

PRESENTATION BY:

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Ready Now evaluation – interim update

Jan 2017



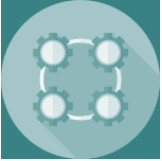
Helping you to improve
social outcomes



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Aims of the evaluation:

- To convey the experiences of cohort 2 & 3 participants of Ready Now and report on what individual changes, if any, have occurred as a result of participation;
- To identify any wider organisational changes taking place because of participation in Ready Now, and;
- To inform the ongoing development of Ready Now for future cohorts.

Methodology

- Scoping interviews with key programme leads: to understand rationale and development of the programme
- Online survey of all participants: to build a 'broad brush' sense of what the programme has achieved and how its working
- Depth interviews and production of case studies: to develop a detailed understanding of impact achieved at individual and systems levels

About these slides

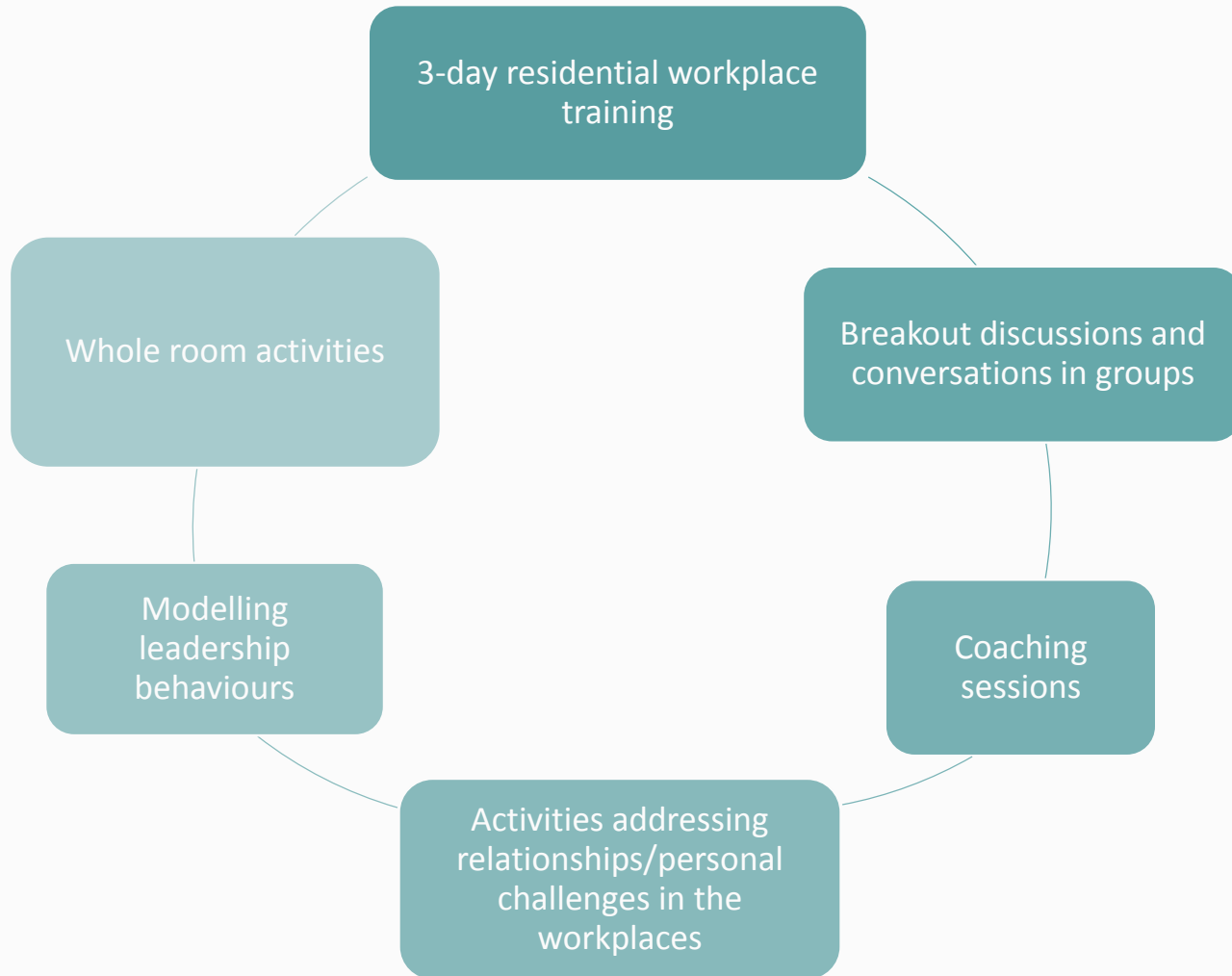
- These slides share the draft programme logic model and provide an interim update on emerging findings, drawing on: the scoping interviews and from online survey data (21 responses, which equates to c.40% of the total response rate).

