflicting stakeholder needs and interests that affected them locally, and had considered how their local issues interacted with more strategic considerations. They had developed a better understanding how the service landscape connects and also showed how their understanding of political, organisational and cultural issues had informed both their decision-making and their ambitions.



“

*The programme has allowed me to explore a different side to leadership in healthcare and in fact will see me moving on from operational management to a more strategic based role ...*

**Sarah Brooks,**  
Service Co-ordinator

“

*At the start of the Mary Seacole Programme I felt that I lacked the confidence to challenge, particularly those in senior positions with power, but I wasn't sure why. The most influential aspect of my learning was that of 'political astuteness' and developing my understanding of the political processes and competing interests at play in my organisation and beyond.*

**Johanne Catlin,**  
Organisation Development Practitioner

“

*Not only have I learned that one needs to be pragmatic about what changes one can successfully bring about, but also that those changes may need further changes to fit in with the rest of the organisation.*

**Katrina Snelling,**  
Senior Sister



# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Theme 3. Adaptive leadership

The graduates consistently referred into the idea of adaptive leadership: that they now understood the need to use a variety of distinct leadership styles, and that making the right choices depended upon being aware of the needs of those being led so they were better able to adapt to changing situations. Graduates spoke about how they had observed and assessed situations and then responded more effectively by using a broader range of leadership strategies than they had used previously.



“

*The programme has made me appreciate there are many different ways of tackling problems, and the most obvious is not necessarily the best for everyone.”*

**Belinda Davies,  
Senior Biomedical Scientist**

“

*As a newly appointed consultant I thought I had the authority and hence the power to exercise a leadership role. My own expectation was to deliver and meet the expectations of the services. Over the course of my programme I have come to understand ... that different leadership styles will be required for it to be effective in different situations.”*

**Sutharsan Raju,  
Consultant Psychiatrist  
in Learning Disability**

“

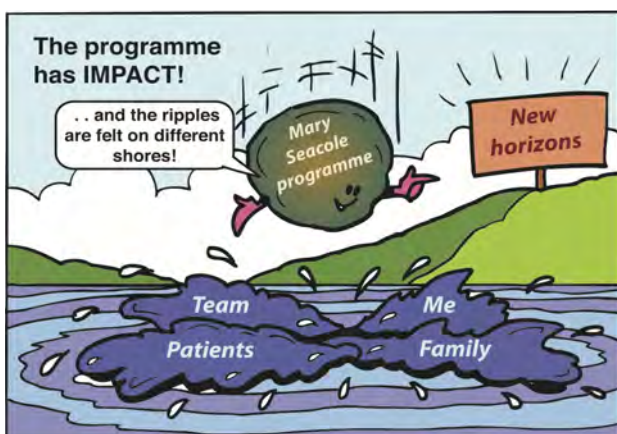
*... I have seen my leadership style adapt and change in accordance to whom I am engaging or working alongside.”*

**Dominic Mundy,  
Patient Experience Manager**

# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Theme 4. Courage and challenge

Issues of people failing to speak up in the NHS - and the reasons for and consequences of that culture - are well documented. Encouragingly, many graduates talked about how much more confident they felt being assertive and speaking up, often to more senior people. They described examples of dealing constructively and skilfully with conflict, challenging long-established boundaries and procedures and giving much-needed feedback to other people. Some even spoke enthusiastically about now seeing conflict as necessary and valuable rather than as something to be feared and avoided.



“

*I have come to realise that I can approach senior members of the hospital about my concerns and how I see that things can be improved, and that they will listen to me.”*

**Tracy Eothers,**  
Nutrition Nurse Specialist

“

*I have moved beyond accepting data at face value and I have felt empowered to ask more probing questions of others.”*

**Karen Fechter,**  
Change Manager

“

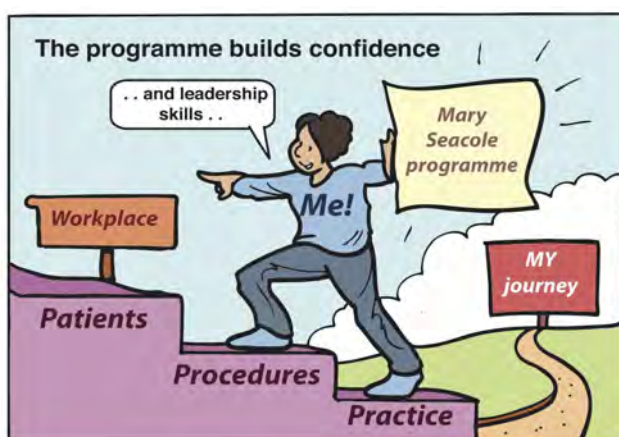
*I had previously seen conflict as a destructive force, whereas I now see it as a force for change and growth, and a constructive endeavour - and how it can be helpful to disagree and understand different perspectives... I now understand how essential this is in the development of services within the NHS.”*

**Rob McCarney,**  
Specialist Clinical Psychologist

# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Theme 5. Participative leadership

Building on Adaptive Leadership, another consistent message was the increased recognition for and practice of one particular style: participative leadership. This style is based on the belief that people have the capability and motivation to contribute effectively to decisions that affect them and involves exploring colleagues' perspectives, making positive use of difference, and enquiring, listening to and engaging with people. This style is particularly valuable for building commitment and making change happen by generating new ideas and soliciting input. Graduates now better understood how a participative style increases a sense of responsibility, empowers people to make their own decisions about processes and goals and creates team commitment to achieve those goals.



“

*I have also appreciated working with various allied health professionals during the course that has given me insight into how to engage with all of them in improving healthcare, not just with fellow doctors.”*

**Allan Harkness,**  
Consultant Cardiologist

“

*I have had to adjust the way I work to recognise that my own ideas aren't always the best and therefore to work with my colleagues. This then enables a combined approach of working which colleagues are more likely to work with.”*

**Erika Davies,**  
Paediatric Staff Nurse

“

*I now better understand the importance of engaging other people in new ideas and changes. People are much more likely to get behind a change if they feel like they have been involved in the planning and implementation. It also allows for more ideas to flourish.”*

**Jake Duncan,**  
Radiographer



# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Theme 6. Understanding others

Building on the greater self-awareness theme, graduates also showed greater social awareness. While graduates often already had well developed empathy in terms of caring for people, many now described an enhanced understanding of how other people differed from them personally in their thinking, experience, approach, values, and beliefs. They were thus better able to consider and be open to different motivations, skills, styles, needs, relationships etc. In practical terms, they had started to apply this awareness to the complexities of team dynamics and to enhancing the patient experience.



“

*The concepts I have read on human and social dynamics have enabled me to be more aware that there are more complexities than meet the eye when dealing with people.”*

**Michelle Mackay,**  
Senior Physiotherapist

“

*My learning has highlighted my lack of dedication to the strategy of relationship building; this underpins and supports all of the other influencing strategies and is vital in any position.”*

**Jemma Cracknell,**  
Business Support Manager

“

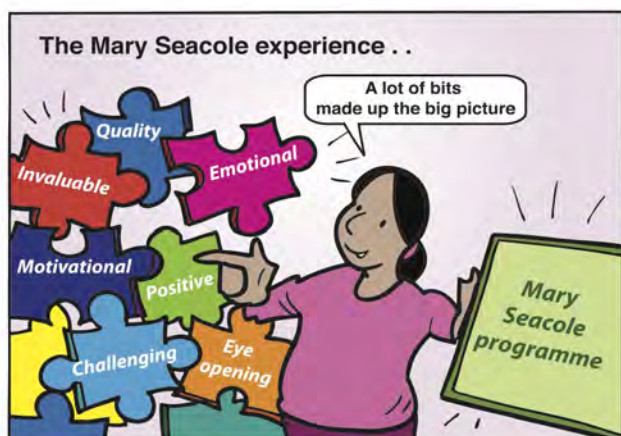
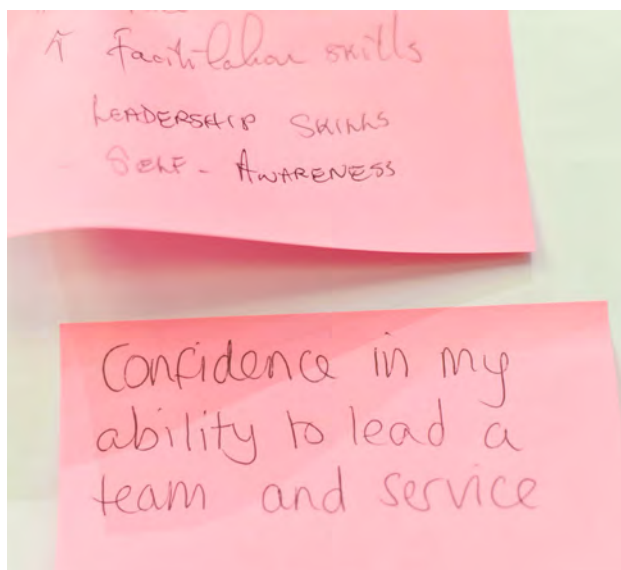
*I'm thinking of the needs of other people more and how this impacts on my leadership style.”*

**Sarah Learney,**  
Transformation Project  
Manager

# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Theme 7. Self Belief

Underpinning the courage and confidence shown in handling conflict, many graduates spoke in terms of self- acceptance and self-belief as a leader, of focusing more now on their own strengths, on the opportunities and possibilities open to them, than on their weaknesses, on the perceived limitations of their grade or on the difficulties that surrounded them. This more positive opinion of themselves and their potential to make a difference has impacted on their ability and willingness to take on challenges, regardless of their status. Crucially, they now see themselves as leaders.



