

Business Plan 2016/17

Empowering leaders to transform health and care

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IMPROVING PATIENT CARE THROUGH THE DEVELOPMENT OF GREAT, EVIDENCE-BASED LEADERSHIP

1 / Introduction

This business plan describes how the work of the NHS Leadership Academy - as a whole system resource, hosted by Health Education England (HEE) - will support the transformation in leadership capacity and capability required to meet the objectives of the NHS. It outlines how the Academy will work with national and local stakeholders and partners to provide support through a wide range of applied offers, programmes, development and leadership thinking and advice.

The Academy's endeavour is seismic but simple: to enhance the lives of many; improving patient care through the development of great, evidence-based leadership. This won't happen by accident. We're here to help leaders across the entire health and care system equip themselves to lead, to have the confidence when needed to relinquish power and unlock it in others, to have the knowledge to help shape new ways of working and to have behaviours that engage, empower and excite staff and communities.

The purpose of this business plan is to set out the priorities and plans for the NHS Leadership Academy throughout 2016/17. It follows the Academy's transition from NHS England to HEE on 1 April 2016 and begins to prepare the ground for the implementation of the National Leadership Development and Improvement Strategy, jointly led by HEE and NHS Improvement, due to be produced later this year.

Delivering the ambitions of the Five Year Forward View (FYFV) means radically transforming ways of working across health and care, achievable only if driven at every level by outstanding leadership. It is the only way to create and support sustainable change for the benefit of patients and public – including, this year, the creation of robust local blueprints for accelerating the implementation of the Forward View via Sustainability and Transformation Plans. The Academy's key role is to provide development that liberates leadership talent across the NHS, develops highly innovative and effective leaders and increases the capacity and capability of leaders to create high quality, continuously improving, compassionate care.

2 / Overview/Executive summary

The leadership community in health care is diverse with some exceptional talent. But this talent isn't being fully utilised, with evidence showing that skills and experience of staff from diverse backgrounds is particularly untapped.

In places, the system is also challenged and demoralised, with gaps in talent where it's most needed. Leadership can be a less attractive career choice in the NHS than in the private sector and the behaviours and skills that have served us to date are no longer fit for the future. Organisational hierarchies, professional silos, positional authority and leadership held at 'the top' rather than distributed through engaged staff and communities will not create the future of healthcare the Five Year Forward View describes.

Recent findings suggest that there is a significant capacity gap of leaders that have the skills and capability to undertake the most senior posts in the NHS. There are currently in the region of 144 board level vacancies across the NHS, which represents nearly 10% of all board level posts across the system. Of those in post only 7.6% have accessed Academy programmes to date. While work is underway to identify and implement a new talent management approach, there are significant gaps to address. Looking at those in senior leadership roles across the NHS at the level below board (Agenda for Change bands 8c-9) there has been a 10% drop in the number of posts at this level since the start of 2009, further constraining the level of capacity.

It is also apparent that the culture across the NHS is not what we may hope it to be. The average tenure of a chief executive within the NHS was reported to be 2.5 years in 2014 and more recent findings suggest that this is closer to 18 months now. There is a lack of a single NHS vision and

common ethos, while in some areas bullying is identified as an issue. To ensure that we enable an NHS that delivers high quality care for all, we know that high quality leadership for all is vital.

The NHS is at a critical juncture with the creation of Sustainability and Transformation Plan (STP) Footprints. We know that we must work across organisational boundaries to deliver the most seamless and effective care models to suit local need. It is therefore crucial that we support leaders to develop the skills to work in this environment. While 50% of STP leaders have been on an Academy leadership programme, it must be recognised that development is not just something one does at one point in time but goes hand in hand with continual personal and professional development.

Time and commitment is needed from all parties to develop new care models and accelerate transformation to create different relationships between patients and communities, partners and the health and care workforce. Health care leaders and the various systems within which they operate will be unable to do this alone, and nor should they: collective and collaborative system transformation and effective system behaviours will be pivotal to organisational and geographic success. Communities also need support to get better at creating health and preventing illness. And all of this needs to happen within a significantly challenging fiscal context.

The Academy will continue to work to a set of underpinning principles throughout 2016/17 and beyond:

- **Constancy of purpose:** Taking the lead from the NHS England Business Plan for 2016/17 and its reference to serving constancy of purpose for improved health and wellbeing, redesigned care and wise, value-based financial

stewardship, the Academy's constancy of purpose serves four key aims. These are professionalising leadership to:

- Complement a sustainably transformed health service
- Create a viable and vibrant social system of inclusive health leadership to meet demand and expectation
- Create leadership more representative of the communities we serve
- Develop more innovative leaders who can create an improved climate for staff

• **Coherent national support for locally-led leadership:**

The Academy's new host, HEE, exists for a single purpose; to support the delivery of excellent healthcare and health improvement to the patients and public of England. Our aim to develop leadership skills, knowledge, attitudes and behaviours contributes to HEE's focus on developing the workforce. The Academy also mirrors HEE's strong local and national approach to delivering this work and our abiding principle is to deliver it where it's most needed. This ensures equity of access, quality of service and outcome and value for money. A strong and combined national and local architecture supports this work

- **Responding to future needs now, and strengthening what we already do:** The Academy was launched in 2012 and the health care environment has changed dramatically since that time. This business plan reflects our need to build on and develop what we already do to ensure it best meets current need. To do that we have spent time listening to and engaging with stakeholders, patients, participants and sponsors to make sure our work is fit for a refreshed purpose. A key principle of our work to build on our strengths, address gaps, recognise the need for change and secure an evidence base for what we do is reflected in the programme of activity shared in the plan



The Academy's priorities for 2016/17:

Driven by the HEE mandate under which the Academy now operates and influenced by extensive engagement with other key national, regional and local partners, sponsors and stakeholders, the Academy has identified five priorities for the year ahead. These build on the Academy and associated business plans, previously agreed by the Strategic Advisory Board which existed under our previous host, NHS England.

- 1 Systems and in-place leadership:** The future of health care lies not between the walls of large organisations but in communities, organisations and systems. Leaders who have developed through experience in the NHS can sometimes be more organisation-focused than system or pathway of care-focused and development will be needed to help make this shift. The Academy's focus in this area will be to concentrate on those sectors with the most potential to transform health – for example, leadership development initiatives tailored for and designed to build strength in depth in commissioning organisations, primary care and across new care model vanguards. In the short term, different leadership interventions are needed to signal the increasing importance of different sectors. For example, flagship programmes to develop leaders in general practice. The Academy will provide cross-sector leadership learning, development and deployment opportunities, including with local government and social care, principally in support of developing Sustainability and Transformation Plan (STP) footprint systems. This will involve close working with our Local Development Partners (LDPs), who provide the critical connection between our work and NHS leaders and deliver a service for the Academy which represents local delivery of national priorities.
- 2 Driving an inclusive leadership agenda to support a diverse NHS:** There's a need to look at the reality of how diverse our healthcare system actually is and recognise where changes need to be made. Great leadership is essential to high performance and evidence shows that creating inclusion is critical to achieving this. This means positively striving to meet the needs of diverse groups; essentially taking action to create the conditions where all staff feel respected and able to reach their full potential. Inclusion must run as a common thread throughout our organisations - and across the entire system - rather than being viewed in isolation. It can't be confined to one person or one policy. The Academy is working to empower leadership at all levels to take courageous action now to create a legacy of inclusion within the NHS and make a substantive and sustainable difference.
- 3 Diverse talent management:** The challenges described above reflect a real issue with talent management and succession planning in the NHS. At its best, talent management strengthens the key role of leaders as coach and talent developer/deployer, but it is not yet usual practice for leaders to view talent management and succession planning as a key part of their leadership role. Without it we'll continue to be ineffective and inefficient in this area, with the consequent challenges it presents for leadership capacity at every level. As the national leadership development and improvement strategy continues to build this year, a key block of that work will focus on the needs of the system in relation to talent management. The Academy has for the last few years been working with LDPs on developing talent management capacity and capability within organisations and across regions. The work this year will shift in focus to support the national strategy and emerging thinking.
- 4 Capacity building at every level:** Talent management can only be effective in health care if the required skills, capabilities, behaviours and attitudes exist to be managed in the first place. Developing a pipeline of appropriately developed, job-ready candidates – and accessible opportunities right across the system for them to fulfil their potential – continues to be a priority for the Academy. Individual development will cover management and leadership abilities at every level, include improvement skills and readiness, and be applied in a way which develops competence, confidence then expertise.
- 5 Capability development at every level:** The Academy has a significant evidence base for what good leadership looks like in practice and the capabilities leaders need to work in this way. At its core it means developing leaders who can understand what it's like to be on the receiving end of their leadership, are self-aware, can adapt their style, have imagination, creativity, reflexivity, wisdom and compassion. Leaders who can see multiple perspectives and system inter-dependencies and have an attitude of curiosity and humility that supports them to build relationships, engage and influence. This means skills in effective listening, empathy, facilitation and a coaching approach. And leaders who can be analysts of their organisational and systems culture, identifying which cultural properties have a negative impact and acting as agents of positive change.

