Ready Now Programme Evaluation

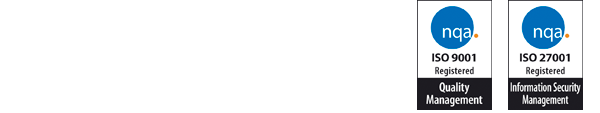
Final report

**Report for the NHS Leadership Academy**

10 November 2017



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# Executive summary

OPM Group, an independent employee-owned research and consultancy organisation was commissioned by the NHS Leadership Academy (NHSLA) to conduct an independent evaluation of Ready Now. Ready Now is a leadership programme aimed at senior leaders from a Black, Asian and Minority Ethnic (BAME) backgrounds working in the NHS.

The aims of the evaluation were to:

* Capture the experiences of Cohort 2 and 3 participants of Ready Now and report on what individual changes, if any, occurred;
* Identify wider organisational or system level changes taking place because of participation in Ready Now;
* Understand the extent to which different elements of the programme have contributed to individual, organisational and systems level change; and
* Inform the ongoing development of the Ready Now programme.

The evaluation methodology was comprised of the following steps and activities:

1. Scoping interviews with programme designers and core facilitators (n=5) to inform the design of the evaluation.
2. An online survey of Cohort 2 and 3 participants (26 responses) and depth interviews with Cohort 2 and 3 participants (n=13).
3. Development of five case studies through follow-up qualitative fieldwork.

#### Background

There is extensive evidence that race based discrimination remains a challenge in the NHS. Amongst other things, this has negative implications for BAME employees’ ability to progress into more senior positions and for the quality of patient care. In this context, the Ready Now programme has been specifically designed and refined over successive cohorts to address these challenges.

#### Summary of impacts

Drawing on the survey and depth interviews with participants from Cohorts 2 and 3, there is strong evidence that the programme has succeeded achieving positive change at different levels. When it comes to individual level change, there is evidence that the programme has led to:

* **Participants accepting their ‘authentic self’,** which was an important developmental step for many participants, allowing them to move on to other areas of learning and development.
* **Strengthened professional and leadership skills,** including becoming a more resilient leader, acting with greater confidence and more productive relationships with colleagues.
* **Supported career progression,** both in terms of applying and achieving new and more senior roles as well as in-role progression which is no less important.
* **Greater readiness to pursue further learning and development opportunities** including several participants who went to apply for the Nye Bevan leadership programme

In terms of supporting organisational and systems-level changes, there is evidence that the programme made a strong contribution. For example, by giving participants:

* **The knowledge and confidence to effect change** **and the readiness to share these insights with colleagues** including through thought leadership or by directly supporting colleagues e.g. mentoring, coaching and pastoral support.
* **To become louder and more confidence champions of inclusion and diversity** in their organisations including influencing policies and procedures and initiating new training.
* **Increased connections and with other BAME professionals** as participants joined or formed professional networks and contributed towards a movement for effecting positive change.
* **The ability to make positive changes in their personal lives and beyond the health system** for example, re engaging with hobbies, taking on trustee positions in voluntary organisations and mentoring young people in their area

#### Barriers to effecting change

Although some participant’s colleagues were supportive and enthusiastic about Ready Now, at least a quarter answering the survey described how their organisation or specific colleagues, such as line managers, had been not ready or were resistant to change. Some also reported that there was not yet a critical mass of champions in their organisation or in the wider system who were ready to lead positive change or felt that the problem of discrimination in the organisation was ‘too big’ for an individual or small group of individuals to take on. Recognising this challenge, Ready Now faculty emphasised that alongside implementing programme like Ready Now, it would be important to work at a more strategic level to 'enable' the system to change.

#### Elements of the programme that supported change

The evaluation was able to identify how specific elements of the pedagogy and delivery methods have supported positive change. The evaluation evidence suggests that the distinct and innovative features of the programme and the ongoing modifications that have been made over the first three Cohorts have been integral to supporting participants to effect positive change. For example:

* **Size and composition of the cohorts** with the majority of participants highlighting the importance of the wider cohort in contributing to their learning and development as well as the benefits associated with being part of a large and diverse cohort, e.g. increased networking opportunities, greater sense of being part of a movement, increased pool and skills and knowledge to draw upon.
* **Focus on experiential learning and work-based challenges** rather than placing the emphasis on abstract leadership theories and essay writing.
* **Value of the three-day residentials** which offered much needed time and space, away from work and family commitments, allowing participants to engage in deeper and more sustained personal and professional development.
* **Providing bespoke support for individuals** with several talking about the value of receiving coaching and ongoing pastoral support and encouragement from the faculty where this was needed.
* **Flexible and less structured delivery approach,** allowing facilitators to address challenges in the room as they emerged and to run activities which placed participants outside of their comfort zones and encouraged them to be resourceful, creative and reflect on behaviours and attitudes.

#### Recommendations

**Programme design:**

1. In line with participant’s recommendations, consider the scope to increase the preparatory information and review how activities are setup, whilst retaining the unique benefits associated with the less-structured and flexible delivery approaches that make Ready Now distinct.
2. Consider building into the programme different mechanisms for helping participants to put what they’ve learnt into action and commit to actions in a sustained way, e.g. additional action planning sessions during the programme, creating “participant pledges”, progress reviews after the programme, creation of more formalised champions and ambassador roles, additional mechanisms for encouraging/supporting participants to form and sustain professional networks.
3. The evaluation found evidence that a few participants had used the 'race-based' lens to explore other elements of their identities. The programme could potentially have a more explicit focus on how race interacts/intersects with other identities (e.g. gender, sexuality).

**Extending the evidence base about Ready Now**

1. Consider conducting further evaluation research with Ready Now participants to:
   1. Further understand the impacts of the programme, including different forms of in-role career progression.
   2. Evidence about how participation in the programme positively impacts on the quality of patient care building on the promising but limited evidence captured by this evaluation.
   3. Actively seek out the views of those who have not engaged in this evaluation to see if their experiences and insights are similar or different.

**Strategic influencing**

1. Make clear to participants the ongoing efforts which are being made by faculty and wider stakeholders to promote Ready Now and the wider inclusion agenda.
2. Consider whether there is any scope to conduct any further strategic influencing at different levels of the NHS system to support systems change. Action might include mobilisation of evidence captured by this evaluation, stakeholder mapping, development of a theory of change and or action plan, creation of materials tailored to different audiences e.g. line managers.
3. Introduction

OPM Group, an independent employee-owned research and consultancy organisation was commissioned by the NHS Leadership Academy (NHSLA) to conduct an independent evaluation of Ready Now. Ready Now is a leadership programme aimed at senior leaders from a Black, Asian and Minority Ethnic (BAME) backgrounds working in the NHS.

The aims of the evaluation were to:

* Capture the experiences of Cohort 2 and 3 participants of Ready Now and report on what individual changes, if any, occurred;
* Identify wider organisational or system level changes taking place because of participation in Ready Now;
* Understand the extent to which different elements of the programme have contributed to individual, organisational and systems level change; and
* Inform the ongoing development of the Ready Now programme.

## Background

Ready Now responds to the fact that BAME leaders are significantly under represented in senior leadership positions within the NHS, which amongst other things has negative implications for the quality of patient care. Recent evidence about the BAME NHE employees experience and representation includes:

* The 2015 King’s Fund report [‘Making the difference: diversity and inclusion in the NHS’](https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Making-the-difference-summary-Kings-Fund-Dec-2015.pdf), which found that minority ethnic employees in the NHS are more likely to report experiencing discrimination compared their white counterparts.
* The 2016 NHS [‘Workplace Race Equality Standard (WRES) Report’](https://www.england.nhs.uk/2017/04/report-sets-out-progress-on-race-equality-standards-for-all-nhs-trusts-in-england/) which found that people from a BAME background see themselves as disadvantaged in career progression compared to those from non-BAME backgrounds.
* The 2014 ‘Snowy White Peaks’ report by Middlesex University which found that in London only 1 in 40 chairs and no CEOs were from BAME backgrounds and 17 of 40 trusts had all white boards

The Ready Now programme was designed to give senior BAME leaders the knowledge, skills and experience to challenge the status quo and progress further in their careers. Rather than focusing solely on individual development, the programme was designed to give participants the skills, confidence and inspiration to contribute to the development of a more inclusive culture in the NHS.

## Methodology and sample information

The evaluation methodology involved the following steps and activities:

1. **Scoping interviews with programme designers and core facilitators**

The evaluation team began by conducting five semi-structured interviews with members of the Ready Now faculty and stakeholders at the NHS Leadership Academy involved in managing and overseeing the programme. These interviews explored their views on why the programme is needed, its main objectives and insights on the pedagogy and delivery method of the programme. These interviews allowed us to co-develop a logic model (see Section 2) which sets out the inputs, activities, outputs and outcomes associated with the programme which in turn informed the evaluation tool design.

1. **An online survey of Cohort 2 and 3 participants**

An online survey aimed at Ready Now participants made up of closed and open ended questions. The survey sought to understand the motivations for joining the programme, the impacts associated with participating in the programme, the contribution made by different elements of the programme to achieving impacts and recommendations about how the programme could be improved. The survey was completed by a total of 26 participants, 10 (38%) from Cohort 2 and 16 (62%) from Cohort 3.

