

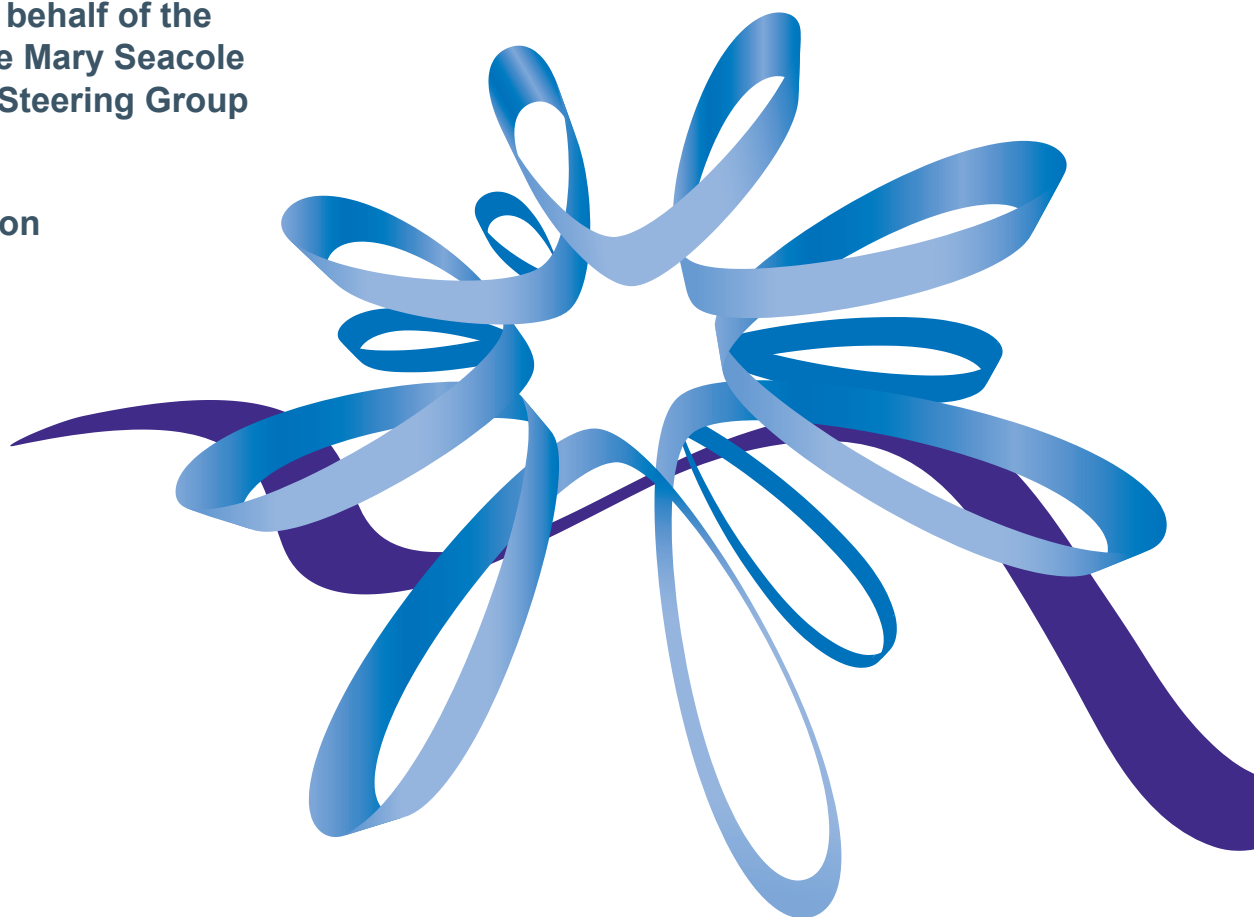
# The Hertfordshire Mary Seacole Programme

## Phase 1 Evaluation

Prepared on behalf of the  
Hertfordshire Mary Seacole  
Programme Steering Group

July 2018

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This report is a formative evaluation of phase 1 of the 2 year franchise of the local adaptation of the Leadership Academy Mary Seacole Programme. It explores the impact of local provision of the cross boundary leadership programme aimed at supporting personal development of leaders, encouraging good practice and innovation and enabling them to influence and work across systems. It is prepared with a view to informing the decision making regarding future commissioning of this franchise.

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With acknowledgement and thanks to all the programme participants and organisational leadership leads who undertook the survey, provided data and contributed to the findings. At the time of writing it is encouraging to know that the report has paved the way for agreement to the ongoing delivery and expansion of the programme for the Herts and West Essex STP. This evaluation report was undertaken by Pat Cotton, Programme Lead for Talent Management and Inclusion. This evaluation was funded by East of England Leadership Academy. For any queries please contact: [pat.cotton@leadershipacademy.nhs.uk](mailto:pat.cotton@leadershipacademy.nhs.uk)

# Executive Summary

## Introduction and Background

This formative evaluation of phase 1 of the 2 year franchise of the local adaptation of the Leadership Academy Mary Seacole Programme is prepared on behalf of the Hertfordshire Mary Seacole Steering Group (HMSSG), with a view to informing the decision making regarding future commissioning of the franchise.

There is a strong history of local organisations working together across boundaries within Hertfordshire developing their leaders. The partner organisations and Strategic Transformation Partnership (STP) leads recognised the opportunity offered by Health Education East of England (HEE) to support Hertfordshire to be one of the first local adopters of this national programme to be run across an STP. It was hoped that the programme would provide an opportunity to deliver a truly cross boundary leadership programme supporting leaders to develop skills enabling them to influence and work across systems and support the delivery of STP plans going forward. Tom Cahill the then lead for the STP outlined the aims of the programme.

These key aims form the framework for the evaluation.

- Personal behavioural change and development
- Good practice and innovation for patients and service users
- Local provision of education and learning - People learning together and building networks locally.

East and North Herts. NHS Trust (ENHT), West Herts. Hospitals NHS Trust (WHHT), Hertfordshire Partnership NHS Foundation Trust (HPFT) and Herts. Community Trust. (HCT) committed to this franchise whilst our STP colleagues in West Essex committed to a separate franchise. HEE funded the initial franchise cost including training local facilitators, whilst all other associated costs including facilitator time fell to the partner organisations. HPFT kindly agreed to lead and host the administration function of the group.

## The Hertfordshire Mary Seacole Steering Group

The HMSSG was set up to support the commissioning and decision making function of the programme for 2017/2018 and was made up of leadership leads across partner organisations. Each organisation nominated a clinical facilitator and leadership facilitator to support the delivery of the programme. The lead facilitator from each organisation then committed to developing the leadership facilitation skills of a different clinical partner. Places were offered evenly across the cohorts.

## The Report

This report explores the impact of the programme around the core aims during and post the programme both for participants and STP providers and makes recommendations for re-commissioning future programmes.

Data was collected quantitatively and qualitatively including; post workshop evaluations, workforce data analysis, post programme online evaluations for participants and their line managers, randomly selected one to one interviews of participants and line managers, data collected at the celebratory event and discussions with HMSSG members.

Number of participants registered for Phase 1 of the Programme: **57**  
Places offered: **60**

Withdrawn personal reasons: **6**

Overall pass rate for cohort 1, 2, 3: **65%**  
Cohort 1: **33%**  
Cohort 2: **81%**  
Cohort 3: **83%**  
National: **87%**

Promoted or seconded into roles within 6 months of the programme: **10 = 19.6 %**

Leavers/Turnover: **8.7%**  
5 left their organisations but 2 stayed within the STP.

Online survey response rate: **47%**  
**participants, 24% Managers**

Cost per participant: **£1,029** calculated in facilitator time and individual costs for 57 participants.

Number of places offered for phase 2: **72**

Cost to renew franchise: **Awaiting confirmation from LA.**

### Key Findings and Discussion

#### Impact for participants during the programme

There is clear evidence that participants valued their experience during the programme both on a personal level and the experience of learning with others across systems. The workshops were well evaluated in terms of learning and generally participants valued the input from facilitators.

- *'Group conversations in workshops. I am still digesting it all. I have learnt what I need to know to develop into/do my leadership role'. 'Interview skills sessions were great'*
- *'I have started to think differently and notice*

- *many things which could be improved further'. 'Today was really good – best one yet. Lovely facilitators - Still some issues that remain outstanding but I accept we need to wait for the response from the Leadership Academy.'*

The HMSSG understood and anticipated the set up challenges that occur with any new programmes. However, at the beginning of the franchise the challenges associated with this programme directly impacted on the experience for some participants. The lack of information received and issues with the infrastructure of the programme had a direct impact on the delivery and outcomes of the first phase. Overall the majority of participants (65%) passed the programme, with rising pass rates over the cohorts to just below the national average, however many participants struggled with the workload and the lack of clarity particularly at the beginning of the programme. In general the participants unable to complete were those that were unable to keep up with the workload, or were unused to the programme delivery style. Several participants struggled with the style of some facilitators and this, coupled with pressure and workload affected the relationships between them, adding to the low morale reflected by some in the evaluations.

HMSSG members and facilitators worked hard to build strong relationships with the LA and worked with them to address issues as they arose. Every effort was made to support participants and a small extension was agreed by the LA for those participants directly affected. There were a number of appeals (9) directly to the LA. When reviewing the evidence the LA concluded they were satisfied by the level of support offered and went onto say there was a certain amount of 'group think, as several of the appeals were all worded in the same fashion'.

As a direct result of the feedback and experience of both participants and facilitators, key changes have been made to phase 2 participant selection and the programme launch to support participants understanding of the key elements of the programme. Cohorts 4, 5, 6 are underway and already participant commitment and progress through the modules has improved. It is hoped that the changes made will have a positive impact

on the experience for participants and that this will be reflected in the phase 2 evaluation.

The Steering group felt that the overall success of phase one was due to the commitment of the facilitators and the committed participants, who worked hard to deliver and achieve a programme that has had a positive impact for not only them as individuals but patient/service users and the system. Some participants that weren't successful on achieving the award were still able to identify the learning during the programme.

### Key Findings and Discussion

**Discussion:** Overall outcomes after the programme for individual, providers and commissioners.

There is strong evidence that the programme has met the 3 overarching aims post the programme.

