



Clinical Executive Fast Track Scheme (CEFTS) Evaluation Research

Interim report

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Prepared for NHS Leadership Academy

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Background to this study

The Clinical Executive Fast Track Scheme (CEFTS) is a pilot development programme designed and run by the NHS Leadership Academy that is available to one below board level senior clinicians looking to develop crucial skills and leadership behaviours in order to reach executive level roles within an organisation and/or system. While places are limited, the scheme is open to all registered healthcare professionals working in NHS funded care who are clinicians at one below board/governing body level or equivalent, as well as those working as Allied Health Professionals, Clinical Pharmacists and Health Care Scientists.

For this pilot cohort, the scheme lasts a total of 36 months and comprises both an intensive 12 month leadership development programme and a subsequent bespoke talent management support lasting 24 months. While the initial programme is mainly classroom based, in the form of three residential workshop events and a subsequent viva/learning set event, the final 24 months of the scheme comprise a number of disparate elements, including:

- Sponsorship from the scheme Advisory Board members (throughout the 36 months is needed)
- Coaching and mentoring and in-place support (throughout the 36 months if required)
- Learning sets/workshops (three workshops per annum)
- Professional training and development from a higher education establishment (within the 12-month programme)
- In-organisation development such as stretch opportunities, secondments, shadowing and mentoring (throughout the 36 months)
- Career transition support from NHS Executive Search (throughout the 36 months if required)

Evaluation objectives

The aim of this research is to establish an evidence base that informs the Leadership Academy of the extent to which CEFTS is making a tangible, positive and real-world impact on the participants' skills and knowledge, their leadership behaviours and career development, and on the care provided by the organisations in which they work.

Crucially, this research does not seek to act as an opportunity for participants to rate the delivery of the scheme. This feedback is collected via a different engagement and is used to refine the teaching approach and materials for future cohorts. However, where the content and delivery of the scheme is found to have a direct, material effect on participants' in-work performance, it may be referenced in this report.

The overarching analytical approach of this research follows the NHS Leadership Academy's LEADer evaluation framework, which combines evaluation of real-time processes throughout the implementation of the scheme with an evaluation of the evidence to support its real-world impact.

Breaking Blue is a private-sector market research agency commissioned by the NHS Leadership Academy to conduct this evaluation in an unbiased and independent manner.

Research methodology

The main challenge presented by the research is the difficulty in establishing evidence of a counterfactual state of affairs, i.e. what stage of development would participants have reached without embarking upon CEFTS. To mitigate this the best we can, we have constructed the research in a manner that invites comment from a variety of audiences (see below) to gain a rounded view of the extent to which CEFTS is delivering on expectations.

2018 CEFTS Participant intake

In total, there are 32 participants from the 2018 CEFTS intake remaining in the scheme. This cohort consists of senior individuals from the following range of clinical backgrounds:

- Consultant
- Doctor
- General practitioner
- Clinical leadership
- Nurse
- Director
- Dentist
- Allied health professional

We conducted the following research with this audience, with the aim of capturing on-going experiences and reflections at various points during the programme:

- **Spring 2018 to Winter 2018: Reflections on the real-world impact of residential workshop events via access to an individualised online diary.** These were conducted approximately 6-8 weeks after each of the three residential workshop events. For each diary engagement we received approximately 8 participant responses.
- **Spring 2019 to Winter 2019 (continuing to Spring 2020): Online career tracking surveys to identify the career progression activity undertaken by the participants, as well as to identify skill and knowledge gaps.** These surveys are sent out to participants six weeks prior to their quarterly career development support sessions, with the findings feeding into the session content. For each career survey we received approximately 12 participant responses.
- **Summer 2019 to Winter 2019: In-depth interviews to discuss participants' expectations and experiences of the Scheme, as well as the demonstrable impact of the Scheme and its perceived value to them.** These interviews were conducted by telephone and moderated by the Breaking Blue research team. In total, we conducted 18 interviews in this way.

Advisory Board members and commissioners

Throughout the process we have spoken to a number of stakeholders in the delivery of CEFTS in their capacities as members of the CEFTS Advisory Board and/or as Scheme commissioners.

We conducted the following research with this audience:

- **Spring 2018: In depth interviews to discuss the scope of the research, Advisory Board expectations of the Scheme and to identify indicators of success.** These interviews were conducted by telephone and moderated by the Breaking Blue research team. In total, we conducted four interviews in this way.

Participant sponsors

The final audience we have engaged in this research so far has been the board level individuals who initially sponsored the participants' applications and, subsequently, have provided varying levels of support and coaching to participants throughout their involvement on the Scheme.

We conducted the following research with this audience:

- **Summer 2019 to Winter 2019: In-depth interviews to discuss sponsor's expectations of the Scheme, their experience as a sponsor, as well as the demonstrable impact of the Scheme on the participant's capability and on the organisation in which they operate.** These interviews were conducted by telephone and moderated by the Breaking Blue research team. In total, we conducted eight interviews in this way.

Chapter 1: Participants' career aspirations, personal ambitions, and expectations of CEFTS

This chapter discusses the career aspirations of the senior clinicians enrolled onto CEFTS, and the role they feel the Scheme plays in achieving these ambitions.

As expected, a central motivation for the participants when deciding to apply for CEFTS is career progression. Medics, in particular, have shown a strong interest in using the Scheme as a vehicle to secure a role as Medical Director (MD) sooner than otherwise. Many participants hold a clear vision in their head regarding the steps they have to take in order to transition from their current position into an MD or Chief Executive role, with CEFTS considered as a stepping-stone along this journey. Participants with such clear career goals often expected to receive support throughout the life of the Scheme specifically aimed at helping them realise these ambitions.

"I planned to use the programme to start to define 'what are my next steps'...When you're following a very defined professional pathway, it's quite hard to open up your eyes to what could be next in terms of your career development" Participant

"I'm that sort of person in that I need to know what I'd like to go and do over the next 20 years, as much as I can. I like to have a pathway or vision as to where I'd like to go" Participant

Those interested in securing a new role often spoke to their line managers prior to applying for a place on CEFTS, to understand why the programme would be right for them in terms of opening up avenues to progress beyond their current roles.

"I decided to apply after discussing with my chief exec – who had encouraged me to apply – how it would help me secure another post in the short term and refine my skillset" Participant

For some GPs and medics who mentioned that they feel as if they have reached the limit of what is possible as a clinician, CEFTS offers an opportunity for them to branch out as a leader, in hope of becoming an MD or chief executive.

Others, especially in those in AHP roles, put less emphasis on pursuing a more senior clinical role and, instead, are more focussed on pursuing a systems leadership role. One pharmacist felt he has reached the peak of his career in pharmacy and, so, applied for CEFTS in the hope that he could move towards a different role that might broaden his career path towards systems leadership. Similarly, another participant in an AHP role had drawn up a career plan that involves seeking an executive MD position, before then looking to move into a systems leadership role five years down the line.

However, supporting an accelerated linear career progression is not the central goal for all participants. A number of participants stated that they viewed CEFTS as an opportunity to develop their leadership skills, but had no (clearly articulated) intention of moving from their current role. One participant stated that he was already in the midst of leading and developing system wide projects, and felt that enrolling onto CEFTS might help him “learn more about how to do those particular projects, and to learn more about how to function at a higher level of leadership.”

“Becoming a medical director doesn’t fit with my plan. Initially I felt it was all driven by making people medical directors, but the programme is actually much wider than that”
Participant

“I’m not sitting in a dead-end job desperate to jump up to the next level” Participant

Typically, these participants are keen on developing their leadership and communication skills in order to improve their standing within their current teams and the impact they can have on their organisations.

“I certainly don’t think I’ve saturated my ambitions. I have big ambitions for the practice to grow and develop” Participant

One clinician mentioned that she had reached the top medically as a clinician and applied to CEFTS in hope of developing as a leader within her current role. She has been delivering care locally for 13 years, emphasising the emotional attachment and thus duty of care she feels she owes her loyal patients. Because of the resulting influence she has within her own organisation that she has garnered from years of working there, she stated that she would not relocate for a more senior post in that it does not align with her ambitions she held prior to joining CEFTS. Rather, moving to another trust would ironically entail losing influence from being in a new, unfamiliar environment.

“I have a commitment to my patients. I have served and looked after 300,000 patients locally for 13 years now and I feel bought in to their health. So, I don’t want a new post just for the sake of it. [...] The trust that I have earned over the years that I have been working there, people are more likely to listen to me. You are subject to challenging yourself to criticism, which is difficult, but the emotional buy in makes it worth it and people trust me” Participant

It is important to note that even amongst those who clearly intend to use CEFTS as a means to secure a new role, most still expect and welcome a personal metamorphosis to occur as a by-product of enrolling onto the scheme. They expect that the personal development built into CEFTS will leave

them better equipped to apply for board-level roles, something they felt set CEFTS apart from other leadership development programmes – such as Nye Bevan and the King’s Fund – in which “you get a certificate and then you’re finished.” So, there was typically a mix of strategic, instrumental ways of approaching CEFTS as a means to achieve a specific end, and also a more intrinsic expectation to develop a set of key skills.