3 / The story so far

In 2013, Robert Francis, QC published his review of the full public inquiry into the failings of Mid Staffordshire NHS Foundation Trust.

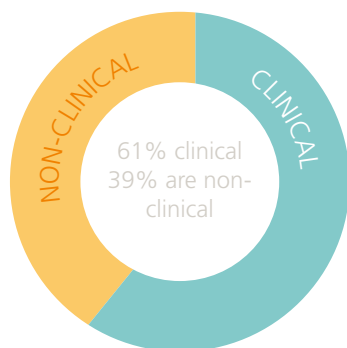
It is widely acknowledged that what happened in Mid Staffordshire was caused by a whole range of factors, not least allowing a culture of fear and poor style of leadership to take hold. In response to the report, the Prime Minister asked Professor Don Berwick, an international expert in patient safety, to carry out a review following the publication of the Francis Report. In addition, Professor Sir Bruce Keogh, National Medical Director at NHS England was asked by the Secretary of State and the Prime Minister to conduct a review into the quality of care and treatment provided by hospital trusts with persistently high mortality rates.

Among their many recommendations, each report cited the need for improved leadership, leadership behaviours, values and competencies. One specific recommendation was the creation of 'a leadership college to provide common professional training in management and leadership.'

The NHS Leadership Academy was established in 2012 to support and develop all leaders in the NHS, create a climate of care and compassion, and improve patient outcomes and their experience of the health service.



OUR PARTICIPANTS



Split between Agenda for Change band

OVER
80,000

HAVE ACCESSED LEADERSHIP DEVELOPMENT PROGRAMMES THROUGH THE ACADEMY

95%

PASS RATE FOR THE MARY SEACOLE PROGRAMME

OVER
110

PEOPLE PER MONTH COMPLETE THE NEW EDWARD JENNER PROGRAMME

113

PEOPLE HAVE COMMENCED THE DIRECTOR PROGRAMME

ELIZABETH GARRETT ANDERSON
PROGRAMME: ONE OF THE LARGEST
MASTERS PROGRAMMES IN EUROPE

Healthcare Leadership Model:
25,173 360s created and 21,484
self-assessments created

Over 5,000 people using our talent
management tools

250 people have accessed the
national coaching register

4 / Where we want to be: our vision

The success of the NHS over the next decade will rely heavily on the behaviours of healthcare leaders at all levels and their ability to work across all sectors.

Through our national approach, we aim to facilitate learning and development for leaders right across the system. Through access to our programmes and tools, leaders will have:

- Confidence in their role to be at their most effective
- The competence, skills, expertise, experience and support to secure this confidence
- The right behaviours to build alliances with a wide range of professionals across organisational boundaries to serve diverse communities with complex needs
- The ability to engage and empower those working with them, relying less on old style 'command and control' approaches and more on fostering a more caring and considerate climate that generates employee engagement and compassion

The concept of 'individual leader as hero' will gradually be replaced by collective and connected leadership across the system. For too long, the system's focus on planning, organising, commanding, coordinating and controlling has increased the risk of and often resulted in a decline in patient care.

Leaders will have the tools and the confidence to directly impact on staff engagement by inspiring commitment and providing recognition, growth and development opportunities.



5 / How we will get there: our building blocks

The Academy is committed, under the stewardship of HEE, to make its vision a reality by supporting the development of all leaders, at every level, across health and care. We will:

- Create relationships with communities and partners with a common purpose to develop consistency of approach and collectively tackle complex issues
- Use the systems leadership framework to enable LDPs to consult and work with their local system using a common language and approach
- Work in alignment and collaboration with the national resource and LDPs to offer a range of development opportunities for change & transformation
- Further-develop OD capability and capacity in partnership with NHS Employers

This is how:

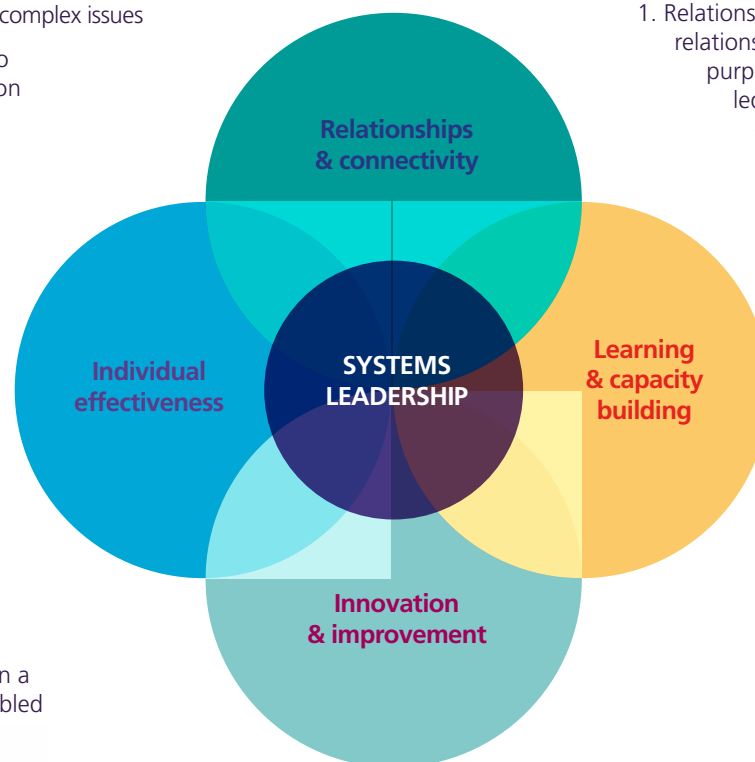
5.1 Supporting systems and flexible place-based leadership:

The future of health care lies not between the walls of large organisations but in communities, across organisations and within systems.

The Academy works through its LDPs to deliver a wide range of Systems Leadership interventions locally but with national consistency. They have a long history of delivering this work in a number of different ways with the organisations and systems they serve. There have been a number of examples where the work of the LDPs has enabled key changes to be made.

Over the past year, all ten LDPs have worked collectively in collaboration with the Academy to develop a systems leadership framework. This will allow each regional team to consult and work with their local system using a common language and approach.