“

*I have learned so much! I have learned that you don't need to be in a formal leadership role to successfully bring about change, and therefore recognising leadership qualities in others who are also in an informal leadership position is very important."*

**Roz Yale,**  
**Practice Educator -**  
**Critical Care Outreach Team**

“

*As a Band 6 midwife I would never have thought I could have made a difference, however the Mary Seacole Programme gives you the relevant theories, research and confidence to tackle such issues."*

**Jessica Rowland,**  
**Community Midwife**

“

*I believe I now have the competences to act as a leader irrespective of job title or 'official' status. Leadership is what empowers me and I am now not fearful of challenges which would once have daunted me."*

**Sue Goodrum,**  
**Contracts Manager**



# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Theme 8. Influencing stakeholders

In addition to the theme of participative leadership graduates wrote about how were able to achieve their objectives by building relationships beyond their immediate teams. They spoke about changing the way they influenced people by building alliances, negotiating and collaborating with those stakeholders; by taking the time to understand their needs rather than by pushing or confronting them. Some had even been able to pass on those skills so that the broader team's influencing strategies could be enhanced.



“

*I have been able to advise the other analysts in my team as to techniques they can use to get the information they require from stakeholders. This has helped me complete many tasks at work and often more quickly because I spend less time waiting for others that I am relying on.”*

**Katie Haystead (nee Bredwell)**

“

*I have had to drive change and influence professionals outside of my authority such as consultants and senior managers. Again this has been about understanding what is important to them and making a compelling case for why change needs to happen.”*

**Christopher Overland,  
Oncology Pharmacy  
Operations and Chemocare  
System Manager**

“

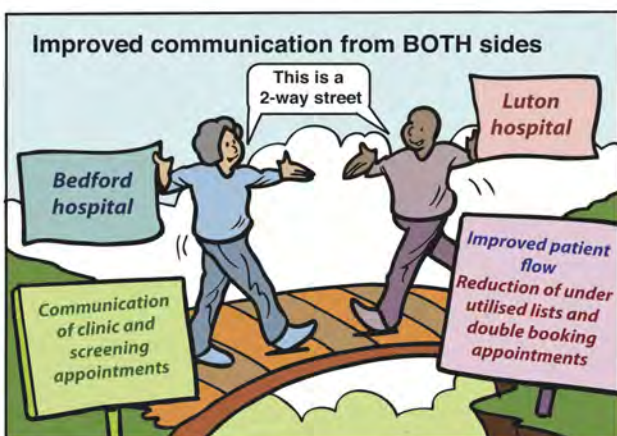
*Without the new skills and models ... I would have approached key stakeholders and teams in a confrontational manner resulting in not working effectively together. This would impact on delivering best quality outcomes for patients.”*

**Fiona Syder,  
Contract Manager**

# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Theme 9. Delegating and supporting

With the financial and resource pressures in the NHS, effective delegation is critical. Some graduates spoke about how they were now more likely to let go of some of their personal responsibilities, and delegate tasks successfully to others so that they too can learn and grow. This has involved their encouraging, coaching and supporting others to take more responsibility. Some also wanted not just to inspire their people to perform well, but to inspire them to step into leadership themselves.



“

*My administrator ... was sometimes reluctant to step outside her comfort zone ... But the Mary Seacole Programme materials gave me the confidence to act differently and assert myself in a constructive way. My administrator has developed so much she has just secured a promotion within the team.”*

**Sally Glover (nee Child),  
Head of Child Health  
Commissioning Support**

“

*Not only do I aspire to be a leader within my organisation, I want to inspire others to lead.”*

**Andy Hudson,  
Deputy Service Manager**

# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Theme 10. Reflecting and evaluating

In a busy environment with high expectations, it is easy to jump straight from task to task, without making time to reflect and learn from events. Yet learning from experience, and making changes accordingly, is invaluable. Encouragingly, some graduates spoke about their enhanced reflective and evaluative ability. This attitude to reflection had not only enhanced their own self-awareness as a leader, it had enabled graduates to work with their teams to help them to see their collective results as outcome patterns rather than as achievements or failures. Viewing results in this way enabled the team to analyse those findings with a view to continuous improvement practice rather than choose to blame individuals.



“

*Using realist evaluation has been instrumental in developing a more coaching and participative leadership style, enabling the team to see findings as outcome patterns rather than achieved or failed results.”*

**Linda Parker,**  
**Advanced Gastroenterology**  
**Dietician - Team Lead**

“

*My ultimate goal is to work innovatively with service users to improve the quality of patient experiences, increase staff engagement and develop a reflexive learning culture focused on continual improvement in capability.”*

**Dr Amma Oppong-Odiseng**  
**MD FRCPCH,**  
**Consultant Community**  
**Paediatrician**



# Stage One (a): Thematic Analysis of the HEEOE Mary Seacole Programme

## Additional Themes

Although numbers were lower, a few graduates mentioned:

- self-awareness specifically in terms of emotional intelligence;
- choosing to be patient, calm and to slow down;
- planning and organising projects more carefully;
- feeling invigorated, with renewed passion for the work;
- accepting they needed help, moving beyond being a "hero".

“

*On reflection I embarked on the Mary Seacole Programme as a means to progress my career into a more formalised leadership role. However it has reignited my passion for my current role by equipping me with self-awareness, confidence, knowledge and skills to lead in practice and evolve what we do and how we do it with the underlying goal of improving patient care, experience and outcome.”*

**Tracey Rodgers (nee Poll),  
Sister - Critical Care**

While participative leadership was clearly an emerging theme, with some coaching references too, there were sporadic references to developing more directive, visionary, affiliative or pacesetting styles.

“

*The underpinning Francis Report from which the focus of the initiative was derived stood as a dark reminder of what we can fall into, unhealthy practices promoting a fear of confidence in a team's work through the impact of statistical interventions rather than humanistic practices and using a defensible outlook rather than the unhelpful defensive way of working.”*

**Anna Kewley,  
Deputy Ward Manager**



# Stage One (b): Thematic Analysis of Output from the HEEOE Mary Seacole Programme

## Cohort 3 Graduation Event

At the Cohort 3 graduation event in March 2016, MSP graduates took some time to reflect on what their learning had achieved. They considered what the impact had been on themselves, their organisation, patients, and others. Having explored the impact of their learning, they went on to discuss examples using a methodology known as STARi; a variant of the STAR technique. It includes:

- Situation - they describe vividly the environmental condition; ie. a department, an organisation, a timeframe;
- Task - they describe the challenges or obstacles they had to overcome;
- Their Action - they explain the specific actions they took to address the challenges;
- Result - they identify the concrete outcomes of their actions.
- Impact - they show what is now different in the world because of the results that were achieved.

Their individual flipchart answers have been clustered and are shown in order of popularity.

**Table 4:** Analysis of Cohort 3 reflections on impact of the Mary Seacole Programme

### Impact on Self - 29 responses

Self-confidence (38%) was identified as the biggest shift, with self-awareness (31%) closely following, and often linked. A third significant theme emerging was that of being able to use the multiple techniques and approaches that graduates had learnt on the MSP (17%).



*Greater awareness of my own strengths giving me confidence in my interactions with others."*

### Impact on Organisation - 16 responses

Hitting KPIs and otherwise enhancing productivity (25%), increased staff engagement (25%) and working in partnership, including with patients, (25%) all tied as the dominant themes.



*Importance of education to improve awareness of situation to get 'buy-in'."*

### Impact on Patients - 20 responses

The leading themes were of improved patient engagement (25%) and greater patient safety (also 25%) though other examples included higher levels of satisfaction, more tailored services and reduced waiting times.



*Improved focus on patient outcomes rather than key performance measures."*

### Impact on Others - 14 responses

The single leading message (43%) was one of better working relationships, with many participants mentioning improved team dynamics and cohesiveness, as well as enhanced partnership working.



*Have better interactions with me as I am now better at determining their communication preferences."*



# Stage One (b): Thematic Analysis of Output from the HEEOE Mary Seacole Programme

## Cohort 3 Graduation Event

23 STARi stories were also analysed and some themes emerged.

### Situation

The situations were often novel in some way e.g. new service following tender, new team (26%). Another common theme was that of the need to engage other people including stakeholders and patients (22%), followed by a need to enhance skills or performance (17%).



*Managing first day of new service following tender process. Line manager relocated to ... Patients not informed well about changes - reduced staff."*

### Task

The tasks themselves had less commonality. 22% chose to enhance the service in some way; 17% chose to build relationships. Other examples included performance management, leading change, mentoring.



*Having to mentor a new team member to ensure they not only understood their role but the team dynamics."*

### Action

39% of participants focused on communicating and engaging with people with a further 17% specifically using empathy or appreciation to achieve their goals. Other actions included observation, analysis and creating lines of accountability.



*Liaised with internal and external stakeholders, especially those with influence and power to make it happen. Staff and patient engagement crucial."*

### Result

Improved outcomes (26%) was closely followed by improved process and enhanced team morale (both 22%). Other results included greater self-awareness or a changed mindset.



