The University of Manchester
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Evaluation of the NHS Leadership Academy Mary Seacole Local Programme

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Interim Evaluation Report

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Original Thinking Applied

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For more detailed biographies, see Appendix 1.

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We would also like to thank all colleagues at the NHS Leadership Academy for their participation, engagement and cooperation, which have added great value to this evaluation.

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Executive Summary

The Mary Seacole Local Programme (MSLP) marks a departure in the type of role for the NHS LA, and how a leadership programme is implemented. To date, the NHS LA has commissioned and performance managed leadership development programmes, hosting the infrastructure and recruitment functions. Leadership programmes to date have been open nationally, to any participant irrespective of role, organisation or system. The implementation of the MSLP has facilitated a concentrated focus within an organisation or system, via a 'licensing' approach.

This evaluation is an enquiry into this approach, and in this interim report, we present the findings concerning the process and impact of mobilisation. Methodologically, this is a multi-case study site approach, examining the experiences of three 'early adopter' sites and layering this with the experience at a systems level, within the NHS LA. A range of methods is used to uncover the themes that we believe are significant, and are presented within a theoretical frame for further consideration. Recognising the importance of the need for responsiveness, we have also presented implications for practice, which the NHS LA team can consider as they continue to implement the MSLP.

There is a significant amount of learning captured from the first phase of evaluation, focussing on the following thematic areas:

- Theme 1 - Deciding to take up the local programme
- Theme 2 - Contracting and negotiation
- Theme 3 - Getting started
- Theme 4 - The role of leadership
- Theme 5 – Developing and Maintaining Relationships

We present our findings within a theoretical context, whilst offering practical translation ideas:

- Building on andextending the underpinning change model could offer advantages for future delivery of MSLP, for relationships and refining practical planning.
- Exploring with a potential organisation/system as part of the contracting and negotiating phases can place 'leadership development in context' and could potentially facilitate dialogue about culture, prevailing beliefs and values. This may of course be intrinsically beneficial but could also provide additional 'traction' for the delivery and embedding of MSLP.

- There is significant potential to frame the delivery of MSLP as an organisational development intervention, capitalising on the broad and rich impacts of MSLP upon an organisation/system.
- Recognising and developing the rich resource within the facilitators group couldlead to greater impact for the organisation/system. Development of a 'community of practice' can support and capitalise upon this expertise – we note that a process to develop a community of practice has begun; more formal planning for this within each MSPL organisation/system will ensure its delivery.

At this point in the evaluation, we welcome dialogue about how the findings can shape the second part of the evaluation, where we can gather additional data to balance that already garnered, to create a fuller picture of the Return on Investment.

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Abbreviations

AI	Appreciative Inquiry
CQC	Care Quality Commission
CSS	Case study site/s
LAS	London Ambulance Service
LMT	Local mobilisation team
MSLP	Mary Seacole Local Programme
NHS LA	NHS Leadership Academy
NILDB	National Improvement and Leadership Development Board
ROI	Return on Investment
STP	Sustainability and Transformation Plan
SWFT	South Warwickshire NHS Foundation Trust
VC	Virtual Campus

1. Purpose of the Report

The purpose of this report is to share the findings from the first two evaluation phases, which are the diagnostic and the first fieldwork phases. The report findings concentrate on the time period ranging from when the case study sites decided to become early adopters during the early months of 2016 to October 2017, by which time several cohorts of participants had completed or were still participating in the programme. The findings described herein can be used for wider discussion, inform immediate and future practice, and critically will inform the shape for the second part of the evaluation: local impact of the programme.

The report concentrates on findings related to the mobilisation process to date, together with some evaluation of impact, thus focussing on the first two of the aims detailed below. The final report hopes to meet the remainder of the aims in full, after further data has been collected.

1.1. Overall Evaluation Aims

- Use a multi-case study methodology to evaluate the **process** and **impact** of the new localised Mary Seacole Programme, identifying and triangulating a range of qualitative and quantitative data, and highlighting both site-specific and systemic learning.
- Capture multiple stakeholder perspectives at the levels of self, team/service, organisation and system.
- Assess the value that the local Mary Seacole Programme provides in the early adoption sites involved, through illuminating the Return on Investment (ROI), making comparisons with published data/benchmarks wherepossible.
- Make connections between process and impact evaluation, with emphasis on the interplay between elements of development and local delivery.
- Provide robust, evidence-based conclusions at interim and final points in the evaluation, with the option of formative evaluation insights that can be shared within the Leadership Academy and potential Mary Seacole Local Programme sites.

1.2. Evaluation Design

A longitudinal multi-case study approach framed the evaluation, which facilitates in-depth understanding in the early adopter sites from:

- multiple perspectives
- a range of data points/types

- the levels of self, team/service, and organisation.

The aim was to facilitate system learning across the programme's implementation from both central and local sets of perspectives using three sites as contrasting case studies. Case studies involve detailed investigation of complex phenomena within their context and frequently involve a range of data collection methods over time. 'The phenomenon is not isolated from its context… but is of interest precisely because the aim is to understand how behaviour and/or processes are influenced by, and influence context' (Hartley, 2004, p. 323).

The three MSLP Early Adopter sites, were selected for their differences in organisational form and geographical location; their characteristics are summarised below (further detail in Appendix 2):

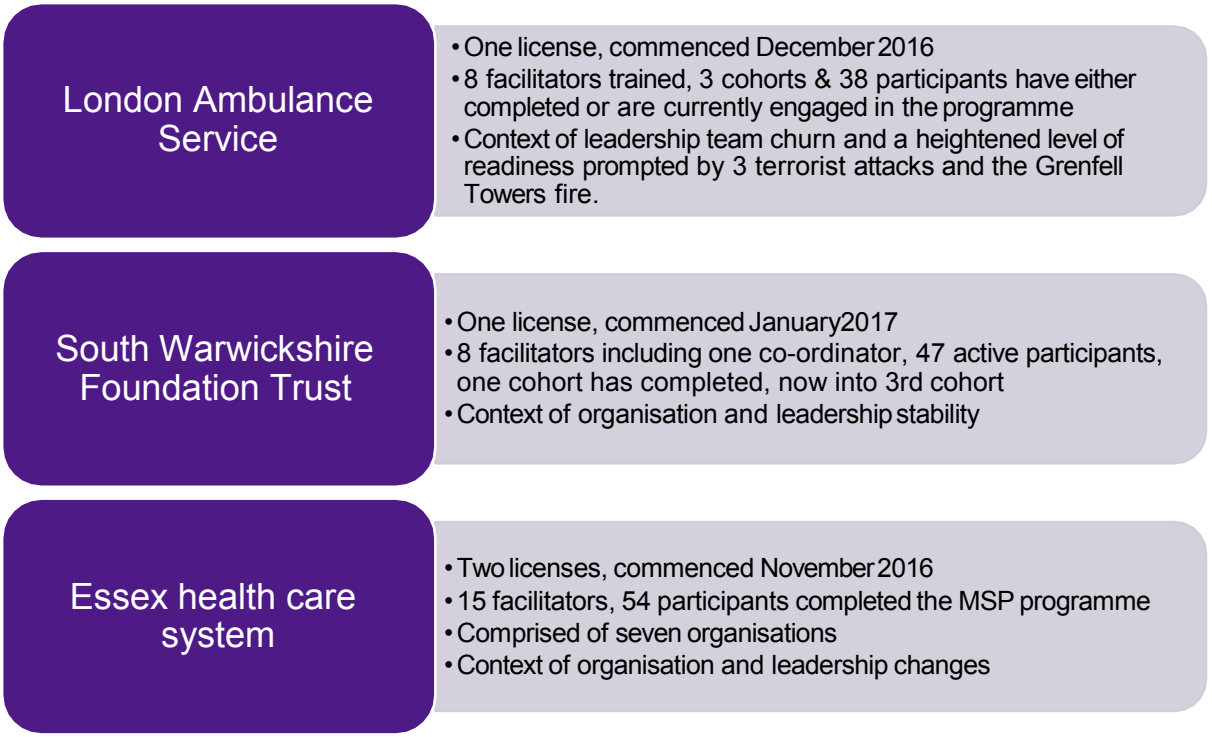

Figure 1 Summary of Case Study Site Characteristics

In addition to these perspectives, the enquiry has encompassed the experience of the National NHS Leadership Academy Team working on the implementation of the MSLP. The evaluation has also interfaced with the Quality Assurance (QA) framework, and the work of the QA team. Fieldwork to date has included 1-1 interviews, focus groups, surveys and document analysis. A list of the outputs can be found in Appendix 3.

2 Interim findings

The report is structured with the intention of 'holding true' to what emerged from the data collected from all three sites and the broader systems level. Data from the various methods has been triangulated into themes and significant findings, and connected with existing literature and best practice. As the MSLP continues to roll-out, the Evaluation Team have presented opportunities and ideas to extend practice, to optimise the impact of MSLP for both the NHS LA, and future sites. The findings are reported under five main themes:

- Theme 1 - Deciding to take up the local programme
  - Reputation andbranding
  - Connections with change
  - Impact intentions: getting the most out of the opportunity; developing individuals, teams and organisations
- Theme 2 - Contracting and negotiation
  - Pacing and timing
  - Relationship building
  - Practicalities
- Theme 3 - Getting started
  - Administration and management
  - Facilitator recruitment and development
  - Monitoring andevaluation
- Theme 4 - The role of leadership
- Theme 5 – Developing and Maintaining Relationships
  - Structure and Flexibility
  - Contact and Access
  - Nature of the Relationships and its Impact
  - Relationships with the Wider System

The report discusses the implication of the findings, identifying any further linkage between the themes and emerging enabling ideas. The report concludes with recommendations about the next phase of the evaluation.

3. Theme 1 - Deciding to take up the local programme

Every site has a story to tell about why they decided to take up the local programme. Early adopters heard about the new local programme directly through leaders at the NHS LA and there was consistency in the factors influencing the decision to initiate the MSLP.

Branding and reputation were very important, including that of the NHS, the NHS LA and the Mary Seacole Programme, and the relationship between the three.

Sites connected their decision with changes currently being implemented or intended for the future within their organisation or system. They saw a timely opportunity to integrate a credible national programme with local priorities and plans. There was a sense that the MSLP could align with, improve and build on local leadership development offers.

3.1. Reputation and Branding

The sites had experience of the MSP as a national leadership development offer and there were some staff members in each organisation that had been participants on one of the Leadership Academy Programmes, including the MSP. This familiarity and confidence helped the sites make the decision quickly to become an early adopter.

There was a sense of the Leadership Academy programmes (and specifically the Mary Seacole Programme) being 'a good thing' from its reputation nationally and the opportunity to deliver it locally, in turn, was seen as a 'good fit' for the sites, illustrated by an interviewee:

> *"I think it appealed to us as well, because it was quite nice to be at the forefront of something nationally as well, so we were quite...you know, that appealed to us particularly. I felt it was a relatively safe thing to do given the credibility of the product."*

The importance of reputation and branding was also seen within the survey data, across both the group of facilitators, and all survey respondents generally, as summarised in the table below (further detail on survey results can be found in the appendices):

Survey Type & Overall Response Rate	Survey Statement	Ratings Response Scale: 0-100
Facilitator Survey, Q4 **Response Rate – 29%**	"Knowing this a NHS Leadership Academy programme helps me trust in the programme's quality."	Average Response - 84
Facilitator Survey, Q5	"It is important to me that this is a nationally branded leadership programme."	Average Response - 85
General Survey, Q4 **Response Rate – 30%**	" Knowing that this is an NHS Leadership Academy programme helps me trust the programme's quality"	Average Response - 75
General Survey, Q5	"It is important to me that this is a nationally branded leadership programme"	Average Response - 84

Table 1 showing summary of survey responses to two questions, Q4 & Q5

3.2. Connections with Change

The chance to do some local tailoring of a Programme grounded in the values and NHS context was welcomed by sites. That the MSP had been designed, tried and tested in the NHS gave confidence that it would meet their requirements and expectations locally.

They highlighted the changes in practices and culture that they wanted to make that linked to their decision to take up the MSLP. There was recognition of the impetus for change in the NHS and what staff would need to develop to meet the opportunities and challenges this presents. The aims and content of the Programme were connected with things organisations wanted to do differently in response to feedback from performance and outcome measures, evaluations and stakeholder engagement, as illustrated by an interviewee:

"So there was something around the quality of those programmes that they were tailored to outcomes linked to mid-Staffordshire enquiry and some of the things that were going on nationally in terms of… So those programmes were tailored around the leadership models that we were promoting in our organisations and to some of the current incidents that have happened both nationally and locally."

The attention to leadership development at the level of first line and middle managers was seen to fit with priorities for which staff group participation would have most impact at individual, team and organisational levels. There were expectations at the levels of individual behaviours, skills and practices, team working and organisational culture.

Facilitators positively responded in the survey about the alignment of the programme's ethos and the organisation/system's objectives:

Survey Type & Overall Response Rate	**Survey Statement**	**Ratings Response** **Scale: 0-100**
Facilitator Survey, Q9 **Response Rate – 29%**	"The ethos of the programme fits well with the leadership development approach/strategy/objectives of this organization/partnership."	Average Response - 75
General Survey, Q9 **Response Rate – 30%**	"The ethos of the programme fits well with the leadership development approach/strategy/objectives of this organization/partnership"	Average Response - 82

Table 2 showing summary of survey responses to Q9

Whilst all sites connected the local MS Programme opportunity with change, there was some variation in emphasis across sites about what change they anticipated the MSLP would influence. For example:

- In Essex, the formation of the STP and existing collaborative relationships meant that implementing MSLP would be an opportunity across the whole system.
- In the London Ambulance Service a drive for change in leadership styles and organisational culture connected with the aims of the MSP.
- In South Warwickshire, alignment of leadership programmes within an Organisational Development framework.

"For me, I think Mary Seacole…so it does two things for us, firstly for new mangers into leadership roles or new management roles, it gives a foundation in terms of the leadership and the wider NHS and how we can…what the wider NHS is trying to achieve, things around citizen leadership and so it empowers people to look outside the box and to think broader than the LAS."

3.3. Impact intentions

3.3.1. Getting the most from the opportunity

Investing in a programme that has a solid foundation was important in all sites. Expectations about impact were often discussed in implicit terms as general benefits of a credible leadership development programme.

Each site talked about their priority groups for development, with intentions for impact for first line managers and middle managers, often those who had not had access to leadership development previously. Being able to have more people go through the MSLP meant that organisations might achieve a 'critical mass' of people who have a shared language and understanding.

Local implementation at the cost offered was initially seen as good value. The combination of cost and numbers had the impact of many more people taking up places on courses and participating in leadership development than was possible with the national model of delivery. Flexibility was seen as key in order to access for larger numbers of people: local delivery meant less travel time and the online platform offered scope for individuals to work at hours and times that suited them. Whilst sites had increased numbers of people

participating in leadership development locally through the local MSP, it had not been possible to get close to the maximum numbers allowed within the license, which had been an initial intention.

The importance of making the programme more bespoke for the local context and priorities was important for all the sites in deciding to take up the MSLP, with the intention of maximising relevance and alignment locally. However, whilst the intention was to get the benefits of tailoring, sites underestimated the time involved in doing this work. Sites all saw the benefits of tailoring, though the investment required to do this was greater when time and resources for implementation were underestimated or capacity had to be newly created in the organisation/system.

"And making the bespoke piece is not just about the content, it's about the accessibility piece, whether people get assigned times to that, or they're doing it all within their own time."

3.3.2. Developing individuals, teams and organisations

The MSLP was identified as taking a role in achieving performance measures and responding to feedback from multiple sources. Sites varied in how much this was already explicitly aligned with priorities and plans and how much was implicit. Examples were offered at the level of the individual: changing behaviours, increasing ways to respond to challenges, understanding wider perspective and use of evidence based approaches.

"For us it's been great because it gives us something that… we do our own insights leadership development but this is something additionally that we can offer our staff in terms of getting them and encouraging them to develop themselves. And doing it in-house in a protective way using our own teams has been very, very successful."

There were broad intentions for impact in a number of areas related to organisational culture and these included building relationships across organisations, individuals and teams feeling valued and awareness of system perspectives.

In terms of whole organisation and system, there was an intention to build a common language using shared models. It was hoped that participants becoming 'good leaders' through leadership development would inspire others to develop and adopt new practices:

"It should be offered to a wider range of leaders and managers or made mandatory if we are to change the culture and make a positive impact on the NHS as a whole."