The developed framework focuses on four key areas:



1. Relationships and connectivity: Creating the right kind of relationships with communities and partners with a common purpose. This will be place-based, system/service or pathway-led and aim to develop consistency of approach or to tackle complex issues collectively

2. Individual effectiveness: Focusing on individual effectiveness and resilience and the role in the organisation and the system. It aims to develop new behaviours and ways of working that promote collaboration

3. Innovation and improvement: Creating new ways of thinking, experimentation and discovery and applying improvement methodologies. This is about testing and learning and adopting and spreading better ways of doing things

4. Learning and capacity building: Creating a learning system and a culture of transparency and sharing. This is about:

- Sharing best practice and development of common understanding
- Being inclusive and seeking contributions from all stakeholders including citizens and communities
- Building diverse teams and inclusive cultures to enable greater understanding at pace and scale

5.2 Sustainability and Transformation Plans

The Academy recognises that following the publication of the shared planning guidance in December 2015 and the move to create 44 STP footprints across England, there is a significant need to provide support to local systems in developing their shared plans.

The FYFV board agreed to a single commission into the provision of systems leadership support to all 44 STP footprints. This work will be led through HEE on whose behalf the Academy will act as convenor and coordinator. This ensures that HEE hold a central role working with other key organisations such as the Leadership Centre, other Arm's Length Bodies (ALBs) and their teams to provide a consistent and robust offer that meets the needs of each footprint. The National Leadership Development and Improvement Board (NLDIB) will also act as the body responsible for reporting into the FYFV board in relation to leadership development for STPs. This joined up commission will include input from other sources such as NHS England, NHS Improvement, NHS Horizons, the Leadership Centre and Public Health England.

The Academy has funded all LDPs to employ or outsource a practitioner to work alongside the footprints within their LDP region in the development and implementation of their plans. A small non-pay budget per footprint has also been allocated to help kick start the work that can be done.

In addition to this the Academy and its LDPs will be working to ensure that all STPs have access to the whole range of support provided.

A longer term offer will be developed in partnership with key representatives from a number of the ALBs and other associated organisations in the coming months following the submission of the plans and understanding of key themes that may further shape this work.

It is expected that this offer will be designed and accessible across all footprints by the autumn of this year.

The Academy will build on the work already undertaken in this area and commit to:

- Develop the sectors with the most potential to transform health: Leadership development initiatives are tailored for and designed to build strength in CCGs, GPs providers, primary care and vanguards
- Build on work already in place supporting GP practices and developing local offers
- Build leadership unconstrained by organisational boundaries which spans systems, multi-agency teams and networks to deliver improvements in health and care for everyone: We have put in place a comprehensive series of offers around place-based and system leadership led by LDPs, particularly to support those working in STP footprints. This is especially important now in delivering STPs

Applied leadership takes what we learn from our research and evaluation work and from our experience with tens of thousands of participants on our programmes and brings what we 'know and can do' to where it is most needed. This might be in general practice, hospitals, community trusts, or it might be across organisational boundaries or networks. We have worked on board development in a range of settings, developing governance in GP federations and building clinical leadership practice in acute hospital trusts. Our applied leadership work is done by a skilled team of faculty whose work is used to drive learning that can be shared across health care.

5.3 By supporting organisational development enabling work

The purpose of this work is to develop capacity, capability and expertise in leading and enabling organisational and system change and improvement across the NHS. Our aim is to:

- Develop Organisational Development (OD) knowledge and capability which enables leaders, OD and HR leads and others to develop their organisations and systems to meet the opportunities and challenges of the FYFV and the increasing demands of the NHS
- Empower leaders to better understand culture and context, lead and enable change and better engage and motivate staff while working in complex contexts and across systems

This ambition has brought about a flourishing national OD resource - Do OD - and an increasing range of development and resources offered regionally and nationally. Do OD is the expert resource for all those working in OD, change and transformation across the NHS. In partnership with NHS Employers, the Academy has developed and continues to deliver this successful resource and network. It works collaboratively with the OD NHS community and spreads knowledge and experience for sustainable impact.

Do OD has demonstrated a number of successes, including a vibrant and engaged OD network, successful delivery of a number of large and small events and the development of a range of tools and resources.

Increasingly it is also seen as a key influencer in the system, as well as being recognised externally. It consistently demonstrates a range of successes and impacts when evaluated - the most recent review (2015/16) is available via the [Academy's website](#).

In 2016/7 we aim to demonstrate OD alignment across the system to support the improvement and leadership development agenda and continue to enhance the capability of leaders and OD practitioners. We'll do this by continuing to:

- Partner with NHS Employers to lead and develop Do OD – the national NHS OD resource
- Develop OD capability and capacity through investment and partnership with LDPs
- Develop OD & change capability through our leadership programmes
- Evaluate and demonstrate impact

Working in alignment and collaboration with the national resource, our regional partners offer a range of development opportunities to enable change & transformation, from formal OD programmes to masterclasses and regional networks.

The Academy will further-develop OD capability and capacity by continuing to partner with NHS Employers to lead and deliver Do OD and continue the investment and partnership working with LDPs.



5.4 By driving an inclusive leadership agenda to support a diverse NHS

There's a need to look at the reality of how diverse our healthcare system actually is and recognise where changes need to be made.

Great leadership is essential to high performance and evidence shows that creating inclusion is critical to achieving high performance. This means positively striving to meet the needs of diverse groups; essentially taking action to create the conditions where all staff feel respected and able to reach their full potential.

We know this will ultimately result in patients receiving the best quality care irrespective of disability, sex, sexual orientation, race, religion or belief, age, gender reassignment, marriage, civil partnership, pregnancy and maternity.

Our challenges are significant and deep rooted, with factors such as access to power and resources and social and cultural capital disproportionately biased.

Looking at where we are now and where we need to be is very important. Reports show again and again that people from BAME backgrounds won't get the same opportunities as their white counterparts. Just a few years ago, the [Snowy White Peaks report](#) highlighted the lack of progress on BAME inclusion in the NHS. In some respects the NHS has moved backwards in relation to race equality, something particularly stark across London's trusts, shocking within a city that's so diversity-rich.

Another area of inequality is shown in research and staff surveys which highlights that people who are Lesbian, Gay, Bisexual, Transgender (LGBT+) still do not feel that they can be open about who they are in the workplace. This is another situation that must change if staff are to feel valued and accepted for the diversity dividend that they bring.

Inclusion must run as a common thread throughout our organisations - and across the entire system - rather than being viewed in isolation. It can't be confined to one person or one policy. To make this the norm, our aim is to support every leader to do two things:

1. Be open to taking on this challenge and driving the agenda, seeing it as a fundamental part of their set of responsibilities
2. Develop the skills to deliver real, targeted steps towards improving inclusion across the health and care system.

The Academy puts inclusion at the heart of all of its development programmes.

Put simply, no-one can pass our assessed programmes without demonstrating that they have progressed in their understanding of what leadership for inclusion is, and have put the knowledge into practice. This should enable richer and more relevant engagement across a range of stakeholders so that more creative solutions will emerge.

Progress on equality isn't inevitable; things only move forward with courageous leadership, clarity of vision and purposeful activities which deliver on specific intentions. Merely counting diverse heads won't guarantee sustainable progress.

The Academy's inclusion work aims to reverse the most negative diversity trends and accelerate the pace of change. We aim to develop leaders who can articulate the vision for inclusivity, build upon success, embody this inclusive message and inspire and influence others to do the same, consistently and sustainably.

We need to nurture talent from a range of backgrounds to create the inclusive cultures in which diversity is represented at all levels and where everyone can thrive in the workplace - making sure organisations recognise talented individuals by

giving them the chance to excel and help organisations to develop. The Academy is working to empower leadership at all levels to take courageous action now to create a legacy of inclusion within the NHS and make a substantive and sustainable difference.