1. **Depth interviews with Cohort 2 and 3 participants**

To complement the mainly quantitative data captured by the online survey, we also conducted 13 depth interviews with programme participants; seven from Cohort 2 and six from Cohort 3.

The interviews lasted around an hour and were guided by a semi structured topic guide. The interview explored in more detail their motivations for joining the programme, the impacts achieved by individuals at different levels (professional, organisation and whole systems) and what about the programme or wider context helped and hindered these impacts to be achieved. As with the survey, suggestions for improving the programme were explored.

1. **Development of case studies through follow-up qualitative fieldwork**

Having completed the depth interviews we sampled a small sub section of these participants and developed five impact case studies. Our sampling approach considered the following variables:

* The types of impacts achieved (personal, professional, organisational);
* Participant’s role within the NHS (clinician, non-clinician, NHS organisation, division or Trust);
* Different characteristics (ethnicity, gender, family status, sexual orientation and disability); and,
* A mix of participants from Cohorts 2 and 3.

We contacted 7 potential case study participants (5 non-clinicians; 2 clinicians) to seek consent to participate. A total of 4 non-clinicians and 1 clinician agreed. The follow up fieldwork consisted of 30-minute, semi-structured telephone interview, building further understanding of the impacts they achieved and what elements of the Ready Now programme facilitated this.

Where possible (in two out of five instances), we also undertook interviews with case study participants’ colleagues, friends or family members which they recommend we speak to. This helped us to further understand and evidence some of the wider impacts associated with participating in the programme.

1. **Coding, analysis and reporting**

We used a framework approach to analyse the different strands of the evaluation.

A more detailed evaluation methodology can be found in Appendix 1.

#### Reading this report

In most cases the impacts described here are self-reported by participants.

At the time of participating in the evaluation, Cohort 2 participants were five – seven months on from completing the programme. Those from Cohort 3 were in the final stages of completing it. This meant that the extent to which impact had been achieved varied between the two cohorts.

It is important to note that the findings of this evaluation may be skewed towards the views and outcomes of those who had more positive experiences with Ready Now. Participation in the evaluation is entirely voluntary, and there may be a more ‘positive bias’ in the sample that ‘opted in’ to the evaluation. Engaging with those who had less successful experienced are discussed in the Recommendations section.

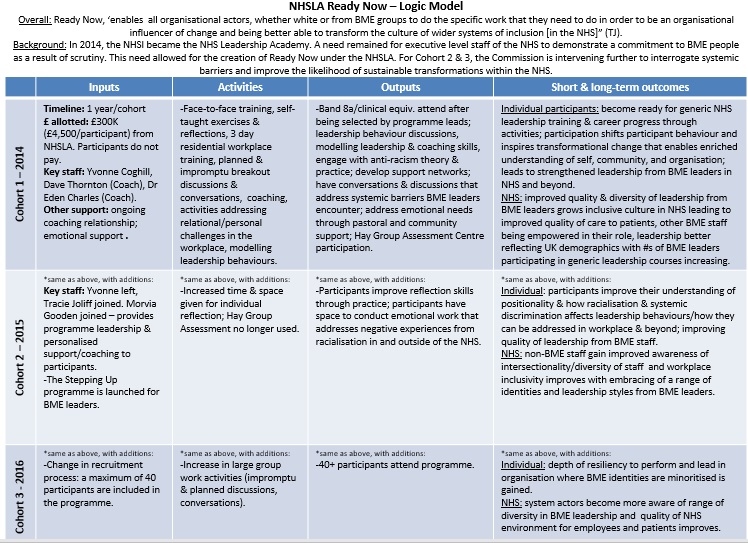
# Ready Now logic model

A logic model is a way of seeing an intervention (such as the Ready Now programme) through a whole systems approach. It adopts an outcomes-focused approach, and requires us to be clear about “what is the point of all this?”, rather than simply describe what is being done and to make assumptions that these necessarily lead to claimed outcomes. A logic model helps us:

* be clear what is needed to make an intervention happen in terms of what is ‘invested’.
* specify how these investments are deployed to deliver key activities;
* identify what these activities produce/generate;
* articulate the ‘logic’ of why we think doing things a certain way will bring about an intended outcome

The logic model therefore sets out the overarching framework for us to clarify the types of evidence required for this evaluation.

On the next page we present the Ready Now logic model.



1. Key findings

## Motivations for joining the programme

The online survey asked respondents to describe their main motivations for joining the programme. Three broad themes emerged which are described below. Respondents were able to identify more than one motivation, and hence the proportions described below don't add up to 100%. Overall, we found similar points were made by survey respondents and those who also participated in in-depth interviews.

### Individual professional development

Around two thirds of survey respondents identified a motivation related to individual career progression. Many talked about wanting to develop skills and confidence in their current roles (e.g. performing better in meetings, building relationships with senior colleagues, feeling misunderstood by colleagues) or to apply for a more senior role. It was also common for respondents to say that they were motivated by a desire to address specific barriers to career progression and the feeling that their career progression had stalled. These included:

“Equip me with the right skills to help break that glass ceiling for the next level into my professional career.” (Participant, Cohort 3)

“Understanding why I had been overlooked for a promotion even though I was better qualified than the other candidate.” (Participant, Cohort 3)

“I was in a job share with someone who was younger and less experienced than me in everything – qualifications, management experience…and they were offered a Deputy position after a few months, without any questions to me about if I wanted it….and then it happened again.” (Participant, Cohort 2)

### Contributing to systems change

Just over two thirds identified motivations around being better able to contribute to systemic change in the health system. This often included an ambition to provide more or better support to BAME colleagues as well as driving organisational and systems change that was focused on greater equality and diversity. For example:

“To explore how I could give back to others like me, and promote more representative leadership at senior levels.” (Participant, Cohort 2)

“To bring a greater level of equality to our organisation.” (Participant, Cohort 3)

“Wanting to help others below me coming up in the ranks.” (Participant, Cohort 3)

### Networking, community forming and learning from others

Around half of our respondents stated that a key motivator for joining the Ready Now programme was the desire to form and strengthen their professional networks with colleagues who had a diversity of skills, experience (including the anger and exhaustion that discrimination can create), and shared values. Several respondents also highlighted the value of having an opportunity for peer learning. This included:

“To be among like-minded colleagues and to learn from them” (Participant, Cohort 3).

“Share knowledge and experience with others from a diverse group of professionals” (Participant, Cohort 3).

“To have exposure to other NHS staff in similar situations and exchange views and learn from each other” (Participant, Cohort 2).

### Other motivations

Other motivations noted by respondents, though mentioned less frequently, included the desire to take part in a programme that does not involve final examinations and copious theoretical essay writing; addressing feelings of anger and frustration from encountering enduring experiences of discrimination, to have a recognised development programme on their CV; and for symbolic benefit: to be recognised as being someone the NHS valued and was willing to invest in professional development for.

## Impacts of the programme

In this section, we describe the changes interview participants experienced as a result of Ready Now. These are explored at the following three levels:

When reporting on changes, we draw on all strands of evaluation evidence (interviews with faculty members, interviews with participants and survey evidence). Where we report on the proportions of those who experienced change, we draw on survey data so as not to ‘double count’ the instances where impacts were reported by depth interviewees.

Appendix 1 provides further evidence about the changes achieved by five Ready Now participants and the elements of the programme that support these changes.

### Individual change

Participants described a range of individual changes in their professional and personal lives which we have described under the following themes:

1. Accepting your ‘authentic self’

2. Professional and leadership skills

3. Career progression

4. Pursuing further learning and development opportunities

5. Positive changes in one’s personal life

#### 1. Accepting one’s ‘authentic self’

Both the survey and interview data suggest that accepting one’s ‘authentic self’ was an important developmental step for many participants which allowed them to move on to other areas of learning and development. Faculty members and participants described accepting one’s ‘authentic self’ as a process of:

* Reflecting on the impact of negative experiences, including discrimination, on your self-confidence and wellbeing;
* Addressing the self-limiting beliefs that can result from race-based discrimination;
* Shifting ideas about what your valuable characteristics are, including the talents you bring to work.

Faculty members acknowledged that because of the enduring harm discrimination can cause, BAME individuals can be justifiably hurt, angry and exhausted. Furthermore, people from BAME backgrounds may be conditioned to think and feel that who and what they are are simply not 'good enough', and therefore they have to be something/someone else. The system often operates, and conditions people within it to operate, through a 'deficit model' of race, leading to endemically low aspirations for those from certain groups, including BAME professionals.

The survey data indicate that the programme made a significant impact in this area as outlined in the figure below, where the great majority of participants reported that the programme had helped them to challenge self-limiting beliefs, to act with greater confidence in daily interactions with colleagues and to better recognise their skills and talents.

**Figure 1. Accepting one’s authentic self. Participating in Ready Now has…**

Base: 26

Evidence that the programme was successful in this respect is also clear in the open-ended responses and interviews. For example:

“Ready Now has firstly and most importantly supported me to accept myself and where I am at. It also helped me revisit some old relationships and mindsets that were stopping me from progressing. This seemed important for me before considering applying for any roles.” (Cohort 2)

“In terms of having the difference it has made to my everyday thinking and behaviour – it had a huge impact – a huge impact, compared to how I literally hold myself when walking down the corridor and how I manage myself.” (Participant, Cohort 2)

By encouraging BAME leaders to recognise and celebrate their unique talents and experiences, they became better able to confront external challenges, such as discrimination in the workplace, and improved their ability to manage teams and delivering high quality patient care.