3.4. Theme 1 - Implications for Practice

- Trust in the quality of LA products and the MS Programme was highly influential in sites choosing to get involved. Consider how to maintain and maximise the potential of brand and reputation for the LA and MS Programme.
- Mapping key outcomes and highlighting content of the programme against national priorities and drivers would enable sites to plan for impact more effectively, and could use existing tools such as the NHSi Culture and Leadership Tool[1].
- Supporting site leads to consider more specific intentions for impact early in the process would facilitate clearer alignment against priorities and returns on investment.
- Providing a clearer picture about the set up and preparation required for administering and facilitating the programme at the maximum number of participants possible would support sites to make realistic plans for implementation.
- Consideration of the more complex returns on investment from: building an internal facilitation team, improving relationships across organisational boundaries and flexibility of access.
- Bring more emphasis (in advertising and contracting with sites) to more of the process-orientated benefits of investing in the Programme for the organisation and culture. For example, developing a local facilitation team.

[1] https://improvement.nhs.uk/resources/culture-and-leadership/

4. Theme 2 – Contracting and Negotiation

During the diagnostic phase it was evident that there were written contracts in place between the NHS LA and each local site. In this sense, it could be understood that each site is essentially a 'client', and the NHS LA as the 'consultant' or 'provider' of a product (MSLP) and potentially a service linked to the product in terms of advice, training and support. As such both parties had some degree of shared understanding although the nature of the process that had led to the contract and the degree to which perspectives were shared clearly differed across sites and the NHS LA. A shared understanding usually emerges from a 'contracting cycle' and this was remembered in various ways and occurred in different contexts reflecting both the organisational make up of the sites and their senior leadership context at the time.

4.1. Pacing and timing

All three sites described significant 'churn' in the early stages of adopting the MSLP with the negotiation about taking on the programme and ultimately agreeing the contract with the NHS LA, occurring at the same time as thinking about and preparing for local implementation.

Sites talked about feelings of being rushed, perhaps because they were not practically ready but were also not prepared for the impact for individuals and for the organisation/system. In retrospect there was a realisation by those people leading the implementation that this early process takes time, and may not have been attended to because of the need to 'get on' and implement the MLP, concurrently. One site said:

> *"I think we were all running before we could walk. I don't think the academy were any more prepared for it than we were and I think the actual, I suppose, paper side of signing the contract was again a little bit rushed and I think the continued support was probably not as much as we might have expected. The support was, on the ground the local support that we had was quite good but it wasn't structured, it was knee jerk."*

Whilst every site talked about timing and pacing being quick, there was some sense of leaders making a 'best guess' about the timing using their experience and understanding.

> *"So there wasn't really a is now the right time? I think we just felt we've got sufficient interest and engagement, we've got a group of people that are up for it."*

4.2. Relationship Building

This relates to describing and anticipating the sequence of events within the implementation, and relates to the development of a shared understanding and scoping out expectations. For the sites, this was a process of translating the early conversations and licensing into an administrative and operational framework.

> *"I think one of the things that's probably come out from the facilitators is on both sides we didn't quite know what it was going to take to deliver it. So what did that mean for us in terms of administration? What does it mean in terms of facilitator time? What do the materials look like? So when we were asking for the programme as a whole, it was still being developed."*

Each site had to get grips with understanding what being an *early adopter* would mean for them and this was supported by some of the NHS LA approach.

> *"So, actually, they will say, and to be honest they were, they laid out what they would get, but it's then having a discussion about it that I don't think we fully understood or did."*

4.3. Practicalities

Practical help and face to face contact was welcomed and valued by sites:

> *"The fact that they came down and actually, we could speak face-to-face was great. And they brought their colleagues with them who could answer our questions around IT and things. That was good. I liked the Leadership Academy's approach in that they were quite honest with us."*

It was reported that regular conference calls and exchanges at key points (for example, once the Memorandum of Understanding were produced) were helpful in seeing if expectations were aligned and getting to a shared understanding through opportunities for questions and clarifications.

Being ready to take action assumes an understanding of the actions required; one site commented:

> *"We had an initial meeting and then it was quite disjointed, to be fair. We had an initial meeting and then I felt things weren't very structured, so I think I invited them back for another meeting and then at the start we got a little bit of information through and it wasn't very well organised and things came through in dribs and drabs".*

However, it was evident from the sites that they embraced the 'learning' aspect of being an early adopter, this understanding and acceptance mitigated some of the early difficulties; an interviewee said:

> *""We've gone on faith with and operated from good intentions, because neither side had experience of really how would that play out."*

4.4. Theme 2 - Implications for Practice

- Explore with the NHS LA Central Mobilisation Team the model of contracting cycles (further discussion to follow), and how this can be used to influence the work programme with new MSLP sites. Consider how the contracting cycle might inform the preparatory stages of working with a new site, and the time and staff investment into this process
- Develop an implementation pack which describes the impact of the MSLP with respect to: potential implications/discussion points, critical ingredients forsuccess, key choices for the 'client'/MSLP site that influence delivery
- Critical ingredients for success might include:
    - Keeping internal communications separate from external communications to the NHS LA – an OD consultant will identify a named point of contract early within the contracting cycle and only use this route.
    - Create a step-by-step guide of the chronological sequence of mobilisation, highlighting any key decision points (for example, gaining buy in from senior leaders).
    - Have a central point of co-ordination.
- Consider scoping the system/organisation approach to project management during the early phase of the contracting cycle: what approach/tools do they use, what approach can the NHS LA adapt to, consider what might be most effective for each site context.

- Scope the preferred mode of communication, for internal and external communications.
- Have an organised structure for internal communications that is regular, e.g. monthly and practical, teleconference.
- Consider alternatives to e-mail, such as discussion boards, that provide the context for discussion and decisions throughout key conversations.

5. Theme 3 - Getting Started

Within each site there was a core 'engine room': a small group of people who had come together to enable the preparation, set up and implementation. At the centre of this small group was a lead person who in two of the three sites had other learning and development responsibilities. All sites described this 'getting started' as requiring much more time than first envisaged and a significant challenge in relation to localising the MSLP. The important aspects of deciding what kind of facilitators to recruit and the training they received (provided via the NHS LA) emerged as pivotal in shaping the approach and the level of enthusiasm around the core team tasked with delivering the programme.

In addition, specific issues emerged from the multi-site case study in Essex and these are highlighted as they may be useful to take into account in areas considering similar local partnership approaches e.g. across Sustainability and Transformation Partnerships (STPs).

5.1. Administration & Management

The phrase 'running before we could walk' as mentioned earlier was used a number of times by sites to describe how both they and the NHS LA seemed to have underestimated what was involved: the lack of readiness of the programme itself (to be locally appropriate) and the time and effort required to 'make it happen' locally. In a site that had anticipated the likely challenges of being an early adopter they reshaped a full-time role to ensure that the experience was optimised for participants and facilitators. The impact of either not being able to do this (LAS) or realising that this was being done and could not be sustained (the local HEE for Essex) further emphasised the requirement:

> *"I think the absolute key to this is having dedicated resource to be able to deliver it at a local level, because there are so many bits that you need to do, so many bits that you need to follow up, and the key knowledge and understanding of that, who to contact, what's going on, and it's absolutely essential,"*

Overall there was evidence of a mismatch in the expected level of support and the time the programme would demand (by participants, facilitators and coordinators alike), a sense from some early adopters that they expected more to be ready and organised, with less 'pioneering' to be done:

> *"I thought we'd get a lot more support than we did. Things like being walked through the virtual campus, this is how you find stuff, a lot more support with the organisation and the facilitators because at times you were just left trying to figure it out for yourselves"*

"I think the other thing that they're frustrated with is they were told, …it would be a certain number of hours a week. It is so not."

Practically there was an expressed hope that there would be for example a 'starter pack' to set out all the key elements about how to set up, deliver and problem solve the early stages. Overall there was a growing sense from across the sites that the 'costs' over and above the licence fee and the per participant charge were only parts of the picture.

Coordination was described as taking more time than expected both locally (and particularly across multiple organisations) and between the NHS LA and the local site. As was noted in relation to the contracting phase there was a consistent reference across the sites to the experience of feeling rushed and the communication lacking structure. However, there was a great willingness on both sides to make it work and this is described further within Theme 5.

Locally the importance of sharing information and shaping expectations about the MSLP ahead of it being advertised to staff was seen as vital to credibility. In thinking about which participants to recruit it was clear from all the sites that this needed to be discussed thoroughly and agreed 'up front'. Local stakeholder ownership or 'buy in' was described as essential for participants to be 'released' for the programme and this meant different things in different sites:

"…..the most important thing was engaging more locally as well, and just getting out there and getting the message to line managers, ward managers, departmental managers – really selling the message …….at the end of the day, these things will only run and will only get the engagement if we've got them engaged with the process and prepared to release staff and support staff in it."

From the Essex multisite case study they reported real challenge in gaining and sustaining agreement across the organisations involved, for example in relation to the criteria for the recruitment of participants. Organisational instability through mergers made planning for the MSLP partners more difficult:

"*They recognise the importance and they want to do it but they're all just in a state of flux at the moment, so I don't think anybody really knows what they're doing, what their job roles are exactly and it's right across most of the patch."*

Changes in leadership meant that previously agreed benefits of delivering across and 'at scale' became challenged with some organisations reverting to a preference for their own bespoke programmes and interventions.

5.2. Facilitator recruitment and development

There was variability in the choice of facilitators. Some sites chose learning and development professionals and other sites operational leaders or a mix of both. Each option brought its own challenges and advantages linked to the primary motivation behind the choice. Aiming to create a leadership 'movement' favoured operational role models as facilitators; a desire to guarantee a smooth roll out of interactive learning favoured confident and experienced facilitators – some facilitators were internal and others external to the organisations. For some sites operational leaders were also experienced confident facilitators – the best of both worlds. In one site the learning & development professionals were expected to become MSLP facilitators as a part of their job role. In others there was an invitation to become involved and this was accepted for a range of drivers: "giving something back", "working with colleagues in a more creative space", etc.

The variability in the recruitment approach for facilitators was highlighted in the surveys, with mixed responses about the 'effectiveness' of the recruitment process for facilitators themselves.

Survey Type & Overall Response Rate	**Survey Statement**	**Ratings Response** **Scale: 0-100**
Facilitator Survey, Q7 **Response Rate –29%**	"The recruitment process for MSP Facilitators is effective."	Average Response - 53
General Survey, Q7 **Response Rate – 30%**	""The recruitment process for MSP Facilitators is effective."	Average Response - 51

Table 3 illustrating survey responses to Q7

The number of trained facilitators on the whole was thought to be too low across sites with the want to take account of probable drop out and the need for flexibility operationally. However having a larger number of facilitators trained at the same time resulted for some in the time between training and actual delivery being too long.

The experience of the facilitator training varied greatly across the sites with one describing it as transformational:

> *"Yes, (the facilitator trainer's) role was important and I think the person also helped us, in that they more or less brought together more of a leadership community of practice for us. I chose the people within the organisation, but the facilitator trainer helped us to gel and helped us to work together and I think their role was quite fundamental in how successful we've been with it to date"*

Other sites described the training as disappointing and transactional, where the trainer did not take account of a facilitator's previous experience. Where the facilitator trainer was well received, the person and what they did was experienced as a source of support and enthusiasm in the set-up phase. In Theme 5 we explore more about the perceptions of the facilitator trainer and their role.

> *"The content of the training didn't prepare us for delivery it was more about facilitation skills and a description of the content rather than a lived experience of running the sessions in one group"*

As the facilitator training was primarily the workshops many of the facilitators reported a gap in their knowledge about online facilitating and the 'nuts and bolts' of using the Virtual Campus (VC). The online facilitation together with the tracking and support expected for participants appeared to be an unexpected element that took more time than either was expected or could be given:

> *"It's a sporadic commitment dipping in and out during the week – ended up doing more from home than I intended – swings and roundabouts. It was a challenge to give it justice I underestimated…you have to diarise the time – I would say 30 mins a day for the VC – could be more could be less"*

None of the sites reported how they had evaluated the facilitators' skill sets prior to the roll-out of the MSLP, other than evaluation as part of the recruitment process. Facilitators reported a wide range of skills, and from the survey respondents, there seemed to be significant experience of facilitation, coaching, and running group events, although less on

formal teaching, the use of blended learning, or Action Learning (detailed information provided in the appendices). Overall, following the training, facilitators reported feeling reasonably confident about delivering MSP local, with an average score of 58 (0-100 scale).

5.3. Monitoring and Evaluation

The requirement of facilitators to monitor participant progress in the VC needed to be to made clearer at the beginning and easier to carry out in practice:

> "… as a facilitator, at the end you're going to have to provide this evidence that each person has contributed to the discussion forum on two occasions for each module. None of that was indicated to us initially and actually when it's not your day-job and you then have to do it right at the very end of the programme, that can take hours, going back through everybody's journal and all the rest of it. So, it's not been a very user-friendly experience."

Ultimately a need to make purpose and progress more visible across the local sites was acknowledged as a way of creating a facilitative environment for participants. This was about raising the profile of the programme, who was/could be involved, as well as developing a sense of the potential impact if participants were supported to share and use their learning locally:

> *"I think there are real nuances that maybe the Leadership Academy haven't appreciated from the national programme through to making it a local programme. And making the bespoke piece is not just about the content, it's about the accessibility piece, whether people get assigned time at work or they're doing it all within their own time, which they are here. We only have learning agreements for statutory and mandatory training."*

Overall the approach to identifying what participants, their sponsors and the organisation itself wanted the programme to do: the differences they wanted it to make were not clearly apparent. This may hamper the evaluation's ability to explore 'Return On Investment' (ROI):

"I would imagine that the day to day people that go in and, you know, your band seven and below, possibly even eight As and below, their concern is the day to day running of their board or service or department. They may be aware of what the Chief Exec and the board are saying, but there is not always that connection. So, they feel, I think, that some of the issue has been that …people have not fully appreciated what we are trying to do as a system"

5.4. Theme 3 - Implications for Practice

- The idea of more explicit exchange of expectations (hopes and fears) discussed earlier as a part of the contracting phase (Theme 2) and as a key part of developing the relationship between the suppliers of the MS Programme (NHS LA) and the local delivers (NHS Trusts & partnerships), was also reflected in the 'getting started' discussions. Alongside the explicit quality standards framework developed by the NHS LA an explicit recorded discussion about expectations for delivery of the MSP from both the local site team and the NHS LA link team could be helpful.
- People value the content of the programme and the way all the elements have been brought together. Reflecting on the first year of delivery local sites would appreciate a more efficient & timely way of communicating updates & changes to the programme for example through the central portal of the VC.
- To acknowledge the complexity of 'getting started' locally as an initial full time role to ensure that the MS Local Programme has the best start could be signalled as a model, with job and person specifications provided. Having a central person who has an overview of the programme and understands the different roles, timing and linkage is essential, particularly for the first year. Developing an accompanying 'starter guide' was suggested as a welcome addition by sites that were keen their learning should be made available to others considering the Programme. In addition, exploring the opportunities for local academies to support in different ways could be advantageous (e.g., marketing. practical support with training spaces, some of the management of the programme, sharing learning).
- Greater sharing of expectations and practicalities linked to firmer plans for the number of participants should guide the selection of facilitators. Wherever possible facilitators should be encouraged but not forced to carry out the role.
- Facilitator training needs to take account of the existing skills and experience facilitators bring, adapting to their needs and creating a values led environment with

the aim of establishing a 'community of practice' that will be sustained following the initial session.

- A review of the monitoring requirements for facilitators and sites with regards to reporting on participant progress could (a) be made clearer & (b) made easier technically via the VC, including perhaps a simple central reporting area.
- Review, redirect and so reduce the amount of required reading so that it is more realistic. Making a clearer demarcation between the required reading and opportunities for further learning if participants chose to do this. For example, specific sections of the Francis Report as required; the rest of the report optional. This would also assist those participants faced with additional learning challenges such as dyslexia.
- Explicitly shaping the expectations for monitoring and evaluation of the MS Programme locally is clearly important and could be made clearer. To this end the development of a template plan for monitoring and evaluation linked to the organisation/s purpose and desired impact for the MS Programme could become a recommended part of 'getting started'.

6. Theme 4 - The Role of Leadership

At this stage of the evaluation, it is evident that the MSLP has manifested interesting findings about leadership within the case study sites, and the function of change; the importance of leadership and how this operates both intra-organisationally and inter-organisationally.

It is possible that the context of change appears to have inhibited the approach to leadership development to some degree. The explanation may warrant further enquiry, and it is possible that:

- There is a prevailing belief that leadership development is not possible within the current context of change, and indeed, this degree of change functions as an inhibiting factor.
- It could be seen that the organisation/system have not approached the MSLP as an organisational intervention. Interviewees gave examples of where it was difficult to get agreement on what to 'stop doing' where there was overlap with the Programme and this was particularly the case in Essex where multiple organisations were involved. Conversely, where there was alignment and mapping against existing leadership initiatives, there was a better sense of 'fit'.