### Personal Change and Leadership Development

This programme encourages a deep reflection of leadership impact asking the participant to explore 'what is it like to be on the receiving end of me'. It is this deep reflection that participants report they have benefitted them most. Participants report feeling more confident, able to influence, improved relationship with their teams and ability to challenge systems processes and cultures.

#### The key markers of overall impact

**89.66%** of managers and **83.33%** of participants said that the programme had high or some impact on their personal change and leadership development.

**83%** of managers and **91.31%** of participants reported the programme had a high/some overall impact on individuals.

**19.6%** promoted or moved into seconded roles within 6 months of completion.

To deliver the longer term aims of the STP we need our workforce to be resilient, often described as the ability to maintain personal wellbeing in the face of challenge. Participants reported a positive impact on their personal resilience and this was also recognised by their managers. Staff turnover within this group was also low with some leavers staying within the STP.

**79.17%** of participants said that the programme had high or some impact on their personal resilience.

**66%** of managers reported high or some impact on the participant's personal resilience.

Staff Turnover: **8.7%**  
5 left their organisations but 2 stayed within the STP.

### Good practice and innovation for patients and service users

There is strong evidence of good practice and innovation, many participants report they now have a wider approach to improving services and are more able to challenge and influence effectively. There were comments from participants reporting they can now view incidents as learning experiences and are much more effective at using their resources.

Managers reported participants have an increase in motivation and ability to provide a better service. There were numerous personal examples of participants setting up new projects and services across the organisation and system. Examples include

- One participant successfully coordinated a care support worker recruitment and retention project.
- One participant set up a project to bring stroke patients into sports centres to continue rehabilitation with both health and sports professionals to break down barriers and

encourage patients to see the long term benefits of exercise.

#### Local provision of education and learning - People learning together and building networks locally

This programme is the first cross boundary leadership development programme in Hertfordshire for frontline staff since the STP was formed. It is widely recognised when teams learn together it improves team outcomes and the evidence shows that this programme has started the process of teams starting to work together as a result.

Participants rated local provision of a national programme at reduced cost, learning together and building strong networks highly, reporting they now have a deeper understanding of how their services will look in the future.

Examples of working with other teams have include:

- Creating opportunities for shadowing other teams across boundary.
- Integration of services and working with discharge teams both in community and acute settings
- Confidence now to approach others from another organisation and sharing of knowledge across systems

This programme has also provided the STP and partner organisations the opportunity to develop further the capability of its leadership development faculty. The benefit of cross boundary development of high quality facilitators will greatly benefit the STP leadership work stream plans going forward.

#### Recommendations

The Steering Group members, participants and their managers (100%, 58.33% & 75% respectively) recommend the continuation of the programme directly as a result of the positive impact that it has had for participants and on cross boundary learning.

It is hoped that the key changes to phase 2 will positively impact on completion rates and the impact for participants during the programme and continue to support long term benefits for providers and the STP as a whole. The numbers of places offered have already increased to 72 for 2018 to reduce the cost per participant.

There are several other recommendations:

- Any future cross boundary leadership development should be in conjunction with the Hertfordshire Mary Seacole programme and complement and enhance the learning for participants.
- Creation of Hertfordshire Mary Seacole Alumni supported by action learning sets and master classes.
- Future investment in the development of facilitators to maintain a pipeline of trained facilitators.
- Access to the programme is widened across the STP to include social care, primary care and CCG colleagues to further broaden the experience for all.
- The LA have not yet released cost of re franchising – estimated cost £ 10,000. HMSSG are looking to secure funding from the Local Workforce Action Board.
- A funded central administration function is established. The administration burden of this programme is high and complex and as such is more efficient if run centrally. Nationally other STP's have funded a central coordinator to ensure the smooth running of the programme. Currently HPFT have hosted this function however if re commissioned this would be not be sustainable.

#### Conclusion

This evaluation has demonstrated that the Hertfordshire Mary Seacole programme met its overall objectives.

The HMSSG group recommends the continuation of programme and urges local and STP leads to consider re-commissioning this franchise for a further 2 years. This cross boundary leadership programme fits with the principles laid out by the Leadership Work Stream of the Local Workforce Action Board, to develop shared offers of leadership development going forward. The HMSSG are convinced now the programme is established, outcomes will continue to improve and as more staff at this key level learn together, more system leadership can occur.

Re-commissioning this 2 year franchise ensures there is a continued first level leadership development opportunity across the STP, and ensures a faculty of leadership facilitators that have met national standards that can support further projects as we work together in the future.

# 1. Introduction and Background

This formative evaluation of phase 1 of the 2 year franchise of the local adaptation of the Leadership Academy Mary Seacole Programme is prepared on behalf of the Hertfordshire Mary Seacole Steering Group (HMSSG), with a view to informing the decision making regarding future commissioning of the franchise.

There is a strong history of local organisations working together across boundaries within Hertfordshire developing their leaders. The partner organisations and Strategic Transformation Pathway (STP) leads recognised the opportunity offered by Health Education East of England (HEE) to support Hertfordshire to be one of the first local adopter of this national programme to be run across an STP. It was hoped that the programme would provide an opportunity to deliver a truly cross boundary leadership programme supporting leaders to develop skills enabling them to influence and work across systems and support the delivery of STP plans going forward. Tom Cahill the then lead for the STP outlined the aims of the programme.

These key aims now form the framework for the evaluation.

- Personal behavioural change and development.
- Good practice and innovation for patients and service users.
- Local provision of education and learning - People learning together and building networks locally.

Four partner organisations committed to taking part in the programme namely East and North Herts. NHS Trust (ENHT), West Herts. Hospitals NHS Trust (WHHT), Hertfordshire Partnership NHS Foundation Trust (HPFT) and Herts. Community Trust. (HCT). Our STP colleagues in West Essex have also committed to a separate franchise. HEE funded the initial franchise cost including training local facilitators whilst all other associated cost including facilitator time fell to the partner organisations. HPFT kindly agreed to lead and host the administration function of the group.

## 1.1 The Hertfordshire Mary Seacole Steering Group

The HMSSG was set up to support the commissioning and decision making function of the programme for 2017/2018 and was made up of leadership leads across partner organisations. Each organisation nominated a clinical facilitator and leadership facilitator to support the delivery of the programme. The lead facilitator from each organisation then committed to developing the leadership facilitation skills of a different clinical partner. Places were offered evenly across the cohorts, however WHHT were allocated more places to cohort 6 as this would more suit their geographical location.

It should be noted that The Leadership Academy have commenced an evaluation of the local adoption of the Mary Seacole Local Franchise to which the HMSSG have already provided robust feedback. Many of the issues raised had direct impact on the smooth running of phase 1 of the Hertfordshire programme and are reflected in the Hertfordshire Evaluation. Steps were taken to mitigate the impact of issues raised which are also explored in this evaluation.

# 2. Methodology

The aims of the programme were explored using principles outlined in the National Leadership Development Evaluation Framework 2016. The evaluation was carried out after the first 3 cohorts to explore lesson learned so far and to inform decision making regarding re commissioning future cohorts. The report documents the results, discusses the outcomes and goes on to explore recommendations and concludes with a HMSSG recommendation.

## Results

This report explores results of the evaluation by examining the impact on:

- Personal behavioural change and development
  - Participant and workforce data
  - Participant experiences during the programme
  - Post programme impact exploring, personal change, personal resilience and overall impact.
- Good practice and innovation for patients and service users
- Local provision of education and learning- people learning together and building networks locally.
  - Manager and participant views on the key principles
  - Associated costs
  - Participants and managers recommendations

## Discussion

This report discusses the outcomes for participants, providers and the STP during and post the programme.

## Conclusion and Recommendations

The HMSSG recommendations are included within this report.

Data was collected using quantitative and qualitative measures and include:

- A post workshop evaluation questionnaire was designed to explore participant's experience of the modules, key learning and key behaviour changes as a result.
- Workforce data including pass rates, turn over, and those staff promoted or seconded within 6 months of the programme.
- A post programme online survey for individuals and their line managers exploring:
  - Impact on personal change and leadership development
  - Impact of the programme on personal resilience
  - Overall Impact as a leader
  - Examples of changes of leadership practice
  - Examples of good practice and innovation
  - Examples of influencing and working across systems
  - Future Recommendations
- Randomly selected participants and their line managers were invited to provide more detailed feedback in the form of telephone interviews.
- A celebratory event evaluation explored personal and behavioural change and good practice in relation to patients/service users and what cross boundary networks had been established.
- Discussions with programme facilitators and steering group members were undertaken to identifying personal learning, delivery experience of the Local Franchise of the Mary Seacole Programme and future recommendations.
- Associated costs were also explored.

### 3. Results: Impact for Participants - Personal Behavioural Change and Development

The impact of the personal behaviour change and development programme was analysed by exploring:

- Participant data including pass rates, number promoted or seconded within 6 months of the programme etc.
- The experience of participants during the programme.
- Impact for participants after the programme related to personal behaviour change and development, personal resilience and overall impact measured by themselves and their line managers.

See Appendix for full evaluation summaries.

#### 3.1 Workforce data

Participants	Number
Registered to undertake cohorts 1,2,3	57
Withdrew personal reasons	6
Continued with the programme	51
Overall pass rate for cohort 1, 2, 3	65%
Pass rate cohort 1	33%
Pass rate cohort 2	81%
Pass Rate cohort 3	83%
National average for MS rollout	87%
Failed on more than one element	7
Failed on meaningful contributions element	11
Appeals to Leadership Academy	9
Number of successful appeals	0
Participant response rate to survey	47%
Manager response rate to survey	24%
Participants moved into seconded roles or promotion following the programme	19% (10)
Turnover - Participants leaving organisations	8.7% (5)
Leavers but stayed within STP	2

Whilst it was noted that the overall pass rate was lower the average expected by the leadership Academy the % pass rate increased over all 3 cohorts, cohorts 2 and 3 were broadly in line with national figures. None of the appeals made to the Academy by participants were successful. This is explored further later in this report.

#### 3.2 Results: The experience of participants during the programme

The experience of participants during the Hertfordshire Mary Seacole Programme was measured in 2 ways:

1. Themes identified from workshop evaluations - Summary of all the workshop evaluations are included in the Appendix 1 - overall themes are listed below.
2. Feedback from participants related to impact during the programme from the online survey and one to one feedback sessions.