In order to do this the Academy will commission a significant piece of action research, working in collaboration with experts and key partners nationally and internationally, to further understand and develop the knowledge base in this area. The outcome of this work will inform, direct and advise the work that must be done by the system and in particular leaders at every level to redress the balance of inclusivity.

5.5 By developing strong talent management capacity and capability at every level

Underpinned by regional capacity and expertise to enable sharing across the system, the Academy will continue to develop knowledge and skills and complete our work to develop an online resource which specifically supports organisations to assess current talent management activity and identify future needs. Through its national and local infrastructure, the Academy has the skills and expertise to develop strong talent management capacity and capability at every level across health care. This work includes:

- **Continuing to provide first class search capability to the NHS through NHS Executive Search:** A huge amount of investment is made by the NHS to external recruitment providers to provide candidates for its most senior roles. Often the individuals that are found are those that the system already knows about. The NHS Executive Search team has formed a key element of the Academy's work since its inception and is a key stakeholder in the developing national talent management strategy

Understanding the challenge in making board appointments, Executive Search has worked closely with several national bodies to develop support offers for aspirant board directors in an attempt to strengthen the pipeline of future talent for executive level roles.

Starting as a small resource, over the last 12 months it has worked with over 25 organisations and enabled 35 appointments to be made. While there is a small charge for the service, Executive Search is cost neutral to the Academy and the wider system.

Over the course of the next year the NHS Executive Search team will continue to expand their services, work more closely with the Academy's alumni and undertake at least 45 executive searches.

- **LDP local talent management work:** The majority of talent management activity for the Academy is delivered by the 10 LDPs through our Service Level Agreement. The work is focused on building talent management capacity and capability at every level within the system. It continues in the context of the emerging national strategy which may indicate a different direction, or an enhancement of this approach locally.

Our LDPs have a deep understanding of their systems and are well connected at a regional level to other local and national organisations. This allows them to work in partnership with others in delivering talent management interventions that meet the local needs of the organisations that they serve.

Regional teams have also provided specific offers for those aspiring to the most senior nursing and finance jobs.

Over the next 12 months they will continue to build on this work by providing regional capacity and expertise that will enable sharing across the system. Work will also continue to develop knowledge and skills and contribute to our knowledge hub.

- **Talent Management Hub:** Together with our LDPs, the Academy has developed a suite of talent management resources, working closely with a range of NHS organisations and staff to develop and refine our approach. The most frequently asked questions have been "where do we go to get started with talent management?" and "how do we access the right tools and supporting materials?" In response, the Academy has created an online NHS Talent Management Hub that can be accessed and used by all, which 24,535 people have now accessed. The Academy has also developed a Talent Management E-Learning Programme to support talent management conversations, which 5,038 people have now registered to complete

Views from our participants:

"The programme has not failed to meet my expectations, it has exceeded them hugely. It's even more developmental than I thought it would be. I'm delighted that it is about US, what WE bring and our impact."

Interim CEO, Intake 1 Aspiring chief executive programme

Further work has been undertaken to develop an online resource which specifically supports organisations to assess current talent management activity and identify future needs. This will offer targeted support to help define their organisational approach in line with the national strategy. Over the next 12 months and in partnership with LDPs and key stakeholders, the Academy will work to ensure that these resources are fully accessible.

- **Aspiring chief executive programme:** In 2014 the Academy began working with a number of ALBs on a coordinated offer to support senior leaders within the NHS. This work was carried out in conjunction with the NHS Trust Development Authority (TDA) and Monitor (now NHS Improvement) and NHS Providers.

In early 2015 The aspiring chief executive programme was commissioned by the Supporting Senior Leaders Group to address the perceived deficit in candidates who were suitably equipped and ready to step into these roles. The programme was co-funded by the TDA and Monitor to the value of £256k with the Academy funding the initial start-up.

The first cohort of 14 participants commenced the 12-month programme in December 2015 and a further cohort of 14 participants also commenced the programme in June 2016.

The programme is proving hugely successful. To date three participants had been appointed into chief executive posts.

- **Applied Leadership:** The Academy is committed to providing a flexible and responsive approach to support leadership development across health and care. In addition to the work supporting aspiring chief executives (more information on page 22), we are also supporting newly-appointed chief executives. The Academy is also currently working with NHS England on a year-long programme to support the development of clinical pharmacists within general practice. Separately, the Academy has delivered bespoke support and advice to acute and community settings via board, clinical director development and coaching projects, and we continue to support trust clinical leaders, local systems leadership, resilience and development across both the commissioning and provider landscapes.

"It's excellent, brilliant, I had very high expectations and this is the best way to do the development."

Participant, Intake 1 Aspiring chief executive programme

"I'd never given any thought to what I bring to the table as a white middle class woman. I'm delighted with what this [programme] has done for me. I have been back to the organisation and am now thinking 'what is it like to be a black man working here...?' And now I am asking the black men exactly that."

Participant, Intake 1 Aspiring chief executive programme

- The Nye Bevan programme: This was launched in 2013 for those aspiring to be executive leaders in the NHS within the next two years of their career. With over 782 people having now accessed the programme, it's created some real traction in the system. Of the two intakes (539 people) that have now completed the programme, nearly half have now moved into a more senior role and directly attribute that to their participation.

We announced in June that The Nye Bevan programme had been awarded Gold in the [European Federation of Management Development Excellence in Practice Awards](#).

Delivered over 12 months, the programme follows a blended learning approach with four residential sessions across the year. It's centred on peer assessment and gives participants the opportunity to create a wide ranging support network that promotes innovative ways of working.

The programme is delivered as part of the Academy's world class consortium led by KPMG with the University of Birmingham and Alliance Manchester Business School.

The Academy will have recruited to two intakes over the next 12 months; one has already commenced (in May 2016) with space for 98 participants across two cohorts, and the second commences in autumn catering for 147 participants across three cohorts.

The Nye Bevan programme has been independently evaluated and a number of participant case studies can be accessed via the [Academy's website](#). These give the perspective of participants, as well as those of their teams.

"While I was taking part in the programme I was promoted to director of quality and nursing. Since finishing the programme my role has expanded to become director of nursing and performance. I use the learning from the programme on a daily basis but it's been particularly useful during the last 12 months when I have:

- *Led an organisation-wide restructure*
- *Implemented a clinical transformation programme*
- *Been part of a group of staff who have developed an internal leadership model which is based on our vision and values - leadership for all*

The programme really prepared me for my new role and the opportunities and challenges I have faced."

Participant, Cohort 5, Nye Bevan programme

"I've benefitted greatly. In the last six months I had to front two health overview and scrutiny committees and talk about the CQC inspection. These were webcast events with journalists in the gallery. Had I not had the opportunity to test that out in the simulation, to test out what I did well, to get the feedback relating to embodied leadership etc., I wouldn't have been able to handle those situations with the same level of confidence. The programme really does prepare you for real life situations. If you take it seriously, it works. The one thing it does is help you to think."

Participant, Cohort 6

'The Bevan programme gave me the push I needed to move forward - I have been quite tactical since, building my work experience over recent two years - securing secondment at NHS England sequentially in two directorates (nursing and then medicine) and I have just secured a substantive post as AD dept.chief nurse across a huge acute (five site) provider trust. I know I wouldn't have taken these steps without the programme, not that it was an easy programme to do. Resilience and political awareness have been the most important aspects the programme gave me. I'm now building my CV for the right director post - most certainly not just any post."