The presence of and degree of change within the context was perceived by some as a 'drag factor' potentially decelerating the impact of the programme:

> *"They recognise the importance and they want to do it but they're all just in a state of flux at the moment, so I don't think anybody really knows what they're doing, what their job roles are exactly and it's right across most of the patch….it's just a very difficult time."*

Yet from some participants, an acceptance that despite some difficulties, leadership development can be useful and create positive impact:

> *"…..the most important thing was engaging more locally as well, and just getting out there and getting the message to line managers, ward managers, departmental managers – really selling the message …….at the end of the day, these things will only run and will only get the engagement if we've got them engaged with the process and prepared to release staff and support staff in it."*

Overall, the alignment of the MSLP with the existing leadership approach was positively reported upon within the surveys:

Survey Type & Overall Response Rate	Survey Statement	Ratings Response Scale: 0-100
Facilitator Survey, Q9 **Response Rate – 29%**	"The ethos of the programme fits well with the leadership development approach/strategy/objectives of this organization/partnership."	Average Response - 75
General Survey, Q9 **Response Rate – 30%**	"The ethos of the programme fits well with the leadership development approach/strategy/objectives of this organization/partnership"	Average Response - 82
Facilitator Survey, Q10 **Response Rate – 29%**	"High-level support for the programme (for example from executive directors/chief executive officers/senior managers) is evident to me."	Average Response - 61
General Survey, Q10 **Response Rate – 30%**	"High-level support for the programme (for example from executive directors/chief executive officers/senior managers) is evident to me."	Average Response - 57

Table 4 presenting survey data for Q9 & Q10, both surveys

The importance of scale and critical mass emerged as an important finding – this is a selling point for the local MS Programme; a critical mass within an organisation can create momentum, development of a shared approach is facilitated, and there may be an ease of collaboration as colleagues approach leadership challenges from a shared perspective. This may be something further to understand and possibly quantify, in that the number of local MS Programme licenses, and the timescale over which they are delivered, is directed by the desired scale of organisational/system impact. (This would of course need to be balanced with operational impact of removing people from their roles to participate in face-to-face elements.)

It was evident that a consistency of leadership approach was required across all levels of leadership within an organisation/system and the requirement for authentic engagement at all leadership levels, as illustrated here:

> *"They're not really getting behind the programme just because of frontline pressures and even if the leadership teams are behind it, the actual executive teams will say they are behind it but then you're finding that the actual participants on programmes are being withdrawn by their line managers."*

> *"I personally think it is important to have the buy-in from the exec team, number one really because, you know, not only are we investing money into this that they're also agreeing to commit to, but also we're...by being part of the pilot, we're encouraging maybe – like I said earlier – a possible different way of leadership as well, so we need the execs on board"*

It is evident that the introduction of the MSLP results in curiosity and questions about the prevailing leadership styles, both in contexts characterised by a lot of change, and also in contexts of stability. The questions may arise, or to use a metaphor, result in 'ripples' throughout the organisation, even if these questions are not yet fully answered:

> *"The chief executive has been here for ten years, and so it's settled in a sense. So in that sense, you know, new styles, new approaches, it's relatively difficult to challenge some of that because, you know, it's been proved over a long period of time that it's worked."*

> *"Suppose what you're hoping for is that there's a push up pressure from people in the middle management that are saying to senior managers you need to do something about your staff. What I've learnt from this programme about good management is… And so you've got an upward pressure."*

Yet there is clear importance for engagement from the senior leaders – and this is not only a financial mandate and 'permission' to operationalise the programme, it is also a requirement for senior leaders to invest and 'believe' in the programme, to share the ethos, and have a common approach:

> *"I think I… There's a complexity with it. I think what I would want is much more buy-in at senior management level. The risk is that we won't get that buy-in across all ten organisations. And so the programme's kind of semi doomed to failure if it doesn't get that buy-in. And so we kind of went a different route which is to say at a given level in our organisations we have a buy-in, a commitment to this programme."*

This was echoed in the surveys, reported above in Table 4.

Where there is change in the senior leadership team, there may need to be a re-connection to the above, in respect of ethos and approach in order to maintain and not disrupt the impact of the MSLP locally:

> *"With the amount of churn in the organisation it wouldn't have mattered whether we had that buy-in from senior managers upfront or not because a lot of those senior managers had gone. So it is a constant thing of having to reposition it."*

Connected with both leadership and change is organisational culture. Sites described difference practices, norms and behaviours that all impacted on the process of mobilisation and the experience of individuals. In addition, the implementation of the MSLP itself impacts and shapes culture. Leads in sites recognised this:

> *"There's a real culture shift, and part of the work we're doing at the moment is to reset that culture, and then really look at how we weave the newly articulated behaviour into all of our development activities."*

6.1. Theme 4 - Implications for Practice

- As part of the contracting cycle, understand and explore leadership ethos and expectations with the site about critical mass, and timings in relation to programme implementation.
- Consider early presentation with the senior leadership team, which issustained over the course of the license (this recommendation is predicated on the view that the MSLP is an organisational intervention)
- Consider a diagnostic tool/earlier conversation about the alignment of the Programme ethos with that of the prevailing leadership approach.

- Within the contracting period, consider with the site how the organisational/system's context can be used to capture and illustrate the ethos and approach which is intrinsic to the MSLP.

7. Theme 5 - Developing and Maintaining Relationships

Local mobilisation of the MSLP was a new approach to the implementation of leadership development for the NHS LA. The LA team were finding their way through the changes required to move MSP from a national to local programme in parallel with supporting the sites through their take up of the programme.

The excitement and anticipation about becoming an early adopter was balanced with the challenges and realities of local implementation of something new for both the NHS LA and the sites.

7.1. Structure and Flexibility

There were a number of 'fixed 'points' or non-negotiables in implementing the MSLP (for example, content of the programme and numbers within the contract) although there were lots of things that were flexible or uncertain too.

As indicated within the preceding themes all the sites and the NHS LA agreed that the levels of work required for implementation were unexpected and intense at times. There was a range of responses to the uncertainties of the implementation. There was an experience of the approach being loose or unstructured. For some this was difficult, they would have preferred to have clearer guidance and details, whilst for others, the freedom of being able make progress without interference was an advantage:

> *"So I think there are some things that we've done on faith with and are operated from good intentions, because neither side had experience of really how would that play out. And I think there were some very rigid things from the academy, which is fine."*

At the same time, some of the sites reported they would have liked greater flexibility around implementation. The understanding that uncertainty would 'come with the territory' of trying something new was shared, though there was variance in sites about what constituted acceptable levels of structure and what was known.

> *"So, I'd want them to come and say, this is what you're getting, this is what you're getting for your money. I am your account manager, this is the virtual campus, this is how you navigate through it, this is what we expect participants to do, they need to click this button, they need to tick that box. A lot of it, we learnt through trial and error."*

7.2. Contact and Access

In terms of contact between sites and LA, some of the conversations between the LA team and sites were face-to-face, much of the contact was by email or phone.

> *"So I think the early conversations were very positive. We had good links. We had a lot of dialogue, because it was just starting, we were literally some of the first off the block."*

Both CSSs and the NHS LA were conscious of being a 'small resource' and the NHS LA experienced variation in both expectations and requests for support from sites. There was a general sense of not knowing early in the process what they could expect from the NHS LA.

As described in Theme 3 expectations about access to support varied and sites described being uncertain about what was available to them and at what stage. Some of this lack of clarity was perceived to be at the centre of confusion and misunderstandings between sites and the NHS LA:

> *"….halfway through the programme the mobilisation facilitator realised that the facilitator guides you're working to was out of date and hadn't been updated and then they couldn't get the updated one and they are constantly updating it but there's no version numbers on it and you have to read through every time, you'd have to read through that guide to see what had been changed, you know, and it could be one little part and it's again time consuming."*

The CSSs had perceptions of the NHS LA team as responsive, though sometimes slower or not as organised as expected. The speed and tone of responses was seen as important and a key factor in maintaining relationships with sites. One of the things that balanced volume of activity and uncertainties were the experiences of 'good conversations' between CSSa and the NHS LA. The enthusiasm, passion and commitment of the NHS LA team was a helpful factor for sites in responding to the volume of work and levels of uncertainty experienced.

There were occasions where differences in understanding affected implementation and put the relationship with the NHS LA under pressure. There was a sense that the relationships had weathered those areas of conflict, though at times it had been difficult.

7.3. Nature of the Relationships and its Impact

The impact of the framing of what becoming an early adopter meant appeared to impact on the way CSSs went on to reflect on their experience of the MSLP and their relationship with

the NHS LA. Those sites that thought of themselves as pioneering pilots appeared to have a more resilient and accepting approach, i.e., it was viewed as a 'learning experience' with a sense of positive gain from contributing to refinement of a national product. Alternatively, those sites that viewed themselves as buyers of a service felt rather 'let down' and aggrieved by the pioneering experience. Again this underlines the importance of discussing and voicing often-implicit expectations about the nature of the relationship between local sites and the national NHS LA:

> *"I liked the Leadership Academy's approach in that they were quite honest with us. You know, they were saying this was all new to them and a pilot and they were feeling their way as well, so had that reassurance that, you know, whatever we needed there was always somebody there that we could go to and ask questions to and also that honesty from them that, you know, that if things are missed or things aren't going how we think then we're just to let them know. We're in it together so to speak."*

Implementation issues filtered down through the organisation. For example, where there was a misunderstanding about what was required from participants or facilitators, then this would take time and effort to resolve.

Achieving what they set out to do, both in terms of process and outcome, was an area of celebration in sites and a source of infectious enthusiasm for the local programme.

> *"And again just from within the Trust I suppose there's a lot of positivity around it, so it's quite easy really in that sense, is that the majority of people you talk to are quite positive around Mary Seacole. There's quite a good feeling around it. So it makes that whole job a lot easier as well."*

7.4. Relationships with wider system

There was a range of relationships between sites with the wider system that impacted on the adoption of the Programme. For some, the relationships were characterised by absence, for example an absence of contact with the local leadership academy. For others, the relationships were supportive and useful. For example, within Essex, the shared approach to the MSLP meant that cross system organisations were part of the mobilisation and delivery. That this was 'built in' from the outset was both a strength and a challenge.

Involvement of, and relationships with local academies varied though th4ere was interest from all sites about what could be possible.

7.5. Theme 5 - Implications for Practice

- From both Themes 3 and 5 there is potential for more explicit conversations as a part of early relationship building that could anticipate the likelihood of confusion and potential mismatches in expectations. This is explored further in the Discussion section that follows.
- Tailoring of the timing for more multi organisations licensees.
- Having a clear point of contact –both for sites and LA.
- Within such conversations, time for understanding the local context and how this might interact with the relationship, would be useful ground to cover in order to identify 'up front' the nature of pressures and barriers that may impact on implementation.
- Implementation is helped when there is a balance between structure and flexibility. Greater clarity about expectations again emerges as important in terms of:
    - what is flexible and what is fixed
    - what is available, when and how from NHS LA.
- Walkthroughs – perhaps online, even better in person.
- Different packages of support from the NHS LA might serve to sensitise bothparties to the specific needs of their context and also underline what is involved in implementation of the MS Programme locally.

8. Summary of Themes and Implications forPractice

Theme	Implications for Practice
Theme 1 - Deciding to take up the local programme • **Reputation and branding** • **Connections with change** • **Impact intentions: getting the most out of the opportunity; developing individuals, teams and organisations**	• Trust in the quality of NHS LA products and the MS Programme was highly influential in sites choosing to get involved. Consider how to maintain and maximise the potential of brand and reputation for the NHS LA and MS Programme. • Mapping key outcomes and highlighting content of the programme against national priorities and drivers would enable sites to plan for impact more effectively, and could use existing tools such as the NHSi Culture and Leadership Tool[2]. • Supporting site leads to consider more specific intentions for impact early in the process would facilitate clearer alignment against priorities and returns on investment. • Providing a clearer picture about the set up and preparation required for administering and facilitating the programme, at the maximum number of participants possible, would support sites to make realistic plans for implementation. • Consideration of the more complex returns on investment from: building an internal facilitation team, improving relationships across organisational boundaries and flexibility of access. • Bring more emphasis (in advertising and contracting with sites) to more of the process-orientated benefits of investing in the Programme for the organisation and culture, e.g., developing a local facilitation team.

[2] https://improvement.nhs.uk/resources/culture-and-leadership/

Theme 2 - Contracting and negotiation
 	
• **Pacing and timing**
• **Relationship building**
• **Practicalities**
	• Explore with the NHS LA Central Mobilisation Team the model of contracting cycles (further discussion to follow), and how this can be used to influence the work programme with new MSLP sites. Consider how the contracting cycle might inform the preparatory stages of working with a new site, and the time and staff investment into this process.
	• Develop an implementation pack which describes the impact of the MSLP with respect to: potential implications/discussion points, critical ingredients for success, key choices for the 'client'/MSLP site that influence delivery.
	  ○ Critical ingredients for success might include:
	  ▪ Keeping internal communications separate from external communications to the NHS LA – an OD consultant will identify a named point of contract early within the contracting cycle and only use this route.
	  ▪ Create a step-by-step guide of the chronological sequence of mobilisation, highlighting any key decision points (for example, gaining buy in from senior leaders).
	  ▪ Have a central point of co-ordination.
	• Consider scoping the system/organisation approach to project management during the early phase of the contracting cycle: what approach/tools do they use, what approach can the NHS LA adapt to, consider what might be most effective for each site context.
	• Scope the preferred mode of communication, for internal and external communications:
	  ○ Have an organised structure for internal communications that is regular, e.g., monthly and practical; teleconference.
	• Consider alternatives to e-mail, such as discussion boards, that provide the context for discussion and decisions throughout key conversations.

Theme 3 - Getting started • **Administration and management** • **Facilitator recruitment and development** • **Monitoring and evaluation**	• The idea of more explicit exchange of expectations (hopes and fears) discussed earlier as a part of the contracting phase (Theme 2) and as a key part of developing the relationship between the suppliers of the MS Programme (NHS LA) and the local deliverers (NHS Trusts & partnerships), was also reflected in the 'getting started' discussions. Alongside the explicit quality standards framework developed by the NHS LA an explicit recorded discussion about expectations for delivery of the MSLP from both the local site team and the NHS LA link team could be helpful. • People value the content of the programme and the way all the elements have been brought together. Reflecting on the first year of delivery local sites would appreciate a more efficient & timely way of communicating updates & changes to the programme for example through the central portal of the VC. • To acknowledge the complexity of 'getting started' locally as an initial full time role to ensure that the MSLP has the best start could be signalled as a model job and person specifications provided. Having a central person who has the overview of the programme and understands the different roles, timing and linkage is essential particularly for the first year. Developing an accompanying 'starter guide' was suggested as a welcome addition by sites that were keen their learning should be made available to others considering the Programme. In addition, exploring the opportunities for local academies to support in different ways could be advantageous (e.g., marketing. practical with training spaces, some of the management of the programme, sharing learning). • Greater sharing of expectations and practicalities linked to firmer plans for the number of participants should guide the selection of facilitators. Wherever possible facilitators should be encouraged but not forced to carry out the role. • Facilitator training needs to take account of the existing skills and experience facilitators bring, adapting to their needs and creating a values led environment with the aim of establishing a 'community of practice' that will be sustained following the initial session.

	• A review of the monitoring requirements for facilitators and sites with regards to reporting on participant progress could (a) be made clearer & (b) made easier technically via the VC including perhaps a simple central reporting area. • Review, redirect and so reduce the amount of required reading so that it is more realistic. Making a clearer demarcation between the required reading and opportunities for further learning if participants chose to do this. For example, specific sections of the Francis Report as required; the rest of the report optional. This would also assist those participants faced with additional learning challenges such as dyslexia. • Explicitly shaping the expectations for monitoring and evaluation of the MS Programme locally is clearly important and could be made clearer. To this end the development of a template plan for monitoring and evaluation linked to the organisation/s purpose and desired impact for the MSLP could become a recommended part of 'getting stated'.
Theme 4 - The role of leadership	• As part of the contracting cycle, understand and explore leadership ethos and expectations with the site about critical mass, and timings in relation to programme implementation. • Consider early presentation with the senior leadership team, which is sustained over the course of the license (this recommendation is predicated on the view that the MSLP is an organisational intervention). • Consider a diagnostic tool/earlier conversation about the alignment of the Programme ethos with that of the prevailing leadership approach. • Within the contracting period, consider with the site how the organisational/system's context can be used to capture and illustrate the ethos and approach which is intrinsic to the MSLP.