*Happier team; increased resources; various tasks allocated to team members dependent on skills."*

### Impact

An encouraging 35% specifically mentioned better patient outcomes or experience while over 30% of participants spoke of improved people engagement, and the same number described greater confidence and awareness of their own abilities.



*Team is considering more ways to engage with patients in commissioning and procurement. We are listening to our patients!"*

**Table 5:** Analysis of Cohort 3 STARi stories

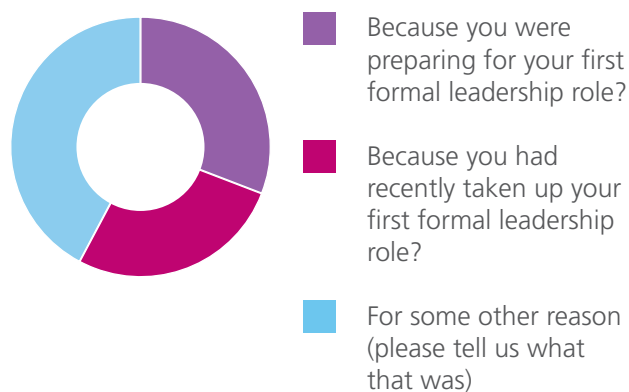
# Stage Two: Analysis of Survey Monkey Questionnaire

47 Out of 212 graduates responded, though only 42 completed the whole questionnaire. Around half of the responses came from Cohort 3. Most respondents were happy to be quoted, but few wanted their names included in the quote so all have been left unattributed. The statistical returns are shown in Appendix A.

## Reasons for applying for the Mary Seacole Programme

The MSP was designed to prepare individuals for their first formal leadership role, or for those who had recently taken up such a role. Only 58% of respondents said that they had applied for these reasons. Of these, 31% said they had applied because they were preparing for their first formal leadership role and 27% because they had recently taken up such a role.

### Did you apply for the Mary Seacole programme



Of the remaining 42% who had applied for other reasons, the most common responses were to develop their leadership skills for the role they were already in (11%) or for more general career progression (11%).

*"To further develop my leadership skills. Have greater guidance on how to lead better within my projects."*

*"To learn, to study, to open up further possibilities."*

Additionally respondents referred to the academic challenge or their desire to get back into learning, to seek out practice, or that they had been in a leadership role for some time with no training. A few applied simply because their line manager had recommended it.

*"I deliver leadership training and wanted to see what level and content was delivered so [that I could advise others and ensure what we deliver wasn't that different, particularly to our senior leaders."*

*"I was in a leadership role but I had no formal training or qualifications."*

*"Wished to extend knowledge of leadership in a formal setting and challenge myself academically."*

# Stage Two: Analysis of Survey Monkey Questionnaire

## Expectations of the Mary Seacole Programme

The majority of respondents said that they wanted to gain more knowledge and understanding of leadership theory, and develop and improve their leadership and management skills, with many wanting theory to relate to practice either to apply to their current role or to prepare for a future management role. Several specifically wanted tools to drive improvement and enable change. Quite a few individuals wanted the programme to help them build their confidence as a leader.

Some respondents wanted to gain an increased knowledge of the wider NHS and also increased insight and understanding of what it is to have a leadership role within the NHS and the challenges that come with it. A handful of respondents wanted to complete the programme to obtain a formal and recognised NHS qualification. A few wanted to network across organisations and meet with individuals like themselves. A couple of respondents didn't know what to expect.

*"To gain leadership skills and increased confidence."*

*"Learn leadership skills to influence others and drive change."*

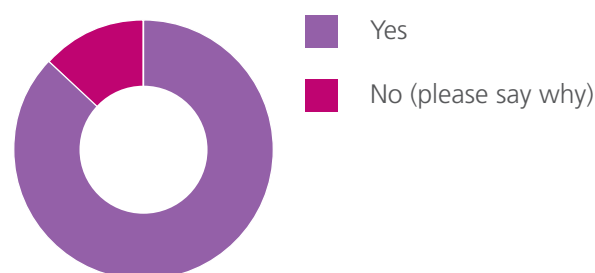
*"To have a better understanding of NHS and leadership roles within it."*

*"That it would be a course on leadership skills in relation to the outcomes of the Francis report."*

87% of respondents stated that their expectations for the programme had been met with one person stating that they did not expect how well-written and well-grounded the material was in academic research. From the 13% who's expectations had not been met, the main reason stated was that they felt that there was too much focus on academic study and theory

and would have preferred more practical experience. One person said that they felt the programme wasn't relevant to clinicians.

### Were your expectations met?



*"Partly, would have liked more practical things (budgets, writing a business case etc)."*

*"Was not as much practical things to try, lots of theory which is not going to be used in practice especially in NHS when time is limited."*

One person said that they felt the programme wasn't relevant to clinicians.

*"It provided much more around the organisational side of leadership and systems and politics etc."*

*"I don't think I was quite prepared for the amount of work it involved as I had started a new role which I needed to do a lot of training for as well."*

*"The unrealistic amount of reading given. Had to learn to pick out what was most relevant."*

# Stage Two: Analysis of Survey Monkey Questionnaire

## Surprises about the Mary Seacole Programme experience

Several respondents commented on how well they thought the programme was delivered: its quality, focus and depth, and how well written and thorough the academic basis of the training was. Individuals were surprised at the overall amount of knowledge they had gained from the programme: including the depth and breadth of skills required to lead, techniques and theories they can use in practice, and insights about their personal assumptions and ideas and how this affects their role and team dynamics.

*"Its quality and focus. Overall compared to other NHS training this was far far superior."*

*"The Hay Group days were very good - practical support that I do use on a regular basis."*

*"I must confess that I did not expect how well written and well grounded the material was in academic research."*

*"How much I would use the techniques and theories in practice."*

*"It delivered what it said it would!"*

A few people were also surprised at how much the programme had changed the way they think, behave and lead, with one individual now thinking more about leadership rather than just management. Several pointed out that the programme showed them "the bigger picture" and opened their eyes to a more realistic picture of the NHS. They were surprised at the amount of information that all NHS workers should know but are not aware of. One person was amazed at the level of dedication, ambition and pride that all participants demonstrated towards the NHS, and their determination to succeed in delivering improved patient clinical safety and quality of care.

*"The tolerated levels of inadequate care in the NHS. I was clearly very naive."*

*"How I enjoyed the networking aspect with people across so many different spheres of work and places but we were all facing similar challenges."*

*"The dedication, ambition, pride in the NHS and determination to succeed in delivering improved patient clinical safety and quality of care by all participants in the Mary Seacole Programme."*

A large number of respondents highlighted the time commitment involved as the thing which most surprised them about the programme; specifically the amount of time needed to study and complete assignments. A couple of individuals commented that the level of the study and the amount of work was higher than advertised. It was also raised that there was a lack of contact with tutor groups and a lack of participation from the groups on some of the online activities.

*"How much I learnt about the bigger picture."*

*"Some of the insights gained about my own personal assumptions and ideas and how this affected my leadership role and team dynamics."*

Numerous respondents were pleasantly surprised by the diversity of participants from a variety of roles across organisations, and further by the similarities between the challenges everyone faced in spite of this diversity. One individual pointed out that participants from different roles were given very different levels of recognition and support from their trusts.



# Stage Two: Analysis of Survey Monkey Questionnaire

## Valuable learning from the Mary Seacole Programme

The majority of respondents stated competencies relating to emotional intelligence as the most important learning that they took away from the programme. Some themes which emerged included:

- Self-awareness - Identifying the type of leader they are; their reaction to confrontation; and increased confidence in their abilities, leadership approach and ability to develop their role
- Self-management - Questioning their own assumptions, beliefs and behaviours; taking time to reflect before acting; changing their leadership and communication style to suit different people; and enhancing their natural abilities
- Social awareness - Understanding and appreciating people's different personalities, responses to situations, learning styles and leadership styles; recognising the impact of culture; identifying why their teams work the way they do; placing patients at the heart of everything they deliver; becoming more politically astute; and having a better understanding of the changes in the NHS
- Relationship management - Working to their team's strengths and making the most of what they have; realising the importance of staff engagement; challenging more and having difficult conversations; being aware of stakeholders involved and thinking about how to communicate with them; and learning the importance of collaborative leadership and understanding.

Other learning identified included leadership and management skills in general, thinking about risk management, practical tools to help to affect change, preparing and writing assignments and reading background information, and a better understanding of how to think about systems in terms of value and then translate it into designing lean systems.