“The thing that struck me about the programme as advertised was the concept that we’re going to do a year’s development programme, but that’s just the start- the follow through is then going to be the on-going ‘let’s get you to where you need to get to type of thing”

Participant

“When planning my development into a Chief Exec role, I was also looking to develop my business skills. Like how to run a complex organisation and understanding dynamics from a clinical and also non-clinical lens” Participant

Typically, participants felt that, in developing these key skills, one can achieve personal development as a leader, something they believe comes hand-in-hand with building the confidence needed to apply it in the workplace. Personal development in this instance includes ways in which participants learn to approach leadership in their roles by the gaining confidence and awareness of how to lead in common workplace scenarios. Participants also mentioned how they had hoped this personal development would then lead to having a direct impact on their relationships with their teams, influencing their organisations and even the wider system. Being a multi-professional, clinical development scheme is attractive to participants, especially for those who, before enrolling, have lacked confidence as a leader in their current work environments. Because other participants on the Scheme are also clinicians, albeit from different sectors, there is a sense of reassurance in a feeling of shared experiences but also a degree of anonymity stemming from the fact that each participant comes from a different organisation. As such, CEFTS acts as a safe, low risk environment for participants to develop their leadership confidence in an environment where *‘everyone is in the same boat’* and, as such, they will be not be judged. This can often be quite different compared to operating in a daily work-based environment, where participants feel there is more at stake, and where they fear coming across as inexperienced.

“You sometimes feel inhibited about asking those questions around people with whom you’re working with and there’s an expectation that you should know some of those answers” Participant

“It was about building on my confidence, to say ‘actually you’ve got to the position you’ve got to through being good, and having good attributes but how can I refine and hone those, but also looking at other colleagues who have different skillsets and how I could incorporate these into the way I work” Participant

Sponsors' perceptions of the overall objectives of the scheme

Participants display a variety of personal ambitions relating to what they hope to take from CEFTS, and sponsors similarly understand that career progression and personal development are being offered hand-in-hand when enrolling onto the scheme. Generally, as will be discussed in detail in Chapter 3, sponsors have a more linear view of the objectives of CEFTS, with most believing that it is a way for participants to hone their leadership skills in preparation for a board director position. For instance, one sponsor recalled her impression of the scheme, with the sole expectation that it should *'accelerate clinicians into executive roles and to prepare them to work in board roles in the near future'*.

"The on-boarding session very pointedly said that an aim was to see more doctors as chief executives, and that's what we're here to do" Sponsor

In this case, the sponsor voiced some skepticism they had before the programme commenced, that it was not possible to jump to a chief executive role¹ without working in another executive role first, feeling that the scheme's aims are, in this regard, too ambitious.

However, it is apparent that sponsors who work closely with their participant in their day-to-day role, are likely to have a clearer understanding of their participant's specific ambitions:

"I'm not sure how many participants have been promoted to CEOs or to more senior roles so far. It depends on personal ambition also, for example the CEFTS participant who I mentor is very dedicated and enthusiastic but they do not necessarily want to pursue a CEO role" Sponsor

What sets CEFTS apart from other leadership training opportunities

Participants often named CEFTS' focus on clinical issues as a key aspect setting it apart from other leadership programmes or MBAs. One sponsor considered King's Fund or Nye Bevan for her participant, but ultimately felt that CEFTS 'was almost designed for her' given that she has the combined skillset of having a clinical background and being a high level operational manager. This, as well as the fact that it would be 'stimulating for her to be among clinicians of different backgrounds' is a reason this sponsor and others felt CEFTS was fitting. Those whose main ambitions lie in securing a board level position named certain elements of the Scheme they thought set CEFTS apart from other alternatives, including: the NHS Leadership Academy's renowned reputation; the programme's academically taught element; and its perception as 'the clinical Nye Bevan'. It is the formal recognition – the Academy being a strong brand within their professional circles – that enticed participants, especially those who aim to raise their profile and make an impact within their organisations.

¹ The aim of CEFTS is to prepare candidates for an executive role, rather than a chief executive role specifically. Although, it is clearly seen by some participants and sponsors as a step towards a chief executive role

“Nye Bevan would have been a multi-professional environment rather than just a clinical environment, but again that to me is a positive of the CEFTS scheme, that it offers like-minded individuals” Participant

“I want to raise my profile so much so that I am accepted as part of the senior leadership cadre amongst my peers and colleagues” Participant

The fact that CEFTS is delivered by the Leadership Academy was a major factor for some to take an interest in the Scheme. These participants were certain that it would be effectively marketed by the Academy and thus gain reputation rapidly. The expectation that the Scheme would be both nationally recognised and very selective in its intake is an essential part of its perceived value.

“The reason I chose the CEFTS programme over other, similar programmes, is that it is supporting clinicians into chief exec roles [sic] - so it is not going to be a generic course. It appeals to like-minded professionals coming together, it has the NHS Leadership Academy’s credibility, and it looks good on the CV” Participant

“The fact that its availability was limited to a small amount of people made it more unique and credible” Participant

“A nationally recognised, high level leadership course which was leading to some form of recognition at that level. It was something that had been in my sight for a while, so it was a good opportunity to pursue that” Participant

Intitial awareness of CEFTS

Almost all participants had the Scheme recommended to them by either their line manager or their executive team (usually a chief executive or managing director). These board level staff are, in turn, reported to have learnt about the Scheme through word of mouth or via marketing emails.

The recommendation itself typically did not come as a particular surprise to the participants, who felt ready for this type of opportunity.

“I was just ready, a couple of years down from my Masters, I had just been elected vice chair or going through the process. It seemed like an obvious opportunity” Participant

Some were actively seeking ways to undertake senior level training (whether as a masters', or through other courses such as Nye Bevan), while others were not actively seeking a programme but were open to career development suggestions from their seniors.

Explicit support from their executive team is another factor that makes the programme more appealing to its potential participants. Being forwarded on by senior members of staff provides the programme with more credibility, and being nominated has provided participants with a sense of recognition.

“Getting an email from your Accountable Officer always makes you feel a bit proud, in that they thought about me and they want to develop me. They think I am capable of undertaking that course, which was exciting” Participant

The opportunity to have senior members of staff participate in a course led by the NHS Leadership Academy is something seen as a very attractive prospect to participants, their executive teams and their organisations more generally. It is viewed as an opportunity for organisations to showcase their clinicians, encourage them to network and learn new skills and then to demonstrate their learnt skills in the workplace. One sponsor described organisations who recommend their clinicians as having their *'reputations exposed by putting them up for it'*.

“There's clearly an element of overall endorsement from the organisation at the top to indicate that I do feel this person has the skillset to benefit from this course” Participant

“As they learn their new skills, as they interact with others, they get a chance to practice back in the organisation in their day role” Participant

Sponsors who personally recommended their participant often already had a relatively close working relationship with them. These sponsors believe their participant to be at a stage where they are ready to approach board level but have not yet been presented with an opening. Although sponsors and participants tend to believe that there are many opportunities for general management leadership development within the NHS (such as through Nye Bevan), there is a belief that CEFTS is one of the very few opportunities for clinical leaders to develop through a clinically specified programme.

"I don't think there is an appreciation by some chief execs about how difficult it is for clinicians to get management and leadership training. I still think some of them think that getting an MBA is the best thing to do, but I think it's far more valuable to do the CEFTS programme than an MBA because it's all about how you work with people and patients"

Participant

"[Participant] was a physiotherapist leading service level redesign, but she had not had the opportunity to sit at board level and take that leadership further. She was finally given the opportunity to develop herself" Sponsor

"He showed real strength and promise within division, and was keen to develop further. These opportunities offer a future" Sponsor

Participants' and sponsors' hopes to influence the wider health care system

Overall, for both participants and their sponsors/organisations, there was the expectation that CEFTS would enable its participants to better the wider health care system, through a greater understanding of its leadership board.

"In terms of medical leadership capability, they need to be able to influence the wider system as well as the trust. I am intending to retire, so I need to build the future Medical Director." Sponsor

Advisory Board member expectations of CEFTS

At the beginning of the evaluation, in spring 2018, we conducted interviews with four members of the CEFTS Advisory Board. During these interviews, Board members were invited to outline what CEFTS needs to achieve in order to be deemed successful.

The board members identified three key expectations for CEFTS.

1) CEFTS should act as part of a system-wide approach to increase both the number and diversity of clinical leaders on boards

Whereas a number of participants placed the development of personal skills and influence ahead of progression to a board level role when making the decision to apply for the scheme, the Advisory Board members had a clear expectation that the key role of CEFTS was to provide and shape the make-up of future NHS boards.