“[The intention is that] people can become whole, authentic, powerful leaders who are able to create the intentional shift that they need to make within the system” (Programme faculty).

“Being able to acknowledge your skills and attributes as positives; and changing your mindset into what are skills and attributes” (Participant, Cohort 3).

Faculty members emphasised that embracing one’s ‘authentic selves’ represented a departure from traditional development programmes, which tend to focus on mastering a set of technical skills and competencies that may reproduce, rather than challenge, existing systems:

“[People assumed participants] need managerial and leadership skills and if they had these skills, they would succeed. It’s naïve […]; it reproduces BAME managers who thought and behaved exactly the same way as people in the existing system did. History shows this doesn’t lead to sustainable change. People revert [back]” (Programme faculty)

“I am more understanding of the value I bring to the NHS.” (Participant, Cohort 3)

While accepting your ‘authentic self’ was considered primarily from a racial lens, the process also involved exploring and appreciating other characteristics and aspects of identity, such as gender, sexual orientation, accent, citizenship status, and disability status.

It is important to note that the extent to which participants focused on accepting their ‘authentic selves’ and deemed it to be important varied. While just over a half that were interviewed deemed this to be important, some reported that they were fundamentally confident and positive about their identity from the outset but nevertheless valued Ready Now as an opportunity to hone leadership skills and be part of a network championing change in the organisation and wider system.

Crucially, we are not saying that by accepting your ‘authentic self’ the issues outlined above are eliminated. Systems are complex and race-based discrimination is an enduring challenge. As the 2016 WRES Reports states: “for many of those [BAME employees] whose careers have stalled or slowed, more development and confidence is only part of the answer. Crucial is confidence that the organisation is serious about valuing their talent and has taken steps to end unfair practices throughout career progression” (p. 116).

#### 2. Professional and leadership skills

As well as developing greater self-belief and self-acceptance, the great majority of survey respondents reported that participating in Ready Now strengthened their professional and leadership skills. This included, becoming a more resilient leader, acting with greater confidence when interacting with colleagues and having more productive relationships with colleagues.

**Figure 2. Impacts on professional and leadership skills. Participating in Ready Now…**

Base: 26

Examples of this impact include:

“I changed my leadership style (more collaborative, working with colleagues on how to be more BAME aware in communications)” (Participant, Cohort 3).

“[Helped me in] dealing with an anxiety that I’ve had for a couple of years and improving my leadership style” (Participant, Cohort 3).

“I’m confident in meetings, I’m confident with very senior members of the organisation and I’m making better progress through networks” (Participant, Cohort 3).

Two thirds of survey respondents also indicated that participating in the programme had improved their ability to deliver excellent quality patient care. Drawing from the open-ended data, examples of this impact include:

“I feel more able to challenge peers but also contribute more to communication and engagement with patients from diverse backgrounds, thinking about them more during consultations and service change programmes” (Participant, Cohort 3).

“My engagements with others are viewed more critically through the lens of inclusiveness for patient benefit, staff benefit and organisational benefit. My actions are informed by a social inclusion agenda when considering design of services, service development and in staff management and engagement across all levels of the organisation” (Participant, Cohort 3).

When it came to patient care, a third of respondents selected the neutral option of ‘neither agree nor disagree’. This may be because the majority of survey respondents were not in clinical or patient facing roles and so there may have been less potential to achieve this impact or a less direct relationship. It is also likely that the link between individual development and quality patient care can often seem to tenuous and hard to evidence or attribute, leading people to not wish to over-claim.

#### Career progression

There is strong evidence across the survey and interview data that participating in Ready Now has had a positive impact on individuals’ career progression. As shown below, over half of survey respondents (54% or 14 out of 26) reported that Ready Now has had a great amount of impact in this area.

**Figure 3. To what extent has participation in Ready Now had a positive impact on your career?**

Base: 26

In terms of the types of positive career impacts cited by participants, the online survey indicates that:

* 84% or 22 out 26 indicated that Ready Now had raised their awareness of the barriers to career progression.
* 77% or 20 out 26 indicated that Ready Now had improved their confidence to apply for new roles.
* 50% or 13 out of 26 indicated that Ready Now had directly contributed to them achieving career progression.

These findings are also reflected in the open-ended responses to the online survey, where participants explained how the programme had benefited their careers:

“Six months after the end of the course, I applied for a promotion in another Directorate which was very much outside of my comfort zone and I was appointed” (Participant, Cohort 2).

“It has given me the confidence to apply for jobs that I would otherwise felt were too high banded for me” (Participant, Cohort 3).

As well as applying for new roles, a few participants said that they had achieved progress within their existing roles, for example, taking on new responsibilities. Many also talked about more fundamental positive shifts, such as increased self-confidence and the ability to support the wellbeing and professional development of colleagues more effectively. This finding is in line with the programme faculty’s understanding of career progression which is that this is not always about moving to a higher grade; sometimes side-ways moves are also important.

Around a quarter of participants who answered the survey reported that Ready Now has had limited or no impact on their career progression. While a few participants did not explain why this was the case, a few explained that this was because systemic barriers still stood in the way. For example:

“I am still in the same role I was previously and the same barriers and whole system leadership biases and barriers still exist.” (Participant, Cohort 2)

“My career has not changed since doing this course. I think it felt more targeted to people already in management roles rather than those who work clinically.” (Participant, Cohort 2)

#### Pursuing further learning and development

The survey results indicate that the programme had a positive impact on participants’ readiness to pursue further learning and development opportunities. For example, 88% or 23 out of 26 participants agreed that they felt more ready to take-up learning and development opportunities as a result of taking part in Ready Now. Fourteen out of 26 indicated that participating in the programme had resulted in them taking up learning and development opportunities.

Participants were asked to describe these learning and development opportunities. Most of those who answered were able to point to several examples of actions they had taken. Three participants had successfully got on to the NHSLA Nye Bevan Programme for Aspirant Directors and another respondent was considering doing so. These participants noted that they would not have applied to it had they not developed the confidence to do so on Ready Now, therefore making a direct attribution.

Several participants talked about further developing their skills in mentoring and coaching; several indicated that they had joined BAME networks in their area which had allowed them to learn and develop more. Other activities, each mentioned once, included: undertaking an online management class, a master’s module, participating in a quality improvement project, taking on a trustee position at a local care home and carrying out regional work to promote diversity and inclusion with the NHS Leadership Academy.

“I am now registered in the ILM 5 [Institute of Leadership Management] Coaching and Mentoring, to enable me to coach and mentor other BAME staff.” (Participant, Cohort 3)

“I have since started another NHS Leadership Academy programme, taken on a promotion and started a Masters module. I may not have been so open to these opportunities in the past.” (Participant, Cohort 2)

#### Positive changes in one’s personal life

Although the skills and techniques Ready Now aimed to develop were primarily focused on professional settings, it was common for participants to report positive impacts in their personal lives. For example, over half of survey respondents and several interviewees described positive changes, including improved relationships with family and friends, joining advocacy groups not related to their profession, or participating in sports and arts activities and other hobbies. These changes came about both because participants were able to apply what they had learned to their personal lives and in some cases these changes were as a result of improved their mental wellbeing and resilience. For example:

“I use my experience [from Ready Now] to support family members.” (Participant, Cohort 3)

“[In my] personal life, I can better appreciate the impact of my behaviour on others.” (Participant, Cohort 2)

“Dealing with an anxiety that I’ve had for a couple of years.” (Participant, Cohort 3)

“I do not get angry when my son is discriminated [against] at school.” (Participant, Cohort 2)

### Organisational and systems change

Alongside individual level changes, participants described the different ways in which Ready Now had supported them to influence and lead change in their organisations and in the wider system. Changes reported by participants at these levels have been clustered into the following themes:

1. Developing the knowledge and confidence to effect change

2. Organisational change

3. Supporting colleagues

4. Building professional networks

5. Thought leadership

6. Changes beyond the health system

#### 1. Developing the knowledge and confidence to effect change

The great majority of survey respondents reported that Ready Now had helped them to become more knowledgeable about forms of institutional inequality and discrimination and clearer and more confident about the role they could play in effecting positive change.

**Figure 4. Knowledge and confidence to effect change developed as a result of participating in Ready Now**

Base: variable (16-26)

#### 2. Championing organisational change

There is strong evidence from the survey and interviews that with greater knowledge and confidence about their ability to effect change, participants took action. As shown below, the survey results indicate since participating in the programme, the great majority of participants had:

* shared insights and knowledge with colleagues about creating a more inclusive culture;
* supported BAME colleague to realise their career ambitions;
* posed questions and constructive challenge; and
* have been a louder and more confident voice in their organisation.