Participant, Intake 1

Future clinical commissioning leaders programme

The future clinical commissioning leaders programme has been delivered in partnership with NHS England over the last two years. It has been developed as a new tailored development programme for senior clinicians who are looking to apply for a CCG accountable officer or chair role in the next 12–18 months. This nine-month programme incorporates:

- An assessment process
- Three residential elements covering system and personal leadership, commissioning skills and CCG-specific knowledge
- Coaching and mentoring
- Facilitated shared learning

The Academy recognises the importance of developing these crucial leaders within the system to enable and further-develop effective clinical commissioning across health and care.

A further cohort of the programme will start in autumn 2016.



5.6 By capacity building at every level

Talent management can only be effective in health care if the required skills, capabilities, behaviours and attitudes exist to be managed in the first place. Developing a pipeline of opportunities that match the demand in health care for appropriately developed, job ready candidates is a key area of work for the Academy and includes the following:

- **Graduate Management Training Scheme:** 2016 sees the Graduate Management Training Scheme (GMTS) celebrate its 60th anniversary. To mark this significant landmark year, the Academy will work with partners to undertake research into the impact it has had on the NHS. This will help us reconnect with our alumni, promote the scheme as part of our plans to expand its intake and help inform future plans. This research will be published later in the year.

Recruiting to four main specialisms - general management, human resource, finance and health informatics - the scheme will continue to follow its familiar cycle, with 112 graduates joining the 2016 intake in September. The award winning recruitment process has recently been revised with further enhancements which will focus on the online assessment due to be in place for the 2017 recruitment cycle.

In addition to the four main specialisms, the Academy has worked closely with NHS England over the last 12 months and is proud to launch for the first time a policy and strategy stream which will see 12 people commencing a two-year programme to become leaders in the field of policy and strategy. The new specialism has been extremely popular with applicants to date and will complement the existing and more established specialisms.

The GMTS is supported by our LDPs who are responsible for sourcing placements, accrediting programme and placement managers and providing local support to all our trainees.

The Academy will work to double the size of the scheme by 2020 in line with recommendations from Lord Rose. Please refer to page 20 for more information.

- **Support for diversity and inclusion:** The GMTS will also work on setting up a joint initiative with several other high profile public sector graduate recruiters to promote careers in the public sector and hold a joint diversity event to increase the attractiveness of the public sector to BAME graduates. The scheme will also work with The Onslow Trust to promote social mobility by giving young adults from disadvantaged backgrounds a place to learn about the range of careers available to them



GRADUATES WILL JOIN
THE 2016 INTAKE

"I feel privileged to be part of this journey; it's very timely on personal and wider level. What I particularly liked about this module is how it sets the scene from the start to mindful reflection, the balance between reflective learning and growing; between the implicit and explicit. Excellent organisation and facilitation. What a privilege! Thank you!"



Patrick Nyarumbu, Ready Now participant

- **The Ready Now programme:** This positive action programme for aspiring senior leaders from BAME backgrounds is based on innovative thinking which is fresh and evidence-based. It aims to equip senior BAME leaders to become effective transformational influencers within the system, understanding how to negotiate purposefully and powerfully within contexts that have historically not been recognised and leading in ways which result in greater levels of inclusion. Following its launch in 2014, the programme has had 181 participants across three cohorts, with a further cohort due to commence early in 2017. In the light of the implementation of the Workforce Race Equality Standard (WRES) and the profile of race equality across the NHS and wider public sector, we expect demand for quality positive actions programmes like this to increase.

Feedback from Ready Now Intake 2 residential:

"The three days were life changing. The course leaders were aware of everyone's communication styles and accommodated very well for that. THANK YOU."

"I'm beginning to believe the rhetoric that says 'You can reach your career or personal goal and aspirations in life if you have what it takes' through this training."

"Ready Now has been an exceptional programme incomparable to any other. It's given me the confidence and empowered me to feel that nothing is unachievable. Long may it last."

- **Stepping Up:** Following a huge level of demand for the Ready Now programme in 2015 it was recognised that there was a gap in provision of positive action programmes for those at more junior levels in health and care who were aspiring to more senior roles. Our senior leader pipeline suffers markedly as a result. In response to demand, the Academy designed and piloted The Stepping Up programme.

It was hugely popular and impactful in its first intake and the Academy is working with LDPs to provide the programme locally.

The following are taken from the evaluation of the Stepping Up programme, Dec 2015:

"The programme has been innovative and dynamic and has reflected leadership style and tools that will be indispensable in everyday life as well as professional life."

"The programme has been a privilege to be on and has delivered over and above my expectations. When I become divisional director in less than 18 months' time, I will be dedicating this to the SU programme."

"Thank you for the time you have invested in me. You have made a difference to my leadership style and thoughts. I will continue to grow and this programme has made me believe in myself in order to provide a better service."

- The Elizabeth Garrett Anderson programme: This programme for mid-level leaders is a crucial part of capacity building in health care. Following its launch in 2013, 2,032 people have now accessed the programme. A two-year, part time MSc and leadership development programme, it's delivered through a blended approach using award winning online delivery space supplemented by expert-led face to face residential sessions and content that promotes self-led learning alongside the day job. The Masters is a dual award from two Russell Group universities and the rigorous academic element of the programme is supplemented by in-role applied learning through improvement projects and change programmes.

We announced in June that The Elizabeth Garrett Anderson programme had been awarded Gold in the [European Federation of Management Development Excellence Awards](#).

The first cohort of participants completed the programme in late 2015 with a graduation ceremony at the University of Birmingham. The results of the first intake were outstanding. For Intake 1 there were:

- 174 academic awards at MSc level
- Over 80% of participants either achieved a merit or distinction

Intake two had comparable figures:

- 186 MSc awards
- Nearly 70% of participants achieved a merit or distinction Almost half of Intake two achieved promotions before completion of the programme, with 91% of those attributing it directly to their learning

In common with The Nye Bevan programme, The Elizabeth Garrett Anderson programme has been delivered with

part of the Academy's world class consortium led by KPMG with the University of Birmingham and Alliance Manchester Business School.

As part of our approach to continuous learning and development a full review of the programme was undertaken in 2015.

Over the course of this financial year the Academy commenced delivery of another eight cohorts – four began in Q1 and another four will follow in Q3. This provides capacity for 384 people.

Of the cohorts provided, two will be available for those that have progressed to the right level who have already completed The Mary Seacole programme. This reinforces the Academy's pipeline approach to capacity development.

"This was the right time for me, both personally and professionally, to be committing to this exciting venture. As a result I have grown as an individual and as a leader. I am more aware of the impact on what I do has on those around me and ultimately on a patient's journey. I carry my EGA toolbox with me – you don't see a plumber turning up without his wrench! And now I take time to select the right tool for the job in order to maximise the results for everyone. My appreciation of the bigger picture is greater and whilst I will always defend my own service, I now fully comprehend that without the full cooperation of dependent services and providers, nothing valuable can be achieved for patients."

"I feel as if this programme has been a gift, a gift of opportunity, a gift of education, a gift of qualification."

Participant, Elizabeth Garrett Anderson programme

ACROSS BOTH INTAKES

 **360**

ACADEMIC AWARDS
AT MSc LEVEL

 **AROUND
75%**

ACHIEVED MERIT OR
DISTINCTION

• The Mary Seacole programme

The Mary Seacole programme was created for those aspiring to be or in their first leadership role. Over 4,000 participants have since accessed the programme. It was created in partnership with the Academy's world class consortium which includes National Voices, Kornferry Hay Group and the Open University.