##### 3.2.1 Results: Themes from Workshops

###### Launch Workshops

Generally groups felt that the launch workshops worked well and were a good opportunity to meet fellow participants. They enjoyed the exercises and many of the participants commented that they had clear take home messages of:

- *'Be present, be involved, be organised, be generous and make sure you use "buddy's" x 10*
- *'Take time to reflect on leadership and "what it's like to be on the receiving end of me" 'x 8*
- *'Self-awareness and reflection' 'Focussing on sustainability but not a quick fix'.*

###### Workshop 1

Feedback from group members identified some of the tools as being useful and named the RACI model as particularly helpful, however it was the opportunity to reconnect with others and share their learning that had the most impact.

- *'Very interesting and thought provoking. Reflect on how my service is run and could be better'*
- *'Really feel valued and supported by facilitators – thank you!'*

###### Workshop 2

Participants enjoyed this module but at this half way point in the programme, some participants were finding lack of clarity and issue. This was noted as a particular experience by cohorts 1 and 2 participants

- *'Enjoyed all aspects of the workshop today' esp teams' - Listen- Reflect- Reflexivity*
- *'Clarification of VC expectations with external facilitator' 'helped clear a few confusions'.*
- *'To have known VC expectations in the first place – needs to be clearer' - x3 from cohort 2*
- *'I think we felt a bit "told off" first thing and maybe this didn't help the mood first thing, but it did improve'.*

###### Workshop 3

Participants seemed to enjoy the recruitment aspects to this module and finding the sharing of learning particularly helpful. There remained occasional comments about lack of information.

- *'Group conversations in workshops. I am still digesting it all. I have learnt what I need to know to develop into/do my leadership role'. Interview skills sessions were great x 14*
- *'Today was really good – best one yet. Lovely facilitators- Still some issues that remain outstanding but I accept we need to wait for the response from the Leadership Academy'.*
- *What would be even better 'Being given all the information/feedback earlier in the process. Time frames too short.'*

##### 3.2.2 Results: Participant feedback from the online survey and one to one discussions

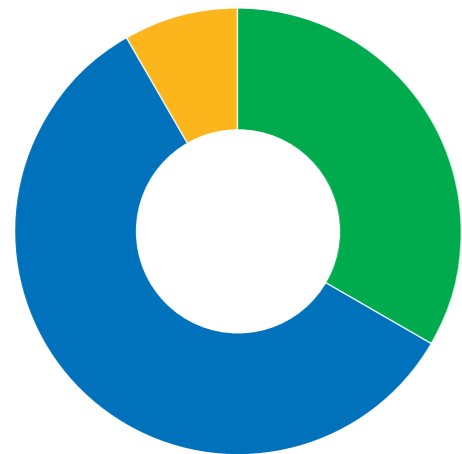
See Appendix 2 and 3 Summary of Participant 1:1 Discussions and Survey Evaluation

Generally participants felt that the programme content was good and relevant to their role.



**Figure 3:** Managers assessment of personal change and leadership development impact

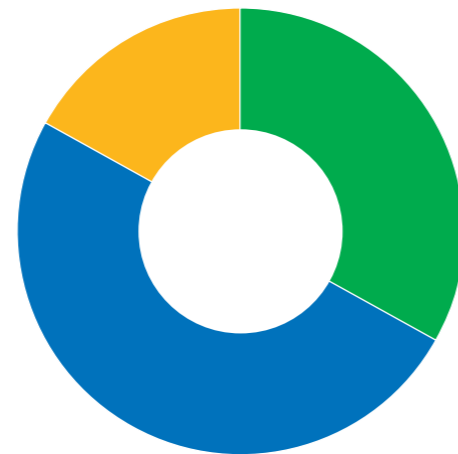
**Q2: What impact did the programme have on your participants personal change and leadership development?**



■ High Impact = 33.33%  
■ Some impact = 58.33%  
■ Low impact = 8.33%  
■ No impact = 0%

**Figure 4:** Participant assessments of personal change and leadership development impact

**Q2: What impact did the programme have on your personal change and leadership development?**



■ High Impact = 33.33%  
■ Some impact = 50%  
■ Low impact = 16.67%  
■ No impact = 0%

#### Impact Comments

- 'I have started to think differently and to notice many things which could be improved further. This course has broadened my knowledge in many new to me areas.'
- 'Helped me recognise my potential I found it really interesting - a different way of thinking'
- 'It has given me an increase confidence in my own ability and made me much more aware of the dynamics within the NHS as a whole.'
- 'Gave me chance to learn about my own leadership styles.'

#### 3.32 Results: Impact on personal resilience

The programme had a positive effect on the personal resilience of participants, this was noted by both participants and supporting managers.

**Figure 5:** Hertfordshire Mary Seacole Programme effect on participant personal resilience

**29.17%** of participants reported high impact on personal resilience.

**50%** of participants reported some impact on personal resilience.

**16%** of managers reported high impact on personal resilience of participants

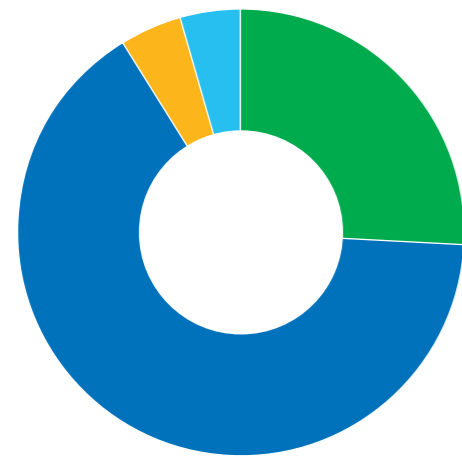
**50%** of managers reported some impact on personal resilience of participants.



### 3.33 Results: Overall Impact - Participant and line manager assessment

**Figure 6:** Participant overall Impact of the Hertfordshire Mary Seacole Programme

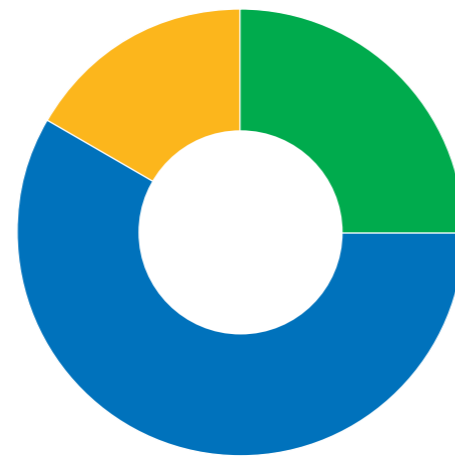
**Q4: What overall impact has the 'Hertfordshire Mary Seacole Programme' had on you as a leader?**



■ High Impact = 26.09%  
■ Some impact = 65.22%  
■ Low impact = 4.35%  
■ No impact = 4.35%

**Figure 7:** Manager overall Impact of the Hertfordshire Mary Seacole Programme

**Q4: What overall impact has the 'Hertfordshire Mary Seacole Programme' had on your participant?**



■ High Impact = 25.09%  
■ Some impact = 58.33%  
■ Low impact = 16.67%  
■ No impact = 0%

### 3.4 Results: Good practice and innovation

Participants were asked to provide examples of good practice in all evaluation methods and some examples are listed here - for a wider summary see Appendix- 1, 2,3,4,5

#### Good Practice in Relation to Patients and Service Users

- 'I think more much widely now when I am with a patient to get them the best service'
- 'I have improved my patient care. I feel I am empowering my patients more'
- 'I am using the coaching approach directly with patients and its working'
- 'I am using a solutions focused approach in my role as a Health Visitor.'
- 'I am much better at goal setting and breaking the task down for the benefit of patients.'

#### Team Related Patient Outcomes

- 'My team is more bonded and I feel more effective.'
- 'I challenge things more for the benefits of my patients.'
- 'I have more of a helicopter view now when working with patients.'
- 'This programme has helped me create a new central team within a change of culture for booking medical locums. I have been able to support the team much more.'
- 'I have supported my team, as they learn and engaged all our stake holders as we embed this service change for patients. Improved my team working with other teams.'
- 'I have brought case studies to leadership meetings to keep patients as the focus of our meetings.'
- 'I am ensuring I get more client feedback in order to learn from practice.'
- 'I am more able to challenge the culture in the team to turn complaints into positive learning experiences.'
- 'I feel more able to use our resources effectively. I feel my service is more effective and is quicker.'

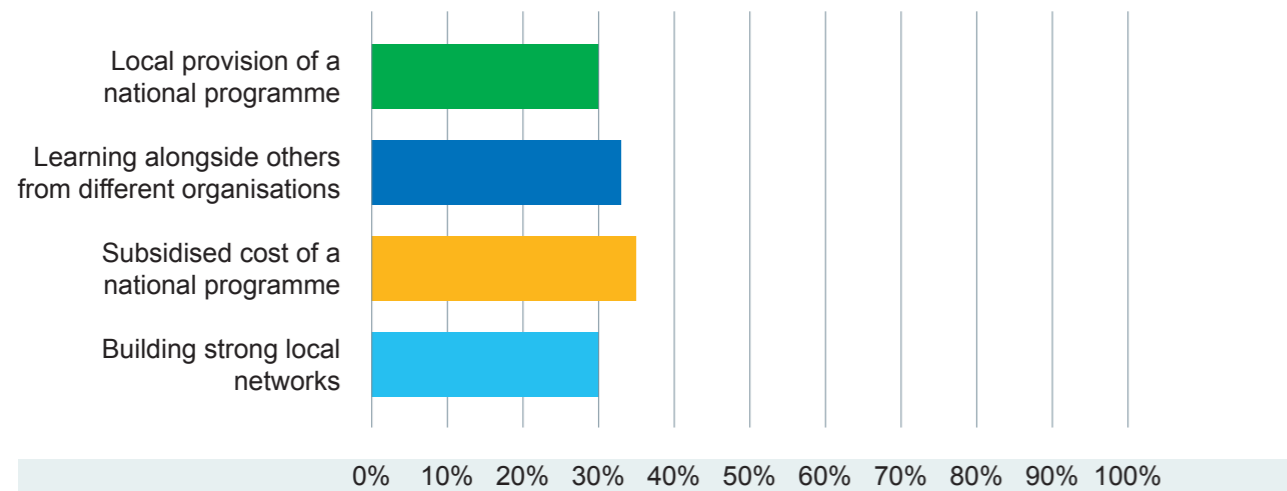
- 'As I started the Mary Seacole programme I was setting up a new team it really helped me to establish my team much more quickly and the team is now working well together - I couldn't have done it as well as I did, had it not been for the programme. It really helped me to engage my staff quickly - the exposure to the patient facing elements was really helpful in seeing the impact that temporary staffing can have for patients and helped us as a team to see that. I am now much more aware of the impact that I am having and have particularly used the tools in having difficult conversations.'
- 'Building on patient experience and bringing that into the team objectives as the first thing we do. My project was to provide Stroke patients care within a sports centre setting working with health professional and sports professionals to break down the barriers for people recovering from stroke entering sports facilities - this aims to support long term rehabilitation. After a lot of work the project has now got the go ahead and has funding.'
- 'We have initiated a 10 minute daily meeting for the cardiac arrest team - the programme helped me to get this off the ground much more successfully - We now have the appropriate people there and through my increased networks it is working much more effectively - we have also sought feedback on the implementation and made changes to make it even better.'