**Figure 5. Organisational impacts associated with participating in Ready Now**

Base: 26

When asked to provide examples of how they have been able to effect change in their organisations, around two thirds of survey respondents provided examples. These included:

Having the confidence and knowledge to speak up in different forums and at different levels of their organisation:

“I was a key agent in effectively challenging the system to acknowledge that board level leadership is required to drive this agenda- rather than a more passive Board role of overseeing the implementation of the WRES by the action group!” (Participant, Cohort 2)

“I have used the fact that I have been associated with this programme to highlight the need to have a view to the diversity of our workforce.” (Participant, Cohort 2)

“I now feel confident when required to challenge the status quo to further improve how we act and we perceived to effect change.” (Participant, Cohort 3)

“It’s definitely given me more evidence to combat challenges in my organisation and others that I work in partnership with.” (Participant, Cohort 2)

Working with equality and diversity colleagues and influencing their organisation’s policies and practice:

“Ready Now motivated me to work more closely with the Equality and Diversity lead in my organisation. I have also successfully pushed for Diversity Training for Managers to be introduced.” (Participant, Cohort 2)

“I have facilitated improved organisational response to bullying and harassment, driving the initiation of diverse a talent pool and better secondment/ leadership opportunities.” (Participant, Cohort 2)

“I think you’ve failed on an objective of a course like this if you don’t try to impact the wider system… one thing I’ve done is to start attending the equality and diversity meetings at my trust.” (Participant, Cohort 2)

Initiating new forms of training and development:

“Training trainee psychologists in the social inclusion agenda.” (Participant, Cohort 3)

“I am coordinating master classes region wide on how organisations can work more effectively with BAME (Participant, Cohort 3)

“I have successfully pushed for diversity training for Managers to be introduced.” (Participant, Cohort 2)

“As a result of the course, I’ve Initiated unconscious bias training for staff and non-executive directors. Facilitated Equality Essentials training for leaders across health and care organisations on their legal responsibility to meet this agenda.” (Participant, Cohort 3)

#### 3. Supporting colleagues

Twenty-four out of 26 survey respondents reported that Ready Now had given them the skills and confidence to support other BAME colleagues to realise their career ambitions. When asked to evidence how they had applied what they had learnt from the programme into practice, just over half of respondents chose to focus on the ways in which they were supporting BAME colleagues. Providing mentoring and coaching was the type of support most often cited by respondents, and this included one instance where a participant had established an independent practice to support BAME colleagues working in different sectors.

Other types of support mentioned less frequently included, cascading skills developed during Ready Now to colleagues, providing ongoing pastoral support and encouragement to colleagues including to direct reports, and educating others on how to effect change in a positive way.

“Instil confidence and support other BAME staff through their career progression using the experience gained from the programme.” (Participant, Cohort 3)

“Developing my direct reports who are from a BAME background and championing their development.” (Participant, Cohort 2)

“I have delivered elements of Ready Now to my staff and I strive to have deep conversations with people I am uncomfortable with.” (Cohort 2)

“By educating colleagues at work on the importance of relationship building and how to navigate through the system in a positive way and achieving a desired positive outcome rather than fighting the system.” (Participant, Cohort 3)

#### 4. Building professional networks

Twenty-four out of 26 respondents indicated that participating in Ready Now had motivated them to strengthen or broaden their connections with BAME colleagues in the health system. Most often, respondents described joining professional BAME networks in their trust or networks operating at a regional level. There was also an instance of a participant establishing a new regional network focused on promoting equality in the NHS.

“Being active in diversity network in my trust and my professional organisation” (Participant, Cohort 3)

“I founded an equalities network to give voice to all staff of protected characteristics (Participant, Cohort 2).

Others described relevant activities and new roles they had taken on that were focused on promoting the inclusion agenda.

“Participating in various inclusion activities is building a momentum for change.” (Participant, Cohort 3)

“Network activities, start of BAME nursing group, engagement of communities through coproducing services. many smaller activities to create a larger change.” (Participant, Cohort 3)

I have a senior role on the East Midlands Leadership Academies Visible Leaders Network - which aims to support BAME employees.” (Participant, Cohort 3)

“I became a BAME Network lead.” (Participant, Cohort 2)

When it came to maintaining contact with Ready Now colleagues, all survey respondents indicated that they had done so, either with ‘many’ (13 out of 26) or ‘a few’ (13 out of 26). Comparing the responses from across the two cohorts, Cohort 3 participants were more likely to select ‘many’ and Cohort 2 participants were more likely to select’ a few’. This suggests that level of contact may have tapered off over time. It also suggests that Cohort 3 with its greater emphasis on group dynamics was more successful in promoting connections.

Asked to say how these connections had benefited them, most talked about the value of having a group of like-minded colleagues with shared experiences who they could: explore their career aspirations with, share interview advice, reflect on positive and negative professional experiences, as well as share additional learning resources or information e.g. upcoming events focused on the inclusion agenda.

“I have helped a number of others in my cohort with preparing for interviews. They send me the Job Descriptions for what they are applying for and I turn the bullet points into questions and show them a formula for preparing to answer them.” (Participant, Cohort 2)

It was common for participants to say that they had joined or established Facebook and WhatsApp groups to maintain these connections. In several cases, participants noted that the forming of Achievement Groups had encouraged them to form strong connections with fellow colleagues on the programme.

“We have our own Facebook group and WhatsApp group, we share and learn from experiences and people we are dealing with back at base, we’ve had participants raise issues and get support, people flooding the group with ideas and suggestions, that is a network – that I can tap into - feels like a genuine commitment to stay in touch and keep supporting one another.” (Participant, Cohort 3)

#### 5. Thought leadership

With improved knowledge about structural and institutional inequalities, several participants reported contributing to thought leadership. This included, presenting to executive boards; speaking at events; writing academic papers, reports, and writing a book. Several participants acknowledged in the interviews that before Ready Now, they had not felt confident enough that their content or voice was valid or would be listened to.

#### 6. Changes beyond the health system

Around a quarter of respondents described positive actions they had taken beyond the health system. This included:

* A few instances where participants were seeking out or had taken up trustee and board positions at charities.
* Pursuing opportunities to mentor and share insights with young people around their career development.

“I have registered with an organisation called ‘Inspiring the Future’ and will shortly be visiting a school with a diverse group of students from BAME backgrounds to talk to about career opportunities within the NHS.” (Participant, Cohort 3)

* Offering mentoring and coaching to staff in community and voluntary sector organisations.
* Strengthening relationships with colleagues in other sectors.

## Barriers to effecting organisational change

Survey respondents were asked to identify any barriers to effecting organisational change. Of the fourteen participants who responded, around half described how their organisation or specific colleagues such as line managers, or senior managers had been not ready or were resistant to change. Reflecting on this challenge further, some participants felt that there was not yet a critical mass of champions in their organisation or in the wider system who were ready to lead positive change and that the problem of discrimination in the organisation was ‘too big’ for an individual or small group of individuals to take on.

“The reality of the whole system challenges in the NHS which focus around the system nearly always replicating sameness and I am certainly not of that "sameness mould" so you always feel out of the traditional chosen leadership cohort even if you are successful in your role and represent and truly understand some of the challenges for those with most need in the population.” (Participant, Cohort 3)

“When you’re in a training setting, you feel safe with like-minded people; and then when you’re in that workplace and you have your goals, your targets and you’re seeing the organisation is not that supportive: it’s much harder being that lone voice. It’s very hard to do that daily […] you just get bogged down in your day job” (Participant, Cohort 2).

“The realities of the healthcare system as a whole being so averse to having honest conversations, the predominant workforce not wanting to shift to represent the people it serves as this is the easy route out and other challenges that one individual cannot control!” (Participant, Cohort 2)

Another barrier mentioned by several participants was being busy with day-to-day work to remain focused on these issues. This meant that actions could sometimes be put-off, or that they could become less “mindful” of what they had learnt on the programme. In a few cases, participants emphasised that effecting change would take time and would be incremental.

“Changing mindsets, finding the time given conflicting priorities of others - however a gradual push in the right direction.” (Participant, Cohort 3)

That participants may still encounter challenges after participating in the programme is acknowledged by Ready Now programme faculty. Around this point, Ready Now faculty emphasised that in and of itself, the programme cannot be expected to trigger system-level change in any systemic or sustained way.

“There’s something else we [as programme faculty] need to do, in engaging these organisations in the work they need to do and in keeping momentum going for learning [in the whole organisation].” (Programme faculty)

Therefore, parallel efforts are being taken to complement programmes like Ready Now, by working at a more strategic level to 'enable' the system to change.

## What is it about Ready Now that has helped participants to effect change?

Below we draw on the survey and interview data to identify how different elements of the programme contributed to positive change.

The impact case studies presented in Appendix 1 offer further examples of how specific programme elements supported individuals.