Theme 5 – Developing and Maintaining Relationships
 	
• **Structure and Flexibility**
• **Contact and Access**
• **Nature of the Relationships and its Impact**
• **Relationships with the Wider System**
	• From both Themes 3 and 5 there is potential for more explicit conversations as a part of early relationship building that could anticipate the likelihood of confusion and potential mismatches in expectations. This is explored further in the Discussion section that follows.
	• Tailoring of the timing for more multi organisation licensees.
	• Having a clear point of contact –both for sites and NHS LA.
	• Within such conversation time for understanding the local context and how this might interact with the relationship would be useful ground to cover in order to identify 'up front' the nature of pressures and barriers that may impact on implementation.
	• Implementation is helped when there is a balance between structure and flexibility. Greater clarity about expectations again emerges as important in terms of:
	  ○ what is flexible and what is fixed
	  ○ what is available, when and how from NHS LA.
	• Walkthroughs – perhaps online, even better in person.
	• Different packages of support from the NHS LA might serve to sensitise both parties to thespecific needs of their context and also underline what is involved in implementation of the MS Programme locally.
	• Supporting CSSa to utilise the development of individuals more systematically.

9. Discussion

Taking the findings together as a whole, this discussion aims to explore some of the cross cutting themes and offer theoretical perspectives on how the findings can be used to understand learning from the mobilisation process between the NHS LA and the sites. The discussion is divided into the following sections:

- How ideas and informing theories about change shaped experiences
- Contrasts between site contexts, cultures and leadership
- The potential of the OD consultancy model for framing the approach
- Practical support and organisation
- The facilitation resource

At the end of this section, we discuss the potential for ROI and the possibilities for Phase 2 of the evaluation.

9.1. How ideas and informing theories about change shaped change experiences

The local mobilisation of the Mary Seacole Programme was a new approach to the implementation of leadership development for the NHS LA. The NHS LA team were navigating through the changes required to move the MSP from a national to local programme in parallel with supporting the sites through their take up of the programme. This necessitated a shift in their model for supporting and enabling change in the NHS through leadership development.

The change model used by the NHS LA team to initiate the shift from national to local uses language from 'diffusion of innovation' theory and practices (Rogers 2013). This move to supporting local delivery of nationally developed programmes was an innovation for the NHS LA (and in turn, the NHS) and was represented in the language the LA used ('socialisation, early adopters, critical mass,' etc.). For example, with "'socialising the idea"' it is possible to see within the findings that the socialisation process was a success. The combination of the reputation of the NHS LA and the associated leadership development programme, alongside the opportunities to test out the idea nationally were met with enthusiasm and quick decisions to become involved and move towards mobilisation at a fast pace.

The reasons for Trusts deciding to take up the offer reflect the intentions of the NHS LA to test a new way to implement a leadership development programme through the localisation, at scale and pace in the NHS. The findings about this stage of local mobilisation are in harmony with the intention of the NHS LA to generate enthusiasm and interest in the local programme through relationship networks and opportunities to 'socialise' the idea.

Findings from NHS LA data describe this change to the model and the shift in relationships as early adopters decided to take up the local programme and the contracting phase began. The pace and speed of the process was acknowledged. Starting a new way of delivering leadership development for the NHS LA meant that the level of 'unknowns' was high and at the same time the NHS LA learning about how to support implementation locally as the new model emerged. There was some mirroring of experience: both CSSs and the NHS LA agreed that there was a sense of 'running before they could walk' and that all involved were learning as they went along.

Implication: The ideas and informing theories about change (the change model) could be more explicitly identified and articulated, which would give sites the opportunity to consider together what this means for their relationship and the practicalities of implementation.

9.2. Contrasts between site contexts, cultures and leadership

One of the shared intentions for the local programme was to achieve a 'critical mass' of leaders that have received substantial leadership development. The notion of critical mass for change forms part of the language of diffusion of innovation (Rogers 2013). A connection can be made here between theories about culture change and innovation. Organisation culture can be seen as the everyday behaviours practices and norms within an organisation or system (Schein 1992).

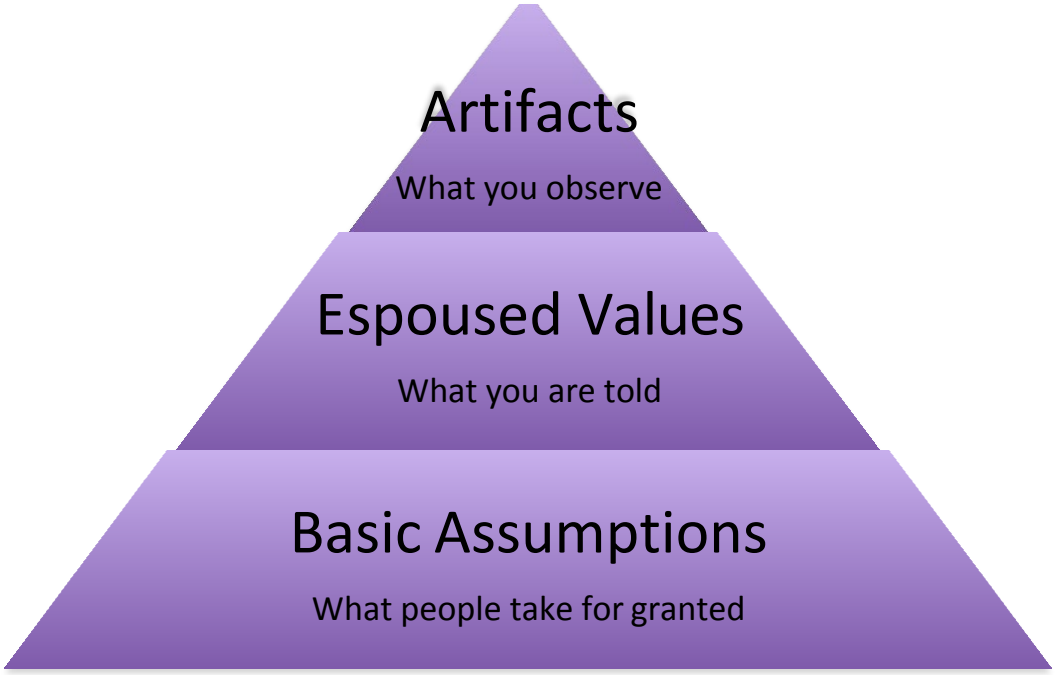

Figure 2 Schein's Triangle Model on Organisational Culture

The intention with the MSLP would be to support a shift in organisational culture in the NHS through changing the practices and behaviours of significant numbers of people who have some power and authority in the NHS system.

The findings reflect that there were varying organisational cultures across the CSSs and that the organisational culture of the sites has an impact on:

- receptivity to the mobilisation approach
- how sites translated and tailored the programme locally

Using Schein's work in relation to contracting and negotiation, finding ways to surface culture within potential sites could strengthen the impact of the programme. The MSLP at its most effective supports change at each level of organisational culture, and aligns with existing beliefs and ideas about desirable leadership behaviours and practices.

Implication: Within the mobilisation process, negotiating expectations at the level of beliefs and values about both change and what constitutes 'good leadership' would support implementation in practical terms: through understanding the 'fit' between the site and the MSLP, what else might need to change alongside the programme and where implementation 'hotspots' might be.

Local leadership can be seen to form part of the context and culture in each site. The findings signalled the importance of the role of leadership and that of alignment with the values and ethos of the Programme. Local implementation can challenge leaders at the cultural level of assumptions (where ethos and beliefs are situated). In this way it asks questions of leadership within participating organisations and this challenge and its impact can be underestimated.

One of the advantages of the MSLP is that the impact is within and across an organisation or system. James (2011) describes "Leadership development 'in context' does not just mean individual leadership development adapted to a specific locale, but means people from that locale coming together to learn to lead together and to address real challenges together." (pg 1). In this sense, leadership development functions as an 'organisational intervention' permeating through leadership practice at all levels, creating a cultural impact that can then help to embed and sustain the new type of leadership practice.

9.3. The potential of an Organisational Development Consultancy Model for framing the approach

The NHS LA in reflecting on the findings described throughout this evaluation report could consider adopting the role and identity of the organisational development consultant, in order both to optimise the contracting and early implementation phases and so maximise the impact of the MSLP as an organisational development (OD) intervention. Such a new role and identity may have been underplayed or unrecognised by the NHS LA, yet it has a significant impact on their clients, and how the leadership programme – or OD intervention – is executed. Adapting to this new role, and optimising the benefits of delivering an OD intervention could be considered part of the 'package' that sites are offered.

Prior to the development of the MSLP, the NHS LA had commissioned programmes; crossover into delivery did occur, with members of the NHS LA team acting as faculty on specific programmes. However, the role of the NHS LA remained a national arms-length one, whereas with MSLP the nature of the relationship significantly changed. With the delivery of the MSLP, the NHS LA became a vendor and provider of a product, which requires a different approach and corresponding skillset. The other critical difference is that the delivery of a leadership development programme within a specific organisation or system, constitutes an 'organisational development intervention' and if considered as such, using the cycle of planned change from within the organisational development literature may be useful.

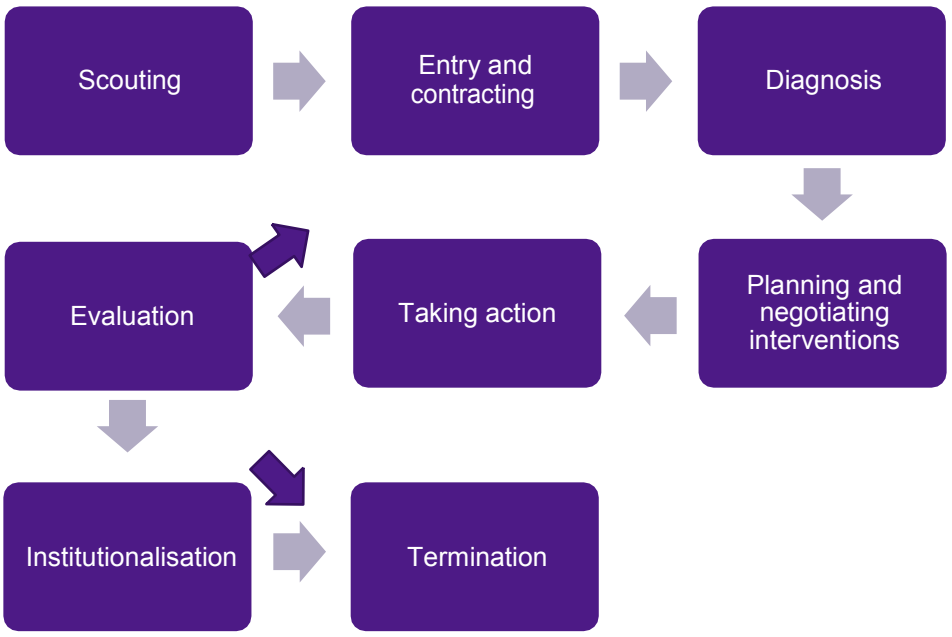

Figure 3 The Organisational Development Consultancy Model, adapted from Kolb and Frohman (1970), Neumann, (1989)

Implication: The potential advantage of adopting all or part of an OD consultancy model is the requirement for voicing, negotiating and agreeing expectations between all the parties and stakeholders involved at key stages in the process. Making expectations explicit was a recurrent point made within each of the five key themes.

9.4. The facilitation resource

One of the areas that occupied significant time and energy in getting started and delivering the programme locally was the identification, training and utilisation of facilitators. The sites invest time developing those individuals and supporting them to deliver leadership development, sometimes alongside experienced Learning and Development professionals. This 'upskilling' creates a valuable resource in organisations that can be underestimated. Facilitation uses process skills that can be used in many projects, improvement initiatives, team development and organisational development.

Implication: Creating and developing a group of experienced facilitators can be seen as an organisational development intervention in itself. The creation of a valuable facilitation resource can be costly in terms of time and investment, yet the quality and impact of the programme relies in part on their individual and collective capacity for developing others.

9.5. Practical Support & Organisation

Support for the practicalities (content detail and synchronisation of the various elements of the Programme (i.e. VC materials and workshops) were valued within the sites. In relation to motivational theory (Pink 2011), the key people implementing MSLP will want to feel a sense of confidence in the product which in turn increases a sense of control over delivery. In order to enhance and strengthen these motivational drivers, practical suggestions for enabling practice can be found at the close of each of the thematic sections. These range from the suggestion for an MSLP 'implementation or starter pack' outlining all the critical decision points for 'getting started' and early implementation, right through to the finer detail of having a consistent version control within the materials and a systematic way of communicating amendments from the NHS LA to the local sites.

Much of the frustration reported by sites came from the experience of discovering mismatches within the materials in the VC and in the interplay with the workshops. A centralised and systematic way of labelling the changes made and communicating these transparently would certainly be appreciated locally. One of the sites described the need for someone to 'walkthrough' all the programme's different elements in order to fine tune and so synchronise the whole. Recent help with marketing materials was appreciated and further professionally presented, MSLP branded templates for use locally would add further credibility.

Implication: In relation to facilitators and their selection, recruitment, training and on-going support Theme 3 captures the main suggestions for how this might be strengthened. The shared learning events have provided very useful opportunities for connecting with others and sharing strategies and experiences. Notably the facilitators along with the coordination team have the potential to become a 'community of practice' that will not only help in sustaining their interest and energy but could contribute towards the critical mass required for cultural change.

9.6. Return on Investment

All of the sites were able to move from initial idea, through the process of mobilisation and successfully deliver the programme. The findings of the evaluation report both demanding and challenging experiences during the phases of mobilisation, although overall each site is positive about their learning, and recognise the potential for this national leadership development programme being delivered locally.

The next phase of the evaluation is intended to focus on Return on Investment (ROI) from the local implementation of the programme. In this evaluation, we have gathered some early insights into ROI data, in understanding the impact on organisations/systems. Within the next phase of the evaluation, we can balance this by understanding the impact of the programme on participants, teams or organisations; in this way, a fuller picture of the ROI can be presented.

There are specific areas that could benefit from this further evaluation work. For example:

- the return on investment in relation to building and utilising a local facilitation team
- changes to individual leadership practice that stemmed from participation in the programme and that have made improvements and/or resource efficiencies, for patients and services
- the impact individual participants have had on their colleagues in relation to 'spreading the word' and perhaps improving the level of staff engagement as a result
- alignment of leadership approaches and impact on organisational culture, involving the perspective of senior leaders
- it is also possible to examine in more depth some of the approaches explored within the discussion. For example, the potential impact of using an Organisational Development Consultancy Model.

We anticipate that options and priorities for Phase 2 of the evaluation and ROI will be explored with the LA team and the evaluation team look forward to supporting the sense making and decision-making stemming from the findings of Phase 1.

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The University of Manchester
Alliance Manchester Business School

Evaluation of the NHS Leadership Academy Mary Seacole Programme Local

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Interim Evaluation Report - Appendices

Jackie Kilbane, Karen Shawhan, Sue Jones and Penny Cortvriend

December 2017

List of Appendices

Appendix 1 Detailed Biographies of Evaluation Team

The Evaluation Team

Jackie Kilbane, Lecturer in Leadership MA, MA (Econ), BA (Hons), RN (LD)

Jackie leads the evaluation team from Alliance Manchester Business School. She brings a wealth of experience in designing and delivering local and national leadership and organisational development programmes in the NHS and Third Sector. Her work has included systems improvement in NHS 'turnaround' organisations and most recently Jackie led the design and delivery of a training and development programme for Integrated Care in Manchester. This experience is complemented by Masters level qualifications in Applied Research Methods and a passion for creating meaningful change with individuals and groups. Jackie is a Cohort Director of both the Elizabeth Garrett Anderson and Nye Bevan NHS leadership development programmes, where she leads on tutor development for both group facilitation and equality and diversity.

Karen Shawhan, **Associate Lecturer, MSc in Health Psychology (in progress), MA (Health Service Management), PGCert Education, BA (Hons) Psychology, RGN.**

Karen is a lead evaluator, having collected data at the South Warwickshire case study site, and is also project manager for the team. She has significant experience in NHS management, consultancy, project management, evaluation skills, and teaching and development, including being a tutor on the EGA Programme, and was part of the evaluation team from Alliance MBS for the Intersect Leadership Programme Evaluation. Karen was also a tutor on the original Mary Seacole Programme working with the Open University. Karen's recent projects include: developing a Place-Based Leadership pilot for Greater Manchester, developing the primary care workforce and education strategy and implementation for Manchester Health and Social Care, and mapping of OD and engagement needs across Manchester. Karen also has significant experience of working with senior teams in developing solutions to 'wicked' problems within the NHS, and has worked with NHS providers, social care, independent providers and third sector providers.