### 3.5 Results: Local provision of education and learning

Local provision of a national programme, people learning together from different organisations and the potential to build strong local networks were key design features of this programme. Participants rated these features positively with learning alongside STP colleagues and a subsidised national programme scoring slightly higher.

**Figure 8:** Local provision of learning impact figures

**Q5: Local provision of a national programme, people learning together from different organisations and the potential to build strong local networks were key design features of this programme. Please rate below the impact these features have had your participants development**



One to one evaluations with participants revealed some interesting outcomes related to the benefits to the organisation and STP as a whole these included:

- 'In terms of the STP - I think the networks I have built have really made me see the importance of building relationships and have given me the confidence to work across boundary. It is great to see that we as an STP are not just talking about realising the future we are doing something about it with this programme.'
- 'I really do now have a different perspective of my role in the NHS and I really understand how we all across the health economy work together - It really has increased my confidence in my own abilities which now means I am better equipped to help others. I recently went to one

of the CQC events and was asked by an inspector about the culture of the Organisation - I really understood that question now and was able to articulate it really clearly which was great for me and my organisation - I really feel now that I have much more presence in the organisation and therefore am more impactful.'

- 'I am now leading on a project to look at our referrals system - the programme helped me to really consider the recruitment of staff to the new way of working and also to change my and my staff attitude towards it. This new way of referring involves working with other services that have different ways of working and to be honest I probably would have just moaned about it before now I really see the benefit and am influencing my staff to do the same.'

Participants valued the cross boundary nature of the programme.

- 'Very much like the fact that we are working cross-organisation and really valued input from Directors which put a lot into context for me The STP programme, surprisingly 'very innovative way to drive things forward.'

### 3.51 Results: Associated Costs

The initial 2 year franchise cost including cost to train the local facilitators was funded by Health Education East of England. Partner organisations then financed the £150 individual participant fee and provided facilitators in terms of time. Initial advice from the Leadership Academy led partner organisation to believe the training commitment would be 1-2 hours per week on top of the training days commitment. Actual time commitment also confirmed by other local facilitators of the MS local programme nationally is one day per week of the programme and 1/2 day per week for clinical facilitators.

**Figure 9:** Costing for Hertfordshire Mary Seacole Programme including cost related to time commitment for facilitators

Per cohort over 6 months programme	Cost £
Lead facilitator cost - assume band 8a 27days x daily rate of 234.85	6,341
Clinical facilitator cost - assume band 8A 20 days x daily rate of 234.85	4,697
Room Bookings at Colonnades x 2 rooms x 4 days	1,480
	<b>12,518</b>
x 3 cohorts	<b>37,554</b>
Central Admin 8 months programme	Cost £
Band 3 administration covering 3 cohorts 3 days per week for 34 weeks	8,791
Host Lead currently HPFT 2 days per month band 8A	3,758
Cost per participant to Leadership Academy £150 x57	8,550
	<b>21,099</b>
Total Cost	£
Total cost 3 cohorts plus central admin	<b>58,653</b>
Cost per participant based on 57 registered participants	<b>1,029</b>
Cost of National Programme	<b>995</b>
Cost of initial franchise	<b>10,000</b>
Cost to renew Franchise	Awaiting confirmation - <b>Approx 10,000</b>

### 3.6 Results: Continuation of the Programme

Participants and their managers were asked as part of the evaluation whether they would recommend continuation of the programme. Although in favour of continuation of the programme there were specific reference to expectations about the amount of work involved and lack of information.

#### Figure 10: Recommendations for continuation of the Hertfordshire Mary Seacole Programme from online survey

75% of managers recommended continuation of the programme  
No: 8.33%  
Don't know: 16.67%

58.33% of participants recommended continuation of the programme  
No: 25%  
Don't know: 16.67%

#### Comments included:

- *'I enjoyed the programme; there are still some changes to be made to help with the smoothness of the running- however I understand changes are already being made as part of the induction so people are better prepared for the course.'*
- *'If the course was over a longer amount of time (roughly 1 module a month) and had more feedback and more discussion over the forum it could be a better course that meets more with the content.'*
- *'Really good programme now that I have finished it- I really liked the fact that it is a qualification that is recognised nationally especially as I am not in a clinical role it is nice to get my NHS experience recognised.'*
- *'Follow up action learning would be great.'*

- *'Information to the students' needs to be much better. The amount of work required was much more than had first been described and the information about what was needed to pass the course was not given appropriately. For example we were not told that we needed to make a specific 24 meaningful contributions to the online forum until the final get together (other groups were told at earlier meetings).'*
- *'Overall it was a great space to reflect on practise and personal growth, doing things differently and networking.'*
- *'Glad I did it and I was proud I passed but I am not sure if I would recommend continuation of the MSP in favour of other development as the workload and doing a very demanding day job is very high.'*
- *'Very good course - I would like to see it continue thank you to my facilitators - I have recommended it to others and a member of my staff will be doing the next cohort.'*

## 4. Discussions

Identifying the overall outcomes of phase 1 of the Hertfordshire Mary Seacole programme has been established by exploring feedback from the Steering Group and by analysing the impact for participants, partner organisations and providers during and post the programme. The high response rates to the survey and contributions at the celebration provide a robust analysis.

- Personal behavioural change and development
- Good practice and innovation for patients and service users
- Local provision of education and learning - People learning together and building networks locally.

#### 4.1 Discussion: Hertfordshire Mary Seacole Programme Steering Group Feedback

Initial guidance from the LA led the group as commissioners of the programme to believe that this programme was ready for roll out, when in fact most of the programmes infra structures and guidance were not in place at the start of the programme. They also led the group to believe that more support would be available, these issues directly impacted on the programme delivery and outcomes of the first phase.

#### Issues included:

- Misinformation about the level of experience required of facilitators
- Facilitators were initially told that only a basic over view of the content of the programme was required, when in fact a detailed knowledge is required.
- Misinformation about the considerable level of time commitment required by facilitators, administration functions, and participants.
- Issues with the virtual campus and delays setting up several participants and facilitators.
- Misinformation about the level of contribution required in the meaningful contributions element of the programme- This was discovered during the programme and involved considerable effort from participants and facilitators alike to ensure that this element of the programme was achieved.

- Meaningful contributions tracker and guidance about how to manage the tracker was not given to leads by the LA until after the completion of phase 1.
- Extenuating circumstances and the appeals process was not established and required to be designed and set up during the programme as the issues occurred.
- Deadline dates for submission were different on the VC to the expectations of facilitators.

During the programme HMSSG members and facilitators worked hard to build strong relationships with the LA and worked with them to address issues as they arose, however the lack of clarity and issues with systems and processes was a challenge for all. Most participants were able to rise to that challenge and the majority (65%) overall passed the programme, with rising pass rates over the cohorts to just below the national average. For some participants though, the credibility of the programme was lost and this directly impacted on the relationships with some facilitators. Every effort was made to support participants and a small extension was agreed by the LA for those participants directly affected. There were a number of appeals (9) directly to the LA. When reviewing the evidence the LA concluded they were satisfied by the level of support offered and went onto say there was a certain amount of 'group think', as several of the appeals were all worded in the same fashion. Feedback was provided to the Academy directly and as part of the Korn Ferry Group initial assessment of the delivery and facilitation of the Mary Seacole local programme on behalf of the LA.

The Steering group felt that the overall success of phase one was due to the commitment of the facilitators and participants, who worked hard to deliver and achieve a programme that has had a positive impact for not only them as individuals but patient/service users and the system. Although some participants did not achieve the award some were still able to identify the learning during the programme.

#### 4.12 Discussion - Lessons learned and implemented for phase 2

As a direct result of the issues raised the following changes have already been made.

##### Figure 11: Key Changes implemented for phase 2

Selection processes have been strengthened and standardised across all organisations.

Blended learning, commitment and the programme delivery is made clear to participants so they can ensure it meets their own learning style.

Content of the Orientation Day changed with a much stronger focus on the “four fundamentals” and specific examples of meaningful contributions are provided.

Extenuating circumstances and appeals process have been established.

Methods of communication to participants have been agreed to ensure evidence of support is easily produced in the event of an appeal.

Managing the virtual campus has been standardised across all cohorts -

Quality assurance across all cohorts has been established.

More places have been offered per cohort to ensure return on investment.

Cohorts 4, 5, 6 have commenced and already the level of commitment and progress through the modules has much improved.

Places were offered for phase 2 to other STP partners, at this time they weren't able to send any participants however, should the programme continue the plan would be to widen the access.

The learning has been shared locally and nationally and there are plans to set up a local roll out support group across the region. The Steering group remain deeply committed to the delivery of this programme that has had a huge impact on the capability and resilience of our workforce patient /service user care and the system as a whole

#### 4.2 Discussion - Overall impact during the programme

There is clear evidence that participants valued their experience during the programme both on a personal level and the experience of learning with others across systems. The workshops themselves were well evaluated in terms of learning and generally participants valued the input from facilitators.

The lack of clarity and the issues with the Mary Seacole national rollout infrastructure was reflected in both the feedback from the HMSSG and participants and directly impacted the experience of the programme for some participants. These included issues such as workloads, meaningful contribution content, extenuating circumstances and confusion regarding the assignment submission dates. Most participants were able to complete the programme but some particularly those that were already behind with the workload, or were unused to the programme delivery style were unable to complete to the required standard.