ABOUT THE READY NOW PROGRAMME



- Ready Now programme aims to transform BME people's careers and the systems they are a part of
- Builds on Breaking Through programme which was introduced by NHSI
- Structure, goals and pedagogy have been refined over the three cohorts
- Size of Cohort has shifted from 12-16 (Cohorts 1 &2) to around 40 participants (Cohort 3) enabling participants to form a community of BME leaders who can support each other as a group and create a movement for change
- The programme has a basic structure and set of core activities (see next slide). However, programme leads and participants emphasise that Ready Now is delivered flexibly and adapted to individual and group needs.

ABOUT THE READY NOW PROGRAMME: SIX CORE ACTIVITIES



ABOUT THE READY NOW PROGRAMME: LOGIC MODEL

Overall: Ready Now, “enables all organisational actors, whether white or from BME groups to do the specific work that they need to do in order to be an organisational influencer of change and being better able to transform the culture of wider systems of inclusion [in the NHS]” (TJ).

Background: In 2014, the NHSI became the NHS Leadership Academy. A need remained for executive level staff of the NHS to demonstrate a commitment to BME people as a result of scrutiny. This need allowed for the creation of Ready Now under the NHSLA. For Cohort 2 & 3, the Commission is intervening further to interrogate systemic barriers and improve the likelihood of sustainable transformations within the NHS.

	Inputs	Activities	Outputs	Short & long-term outcomes
Cohort 1 – 2014	<p>Timeline: 1 year/cohort £ allotted: £300K (£4,500/participant) from NHSLA. Participants do not pay. Key staff: Yvonne Coghill, Dave Thornton (Coach), Dr. Eder Charles (Coach). Other support: ongoing coaching relationship; emotional support .</p>	<p>-Face-to-face training, self-taught exercises & reflections, 3 day residential workplace training, planned & impromptu breakout discussions & conversations, coaching, activities addressing relational/personal challenges in the workplace, modelling leadership behaviours.</p>	<p>-Band 8a/clinical equiv. attend after being selected by programme leads; leadership behaviour discussions, modelling leadership & coaching skills, engage with anti-racism theory & practice; develop support networks; have conversations & discussions that address systemic barriers BME leaders encounter; address emotional needs through pastoral and community support; Hay Group Assessment Centre participation.</p>	<p>Individual participants: become ready for generic NHS leadership training & career progress through activities; participation shifts participant behaviour and inspires transformational change that enables enriched understanding of self, community, and organisation; leads to strengthened leadership from BME leaders in NHS and beyond. NHS: improved quality & diversity of leadership from BME leaders grows inclusive culture in NHS leading to improved quality of care to patients, other BME staff being empowered in their role, leadership better reflecting UK demographics with #s of BME leaders participating in generic leadership courses increasing.</p>
Cohort 2 – 2015	<p>*same as above, with additions: Key staff: Yvonne left, Tracie Joliff joined. Morvia Gooden joined – provides programme leadership & personalised support/coaching to participants. -The Stepping Up programme is launched for BME leaders.</p>	<p>*same as above, with additions: -Increased time & space given for individual reflection; Hay Group Assessment no longer used.</p>	<p>*same as above, with additions: -Participants improve reflection skills through practice; participants have space to conduct emotional work that addresses negative experiences from racialisation in and outside of the NHS.</p>	<p>*same as above, with additions: Individual: participants improve their understanding of positionality & how racialisation & systemic discrimination affects leadership behaviours/how they can be addressed in workplace & beyond; improving quality of leadership from BME staff. NHS: non-BME staff gain improved awareness of intersectionality/diversity of staff and workplace inclusivity improves with embracing of a range of identities and leadership styles from BME leaders.</p>
Cohort 3 - 2016	<p>*same as above, with additions: -Change in recruitment process: a maximum of 40 participants are included in the programme.</p>	<p>*same as above, with additions: -Increase in large group work activities (impromptu & planned discussions, conversations).</p>	<p>*same as above, with additions: -40+ participants attend programme.</p>	<p>*same as above, with additions: Individual: depth of resiliency to perform and lead in organisation where BME identities are minoritised is gained. NHS: system actors become more aware of range of diversity in BME leadership and quality of NHS environment for employees and patients improves.</p>



INITIAL REFLECTIONS: WHAT IS DIFFERENT ABOUT READY NOW?