Sue Jones, **Associate Lecturer, MSc Occupational Psychology (Distinction); MPH (Public Health); PGD (Clinical Communication); BA (Hons) Psychology; Currently studying for a PhD in Organisational Health & Wellbeing, University of Lancaster.**

Sue has collected the data for this interim report at the London Ambulance site and is a lead evaluator in the team. She is an organisational psychologist with a particular interest & experience in the design, delivery and evaluation of complex organisational interventions across health and social care. This has included a national evaluation looking at the effectiveness of integrated working (DoH/SSI) and more recently the evaluation of a new preventative role with primary care (with AgeUK). In addition Sue has delivered a range of leadership development interventions across both the commercial (e,g, Deutche Bank) and public sectors (e.g. as an EGA tutor). She is currently delivering an action learning intervention focused on developing high quality, performance focused conversations between line managers and staff members across a large NHS Trust & evaluating learning transfer. Originally working as a speech and language therapist Sue completed the NHS general management training scheme and subsequently worked in an extensive range of leadership positions, including a number of executive Board member posts.

Dr Penny Cortvriend, **Associate Lecturer, PhD Organisational Psychology, MSc Organisational Psychology, BSc (Hons) Psychology**

Penny is a lead evaluator in the team and has conducted the data collection process at the Essex case study site. She is a chartered organisational psychologist with a particular interest and wide ranging experience in leadership development. Penny conducted a process evaluation of the Darzi Review and an evaluation in local government of the impact of leadership development coaching on performance. She also has significant experience of conducting qualitative, case study research both in her PhD and in a large-scale research project in the NHS exploring the links between HRM and performance. Penny was recently a tutor on the Elizabeth Garrett Anderson (EGA) programme and is currently working with the Health Service Leadership Academy in Ireland as they roll out the Leading Care II programme.

Appendix 2 – Project Outputs

- Attendance and presentational input to two national Shared Learning Events
- 3 diagnostic workshops with each of the case-study sites (3 workshops)
- NHSLA focus groups with Central Mobilisation Team and phone interviews with LA staff (unable to attend the focus group)
- Initial analysis of diagnostic data capture
- Semi-structured interviews with key LA leads
- Design of Fieldwork 1 methods: semi-structured interviews, focus group, two on-line surveys, document analysis, diary/time analysis
- Data collection and analysis for Fieldwork 1 in each site (11 interviews, 3 focus groups, 3 on-line surveys, document analysis for each site)
- Evidence scan
- For project management purposes: Project Initiation Document and monthly Project Snapshots

Appendix 1

<table>
<tr><td colspan="4">Case Study Site – South Warwickshire NHS Foundation Trust (SWFT)</td></tr>
<tr><td colspan="4">STP AREA – Warwickshire</td></tr>
<tr><td>SIZE</td><td>FOCUS</td><td>CQC RESULTS</td><td>NHS STAFF SURVEY RESULTS (2016)</td></tr>
<tr><td>Covering population of 536,000.

There are 441 inpatient beds within Warwick Hospital and 50 inpatient beds throughout the community hospitals.

4,321 members of staff</td><td>An integrated organisation that provides acute, rehabilitation and maternity services for the people of South Warwickshire and community services for the whole of Warwickshire, and School Nursing Services in Coventry.

The Trust is comprised of five divisions; Elective Care, Emergency Care, Out of Hospital Care Collaborative, Women's and Children's and Support Services.</td><td>March 2017 - Overall: Requires Improvement

• Safe - Requires improvement
• Effective - Requires improvement
• Caring - Good
• Responsive - Good
• Well-led - Requires improvement

Identified Issues

• Medicine storage and security
• Patient records and risk assessments
• Staff understanding of mental capacity and duty of candour
• Some governance weaknesses
• Lack of oversight for babies, children and young people across the Trust
• No strategy for end of life care
• Safeguarding training</td><td>Higher than average scores for:

• Organisation and management interest in and action on health and wellbeing
• Staff satisfaction with resourcing and support
• Percentage of staff feeling unwell due to work related stress in the last 12 months
• Recognition and value of staff by managers and the organisation
• Staff motivation at work

Worse than average negative score for:

• Percentage of staff / colleagues reporting most recent experience of harassment,
• bullying or abuse
• Percentage of staff experiencing physical violence from patients, relatives or the
• public in last 12 months
• Percentage of staff working extra hours
• Percentage of staff / colleagues reporting most recent experience of violence
• Percentage of staff experiencing harassment, bullying or abuse from patients,
• relatives or the public in last 12 months</td></tr>
</table>

Case Study Site – London Ambulance Services			
STP AREA – London			
SIZE	FOCUS	CQC RESULTS	NHS STAFF SURVEY RESULTS (2016)

Population: 8 million over 620 sq. miles; from Heathrowin the west to Upminster in the east, and from Enfield in the north to Purley in the south Staff: About 5,000 across 70 ambulance stations & 5 HQ bases	Emergency and urgent care (EUC) service. 999 calls, which are received and managed by the emergency operations centre (EOC). Resilience and hazardous area response teams (HART). Key role in the national arrangements for emergency preparedness, resilience and response, (EPRR), There are two LAS Hazardous Area Response Team (HART), based in Hounslow & Tower Hamlets. Patient transport services (PTS)	Nov 2015 Overall: Requires Improvement • Safe - Requires improvement • Effective - Good • Caring - Outstanding • Responsive - Good • Well-led - Requires improvement Identified Issues Incident reporting Learning from incidents Mandatory training & tracking Infection prevention& control Quality of ambulances Staff engagement Rostering flexibility Bullying & harassment – linked to variable leadership in local stations	Higher than average scores for: • Staff satisfied with opportunities for flexible workingpatterns • Staff reporting good communication between Senior Managers andstaff • Staff believing that the organisation providesequal opportunities for career progression • Fair and effectiveness of procedures for reporting errors, near misses andincidents • Support from immediate managers Worse than average negative score for: • Staff agreeing that their role makes a difference to patients/service users • Staff/colleagues reporting most recent experience of harassment, bullying andabuse • Staff experiencing discrimination atwork in the last12 months • Staff satisfaction with the quality of work & care they are able to deliver • Staff satisfaction with level of responsibility &involvement

NAME	STP AREA	SIZE*	FOCUS	CQC RESULTS	NHS STAFF SURVEY RESULTS**
Basildon & Thurrock NHS University Hospital Foundation Trust	Mid & South Essex Success Regime/STP	Population: 405,000 Staff: 4,500 Patients: 480,500 Budget: 288m	Acute healthcare X-ray and blood testing facilities Dermatology Tertiary cardiothoracic services	Overall - GOOD • Safe Good • Effective Good • Caring Good • Responsive Good • Well-led Good Identified Issues Mandatory training rates Updated equipment competency training Reduce the delayed discharges over four hours from the critical care unit to the main wards Reduce the number of transfers outof hours between 10pm and 7am (July 2016)	Higher than average score for; • Staff reporting errors, near misses or incidents witnessed in the last month • Staff motivationatwork • The quality of non-mandatory training, learning or development They have a worse than average score for; • Staff feeling unwell due to work related stress in the last 12 months • Staff believing that the organisation provides equal opportunities for career progression orpromotion • Staff experiencing physical violence from patients, relatives or the public in last 12 months

Mid Essex Hospital Services NHS Trust	Mid & South Essex Success Regime/STP	Population: 350,000 Staff: 5,000 Patients: 416,630 Turnover: 315m	Acute & community services A & E Elective & non-elective surgery Maternity services Paediatric services Plastics, head & neck, GI services Burns services	Overall - GOOD • Safe Requires improvement • Effective Good • Caring Good • Responsive Good • Well-led Good Identified Issues Secure records in orthopaedics Clear prescribing of paracetamol Staff appraisals Mandatory Training rates Rapid discharge re end of life patients (December 2016)	Better than average score for; • Staff able to contribute towards improvements atwork • Fairness and effectiveness of procedures for reporting errors, near misses and incidents • Staff reporting errors, near misses or incidents witnessed in the last month Worse than average score for; • Staff appraised in last 12 months • Effective use of patient / service user feedback • Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
Southend Hospital University NHS Foundation Trust	Mid & South Essex Success Regime/STP	Population: 351,614 Staff: 5,000 Patients: 746,931	Acute medical and surgical specialities General medicine General surgery Orthopaedics Ear, nose & throat	Overall – REQUIRES IMPROVEMENT • Safe Requiresimprovement • Effective Good • Caring Good • Responsive Requires improvement • Well-led Requires improvement Identified Issues Medical care Services for children and young people	Better than average score for; • Staff experiencing physical violence form staff in the last 12months • Staff/Colleagues reporting most recent experience ofviolence • Staff experiencing physical violence from patients, relatives or the public in the last 12 months Worse than average score for; • Staff motivationatwork

		Income: 300m	Ophthalmology Cancer treatments Renal dialysis Obstetrics Children's services	End of life care Outpatients (May 2017)	• Staff satisfaction with the quality of work and care they are able todeliver • Staff recommendation of theorganisation as a place to work for receive treatment
East of England Ambulance Service Trust	Mid & South Essex Success Regime/STP	Population: 5.8m Staff: 4,000 Patients: 1.14m emergency calls 531,614 non-emergency journeys Income: 247m	A & E services Non-emergency patient transport	Overall – REQUIRES IMPROVEMENT • Safe Requires improvement • Effective Requires improvement • Caring Outstanding • Responsive Requires improvement • Well-led Requires improvement Identified Issues Improve performance for emergency calls Staffing Appropriately mentored staff Mandatory training Consistent incident reporting Safeguard training Medicines management	higher than average score for; • Staff attending work in the last 3 months despite feeling unwell • The quality of non-mandatory training, learning or development • Staff witnessing potentially harmful errors, near misses or incidents in lastmonth worse than average score for; • Staff appraised in last 12 months • Staff agreeing that their role makes a difference to patients / service users • Staff believing that the organisation provides equal opportunities forcareer progression orpromotion

				Cleaned and maintained vehicles Mental Capacity Act 2005 awareness Duty of Candour awareness Secure records storage on vehicles. (August 2016)	
Colchester Hospital University NHS Foundation Trust	Suffolk & North East Essex STP	Population: 370,000 Staff: 4,314 Patients: 611,262 Income: 301.6m	Wide range of acute, in patient and outpatient services including surgery, maternity, physiotherapy	Overall - INADEQUATE • Safe Inadequate • Effective Inadequate • Caring Requires improvement • Responsive Inadequate • Well-led Inadequate Identified Issues Safeguarding Information recording completion of DNACPR forms Mental Capacity Act Training Availability of Syringe drivers Emergency department care & treatment Emergency department streaming (July 2016)	better than average score for; • Staff experiencing physical violence from staff in last 12 months • Staff motivationatwork • Effective use of patient / service user feedback worse than average score for; • Staff / colleagues reporting most recent experience ofviolence • Staff / colleagues reporting most recent experience ofharassment, • Bullying or abuse

Essex Partnership University Trust	Mid & South Essex Success Regime/STP	Population: 2.5m Staff: 7,000 Patients: Not available Income: not available	Community , mental health and learning disability services	Not available yet (organisations merged 2017)	Not available yet
The Princess Alexandra Hospital NHS Trust	West Essex STP	Population: 350,000 Staff: 2,500 Patients: Not available Income: 209m	General acute A & E ICU/NICU Maternity	Overall - INADEQUATE • Safe Inadequate • Effective Requires improvement • Caring Good • Responsive Inadequate • Well-led Inadequate Identified Issues Risk Management Ward to board Escalation Safeguarding children's processes Appraisals	higher than average score for; • Staff experiencing physical violence from patients, relatives or the public in last 12 months • The quality ofappraisals • Staff experiencing physical violence from staff in last 12 months worse than average negative score for; • Staff satisfaction with resourcing and support • Staff appraised in last 12 months • Staff agreeing that their role makes a difference to patients / service users

				Mandatory Training Mental Capacity Act 2015 Training Cleaning of public areas Mortuary Refurbishment (October 2016)	

- Size is based on information presented on organisational websites November 2017; patient numbers are patients seen during previous year and budget/turnover is 2016 budget.
- ** Top three highest and worst scores

Appendix 3

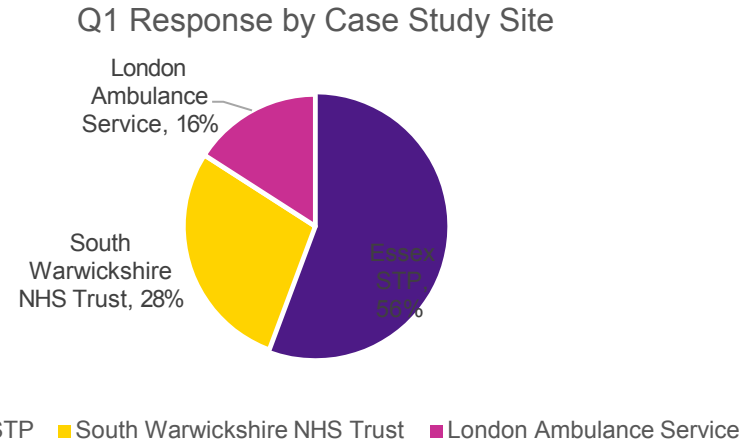
MSP Fieldwork 1

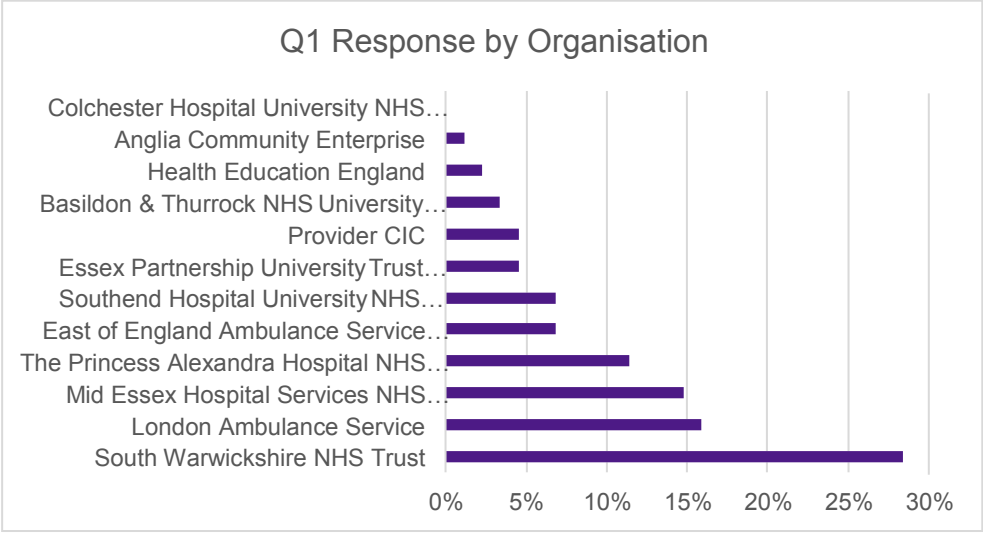
General Survey October 2017

Total number of responses was 88.

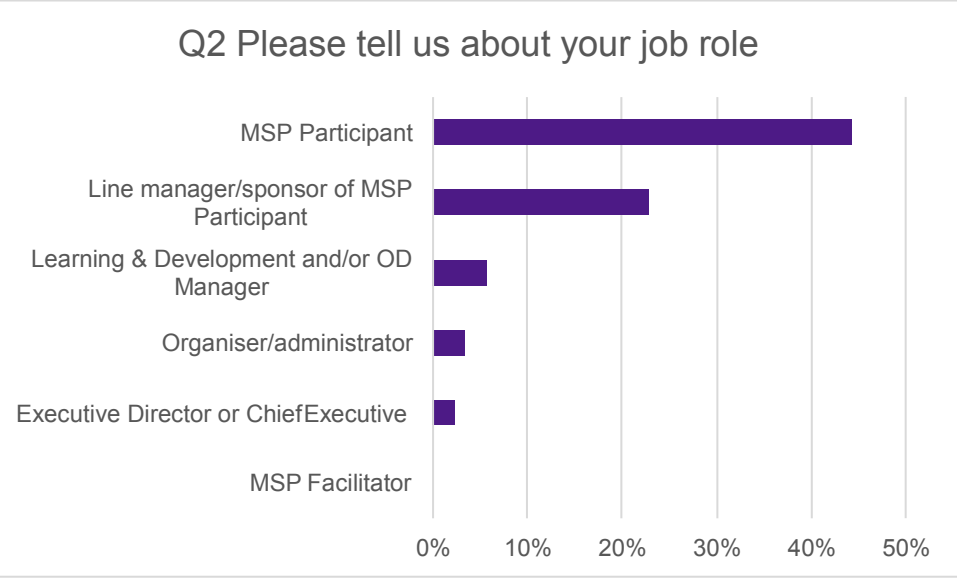
Across the three case study sites, this is a response rate of 30%.