Advisory Board members cited strong evidence that suggests that increased clinical representation on boards improves patient outcomes, the quality of the service they received, and organisational buy-in from clinical staff. However, despite previous leadership programmes attempting to increase clinical representation on boards, the NHS still features fewer clinical board members than comparable health systems world-wide.

The recruitment of clinical staff to the CEFTS programme and the selection process has been successful by and large, and board members described the proposed content as thoughtful and rigorous. However, there was still some concern about the over-representation of certain groups such as white males and doctors (at the detriment of BAME clinicians and other medical professions). Aiming for greater diversity, both in terms of demographics and broader inclusion of the nursing, dental and pharmacist professions, was seen as critical to its success.

2) The scheme should instil a leadership mentality in its participants, rather than a narrow focus on technical and operational skills

Advisory Board members felt strongly that, as well as developing practical skills regarding organisation management and operations, CEFTS should develop in its participants a degree of 'grit', a sense of self, and effective systems for coping at board level. It should build in them an assuredness that they could "be in charge", and an understanding of the responsibility involved with board level leadership. Included in this were exercising good judgment and a level of comfort with being held accountable for decisions and outcomes.

CEFTS should also prepare participants to lead within their organisation in a manner that depends more on collaboration and influence than on hierarchical leverage.

3) The scheme should prepare participants for a future organisational landscape that may look quite different to today's environment

The development programme should allow participants to break out of the organisational culture in which they have progressed and to embrace ideas from other healthcare cultures and settings. This will involve being mindful that evidence for best practice is not bound by local culture or politics.

Chapter 2: Overall responses to CEFTS

Overall, CEFTS is highly praised, and described as a “*transformational*” leadership scheme, which brings together like-minded clinicians from different organisations and stretching their leadership capabilities. According to participants and sponsors alike, the scheme has demonstrable impact, as participants have become more confident, compassionate and resilient leaders, implementing changes within their teams, organisations and across the wider system. Specific examples of the scheme’s impact will be explored in further detail in Chapter 4.

“It was the most transformational programme as a clinical leader that I could have ever imagined” Participant

“It’s been absolutely brilliant, it’s the thing she needed. There’s a lot of people like her who have massive experience but it’s not always easy for them to make that transition to the board because they are not given the right opportunities, so I thought the programme was excellent in bridging that gap between being really experienced and not being able to get a board level post. It helps people take forward projects, network and behave like they are a director” Sponsor

Participants feel they got a lot out of the first year programme describing it as “*stretching*” and pitched at the right level for senior clinicians seeking the skills and knowledge needed to become board-level leaders. This is exemplified by the low attrition rate with most participants completing the first year of the programme despite the challenges in time commitment.

Initially, participants tended to have only a vague idea of what to expect from the programme and, early on, there was a perceived lack of clarity (amongst some) regarding the content and structure of the first year, accompanied by a perception that the course providers were building the programme as they went along. Participants were surprised by how time-consuming the first year programme was, with extensive written coursework and residential events. They would have liked more information upfront regarding the level of time commitment required.

As the first year progressed, participants had a better sense of what the Leadership Academy was trying to achieve. Relationships within their learning sets strengthened and participants gained a safe space to discuss issues, share challenges and learn from their peers, developing a better understanding of themselves as leaders. Participants repeatedly mentioned this as the most valuable aspect of the CEFTS programme with the elements coming together to deliver a robust and powerful learning experience. This will be addressed in further detail in Chapter 3 which explores the success of the various specific elements.

“After the first couple of days, it all seemed airy-fairy and nothing much had happened. The power of the programme develops as the programme goes on and it’s particularly around the dynamics of the learning sets and getting to know people - that takes time” Participant

Similarities have been noted between the CEFTS programme and Nye Bevan, with participants often referring to the programme as the “*Clinical Nye Bevan*” or “*Nye Bevan plus*”. This is particularly true for the first year, which, they believed, was structured around a very similar content and approach (some even noticed Nye Bevan branding on course materials/presentations). Among participants, there is the view that more differentiation is needed between the two programmes as otherwise they may be better off completing the Nye Bevan, which is more recognised and currently has a stronger reputation (a view explored in more depth in Chapter 4).

“I sought the advice of colleagues who have done the Nye Bevan programme, and they do seem to be mirror images of one another in many ways” Participant

“It is the Nye Bevan for clinicians essentially. It is a shame; it is different to how it was positioned as a great new training scheme” Participant

Although participants described the first year as intensive and well-structured, the reverse is true for the second year of the programme, which some experience as “*loose*” and “*nebulous*”. The expectation is that CEFTS is different from Nye Bevan in its clinical focus and its extended length, taking participants further in its second and third year. While CEFTS meets the first expectation, participants feel that there has been a lack of follow-through in the second year and a lack of clarity about the opportunities available to them, with some referring to their participation in the past tense when being interviewed. This view is even more pronounced for sponsors, who, by year two, are more likely to believe that their participant had already completed the programme, and that they have fulfilled their roles as sponsor. Participants frequently mentioned this as an area of improvement and provided suggestions on how to make more use of the second and third year, suggestions that Chapter 3 will explore in further depth.

“There was the first year of the programme and then we’ve all kind of graduated and now it just feels a bit loose and nebulous, like ‘oh there’s a bit of support offer here and support offer there’ I don’t really have a clear menu of opportunities”

Chapter 3: The success of the programme in terms of its content, structure opportunities and support

This section of the report will examine specific elements of the programme assessing the success of the CEFTS programme in terms of its content, structure and support.

Learning sets

As noted in Chapter 2, participants tend to consider the learning sets the most valuable aspect of the programme, frequently mentioning them as the most useful and enjoyable.

The group-based learning approach works very well, as participants value the process of going through the programme in a multi-professional group with peers on a similar level as themselves. Within their learning sets, they have formed “*honest*” and “*critical*” friendships and have been able to have insightful and difficult conversations, sharing ideas, challenges and experiences.

“It is very important to work with peers and learn from people in similar roles – it is probably the most important programme element” Participant

“As the relationships developed and strengthened, we felt more empowered to discuss difficult things. At the end of it, you realise you have recreated the atmosphere and dynamics of a hospital board” Participant

Throughout the programme, the learning sets have acted as an “*important emotional resource*” and support network. As the dynamics of the learning sets have strengthened, participants have been able to build an environment of trust, reviewing each other’s work, and providing encouragement. One participant recalled a period in the first year of the programme where they did not feel “*on track*” with one of the programme assessments and their peers encouraging them to get back up-to-speed through challenging them and providing constructive feedback². Participants consider the learning sets a powerful learning tool, enabling them to reflect on themselves and how others perceive them, while also providing a safe space to challenge and be challenged.

“It gives rise to powerful emotions of anxiety, of success, of being challenged and of challenging others. It is also a powerful learning tool. I’ve learnt a great deal about myself and about other people” Participant

² Details from this example have been removed to avoid identifying the participant

“There was a feeling of safety, that you could discuss concerns and issues you were going through. It was amazing how quickly that was developed after the 1st session, after we did the lifeline session...It opened up vulnerability” Participant

While feedback on the learning sets is profoundly positive, there are some observations concerning the mix of the cohorts, as there is a feeling amongst some participants (particularly those from CCG and AHP backgrounds) that the ratio of medics is too weighty. Although the programme boasts a multi-professional group dynamic, the imbalance between medics and AHPs is felt to have caused many of the programme’s informal conversations to steer towards medics and the challenges they face:

“If you have more medics in the group the conversation can sometimes be a bit medic-centric. It makes things difficult. If you have people from a predominately secondary care background, then the informal teaching and conversations tend to have a very secondary care focus. Those in the minority then find it quite disengaging” Participant

“A lot more could be done around other professions, around encouraging them” Participant

Residentials

Feedback on the residential workshop elements of the first year of the programme has been largely positive, with participants typically describing all three residentials as “*excellent*”. Participants often say that the residentials armed them with new knowledge and takeaways, learnings they have been able to apply in their own personal leadership, teams and organisations (see Chapter 4).

The first residential *Knowing Yourself and Others* stands out in memory among participants, particularly learnings around diversity, inclusion and power. According to participants, the residential opened their eyes to issues concerning equality and diversity, challenging them to reflect on their own unconscious biases, and bringing to light to issues that not all of them had considered in depth before.

“I can still remember now the impact of that very first session on equality and diversity, and what that did to me personally, and also others on the programme. It was just so powerful...I wasn’t expecting it! It was boom - here you are, day one, and the first thing we’re going to do is put you in front of patients for you to hear what they have to say, but then followed that up by this completely inspirational session on equality and diversity. It felt so left-field that it had such a significant impact” Participant

“They did a session on the snowy white peaks, which was very powerful, and there were tears in the room, there were colleagues who for the first time came face to face with experience of other people that they hadn’t been aware of prior to coming on CEFTS. It was a very emotional session and powerful as an opening to the programme” Participant

While emotionally impactful and potent, there is a view that the CEFTS programme can take issues concerning diversity and inclusion further, particularly by exploring the additional barriers and challenges that people from minorities encounter in their career progression, and by weaving this into the entire programme as an on-going thread. Some participants also suggested making the first residential more solution-orientated, covering the ways in which people are working to tackle issues of diversity and inclusion in more depth.

