EVALUATION REPORT: Triumvirate Primary Care Leadership Change Agents (WMs)

1. Title Section	
Title of Intervention:	**Triumvirate Primary Care Leadership and Change Agent Programme**
Academy:	**West Midlands Leadership Academy**
Programme Lead/Author:	Anonymised
Contact Details:	Anonymised
Date:	**December 2017**
Business Plan Area:	Primary Care | OD | Talent Management | Local Interventions | Leadership Programmes | Service Improvement and Transformation
Key Words:	Primary Care | OD | Talent Management | Local Interventions | Leadership Programmes | Service Improvement and Transformation | Change Management | Change Agent
Level of Complexity:	Medium

2. Brief Description of the Intervention

The Triumvirate leadership programme was designed by HEE West Midlands Leadership Academy (WMLA) to enable primary care leaders to work in partnership across disciplines, develop as a collaborate systemic thinking, inter-professional team of primary care OD change agents and to deliver sustainable change projects that demonstrate tangible return on investment and support the primary care transformation agenda.

WMLA designed all materials for ease of scale and spread, and following two years of evaluation and enhancement to the programme in collaboration with HEE - WM Primary Care team, the model has been identified as ready for wider dissemination.

3. Context

Background

The Triumvirate programme is designed based around a concept to enable a 'triumvirate' of three inter-professional medical, clinical and managerial leaders (i.e. in this case GP, Practice Nurse, and Practice Manager) to build upon their personal and team leadership and change agent capabilities. The outputs of the programme are intended to enable individuals to reach their leadership potential, develop the group as a team of change agents that can evidence development of their wider practice and primary care, and demonstrates tangible return on investment through a change project.

The first 2016-17 cohort was commissioned externally through a tendering process with HEE WM primary care team to test the concept for the programme at pace. A thorough external evaluation was then undertaken to identify impact and enhancements to the programme. This enabled collaboration

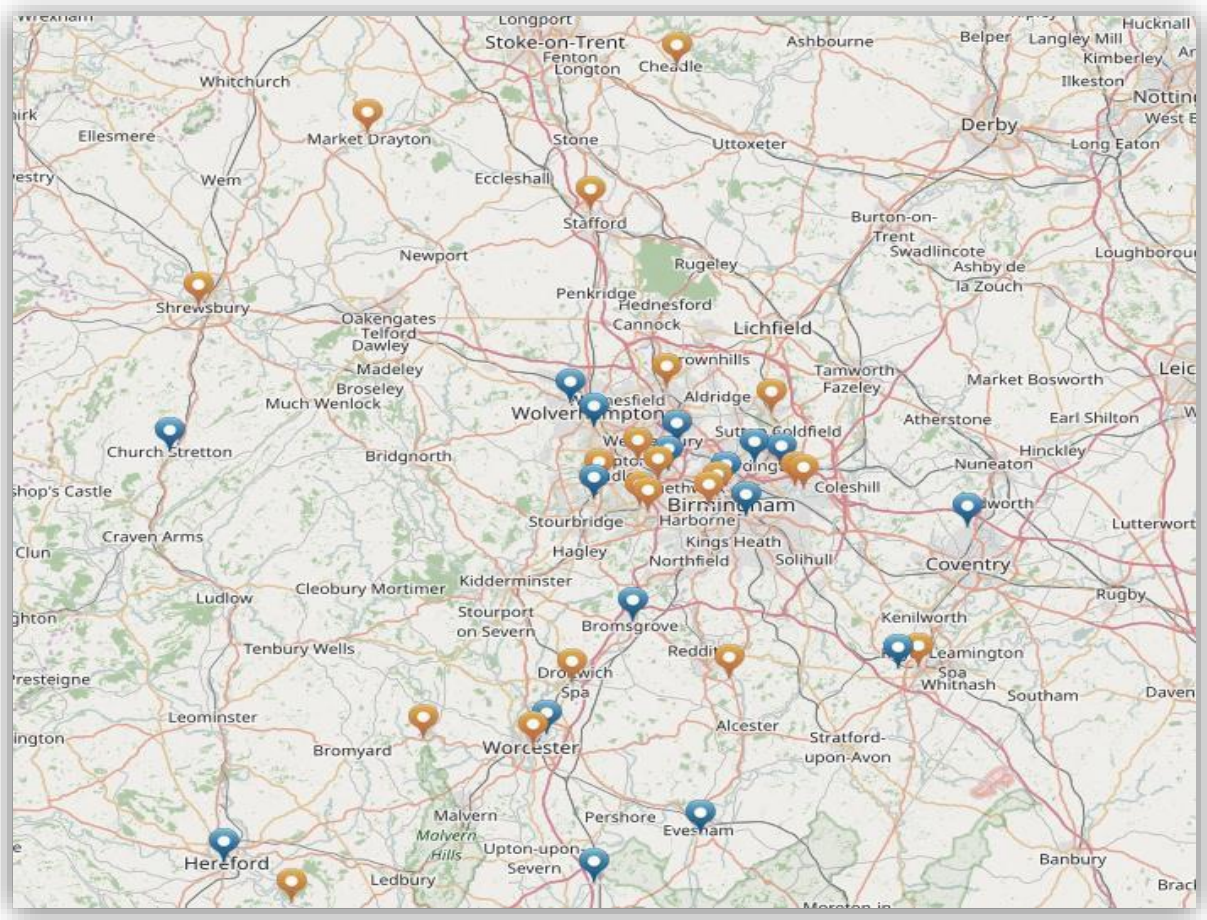
between the HEE West Midlands primary care and leadership academy teams to bring the programme ‘in house’ to enable ownership, enhancement, scale and spread.