Table 1. How different elements of Ready Now support change

| Programme element | How it supported change |
| --- | --- |
| Size and composition of cohorts | Most participants highlighted the importance of the wider cohort in contributing to their learning and development. Several emphasised that the programme was at least as much about learning and supporting one another as it was about learning from the faculty.  Participants welcomed the fact that the cohorts were made up of people from similar NHS bands and BAME backgrounds. This meant that they were more likely to have common experiences and starting points, and were well-placed to build trusting and supportive relationships and to give and receive constructive challenge.  “There was really high morale amongst participants because of our shared experiences – this helped to create a safe environment and atmosphere.” (Participant, Cohort 3)  The larger sized cohorts, as initiated by the Faculty, were praised by participants. Several noted that they offered greater scope for them to build their professional networks, more of a sense that this was about creating a movement for change, and a larger pool of knowledge, experience and energy from which to draw on, both during and beyond the programme. |
| Flexible delivery approach and bespoke support for individuals | Several participants talked about the value of receiving coaching and ongoing pastoral support and encouragement from the faculty where needed. This bespoke support helped to address barriers to professional development and increased participants’ motivation to realise their career ambitions.  “[The faculty] were consistent in their feedback that I had the potential to progress. It took a while, but eventually I believed it and I began to put this into action by applying for roles that would stretch me.” (Participant, Cohort 2) |
| Ability to respond to ‘in the room’ dynamics, avoiding overly prescriptive agendas | Participants praised the way in which the facilitators were able to address challenges in the room as they emerged, rather than sticking rigidly to agendas.  The use of less rigidly structured activities meant that participants often felt outside of their comfort zones and were encouraged to be resourceful, creative and to show initiative. The less structured activities also created opportunities for the group to reflect on how they had responded to different activities and to learn from this.  “The less structured approach was really powerful. We frowned at this at the beginning. But actually, not having an agenda or timetable didn’t matter. I think they should maintain that fluidity going forward… it’s part of what sets Ready Now apart.” (Participant, Cohort 3) |
| Three-day residentials | Many participant felt that the three-day residentials were a key element of the programme, offering a protected time and space, away from work and family commitments, where participants could engage in deeper and more sustained personal and professional development.  “The residentials were really important – the fact that you stayed, rather than people rushing off. It meant that you had time to bond with your colleagues and get away from the classroom situation to develop that rapport and collegiate atmosphere.” (Participant, Cohort 2)  Some added that the evenings away from home offered opportunities for socialising between participants which helped to strengthen and build relationships. |
| Mix of activities | The programme used a wide range of whole group and small group activities and participants were encouraged by the programme leads to work in different groups. This helped participants to build a wide number of connections and discouraged them from forming cliques.  Several participants talked about the value of working in achievement groups – which drew on the principles of action learning sets – helping them to form strong and supportive relationships which could be sustained after the programme had come to an end.  “We have learnt so much from each other, we feel very comfortable challenging each other and we take advantage of the wider skillset that each brings. In my small achievement group, we have met up regularly between each module and have made a commitment to carry on doing so post course completion.” (Participant, Cohort 3) |
| Focus on self-reflection and workplace challenges | Participants praised the fact that the programme avoided an excessive focus on leadership theory and the writing of lengthy essays. Instead the faculty drew on relevant theories, concepts, and evidence where it would add value, and focused on activities that were designed to support critical self-reflection and engage with ‘live’ workplace issues and challenges.  “The experiential methods are what I valued – a real focus on reflection, on self-awareness, on looking at how we interact – the inter-personal interactions that we have. Not just with our direct reports but how we position ourselves and how we behave – in our trusts and outside our trusts as well.” (Participant, Cohort 3)  “It is less about academic and essay writing - we can all do that anyway. Ready Now is about improving self-awareness as leaders, becoming politically more astute in the workplace and seizing opportunities for advancement.” (Participant, Cohort 3)  Participants cited a range of theories and leadership models that proved to be helpful and impactful. Some of these helped participants to become more politically astute and able to strategize; some helped them to understand patterns of discrimination and inequality more clearly and gave them an evidence base that they could mobility to effect change (e.g. unconscious bias, critical race theory), some helped participants to develop greater confidence and self-belief (e.g. bi-cultural competence). |

## Participant recommendations for improving the programme

In the survey and during depth interviews, we asked participants what, if anything, would improve the Ready Now programme. Some clear messages emerged.

### Building buy-in amongst senior leaders

It was common for participants to recommend that the NHS Leadership Academy and other relevant stakeholders should be making ongoing efforts to ensure that senior leaders in the NHS were aware of Ready Now and were clear about the need for it. This would help to signal to employers/line managers that the programme was supported and taken seriously. It would also be crucial to driving change at the system level.

### Preparation and setup of activities

Although several participants talked about the value of the less structured activities and the lack of overly prescriptive agendas, a few requested having more preparatory information and some additional planning around how different activities are setup and introduced to participants:

* A few participants requested having more time and information about some of the upcoming tasks (e.g. board presentations) so they could better prepare and give each task ‘their best effort’.
* Two called for a greater emphasis on setting ground rules to ensure that the whole room, less structured, activities run more smoothly.
* One welcomed more information about the rationale for selecting applicants and some more information summarising the participants in each cohort.

### Additional content

There were a small number of recommendations focused around additional content or activities:

* A couple of participants suggested investing in having more guest speakers, including representative from trusts around the country, who could describe how the equality and diversity agenda is being promoted in their patch.
* One suggested that the programme could build more support/ guidance around interview skills – given that in their view, BAME applicants sometimes fall short in interviews despite having the right qualifications and experiences.
* One suggested that, ideally, participants might be able to access post-programme coaching to help them to crystallise the learning.

### Taking forward actions and leading change

Several participants made suggestions about how actions and commitments emerging out of the programme could be more formalised into the design. Suggestions, each mentioned once were:

* Creating a formalised ambassador / champion role for participants coming out of the programme.
* Checking-in with participants, six months and then a year later to chart progress and outcomes.
* Making ongoing action learning sets after the programme more of an explicit expectation rather than a recommendation.
* Encouraging participants to make explicit commitments and pledges.
* Exploring mechanisms which encourage organisations to work towards the actions that participants have identified, where they relate to improved organisational practice.

1. Conclusions and recommendations

There is extensive evidence that race based discrimination remains a challenge in the NHS. Amongst other things, this has negative implications for BAME employees’ ability to progress into more senior positions and for the quality of patient care. In this context, the Ready Now programme has been specifically designed and refined over successive cohorts to address these challenges.

#### Summary of impacts

Drawing on the survey and depth interviews with participants from Cohorts 2 and 3, there is strong evidence that the programme has succeeded achieving positive change at different levels. When it comes to individual level change, there is evidence that the programme has led to:

* **Participants accepting their ‘authentic self’,** which was an important developmental step for many participants, allowing them to move on to other areas of learning and development.
* **Strengthened professional and leadership skills,** including becoming a more resilient leader, acting with greater confidence and more productive relationships with colleagues.
* **Supported career progression,** both in terms of applying and achieving new and more senior roles as well as in-role progression which is no less important.
* **Greater readiness to pursue further learning and development opportunities** including several participants who went to apply for the Nye Bevan leadership programme

In terms of supporting organisational and systems-level changes, there is evidence that the programme made a strong contribution. For example, by giving participants:

* **The knowledge and confidence to effect change** **and the readiness to share these insights with colleagues** including through thought leadership or by directly supporting colleagues e.g. mentoring, coaching and pastoral support.
* **To become louder and more confidence champions of inclusion and diversity** in their organisations including influencing policies and procedures and initiating new training.
* **Increased connections and with other BAME professionals** as participants joined or formed professional networks and contributed towards a movement for effecting positive change.
* **The ability to make positive changes in their personal lives and beyond the health system** for example, re engaging with hobbies, taking on trustee positions in voluntary organisations and mentoring young people in their area

#### Barriers to effecting change

Although some participant’s colleagues were supportive and enthusiastic about Ready Now, at least a quarter answering the survey described how their organisation or specific colleagues, such as line managers, had been not ready or were resistant to change. Some also reported that there was not yet a critical mass of champions in their organisation or in the wider system who were ready to lead positive change or felt that the problem of discrimination in the organisation was ‘too big’ for an individual or small group of individuals to take on.

Recognising this challenge, Ready Now faculty emphasised that alongside implementing programme like Ready Now, it would be important to work at a more strategic level to 'enable' the system to change.

#### Elements of the programme that supported change

The evaluation was able to identify how specific elements of the pedagogy and delivery methods have supported positive change. The evaluation evidence suggests that the distinct and innovative features of the programme and the ongoing modifications that have been made over the first three Cohorts have been integral to supporting participants to effect positive change. For example:

* **Size and composition of the cohorts** with the majority of participants highlighting the importance of the wider cohort in contributing to their learning and development as well as the benefits associated with being part of a large and diverse cohort, e.g. increased networking opportunities, greater sense of being part of a movement, increased pool and skills and knowledge to draw upon.
* **Focus on experiential learning and work-based challenges** rather than placing the emphasis on abstract leadership theories and essay writing.
* **Value of the three-day residentials** which offered much needed time and space, away from work and family commitments, allowing participants to engage in deeper and more sustained personal and professional development.
* **Providing bespoke support for individuals** with several talking about the value of receiving coaching and ongoing pastoral support and encouragement from the faculty where this was needed.
* **Flexible and less structured delivery approach,** allowing facilitators to address challenges in the room as they emerged and to run activities which placed participants outside of their comfort zones and encouraged them to be resourceful, creative and reflect on behaviours and attitudes.