Several participants struggled with the style of some facilitators and this, coupled with pressure and workload affected the relationships between them, this added to the low morale which was reflected in a number of evaluations.

Key changes as described in Figure 9 made to participant selection and the programme launch have already had an impact. Cohorts 4, 5, 6 are underway and there is a marked difference in the commitment and progress of participants through the modules. It is hoped that the changes made will have a positive impact on the experience for participants and that this will be reflected in the phase 2 evaluation.

#### 4.3 Discussion: Overall Impact after the programme

There is strong evidence that the programme has met the 3 overarching aims post the programme.

##### 4.3.1 Discussion: Personal Change and Development

Key learning's were identified during the celebration event, in the online questionnaires and in one to one interviews.

This programme encourages a deep reflection of leadership impact asking the participant to explore 'what is it like to be on the receiving end of me'. It is this deep reflection that participants report that has benefitted them the most. Participants report feeling more confident, able to influence, improved relationship with their teams and ability to challenge systems processes and cultures. The key markers of overall impact being personal development and overall impact scores have all scored highly by participants and managers.

##### Figure 12: Personal Change and Development and Overall Impact Figure Summary

97.99% of managers and 100% of participants said that the programme an impact on their personal change and leadership development.

100% of managers and 95.66% of participants reported the programmes a positive overall impact.

To deliver the longer term aims of the STP our workforce needs to be resilient, often described as the ability to maintain personal wellbeing in the face of challenge. Participants when asked reported this programme had a positive impact on their personal resilience and this was also recognised by their managers.

##### Figure 13: Personal Resilience, Retention and Turnover Summary

79.17% of participants said that the programme had high or some impact on their personal resilience.

66% of managers reported high or some impact on the participant's personal resilience.

19.6% promoted or moved into seconded roles within 6 months of completion

Staff Turnover - 8.7%  
5 left their organisations but 2 stayed within the STP.

Recruiting and retaining the staff we have worked hard to train is also a successful outcome for this project. Of the 57 participants that started the programme 10 have moved into seconded roles and or gained promotion and only 5 left their respective organisations with 2 of those remaining in the STP.

#### 4.3.2 Discussion: Good practice and innovation

There is strong evidence of good practice and innovation for patients and service users with many participants reporting that they have a much wider approach now to improving services and more able to challenge and influence effectively. There were comments from participants reporting they can now 'view incidents as learning experiences' and are 'much more effective at using their resources'.

Managers reported participants having an increase in motivation and ability to provide a better service. There were numerous personal examples of participants setting up new projects and services across the organisation and system.

#### 4.3.3 Discussion: Local provision of education and learning

This programme is the first cross boundary leadership development programme in Hertfordshire for frontline staff since the STP was formed. It is widely recognised when teams learn together it improves team outcomes and the evidence shows that this programme has started the process of teams starting to work together as a result.

Participants during the celebration event and online survey rated local provision of a national programme at reduced cost, learning together and building strong networks highly, reporting they now have a deeper understanding of how their services will look in the future.

Examples of working with other team include:

- Creating opportunities for shadowing other teams across boundary.
- Working with discharge teams in the community and in the acute setting.
- Confidence now to approach others from another organisation.
- Sharing of knowledge across systems
- Integration of services.

This programme has also provided the STP and partner organisations the opportunity to develop further the capability of its leadership development faculty. The benefit of cross boundary development of high quality facilitators will greatly benefit the STP plans going forward. Assessment of facilitators to meet LA standards for facilitation is ongoing and 4 have already met those standards. Lead facilitators have also committed to the development of clinical facilitators from other organisation, this too will continue to strengthen working relationships and benefit any future leadership development opportunities.

## 5. Recommendations and Action Plan

The Steering Group members, participants and their managers (**100%, 58.33% & 75% respectively**) recommend continuation of the programme directly as a result of the positive impact that it has had on participants and the impact on cross boundary learning for all involved. It is hoped that the changes previously articulated will positively impact on the completion rates, the impact for participants, providers and the STP as a whole. Steps have already been taken to increase the number of participants per cohort and 24 places were offered per cohort for 2018.

There are several recommendations:

- Any future cross boundary leadership development should be in conjunction with the Hertfordshire Mary Seacole programme and complement and enhance the learning for participants.
- Creation of Hertfordshire Mary Seacole Alumni supported by action learning sets and master classes.
- There is further investment in the development of facilitators to maintain a pipeline of trained facilitators across the STP that meet national standards of facilitation. This not only ensures equity of commitment across organisations for the Mary Seacole Programme but provides leadership faculty from which to draw for any future projects.
- Access to the programme is widened possibly across the STP and to include social care, primary care and CCG colleagues to further broaden the experience for all.
- LA have not yet released cost of re franchising – The assumption being it would remain at current levels of £10,000 and would include the training of 8 further facilitators. HMSSG are looking to secure support from the Leadership Group of Local Workforce Action Board for the 2019/2020 franchise.

- A funded central administration function is established. The administration burden of this programme is high and complex and as such is more efficient if run centrally. Nationally other STP's have funded a central co coordinator to ensure the smooth running of the programme. Currently HPFT have hosted this function however if re commissioned this not would be sustainable.

## 6. Conclusion

This evaluation has demonstrated that the Hertfordshire Mary Seacole programme met its overall objectives.

The HMSSG group recommends the continuation of programme and urges local and STP leads to consider re-commissioning this franchise for a further 2 years. This cross boundary leadership programme fits with the principles laid out by the Leadership Work Stream of the Local Workforce Action Board, to develop shared offers of leadership development going forward. The HMSSG are convinced now that the programme is established, outcomes will continue to improve and as more staff at this key level learn together more system leadership can occur.

Re commissioning this 2 year franchise ensures there is a continued first level leadership development opportunity across the STP, and ensures a faculty of leadership facilitators that have met national standards that can support further projects as we work together in the future.

## Appendix 1: Summary of Workshop Evaluations from Cohorts 1, 2 and 3

### Launch

#### What was good about the module/experience?

To meet everyone, informative and explanations of what will be happening next and expectations- "My name is" a really nice way to introduce everyone. x19

Super environment, welcoming relaxed atmosphere, friendly, very well organised and fun x9

Networking x3 Getting to understand the STP x3

Facilitators very welcoming, friendly, and motivational x5

Meeting others from all different professions and Trusts and networking prior to starting working x4

Very much like the fact that we are working cross-organisation and really valued input from Directors which put a lot into context for me x4

#### What would have been even better?

Knowing more about STP prior to launching x2

To register prior to coming and being a bit more prepared in myself x3

Instructions on logging into the virtual campus and how to use/work on it x1

A little more detail about what to expect from the modules x11

Parking venue - too hot/cold- cake x7

#### What key messages are you taking away?

Partnership working, networking and leadership is key x6

Be present, be involved, be organised, be generous and make sure you use "buddy's" x 10

Be positive about the programme, stay calm/do not be overwhelmed or stressed x4

Use the online discussions/buddy/don't think about end assignment and mainly enjoy! x5

The STP programme, surprisingly 'very innovative way to drive things forward' x5

The more effort I put into this course, the more I'll benefit. Confidence x3

Take time to reflect on leadership and "what it's like to be on the receiving end of me" x8

#### What will you do differently as a result?

Self-awareness and reflection x9  
Focussing on sustainability but not a quick fix.

Think about how my management style affects other people and engage more x2

Think about good versus bad day reactions

Try to be more involved and have a work plan (realistic) and put time aside. x5

Have a "can do" attitude, confidence and self belief x4

Really well run and thoroughly enjoyed it. Thank you x2

Think about pressures of other colleagues. Different ways of thinking

### Any other comments

It has been a good day x9

Good intro to course, thanks x13

Good instructions, friendly team. A list of attendees and contact details would be useful

Very friendly, engaging facilitators, very welcoming x4

Amazingly inspiring, fantastic introduction to the programme, I'm looking forward to the rest of the programme x3

### Workshop 1

#### What was good about the module/experience?

Responsibility vs accountability x5 – Thinking through the RACI model for my own department x6

Ability to catch up and share our experiences and knowledge x10 Good to be back in the group x5

The participation and mixed group discussions are excellent x3 - no death by PowerPoint!

Reflection on my role - x4 learning about various leadership theories x4

Hearing about patient experiences- line of sight x8

Interactive; reflected on-line learning and enhanced it x 5

Very good presentation, excellent facilitators! x4 Facilitators encourage you to speak but don't force.

#### What would have been even better?

Earlier finish - sometimes too long on discussions and breaks too long x4

Nothing for this module. Very much enjoyed x2

Alignment of exercises to modules covered x2 Didn't relate to the modules just covered

Spending more time thinking about our roles and how we can improve, rather than general reflections on patients' stories which are out of our control.

More information on the on-line content and more detail which modules should be completed. x7

Organisation - too many different message about what modules we should, or shouldn't, have done; too much re-cap on what we had already done.

Too hot, too cold, parking, uncomfortable chairs x3

Some of the exercises felt a bit "woolly" but I can't say this is a criticism; I think I'm "out of practice" at reflective learning; it was a really good day overall

#### What key messages are you taking away?

RACI Accountability/responsibility (x 12) Reflect on what has been covered x 9 Role clarity x3

Review what I am accountable for within my role and for team and what others are x2

Management vs leadership x3 Management is not leadership x3

What is it like to be on the receiving end of me?" x3 "iceberg" model

How I fit into my team, what I am accountable for x2 ; importance of communication x2

Set aside more study time x7 Need to be more on-line for meaningful comments x2

To be brave and voice out because there is no right and wrong

Reserve judgement – different people bring different dynamics and Respect for others

#### What will you do differently as a result?

Very interesting and thought provoking . Reflect on how my service is run and could be better

Identify more of what I am responsible and accountable for x2

Remember the patient perspective and how it links to the patient x2

Reflect on accountability and responsibility in practice and the impact we have with communication for the line of sight x3

#### Any other comments

RACI model needs to be more general every day that everyone should have knowledge about

Friendly, lovely trainers x3 Interesting day x4 Great workshop. x4 I feel more confident x2

Excellent location! Thank you! Reflect on what has been covered x9 Role clarity x3

More time between workshops x4

Really feel valued and support by facilitators – thank you!

### Workshop 2

#### What was good about the module/experience?

Enjoyed all aspects of the workshop today esp teams x6, delegation.