West Midlands Leadership Academy, through their internal consultancy model, utilised their in-house OD expertise to build upon the existing evaluation outcomes to co-create, deliver and design learning material for a second cohort. This approach equated to a fundamental re-design, by developing all of the learning material from ‘scratch’ to respond to insider-knowledge of primary care leadership needs, the enhancements identified within the evaluation, and the outcome of a collaborative re-design day.

The most significant shift in programme design was to develop participants OD, change management and team development ‘toolkits’, with subsequent emphasis on using these new skills back in their organisations between workshops so that their wider practice team felt like part of the programme and also benefited from their participation. This also demonstrated tangible Return on Investment for the entire practice, and not just those who attended the taught sessions. Demonstrating Tangible Return on Investment at the start of the programme is important to primary care, as they need to justify releasing staff to attend any learning programme due to significant delivery pressures.

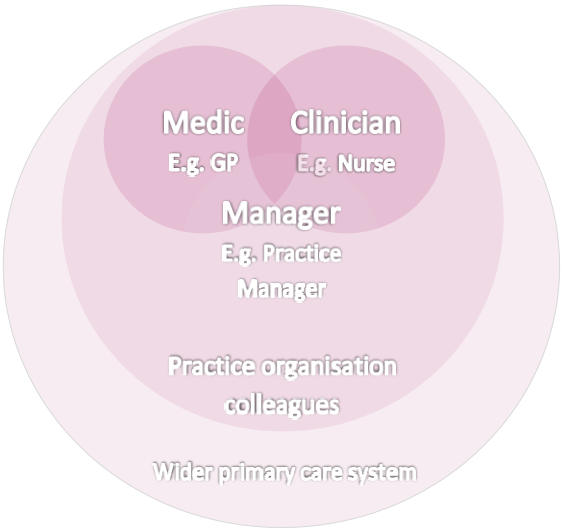
Three cohorts ran across the West Midlands and were facilitated by the WMLA team. During the delivery of the programme, learning materials were also dynamically updated and enhanced based on identified real-time needs arising from the cohorts, combined with input from the HEE Primary Care team. The LeaDER framework was utilised to evaluate the new programme format. As a result, the programme is now seen as ready for scale and spread.

To date, nearly 40 practices and their collaborative Triumvirate Teams in the West Midlands have benefitted from the programme:



Triumvirate model

The revised HEE WMLA Triumvirate concept is unique in that it brings together three different kinds of health professionals – Medical, Clinical and Managerial (in this case GP, Practice Nurse and Practice Manager or their equivalents in wider primary care organisations including pharmacy and dental) to develop as leaders both individually, as a 'tri-leader' team, and also as a team of primary care OD change agents practically applying their leadership and organisational development learning to transform their organisational culture.



This is achieved by focusing on practical ways that allow the participants to gain self-insight about themselves and each other to build relationships (with an inclusion/appreciating difference focus) and how to lead transformational organisational / service improvement and cultural change and rapidly increasing their leadership/OD toolkit.

It works on an 'inside out' model that allows participants to inclusively understand:

1: Themselves, what makes you, 'you'?

2: How they **relate to others**, their Tri-Leader team / wider colleagues / service users etc.

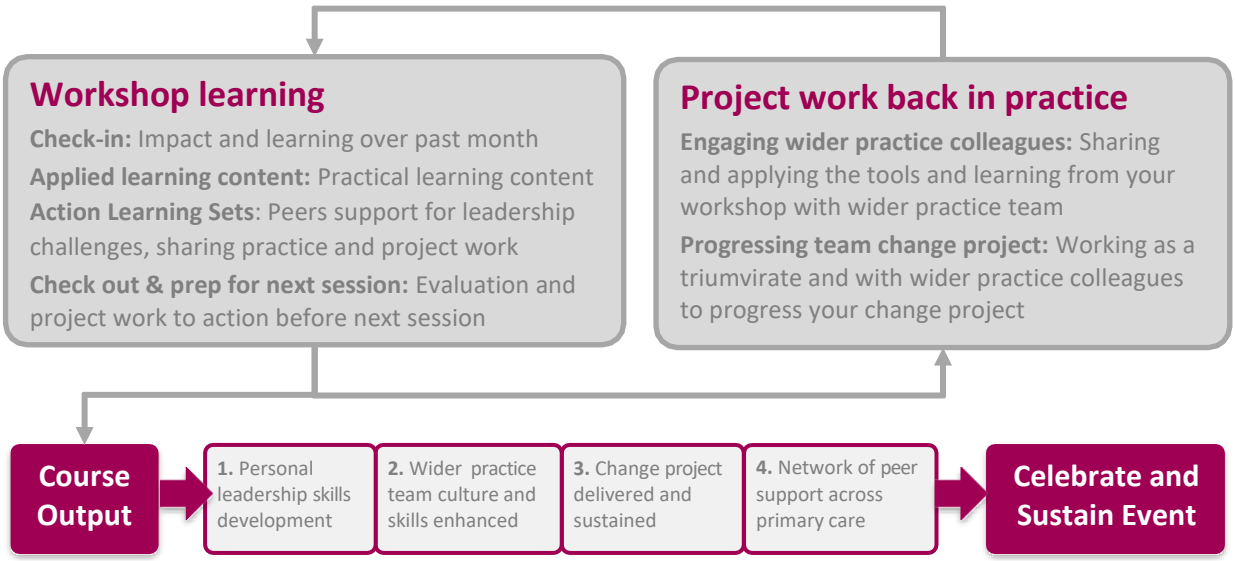
3: How they relate to the **wider system** to create collaborative culture change

Participants work together as a triumvirate team on a common transformation project for their organisation which allows their wider colleagues to be involved and easily see tangible Return on Investment. The tools/methods that are used in the programme are specifically chosen and taught in a practical way that allows the triumvirate team to replicate/apply these back in their organisation and with wider colleagues. This enables them to change their wider organisational culture and enables wider organisational colleagues to feel part of the programme.