“It’s about the real stuff – the barriers and challenges that go on at work that inhibit...progression rather than structured teaching about models and theory.”

“It provides a safe environment to explore the impact of leadership on under-represented groups in the NHS.”

“It was the first [programme] to address the big fat elephant in the room.”

“Different style of delivery and more focused on emotional intelligence and learning as a group.”

“Very unconventional, yet truly engaging teaching methods...it’s not through burning the midnight oil writing essays about leadership, but a course where there is ample opportunity to reflect on your own style and consider all possible ways in which you can develop your style.”

INITIAL REFLECTIONS: PARTICIPANT MOTIVATIONS

Motivations for joining the programme

Individual professional development

“To overcome barriers to promotion”

“Increase my self awareness and confidence”

“Equip me with the right skills to help break that glass ceiling for the next level into my professional career”

Contributing to systemic change in health system

“To explore how I could give back to others like me, and promote more representative leadership at senior levels”

“To bring a greater level of equality to our organisation.”

“Contributing to change in the wider system”

“Wanting to help others below me coming up in the ranks”

Source: online survey

Networking, community forming and learning from others

“To be among like-minded colleagues and to learn from them”

“Share knowledge and experience with others from a diverse group of professionals”



- 57% or 12 out of 21 agreed that participating in Ready Now had positively impacted their career development to “a great extent”, while a further 19% or 4 out of 21 felt that Ready Now had been “somewhat” impactful in this area.
- Positive examples of career development included:

“It has given me the confidence to apply for jobs that I would otherwise felt were too high banded for me.”

“During the programme I successfully moved up a grade in my organisation and was successful in my interview, citing Ready Now as a course used to build my leadership skills and productivity”

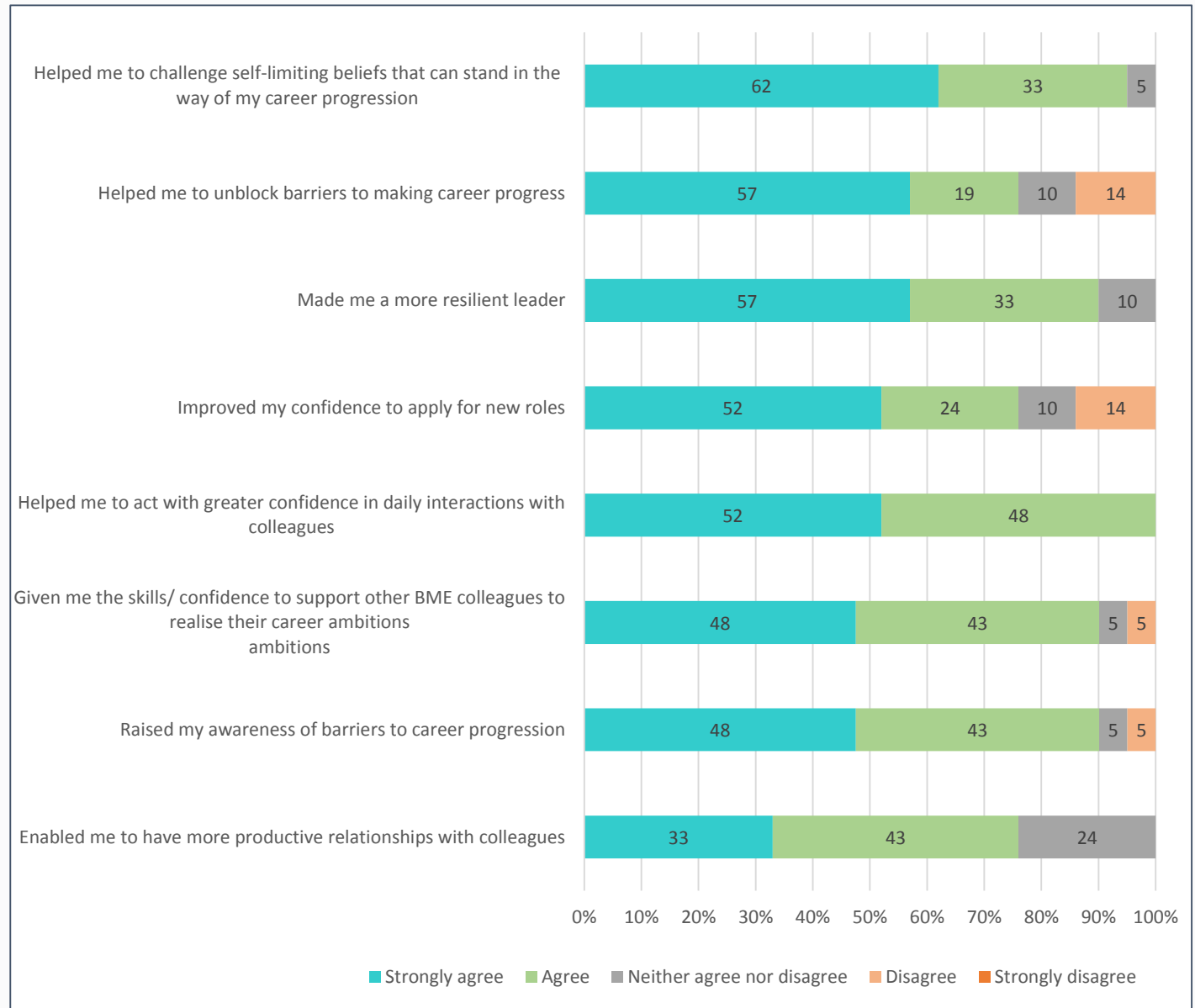
“Ready Now has firstly and most importantly supported me to accept myself and where I am at. It also helped me revisit some old relationships and mindsets that were stopping me from progressing. This seemed important for me before considering applying for any roles.”