Question 1

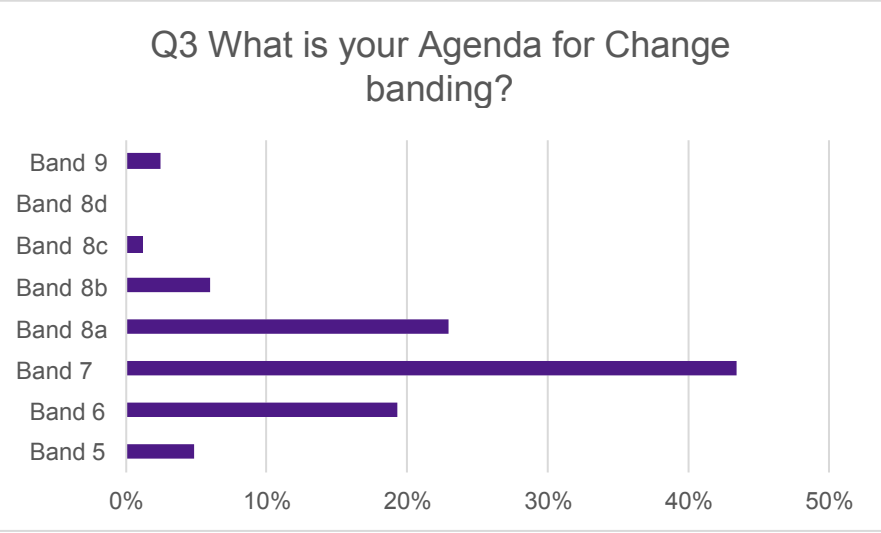

Q1 Response by Case Study Site
London Ambulance Service, 16%
South Warwickshire NHS Trust, 28%
Essex STP 56%
Essex STP
South Warwickshire NHS Trust
London Ambulance Service


Q1 Response by Organisation
Colchester Hospital University NHS…
Anglia Community Enterprise
Health Education England
Basildon & Thurrock NHS University…
Provider CIC
Essex Partnership University Trust…
Southend Hospital University NHS…
East of England Ambulance Service…
The Princess Alexandra Hospital NHS…
Mid Essex Hospital Services NHS…
London Ambulance Service
South Warwickshire NHS Trust
0%
5%
10%
15%
20%
25%
30%

Question 2


Q2 Please tell us about your job role
MSP Participant
Line manager/sponsor of MSP Participant
Learning & Development and/or OD Manager
Organiser/administrator
Executive Director or ChiefExecutive
MSP Facilitator
0%
10%
20%
30%
40%
50%

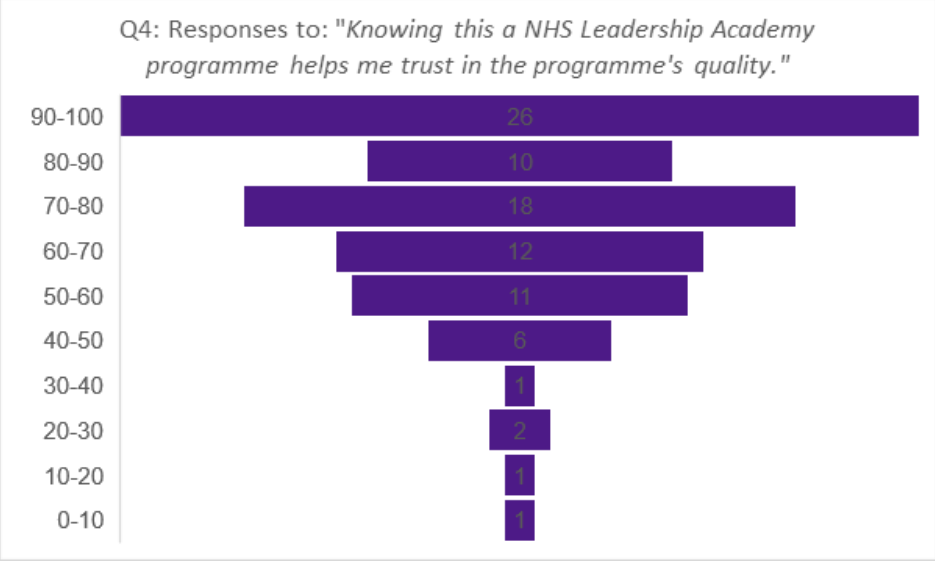
Question 3


Q3 What is your Agenda for Change banding?
Band 9
Band 8d
Band 8c
Band 8b
Band 8a
Band 7
Band 6
Band 5
0%
10%
20%
30%
40%
50%

Question 4

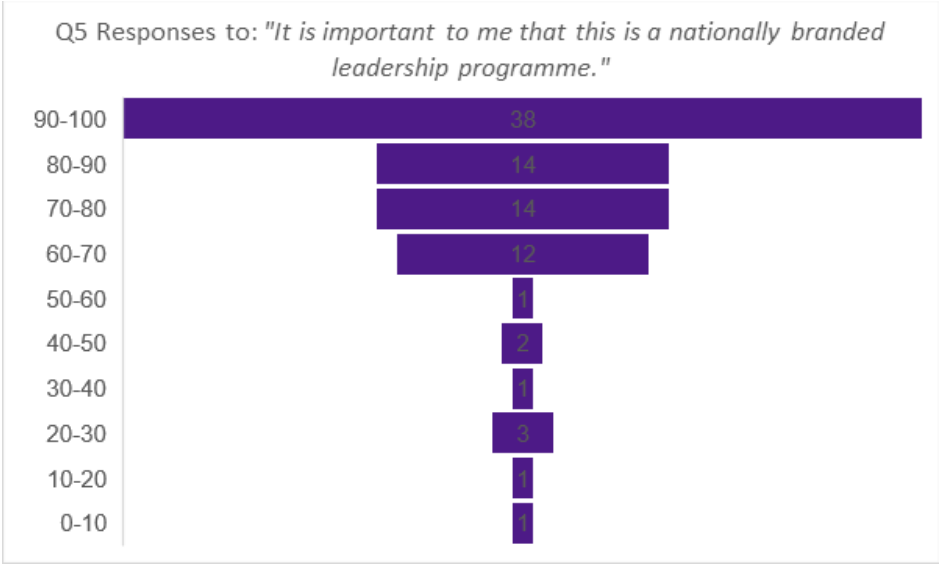
Mean	73
Median	75
Mode	100

Tell us how much you agree or disagree with the following statements:



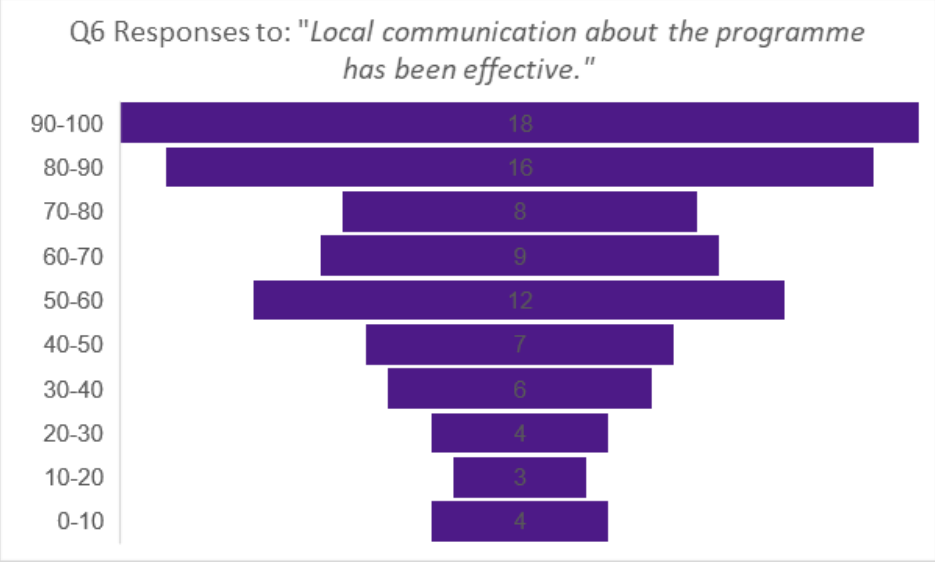
Question 5

Mean	81
Median	84
Mode	100



Question 6

Mean	64
Median	69
Mode	100

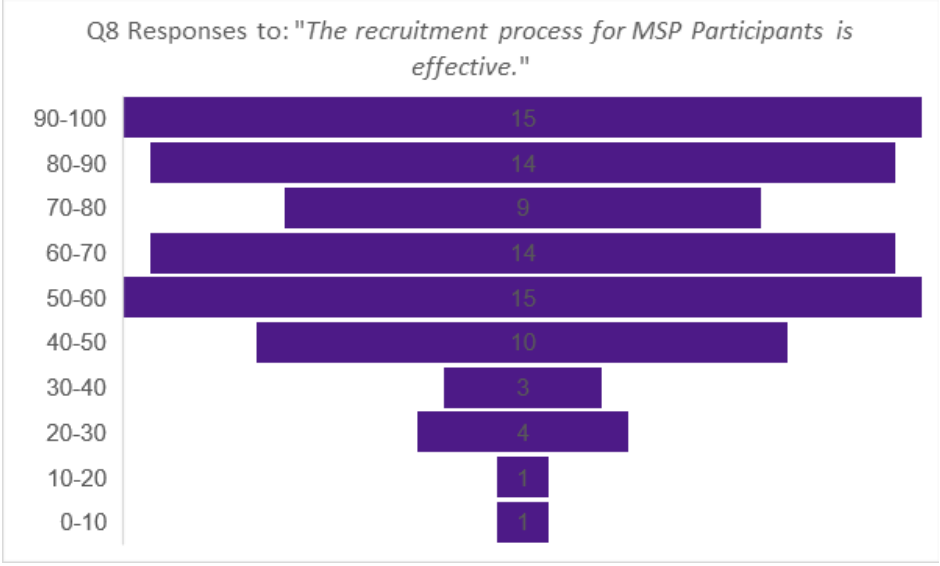


Question 7

Mean	56
Median	51
Mode	50

Question 8

Mean	66
Median	66
Mode	51



Question 9

Mean	78
Median	82
Mode	100

Question 10

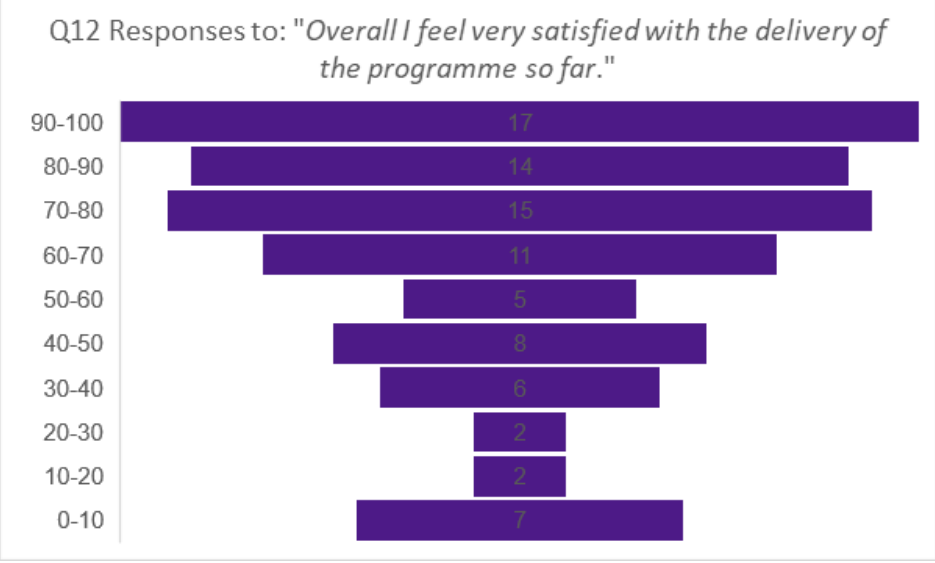
Mean	57
Median	57
Mode	100

Question 11

Mean	58
Median	54
Mode	51

Question 12

Mean	64
Median	70
Mode	100



Is there anything else you would like to tell us about your experience of MSP Local?
The discussion forums would benefit from being structured as per unit to support participants keeping track on their required discussions
A Great course but the 4 hour a week commitment is a massive underestimation. Some modules can easily take 10 hours. Many problems with the system. Hard to link back to previous work when asked or find the unit it wants you to refer too. Video links don't always work. Unable to submit assignment or Log on occasionally so often feels like a waste of effort. A shame as the content of the course is excellent
The amount of time the work would take was little underplayed, but really enjoying it and it is so relevant
Nothing so far
commination poor at times. Especially regarding requirements for online work
There was a lack of communication on the course before it started. It was very unclear as to how many hours the course would take to complete, we received 2 different answers and this made the calculation of study leave difficult. A survey closer to the end of the course would be beneficial as the programme has only just started.
There are some errors in the online content. The outline sources are not all referenced. The course is too short the assignment word count is too short to be able to analyse anything meaningfully. Generally, I found the content interesting and thought provoking and equipped me with useful tools to apply into my work place.

No	No
I enjoyed the course and have learnt a lot. I particularly liked the discussion forum because I liked to read other people's views and experiences because I felt I learnt from that. I found it disappointing when other participants did not contribute because I value their knowledge.	I feel more communication should have been delivered before we started the course as well as meeting once before it started rather than part way through it. I was told we would need 5 hours of study time a week, then was told by someone else 10 hours. More clarification is needed on the details. I am really enjoying it and finding it very helpful and transferable to my role.
It does show that a twelve-month course has been swashed into a six-month time slot. There is a vast amount of online work for someone in full time, shift work employment to cope with, especially when they work night shifts and have family demands to cope with. This said, I feel that leadership development will be very beneficial to my Ambulance Service organization. I hope that it will continue.	I do not receive any comms from yourselves about my team on this course I would like to be involved more
	Too time consuming, clumsy and boring. Disappointing as nearly all motivation to take part has been destroyed.
	was more work than expected

the local delivery of the programme has been excellent. it has been hindered by the lack of effective delivery from the national team. i.e. poor-quality materials, web-site etc	reduced to 4 days. Along with the workshop. Better guidance of how to complete the discussion forum Better guidance from leaders of the class throughout the course to keep you on track and send round emails to say what module you should be on and ask if you require help. Also with the discussion forum to look and check that you have completed enough posts.
Communication is extremely poor. From day one we had information on how to navigate the online teaching. Our emails were not answered. 16 days after submitting our assignment, we were told we had not contributed enough to online discussion, where told 5 would have been enough, this was then changed to 24. Then we didn't hear anything until last week, when facilitator asked us to go through our comments, as she couldn't make sense of them. We were then told we would get our results this we're. Now 12 weeks on we still haven't had our results. The programme had become a shambles, and disappointment	I think the time commitments are unclear at the outset. It would also be useful to have guidance around agreeing study leave for the programme up front with recommendations and how much study leave the participant will need to use as a starting point for negotiations. The experience has generally been very positive. However, it is a shame that the web portal is not as user friendly as the Edward Jenner programme. For example, the lack of a stream where you can access or download all your journal entries. I am also concerned that there are elements that I am rushing due to the pace of the course. Ideally it would be good to continue to have access to the resources so that it would be possible to return to certain key aspects at leisure after completion.
This programme was over 6 months that all needed to be completed in your own time, which is difficult. We found out after joining part way through that there is an option of 8 days discretionary study leave. These should be compulsory and	

The content of the course itself & the workshops was good. The online software however is not user friendly & can be difficult & cumbersome to navigate & has glitches that haven't been resolved. Guidance regarding the assignment was poor with the tutor clearly having no idea what was expected. There were huge communications errors for we were not informed that the forum discussions were compulsory & that we had to complete at least 2 comments for each section. We believed the journal was the most important. Email queries to the MSP were either not dealt with or no answer or feedback received. We were supposed to receive our results over 11 weeks ago & nobody can inform us of the status. The irony of this being a management & leadership course is mind numbing. I would not recommend this course now due to these factors. The organisation & management of this course has let MS structure, design & content down, immensely. I also believe with the number of online hours for clinical staff this should be over a longer period.	As we were the first cohort there were quite a few IT teething issues
It takes a lot longer to go through the sessions than we had been pre-warned or anticipated. Good Programme.	It was an interesting course and I learnt useful information. It was however very time consuming and required extra time outside of work to complete as the various sections were lengthy.
	None
	There is an issued around length of the course. Most people in the course are struggling to get through complete it by the deadline. There have been a number of unprecedented incidents and a number of changes that are being introduced across the organisation that have impacted being able to complete the course. The facilitators have been very understanding and recognise the unprecedented increased pressure and workload placed on the service. You need at least 8-12hrs a week to complete most modules.