While participant results throughout the programme have been outstanding, our key stakeholders and participants challenged us to make it more accessible. The programme has subsequently been extensively reviewed, refreshed and updated. While the number of days contact time with key faculty remains the same the number of learning hours has been significantly reduced to focus on the key content. In addition to leadership development, the relaunched Mary Seacole programme now supports leaders with improvement methods and management skills. Finally and specifically following feedback from health care organisations, the academic accreditation has been replaced with an NHS Leadership Academy Award in Healthcare Leadership.

The refreshed programme was relaunched in April 2016 with a large number of bookings for cohorts up and down the country. The Academy will continue to work with the NHS to explore different ways of delivering the programme to ensure it is as accessible as possible and adds the most benefit to the NHS over the next year.

In an [independent evaluation](#) with participants and their managers or sponsors:

- 89% of participants reported an improvement in practice
- 90% reported an increase in confidence, skill and ability which was attributed to the requirement to act as a catalyst for greater change

- 97% of participants implemented an improvement initiative. The programme influenced existing initiatives and inspired new ones, as well as overcoming inaction around existing problems. 81% of managers believe their improvement initiative achieved success

"Of all the leadership courses I have done, this has changed me the most."

"I felt I was learning things one day and able to use them the next."

• Keeping pace with system demand

Notwithstanding work already in train it is clear that the Academy needs to do more to keep pace with demand in the system and flex to emerging needs. In direct response to this, for the remainder of this year, we will also look to:

- **Refresh and retender:** We will undertake preparatory work to refresh and retender both the Bevan and Anderson programmes while also taking time to review and retender our faculty framework to ensure that it enables the provision of all Academy work at a local and national level. This will ensure that there is no gap in delivery when current contracts come to an end in February 2018

– **Offer an accreditation scheme:** In line with recommendations in Lord Rose's report to meet demand in the system, the Academy will pursue an accreditation programme to allow for other providers of exceptional executive education to also offer development through Masters programmes. We are working in partnership with East Midlands Academic Health Science Network on this work and the accreditation process will launch in Q3 of 2016. This is included as a mandate requirement as part of the HEE business plan

– **Increase the size of the GMTS:** Following the Lord Rose recommendation to increase the size of the scheme it has been agreed that the Academy will work to double the size of the scheme by 2020. In service of this, key stakeholders will be invited to contribute to developing and implementing plans to enable this to happen within the current resource allocated. Accordingly, the Department of Health has asked the Academy to work with Skills for Care to develop a new joint GMTS stream which would offer an integrated placement experience covering the NHS and social care. The Academy will also explore opportunities through the apprenticeship programme to build entry routes into the NHS through a broader pipeline

5.7 Capability building

As important as it is that we develop sufficient numbers of leaders, it's also crucial that we develop the right kind of leaders. Much can be done through in-role development, using leaders both as lifelong learners and as educators and mentors of subsequent generations.

The Academy works in a wide range of ways to ensure that the capability of leaders at every level reflects the new kind of leadership we need; system-minded leaders who need to deliver the future of a sustainable and transformed health care system.

Our range of activities in this area include:

- **Coaching and mentoring:** The Academy recognises that a key component of some individuals personal development can be focused on effective coaching and mentoring. While coaching and mentoring may not always be the right thing for everyone, it can provide a hugely valuable opportunity for individuals to develop their skills at the deepest level

In recognition of this, the Academy has tendered for and holds a national coaching register that can be accessed alongside or as integral parts of other offers. Over 250 people have now accessed and used this register. To supplement this at a regional level, LDPs currently hold a local register and regularly undertake analysis to ensure the right provision exists at every level and that training and supervision is provided where possible.

To ensure all participants have access to the right coaches and mentors, rigorous quality assurance and training is delivered on a regular basis which ensures that coaches and mentors have the right skills to undertake this work.

The Academy works closely with LDPs to develop new ways of working, assessing and evaluating the use of these interventions.

• Healthcare Leadership Model

The Healthcare Leadership Model (HLM) was developed to help identify the behaviours that enable those that work in health and care to be better leaders. Split across nine dimensions, the tool helps to explore different elements of an individual's behaviours. Once each dimension of the model has been fully explored, participants can choose to undertake a self-assessment which allows them to self-assess against a four point scale or undertake a full 360 exercise which gives others the opportunity to provide insight into their leadership behaviours. On completion of each 360, participants are invited to meet with anyone of around 1,000 accredited feedback facilitators to explore feedback.

The Academy works closely with its LDPs to ensure that feedback facilitators have the right training to undertake this work and ensure there are enough facilitators within each region to meet demand. This involves providing access to continuing professional development opportunities for all facilitators.

Both the Academy and LDPs continue to ensure that the HLM is a fundamental element of all offers and at the forefront of building leadership capability.

In the last year, the Academy has reviewed the evidence base and refreshed the HLM in line with feedback.

We have also embedded the HLM within local organisations and receive regular feedback to ensure it is being continuously developed and improved.

Since the tool was launched, 18,783 people have accessed the self-assessment with a further 6,685 undertaking a full 360. The LDPs will also undertake benchmarking exercises each year to monitor access and usage of the tool in their region.



• Newly-appointed chief executive programme

In line with the work undertaken in forming The Aspiring chief executive programme, the Academy is also working with NHS Improvement and NHS Providers to build a community of new-in-post chief executives within the system.

Aimed at those in the first two years in role, this offer is a mix of face-to-face provision and online facilitated learning and support. It's designed to be there when participants most need it most and fits effectively around the day job.

The Academy will work over the course of the next year to firmly establish this support offer within the NHS and ensure that a minimum of 20 newly-appointed chief executives join.

It's hoped that this offer will go some way to develop and retain senior leaders in the NHS and address some of the challenges faced by people undertaking some of the most difficult and complex roles within health and care.

• **Intersect programme:** The Academy has worked in partnership with the Systems Leadership Steering Group to launch The Intersect programme, which has been developed to help anyone in public services gain a deep understanding of their leadership style and behaviours. It is focused on helping participants develop what it takes to be true system leaders, working beyond organisational boundaries to develop trusting and cohesive relationships.

The 12 month programme recognises that to work across the system, the speed and effectiveness of delivery is only matched by the speed and manner in which leaders build trust and enable people to follow.

Launching in 2014, the programme has been hugely successful using whole-group learning to explore a number of whole systems across the UK as content for individual development. Over the next 12 months, the Academy will

provide the opportunity for up to 40 leaders to commence the third iteration of the programme.

"Intersect, it was a life changing, you know, I won't say moment, because it wasn't a moment, it's been a journey and I think it continues. But, it's certainly changed my practice, my approach to things, and made me operate in a very different way, but I think through that I am influencing others around me, so hopefully others are going to be operating in a very different way as well." Intersect participant, Intake 1

"It's been more of a personal development to allow me to be a more effective leader in a system, as opposed to some of the theory on the system's leadership stuff. I think a lot of people will have probably entered Intersect thinking it's going to be an academic theoretical input about how to be a system leader. And it's not been about how to be a system leader, it's how to be a leader, i.e. how do you just be better as yourself, which is what I wanted, in order to respond to and behave and act and deliver in a system." Intersect participant, Intake 1

• **The Edward Jenner programme:** The Edward Jenner programme launched in 2013 and created a considerable open online course focused on the foundations of leadership. The initial programme featured 21 online modules that could be worked through in a 'pick and mix' style approach. 23,797 participants accessed the programme. Importantly the programme ensures that anyone joining the NHS 'family' is also joining and benefiting from a huge learning community.

Following participant and stakeholder feedback, the programme was refreshed and relaunched in June

2015 with an average of 1,011 people accessing the complimentary offer every month. Hugely popular, the programme has been used in a variety of different ways, including as part of organisational and training programme inductions.