*"How to listen and understand people better so I can address issues quicker in a more sympathetic way which has enabled a speedier process within the projects I've undertaken."*

*"To challenge more and have difficult conversations."*

*"I learnt a lot about different learning styles and why my team work they way they do. It also helped me to work to their strengths!"*

*"How to make the most of the team I have."*

*"I found that I unconsciously changed my leadership style as well as consciously using the methods to assess the person that I needed to communicate with and change my style of communication to suit them."*

*"That so much of what I do is leadership but never really realised."*

*"To be more tolerant of different leadership styles."*

*"The importance of staff engagement, and the opportunity to put an initiative into practice."*

*"Placing the patient at everything we do and deliver."*

# Stage Two: Analysis of Survey Monkey Questionnaire

## Valuable learning from the Mary Seacole Programme

*"That there is a better way to lead rather than the one I see on a daily basis."*

*"The difference between managing and leading."*

*"I find myself mentioning things like "Lean" and organisational culture on a regular basis. We have also started a Leadership Learning group for those that have been on both this programme and the EGA to see how we can use our learning in the workplace."*

*"Yes, I line manage an 8a Project Manager who faces stakeholder management issues on a daily basis. I have been able to share various techniques learned to enable her to overcome these more easily."*

*"Yes with the team that I lead - I have encouraged them to take responsibility for the tasks that we have identified as being their strengths. This has also motivated them."*

*"I have since taken up a managerial role and share my new found knowledge in team meetings."*

*"For example sharing information about improving handovers which contained useful information relating to effective communication."*

*"Yes, for example team dynamics and effective teams with my own team."*

*"Continued roll out of improvements in our area."*

*"Used theories in business cases."*

*"I deliver leadership and management programmes with the Trust and use the knowledge and skills I have gained on the programme to help improve my ability to do this."*

*"I have been able to share some of the learning around quality improvement methodology. I also undertake regular reflection sessions with practitioners to ensure optimal learning through root cause analysis."*

*"I teach my management year nurses how to lead."*

*"Mentoring junior staff at start of gaining leadership skills, mentored someone on Mary Seacole course."*

# Stage Two: Analysis of Survey Monkey Questionnaire

## Sharing learning from the Mary Seacole Programme with colleagues

80% of respondents had shared learning about their leadership intervention either formally through reports and meetings with their teams, commissioners, managers and directors, or through informal discussions. Specific learning shared included understanding change management and the use of an audit tool designed as part of the intervention. Several of the interventions are now embedded within the trust or fully operational within the team. Learning from the initiatives has also supported new projects and brought several teams together through new service deliveries. A few participants had shared knowledge with colleagues to enable their initiative to begin or received feedback and support at each stage.

The 20% of respondents who have not shared their leadership intervention did not do so due to a variety of reasons including: shortage of time, change in role, being too busy, staff attrition, management "getting in the way", and organisational restructuring.

*"I have shared the use of an audit tool designed as part of my intervention."*

*"Introduced change, continually adapted until change became standard. Explained use of change techniques."*

*"Yes the information has been shared with colleagues, managers and the safeguarding adults meeting members, to motivate individuals to participate in mental capacity assessment and best interest decision making appropriately. The training package has been updated to reflect the identified needs of frontline practitioners."*

*"Yes, the support I received was very important to me so I wanted to feed back at every stage."*

*"Presented my leadership project to my directorate quality and safety meeting and to local commissioners."*



# Stage Two: Analysis of Survey Monkey Questionnaire

## Sharing learning about leadership intervention with colleagues

80% of respondents had shared learning about their leadership intervention either formally through reports and meetings with their teams, commissioners, managers and directors, or through informal discussions. Specific learning shared included understanding change management and the use of an audit tool designed as part of the intervention. Several of the interventions are now embedded within the trust or fully operational within the team. Learning from the initiatives has also supported new projects and brought several teams together through new service deliveries. A few participants had shared knowledge with colleagues to enable their initiative to begin or received feedback and support at each stage.

The 20% of respondents who have not shared their leadership intervention did not do so due to a variety of reasons including: shortage of time, change in role, being too busy, staff attrition, management "getting in the way", and organisational restructuring.

*"More confident in making decisions and thinking about how others think about situations."*

*"I am aware of my strengths and weaknesses and I consider my options rather than jumping in with both feet! I also communicate better with staff at all levels."*

*"I have insight in myself and I am much more conscious about how other people are impacted by this."*

*"Thinking through a meeting or discussion beforehand to anticipate the way the meeting will go and design my approach."*

*"I have much more empathy when managing my team. I have learnt different ways of looking at things and asking them to look at problems, and solutions, first."*

*"How I work with my staff and not dictate to them."*

*"I am better able to manage change while taking the whole team on board."*

*"View things in a much broader aspect, work/ understand how change affects the whole trust work more in partnership with the whole trust. Have techniques that I can use/adapt to change behaviours. More prepared to challenge and make change occur even when it can be difficult initially."*

*"The knowledge to understand why change is difficult and why some people are resistant. Also the idea that you need to get everyone on board to make things happen. Also not to be disheartened when not all goes to plan and that making change can take a long time."*

*"My listening skills and my ability to push forward projects at a better pace with clearly defined and agreed upon goals. Prior to the course progress had been perhaps more haphazard."*



# Stage Two: Analysis of Survey Monkey Questionnaire

## The most significant changes in how you are as a leader

As with previous questions, the most significant changes in how participants saw themselves as leaders included lots of skills and insights gained relating to emotional intelligence. A large number of respondents mentioned increased confidence and belief in themselves. Many stated that they had greater self-awareness, insight into their strengths and weaknesses, and the impact of their behaviour on others. Other improved skills mentioned by participants include: listening, negotiation and persuasion, empathy, patience, communication, conflict resolution, challenging people, and handling confrontation. Individuals commented on realising the importance of getting everyone on board to make things happen.

Several respondents noted a broader understanding of things at a strategic level, improved ability to see and understand the wider picture, and more political awareness and insight into networks. Some participants felt that they've become more reflective; considering the human, systemic and cultural factors of situations more critically, and considering options before jumping in.

Other participants commented on being able to apply many of the strategies from the course, a general increased understanding of how to lead effectively, and the ability to push projects forward at a better pace and with more clearly defined roles. A couple of individuals feel that they better understand why change, why it's so difficult, the time it takes for it to be implemented, and its impact on the wider system.

*"More cohesive in their approach to work and each other, supportive, greater sense of unity and being of one."*

*"I now lead a much bigger team, and understand the need to engage with everyone, and lead from the front."*

*"My team accept me in my new role as Manager."*

*"Shared the learning and team was able to look more systemically at issues e.g. incidents."*

*"Ready to discuss challenges as a team and suggest ideas to try and improve care and patient experience."*

*"Consistency in clinical approach, reflecting on practice and making change."*

*"My team are much more settled and come to me with problems rather than escalating them within the team."*

*"I am happier to lead from the front and take ownership."*

*"I try not to share my full feelings with my team."*

*"Have planned changes which I know will be more palatable to them."*

*"I worked independently prior to new post being created, there was no team."*

# Stage Two: Analysis of Survey Monkey Questionnaire

## The impact

The responses identified some key impacts which the above has had on participants' teams, department/division/function, and on patients/service users.

### Team

Several respondents felt that they had positively impacted their teams by becoming better leaders, and feel more accepted as a leader. They are stronger and happier to lead from the front: encouraging and supporting people, demonstrating participative leadership, and being a positive role-model who promotes wider engagement. Individuals noted that their increased emotional intelligence has resulted in more team members approaching them for guidance and support, and helped them to discuss challenges and changes. A couple of respondents noted that their team members seem more engaged, focused during meetings and proud in what they deliver.

### Department/Division/Function

Again, respondents noted that as a result of their changes as a leader, they have experienced increased recognition, confidence and acknowledgement from other staff. With a better understanding of the wider system, there has been improved departmental coordination, departmental coordination, interaction and integration of wider teams, and willingness from teams to help and support each other. Respondents noticed department/division/function-wide improvements including increased cost effectiveness, better medical consultant site cover and increased staffing for service.

### Patients/Service Users

Respondents feel that MSP has better equipped them to advocate better clinical services and new pathways to improving the patient experience; delivering better, safer and more streamlined care. One individual mentioned having an improved voice in the commissioning of services. There is greater comprehension of all the services which local patients access, involving the patient with service redesign and introducing patient-focused initiatives.

*"Greater interaction and integration of wider teams, teams more willing to help and support each other."*

*"I facilitated team Time Out events and increased understanding of other's roles."*

*"Better liaison with clinicians."*

*"More dynamism and will to change for the better."*

*"Ability to introduce changes in the face of resistance."*

*"Understand and work more within the whole Trust, can see and understand problems from a wider picture."*

*"Ability to be able to develop much of a project with minimal help from manager, freeing up their time."*

*"I seek and provide support to colleagues of the same seniority."*

*"Impact on our own leadership programmes and offerings."*

# Stage Two: Analysis of Survey Monkey Questionnaire

## The impact

*"More consultant input into care."*

*"My initiative has increased patient and staff safety."*

*"Seen in a timely fashion. New pathways that improve patient experience."*

*"Efficiency and reduced waiting times and more positive experience."*

*"Improved communication with our service users."*

*"Courageous conversations, advocating better clinical services."*

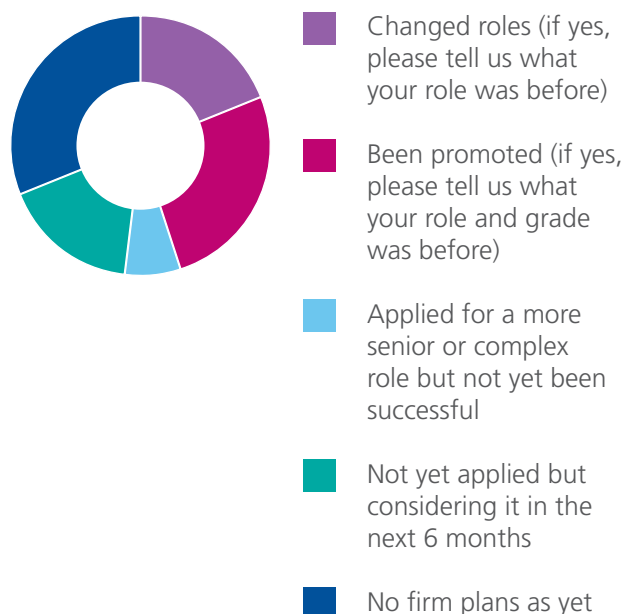
*"We have introduced initiatives to facilitate greater service user involvement and consultation re service delivery."*



# Stage Two: Analysis of Survey Monkey Questionnaire

## Career beyond the Mary Seacole Programme

Since taking part in the Mary Seacole programme what career changes (if any) have you already made? Have you:



26% of respondents had been promoted since starting the Mary Seacole Programme, and another 19% had changed roles.