Engaging Interaction vs activities, x8 Especially Art of Work x9 Red Blue x2 Push-Pull discussion x6

All coming together x7; networking sharing experiences; fun and thought-provoking activities x6

The group work; x2 discussions; activities; very motivating. Critical reflexivity discussion x4

Self-reflection - active listening in coaching x3 and looking at the bigger picture with different Trusts

Clarification of VC expectations 6 with external facilitator x2 Discussions helped clear a few confusions.

#### What would have been even better?

Reflecting and learning the outcome of the exercises x4 and more time for individual reflection.

A bit more explanation of activities - but maybe this was intentional! x 5 More workshop's and more time x2.

Exploring options on what happens when one's opinions are not considered in a team

Spending more time talking about on-line work x4, doing 1 hours of on-line work - closer links to online x2.

I think we felt a bit "told off" first thing and maybe this didn't help the mood first thing, but it did improve.

To have known VC expectations in the first place - needs to be clearer - Cohort 2 participant x3

Occasionally I don't feel like we were being listened to. e.g. when we were raising concerns over the VC we were just told 'it's what we signed up for' rather than help us troubleshoot until Alex stepped in

### What key messages are you taking away?

Use of allocation of tasks and how effective outcome can be; importance of planning x2

Blue/red task x2 - feelings when task/negotiation doesn't go to plan. Looking at the bigger picture.

Communication and coaching each other x7 to each member, listening x3, trusting- team work x3

We are all in the same situation, striving towards the same goals; collaboration x4

Importance of reflection and feedback x3 Building trust, relationships x2 active listening x2

Reflection on win-win situations. Not to be as competitive at the expense of others.

I need more confidence in challenging others X2 - Assertiveness Creative reflexivity x3

Normally quite vocal, but consciously sat back today and listened very carefully

That I need to think about whether I "take charge" or not, and how I can develop this

### What will you do differently as a result?

Step back and let people complete tasks. Take time on team and conflict x3

The team have to be able to stick with what decision they make. Try new things x4 Planning x4

Make sure I get feedback from colleagues and others x2. Structure approach to problems x3

To maintain and consolidate the value of looking at needs of all our society

Increase opportunity to understand a task before springing into action- involve my team more x4

Listen x9 Reflect x4 Reflexivity x3 and not try to use own experiences; work collaboratively

Voice my opinions more and not doubt myself x3. Think more before I speak x2 Use Push-Pull model

x4 Reflect more; increase time spent on-line x3 More coaching others x3 Team reflexivity task x2

### Any other comments

Really enjoyed it x4 Today was productive and enjoyable x3 Overall good thank you! x5

Increase more time for discussions to help leaders appreciate different options

It feels to me that we are always getting told off. Just needed reassurance that we are doing well

More time to do each module would be nice, the timeframe of the course is very hard to keep up with.

Time with External Facilitator from Academy useful to clarify points. Helpful to have feedback on MC's

### Workshop 3

### What was good about the module/experience?

Interactive x3 Support with reflection x3 Clarification of the course and discussion forum. x4 Networking

Really enjoyed feedback models x3 Learning a lot more on leadership. Sharing experiences x3

Interesting, challenging, relatable, stimulating conversations x2 Questioning skills x2.

The content was really good. Learning on listening and how body language impacts.

Group conversations in workshops. I am still digesting it all. I have learnt what I need to know to develop into/do my leadership role. Interview skills sessions were great x14. Future visualisation good x2

Lovely group and company x3 - able to be open and honest x2 Learning from each other x4

Today was really good - best one yet. Still some issues that remain outstanding but I accept we need to wait for the response from the Leadership Academy.

### What would have been even better?

To clarify the date of the assignment, which has been asked for now. It was adequate.

More about role play, more time to practice skills Flow from task-task a bit disjointed

Tighter integration of the online materials with the workshop content

Emphasis on information and things needed to be done should have been reiterated

Being given all the information/feedback earlier in the process. Time frames too short

If the facilitators did not start the session with a 'telling off' and the uncomfortable, repeated challenges about the assignment due date. Tone of conversations quite negative and I felt uncomfortable

It would have been useful if we had a full run through of the course at the introduction day - including the ROLFE x3. Too much x2 Too little x1 role play. More workshops, less online. x3

Useful course with excellent content x3

### What key messages are you taking away?

Feedback models EPM x6 Reflexivity and reflection x8. Go deeper on the forum Reflect more ... what next?

Assignment and completion of the modules. Working ahead of time I can still complete the programme

I feel empowered and eager to promote support and development of clinical leadership. Courage

Active listening. x2 When is it right to have important conversations vs urgent conversations

The extra insight re meaningful contributions has greatly helped me, thank you

Interview skills/techniques x7 and questioning skills x5 communication x2

Development personal. Positivity x3. Building confidence. To have courage in my leadership.

### What will you do differently as a result?

Use feedback models in the workplace x5 and at home x2 More Reflection x6

Focus on advice changed behaviourally and actively looking it explores different ways of completing tasks

Go deeper on the forum will commit to more time online. Re do my comments. Stick to my plan

Question more what impact I have on others so I can truly reflect and develop myself and service for users

Ask those important questions. x4 Keep my vision. Empower teams. Take a risk

Know when to be empathetic and listen and when to check if people can solve problems





Approach my team differently taking into consideration their feelings. I am looking forward to using some of the lessons from today when we appoint a new team member in the next few months

Different techniques for interviewing x7. Cedar model for communication

Analyse more what I do. x2 Be more confident, challenge and continue to develop.

Do outstanding work. I will ensure I use my newly acquired skills.

Emphasis on what is vitally important - NOT EVERYTHING! Promote myself more.

That I understand the other person's perspective. Be more assertive.

I will be more mindful to put myself in my team members shoes.

**Any other comments**

Shame about the essay date confusion and the time it wasted. Try and sort out teething troubles

Thank you. x8 Have enjoyed the day. Lovely course - could benefit from a few tweaks, though wont 'bore' you - all said and done, thank you both Jo and Jen

I will have more discussions with my team and don't be afraid to discuss even if there is differences

We need more time to complete the course and the assignment. x3 I've enjoyed certain aspects of the course, others were boring. It would have been nice to have dedicated time in the workshops to discuss on-line work. It felt very rushed to do this course.

This workshop has been the most interesting and useful with strategies

Thank you Jennifer and Jo - this has been a new experience for all of us and a good one

For next cohorts, maybe tell them what themes are in the next modules and what activities/tasks would be good to complete before next "face to face" to get as much out of it as possible

Best workshop yet! Lovely facilitators!

Thank you so much to both our facilitators for their very approachable and supportive manner. I have very much enjoyed the 3 workshops and enjoyed the practical elements and discussion.

## Appendix 2: Participant and Manager Survey Results

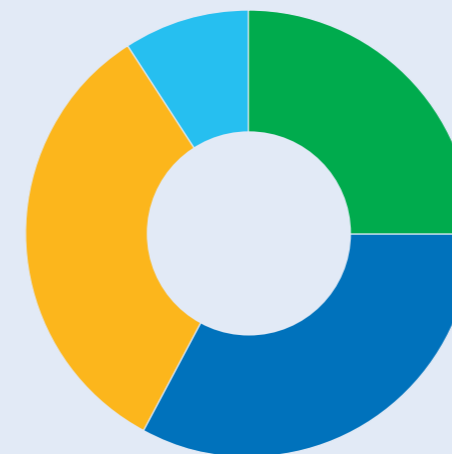


### Participants Survey Results

24 Respondents - Response rate 47%.

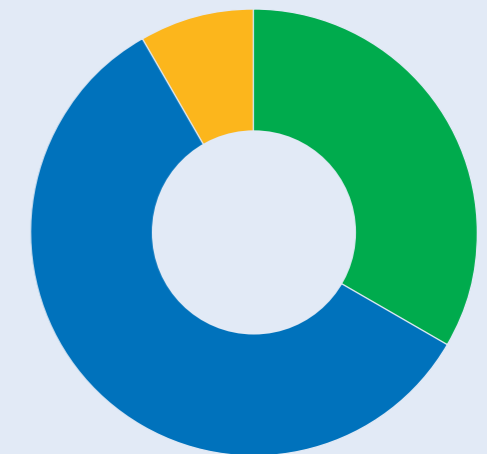
57 were registered to complete the programme and 6 withdrew leaving 51 participants attending the programme.

#### Q1: Which organisation are you employed by?



- East and North Hertfordshire NHS Trust (ENHT) = 25%
- Hertfordshire Community NHS Trust (HCT) = 33%
- Hertfordshire Partnership NHS Foundation Trust (HPFT) = 33%
- West Hertfordshire Hospitals NHS Trust (WHHT) = 9%

#### Q2: What impact did the programme have on your participants personal change and leadership development?



- High Impact = 33.33%
- Some impact = 58.33%
- Low impact = 8.33%
- No impact = 0%