This practical focus also allows participants to continually apply the learning to their organisation after the programme has finished. Learning is captured in impact presentation and project posters and shared at a celebration event, enabling true reflection and sharing of identified best practice.

What makes this approach particularly unique is that it is co-designed and delivered by the Health Education England West Midlands Leadership Academy team in an 'internal consultancy' style fashion. As well as reducing our reliance on external consultancies, this has made the programme extremely more cost effective and also means that content is easily scaled and spread through the teams Leadership Associate Faculty model.

The following diagrams illustrate the triumvirate model learning process and outcomes as designed by West Midlands Leadership Academy team, as well as key topic areas covered through programmed learning material:



Triumvirate involves 7 formal learning days in total and additional project and team development work.

The initial 6 workshop days equip the change team with the personal development, team development, and improvement science toolkit to enable them to progress their organisational change project.

Following this, the final celebration day enables all cohorts to come together to share their learning, create a wider peer support network and plan for their future change initiatives in the form of a collaborative conference event.

Day 1: Introducing the programme

- ❒ Launch event - introducing the programme and preparing participants learning journeys
- ❒ Primary care context and leadership challenges
- ❒ Success together, is like… what?
- ❒ Introducing the Healthcare Leadership Model as a team
- ❒ Introducing our change projects
- ❒ Introducing Action Learning Sets (ALS) and sharing practice

Day 2: Leading transformational projects

- ❒ Leadership theory and practice
- ❒ Applying the Healthcare Leadership Model assessment
- ❒ Service transformation and thinking differently toolkit
- ❒ Project initiation, scoping and planning tools
- ❒ Formalising our Action Learning Sets

Day 3: Change management, self-insight & relationships

- ❒ Project plans and presentations
- ❒ Change management tools
- ❒ Culture change models
- ❒ Self-insight and building team relationships (DiSC tool)

Day 4: Influencing, building teams & talent planning

- ❒ Influencing, motivating and relationship building
- ❒ Developing a winning team culture (Belbin)
- ❒ Managing our workforce and team talent

Day 5: Conversations, resilience & presenting with impact

- ❒ Check in on workforce and talent planning
- ❒ Great conversations (talent/career, coaching, clean language, transactional analysis)
- ❒ Personal resilience and impact
- ❒ Presenting yourself perfectly
- ❒ Coaching toolkit (e-learning)

Day 6: Consolidating learning journey

- ❒ Presentations practice - sharing personal learning journeys
- ❒ Consolidating project progress, successes, next steps and sustainability

Day 7: Celebrate, share and sustain

- ❒ Sharing outcomes celebration – sharing learning and best practice from our change projects
- ❒ Planning our next steps and our future change project(s)

4. Evaluation Activity

Separate evaluations have been undertaken for both the externally commissioned programme, and HEE West Midlands Leadership Academy internally designed and delivered programmes to allow for comparison.

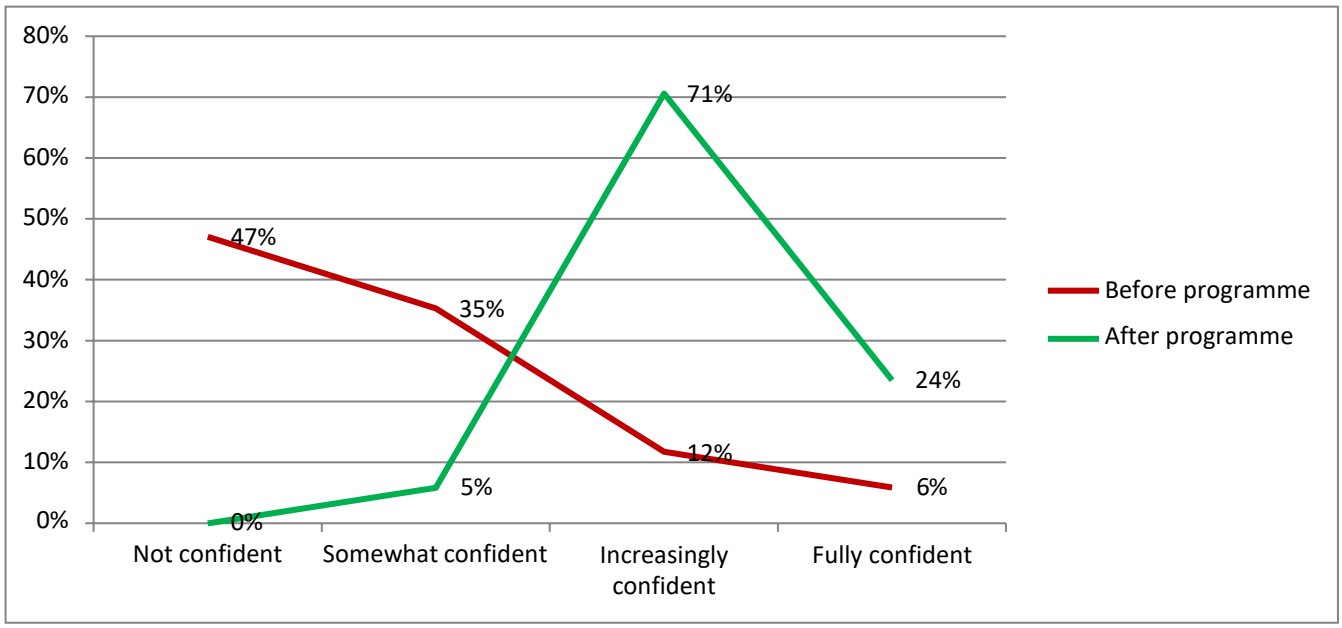
The re-focus and re-design of the programme by West Midlands Leadership Academy by bringing this in house to own, design and deliver has demonstrated higher impact and an increased enablement of participants to act in an organisational and wider regional change agent capacity through total re-development of learning content.