#### Recommendations

**Programme design:**

1. In line with participant’s recommendations (section 3.3.2), consider the scope to increase the preparatory information and review how activities are setup, whilst retaining the unique benefits associated with the less-structured and flexible delivery approaches that make Ready Now distinct.
2. Consider building into the programme different mechanisms for helping participants to put what they’ve learnt into action and commit to actions in a sustained way, e.g. additional action planning sessions during the programme, creating “participant pledges”, progress reviews after the programme, creation of more formalised champions and ambassador roles, additional mechanisms for encouraging/supporting participants to form and sustain professional networks.
3. The evaluation found evidence that a few participants had used the 'race-based' lens to explore other elements of their identities. The programme could potentially have a more explicit focus on how race interacts/intersects with other identities (e.g. gender, sexuality).

**Extending the evidence base about Ready Now**

1. Consider conducting further evaluation research with Ready Now participants to:
   1. Further understand the impacts of the programme, including different forms of in-role career progression.
   2. Evidence about how participation in the programme positively impacts on the quality of patient care building on the promising but limited evidence captured by this evaluation.
   3. Actively seek out the views of those who have not engaged in this evaluation to see if their experiences and insights are similar or different.

**Strategic influencing**

1. Make clear to participants the ongoing efforts which are being made by faculty and wider stakeholders to promote Ready Now and the wider inclusion agenda.
2. Consider whether there is any scope to conduct any further strategic influencing at different levels of the NHS system to support systems change. Action might include mobilisation of evidence captured by this evaluation, stakeholder mapping, development of a theory of change and or action plan, creation of materials tailored to different audiences e.g. line managers.

# Appendix 1 – Case Studies

Each case study aims to paint a rich picture of an individual participant’s experience of participating in Ready Now and the types of individual and organisational impacts that they achieved. Each case study aims to describe:

* The role and professional background of the participant and the context in which they were working;
* The motivations and expectations they had for participating in the programme;
* The extent to which participants were able to effect change in their personal life, their career and in their wider organisations context;
* The factors and elements of the Ready Now programme which contributed to achieving positive impacts.

Case study participants were selected from a pool of 17 Ready Now participants who were initially interviewed as part of the evaluation. The selection process was driven by the goal of showcasing a range of impacts and including people from a range of roles and professional backgrounds, levels of seniority and from the two different cohorts. The sample is described in the table below.

Table x. Summary of case study participants

|  |  |  |  |
| --- | --- | --- | --- |
| Case study | Ready Now Cohort | Role and background | Key outcomes |
| 1. Sue | **2** | **Pharmacy role** | Thought leadership; communication and influencing skills; expanded professional network; leadership and management skills. |
| 2. Linda | **3** | **Advanced Nurse Practitioner** | Physical and emotional wellbeing; reconnecting with family and community; focus on patient-centred care. |
| 3. Eric | **2** | **Regional Allied Health Professional Lead** | Improved communication and relationships; expanded professional networks; leadership and management skills. |
| 4. Heather | **3** | **Trust Service Manager** | Communication and advocacy; commitment to BAME staff development; opportunities for career progression. |
| 5. Nadia | **3** | **Principal Clinical Psychologist** | Understanding NHS structure; community and workplace leadership. |

Participants were invited to contribute to a case study by email invitation. The invitation set out the aims of the case studies, described what was involved in taking part and explained the approach taken to protecting anonymity of participants and handling their data securely and responsibly. Once we had participant consent, we did the following:

* Organised a follow-up telephone interview to build on the initial evaluation interview;
* Asked the participant to nominate colleagues or friends/relatives who could share insights about the impact of the Ready Now programme, and;
* Asked follow-up questions by email in a few instances where necessary.

The five case studies use fictional names to protect participants’ anonymity.

## Case Study 1: Sue, Pharmacy, Cohort 2

|  |
| --- |
| Participation in Ready Now supported the following impacts:   * an increased thought leadership role; * more effective communication and influencing skills; * an expanded professional network, and; * improved leadership and management skills. |

Sue works in a pharmacy position and is based in the South-East of England. She was new to her role when she began the Ready Now programme in 2015. Sue has been working for the NHS for 20 years.

### Motivations and expectations

Sue’s main motivation to join Ready Now was to support her career development. Newly appointed to a senior role, she hoped Ready Now would give her the tools and confidence to help her progress to a higher band level or executive position.

She was also interested in participating in Ready Now to become better at managing and addressing race based discrimination which she had encountered when working in the NHS:

“I’ve encountered lots of discrimination [in the NHS]. I found myself getting lots and lots of qualifications and working for managers less qualified than me. I do lots of reading and I found myself getting extremely angry. [I applied to Ready Now] not only to voice my concerns and frustrations, but to learn something.”

Sue didn’t know what to expect from the programme. However, she predicted it would be a non-traditional development opportunity judging by the unconventional application process, which used a video interview to select applicants. On the first day of the programme, she recalled feeling uncomfortable with having a white facilitator leading some of the sessions. She remembered posing a question about his presence because she had expected the programme to be led by individuals from a BAME background. However, as the programme went on, she recognised there was value in having a diverse faculty who aimed to set a foundation of open-minded learning over the life of the programme.

### Thought leadership

Sue came to Ready Now with a long-standing ambition to write a book about her experiences of being a person from a BAME background in the NHS system. However, she lacked the confidence and courage to commit pen to paper. Before Ready Now, she believed no one would be interested in reading what she wanted to share. By publishing the book, she sought to highlight the challenges faced by BAME staff in progressing their careers in the NHS.

During Ready Now Sue had the opportunity to meet with like-minded senior BAME leaders. As each participant shared their experiences of discrimination, Sue said she felt more confident that her experiences and insights were worth sharing and that there was a clear audience for the book.

The programme supported her shift in self-belief through the opportunities she had to share her experiences and develop her insights with co-participants, speakers, and programme leads across the different activities (e.g. presentations, 3-day residential):

“Without Ready Now, [I’m] confident that the book would still be an idea, ‘who do I think I am to write a book? Is it just me being silly?’ Ready Now gave me the confidence to challenge people and hold other people accountable, ‘this is not acceptable; this is not right; this is not right for the patients.’ If you do not talk about it, changes can never happen.”

As part of Ready Now Sue also accessed one-to-one coaching which helped her become more confident and committed to sharing her experiences and frustrations about discrimination through channels that could make the most impact. Sue had regularly met discrimination and racism with anger and often reacted with frustration to negative race-based experiences in the workplace and in her personal life. However, Ready Now presented an opportunity for her to gain strength from other participants who had experienced discrimination in the workplace. Many of the formal and informal discussions created the space for her to channel her anger into positive actions, including thought leadership on inclusion in the workplace.

Alongside writing the book, Sue also embraced thought leadership by writing in periodicals about inclusion in the NHS:

“I wrote an article that was published in the Health Service Journal – and I would have never thought I could do that! But they say, go out there, start networking and start talking to people. It was because of them.”

Within her own Trust, she has become a stronger and more vocal advocate for inclusion and diversityand feels ready to build a movement for change that will challenge discrimination and benefit diverse staff and patients.

### Management and communication skills

During the programme, Sue benefited from a safe and supportive space where she could explore and overcome her anxiety around having an ‘accent’ which had made her feel insecure about speaking during meetings or presenting at work to senior colleagues. Recognising that her accent does not detract from her credibility as an NHS leader has helped Sue become more comfortable communicating with colleagues and managing her team.

Ready Now supported improvements in Sue’s communication and management because she found opportunities to practice and employ new communication and networking techniques**.** She alsobenefited from critical feedback from co-participants and course leaders around how some of her verbal and non-verbal behaviours could change to improve interactions. For example, during a group communication exercise called the “Fish Bowl”, she came to understand how to share ideas more effectively and to know when to stop and listen to other’s perspectives:

“You get in a group and you start talking with colleagues and you express your opinions and someone would tap you on the shoulder and you would have to come out of the meeting…[The activity and programme taught me], you have to learn, ‘it’s okay, you expressed your opinion…you don’t have to go on and on until everyone agrees with you…not everyone needs to be convinced by you.’”

During Ready Now Sue received a recommendation from a co-participant to attend Toastmasters, an international not-for-profit organisation that provides free, locally-delivered clubs aiming to develop people’s public speaking skills. At these sessions, she had the chance to further improve her public speaking and leadership skills, further supporting her to work more confidently and effectively with her executive board members in the NHS around issues of diversity and inclusion.

Sue’s colleaguesagreed that her communication and leadership style has positively changed since her participation in Ready Now.For example:

“[Sue is] more inclusive and open after doing the programme. I also found that she was more approachable. Her leadership qualities were also more genuine and I felt that she was someone I would like to be my mentor.”

Another colleague said that Sue now manages her team more effectively and places a greater emphasis on being solution-focused in the face of challenges:

“following grievances being raised by another member of staff, [Sue] has demonstrated knowing when to look for help and put into practise how to manage difficult staff.”

### Looking ahead

Sue feels confident that the positive impacts she gained by participating in Ready Now will be sustainable. She believes the most important factor for maintaining the positive changes is the support networks she made and her readiness to seek out constructive feedback:

“I like the changes and I am enjoying the changes […]. I am doing more networking than ever. I continue doing my reading and being in touch with [co-programme participants]. Having people who are supporting me, I keep asking for feedback and going back for more and more – it’s become a part of me […] I am going out of my comfort zone.”

It is also this confidence to connect with professional networks and request feedback on her performance that has developed Sue’s ability to channel her anger and frustration about discrimination into positive actions that improve conditions not only for herself, but other staff of a BAME background.