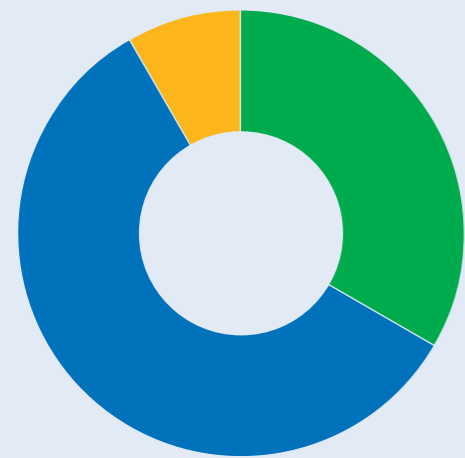
#### Comments

More assertive

Started to have an impact but stopped course as too intensive

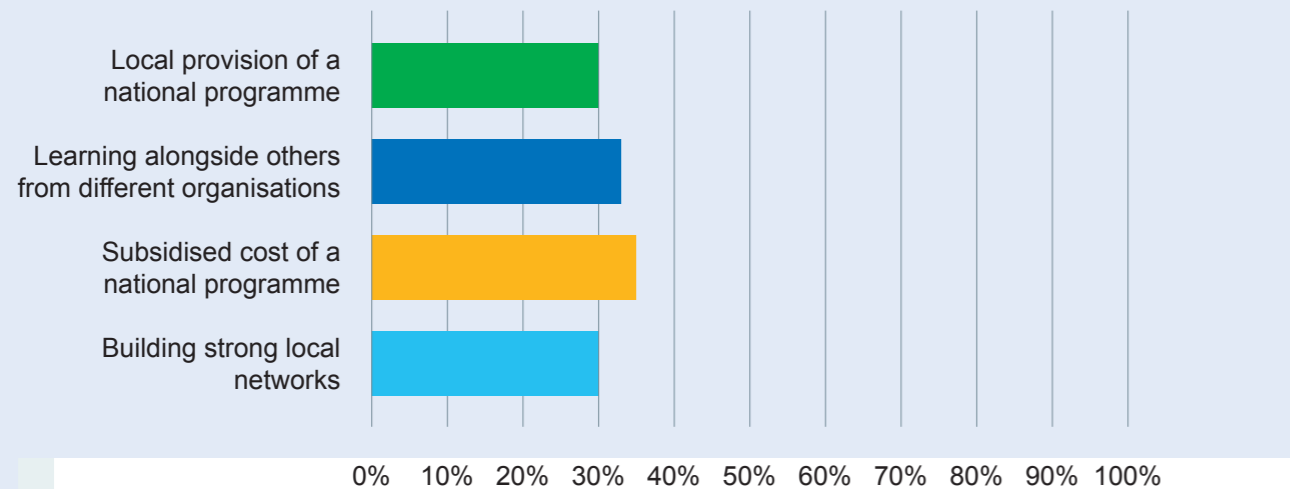
Helped mainly with ideas managing difficult staff

**Q3: What impact did the programme have on your participants personal resilience?**

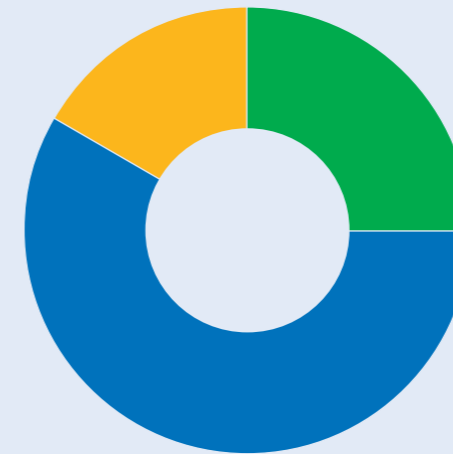


- High Impact = 16.67%
- Some impact = 50%
- Low impact = 16.67%
- No impact = 16.67%

**Q4: Local provision of a national programme, people learning together from different organisations and the potential to build strong local networks were key design features of this programme. Please rate below the impact these features have had your participants development**



**Q5: What overall impact has the programme had on your participant?**



- High Impact = 25.09%
- Some impact = 58.33%
- Low impact = 16.67%
- No impact = 0%

**Q6: Patient and service users are always at the heart of what we do. As a result of you completing this programme, please provide any examples whereby patient and service users outcomes have improved as a result.**

Nil to date

She was able to participate in a change management project which introduced an electronic information sharing process of attendances at an A & E dept leading to faster information sharing to the HV/SN team

nothing obvious at the moment although we are going through a period of change that I am sure the participant will influence

Can't think of any

More strategic approach to management of temporary staff which supported wards with safer staffing levels

Introduction of the isolader into out 1-125 seed barchytherapy service

**Q7: Please identify any key networks or relationships that have made as a result of the programme that would support care delivery in the future.**

Generally better understanding of clinical and operational roles

We were given tools to support care delivery

Laura established good working relationships with the acute hospital trust

Better relations with local partners

Not yet

**Q8: Any other comments.**

The participant has emerged with a good attitude to leadership. However, participation in the programme was very demanding with inadequate support from facilitators when requested. I have reported that it had a 'high impact' on the participant, but would add that this was not a positive impact and was detrimental to her work and home life. She experienced anguish and doubt and this reflected on her ability to carry out her job, her relationship with her team and her sickness record. She considered leaving but was discouraged by being told she would need to pay £1,500 back. She was compelled to study while on holiday with her family. She eventually asked for unpaid leave for 1 month to allow her to complete this. After all this, she was told that she had failed the course, despite the amount of effort that she clearly put in and her position within her cohort, which was in the top 20% when the participants were 'named and shamed' in group sessions. Although studying took place with participants from different organisations, most of this appeared to be online so no great or lasting relationships have emerged. I have great respect for anyone who undertakes this course, but would hesitate to recommend it to anyone in its current format.

The course has enhanced the participants thinking on evidence based practice.

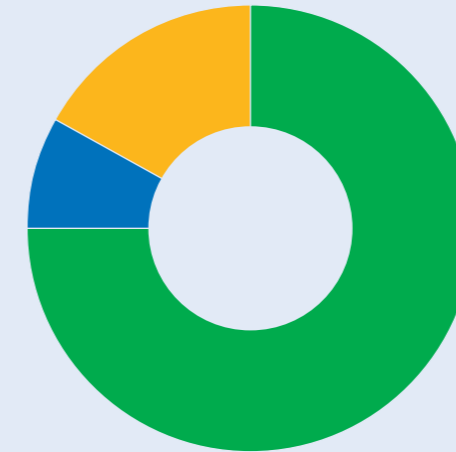
Laura benefitted from the course.

Staff was unable to continue due to requirements for time, I gave 1/2 a day every week study time but still needed to use considerable amount of own time and therefore did not continue

My member of staff did not have a positive experience during this course, but I do believe in it and look forward to hearing how a different member of staff gets on during the next course

100%

**Q9: Would you recommend continuation of the programme?**



Yes = 75%  
No = 8.33%  
Don't know = 16.67%

## Appendix 3: Summary of Participant and Manager 1:1 Discussions

Two participants from each Trust were randomly selected and invited to take part in a one to one discussion with the evaluator 5 Participants responded.

### Summary of Participant 1:1 Discussions

#### 1. Have you move or changed roles since completing the programme? - Any secondments or Promotions

No - But I had just unsuccessful at interview when I started the programme- It really helped me to work through this and gave me a focus and really think about my career progression and refocus on my team. It has now given me the confidence to think I can go for it again in the future if and when I decide to.

I am still in my role

No But I have taken on a project as a result of doing the programme

No

No

#### 2. What has been your key learning?

I wasn't expecting to reflect on such a deep level and that has really helped me in all aspects of my work. I have brought this into the workplace as well and encourage my team to reflect much more on their own impact but also reflect much more on our impact as a team.

I have a much clearer understanding of my role from the wider perspective - I really enjoyed learning about what is behind the NHS and the much wider NHS overview. Of particular use to me at the moment was the people management aspects to the course difficult conversations and this has had a big impact on my day to day working

I am now really able to look at an issue from another services point of view that I wouldn't have done before. It has really helped me to influence

and improve my service as well now that I can see it from their point of view- linked to that I have also been able to influence the attitudes of others too.

I now have a greater understanding of the NHS as a whole and how it works as a system. I now have a greater understanding about patient pathways across the whole region Working in a non patient facing role I really can now see how my role benefits patients. The tools used have been very helpful in my day to day role

Better understanding of prioritising and tapping into others resources. Definitely the key skills help me now everyday particularly listening, communication, and having difficult conversations. I think before I speak now which has definitely improved my personal impact.

#### 3. We are interested in what value the programme has brought to the:

- Individual Participants
- Your Organisation and
- The STP as a whole

#### What value or benefit has the programme been to you as participant, to your organisation and to your service?

Really helped me build my own confidence as a leader and really look at what patients are saying about our service. We now bring patient stories into the team and also actively seek constructive patient feedback by asking much more specific questions. We were always a team that scored well on patient surveys etc but this more focused look at constructive feedback has really benefitted us. It is now been incorporated into our team objectives which are now focused on what the patients want and we have specific projects and I am now encouraging others to lead these.

In terms of the STP - I think the networks I have built have really made me see the importance of building relationships and have given me the confidence to work across boundary.

It is great to see that we as an STP are not just

talking about realising the future was are doing something about with this programme.

Involving staff more in decision making, ideas and including them in the actions we take has made a real difference. I think we did take the ideas before but now we are building this much more into our everyday and including staff in the actions which is much better. I really understand now the importance of the networks and I have a greater understanding about how I can make those links .

I am now leading on a project to look at our referrals system- the programme helped me to really consider the recruitment of staff to the new way of working and also to change my and my staff attitude towards it. This new way of referring involves working with other services that have different ways of working and to be honest I probably would have just moaned about it before now I really see the benefit and am influencing my staff to do the same

As I started the Mary Seacole programme I was setting up a new team it really helped me to establish my team much more quickly and the team is now working well together - I couldn't have done it as well as I did had it for been for the programme. It really helped me to engage my staff quickly - the exposure to the patient facing elements really helpful in seeing the impact that temporary staffing can have for patients and helped us as a team to see that.

I am now much more aware of the impact that I am having and have particularly used the tools in having difficult conversation

I really do now have a different perspective of my role in the NHS and I really understand how we all across the health economy work together - It really has increased my confidence in my own abilities which now means I am better equipped to help others.

I recently went to one of the CQC events and was asked by an inspector about the culture of the Organisation - I really understood that question now and was able to articulate it really clearly which was great for me and my organisation - I

really feel now that I have much more presence in the organisation and therefore am more impactful.

We are also now looking at route cause analysis of cardiac arrests- which can be tricky as people can be defensive the listening skills learnt have really helped me make this a positive experience

#### Part of the assessment process was an assignment detailing an improvement in your area are you happy to share the details of the project you worked on.

#### Main theme:

Building on patient experience and bringing that into the team objectives as the first thing we do

Project to provide Stroke patients care within a sports centre setting working with health professional and sports professionals to break down the barriers for people recovering from stroke entering sports facilities - this aims to support long term rehabilitation. After a lot of work the project has now got the go ahead and has funding.

My theme was about increasing communication across the whole team - I have 6 sites and communication was an issue - working with my manager I have now have dedicated time across the sites and I am making time to do that. The feedback about my visibility and team working has improved and I pick up issues much more quickly being on site. This has not only benefitted me and my team but also my manager as communication has improved.

At the time I was working on a project bringing together 2 services - the MS programme helped me to merge these 2 services and supported the change and I was then able to empower the staff and also get the staff much more involved and engaged with the design of the new ways of working.