*"I have been appointed in my first managerial/ leader role as a result of completing the Mary Seacole Programme."*

*"Part way through the programme I was offered my new role - prior to being Compliance Manager I was Office Manager!"*

*"Shortly after completing the Mary Seacole Programme, I gained two promotions within a short period of time and have since moved to a new organisation, gaining formal promotion and a more complex role."*

*"I have taken a significant step into more complex leadership roles within my local team and across our Trust."*

*"I have been promoted to a Matron, I have had the opportunity to represent the Associate Director on nursing and midwifery at senior meetings and also act up in her absence."*

*"Whilst on the course I progressed from being the GP Federation Manager to being the Head of GP Federation and Business Development. I am now exposed to the Executive Team meetings and my role is considerably more complex with more responsibilities."*

*"Changed roles entirely & stepped up to lead a large team/significant budget."*

Just 7% had applied for jobs without success, and a further 17% were considering a move within six months. However 31% had no firm plans as yet. One person had left their job entirely:

*"Was a Junior Sister, left work as disillusioned with management and patient care."*

Some people, while remaining in post, had experienced opportunities to step up to more complex work, to a broader scope, or to deputise for their manager.

*"I already hold the head of dept position, so stepping up not necessarily applicable, due to my speciality. However, I have got involved in a county-wide vision screening bid to provide orthotic support so that the new service is compliant with National Screening Committee recommendations."*



# Stage Two: Analysis of Survey Monkey Questionnaire

## Career beyond the Mary Seacole Programme

*"I had hoped to take on the clinical lead role but it was not possible to reduce my clinical workload (I was already carrying additional duties from a vacancy). I have thus been contributing to leadership within the team and service without a title."*

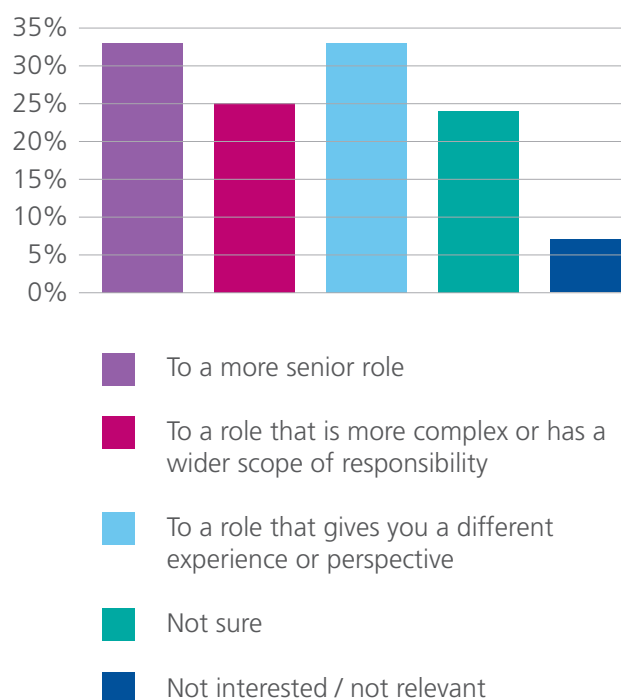
*"My current role is programme managing a very complex programme of transformation and procurement."*

*"Increased direct working with CCG and trust senior management."*

On the other hand, about the same number of people had had no such opportunity although very few commented on why that was:

*"None - partially because this is not encouraged by my organisation, indeed I feel my work and my team are often ignored and not valued by them. This is coupled by ongoing organisational changes which make it difficult to step up."*

### Looking forward, what do you see as the next step in your career?



Looking forward, a third of people saw their next step as moving to a more senior role, and another third to a role that would offer different experience or perspective. Almost a quarter of respondents said they wanted to move to a role that was more complex or had a wider scope of responsibility, while another 24% were still unsure about their next move. Encouragingly, only 7% were not interested or considered a move irrelevant. (NB some people gave multiple answers to this question.)

*"I've very recently changed roles so I'm happy learning my new role for now. I have a very long commute to work (100 miles per day) so if anything I would consider looking for a similar role nearer to home. My manager is an extremely supportive manager and I know I would have her full support with whatever I considered in the future."*

# Stage Two: Analysis of Survey Monkey Questionnaire

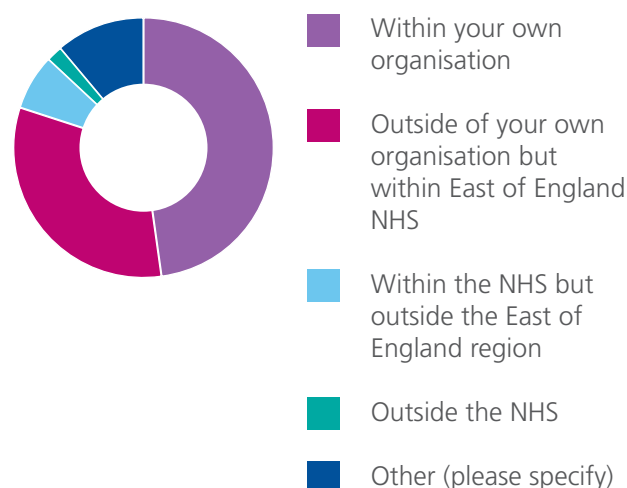
## Career beyond the Mary Seacole Programme

Since taking part in the Mary Seacole programme how ready do you now feel to take the next step in your career?



Over half of respondents now felt completely ready to take that next step in their career, and a further 21% felt they would be ready now with the benefit of line manager support. One in ten wanted to wait for a while but felt they would be ready within another year, with just 5% feeling it would take longer than that. 12% felt that the issue was not relevant or they were not interested - rather higher than the 5% from the previous question.

What would be the natural next career step for you? Would it be:



In terms of location, the majority of respondents (45%) saw their next career move as staying within their own organisation, while a third wanted to leave their organisation but remain within the East of England region. In the statistical return, three respondents saw themselves staying in the NHS but moving beyond the East of England (although two more under "other" said much the same thing), and while the statistics indicated just one respondent seeing their future as being outside the NHS, two more under "other" were also considering that possibility. One respondent saw themselves needing an entire career change.

We asked respondents what practical actions were now required to support their future leadership development, and where they saw that support coming from. 15% saw their manager as being the chief source of support, while the same number felt it was down to them personally to make this happen. Smaller numbers were looking for support from their Trust, or from their HR colleagues.

# Stage Two: Analysis of Survey Monkey Questionnaire

## Career beyond the Mary Seacole Programme

*"It would be nice to be noticed! I need to keep doing the work and keep my eyes open. I don't think there is any scope for progression within my current team, partly because I am not clinical. I do not believe the organisation is prepared to support me or develop me further, and actually had the request come in now to apply to the Mary Seacole Programme I don't believe it would have been honoured. So any actions needed will need to come from me, and I will need to review what is available and what is needed."*

*"Internal Trust support and development - quickly before I lose the knowledge from Mary Seacole programme."*

The nature of the support needed varied considerably, most commonly wanting opportunities to practice their skills and broaden their experience within role:

*"Further support from my job share partner to develop my experience."*

*"Need to develop skills in meetings, accept increase with responsibilities in acting up, accept challenges offered by the Trust."*

However, not everyone felt they had the time or support to make this happen:

*"Recognition of the need to free up clinicians time to contribute to leadership roles is crucial."*

*"If I was to develop my leadership skills and abilities, I feel I would need greater managerial and organisational support. I am not confident that I would receive this."*

People also mentioned mentoring, clinical supervision, and the value of their appraisal discussions:

*"Careers advice would be useful, have emailed the OU but waiting for response."*

*"Career opportunities within my own organisation are currently limited. I am therefore currently searching for suitable career opportunities within EOE NHS. Support required is likely to be in the form of opportunity for further leadership learning experiences and an employer willing to offer suitable development opportunities."*

Some wanted further leadership or - more often - management development (either in-house or from HEEoE):

*"I have continued to study and appreciate being sent information about available courses. For example, this week I took a day's training on David Bailey's course on budgets - it was excellent."*

*"Practical skill development e.g chairing meetings, having difficult conversations."*

Only one person said that what they needed to do was "to pause and review learning from program."