“I would have valued a bit more depth about what people are doing to overcome those issues. It didn’t cover solutions” Participant

The second residential, *Broadening Horizons*, was also positively received. By this point, participants had found their feet and established stronger relationships with their learning set. Participants often praise the speaker from Harvard who delivered an “*amazing*” presentation on change strategies that helped them think creatively. They particularly appreciated the use of real life examples from around the world of people that had made changes from within their organisations.

Participants say that the residential was useful in providing them with practical knowledge and tools surrounding visioning and change management, while also giving them an opportunity to put the tools in practice, which they found valuable. One participant said the residential was particularly relevant for them as they were going through an organisational change at the time.

“It was absolutely fantastic. The whole 4 days was absolutely fantastic. The speaker from Harvard was brilliant in her delivery; the stuff she taught was excellent. She made you think outside the box and think very much about the future” Participant

“There were various stuff around the change models and their practical applications so putting the change approach I was going through at the time through those frameworks and cycles was helpful” Participant

The third residential *Making the Case for Change*, was harder for participants to recall with detail, and described in more modest terms than the first and second residential. Elements of this residential that

stood in out in their memories were the sessions involving MPs and councillors from the public sector, and the role-play sessions. Those participants with a clearer recollection of this third residential said the sessions involving MPs and the wider public sector helped them gain a better understanding of how to interact with stakeholders, and how to manage media exposure providing real practical benefit. The role-play sessions were also “*really useful*” in giving the participants the opportunity to go through different scenarios, scenarios that could potentially happen to them as directors.

“It was on how to interact, and how to shape/construct an argument around change for various different stakeholders, and how you would choose to approach that. Being given an opportunity to work that through as a scenario was challenging but helpful” Participant

However, in terms of the role-play sessions, some participants felt the sessions lacked a non-clinical voice. While it was useful to consider different perspectives, the nature of their group as predominantly clinical meant there was no one there to reflect on or validate their thoughts. This feedback can also be applied to the first year as a whole, as some felt that the programme needed to bring in more non-clinical voices, as while there are benefits to a purely clinical cohort, the system in itself isn’t purely clinical.

“It was a really broad way of thinking about change, not just from a clinical perspective. We had to assume different roles. But the only difficult part is that we had a predominantly from clinical backgrounds, but if you did that with Nye Bevan you’d have the lens of potential HR, Finance directors etc. While I enjoyed it, there wasn’t the voice in the room afterwards to say ‘well actually from a performance perspective or finance perspective’... It’s something to consider for the entire programme, to bring people in those current roles to speak... I loved the programme but the only thing we missed was that non-clinical view” Participant

“We recognised that us all being clinicians helped us move together quicker at the start as we didn’t have to explain stuff to each other but we were aware as we got further into it, that we were purely clinical and we’re thinking about working in a system that isn’t purely clinical” Participant

Coaching and career development support

Some participants have found the coaching and career development support offered by CEFTS useful when applying for new positions. Those who have not applied for a specific role yet, but are hoping to in the future, find it reassuring that the scheme provides career coaching.

“For me it’s still early days, but when someone has a specific goal then it will be really handy with specific coaching on how to get that job” Participant

However, the general view among most participants is that it is too constricted in its intention. Participants have struggled to engage with the coaching as they do not feel that their coach has been able to take into account their personal circumstances and ambitions e.g. not striving for an executive post, or not seeking to become a medical director.

“It was too focused on whether I was looking for a job at the moment of conversation – asking whether I was looking for an exec post, or if I was looking to move down the country, both to which I said no” Participant

“It didn’t fit with what I wanted. It felt like it was trying to mould people into a medical director” Participant

“For me it is a very different career path. For example, I had a lovely lady who was really nice. But her first question was ‘would you consider relocating for the right job?’ I thought – you just don’t understand what I do. The coaching is not set up for community GPs or community positions, it is very much hospital centric” Participant

After the initial phone conversation, a number of participants have not had any contact with their coach. However, they acknowledge that this may be their own fault as they have disengaged with the offer and made no active effort to stay in contact with their coach. One participant said that the career development sessions with her cohort, although generic, have been more useful for her as an introvert:

“They better suited for the introvert where other people may ask the questions I’m thinking about” Participant

Sponsors’ perspectives on the programme and their involvement

Sponsors provide largely positive feedback on CEFTS and its impact on participants. This stems mainly from the feedback they have received from their participants rather than their own direct knowledge of the programme.

“It seems to be harnessing the very great capabilities there are in our clinical workforce, to undertake leadership roles, and to help people to make that leap from a purely clinical role with a part time leadership element into a full time and high level leadership role. If that was part of its aim, I think it’s been doing that well” Sponsor

A recurring theme in feedback from participants and sponsors is the lack of clarity on the level of involvement required from sponsors. Aside from ensuring participants have the time and space needed to complete the programme, sponsors do not seem to be fully informed about what the programme is intended to deliver, and what their role is in fulfilling this. One sponsor declined the offer to participate in our research due to their belief that, given their limited knowledge of the programme, they would not be able to contribute anything tangible or of value.

“It wasn’t clear to him what his role was as a sponsor other than a ‘I agree this person should be on the programme” Participant

There is a wide variance in the level of support participants have received from their sponsors, with some participants having frequent meetings with their sponsors, keeping them up to date with their progress on the programme and discussing goals, and other participants having little to no contact with their sponsors. This level of sponsor engagement tends to depend on their prior working relationships. Sponsors with close working relationships with their participants, e.g. direct line managers, are more likely to be more involved, while sponsors with distant working relationships. e.g. different organisations, or due to organisational hierarchies, have less involvement. This can be worsened by changes in roles or organisational restructures, making it difficult for sponsors and participants to maintain close working relationships, and thus affecting the sponsor’s ability to provide support.

“I could see that there were other people who had very engaged sponsors. It was a shame that mine wasn’t that involved. She was very stretched at work, so she probably didn’t have time” Participant

“My sponsor has been very involved. They are my medical director at the hospital, so we meet quite often and they support my professional development. We keep in touch regularly and we have a great working relationship” Participant

Sponsors with active involvement in their participant’s progress have stayed aware of the programme’s expectations and requirements, providing participants with the time they need to fulfil these, facilitating opportunities to grow and network, providing mentoring and coaching, and helping participants plan their career development. Sponsors who report a close working relationship with

their participants are more likely to provide concrete examples of how they have been able to support their participants in these ways.

“I made sure she had protected time to attend all the events and learning sessions, and time to complete all her writing...From my own experience of attending programmes like CEFTS, I know you really need to plan everything in the diary immediately. We worked together as a team, so if there was a deadline on something else, we would negotiate how that was done so that we would prioritise the programme” Sponsor

“It’s not official mentoring but ensuring he has what he needs to achieve the course. At the moment we’ve been discussing what he should do now, what kind of roles does he need within the trust to get the practical experience he needs to improve” Sponsor

The lack of involvement from some sponsors is commonly mentioned as an area of improvement. Participants would welcome more support from their sponsors as this is “critical” in helping them find opportunities to apply programme learnings within their organisation and the wider system, and in helping them find the time to fulfil what is expected of them from the programme.

“My sponsor has left the organisation...There hasn’t been anyone to support me because they didn’t know I was doing the programme...I would have liked that support, for someone to understand that I was doing CEFTS. There have been a lot of changes in leadership, I was planning to sit with the leadership team, finance officer, strategic director but I haven’t been able to have that exposure and networking as people have moved around” Participant

“I think it’s critical that they have a much more active role in terms of the course and supporting you, and giving you the opportunities to put into practice some of the technical learning from the course in terms of day to day work. There was a bit of a mismatch between what CEFTS expected from the organisation and what the organisation was able to fulfil, which made things difficult” Participant

In most cases, sponsors would like to provide more support but do not feel well informed about the programme content or what is expected of them. This can encourage disengagement, especially since sponsors are typically stretched in their roles and thus have less time to press the Leadership Academy for details, or to chase up on their participants’ progress. Therefore, sponsors suggest more frequent updates on participants’ progress throughout the programme and more information up front about what the NHS Leadership Academy expects.