By delivering 'in-house' this also has brought the cost of the programme down considerably, costing below 20% of what it would when compared against utilising external training providers.

High level impact data is shared here which identifies a strong positive change in increasing the participant's confidence as leaders following completion of the programme. After the programme **94%** of participants report being fully or increasingly confident as change agent leaders, a strong shift when compared to how they felt before attending.

Confidence as leaders, before and after programme:

The following table demonstrates overarching summary of participant reported perceived confidence in leadership and change agent skills before and after the programme. A clear positive shift is demonstrated.



Impact evaluation themes: Self, Team, Organisation:

The following table summarises themes arising from evaluation data collected at individual, team and organisational level as outlined in the evidence gathering matrix (**Appendix 1**).

Evidence gathered throughout and after the programme identifies significantly increased self-

confidence of individuals as leaders and change agents and their ability to embrace their leadership role in the practice.

There was evidence that the team, both the actual triumvirate (3 leaders, medic, clinician, manager) team and wider practice were developing together as a team, enhancing culture, trust and ability to identify and tackle problems through collaboration.

Organisationally, practices were able to demonstrate culture change, improvement and service transformation projects, integration of new roles and service models, mergers of practices as well as positive impact on CQC ratings.

Impact on Self	Impact on Team	Impact on Organisation
✓ Confidence to lead ✓ Self-awareness increased ✓ Toolkit for change ✓ Stepping up – career change ✓ Headspace to think and improve ✓ Change project learning/practice ✓ Understanding personality and impact on others ✓ Being linked to my colleagues ✓ Recognition of strengths ✓ Clinical leadership	✓ Transformed how we work ✓ Strengthened working relationships ✓ Solving challenges together ✓ Delivering multiple change projects ✓ Appreciating each other's strengths and celebrating differences ✓ Trust increased ✓ Space to evaluate our strategy ✓ Communication across team ✓ Enhanced practice management ✓ Collaboration on change project demonstrated tangible impact	✓ CQC ratings enhanced ✓ Delivering transformation change projects ✓ Culture change of whole practice ✓ Inclusively involving everyone ✓ Increased workforce/team cohesiveness ✓ Passing on learning to wider team ✓ Increased organisational change toolkit ✓ Transformation becoming core organisational business/strategy for our practice ✓ Engagement, communication and trust ✓ Improved behaviours ✓ Talent management

What participants said:

The following summarises key quotes from participants throughout the learning programme:

Change programme outcomes:

There were a variety of change programmes developed, progressed and implemented by the triumvirate teams of varying levels of complexity. Change programme focus included:

- Practice culture change
- Engagement, communication and motivation
- Improving efficiency, processes and equipment
- Integration of services
- Development of new services
- Development of management team
- Integration of new roles
- Practice mergers, culture and logistical requirements

The majority of the change programmes had finished in their first iteration by the time the programme celebrate and sustain event took place. This enabled participants to learn from each other as well as for WMLA to capture data around the types of change projects important to primary care practices.

The following provides a selection of change programme posters to visually illustrate the impact of the learning by triumvirate practice teams:

Evaluation reports from each cohort and final overarching longitudinal evaluation survey demonstrating impact of the West Midlands Leadership Academy programme are available on request.

5. Interpretation and Discussion

Summary of evaluation learning:

From reviewing all of the available evaluation data collected, the following themes have been identified relating to impact and learning from the programme:

- **Space to think**: Primary care is busy and one of the biggest benefits to all participants was taking time out to think. This was appreciated on many levels, either in discussion during the programme, Action Learning Sets, the focus as a team on their projects and in some instances it was stated that the 'car journey in together' provided a space that they never got in their busy day jobs to 'get to know each other' and helped them realise the importance of this. The programme gave them an opportunity to step back, reflect and identify how to improve as individuals, teams and practices. Participants stated that without the space to thing from programme, improvements would not have been identified and things would have remained the same. Many have introduced the importance of a space to think back into their own practices based on this positive experience.
- **Breaking down silos, inclusively connecting and working together**: The programme demonstrated the ability to break down traditional silos. From working together to understand how participants were unique individuals (i.e. an underpinning inclusive approach) utilising personal profiling tools, coupled with the space to explore this with each other, and subsequently being enabled to use simple tools to help their wider practice teams to do a similar exercise allowed participants to see things from other peoples' perspectives. Whether from a work based, professional or cultural perspective, participants noted the ability to appreciate 'why we do the things the way we do' and how to leverage difference as strength rather than a challenge to working together. This enabled participants and their wider practice teams to enhance relationships and supported the focus on culture and engagement, which was a key topic within many of their change projects. We also invited wider primary care to join the programme within this last cohort (e.g. dental / pharmacy). Whilst the uptake for these professions was low, participants reported enhanced learning from working with these wider professional groups.
- **Confidence to lead**: All participants demonstrated an increased confidence to lead and demonstrate leadership and change agent skills. They appreciated how the programme 'built them up' gradually, systematically and from the 'inside out' to enable them to do this. Some participant likened this to 'layers of an onion'. However, it should be noted that some comments such as 'trust in the programme, it makes sense at the end' illustrated the need for the programme to better articulate how the learning journey will achieve this at the start of the programme in future iterations. This will be enhanced in future cohort marketing materials.
- **Improvement project focus demonstrating organisational change / ROI**: There were various types of improvement projects taken forward as part of the programme. Although the application form required participants to have thought towards their improvement project before they enrolled, having started the programme and begun to learn about leadership and change, some of these projects naturally changed course. There was a large focus on increasing the engagement of staff and changing cultures. Improving efficiency (e.g. stock control) was also a strong theme. New roles and service improvement were a less-common project focus. A small number of practices utilised the project and learning from becoming a team of change leaders on the programme to prepare their wider practices for large scale change such as mergers of practices. The latter was

perhaps the most challenging type of change project and participants felt the programme assisted them with a 'helping hand' in enabling them to lead this challenging work back in their practice organisation throughout the wider organisational change programme. Ultimately, the project focused participants in both working together, applying their knowledge as well as demonstrating tangible return on investment for participating. Return on investment is something that participants advised to heavily leverage in marketing of future programmes, as being a business, primary care prefer to see tangible outcomes based on releasing staff for development programmes. This will be enhanced in future cohort marketing materials.

- **Plan, do, study, act – then pass on**: Participants appreciated the programme structure that followed PDSA/KOLB style learning methodology and the '70/20/10 rule. Theory, followed by the chance to explore this in practice with peers on the programme, models/tools to take away to apply with their wider practice colleagues/teams/change projects and then chance to reflect on how applying them experientially helped participants rapidly learn and see the benefit of leadership and change agent skills. The focus on 'passing learning on' to their wider practice teams also enhanced the learning experience and made them feel more confident that they could apply their leadership and change agent skills in practice. It also helped the wider practice colleagues who could not be released for the programme feel more included.
- **Early wider impact signs (e.g. talent and CQC ratings)**: Some of the wider unexpected early impacts identified from the programme included practices having gone through regulatory CQC inspections and attributing higher ratings (e.g. one had 'outstanding' CQC rating) to the learning from the programme and how this changed the practice culture. There was also an identified link to talent management, as several participants' identified career advancement. Whilst the programme did not encourage career change as a primary focus, it was observed that several clinical leaders were taking on more challenging extra-curricular roles. For example, GPs started to engage and lead on system networks or system level projects, stating it was the programme that gave them the confidence to do this and self-insight that they had more to offer as leaders.
- **Self-insight and behaviours**: One of the highest rated aspects of the programme was the use of and continued exploration/application of many different forms of personal and team diagnostics. 'DiSC' was overwhelmingly commented upon as enabling participants to build insight about each other, relationships and team building. Belbin and the HLM self-assessment were seen as the second most useful tools in achieving this. Participants increasingly shared learning about changes in behaviour and personal insights and how this was applied positively to practice as the programme progressed. Participants continued to become more curious about themselves and others, which was further assisted by the underpinning inclusion focus emphasised by the facilitators and flow of the learning programme using an 'inside-out' model.
- **Trying new things**: Participants gained an increase confidence to try new things, experiment and take considered risks to innovate as part of the programme. Whilst there was focus on change projects, all participants were able to share wider stories about how the programme had enabled them to try new approaches to problems they were facing, or see opportunity to try something new. The Action Learning focus of the programme also helped participants as peers to support each other in finding new approaches to their challenges.
- **Sustainability**: The final formal learning day focus on celebrating and learning from each other's journeys and change projects, followed by a focus on applying all of their learning to developing

their next project beyond the programme enabled participant's to consider sustainability of their learning. Some of this was mentioned in the medium term evaluation survey, however it is too soon to tell the longer term impact and sustainability of the programme and approach to change projects in primary care.

- **'Pink and fluffy', or 'science and return on investment': reducing attrition**: Attrition was a small challenge as two practices left the programme after the first day. Other participants who progressed on the programme shared stories of how after day 1 they felt the programme may not be as beneficial, and it wasn't until later on in the programme when they began to see the benefits that this feeling went away. Participants advised that in both the marketing and emphasis on day 1, we should leverage that leadership and change is not 'pink and fluffy' but instead it's a science and quickly demonstrate practical benefits of their investment of time in the programme. We should also focus on the programme being designed to bring tangible return on investment (i.e. the investment being time/release to attend) as this will encourage potential practices to engage/apply, as well as those on day 1 who may be overwhelmed with leadership to keep going.