I would like to see a more effective way in participating in group discussions. Either live discussions or notifications that somebody has started or added to a thread. Overall a fantastic programme.	format or time to discuss it before having to answer questions on it. The program in its current form is more than 4 hrs a week also if you want staff to get the most out of it and be successful and inspired the course should be longer
It should be offered to a wider range of leaders and managers or made mandatory if we are to change the culture and make a positive impact on the NHS as a whole	Online content excessive for current length of program
Facilitators great, however some of the units too long. Some literature is too long to read. Time for the programme is not enough	I feel that the online content is overall very good, although would be enhanced by having more links to external articles, reports and particularly speakers as these are where I have gained most learning and have been the most thought-provoking and memorable. Where I feel this course has been woefully let down is the facilitators on my course. I feel they do not understand the content to a great depth and I do not feel they have added anything to the online learning at all, or been successful in bringing new insights out of the participants. I have been really disappointed in the first 2 workshops so far and am not very hopeful for the final one.
the 3-day sessions where good It would have been useful to have a day to meet and discuss the way forward at the very beginning Also some of the sessions had large documents to read which was not very interactive and took along to do digest the information it would have been better to have them in audio	

No	I feel that there are too many components in some of the units. It is a lot of work to complete in a short time frame at a high level. I think the course should be longer or the content reduced. Many of us are working full time and have families and it's very difficult to find time to fit it all in.
The course has a lot of content that cannot be studied over 4 hrs per week. This course needs to be at least 1 yr. in duration. The online content is not structured well. It doesn't flow easily and as a user I have to constantly track back there are no hyper links to other sections. Some videos do not have any transcripts, a couple of the journal entries are missing. I feel this online course is really effective but some of the elements online are not yet completely correct.	Rather unsatisfied with the programme and the leaders as in my experience there has been little direction or feedback provided. The workshops are of little use, with a lot of time being spent playing games and rewatching videos from the online course and little in the way of expansion or explanation. Maybe it is just my age, and I learn better with the old fashioned "chalk and talk" method!
the time required to complete the online models is greater than that which was advertised. partly due to the clunkiness of the online portal, watching lots of short 1-2-minute videos andthen having to comment on them, it would have been better to have had fewer, but longer videos to watch and comment on	I was disappointed in the setup of the MSP programme for local delivery it seemed that the national programme had just been relabelled MSP local which didn't translate well in many circumstances form facilitation notes to work shop planning. In addition to this the comms support for the programme was
Classroom sessions have aided my learning more than online content however both have been good	

lacking and didn't match the support which was discussed in initial discussions	There have been a number of communication breakdowns during the 6-month programme. One of these resulted in us requiring an extension to complete 2 meaningful contributions to the online discussion forum, per unit. We were originally told a minimum of 2 contributions for the whole thing. Having already spent 6 months on the programme I no longer had the time to dedicate reading back through and making 2 contributions per unit. I am highly disappointed as it seems to be a waste of the 6 months hardwork and effort that had already put in. Very disorganized programme. I must praise the facilitators though on the overall delivery of the 3 face to face sessions - I feel like I have learnt a lot.
I gave up on the course as if I had known how labour intensive it was before I started I never would have taken it on. There was way too much involved with no time to do it. I did not enjoy the short presentations. I think the course needs to be looked at again before it is rolled out to the next cohort	
No	Communication poor regarding input needed on the discussion forum. Facilitators seemed unclear of what was required. General communication and support poor. Within the participants of the group support and networking was good
Some of the online learning modules were far too detailed with too much depth and time commitment. It was not clear what percentage the on-line modules if any contributed to the overall mark. 3 face to face workshops - not enough. The initial time commitment indicated in the programme is not realistic - double it may be! Some of the admin emails from the programme manager (NHS) were confusing and contradictory	

A bit disorganised, too much PowerPoint
I have found it very difficult to complete the 2 modules prior to starting the workshops, there just is not enough time!!
Great facilitators in Kay and Catherine
I have found that there is a lot of information to work through and it can take a lot of time up which has been difficult at times.
We had two very enthusiastic and supportive fascinators, who made the programme enjoyable.
poor online website meant that it was hard to navigate. Fed miss information by facilitator that meant we all required an extension. Poor communication when things were going wrong

There needs to be more face to face days and less online content - the content at times was fairly repetitive and some could have been lost when working full time with high positioned jobs you do not get the study time to put your all into 12 modules. The programme was good but could be better by being more user friendly
There is a huge amount of on line content. More face to face workshops would be appreciated.
I think this is a great programme even though I have only just started it about 4 weeks ago.
Either reduce the content in the online module or increase the time to complete the online training

No	I found the course hard to complete within the time scales I think more workshops would be helpful
In terms of joining the programme and the online work, it would be helpful to advise participants to start as soon as possible to get ahead with the work.	There simply wasn't enough time to learn the theory and put it into practise and consolidate what was learnt, before having to move on to the next principle.
Nil	I feel that this course is geared towards staff who are starting their leadership journey - whilst this was very beneficial for myself I feel there were participants on the course who perhaps did not benefit as much from the content as they have been in leadership/management positions for some time and have therefore already developed their leadership styles.
I found that the online part of the programme was, although full of info, completely unmanageable and unnecessarily bulky. Although the use of videos stimulate different learning styles they are repetitive and use management jargon which leadership is supposed to avoid. I personally feel I would have got more from the programme with just the workshops rather than the online section which I ended up having to do in private time. I waited months for my assessment results, was invited to a celebration event before I got my result and then was given no qualitative feedback about my results. I would not recommend this programme to people in my team.	The facilitators were great, but I felt the overall organisation wasn't great. They seemed to be in the dark about how the course was going to work.

There has been an inordinate amount of time in receiving our results with little communication or explanation from the academy.	know the trust set up. Although it was helpful to be local it probably was not critical. It was essential that my trust support for MSP.
Not always clear on expected e learning input	Some facilitators are much better than others. This questionnaire doesn't take into account doctors participating (we aren't on the agenda for change scale)
I think the programme is beginning to build momentum. So far approx. 165 staff have completed or participated in the programme which is beginning to create a critical mass of leaders in Essex who have undertaken the programme. Feedback from participants is positive.	As coordinator of the local programme, we have found it difficult to get buy in under the present operational pressures
it has been good	volume of work was more than expected and a day every fortnight for private study could have been suggested
It was very helpful to know people locally. It was helpful to have local facilitators who we know and could connect with as they	Very happy with the programme and implementation at SWFT

No
Great support from local facilitators.
The programme has been really useful but also very challenging. I can see the benefits in my team already and it's charged me with a desire to do better.
It has been a fantastic experience being on this programme and learning from other colleagues too
I begin the programme in November hence some of my responses being in the middle of the continuum.
No

I thought the programme included too much information and work to action for the timescale, which meant that although information was read, not as many tasks as I'd have liked to action was possible. Whilst I hope I did enough to make changes and evaluate these at the end of the programme, I had hoped to have done more. The local facilitators were good sources of knowledge and I felt fully supported from them and the team throughout.
No
As a participant it is great to have local access to this type of course.
I think that this new Mary Seacole award should be clearly distinguished from the previous year long qualification. As line manager I have not been approached regarding the delivery of the programme.

I am a line manager of a participant but have not really had any communication about the programme
I am enjoying the balance of the audio and reading content.
It has been a very well-run course and I feel I have benefited by being part of it.
Having a dedicated person within the trust to co-ordinate and support the programme is essential
The time commitment is more that recommended if you do not want to fall behind.

More places for newly appointed band 6's
No
Super

Appendix 4 – Facilitator Survey

MSP Fieldwork 1

Facilitator Survey October 2017

There were nine respondents across the three sites, giving a total response rate of 29%.

The facilitators that completed the survey came from different roles, (insufficient data provided on their substantive job role to report) and across different AfC bandings, with the majority from a Band 8:

Band 6: 2

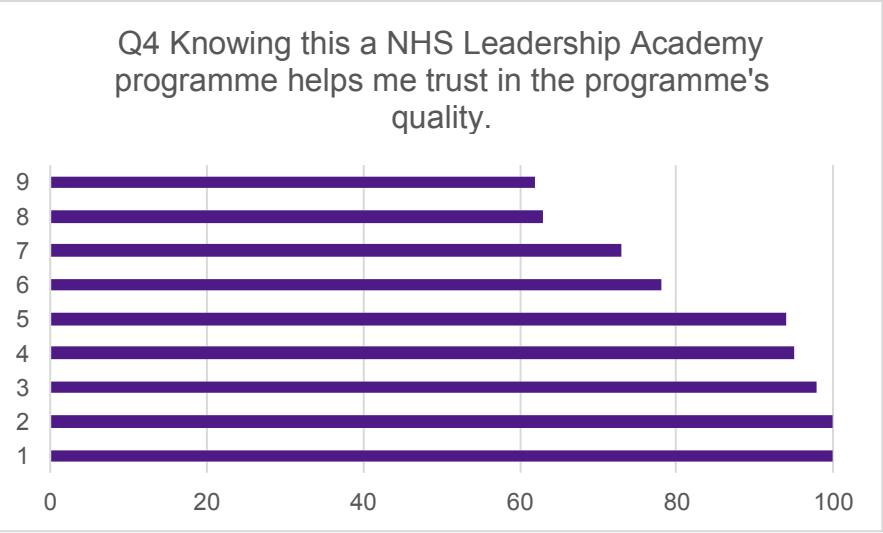
Band 7: 1

Band 8 a-d: 5

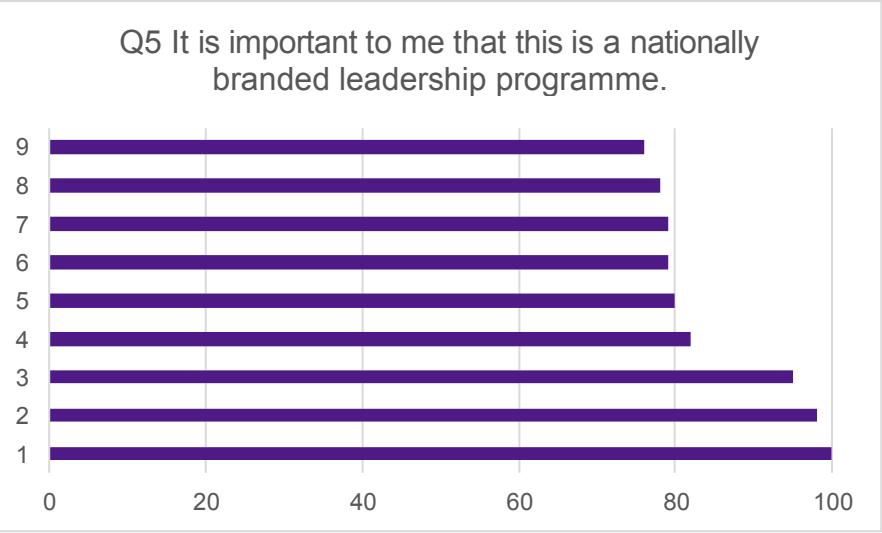
Band 9: 1

In Questions 4 to 12, respondents were asked to illustrate their agreement with a number of statements, with '0' representing no agreement and '100' representing full agreement.