Over the next 12 months the Academy will continue to review participant feedback, ensuring content remains current and undertake impact evaluation using participant submissions and feedback.

While initially aimed towards a foundation level audience, the programme is being undertaken by staff at all levels, including very senior clinicians who may have never undertaken any formal leadership development programmes:

- **First role:** *"This learning was significant, as I have only recently been promoted to a (relatively minor) position of authority and as a result of the programme have learned that I have been actively undermining myself as a leader, as I had previously been unaware of the proper ways to encourage and influence people. I have learned a tremendous amount from the entire programme. have found that staff are much more receptive and motivated when reminded that we are united behind a common cause and I am not simply giving orders because I want to. The way I was working before taking the Edward Jenner course was not ideal, because I had never been taught how to lead and my methods of 'leading' were based purely on being placed in a position of power."*
Newly-promoted biomedical scientist
- **Mid-career:** *"Participating in the programme has increased my understanding of different leadership models and theories, plus elements of time, project and people management. This has enabled me to develop in my current role, alongside providing a strong foundation for potentially taking on a managerial role in future."*
NHS librarian

– **Senior leader:** *“The programme was as educational as it was thought provoking. It was difficult for me to understand the problems [others had] when the benefits were very clear to me. We were running into road blocks constantly and had difficulties in engaging the various groups. The leadership techniques learnt in the programme were practiced with very positive results. I achieved improved quality, reduced costs and made the process ‘lean’, reducing waste and adding value. This was eventually a clear win-win situation for all.”*
Consultant surgeon

The Edward Jenner programme is also supporting nurse revalidation as it counts towards continuing professional development.

• The Director programme

This was launched in 2015 as a refresh of the initial Top Leaders programme which had been running since 2010. The programme is directed towards those already in senior executive positions who are seeking further development and support to be even better in their roles.

With an alumni of 735, the previous Top Leaders programme shows that there has been a huge amount of demand for development. A further 113 participants have commenced the newly-launched Director programme in the last 12 months.

The Director programme is playing a significant role in the top leadership challenge. Aimed at all executive directors, and those in equivalent roles, who are seeking further role development and support, the programme assumes an existing level of complex leadership skills. It is designed for people who need to be stretched and challenged and are open to thinking very differently about their leadership role.

We want this programme to make our leadership community feel supported, cared for, respected, valued and, above all, stretched. It is focused on developing the capacity to adapt, enhance and broaden leadership styles and behaviours. It also represents an opportunity to work in partnership with other leaders and parts of the system to make leadership in health more inclusive and representative of the communities it serves.

The Academy will commence a further three cohorts of up to 35 people over the next 12 months.

“If it said ‘surpass expectations’ I would have checked that box. Why - well, it’s like no other training I have had and opens your mind to ‘how the world of work and engagement’ could be.”

Participant Intake 2 after residential 2



6 / Our commitments for 2016/17

Systems leadership commitments

The Academy will:

- Provide local bespoke systems leadership interventions. In doing this we will work in partnerships with other local providers to ensure support caters for the wider system rather than just health
- Work with LDPs to deliver support to all 44 STP footprints to ensure that they are able to develop and improve the required systems leadership capability and capacity to improve health and care services
- Complement local provision of work by providing a high quality and accessible applied leadership offer that further supports place based leadership development
- Further-develop OD capability and capacity by continuing to partner with NHS Employers to lead and deliver Do OD and continue the investment and partnership working with LDPs

Inclusive systems interventions

The Academy will:

- Ensure that inclusion continues to act as the golden thread through every single offer it makes regardless of whether it is at a national or local level
- Carry out action research into inclusivity within health and care, expanding the systems knowledge base of what issues exist while making a clear plan for what can be done to improve inclusivity at every level

Talent management

The Academy will:

- Continue to expand the services provided by our NHS Executive Search team, who will undertake at least 45 executive searches and work more closely with our alumni
- Continue to provide regional capacity and expertise through our LDPs that will enable sharing across the system. Work will also continue to develop knowledge and skills and contribute to our knowledge hub
- Work to ensure that all talent management support tools are accessible digitally
- Continue to work in partnership with NHS Improvement and NHS Providers in the delivery and development of The Aspiring chief executives programme
- Continue to develop leaders at a senior level to prepare them for executive positions through delivery of The Nye Bevan programme to a further 245 participants
- In partnership with NHS England, continue to prepare future clinical commissioning leaders to be skilled and capable of carrying our accountable officer roles in the current environment

Capacity building at every level

The Academy will:

- Continue to deliver and improve the GMTS to develop a strong talent pipeline for those taking leadership positions within the NHS
- Work to double the size of the scheme by 2020 in line with recommendations from Lord Rose

- Continue to be a positive role model of developing a representative senior leadership workforce through provision of The Ready Now programme
- Work with our LDPs to explore ways in which The Stepping Up programme can be delivered widely at a local level
- Continue to build a community of leaders at a senior leadership level across the NHS through commencing delivery of The Elizabeth Garrett Anderson programme to a further 384 participants
- Continue to work with the NHS to explore different ways of delivering The Mary Seacole programme to ensure it is as accessible as possible and develops those undertaking or aspiring to undertake their first leadership role

Capability building at every level

The Academy will:

- Work closely with LDPs to develop the coaching and mentoring offer, whilst ensuring that current provision is assessed and evaluated
- Continue to provide access to the HLM and its assessment tools to all, further building use of the model across the system and ensuring that capacity is available within the system to provide feedback to those that require it
- Work over the course of the next year to firmly establish the support offer for newly-appointed chief executives and ensure that a minimum of 20 chief executives join The newly-appointed chief executive programme
- Provide the opportunity for up to 40 cross sector systems leaders to participate in The Intersect programme
- Continue to provide The Edward Jenner programme online to all
- Work with its partners to develop further evidence regarding effective and impactful leadership development interventions at all levels
- Continue to provide in-role development for those in executive director roles through the delivery of The Director programme to a further 105 people in the next 12 months

7 / How we evaluate our impact and outcomes

The Academy has a structured approach to evaluating all its programmes and tools, as well as undertaking research to inform future provision.

Our approach is to conduct real time 'in-programme' evaluation as programmes and activities happen using [levels 1 and 2 of the Kirkpatrick Model](#), and then conduct longer-term independent evaluation to assess against levels 3 and 4. In-programme evaluation is conducted in a number of ways - in written format, online surveys, focus groups and through individual interviews. The longer-term impact evaluations and career tracking studies are carried out independently.

We also have a number of Key Performance Indicators which are also indicators of success, such as attrition rates with reasons, engagement with tutors and online communities and where applicable, assignment success rates.

The strategic aim of our evaluation activity is 'to improve patient outcomes and staff engagement by demonstrating the impact on both individuals and the service of undertaking leadership development'. We aim to do this by following through our evaluation objectives:

- Build an infrastructure within the Academy that will support an evaluation-focused environment
- Encourage intra-disciplinary, multi-disciplinary and inter-agency collaborations to ensure Academy evaluation is both deep and robust

- Employ a wide range of evaluation methodologies and approaches and see these delivered by experts in those fields
- Demonstrate Return on Investment and Social Return on Investment to organisations through evaluation at levels 1-4 of Kirkpatrick's evaluation model
- Evaluate the participant experience and impact on the individual as a leader within healthcare

To date we have undertaken a wide range of activity to support the objectives. In 2014 the Leadership Development Evaluation and Research [LeaDER] group brought together LDPs, the national Academy and academics in the spirit of shared interest and partnership. The purpose was to promote robust formative evaluation of leadership development carried out both nationally and locally with a common agreement on approach and method.