Wider lessons learned from programme model:

In addition to the formal evaluation learning themes documented above, as both the designers and facilitators of the programme, we reflexively offer the following learning for consideration when running similar programmes in the future:

- **LLA consultancy model high impact and value for money:** There is benefit for all LLAs to consider developing an in-house consultancy approach to designing and delivering programmes based on their own OD expertise and experience. Having designed and delivered the triumvirate programme following this model, it has demonstrated that LLAs are in a unique position to bring expertise, knowledge and relationships with the system together to provide high quality and extremely good value (i.e. less than 20% of external consultancy costs) leadership development interventions.
- **Primary care needs basic leadership and transformational development/skills:** Having worked with a large number of primary care practices and teams, we have noted that the majority of practices and their staff have never had the opportunity to embrace leadership, change and OD interventions. This supports the emphasis on primary care leadership and OD capability development in Developing People Improving Care NHS leadership framework. We recommend that from our experience and lack of historic investment, this development should not assume any prior knowledge of leadership and change management, and should operate within a model of 'keep it simple'.
- **Networking/peer learning approach**: Primary care practices do not naturally network together due to their silo-working model of care and operating model that focuses on them as 'independent businesses'. The Triumvirate programme model, leveraging on bringing practices together as peers and sharing/supporting each other assists in networking and peer learning is perhaps one of the most impactful learning interventions of the model itself as it allows for continued peer support beyond the programme. Future programmes should leverage on bringing the primary care workforce together to learn from and continue supporting each other.
- **Wider than GP / engagement**: Although our first cohort of Triumvirate was focused on General

Practice, in this cohort we opened it up to wider primary care (e.g. dental and pharmacy etc). Whilst the uptake on this was low, widening the programme to all of primary care in embracing the model is valid to continue to break down silos and encourage cross professional/business working. A key challenge is engagement as to date we do not have strong links with all primary care organisations and this needs further work.

- **Triumvirate 'multi-professional' team model**: Taking 3 different professionals (i.e. medic, clinician, manager, and more recently AHP) and enabling them to work together as a team provides a unique approach to delivering leadership training. Participants were able to break down barriers between team members and embrace being a functioning team of change agents / leaders in their practice. They were able to hold each other to account, meaning that more was achieved that doing the programme as a 'solo' practitioner. The peer support and leveraging their own unique roles in the practice also enabled them to progress their change projects in a way far more effectively than when we see change projects progressed by individuals on a traditional leadership programme approach.
- **'Starts with you' and 'inside-out' approach**: The emphasis on 'it starts with you', working outward to working as a team, wider practice/organisation and system approach enabled participants to truly explore themselves and then how they best connect with each other to create maximum impact. Key elements in ensuring this model worked were: simple yet powerful psychometric (e.g. DiSC and others) and wider feedback tools integrated throughout the programme, the way this learning was built upon in layers working 'inside out' from participants, and importantly the facilitators being able to respond to participants individual needs and being at different stages of understanding themselves as professionals/leaders.
- **Inclusion underpinning subtly enabling**: Linked to the 'inside-out model' above, inclusion and diversity principles underpinned the design and delivery of the programme, however were purposefully not explicitly stated as such. For example; starting with you, psychometrics, learning from multi-professional perspectives, appreciating different experience, learning from different practices all supported an appreciation of diversity from many perspectives (individual, personality, cultural, experience/historical, geographical, professional, job-role etc.) Building a programme in this way, it was observed a very substantial shift in participant's inclusive thinking principles. By not calling it 'inclusion' or 'diversity' enabled us to achieve this thinking in a more natural and subtle way that was enabling to participants who had never been challenged personally to think in this way before.
- **Train the trainer approach**: An innovative element of the programme was to deliver it in the spirit of 'train the trainer'. In other words, all of the key learning content was specifically chosen and presented in a way so that the triumvirate teams could deliver this with their wider practice teams to enable them to feel part of the programme and benefit from this development. This was a purposeful modification to the original cohort and in direct response to the Developing People Improving Care NHS leadership framework that calls for increased leadership, OD and transformation capabilities in primary care. By actively encouraging the participants to work as a team to try out learning content with their wider practice teams outside of the core change project engaged them into a psychological contract to try out and learn from and share their experiences using the tools (e.g. cultural web, service innovation tools, team development tools etc). This added an additional impact layer to the programme, and the learning form experience enabled the

participants to truly engage with being a 'change agent' beyond the programme.

- **Support from HEE Primary Care Team**: Integrating with the HEE primary care team leads across the system as champions/sponsors for the programme increased the legitimacy, applications and engagement of the programme. This demonstrated successful partnership working between different HEE functions and how leadership should seek to integrate into wider workforce challenge areas / work streams / services / functions to create bigger impact.
- **Language of leadership for primary care**: As already stated, some of the participants referred to thinking leadership was 'pink and fluffy' and later came to realise it was more of a science and art form. There is also learning to ensure that the language used to advertise programmes and importantly on the first day of future programmes resonates with primary care practitioners, and it is recommended using business focused terms (i.e. impact) and less leadership jargon (i.e. focus on the science of leadership in marketing) and slowly integrate the wider leadership language as the programme progresses to ease participants into this. This will prevent the 'shock' and potential disengagement form the programme and increase engagement before, during and after.
- **Beyond primary care**: We believe that the triumvirate model should extend beyond primary care. Our recommendation is that the model of 3 diverse professionals (e.g. clinician, medic, manager or equivalent) be tested out in wider contexts such as acute hospital business units, CCG teams and within wider sectors such as social care or the 3rd sector.

6. Costings

By designing and delivering the programme in-house by utilising West Midlands Leadership Academy team members and our associated faculty, we have brought the comparative cost down to below 20% of what it cost to utilise external suppliers the first time the programme was delivered. This is in comparison to running similar programmes and also utilising an external company for the initial pilot cohort 3 years ago.