### Setting up my Team:

We have initiated a 10 minute daily meeting for the cardiac arrest team - the programme helped me to get this off the ground much more successfully - We now have the appropriate people there and through my increased networks it is working much more effectively- we have also sort feedback on the implementation a made changes to make it even better

### 4. We are interested in the amount of time support that is required for you to complete the programme and any costs involved.

Please can you detail the support you received from your organisation and your line manager whilst undergoing the programme.

### Roughly in hours per week days what was the time commitment?

I would not have been able to do the MS programme nationally due to the cost. I was not prepared for the amount of work and may have said no to it because of that but now having completed it I am really proud and have gained such a lot from doing it and benefitted not only me but my team.

I couldn't say a time but in excess of the 8-10 hours and I also got 7 extra study leave days from my LM

I got a bit behind at the beginning due to work pressure but my manager was supportive and gave me extra time I had 7/8 extra study days given to me - It was about 8/10 hours but I wasn't really prepared for this as on the website it says 4-6 hours. It can be very difficult if you are clinical to get that time - I always felt that there wasn't enough time.

I received support from my Line manager and did get the 1- 2 days a month extra leave to do support the programme - I am a slow learner and it did take 10- 15 hours per week. Web site says 4-6 hours.

I received only limited support from my line manager in terms of time away from the work place however he was supportive with his time discussing the programme and helping me to apply that knowledge - I am very though so it did take me 10- 12 hours per week.

No Extra time given it was a really busy time in the department but I did commit fully at the beginning and made the time - and I can now see the benefit of my hard work.

### 5. What would you like to see more of less of or done differently?

Really appreciated the comments made on our meaningful contributions invaluable and I really benefitted from this feedback.

I would like to see action learning sets to continue the learning - there was so much in the days and I couldn't always read all the contributions because of time constraints and I feel that this would capitalise on the learning .

Re work load of the programme

If it was structured a bit differently it would help- a module a month for example - In the VC I was just writing my meaningful contributions and didn't get an opportunity to discuss or learn from others as there was so much work to do - The pressure of the work load stopped me enjoying it.

I really enjoyed the workshops and an individual entity but because some of us were behind it didn't make a lot of sense if your weren't at that stage. Some communication about what was going to be the next workshop and which bits of the module we need to cover would have been helpful so if you were behind at least you could do that bit.

Details of meaningful contributions before the programme.

More Time - The same content over 12 months would not make it so rushed. Access to the portal on a read only basis after the programme

Action learning set to consolidate the learning

For my manager to have been able to give me more time- Perhaps making sure that the managers are really aware of the time commitments as well as the participants.

If the programme was over 9 months and or allowed more time to put the exercises into practice in the workplace.

For the 360 to be earlier took time to arrange feedback and therefore need to go back to that module to reflect which affected the flow.

Action learning to consolidate knowledge

Some sort of follow up action learning type would be good.

### 6. What is the one question you would have liked me to ask but didn't?

I would have liked to have had more information about the results - extenuating circumstances, resubmitting, appeals, results guidance- we didn't know we would get out results online before the overall results etc.

Would like an easier way to get the reflections documents etc online for the future. I feel that reading again my notes may be helpful not just now but in the longer term. I am happy to share my anonymous reflections with others to support learning.

There were some problems with the VC initially and there was initial confusion about the meaningful contributions and when to submit essays etc which lead to relations with the facilitators being strained at times and this did have an impact. Some comments made on the VC by the facilitators weren't helpful and felt condescending particularly related to us keeping up with the work. Overall comment - Content was useful and great to work with others from all areas across the STP there were some bumps along the way but generally very worthwhile- Glad I did it and I was proud I passed but I am not sure if

I would recommend continuation of the MSP in favour of other development as the workload and doing a very demanding day job is very high.

Very good course - I would like to see it continue thank you to my facilitators - I have recommended it to others and a member of my staff will be doing the next cohort

Really good programme now that I have finished it- I really liked the fact that it is a qualification that is recognised nationally especially as I am not in a clinical role it is nice to get my NHS experience recognised.

Like this opportunity to thank facilitators for their hard work- Although not directly said it was clear that as we were one of the first groups to do this there was some confusion early on about the meaningful contributions and the group felt let down. It came at a time when we were all struggling with the workload and having to go back over previous modules to get them right was really hard. It did affect the groups morale and attitude and some couldn't seem to see past that and it affected the relationships with some of the facilitators. I was determined and was very pleased and proud to complete.

Great course that also helped my clinical as well as leadership networks - I spent some time shadowing in the SCBU looking at neonatal resus.

I really like the fact that it is a national programme and that it is recognised across the country - coming from a paramedic/ambulance trust background my qualifications are not as well known so I like the fact that this is nationally recognised and assessed which means I have met the standard

### Summary of Manager 1:1 Discussions

Two managers of participants undergoing the Hertfordshire Mary Seacole Programme for each Trust were randomly selected and invited to take part in a one to one discussion with the evaluator 3 managers responded.

#### **1. Is your participant still in post? - Any secondments or Promotions**

- Yes
- Yes
- Yes - Had an interim secondment promotion following the programme

#### **2. What difference can you see in your participant now?**

Yes there has been some learning despite the fact that my participant didn't not complete the programme - particularly around her people management and conflict management skills

We needed to have a frank conversation during the programme as it appeared that my participant was behind. This was a catalyst and really allowed us to have a frank discussion which was very useful , I changed her job role portfolio as a result and my participant completed and has had a complete change of focus and attitude as a result thank you Mary Seacole.

Increased confidence and authority as a result - somehow seems to have that little bit extra gravitas - has lead senior meetings with confidence

#### **3. How has the programme benefitted your participant your organisation and your service?**

Individual as above - she was always confident but I feel that the networks she has made and the understanding about how quality and safety issues are dealt with in other areas will definitely improve our service

My participant is much more motivated and now provides a much better service

My participant has gone on to coordinate a care support worker project to improve all round recruitment, retention, support and bank fill for this group of staff. It has been a successful project that is ongoing but has resulted in significant changes as a result.

#### **4. We are interested in the amount of support that is required for the participants to complete the programme and any costs involved.**

##### **Please can you detail the support you provided for your participant whilst undergoing the programme.**

I gave her 6 study days on top of the workshop days - work pressures were high during the time that my participant was undertaking the programme however in hindsight I would probably have met more with her to monitor progress and how her learning relates to the workplace. This may have helped her stay on top of the work -

I should have done this but a communication by the programme leads may have prompted me to do this a bit sooner .

She had the time allocated and eventually used the time wisely- I had to provide extra support

Participant asked for some additional time which I supported but I was surprised at the workload involved

#### **5. What would you like to see more of less of or done differently?**

Re above - I should have done this but a communication by the programme leads may have prompted me to do this a bit sooner

Nothing really - the issues were really because my participant didn't engage initially

Work load to be looked at if possible with competing pressures

#### **6. What is the one question I haven't asked**

Even though my participant was unsuccessful I have nominated another participant as I really see the value of this programme across the STP. Sound leadership development that makes people really reflect on their behaviours and attaining a nationally recognised qualification in addition to local offering can only be a benefit our teams locally and across the STP.

Nothing

I learned quite a bit too - especially doing the 360 and would like to do that myself as well

#### **7. Would you send another participant?**

Yes have already nominated

Yes definitely already have

Yes definitely.

## Appendix 4: Celebration Event Feb 2018 Cohorts 1,2,3. Feedback from Group Work

### Your Personal and Behavioural Change

#### Theme: Self awareness and confidence

Developed my confidence x5 comments

Positivity

The effectiveness of knowing when to remove emotion to clarify fact

More able to reflect on my personal behaviours and be reflexive x2

More able to take on others perspectives before acting

Built my self awareness

Learning it's okay to say no

Being brave and not assuming people above you are always the right people to access

Feel programme has supported me as I move into a senior role

Deeper insight into my own career development

The importance of self awareness and looking after me

Helped me make my mark

More confident putting my ideas forward

I don't feel an imposter anymore

I am more aware now of how I present myself

Self Belief.

#### Theme: Tools and Techniques

Push pull techniques to get information

Increased and greater knowledge base - when we don't know we know where to ask?

I use the tools to reflect on my impact as a leader on a daily basis now

Learning to really listen

Conscious effort to make sure I am can see my line of sight to the patient all the time

#### Theme: Team Roles

More involved with my team and understand pressures

Helped my transition from team member to team leader

I am much more aware of leading by example - every action is observed

Developing my team and bringing in the human element

Feel more able to hold to account

I have had more of a positive effect on my Team rather than demotivating them.

Used a coaching approach with my family as well!

I can now recognise my strengths x2

I can delegate better!

#### Good Practice in Relation to Patients and Service Users

I think more much widely now when I am with a patient to get them the best service

I have improved my patient care

I am using the coaching approach directly with patients and its working

I feel I am empowering my patients more

I am using a solutions focused approached in my role as a Health Visitor.

I am much better at goal setting and breaking the task down for the benefit of patients

#### Team Related Patient Outcomes

My team is more bonded and I feel more effective

Improved my team working with other teams

I challenge things more for the benefits of my patients x2

I have more of a helicopter view now when working with patients

I am able to utilise my peers much more in care of patients

This programme has helped me create a new central team within a change of culture for booking medical locums . I have been able to support the team much more.

I have supported my team, as they learn and engaged all our stake holders as we embed this service change for patients

I have brought case studies to leadership meetings to keep patients as the focus of our meetings

I am ensuring I get more client feedback in order to learn from practice x2

I am more able to challenge the culture in the team to turn complaints into positive learning experiences

I feel more able to use our resources effectively

I feel my service is more effective and is quicker

### What networks have you built and how do these help you?

#### Greater Understanding

I have a much clearer idea about the STP and how we all will work together

I now know about other teams and how I can make contact

I now know who to go to for help

I gained a much wider perspective from my clinical colleagues across all |Trusts and the challenges they face x3

Better utilisation of resources

I am much clearer about financial issues as a result of speaking to people on the programme.

Great to have had wider conversations about how we waste resources and can better utilise our time and resources in the future

#### Better connections

I am much clearer on the roles that others play in patient care governance finance etc

Great to look at other services and really understand how they interact with mine

I feel better connected and there are more people to help me than I thought

Wider view point of the whole team across Hertfordshire team

Strong bonds developed in the group quickly despite cross boundary we can keep this up