Following the [Ed Smith review](#) and the establishment of eight national work streams led by LDPs, the LeaDER group have worked together to create a framework for evaluation that can be applied to any leadership intervention, from the most simple to highly complex. The framework is supported by the strategy document '[Evaluating Leadership in the NHS](#)'. The work also involves establishing a central repository for the outputs, so that leadership learning can be easily accessed at a single point. Each LDP and the national team are applying the framework and will evaluate 100 interventions over the course of the financial year. The outputs will form a source of knowledge for the system in terms of leadership development and what has been found to work, as well as bringing together all of the impacts for the programmes and interventions evaluated. This work will be used both locally and nationally to guide national and local interventions.

We have also established a supplier contract framework with the express intent of building close relationships with high quality suppliers who provide a full range of research and evaluation activity.

8 / Where and how we work

Our colleagues

We aim to be an agile, adaptable organisation, role modelling behaviours and organisational development approaches that enable a motivated, skilled and involved workforce. We recognise that the task faced to provide truly world class, inclusive, accessible leadership development to staff at all levels in the NHS represents a huge challenge, but we're committed to ensuring that the environment our staff work in is in line with our guiding principles. To do this, we've developed a number of tools to monitor and improve our culture.

In December 2015 the Academy launched a Pulse survey to gauge how our staff felt about all aspects of working for the organisation. Initial findings show that staff are hugely engaged in our work, feel able to challenge when required and give discretionary effort freely. The second survey, undertaken in March 2016, showed significant improvement to already positive results.

Our ways of working reflect the level of performance scrutiny, accountability and governance needed to ensure that what we do is right, and how we do it is effective, efficient and models the kind of behaviours we promote.

We firmly believe that our work directly impacts on patient care and work to ensure that all colleagues can relate their personal contribution to this end goal.

Local engagement

Where things can and should be delivered locally they will be delivered in conjunction with our LDPs. Providing local expertise in a range of fields including talent management, OD and systems leadership, they will continue to actively engage with all organisations in their area to promote the availability of the wide range of resources the Academy provides.

The Academy will also continue to hold a small but significant national team that undertakes work that should only be done once. We will employ experts in the field and working in conjunction with key partners and stakeholders to actively promote, develop and deliver world class leadership development to the NHS.

To enable the Academy to have the most skilled and flexible workforce it will continue to hold a register of faculty that can be used in delivery of its work.

Digitising the Academy

We continually research better ways of using technology to facilitate learning, programme delivery, reporting and general operational support. Our digital approach is about to enter a new phase of alignment with the Government Digital Service principles and will look to mature in the following areas:

- User-driven research and design
- Using Open Source solutions and cloud-based hosting to standardise our resources
- More agile ways of working
- Architecture and data standardisation

Our facilities

The Academy's modern premises are five minutes from Leeds City Station in the heart of the city centre. Up to 180 delegates per day attend the facility.

Our Facilities Team ensures that the hospitality services/ event support provided to delegates attending Academy programmes are of an exceptionally high standard, meet delegates' needs and seamlessly complement programme

delivery. By hosting programme activity in the building - and keeping our space used to optimum capacity whenever possible - we save the NHS a significant outlay in costs which would otherwise be incurred if commercial/events venues had to be sourced.

As time goes on, the return on investment on the use of the space will increase as set up costs for items such as furniture for participants, diminishes. Given that the space has been designed to respond to the bespoke needs of programme attendees, the quality of the facility provides significantly higher value than would be the case if 'shoe horning' into standard event spaces. We know from feedback that there is a direct correlation between the quality of the learning and the quality of the space in which it is undertaken.

Furthermore, the Academy continues to explore opportunities for offering its facilities to fellow NHS or community organisations, at reduced rate, for other learning or training provision.

Quotes and feedback about the Facilities Team:

We are treated like kings on each and every residential. It is not something I have ever experienced in the NHS before and I also take comfort that it all seems to be achieved on a reasonable budget (e.g. internal catering, NHS staff facilitating, internal evening meal). This feels ethical and right to me. Whilst it is nice to be appreciated it should not be at high cost."

Bevan participant

"Thank you to the Purple Team - a fantastic job in feeding and looking after us."

Participant

"Always feel very welcomed in the Academy. And very well looked after ... the building staff are excellent – special thank you to them."

Participant

"The support staff are brilliant - always very warm and attentive. The leaders clearly value them - and we feel valued in return."

Participant

"They (the participants) asked us to pass on their gratitude and thanks for your amazing support throughout the week, they noted how you're always on hand (no matter the query) and that your attitude is fantastic, showing a genuine care for their experience and well-being throughout the three days. A few wrapped up by stating they wished you worked amongst their trusts/hospitals."

Programme administrator

9 / Our activity and finance summary

In 2016/17 the NHS Leadership Academy has an annual baseline budget of £44.7m. This is provided through the Department of Health and is managed by HEE, the Academy's hosting body.

The Academy also has plans to generate £6.4m from income generating activities. This, combined with our baseline funding, gives the Academy a planned annual budget of £51.1m.

Our plans for this year include an allocation of £11.8m for LDPs in support of local leadership development support.

The budget supports a range of programmes in support of leadership development for staff at all levels in the healthcare system. This includes the provision of a high quality delivery space based in Leeds.

The Academy currently forecasts to gain income in the region of £6.4m. Of this:

- £3.5m relates to the co-funding of leadership development programmes
- £0.7m relates to income received for Executive Search Services
- £1.4m relates to nationally commissioned work such as The Aspiring Chief Executive programme and the clinical pharmacist work

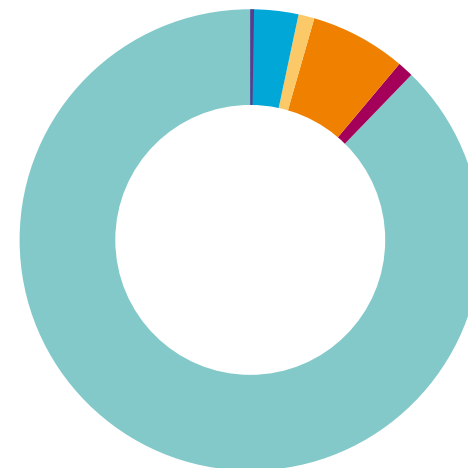
The remaining income relates to other sources.

EXPENDITURE BUDGET
(£m)



Systems and in place leadership development	£7.5m
Talent management	£11.5m
Capacity building at every level	£24.6m
Capability building	£7.4m
Total	£51.1m

INCOME BUDGET
(£m)



Systems and in place leadership development	£0.1m
Talent management	£1.6m
Executive Search	£0.7m
Capacity building at every level	£3.5m
Capability building	£0.5m
Subtotal	£6.4m

10 / Annex

FINANCIAL INFORMATION

Budget as at M2 2016/17

	Budget	Budget	Budget	Budget	Budget	Budget
	Exp	Inc	Net	Exp	Inc	Net
	£'000	£'000	£'000	£m	£m	£m
Systems and in place leadership development	7,546	- 68	7,478	7.5	- 0.1	7.5
Talent management	11,476	- 2,367	9,109	11.5	- 2.4	9.1
Capacity building at every level	24,637	- 3,411	21,226	24.6	- 3.4	21.2
Capability building	7,434	- 548	6,886	7.4	- 0.5	6.9
TOTAL	51,093	- 6,393	44,700	51.1	- 6.4	44.7

The NHS Leadership Academy is subject to the financial governance of HEE and is bound by their standing orders, standing financial instruction and scheme of delegation. Decision making is supported by the Health Education England Advisory Group, internal to HEE, and the National Leadership Development and Improvement Board, which operates on behalf of the system.

Business Plan 2016/17

Empowering leaders to transform health and care

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