As all materials have been developed, evaluated and enhanced to be run in-house by West Midlands Leadership Academy team, the Triumvirate programme is extremely cost efficient to run future cohorts. It only requires: facilitator / administration support, cost effective psychometrics (DiSC) and venues.

The following illustrates an indicative costing to run future cohorts based on 21 places as identified as the maximum optimum cohort size (7 practice organisations x 3 people per practice = 21 participants).

Please note: prices for faculty time is indicative only, as each LLA utilises a different model. A midpoint of £450 per day is utilised acknowledging LLAs pay between £300 and £700 per day is used.

Indicative future LLA programme delivery costs per cohort	Costs
Venues: Locally sourced x 7 days e.g. Illustrative, £500 per day external venue x 7 = £3,500	TBC locally x 7 days e.g. £3,500
Local facilitators time: Locally sourced for delivery**	TBC under local faculty model

e.g. using local faculty: 8 days (7 days delivery + 1 day prep) x £450 day + £100 expenses = £3,700 ***Indicative only, as acknowledged local LLAs have differing remuneration models for their faculties.*	e.g. £3,700
Admin time: Locally sourced for marketing, applications, supporting running of programme e.g. 4 days x £150 = £600	TBC under local LLA model e.g. £600
Psychometric personal diagnostic tools (DiSC preferred option) The programme is built around personality diagnostic tools and DiSC was chosen due to its value for money and versatility. DiSC reports cost £33+VAT per report. Assuming 21 people per cohort this would approximately equal 33 x 21 = £693+vat (£831.60 incl VAT) per cohort	DiSC reports = £831.60 (incl. VAT) per cohort of 21
Total indicative costs for 1 cohort of 21 participants:	**= £8,630** per cohort (approx.) **= £410** per head (approx.)
***NB** - Initial design time has been undertaken by WMLA staff at an approximation of 10 days' time across the team. This would equate roughly to **£2,500 design time costs**.*	

7. Summary

Aims:

We aimed to build upon our first evaluation of the Triumvirate primary care leadership model and re-design the programme so that it can be delivered in-house utilising LLA capacity and capability to make this sustainable, more cost efficient and reduce our reliance on external consultancies. We also aimed to integrate the ambitions within the Developing People Improving Care NHS leadership framework that seeks to enhance primary care OD, transformation and leadership capability.

We changed the emphasis from being a 'leadership programme' towards enabling triumvirate teams of primary care practitioners to become 'leadership and change agents' to enable them to feel confident in continuing to use their skills beyond the formal programme learning. We also chose to build in inclusion principles to underpin the programme.

Building upon our first cohort evaluation, our ultimate aim was to continue to test that the triumvirate model, seeking to develop multi-professional teams of 3 diverse professionals, is valid as an alternative and enhanced way to develop primary care to enable them to transform their practices.

Outcomes:

We have evidence that the Triumvirate model continues to be a supportive way to developing primary care teams of change leaders. By shifting the focus from a team leadership programme to developing a team of primary care OD, change agents and leaders, we have enabled an increased focus on

sustainability of the skills the participants gained beyond that of the formal programme.

Through integrating inclusion principles and using an 'inside out' model, this enabled participants to be curious about themselves and others, appreciate and leverage strength in difference and build teams based on trust, curiosity and learning.

The revised model demonstrated impact in terms of increased perceptions of personal leadership capabilities and confidence, as well as demonstrable change both in terms of formal change project and wider transformational changes documented throughout the learning journeys of participants on the programme.

We have evidenced that taking the programme in house and designing and delivering it using WMLA team capabilities has significantly reduced the cost of delivering the programme. We also have full control over the learning resources and can quickly respond to updating these to ensure the programme remains current. We are now in a position to enable other LLAs to benefit from this model through scale and spread.

A key enhancement identified for future iterations of the programme was to ensure those signing up to the programme better understood the learning journey from the start and to be clear on language to make sure that the programme did not appear 'pink and fluffy leadership', but rather a 'science' that generates 'return on investment' to encourage primary practices to engage in future cohorts and reduce the risk of attrition.

8. Recommendations and Lessons Learned

Recommendations:

Having run two iterations of the primary care triumvirate programme model and enhanced this over two successive years, we have evidence to demonstrate that this approach to learning in primary care is of merit to continue, scale and spread.

We recommend two actions for consideration:

1. Pilot scale and spread of triumvirate primary care programme across other LLAs to explore utilisation of the programme and impact beyond the West Midlands. It is recommended that can be done through a Train the Trainer approach.
2. Pilot the triumvirate concept outside of primary care e.g. acute / community / commissioning / tertiary sector service areas.
3. Consider wider lessons learned from facilitator reflections on programme delivery/model in primary care when commissioning future similar leadership interventions.