“If there is something specific we are meant to be doing, it might be more helpful to have that information. I only had something at the beginning, that ‘if you are going to be a sponsor you need to sign up for A, B, C’ but I haven’t had anything since” Sponsor

“I think it would have been really helpful if someone from the programme had contacted me a quarter way through, then halfway, then three quarter, to talk to me about the difficulties my participant was having, or the progress he was making and how we can work together to improve the progress. That didn’t take place. I fully put my hands up to say I’m busy and maybe it was my responsibility to contact the programme but it already cost my department a substantial amount of money just to release him” Sponsor

The nature of their roles means they often do not have the time to attend programme events. However, sponsors said that there is no way to catch up on what they have missed making it easier to lose track on what is happening with the programme. Suggestions include additional events throughout the first, second and third years to increase the likelihood that they are able to attend at least one of the events and using technology to help them catch up e.g. podcasts, online sessions.

“Maybe they should have recorded it, or sent a podcast or something. Obviously there are people who can’t get to things, so they could say ‘watch this podcast’ or ‘these are the important bits that you needed to understand’” Sponsor

There were also suggestions of mimicking the learning sets with the sponsors, allowing them an opportunity to network and discuss how they can best support their participants e.g. pulling them aside as a group during the orientation event, or a separate email group for sponsors to communicate through.

“It would have been nice to have been put in an email group with them so we could have that networking. We could have had additional value from that” Sponsor

“They needed a specific time away. The sponsors were there with us the whole time at the orientation event but I feel like they almost needed to be taken away to spend time collectively on what their role was. So that it was made a bit more explicit about what they can be doing, and to bring that shared responsibility. Maybe that could continue in parallel throughout the programme” Participant

Structure of the CEFTS programme

As touched on in Chapter 2, initially some participants felt they had a lack of clarity on the structure and content of the first year of the programme. They understand that as the first cohort they were “guinea pigs” as the programme was being implemented for the first time and may need to be fine-tuned. However, they would have welcomed more transparency regarding this as this would have helped them to feel less in the dark at times, and possibly given them an opportunity to provide input into elements of the programme not yet finalised.

“It would have been better if there was that honesty and transparency, to say ‘well actually we want to develop this with you, a programme that meets your needs’” Participant

In terms of the second and third year, a degree of confusion surrounding the upcoming elements of the programme persists, and participants are often unaware that any upcoming elements are being planned. This confusion stems from a perceived lack of information as participants feel they lack a clear menu of the opportunities available to them post first year.

“I’m not sure what the upcoming elements are...I didn’t realise that was on offer, I thought career opportunities and secondments are things we need to find on our own” Participant

A subset of participants have engaged with the executive search, mentoring and coaching in the second year. This has provided them with valuable support when securing new posts through interview practice and help with applications/CVs.

“I’ve been given a mentor and a buddy and they’ve been really supportive. We’ve met up a few times. The support from the executive search has been excellent...they go through your CV, every time I have applied for a job they have helped with the application, they’ve organised practice for me for my interviews. It’s been excellent” Participant

However, for those who are not actively pursuing a new role, there is less engagement and scarce mention of secondments, placements or shadowing/mentoring. Among these participants, there is the view that the Leadership Academy needs to make clear the upcoming elements of the programme, and the structure of the remainder of the programme. The second year presents a vital opportunity for participants to stretch themselves, applying and broadening the knowledge and skills gained in the first year. However, the focus has mainly been on job searching leaving those who are not actively looking to change positions feeling abandoned. Suggestions of ways to make use of the second year include placements abroad and cross-organisational work.

“Can we make better use of year 2 or 3 to do some of that stuff we didn’t do during the course that’s outside of our own healthcare organisations? We did some really good stuff where we went down to London to speak to Director Generals, and that sort of thing was really helpful so perhaps something like that, at a national level, with strategy and policy makers... You’ve pulled us up so far, don’t just leave us, pull us again!” Participant

Chapter 4: The demonstrable impact of CEFTS

Measuring the ‘real-world’ impact of CEFTS upon the working lives of the Scheme’s participants and the outcomes within the organisations they operate in is the core function of the impact evaluation element of this research study. The impact upon the participants themselves can be measured in two ways: career progression and personal development. The former explores the tangible ways the scheme has influenced its participants, through opening up access to new (board level) job roles. The latter goes slightly further as to measure the longer-term personal development CEFTS has offered its participants. This includes changes in participants’ confidence, skillsets and approaches to leadership that may have had a direct impact on their teams and wider organisation.

It is important to consider not just the formal objectives set for the programme, but also the extent to which participants feel that their own personal expectations and objectives have been met. As such, this chapter will also consider the following additional motivations participants mentioned for enrolling onto the Scheme:

- The programme’s clinical focus
- NHS Leadership Academy’s reputation and the formal recognition of CEFTS
- Gaining an accurate understanding of what working on a board actually entails
- Developing the ability to influence their teams and achieving greater impact within their wider organisation

Career progression

There are a few notable examples of participants who have secured new leadership roles since starting CEFTS. One participant, who had actively been searching for a new board level role, applied to two roles in the last few months. She has recently been offered a group director role, however, she described it as lacking the board level of seniority that, as a CEFTS participant, she aspired to. She did acknowledge that the role would act as a stepping-stone in the “right direction”. Her sponsor is pleased, considering the new director role ‘a massive role with a huge amount of responsibility’ where ‘working at a group level in the biggest trust in the UK is a very impressive move’. The participant also considers it a successful personal move; her initial interest in CEFTS being that it focuses on deputy board roles and allows for chances to plan and progress, something she feels CEFTS has delivered.

Another participant has secured a director role since being on the programme, crediting her CEFTS coach as being extremely helpful in making this happen. Through CV guidance, interview techniques and mock interviews, this participant said that there was a good amount of time taken to prepare her for the job process. Her sponsor also agrees that CEFTS has met its expectations in that it helped her make the transition into board level possible.

“I was encouraged to delve into my strengths and weaknesses, something you are always asked in interviews” Participant

“The role play scenarios and experts were really useful; perhaps you feel they are a little artificial at the start. One of the times, they mocked up a press conference. That felt incredibly real. You learn an awful lot. It was a valuable learning experience of how things can go quite wrong quite quickly, and what you can do to avoid it” Participant

“It’s a bit of theoretical teaching and a bit of practice, and actually doing it makes it stick. Doing simulations, like going to the hospital to talk to members of the public and press, are actually similar to the real decisions we make in the NHS” Participant

The support and development throughout the first year helped lay these foundations, through sessions that focused on system leadership and board learning. The role-play exercises - from the third residential - are considered extremely useful when trying out situations that could occur as director.

“I wanted a director post so that’s ticked that box” Participant

Since starting CEFTS, one participant has secured a systems leadership role as a director. He views this as a major success, as his initial reason for embarking on CEFTS was that he felt he had reached the peak of his current career path.

“CEFTS was effectively part of my career plan to expand my portfolio and move beyond so I could take on a systems leadership role e.g. executive or director” Participant

By weaving together his professional expertise with learnings he gained from CEFTS, the programme has allowed him movement into a new role that has broadened his career path:

“Getting to the point that I am now demonstrates that the programme has been successful, I’ve been able to move beyond the confines of my traditional role into something new, where I can continue to grow in terms of my development but also see it as a stepping into other new roles beyond pharmacy” Participant

Participant views on how essential CEFTS is for achieving career goals

Having discussed some of the tangible outcomes participants have experienced since enrolling onto CEFTS, it is worth noting the extent to which participants attribute these successes to the scheme.

Typically, those spoken to who have found new roles, describe CEFTS' contribution as helpful, but not essential in doing so.

While all participants consider CEFTS extremely helpful in achieving their personal ambitions, most consider it non-essential as they are still required to provide examples of practical experience in an interview situation.

“You’d need to have evidence of practical experience doing something similar, subject matter expertise and certain personal characteristics but if you have all these things and you’ve done CEFTS programme, it makes it much easier and helps you a great deal. It’s not absolutely essential but it’s undoubtedly helpful” Participant

Prior to taking part in CEFTS, one participant who has since secured a systems leadership role as Director, assumed the programme would be essential to securing this type of role; an assumption he attributed to being a pharmacist (an occupation in which qualifications are viewed as a means to career development). Interestingly, since securing the new job role, he believes it is not participating in CEFTS that made him secure this role, but rather ‘what I bring to a role that is essential in terms of the next stages of my career. And CEFTS has unlocked that potential in me’. CEFTS then, for him, has been instead essential in shaping leadership style through personal reflection.

It is often the awareness of other opportunities available, mainly Nye Bevan, that make people question the necessity of CEFTS as a means of reaching board level.

“Comparisons to Nye Bevan is what made a lot of people feel CEFTS was helpful but not essential – that you can get the same information elsewhere” Participant

“If I were to go to my new AO, or if I went to one of the Trust Chief Execs and to them about CEFTS, I’m not convinced they’d have a clue about the programme – but they’d know about Nye Bevan” Participant

“Nye Bevan has more promotional attention. [CEFTS] has been pitched as Nye Bevan plus, so it’d be a shame for it to lose its profile when a lot of time and money has been spent on it” Participant

When applying for the director role for which she would later be rejected, one participant mentioned that she was told many applicants had completed the Aspiring Talent programme. Although she believes she was just not suited to the operational role, she also believes that CEFTS not being as well-known as other programmes has had an impact. As well as this, having spoken to people on the Aspiring Talent course, she concluded that it is 'nowhere near as robust or arduous as CEFTS, but is more well-known which is very frustrating.'