## Stage Two: Analysis of Survey Monkey Questionnaire

**Practical actions required now to support participants' future leadership development and where this support needs to come from:**

Several respondents said that practical actions need to come from themselves to support their future leadership development; of these a few noted that this was because they were not confident that they would receive support from anyone else within their team or organisation.

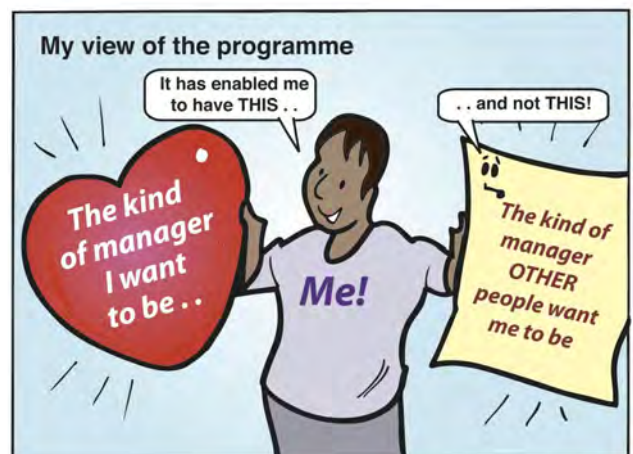
Actions required included:

- Reviewing learning from the programme,
- Applying and developing practical skills,
- Continuing exposure to external stakeholders and the wider NHS,
- Building relationships, and accepting challenges offered.

A number of people noted existing support from their line manager and would like to see this continued; sharing thoughts and ideas and being given opportunities to act up into other roles to gain experience.

Respondents would also like to see more support from their organisation, with one individual noting that more recognition was needed regarding freeing up clinicians' time to contribute to leadership roles. A few respondents would like to seek mentoring within and outside of their organisation.

A handful of responses mentioned seeking new opportunities for leadership and career development outside of their own organisation. Many respondents would like to consider further learning and courses either in-house or run by the NHS Leadership Academy, with the support of line managers and the leadership team. A couple of individuals mentioned cost being a barrier to this.





# Stage Two: Analysis of Survey Monkey Questionnaire

## The Mary Seacole Programme Community

**Have you remained in contact with those you met through the Mary Seacole programme?**



43% of respondents said that they had been in touch with people they had met through the MSP, while the remaining 57% hadn't. Of the 43%, some have only been in touch with people in the same trust or because they work directly with them, while others are in touch with others from outside their own organisation. Respondents noted the benefit of having a network to offer support about similar challenges faced, to share good practice and information, and to understand how others are introducing change. Methods of contact include informal events, social media and email.

*"Yes, allows me to network and share ideas."*

*"I have kept in touch with some people I met on the course as network contacts. This has enabled sharing of information around various hot topics."*

*"We never worked as a group. TGF was non existent despite best efforts of tutor. I was one of two in my group who posted on TGF."*

*"Didn't get to know them well enough and due to geographical areas it wouldn't be practical. I completed the programme in Cambridge but live in Essex."*

*"Lots didn't really bother to do the course properly when we chatted so felt waste of time."*

The main reasons for not being in touch appear to be time constraints and a lack of capacity due to work pressures. Several participants also cited distance as a factor and also the differences in their areas of work and environments being a barrier to natural interactions. Other participants felt that they had not bonded with anyone during the course of the programme or that the people they'd spoken to have not taken the programme seriously and therefore wouldn't offer any beneficial insights. A couple of respondents said that they had not yet contacted anyone but would like to.

*"To hear about the problems they have faced and how these are addressed in their sphere of practice."*

*"Catch-up/learning events with anything new that would be useful to us as leaders. This would also reinforce the network that we had."*

**What support would be most helpful to participants to remain in touch with MSP colleagues?**

The majority of respondents said that it would be helpful to have semi-structured regular catch-up events to reinforce the network, hear problems and how they've been addressed and share ideas. A few would like the events to include some learning or training and to have sessions focused on particular areas or skills. Three individuals wanted emails with the names and contact details of alumni from their cohort.

# Stage Two: Analysis of Survey Monkey Questionnaire

## Additional comments

It is clear that many people got a lot from the Mary Seacole Programme experience:

*"I very much enjoyed the Mary Seacole programme and found it extremely important in my development as a leader."*

*"The wealth of learning I gained from the programme far outweighs anything I have previously undertaken in the form of leadership training. 'I alone cannot change the world, but I can cast a stone across the waters to create many ripples' (Mother Teresa)."*

One or two were keen to progress to the full Masters experience but have struggled to find funding:

*"Sadly, the biggest barrier to me... was the NHS Leadership Academy introducing costs. I regret not applying for the Elizabeth Garrett Anderson course rather than the Mary Seacole to have been exposed to more advanced learning to develop myself further for the benefit of the NHS."*

For some, however, the impact of the Mary Seacole Programme has been diluted by lack of support at work:

*"I do, however, feel it was quite hollow all told mainly due to constant changes in my organisation and a general lack of support. It has developed me, and benefited my team and the patients we support. I do not feel it has benefited the organisation as I do not feel valued or needed - if I did a good job or a bad job it would make little difference to them. Sadly I don't believe developing myself has made any difference with this."*

*"The course was very helpful and informative. However, I think the Trust needs to provide further, ongoing support to continue the development of its staff and encourage greater opportunity for creative and proactive leadership."*



## Stage Three: One to One Telephone Interviews with Volunteer Participants



The researcher interviewed six graduates about their experiences. While many themes echoed those emerging from the survey monkey data, more was explored about the kind of recognition they'd experienced locally, and the support that they now needed. Graduates' stories are shown on next few pages; some of the key themes emerging are summarised here.

Only one graduate felt that they had received all the support that they wanted from their line manager. While the other managers were not actively unhelpful, graduates said that they could often have benefitted from being given more study time or received more regular interest on how they were getting on.

Around half of the graduates interviewed had experienced a fair degree of recognition in the form of public acknowledgement or being invited to take part in broader activities or discussion groups. While not everyone was initially comfortable with that degree of attention, they all appreciated it.

The graduates also welcomed the on-going invitations they received to East of England Leadership Academy leadership masterclasses and workshops; although not all have been able to attend them, many intend to when work commitments allow.

While a couple of graduates had no interest in reconnecting with their MSP colleagues, most were keen on the idea. With the exception of one senior graduate who would like to meet regularly with a small group to discuss work issues, the rest felt that less regular - perhaps annual - events would be most helpful, perhaps in the form of training.

Five out of the seven graduates interviewed wanted a more senior mentor to help them to work out their future career path. Most want their mentor to come from a different trust to the one they worked in.

All participants are offered access to coaching or mentoring through the East of England Leadership Academy registers at <https://coaching.eoe.hee.nhs.uk/> and <https://mentoring.eoe.hee.nhs.uk/>



# Graduate Case Studies

These participants have shared stories to illustrate the key themes and impact from the programme



**Anna Ellis**

*Anna Ellis is a Voluntary Services Coordinator at Cambridge University Hospitals NHS Foundation Trust.*

Anna was attracted to the MSP more for the opportunity to study at postgraduate level than for the subject matter of leadership, although it did interest her. Initially concerned that it might be too challenging for her or that she was not senior enough, Anna was pleased to pass with merit. This was not easy as she had three changes of line manager over the duration of the programme, and while she initially had half a day a fortnight dedicated to study, short staffing meant that this had to be given up and Anna then studied only in her own time.

In terms of recognition, Anna says that there is some prestige associated with the MSP: she has since been offered further training opportunities, congratulations from the top of her organisation, and the chance to meet with the CEO and Ads “on a level playing field”.

Anna has learnt to think differently, including gaining a greater understanding of why people behave as they do, and the ability to challenge them “in a way that they will hear”. She has also become greatly interested in evaluation techniques: her leadership initiative continued long after her time on the MSP.

Thinking about the future, Anna is more interested in broadening her experience than being promoted. Regarding her confidence in having a more senior role, she wonders if she is “a better team player than a team leader” but did find it very comfortable to work in a peer group with people several grades higher than her. Anna would welcome a mentor who is already working at a more senior level. She is in contact with her MSP colleagues but would like something a bit more official with more training and input.

Anna has submitted leadership intervention ‘Measuring the Impact of Volunteering on Patient Nutrition’, for more details [please click here](#)



# Graduate Case Studies

These participants have shared stories to illustrate the key themes and impact from the programme



**Elizabeth Podd**

*Elizabeth Podd is Deputy Director of Commissioning at Mid Essex Hospitals NHS Trust.*

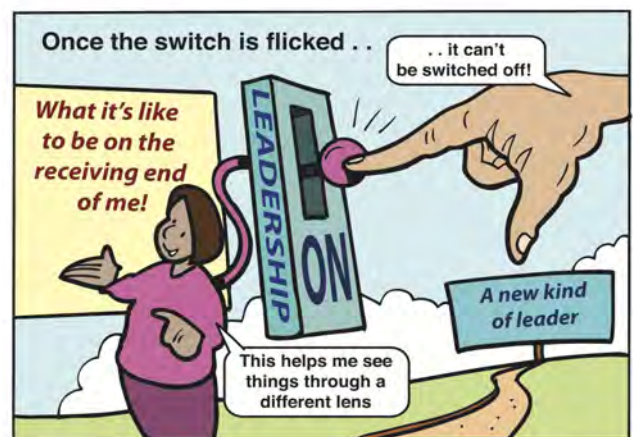
Elizabeth had joined the NHS four years prior to joining the MSP and wanted to find out more about the NHS itself and how to operate within it; it had not registered with her that the programme included a postgraduate certificate. Elizabeth applied for the first cohort, keen to grab the opportunity while it was available and with no local cost. Although the MSP exceeded her expectations, she wonders now if she should have gone for the greater depth of the Elizabeth Garrett Anderson programme instead. While her line manager was keen for her to take part and responded positively when asked for help, she did not receive more proactive support such as study leave. Elizabeth wonders if things would be different now that more is known about the MSP experience. Despite this, Elizabeth passed with merit and was recently invited along with others on Leadership training to a lunch with her Acting Chief Executive who wants to engage them all as culture champions to help with quality improvement.