The network of LLA's are keen to share learning regarding evaluation to the wider NHS and other agencies. Please indicate whether you give your permission for the content of this report to be shared more widely to other interested parties outside of the LLA network and the NHS:

Potentially yes *however, please discuss before sharing wider due to seeking permission to share practice posters (i.e. in visual above).*

9. Evaluating the Framework
In the interests of continuously improving how the network of leadership academies can improve its approach to evaluation please answer the following questions.
What did you find useful/helpful about using the framework
The new v1.1 of the framework is much more streamlined and logical than before. This made completing the templates easier.
What did you find not so useful/not so helpful about using the framework
Some of the ‘flow’ of completing the forms/reports potentially still needs work to make this more logical.
What suggestions, if any, do you have for improving the framework?
N/A

APPENDIX 1: EVALUATION PLANNING TEMPLATE

Title of Intervention	**Triumvirate Primary Care Leadership and Change Agent Programme: West Midlands Leadership Academy**
Context	Increasing primary care leadership and OD transformational capability and capacity is a priority. It is well documented within the NHS Leadership Academy vision and SLA, the HEE mandate, NHS England's GP Forward View (GPFV), and cross-ALB leadership framework Developing People Improving Care. The Triumvirate primary care leadership and change agent programme was designed by HEE West Midlands Primary Care and West Midlands Leadership Academy (WMLA) teams to enable primary care leaders to work in partnership across disciplines, develop as a collaborate inter-professional team of primary care OD change agents and to deliver sustainable change projects that demonstrate tangible return on investment and support the primary care transformation agenda. Having piloted and evaluated the programme concept at pace using external training consultancy expertise, WMLA team chose to design all materials using in-house expertise for ease of scale and spread. Following two years of evaluation and enhancement to the programme, the model has been identified as ready for wider dissemination having gained national recognition. Delivering the programme using in house / NHS faculty resources has identified a significant cost saving (costing less than 20% of costs associated with utilising an external training provider) in addition to enhanced impact due to local ownership and delivery.
What do you think might happen?	We expect that we will have evidence of: ▪ Increased confidence of individual leadership, OD and change agent capability and confidence of primary care leaders attending the programme. ▪ Increased multi-disciplinary team leadership approach. ▪ Application of 'OD' and change agent tools and techniques that demonstrate advancing PC practice culture and transformation. ▪ Positive change to wider practice team as evidenced through an organisational change project outcomes and evaluation data. ▪ Evidence that by designing and delivering the programme 'in house' using WMLA team expertise, this will reduce the cost of the programme and enable us to scale, spread and keep the programme sustainable rather than relying on external consultancies.
Intervention	The Triumvirate leadership programme was designed by HEE West Midlands and West Midlands Leadership Academy (WMLA) to enable primary care leaders to work in partnership across disciplines, develop as a collaborate systemic thinking, inter-professional team of primary care OD change agents and to deliver sustainable change projects that demonstrate tangible return on

	investment and support the primary care transformation agenda. WMLA designed all materials for ease of scale and spread, and following two years of evaluation and enhancement to the programme, the model has been identified as ready for wider dissemination.
Expected Outcomes	We are hopeful that this intervention will: ▪ Support Developing People Improving Care framework ambitions to enhance the leadership, OD and change management capability of primary care. ▪ Evidence of tangible return on investment as outlined within change projects and learning presentation outcomes. ▪ Increased evidence (e.g. by CQC ratings) that leadership of practice and culture is improving longer term. ▪ Talent management of leaders in primary care demonstrated by shift in careers of participants, potentially interfacing more with regional system bodies (e.g. CEPNs / LWABs / Networks etc.)

APPENDIX 2: EVIDENCE GATHERING TEMPLATE

Title of Intervention:	Triumvirate Primary Care Leadership and Change Agent Programme: West Midlands

	Before	During	After
Individual	▪ Team (i.e. 3 individuals) **application forms** are required to demonstrate a joined up approach and team readiness. These also have space for individual statements. ▪ Applications are **reviewed by local HEE Primary Care team** leads for suitability and also local intelligence.	▪ A simple **check-in, check-out** method is used for participants in each workshop to map their journey across the programme and impact of the workshops. This is kept simple and written only on post-it notes for ease of writing on the day. Participants share their thoughts as they place the post-it note on the evaluation flip chart. These are all written up as the programme progresses to map impact, manage quality and review entire learning journey. ▪ **Learning presentations** are encouraged at key points to reflexively share learning with the group. ▪ **Facilitators** work together to note / comment on individual cohort progress (across faculty of, currently 3 facilitator team)	▪ A **team presentation** with individual / team contributions is required at the end of the programme to demonstrate individual, team and wider practice learning. ▪ A **poster** is developed by all teams to demonstrate learning from and impact of the organisational change project. This poster is presented at a final celebrate, share and sustain conference where all cohorts come together to learn from each other. ▪ Certain practices from each cohort are asked to **present their learning journey** at end of programme conference. ▪ The **'check in/out'** journey planner forms part of overall evaluation. ▪ A final **impact survey** is sent out to all participants several months after the programme has finished, identifying longer term impact.
Team/ Organisational/ System	*(As above)* *NB – programme is designed to explore individual, triumvirate / team, organisation / system impact in both learning content and impact data.*	*(As above)*	*(As above)*
Facilitator	▪ A **design day** was undertaken to kick-start the revised in-house programme design which included a range of primary care and leadership experts. This input ensures the programme is fit for purpose from the	▪ Facilitators work together as a faculty to review check-in/out **quality monitoring** and impact data. ▪ **Workshop content is revised in real time**	▪ The **overarching evaluation report** is developed to explore medium term impact. ▪ Facilitators work together to **review and enhance learning content** ready for next

	beginning. ▪ The **faculty of facilitators** worked together to develop the learning content as a faculty alongside the needs analysis by the primary care team in HEE and a previous evaluation of a similar programme.	to respond to participant needs. Where required, bespoke content can be delivered for each diverse cohort.	cohorts based on lessons learnt.