There is the frustration then that, although the content is strong, the brand of CEFTS is so weak that the content is felt by some to go to waste.

"If I put on my CV that I've been on the Nye Bevan there's a currency in the NHS that comes with that. There's almost a feeling of having invested a huge amount of work and effort into developing oneself and gaining the qualification, but lacking the currency" Participant

"The CEFTS product and the CEFTS brand isn't particularly well known outside of the Leadership Academy. If recruiters really knew it and valued it then you could argue that it is essential, but I don't think that is the case" Participant

Elaborating on the theme of how CEFTS as a brand is being perceived across the sector, some participants note that the title 'Fast Track' feels misleading.

"There was the impression from 'Fast Track' that we were forming a talent pool, that we would be branded as CEFTS graduates and this would hold weight. But the reality is I can speak to Chief Execs and they'd say 'well, what's CEFTS?' and that's been demeaning towards the programme, because if I said Nye Bevan, they'd be a lot more familiarity. So I now have to explain that I went on the clinical executive fast track scheme and '..oh yeah, the first year of that was Nye Bevan" Participant

"I call it CEFTS although only other attendees recognise the name. Because of this it suggests a shorter programme to those outside [of CEFTS]" Participant

"The programme doesn't feel like it's actually fast-track. NHS Leadership Academy are known to be creating regional talent pools and there's an assumption we'd be going into these talent pools – but I heard from someone in my learning set that they have had to apply to get into these pools" Participant

"I think it's important that CEFTs promoted to stakeholders, that people realise that we as leaders have been through this journey and we're an enthused, capable bunch of leaders that are the systems leaders of tomorrow" Participant

“They should say ‘look, here’s a pool of ambitious clinical executives. Majority are really looking to pursue their career, you guys need to know about them’ whereas I still feel like it’s me knocking on doors. I’m in the process of applying for a job and I’ll have to explain to the chief exec, as I have done with other chief execs, what the programme is about because it’s just not known” Participant

Although not as recognised as other leadership programmes, some participants mentioned their profiles have been raised across different NHS sectors after having opportunities to network during the course. For instance, one participant had been invited to speak at specific conferences solely because of her link to CEFTS. Many cite the opportunity to network and maintain a professional relationship with their peers within the Scheme as a clear benefit of participation.

“It’s good to add something tangible to the CV. I’ve been on this programme and this is what it’s done for me – it’s been useful from a self-promotional point of view” Participant

“Networking within peer learning has been useful- having those contacts. I was looking at a job in London and approached people there to get a clearer view of what’s happening within that area” Participant

It is important to note that, while the majority view CEFTS as helpful but not essential, this is not universal and there are participants who do consider it crucial to their career progression. These participants feel that learning the behaviours for working at executive level, preparing yourself for an executive role, and understanding what to expect, is something taught on CEFTs that cannot be found anywhere else. At the time of the interview, one participant who had just had an interview for an MD role believed that the CEFTS programme directly contributed to better opportunities surfacing in his career. He considers it the best thing he has done for his career in terms of leadership.

“You really stretch yourself, improve your resilience and improve your leadership so you can become a medical director, it’s really essential. I think I might have got there without it but it would have been a lot harder to get shortlisted for an interview” Participant

“If I hadn’t been in CEFTS I would be in a very different position and not in an advanced medical role than if I hadn’t done it” Participant

“I look at my CV now and what it was before CEFTS and there is comparison when you look at the quality of what now I have” Participant

The sponsor of the participant who has recently secured a Group Director role, concluded that it is hard to tell just how much CEFTS has contributed to this, but that it is most likely a factor.

“Had she not gone on CEFTS would she have made such an impressive move at this time? We’ll never know. But her progression has probably been accelerated by CEFTS” Sponsor

It appears then that, typically, CEFTS is clearly recognised as helping individuals with their career progression. However, most struggle to clearly attribute career-changing events such as a promotion or a new job role to the CEFTS programme alone, as they can typically think of a range of other key players that have had an influence on these events. For some though, providing an environment in which to learn leadership skills and increase one’s confidence as a leader, is the essential element of CEFTS’ arduous but unique course content.

Sponsors’ views on CEFTS career development impact

As discussed previously, the relationship a sponsor has with their participant tends to affect how aware they are of what their participants personally want to gain from the scheme. Some sponsors who take a more linear view in thinking that CEFTS is the means to securing a board role, tend to measure the scheme’s successes based on whether their participant has been offered a leadership role or not:

“For me, as of yet, there hasn’t been a clear outcome because he’s not got a job, but then again he hasn’t applied for one. He’s got a job with me but hasn’t got one as a promotion yet which I was hoping he might have by now” Sponsor

The quote above is taken from a sponsor who felt frustrated that his participant had not yet applied to the jobs he has sent him, and because he does not have as close a working relationship with his participant as other sponsors do, he was unsure as to why this is.

Sponsors who do work closely with their participants and have regular meetings with them appear more in touch with tracking their participant’s progression, which is focused more on their personal development and impact on their organisations rather than securing a new board level role. For these sponsors, the impact they feel CEFTS has on the participant, their team and the wider system is extremely positive.

“I can see his development and understanding of things in how he now approaches his role. There is a broader aspect – it has widened his vision and he now thinking more about the potential ramifications in decisions.” Sponsor

“She can finally see the bigger picture, and not take things so personally. It is the self-belief and confidence that I can see being communicated in senior meetings.” Sponsor

Both sponsors’ and participants’ views on how CEFTS has had a changing effect on participants’ personal development, impact on teams and the system more widely will be discussed in the remainder of this chapter.

Personal development

Typically, participants and sponsors have found CEFTS to be a very positive contribution towards personal development and resilience as a leader. As discussed, for some participants it is the personal development promised by CEFTS that encouraged them to initially apply, rather than purely wanting to secure a new role. ‘Development’ in this instance is described by participants as building their resilience, confidence and knowledge as leaders through the Scheme, so that they can then go on to apply this practically in their work settings. There appears to be a shared feeling that, in order to influence other individuals and a wider team, one must first be able understand oneself as a person as well as a leader, to become self-aware and to identify personal strengths and weaknesses. This enables clinicians to understand how they are perceived by those they work with, their relationship to those they supervise, and how their personal traits have an impact on their leadership.

“It focuses on knowing yourself as a leader, and your self-awareness, and self-managements and self-reflectivity and understanding that, I think it’s introspective, it requires you to be very open and honest with yourself and with people. It challenges you in different ways, but it also provides you with a great cohort of people, really good theoretical and practical learning and it’s a lot of hard work, but it’s worth it” Participant

“The key thing it’s given me is the ability to understand how other people view me and how I view myself – and how to change a culture and influence other individuals...If I had not that I think it [his senior role] would have been a much more challenging role to take on” Participant

“It was a push and a stretch into leadership... it was pushing you from behind by giving you the skills, tools and information, and then really stretching you to say ‘and? and? and?’, ‘what next?’, ‘what else?’, ‘what could you be doing?’, ‘what should you be thinking about?’. It was a big fast forward in leadership development Participant

Participants unanimously consider this personal development, embodied through certain elements of the CEFTS programme, as a main success of the scheme. Those who are content in their current roles view it as something that has changed the way they approach their teams, their techniques, and their strategies- they therefore feel that their personal ambitions to develop as leaders in their current roles have since been met. Those with the ambition to secure a new board role, believe that this personal transformation as a leader has either contributed to them securing a new role, or at the very least made them ready to approach one.

“I guess my expectations were that it would change me in some way, enhance what I do, and it has definitely done that. I think it has helped me reflect on myself and my own why I am where I am and why I do what I do. I’ve become a little bit evangelical. I encourage others as a result to think about how they have got to where they are. I’ve found that very helpful in determining how to tackle situations and deciding which direction you want to go” Participant

“It’s a much more challenging role to take on, whereas having that confidence and understanding of how you’re perceived makes me feel I can take on an MD role and be successful in it” Participant

*“He has always had a presence and been a primary member of the team, but he has got professional confidence now. The programme has helped him to hone in his interesting skillset.”
Sponsor*

For those content in their current roles, what CEFTS appears to have achieved is the satisfactory feeling that they have earned the right to be where they are in their work. One participant, who feels like he has various roles within his ‘inter-organisational space’, is an example of a participant who wants to remain a GP but grow, develop and make himself known in his area outside of his job so that he can ‘unite the whole city and get a collaborative united front on community medicine.’ He is currently a GP within a practice and, as there is no MD role for him to go to, he is finding ways in which to bring in new roles for him to work at. In order to do this, he emphasised the need for his confidence and development to flourish with all the roles he is currently working in.