Elizabeth says that her most powerful learning was dealing with people that she had previously found difficult: analysing them, using their language, making sure that what she was offering was beneficial to them, and understanding that her “burning issue” might not be theirs. While her leadership initiative of streamlining the formal process for business cases achieved some benefits, the issue was later taken out of her hands.

Nevertheless, her MSP learning continues to affect how she works with her team and helps them to think about their frustrations and analyse how they can have a different impact. “I didn’t think I was embedding that much until I wrote my response to my appraisal. It’s inbuilt now, instinctive.”

Elizabeth appreciated staying in post for a period of time after completing the MSP to help her embed her learning, but now feels ready for a broader leadership role, perhaps a Director position: “It worries me that if I don’t move jobs soon, I will start to lose it”. She is starting to find general operational and people-oriented work much more interesting than her specialism. She very much wants a mentor outside her organisation but does not know where to start. She has been pleased to receive several invitations to training courses and would like to reconnect with her MSP colleagues once a year, perhaps on a short refresher event, as she has not remained in touch with anyone.

Elizabeth has submitted leadership intervention ‘Streamlining the Business Case Process to Support and Encourage Commissioning of Clinical Innovations’, for more details [please click here](#)





# Graduate Case Studies

These participants have shared stories to illustrate the key themes and impact from the programme



## Alison Steele

Alison had been an Acting Maternity Ward Matron in Princess Alexandra Hospital NHS Trust when she saw the Mary Seacole Programme advertised.

Alison had always wanted to prove to herself that she could succeed academically. The difficulty of the assignments was a surprise but she felt that they really helped to clarify the online material and that it would be detrimental to remove them from the programme. Alison is proud to have passed with distinction and has now been substantively promoted to a role with a much broader remit.

Alison said the MSP opened her eyes to a much broader picture of the NHS, how easily the culture can slip, and how important it is for everyone to challenge "wilful blindness".

It also helped her realise that the way she'd been doing things wasn't necessarily the best way. Her leadership initiative focused on creating a culture of safety compliance. Although it took a further 18 months after the end of the programme and involved a variety of communication methods, a recent audit showed 100% compliance. Alison has also created a much more participative culture, with her staff deeding into decision-making, holding round-table discussions, and feeling freer to come forward with concerns. She says she also "drove people mad" sharing her MSP learning by printing articles for them to read.

A significant amount of recognition was received from Alison's Director, who announced her distinction in front of several other staff, has been asking her to get involved in other projects, and is encouraging her to apply for the Elizabeth Garrett Anderson programme. Alison is conflicted about moving further up her profession, feeling that she has a good balance right now between clinical work and management. She previously wasn't sure that managers could make much of a difference, but now knows that it is how a person leads that has the impact. She wants to be "out, visible and helping where it's needed" and therefore continuing to upwards would only satisfy her if she could retain some clinical input.

Although Alison initially did not look forward to receiving coaching when it was offered to her, feeling uncomfortable about "being in the spotlight", she found it immensely helpful to continue to be challenged. She would like to continue working one-to-one with a senior mentor, and to stay connected with her MSP colleagues, perhaps in small group.

Alison has submitted leadership intervention 'To Improve the Safety and Experience of Women and Families in the Maternity Theatre', for more details [please click here](#)



# Graduate Case Studies

These participants have shared stories to illustrate the key themes and impact from the programme



## Wade Norcott

Wade Norcott was Assistant Cancer Services Manager in the Princess Alexandra Hospitals NHS Trust when he applied for the Mary Seacole Programme on his line manager's recommendation.

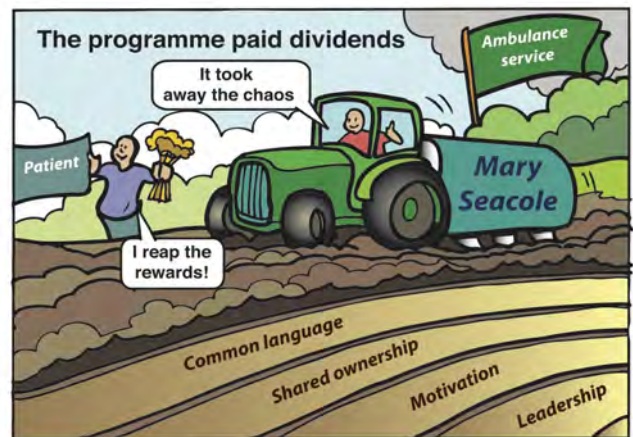
Although he hadn't previously considered it, Wade was attracted to having a postgraduate qualification to support his career development. He felt it also tied in with his role as a football referee: forming relationships, handling conflict etc. Wade's line manager was a strong source of support throughout, even reading his assignments and giving feedback on them.

Wade was struck by how much he developed his communication skills through the MSP; how considering wider implications and others' feelings enabled him to be much stronger in handling disagreements. His leadership initiative also had a significant impact: Cancer patient outcome data had not been well captured with only 40% compliance; Wade engaged with all parties to ensure that data-capture and data-monitoring are fixed within ward processes and they are now 95% compliant.

Wade has been acting up for some time as Interim Cancer Services Manager and has now landed a new Service Manager role at a leading teaching hospital in London; while this is the same grade, Wade views it as an important step. He says that the MSP gave him the confidence to apply for the role and that he was able to draw on much of his MSP learning in the interview.

At this stage, he is not looking to climb higher but might consider a move to another discipline to extend his range with a view ultimately to move to a general manager position. He meets some of his MSP colleagues regularly and finds them a useful source of support and ideas. He likes the idea of an annual MSP event to maintain the network.

Wade has submitted leadership intervention 'Data Completeness for Patient Records', for more details [please click here](#)



# Graduate Case Studies

These participants have shared stories to illustrate the key themes and impact from the programme



## Dr Elizabeth Babatunde

When Dr Babatunde applied for the MSP, her role required her to work two days as a GP registrar and three days as a Commissioning Fellow at a CCG. She chose to focus her leadership initiative at practice level. She learnt a lot about interpersonal issues and cultural awareness and found her MSP learning invaluable in making sense of what she was observing, and this learning continues to inform her behaviour. She credits the MSP with helping to change her mind-set from “just being a service provider to being a service shaper”.

She also feels more empowered in her role as a doctor and is more mindful of the influence that doctors wield. She notices a tendency among clinicians to focus purely on their interaction with patients, and feels that MSP has helped her to understand the perspectives and priorities of others in the healthcare system, especially non-clinicians.

Dr Babatunde now manages an even more complex portfolio of jobs as a sessional GP while working for two CCGs and holding a position as a cancer and end-of-life lead. While she does want to progress to a more senior leadership and strategic role in healthcare, she enjoys “getting her hands dirty” with clinical responsibilities. She currently mentors young people interested in medicine and is keen also to mentor young doctors. She would also welcome receiving on-going mentoring to help her to get to the next stage in her career and draw out her future plan.





# Graduate Case Studies

These participants have shared stories to illustrate the key themes and impact from the programme

## Katie Joy-Good

Katie Joy-Good is an ICT Performance and Administration Lead and Clinical Systems Coordinator for Cambridgeshire Community Services NHS Trust.

Katie had recently finished many years of academic study and was looking for something that would help her more with personal development. The pace of change at work was particularly fast at that time, and Katie felt that she had to work hard to make her MSP learning relevant to her workplace.

Her leadership initiative was particularly well-timed as two services were being brought together for the first time. Work continued long after the MSP but Katie was able to bring learning such as change cycles, learning styles and emotional intelligence throughout the project and beyond it. "I'm naturally a data person; the MSP enabled me to do the softer side with people".

Although working in the same area, Katie's role has developed and she has expanded her work across a wider range of service and locations. She has a mentor as part of her current leadership training. Despite bonding with MSP colleagues at face-to-face events, she has not remained in contact mainly because they work in different trusts. She would like to connect with graduates her trust from other MSP cohorts to share learning and experiences, perhaps at events with an external facilitator or speaker.

Katie has submitted leadership intervention 'Working towards Integration', for more details [please click here](https://eoeleadership.hee.nhs.uk/the_mary_seacole_programme)



# The Mary Seacole Programme from 2016 Onwards

In 2016, having offered the programme for a little over two years with over 2,000 participants, the NHS Leadership Academy's evaluation suggested they retain the practical bias of the programme, the focus on personal development and the applied leadership but also reduced the length, study time and academic load. The Mary Seacole Programme is now six months long with 100 hours of online study and face-to-face workshops. It still results in an NHS Leadership Academy Award in Healthcare Leadership.