Source: online
survey

“I feel much more confident, I gained a position into a new role which is expanding my skills, knowledge and giving me ample opportunity to demonstrate my leadership skills.”

IMPACTS OF THE PROGRAMME: INDIVIDUAL PROFESSIONAL DEVELOPMENT

Please say to what extent you agree or disagree with the following statements. Participating in Ready Now has...



Source: online survey (21 responses)

IMPACTS OF THE PROGRAMME: INDIVIDUAL PROFESSIONAL DEVELOPMENT

- 62% or 13 out of 21 indicated that participating in Ready Now resulted in them taking up further learning and development opportunities. Examples included:

“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.”

“I’m my own time I have attended various workshops on integration, resilience, research presentations, communities of practice, looked at online learning, read articles and reports. I have approached and met with people across systems, become more active in BME nurses group, BME managers group and network group. Got back into choir. Continued with a book group, joined a family walking group. Recruited a couple of people for a contemplation group...”

“Started an online change management course.”

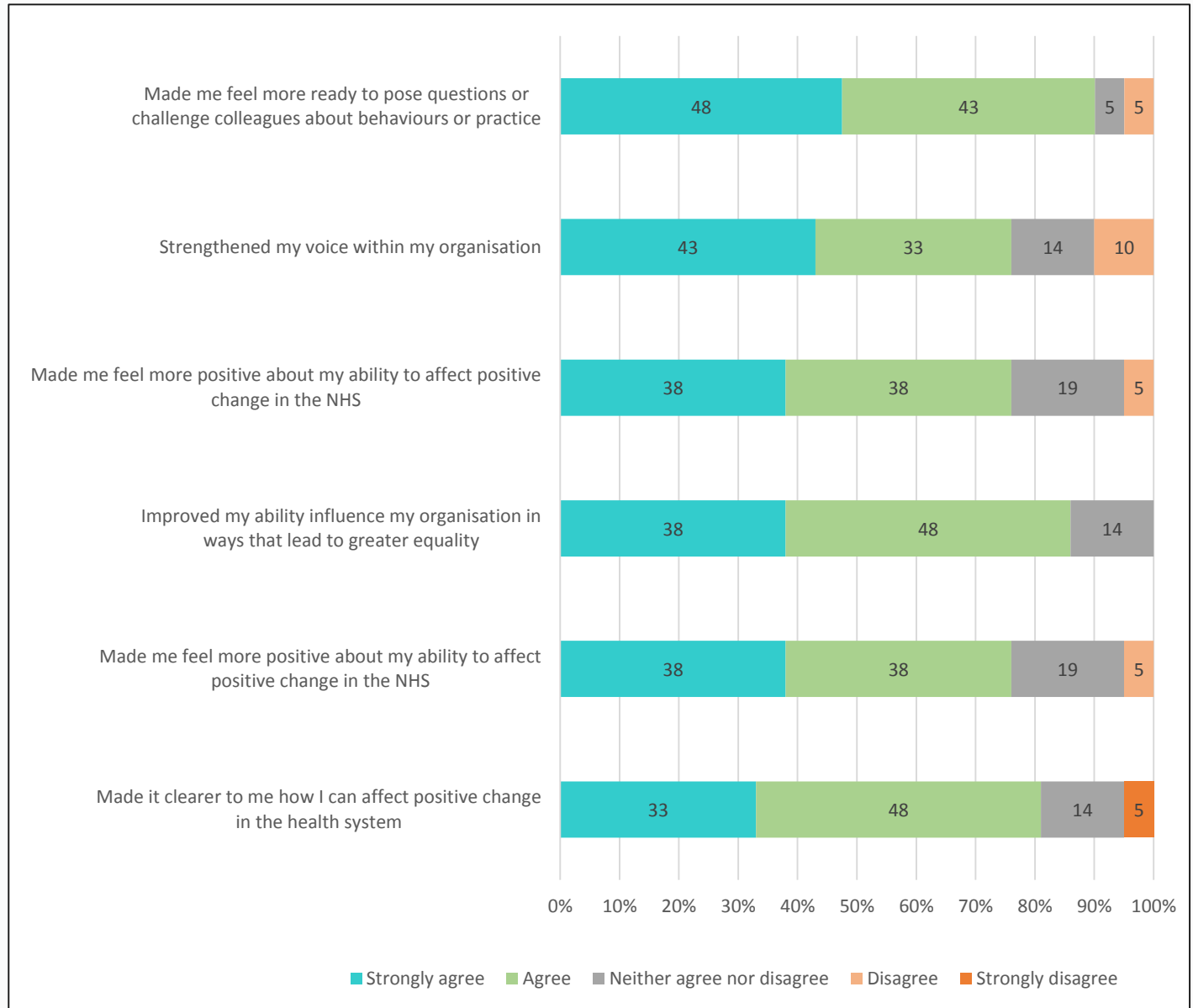
“I am exploring the Elizabeth Garrett Anderson or the Nye Bevan leadership course.”

“Exploring further education and knowledge based training and development.”

Source: online
survey

IMPACTS OF THE PROGRAMME: INDIVIDUAL PROFESSIONAL DEVELOPMENT

Please say to what extent you agree or disagree with the following statements. Participating in Ready Now has...



Source: online survey (21 responses)

IMPACTS OF THE PROGRAMME: WIDER SYSTEMIC CHANGE

- Participants were asked to describe how Ready Now has improved their ability to shift their organisational context in ways that lead to greater equality where they had selected this option. Example responses included:

“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.”

“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.”