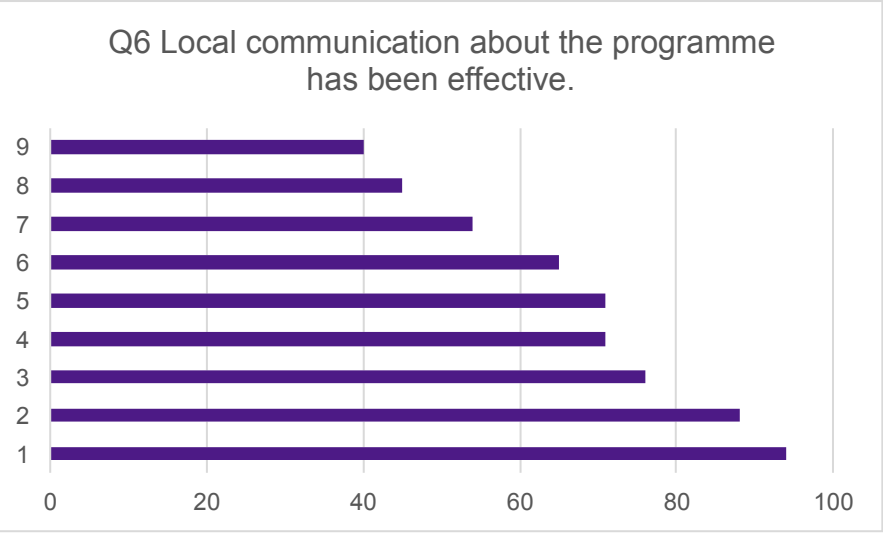
Question 4



Question 5



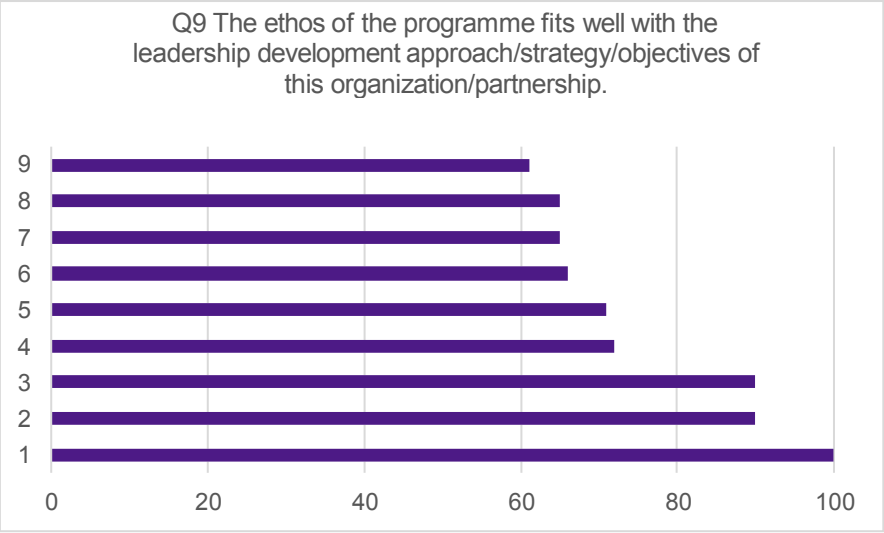
Question 6



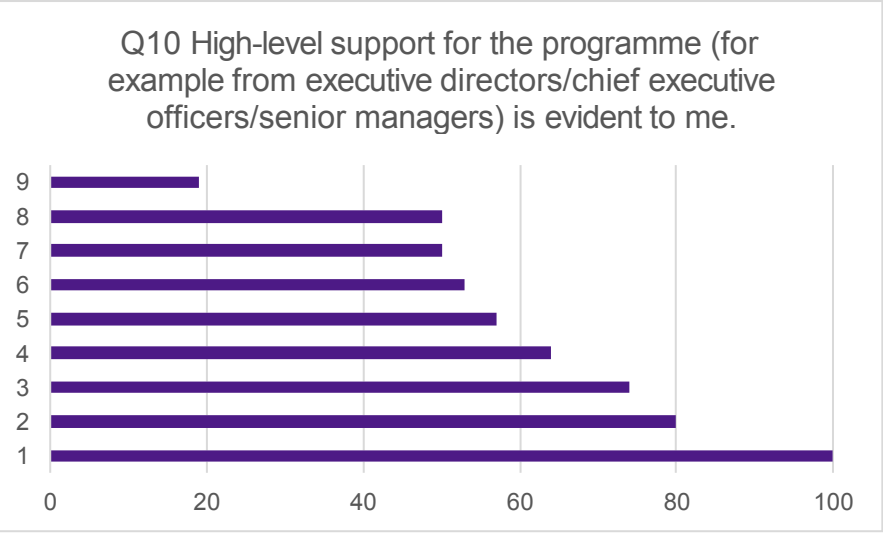
Question 7

Question 8

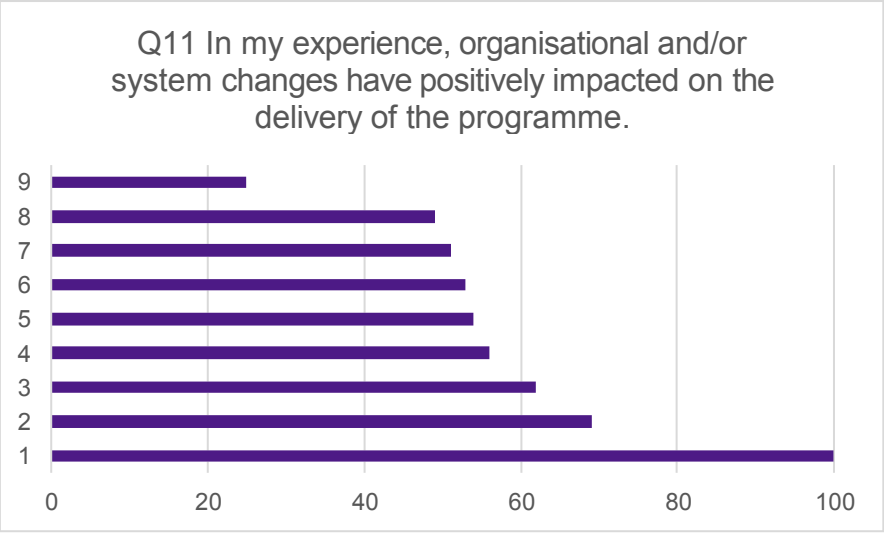
Question 9



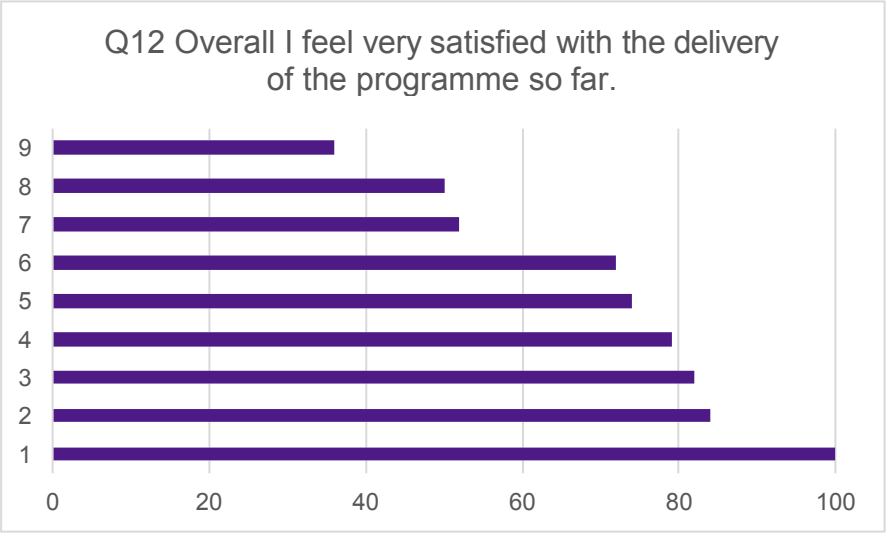
Question 10



Question 11



Question 12

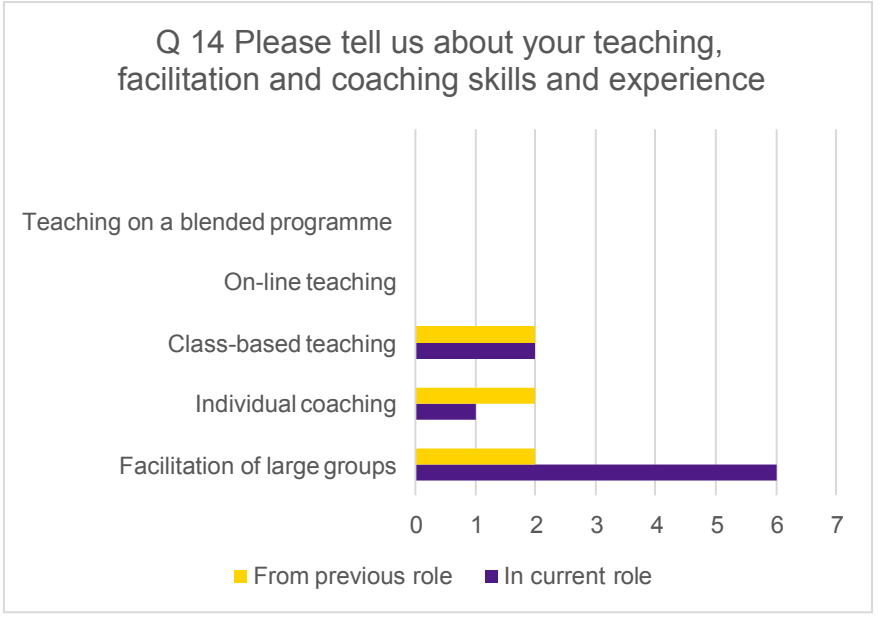


Question 13

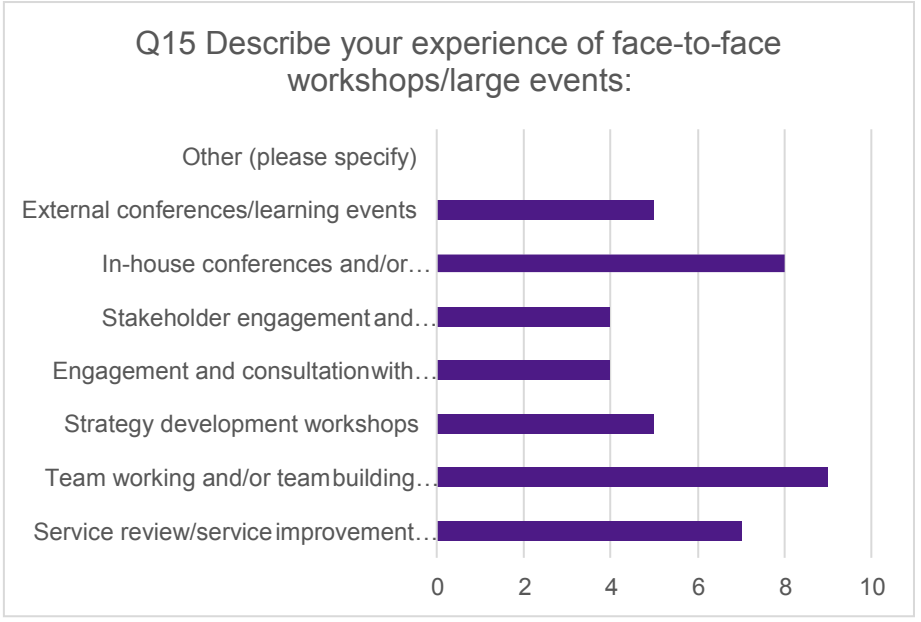
Respondents were asked what leadership development they had experienced, both as a participant and/or as part of the delivery team. Some participants had experienced some of the NHS Leadership Academy programmes, (2 on Edward Jenner, and 2 on EGA) although none of the respondents reported experience of ILM development programmes, or any programmes delivered by the Kings Fund.

All of the respondents reported involvement as a participant and as part of the delivery team, on in-house team-working and leadership development programmes.

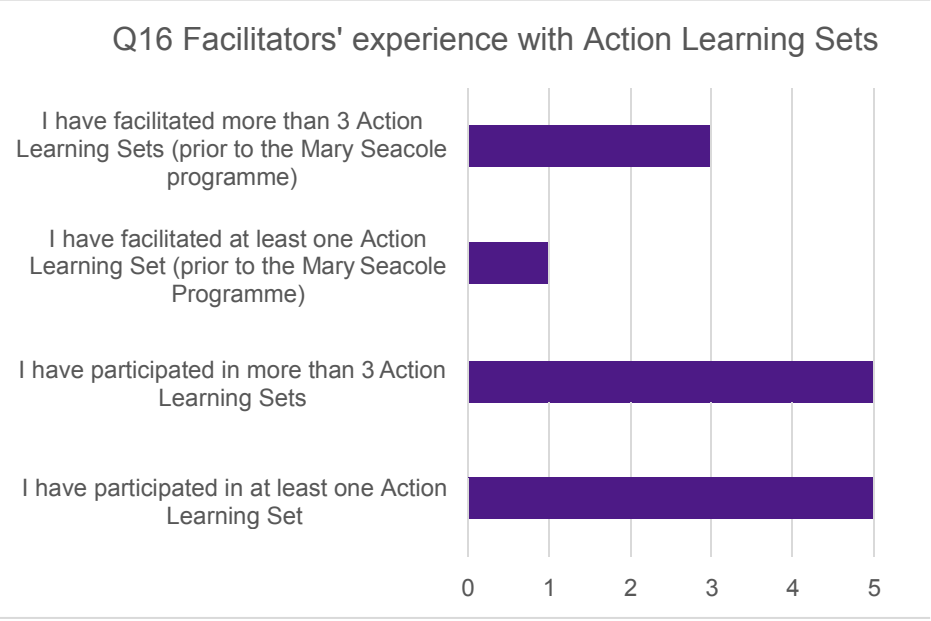
Question 14



Question 15


Q15 Describe your experience of face-to-face workshops/large events:
Other (please specify)
External conferences/learning events
In-house conferences and/or…
Stakeholder engagement and…
Engagement and consultation with…
Strategy development workshops
Team working and/or team building…
Service review/service improvement…
0
2
4
6
8
10

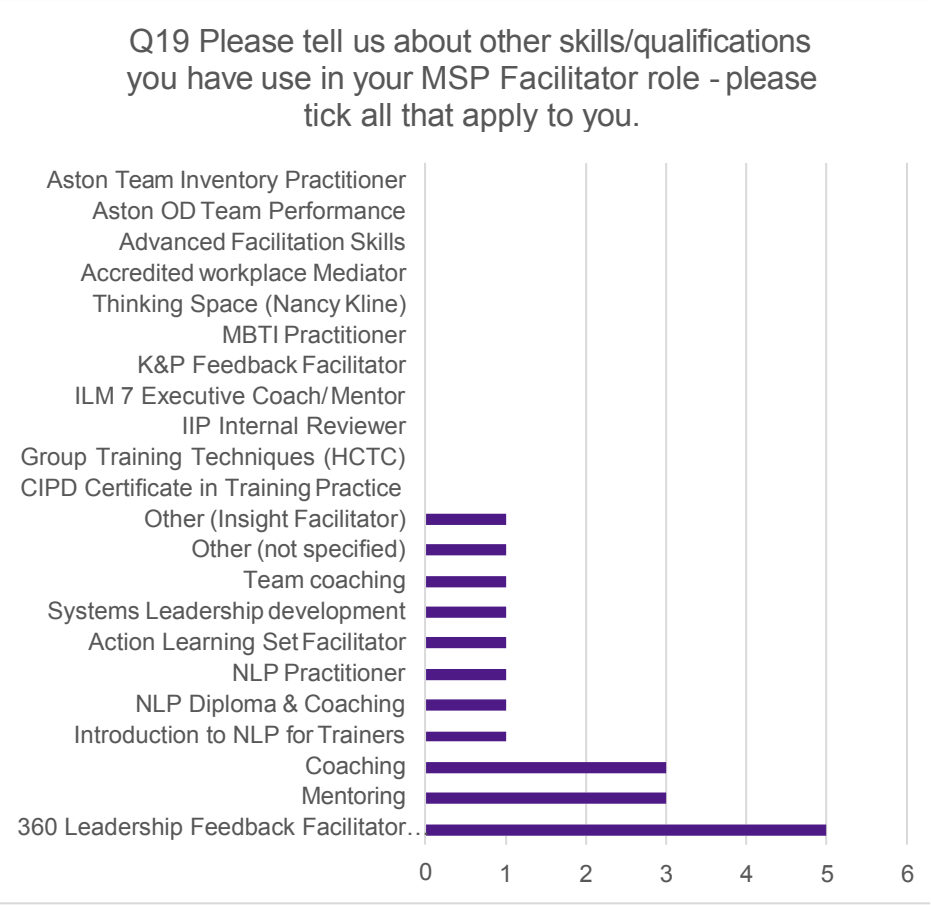
Question 16 & 17



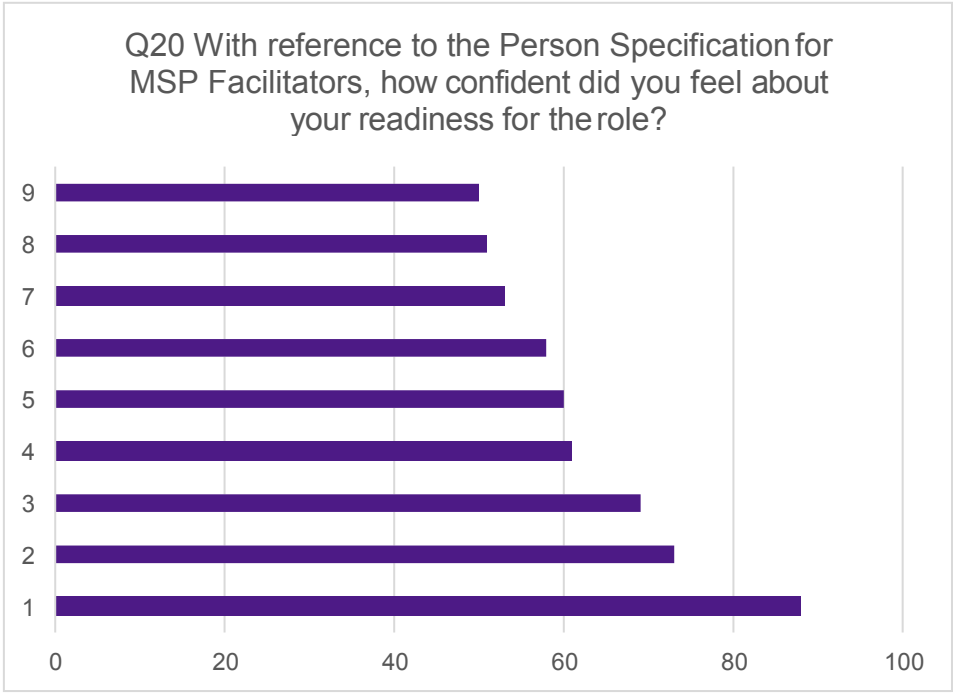
Question 18

Of the experience, only 2 respondents reported having received formal training (one from the NHS Leadership Academy, and another from an Executive Leadership Diploma, both undertaken over 3 years ago.

Question 19



Question 20



Question 21

What three aspects of your knowledge, skills, or experience have you drawn upon in your role as an MSP facilitator?

1	2	3
Leading a class room situation	facilitating large groups	individual coaching
operational leadership experience	group facilitation	diversity of knowledge of NHS
Experience running workshops and events at work	Completion of the EGA Programme	
Mediation	action learning- reframing and rephrasing the questions	the importance of understanding group dynamics
in house work as a facilitator	Experience of the Elizabeth Garratt Anderson programme	Training via the academy ahead of launch
Coaching	Inter-professional	Networking
Facilitation	Action learning sets	Coaching

Insights facilitator training - delivering these sessions in the Trust	Cert in Education & Training	Informal mentoring of staff
11 years Training and development experience	NLP	Coaching
group facilitation	change and project management models and tools	leadership concepts

Question 22

What three aspects of your knowledge, skills or experience would you most like to develop, to support you in your role as an MSP facilitator?

1	2	3
continued coaching	more knowledge of the academy	
on line work		
Facilitator		
coaching 121	critical thinking	on line facilitation
formal training in facilitation	formal training on specific tools and interventions - such as action learning	Strategy Development tools
Coaching	SDI personality profiling	ILM
Certified action learning set facilitator	Psychometric testing	Certified coach
Facilitation skills can be further developed	Critical thinking skills	Leadership training
action learning sets	strategic practices and planning	political awareness and skills
Coaching	group facilitation	tools and techniques

Question 23

Is there anything else you would like to tell us about your experience of MSP Local?

No
I feel there is too much rigidity and no flexibility with smaller local groups
No
Very well run and supported. The sets with Jem Peel was very useful too
It’s been really interesting and developmental - thank you
I have met some very interesting and inspiring people. Love being a MS facilitator.
Equipment not arriving on time for the days. Access to modules arriving late.
Further preparation and training for MSP Local Facilitators would have been helpful prior to going live.
Poor communication from start, lack of support for facilitators, poor recruitment process for participants, poor support from NHS Leadership academy, average quality of workshop training materials, inconsistent delivery methods and content between facilitators...
This has been a huge learning curve but thoroughly enjoyable experience. very rewarding but at the same time throwing me out of my comfort zone.