Sue believes her professional impacts are likely to progress. Her new-found energy and confidence in herself to speak about issues of inclusion, rather than to react with anger, are enabling her to make her voice heard throughout several wider networks (e.g. online, though social media, via her book, and across a range of NHS Trusts). Generally, Ready Now is recognised as a programme that prepares BAME senior leaders to apply for other internal leadership programmes with the NHSLA. This includes the Nye Bevan Programme for Aspirant Directors, which Sue has participated in since completing Ready Now. Sue’s participation in the Nye Bevan programme demonstrates her continued commitment to individual development and her ongoing commitment to improve her role as a leader and advocate for diversity and inclusion in the NHS.

## Case study 2: Linda, Advanced Nurse Practitioner, Cohort 3

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| Participation in Ready Now supported the following impacts:   * Enhanced physical and emotional wellbeing; * Improved connections with family and community, and; * A renewed focus on delivering patient-centred care. |

Linda is an Advanced Nurse Practitioner based in the north of England. She was new to the role around the same time she started Ready Now in 2016. Previously, Linda worked in a community setting.

### Motivations and expectations

The opportunity to join Ready Now came at a time when Linda’s NHS Trust was going through significant change. Linda reported suffering from anxiety and felt threatened and undermined by colleagues. These challenges were impacting on her quality of work and on her ability to communicate effectively with colleagues.

By participating in Ready Now Linda hoped to benefit from learning in a safe space where she could focus on her personal development and gain the skills and knowledge to address her workplaces challenges. She also hoped the programme would help her build a supportive professional network.

Linda was captivated by Ready Now from the first day of the programme, noting that the patient-focused activity participants took part in first, resonated with her passion for nursing and helped her immediately begin to refocus.

### Improved physical and emotional wellbeing

Linda’s difficult work environment and the high levels of stress and anxiety she experienced made it hard for her to freely express herself. She recalled often feeling too afraid to speak up during meetings, even when there was something she wanted to contribute. Her stress and anxiety made her doubt that colleagues would be interested in her comments or that she would be supported if she spoke up.

Early in the programme, Ready Now programme leads recognised Linda’s anxiety and communication challenges. Seeing these issues as a barrier to full participation in the programme, the leads used coaching techniques during one-to-one time with Linda to address the underlying issues causing her to feel anxious and lacking in confidence. By focusing on these issues early in the programme, Linda was better placed to address other personal and professional development issues.

### Connecting with family members and wider community

As the programme helped to create a positive shift in her wellbeing and confidence, Linda found the strength to confront personal relationship challenges, including with her father who she had not spoken to for many years:

“I refocused on some relationships…we hadn’t visited [my father] for a long time…[but] now the kids are visiting their grandfather!”

Through participating in Ready Now, Linda also gained the energy and inspiration to re-connect with leisure activities and hobbies that she had not felt confident or energised enough to participate in:

“I went back to choir and that was important. I’m now in a big group of friends that go walking with our family. Throughout [Ready Now] I realised it was about embracing every part of your identity.”

Several Ready Now activities helped facilitate these changes**,** including the coaching she received as well as the feedback and self-reflection activities she participated in. Linda also felt that the programme’s focus on behaviour and wellbeing, and the programme leads’ ability to embrace this approach were critical to her development.

The most significant aspect of the programme for Linda was the 3-day residential. It was important for her because it provided a space to bond with colleagues and build meaningful connections. Linda found that the experience of building relationships with new contacts in a professional setting gave her more courage to return to difficult relationships in her personal life.

Linda valued the way in which the programme – particularly the discussion and reflection based-activities – helped her to value different parts of her identity. As a BAME mother and lesbian this was an important process that helped her to build greater confidence and positivity about herself.

These were critical programme elements for Linda, empowering her to recognise the value and expertise she brings to people across her work and home life and in her community.

### Delivering patient focused care

Before taking part in Ready Now, Linda noted how some of the fundamental expectations associated with her role had suffered, as she struggled with high levels of stress and anxiety. However, as she tackled these issues and began to heal, she developed a renewed passion and focus on delivering patient-centred care. Reflecting on this change, she feels that it is important that Ready Now has an explicit commitment to exploring what it means to deliver patient-centred care.

### Promoting diversity and inclusion in the workplace

Participating in Ready Now created space for Linda to develop tools and confidence to undertake advocacy work on diversity and inclusion in her workplace.

“I’m quite experienced in [diversity and inclusion] – it’s part of my lived experience. And I’ve also realised I cover a lot of intersections, which is the value…Ready Now gave me the language and the theory and the background to what I knew anyway. It gave me more confidence.

This desire to engage with issues of inclusion in the workplace led Linda to write a thought piece on inclusion, join a BAME nurse’s group in the NHS, and participate in interview development for BAME staff in lower employment bands in the NHS.

### Looking forward

Linda borrowed a quote from Maya Angelou to reflect on her outlook since participating in Ready Now: “when you know better, do better.” Linda feels confident that the programme has made a lasting positive impact on her because it has fundamentally changed how she thinks about herself and how she moves through her personal and professional life.

“No matter how you measure my journey…because of the collective experience, you’ll [only see a fraction of the journey]. It’s about the people, the role models, the sponsorship of the programme, how it’s set up, the exercises and the people I’m doing it with.”

Linda was evidently more relaxed and confident when she provided evidence for the case study (two months after the first evaluation interview). Her voice was calm and she was more certain that the changes she experienced because of Ready Now were tangible and were benefiting her personal and professional life. She was proud that her case study interview was conducted whilst she was on vacation with her children and father, which reinforced her commitment to mending relationships.

## Case Study 3: Eric, Regional Allied Health Professional lead, Cohort 2

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| Participating in Ready Now has supported the following impacts:   * More effective communication skills and improved relationships; * Expanded professional networks and opportunities, and; * Improved leadership and management skills. |

Eric is a Regional Allied Health Professional lead based in London. He had been working in the role for six months as of February 2017.

### Motivations and expectations

Eric’s participation in join Ready Now was driven by a desire to develop as a manager and leaderin the NHS. He was conscious that he was the only BAME individual in his organisation at his band level and wanted to know more about how discrimination might be standing in the way of BAME professionals progressing in their careers. He also hoped Ready Now would help him better understand how, if at all, he needed to alter his own management and leadership style to empower other BAME staff to progress in their NHS careers:

“The most powerful thing for me as I’ve been progressing in my career was, ‘have I been creating opportunities for other [BAME] people, or have I been going on my merry way?”

Eric’s workload as a Regional Allied Health Professional lead is substantial. He has therefore found it difficult to make the time to access support from peers to critically reflect on his professional communication skills and relationships. On joining the programme, Eric was keen to understand and reflect on his behaviours as a manager: how it is perceived by his colleagues, how it might impact on his effectiveness, and how he might make changes, if needed.

### Communication skills and relationships

During the first few weeks of the Ready Now programme, Eric struggled to feel comfortable in the programme. He initially felt excluded by other participants and found it difficult to connect to peers. Since he was one of the only participants in his high band level, he felt that several other participants treated him as if he didn’t belong in the programme. He explained how one co-participant challenged him by asking, “why is someone like you [of your band level] in this programme?” and said many participants seemed to avoid him at first. These initial negative experiences and perceptions caused him to consider dropping out of the Ready Now programme.

However, over time, participants became more accepting of Eric and he and others became more able to be to be open about their experiences. After a few sessions, Eric began to feel that Ready Now was a safe space to learn and develop, and made more progress addressing his communication challenges and workplace relationships.

Stakeholder engagement and networking are crucial elements of Eric’s role. However, prior to joining Ready Now he felt it was difficult to form and maintain relationships with colleagues and understanding what was important to them. He said before Ready Now, he was more interested in achieving his own agenda when entering a meeting and tended to predetermine what stakeholders would want, rather than actively listening to them. Participating in Ready Now gave him greater insight into these challenges and gave him the skills and confidence to form more reciprocal professional relationships and to think more strategically:

“I’ve become a lot more strategic and understand what is more important to stakeholders….and my networking is a lot better.”

He also applied these skills to his personal life which has allowed him to develop more mutual understanding between his family and friends. For example, Eric noted that he is now better able to understand and care for his ageing parents.

Several Ready Now activities supported Eric’s improved communication skills. This included opportunities to watch how other participants interact and behave during conversation sessions and taking part in a 360-degree feedback exercise, where anonymous feedback helped him to improve his management style and workplace behaviours.

Eric’s colleagues agreedthat his communication skills and relationships have improved since he participated in Ready Now. For example, one colleague said:

“[He] seems more reflective in considering issues before determining action, particularly issues which he feels strongly about…[He] has been a good colleague all the time I’ve worked with him, however I think he does engage more proactively across the directorate and talks very confidently about care delivery.”

### Organisational leadership

Before participating in Ready Now, Eric didn’t think that he had the knowledge, skills, or peer support to confidently lead on BAME inclusion advocacy in the NHS. He felt he had many questions about the role of discrimination in the workplace and was unsure of how to approach senior staff about these issues.

Ready Now created opportunities for Eric to better understand diversity and to practice strategiesthat would enable him to raise awareness of BAME inclusion to senior leaders in the NHS. Ready Now also motivated Eric to see himself as a coach and change leader on issues of discrimination. For example, following the programme he developed the confidence to apply for the position of Diversity Chair in his Trust and was successful.