## Conclusions and Recommendations

The Mary Seacole Programme seems to have been transformational to the graduates themselves, and feedback from the respondents indicates that they are making significant impact within their organisations.

Once they have graduated, there is a risk that some of the impetus and momentum of their leadership development might not be maintained with the pressure of day to day work. There is scope for the graduates themselves to build on their newfound confidence and learning to take themselves forward. What also emerged from the interviews was the desire for someone to guide their future career pathway. Even the most confident and assured of graduates felt the need to talk to someone more senior who is not in their trust to help them work out how they might move forward and progress their careers. All graduates are offered and have continued access to the East of England Leadership Academy coaching and mentoring registers to support their further development.

The MSP community itself is a potential source of support. Where the bond of their tutorial group was particularly tight, people are maintaining their own connections. Where they might need more support is in bringing the wider learning community together from time to time for networking purposes, which has the potential to add increasing amounts of value over time as graduates follow diverse career paths.





# Conclusions and Recommendations

Based on the lessons learnt and feedback, the following recommendations are made for the future:

**Recommendation 1:** *Communication with line managers of future Mary Seacole Programme participants, not only at the start, but two or three times during the programme, to keep them informed about the programme components, progress and learning so that this can be applied in day to day work and in delivery of organisational priorities.*

**Recommendation 2:** *Provision of support to graduates through access to mentoring or coaching, further masterclasses to consolidate on learning and encouraging participants to become mentors themselves.*

**Recommendation 3:** *Convening an annual networking event for all existing and future Mary Seacole Programme graduates so that it recaps on some of the key Mary Seacole Programme learning and brings it into current strategic context across the system to provide cross-organisational learning.*

**Recommendation 4:** *Consideration of how to maintain connection with the Mary Seacole graduates as programme alumni as part of our overall approach to talent management and succession planning to develop an increasing pool of leaders who aspire and have the potential to move into more senior or more complex roles within health and social care.*

It is hoped that the learning, feedback and stories shared through this evaluation encourage and motivate others to realise their leadership ambitions and that in turn will have a positive impact on quality and delivery of care within our communities.



# APPENDIX A:

## Survey Monkey Statistical Returns

### The Mary Seacole Programme Survey for Graduates

#### Which workforce partnership do you currently work in?

Answer Options	Response Percent	Response Count
Bedfordshire and Hertfordshire	8.2%	4
Cambridgeshire and Peterborough	32.7%	16
Essex	26.5%	13
Norfolk and Suffolk	22.4%	11
East of England Ambulance Trust	2.0%	1
NHS England	6.1%	3
Other (please specify)	2.0%	1
Answered question		49
Skipped question		0

#### What kind of organisation do you currently work in?

Answer Options	Response Percent	Response Count
Acute Trust	46.9%	23
CCG	12.2%	6
Mental Health Trust	6.1%	3
Community Service	14.3%	7
GP Practice	2.0%	1
NHS England	4.1%	2
Health Education England	0.0%	0
Other (please specify)	14.3%	7
Answered question		49
Skipped question		0

# APPENDIX A:

## Survey Monkey Statistical Returns

### The Mary Seacole Programme Survey for Graduates

#### What is your clinical background?

Answer Options	Response Percent	Response Count
Clinician currently working in a clinical role	40.8%	20
Clinical background, although not currently working in a clinical role	22.4%	11
No clinical background	34.7%	17
Other (please specify)	2.0%	1
Answered question		49
Skipped question		0

#### Which cohort of Mary Seacole did you graduate with?

Answer Options	Response Percent	Response Count
Cohort 1 (Autumn 2013 to Autumn 2014)	29.8%	14
Cohort 2 (Spring 2013 to Spring 2014)	23.4%	11
Cohort 3 (Autumn 2014 to Autumn 2015)	46.8%	22
Answered question		47
Skipped question		2

#### Did you apply for the Mary Seacole programme:

Answer Options	Response Percent	Response Count
Because you were preparing for your first formal leadership	29.8%	14
Because you had recently taken up your first formal leadership	27.7%	13
For some other reason? (Please tell us what that was)	42.6%	20
Answered question		47
Skipped question		2

# APPENDIX A:

## Survey Monkey Statistical Returns

### The Mary Seacole Programme Survey for Graduates

#### Were your expectations met?

Answer Options	Response Percent	Response Count
Yes	87.2%	41
No	12.8%	6
Answered question		47
Skipped question		2

#### Have you been able to share your learning from the Mary Seacole programme with colleagues?

Answer Options	Response Percent	Response Count
Yes (please give some brief examples)	91.1%	41
No (please say why you think that is)	11.1%	5
Answered question		45
Skipped question		4

#### Have you had the opportunity to share information about your Leadership Intervention with colleagues?

Answer Options	Response Percent	Response Count
Yes (please give some brief examples)	80.0%	26
No (please say why you think that is)	20.0%	9
Answered question		45
Skipped question		4

# APPENDIX A:

## Survey Monkey Statistical Returns

### The Mary Seacole Programme Survey for Graduates

**Since taking part in the Mary Seacole programme what career changes (if any) have you already made? Have you:**

Answer Options	Response Percent	Response Count
Changed roles (if yes, please tell us what your role was)	20.5%	9
Been promoted (if yes, please tell us what your role and grade was before)	25.0%	11
Applied for a more senior or complex role but not yet been successful	6.8%	3
Not yet applied but considering it in the next 6 months	15.9%	7
No firm plans as yet	31.8%	14
If applicable, please tell us what your role was before		16
Answered question		44
Skipped question		5

**Looking forward, what do you see as the next step in your career?**

Answer Options	Response Percent	Response Count
To a more senior role	31.8%	14
To a role that is more complex or has a wider scope of responsibility	25.0%	11
To a role that gives you different experience or perspective	31.8%	14
Not sure	25.0%	11
Not interested / not relevant	6.8%	3
Answered question		44
Skipped question		5

**What would be the natural next career step for you? Would it be:**

Answer Options	Response Percent	Response Count
Within your own organisation	47.7%	21
Outside your organisation but within East of England	31.8%	14
Within the NHS but outside the East of England	6.8%	3
Outside the NHS	2.3%	1
Other (please specify)	11.4%	5
Answered question		44
Skipped question		5



# APPENDIX A:

## Survey Monkey Statistical Returns

### The Mary Seacole Programme Survey for Graduates

Since taking part in the Mary Seacole programme how ready do you now feel to take the next step in your career?

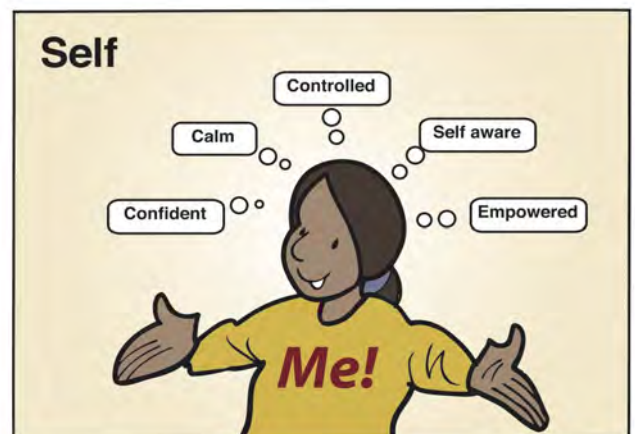
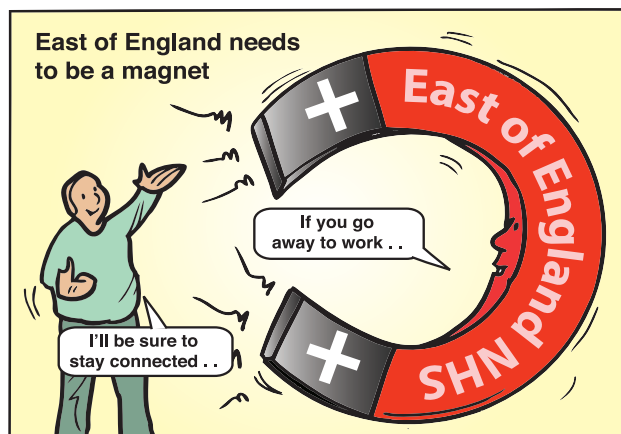
Answer Options	Response Percent	Response Count
Completely ready	50.0%	22
Ready now with line manager support	20.5%	9
Ready within another year	11.4%	5
Not ready for a while yet	6.8%	3
Not interested / not relevant	11.4%	5
Answered question		44
Skipped question		5

Have you remained in contact with those you met through the Mary Seacole programme?

Answer Options	Response Percent	Response Count
Yes (please tell us about your reasons for doing so and the benefits you experienced from keeping in touch)	43.2%	19
No (please tell us why)	56.8%	25
Answered question		44
Skipped question		5

Reasons why participants stayed in touch:

- Because they were so much support throughout and we got on very well
- Similar issues raised by people, so have benefitted from other people's ideas and solutions
- To share ongoing experiences and build a network of support
- Made some friends and meet to catch up and also support and challenges we face are similar, good to discuss ideas and understand how others are introducing change or what they have found works in certain situations
- As network of like-minded individuals
- Sharing of information around various hot topics
- It is very refreshing to keep in touch with others from outside own organisation



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