Confidence is a significant emerging trait that participants and their sponsors feel they have gained from the programme. Often described as ‘filling in their own gaps’, participants feel that they have been able to develop mentally and as a result actively working out how to fill their own knowledge gaps ‘instead of someone else filling them in for me.’ They have the confidence in their current roles to proactively raise issues and solve them, rather than waiting to be told. Sponsors who work closely with their participants are able to see these changes reflected in their daily work.

“It was about building on my confidence, to say ‘actually you’ve got to the position you’ve got to through being good, and having good attributes but how can I refine and hone those, but also looking at other colleagues who have different skillsets and how I could incorporate these into the way I work” Participant

“Her confidence has improved hugely on the programme” Sponsor

“The level of confidence has been the biggest change. She’s really been able to reflect and explore her strengths and weaknesses... I’ve been getting good feedback about her for her detailed overview I was writing for her” Sponsor

Participants often attribute their CEFTS learning sets for building this confidence. One participant, who considers CEFTS ‘essential’, said his learning set was the most successful contributor in giving him the confidence for getting into his new role. He believes the reflective elements challenged him to explore himself as a person, and made him consider what he needed to bring to the role in terms of leadership.

“Exploring that has opened my eyes and improved my self-confidence and anxieties around my leadership development to put me into a place, personally and technically, where I can feel confident in taking up that kind of role” Participant

“It’s a combination of the personal reflection part of the programme, the feedback you get from the people in the programme and the learning sets and actually doing the job alongside that and getting good results” Participant

It is interesting to see that some of those who were initially sceptical of the programme’s ambiguity - interpreting it as instead having a lack of direction and organisation - had a contrasting view after the first year. Although initially disengaged, some became understanding of the course content, in that it was ‘grounded in complexity and deliberately ambiguous’. One participant who joined CEFTS with the strict intention to become an MD, in hindsight believes that:

“Everyone who has gone about it thought the same thing – that it was hugely rewarding but at the start we thought it probably wasn’t going to be” Participant

There appears to be an understanding that achieving board level is more than a promotion, it is about doing justice to fulfil a greatly influential position within the NHS. CEFTS seems to have brought this to light more for participants, where they understand that in order to progress to leadership level, one has to undergo personal growth as a leader first. Rather than being a gateway certificate into a new role, CEFTS provides an environment for participants to flourish and grow. For some, the outcomes of CEFTS are a longer-term development, as opposed to the ‘Fast Track’ that CEFTS advertises itself to be.

Impact on participants' teams

The rest of this chapter will evidence the practical ways in which CEFTS participants have applied their learnings directly to influence change in their organisations.

“Instilling a leadership mentality – It is about a different style of leadership that this new environment requires. It is now more about a shared accountability, about trust and effective relationships that go beyond any single organisation but cut across the entire system. It is also increasingly about personal standing and reputation and recognising how this might be at risk if a leader fails to recognise their responsibility to understand and to act across systems. There are also high political risks for health and care leaders today” Participant

This established confidence and resilience developed in participants is evidenced in their working environments. All participants feel the changes made in themselves have directly affected their working relationships- this newfound confidence and fresh skillsets has many participants and their sponsors feeling as though they are now better equipped to lead a team. Participants show evidence of this as they discuss being given more opportunities to fill in for absent directors, such as acting as representatives on the board.

“I have become able to function better in my Deputy Medical Director role, and better able to represent on the board – at last an AGM Medical Director was away so I subsumed the position” Participant

“She’s become more reflective and more mindful of her impact on those that she works with. Her self-knowledge has improved directly from being in this programme” Sponsor

Comparing CEFTS participants to those who did not participate, one sponsor mentioned her CEFTS participant who ‘certainly thinks very strategically about challenges, not just tactically or operationally. She is keen to network and connect with other leaders in the system. I see her as proactive, ambitious, enthusiastic and a positive role model for her staff.’

The impact learning sets and particular sessions has had on participants’ self-awareness has proved beneficial in their true working environments. Firstly, in communication: one participant has come to realise that not everyone responds well to her direct manner, which has helped her in adapting her leadership style to various people including staff, scrutiny committee and patients. Another participant has gone so far as to replicate the CEFTS learning set culture within his team:

“We take a bit more time in small senior meetings to exchange a bit more personal stuff about our careers, where we are coming from, what motivates us, and we encourage more feedback. They’re still business meetings but we’ve tried to include some elements of learning set behaviour”

“What I’ve learnt is the value of critical friendship, even if I didn’t have the learning set I have, I’ve learnt enough to try and replicate those relationships, I’ve replicated those relationships with senior leaders within my organisation” Participant

The fact he said that this has been a success, that his team enjoy it and that they now work more functionally as a body, illustrates the influence CEFTS content structure can have on the inner workings of the NHS.

“At the end of it, you realise you have recreated the atmosphere and dynamics of a hospital board” Participant

“The programme has helped me understand the importance of meetings and collaboration as a way to facilitate the process of change even when there are no physical output”

“The impact is the wider learnings on the importance of bringing colleagues together, facilitation, goal and scene setting, incorporating other people’s skills to an end goal” Participant

“People were starting to come to me because they were seeing something in me – visual leadership perhaps. But obviously something that they were recognising, a change in me, and I’ve found myself mentoring others more, on leadership” Participant

“It doesn’t teach you material things, but it teaches you to look and understand yourself and other people which makes you a much more effective leader because you have the inside ability to understand where people are coming from so you influence them much more effectively” Participant

The above quotes suggest a slight shift away from the unequivocal temperament held by some, reflecting instead on the wider learnings CEFTS has to offer.

There is the belief among participants, supported by sponsors, that they have become ‘more open, honest and authentic leaders’. In becoming a leader, one participant said he feels this has made him in fact take a step back, give others the opportunity to stand at the front and realise ‘that it’s not always about me’.

“I’m more strategic now. I’m now quite happy to challenge people and say ‘OK, I understand this is something you want to do but explain to me how that particular step is going to help fulfil the vision we’ve already agreed on” Participant

CEFTS’ influence on patient care

Changes in the work environment are not limited to staff; there is the belief that patient care has been greatly improved since participants have applied their learnings in practice. There is evidence of participants being able to manage relationships at various levels, including patient groups who have different expectations.

One participant has taken direct inspiration from the 'Patient Voice' session by Jeremy Taylor. By virtue of this session, he has set up meetings subsequently with consultants, GPs, nurses and has also involved patients in the meetings so they are aware of how they too can make changes:

"I've had feedback from my colleagues who joined the meetings who have said 'that was really good from a patient point of view because we feel we've been heard, we can put our point across and share our experiences. We've not really had much opportunity to do that before'"

Participant

There is therefore not only a better understanding of patient care, but also evidence of active engagement with patients, encouraging their involvement:

"I've been more adversarial about real patient engagement in the day to day running of hospital, asking, 'where is the patient voice' and reiterating its importance. I've brought patients into projects which I probably wouldn't have done before" Participant

"Interestingly, one of the sections of the assessment centre was talking to patients about merging practices and moving into a new building, and that's exactly what I'm doing. So even the assessment centre was really helpful" Participant

"I think it's far more valuable to do the CEFTs programme than an MBA because it's all about how you work with people and patients" Participant

Impact on equality, diversion and inclusion (EDI)

When discussing CEFTS' influence on how clinicians work with their patients, their teams as well as their wider organisations, it is worth noting the impact the scheme has also had equality, diversity and inclusion (EDI). Some participants and sponsors, describing themselves as ethnic minorities, emphasise the need for there to be more opportunities for clinicians from ethnic minority backgrounds to become board level leaders.

One participant from an ethnic minority background said that since the Knowing Yourself and Others residential, and specifically the discussion of the 'snowy white peaks' (a survey revealing how discrimination in governance and leadership has a potential impact on patient care), her relationship with her CEFTS peers has since changed. She said that for many people, this session was almost a realisation and enlightenment into the discrimination present within the NHS. Because of this, she said that her 'quality of interactions with each other changed for the rest of the scheme', in that they were more aware of her different life experiences.

It is interesting to see, that, in other interviews, participants have also reflected on this topic and speak about how CEFTS' first residential has changed their wider understanding of EDI.

"It was so good - one of the stand-out parts of programme. Before, I think I was colour-blind but it's recognising that treating everybody the same isn't enough because their experience isn't the same" Participant

"Everyone feels they're not biased, or they don't discriminate, but unconscious bias applies to everyone and we all have them, and recognising them is the first step to being able to deal with them" Participant

One participant was so inspired by the residential, that she has now become the executive sponsor for the EDI in her trust, where she is leading strategy and vision for women and children's services and impacting culture through her EDI role. She does not think that she would have even considered this without doing the programme, as she considers it a 'general awakening' - making her think differently, 'feel more engaged as well as open up conversations within her trust around EDI'.