Reflecting on how he developed these skills and confidence on the programme he feels that the coaching and mentoring he received from Ready Now was critical to feeling more confident and motivated to develop influencing skills and assume organisational leadership for BAME inclusion:

“[The] coaching and mentoring [allowed me] to be bolder and to say: ‘I’m going to just do it’, instead of doubting myself. Going for the role of Chair wasn’t a ‘me, me, me’ thing, but a ‘them’ thing: how can I make a difference? How can I give back?”

When asked if he would have applied for the position of Chair if he hadn’t completed the Ready Now programme, Eric laughed and said, “Hell no!”

Eric’s colleagues also recognised his new-found energy and commitment to providing organisational leadership which was due to Ready Now. For example, one colleague said:

“Since [he] completed the programme, I observed him being more visible and pro-active in the workplace, more passionate about promoting the diversity agenda within the NHS England, London Region, and working closely with the National team to ensure London region staff are aware of the agenda.”

Another colleague said that since participating in Ready Now, Eric has shown a greater interest in working with lower banded BAME staff to support them to progress in their careers:

“[He has been] prompting and encouraging [BAME] staff to apply for stretched-assignments within the NHS England, and supporting them with their application and interview process.”

### Looking ahead

Eric is confident the positive changes he gained by participating in Ready Now are sustainable. He feels that he has become more collaborative, active and pragmatic when it comes to promoting diversity and inclusion and he is committed to making an ongoing positive difference in his organisation. He plans to apply to the Nye Bevan Programme for Aspirant Directors, a step he felt he wasn’t prepared for prior to developing fundamental leadership skills and communication skills during Ready Now. He is considering working at a national level so can make an even greater difference BAME NHS employees and patients across a larger area.

## Case Study 4: Heather, Trust Service Manager, Cohort 3

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| Participating in Ready Now supported the following impacts:   * More effective communication and advocacy at work; * Improved commitment to BAME staff development, and; * Greater opportunities for career progression. |

Heather is the Service Manager of a large London-based Trust and has worked in the role for nearly two years.

### Motivations and expectations

Heather was motivated to join Ready Now because she wanted to improve her ability to advocate for diverse BAME staff groups, especially those in lower banded roles. Before participating in Ready Now, Heather felt that she did not have the skills or confidence to engage senior leadership in the NHS on issues of discrimination. She recognised that race-based discrimination had made it difficult to achieve career progression for her and other BAME staff; however, she felt unprepared to articulate these challenges convincingly.

Heather also hoped that participating in Ready Now would provide her with networking opportunities with senior leaders and career opportunities. While she felt the programme could have gone further to connect her with hiring managers, she has been applying to higher banded roles since participating in Ready Now – something she said she had not felt confident enough to do before participating in the programme.

### Communication and advocacy skills

Participating in Ready Now helped Heather gain a better understanding of her workplace culture and strengthened her ability to influence senior leaders with her ideas for improving inclusion for BAME staff in the NHS. Participation in Ready Now helped to change her perspective about the visibility and platform that she has in her position in the NHS, where previously she said she had felt too insignificant to make changes:

“[Ready Now] gave me the self-confidence to know that you can talk to very senior leadership. You can’t make demands, but you can make the case for what is right and what is deserved. You aren’t making noise, but you are making sure that certain things are in the right place. And I would have never had this before.”

Heather developed her strategic communication and advocacy skills by listening to programme participants who were at higher band levels during informal conversations. By learning about their career progression and how they had achieved it by speaking to boards and networking strategically, Heather felt more motivated and able to mirror these actions in her own Trust.

### Commitment to staff development

Prior to participating in Ready Now, Heather did not believe she had the skills to mentor BAME staff and did not feel confident that colleagues would be interested in learning from her experiences. And because Heather felt restricted by race-based discrimination in her own career, she had tended to focus on herself, rather than on helping others:

“I never really thought about how I could do it. Or how I could affect anyone’s life. Without Ready Now, I’d just be doing my own thing, looking after ‘Number 1’ and doing what I’ve always done. I’d never really thought about mentoring.”

Through Ready Now’s activities, Heather became more confident about her professional strengths as a BAME senior leader in the NHS. Having the time to reflect on theories of inclusion and unconscious bias helped her to understand and articulate the gap between BAME staff development compared with their white colleagues. As she benefited from mentoring and coaching during Ready Now she became clearer about the value of offering these forms of support to BAME colleagues in her own organisation:

“The only way we can help the BAME staff grow and have confidence is for someone very senior like me to take up the mentoring side of it and mentor them on their journey.”

Heather valued the Ready Now facilitators’ emphasis on encouraging participants to take back actions into their workplace. One of the actions she took back to her workplace was a prompt for Ready Now participants to mentor BAME staff and disseminate their new knowledge and skills to affect organisational change.

The programme also helped Heather develop the energy and confidence to find the support for creating a formal mentoring register as well as design and lead a new workplace group for BAME staff which brings professionals from different areas of specialisation in the NHS together to facilitate events promoting awareness of BAME inclusion in the workplace to senior leaders.

### Looking ahead

Heather is confident that the positive impacts she achieved by participating in Ready Now are sustainable. For example, since participating in Ready Now, she is seeking a higher banded position and remains an active mentor and workshop facilitator who is committed to working with as many BAME staff in lower banded levels as she can.

Building a supportive professional network with Ready Now alumni has been key to helping Heather maintain the positive changes. Because Cohort 3 had 40 participants (compared to earlier cohorts with less than 20 participants) a larger pool of alumni exists to support each other. Ready Now alumni have tended to use social media to stay connected and they have been sharing resources, providing advice and actively exchange ideas and theories of inclusion and unconscious bias. By contributing to this professional network, she has become more alert to the specific challenges faced by different parts of the NHS and the importance of critically reflecting one’s approach to advocacy:

“This is a support system with colleagues from different Trusts…The NHS is one big NHS, but every Trust is going to have a different culture – that’s been really helpful. I’ve really benefitted from the network.”

## Case Study 5: Nadia, Principal Clinical Psychologist, Cohort 3

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| Participating in Ready Now supported the following impacts:   * Broader understanding of how the NHS is structured, and; * Increased community leadership and workplace involvement. |

Nadia is a Principal Clinical Psychologist who practices in the North of England. Prior to joining the NHS, she had worked in universities.

### Motivations and expectations

Nadia was motivated to participate in Ready Now programme because of the emphasis that is placed on working with individuals to achieve positive action in their lives and careers, rather than exploring the issues of BAME inclusion in a more general way. The modular design of the year-long programme was attractive to Nadia because it would allow her to get immersed in the learning whilst continuing to meet her commitments as a busy clinician.

Nadia hoped to have opportunities to engage with a diverse group of NHS colleagues who it would not be possible to interact and learn from in her current role. She was particularly keen to work with non-clinical NHS employees and wanted to get a broader understanding of how the NHS is structured and managed.

### Understanding and contributing to change in the NHS

Prior to joining Ready Now, Nadia focused most of her time and energy on meeting service demands. The challenging nature of her role meant she often felt she was working in a silo and found it difficult to connect with wider colleagues who could broaden her understanding about how the NHS is managed and structured.

Participating in Ready Now meant Nadia had opportunities to work with and learn from non-clinicians from diverse backgrounds who had rich experiences and insights she could draw on. Immersing herself in these interactions meant she developed a deeper appreciation of the wider issues the NHS is facing, including devolution, financial pressures and staffing shortages. As she became more engaged with these issues she became more motivated to contribute to wider change in the NHS. For example, when a workplace merger was announced, Nadia actively engaged with the process and felt confident that her contributions were worth sharing:

“When a merger happened, I joined consultation planners. In the past, with [clinician] pressures, I wouldn’t have seen it as a priority…In the past, I would have shied away: ‘that’s not really my role.’”

### Increased involvement in communities and the workplace

In her role, Nadia lacked the time to consider the barriers which patients may face when accessing healthcare that are related to factors such as age, ethnicity and geographic location. Participating in Ready Now provided her with the time and space to learn about how non-clinicians in the NHS are working to address access and equity challenges for vulnerable patients and she applied these insights to her own work context and patients:

“I’ve become aware of the different barriers patients face in trying to access services.”

With a renewed enthusiasm to think about long-term outcomes for patients and the wider communities which she serves Nadia has taken up volunteering roles. This has included mentoring young people (aged 16-25) who come from marginalised groups in the Manchester area supporting them to find a career. She has also joined a women’s leadership network to improve her influencing capabilities and senior leader skills.

### Looking ahead

Nadia was confident that the positive impacts she achieved because of participating in Ready Now would be sustainable. Cohort 3 had the largest number of participants yet (around 40), so with new connections with a pool of diverse and experienced NHS staff working in broader areas of the system she now feels more committed to the NHS and improving patient care and is readier to contribute to and lead change. Her renewed sense of pride in working in the NHS has meant that she is keen to continue learning and networking, further developing the skills and knowledge that she gained from the Ready Now programme. She explained that she was eager to build on the tools she learned from Ready Now and was searching for new internal training opportunities so that she could enhance her contribution to patient care and the NHS.