Although the participant discussed is happy her CEFTS peers have become more aware since the residential and that CEFTS acknowledges the differences in experiences for ethnic minorities, she feels that the issue is 'more nuanced and textured' than what can be covered in one session, and that there needs to be more acknowledgement of its complexity weaved into the programme. Rather than the potential of offering a separate Black, Asian and minority ethnic (BAME) programme, she suggested CEFTS would benefit by ensuring the following:

"It would be helpful to give time to people to consider what are the additional barriers and challenges that people from minorities are going to encounter in their career progression. It's far more complex and less straight forward than the programme recognises let alone addresses" Participant

This is supported by other participants who acknowledged that the diversity lecture was quite challenging for a number of people in terms of how it challenges commonly held beliefs, and that the programme could do with more concentrating more intently on this.

Improvement on wider system

CEFTS provides the opportunity for clinicians to experiment in a low risk environment and then apply their learnings to the real world. This is something that cannot be done so frivolously in their day-to-day work, where the risks are too high.

"It allowed us to take it seriously but also knowing there wouldn't be any consequences" Participant

The confidence formed from experimenting with various learnings appears to have had a chain reaction effect on the NHS; participants' personal development has had a direct impact on their teams, which has then gone on to influence the wider organisational system. Most participants associate their influence across organisational boundaries, as well as their work with other systems leaders to manage changes ahead, with their newfound capabilities as leaders.

Changes participants have displayed in the wider system is rooted in the knowledge and improved understanding that they have gained from CEFTS. It has also inspired some participants to seek out further information regarding systems, so as to develop their ICP and ICS work. One participant, who is currently completing ICP work and bringing together three trusts to form a single identity, recalled going back to her CEFTS notebook and reading through all the notes she had made:

"I was really trying to pull out all the key bits from my notes that would help me engage, facilitate, and set a vision for what we were trying to do. What that has allowed us to do is move together, have an identity and bring together 3 trusts that 12 months ago had no trust between themselves and were very defensive, but are now in a position where they want to work together as a clinical body and have a single identity" Participant

Learning in a clinical but multi-professional environment, works as a foundation for participants to gain a wider understanding of other organisations with whom they would not usually associate. The trust and respect for one another in learning sets allows for participants to 'debunk myths' they have of other sectors, which is viewed as integral for integrated healthcare systems. One participant stated that her latest role within primary care networks involves an integration of care, and that she was able to learn new things from someone who worked in acute trust that has in turn influenced her work. In doing so, this allowed her to put herself 'in other people's shoes in other parts of the system'.

"Most people have a restrictive view of the variety of clinical roles within NHS. You just see what's going on in your institutions. This was good way of seeing the great variety of roles that people do, the different skill sets" Participant

"It's all about bringing different aspects of health, whether it's community, secondary care, public health or local authority, and working closely together. It makes a huge difference being able to understand what executive leadership is and how it looks practically and how to bring it together" Participant

"It is about being an adaptable and situational leader that he can be within an environment that would require him to operate with a fair bit visibility that crosses sectors and organisational boundaries. I have no concerns, I have seen [participant] grow into this role." Sponsor

“Before he would have had an idea and he would have gone with it not taking into account the ramifications as widely as he could have, ending up with more issues because he hadn’t considered a consultation of everyone else’s viewpoints. You’re far more understanding of other’s viewpoints, and I can see that change in him, he is putting himself in other people’s places and then resolving the issue.” Sponsor

Some participants have shown the ability to negotiate with strategic partners to develop mental health provision based on their greater understanding on what partners the board would want. One participant was better able to voice his opinions on negotiations with his director.

“What sticks out in terms of memory is conversations with colleagues working in mental health, community setting, and general practice. Learning about the application of leadership in different environments was incredible – and very important as I move towards system thinking and systems leadership.” Participant

Having a wider breadth of knowledge across the system, as well as understanding the various multi-professional sectors of the NHS, supplies CEFTS clinicians with the expertise to facilitate mergers and implement change models.

“The CEFTS participant who I mentor works in a hospital trust as an interim director, where she implemented a new quality framework. She presented her work in a national meeting, and came across as very competent, confident, communicative, and enthusiastic.” Sponsor

Another participant has found the scheme very helpful in moving forward a merger. Because of this, she has been able to manage relationships at various levels: senior management teams, executive teams all the way down to admin staff, secretaries and even patient groups who have different expectations. Even the CEFTS assessment centre has helped her with this merger.

“Interestingly, one of the sections of the assessment centre was talking to patients about merging practices and moving into a new building and that’s exactly what I’m doing so even the assessment centre was really helpful” Participant

Learnings from a workshop on taking a step back to reassess and evaluate (in the 2nd residential) was also useful for this participant during the merger of three practices:

“One of the practices didn’t want to merge and had other issues that were more of a priority for them – they needed more time and may join next year” Participant

“For me, it was a lightbulb moment. Taking a step back and evaluating things is more important than trying to force something...It was during a tricky time trying to merge three practices and taking a step back showed that one of the practices didn’t really want to merge. In a sense, taking that step back allowed us to move forward” Participant

“It’s enabled us to talk to each other, understand how colleagues come together, what makes that difficult, and understand a lot about what culture between two different hospitals means and how that can get in the way of progress, or promote progress. I think the learnings from the three residential has helped me in bringing together colleagues” Participant

to support himself. [redacted] organisational change, has appeared to have achieved his goal:

“I was able to take the concepts around how to form a vision, how to support and lead a change...there were various stuff around the change models and their practical applications so putting the change approach I was going through at the time through those frameworks/cycles was helpful” Participant

Another participant explicitly stated the CEFTS change model learnings that he has used in his own organisations. Firstly, the ‘Eight Step Change Model’:

“I have actually used it very recently in terms of a colleague of mine. I have a younger colleague who is trying to introduce change around our clinical access. We are going to try to introduce a digital front end in both York and Hull. He had run into a few problems. He lives in York and hadn’t really engaged the senior clinicians in Hull in the process. We thought he had but he hadn’t. I reflected on that with him, using the eight-step change model to show not only why change was needed but also why building a coalition of people involved in the change process. It was used as a mentoring aid for a junior colleague.” Participant

And, more widely, the ‘NHS Change Model’, currently being used in his federation:

“We hold a PCM contract, which has gone from an informal agreement to formal and official. We are going through a period of organisational development. There is an external facilitator, who is using the NHS change model as a “framework for how the organisation needs to structure itself moving forward.” Participant

One sponsor was extremely pleased that her participant has secured a new role outside her clinical area of expertise. Instead of relying on her expertise in one specific field, she is using her newfound leadership skills to influence, shape directions, and bring together new fields:

“If you’re moving someone up to become the MD of the future, you don’t need them to lead because they’re an expert in their clinical field; you want them to lead because they have influence over a board. She is much more confident and aware of these environments, and more aware of herself.”

“If she hadn’t have done CEFTS she would have been unlikely to move out of her comfort zone and volunteer for these leadership opportunities, let alone do them.” Sponsor

Summary of CEFTS’ demonstrable impact

It is clear amongst both participants and their sponsors, that CEFTS has undoubtedly been a great contributor to the majority of participants reaching their own personal ambitions, as diverse as each one may be. What stands out the most is its transformational impact it has had on participants’ leadership growth, which in turn has made long-lasting impressions on their direct teams as well as the wider NHS system. Although there have been suggested improvements and feedback on the scheme, many participants believe the knowledge offered by CEFTS is unique and cannot be gained anywhere else.

However, the clear inhibiting factor in regard to CEFTS’ key aim, as defined by the Scheme’s participants, sponsors and Advisory Board alike, of changing the disciplinary and demographic make-up of NHS boards, is the fact that CEFTS lacks recognition among those selecting for board level positions.

Chapter 5: Next steps

The above report represents the interim findings of the CEFTS Evaluation. Over the next twelve months, we will continue to gather data from relevant audiences to develop, expand upon and challenge the findings of this research. This will include:

- A second round of in-depth telephone interviews with:
 - Participants
 - Sponsors
 - Commissioners
- Continued collection of participants' career development data
- Potentially: in-depth interviews with comparable non-participant clinicians

A final report will be delivered in winter 2020.

Stay in touch



Christoph Körbitz
Research Director
Christoph.Korbitz@breakingblueresearch.com
+44 (0)20 7627 7737



Alex Belcher
Research Manager
Alex.Belcher@breakingblueresearch.com
+44 (0)20 7627 7745



Ruva Mankola
Research Consultant
Ruva.Mankola@breakingblueresearch.com
+44 (0)20 7627 7723



Yasmin Khudhairi
Graduate Research Consultant
Yasmin.Khudhairi@breakingblueresearch.com
+44 (0)20 7627 7736

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