“I now feel confident, when required to challenge the status quo to further improve how we act and what we perceive in order to effect change.”

“Participating in various inclusion activities is building a momentum for change. Network activities, start of BAME nursing group, interview development for BAME staff. Engagement of communities through coproducing services. many smaller activities to create a larger change.”

Source: online
survey

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.”

IMPACTS OF THE PROGRAMME: WIDER SYSTEMIC CHANGE

Do you think your involvement in Ready Now has had any impact beyond your workplace? If so please explain...

- 67% or 14 out of 21 participants felt that their involvement in Ready Now has had an impact beyond their workplace.
- Examples included:

“I have been applying to be on a Board of a charity and on another voluntary organisation.”

“I am coordinating master classes region wide on how organisations can work more effectively with BME communities, Refugee, Asylum and Roma communities.”

“Taking more of an interest in links between BME and social disadvantage and the impact of this on one’s life course.”

“Offering my insights to younger generation - I am writing to schools in the borough I grew up in to support youngsters growing up in challenging circumstances who may not have career aspirations to share and relate my journey.”

“I am coordinating diversity training for staff working within health, social care and voluntary and community sector organisation on their responsibilities relating to the inclusion agenda.”

“Using my experience to support family members.”

Source: online survey

IMPACTS OF THE PROGRAMME: FORMING PROFESSIONAL NETWORKS

- All participants indicated that they had maintained contact with colleagues who were on their Ready Now Cohort. 52% or 11 out of 21 indicated that they had maintained contact with ‘many’, while 10 out of 21 said they had maintained contact with ‘a few’.
- Asked to identify the benefits of maintaining this contact, responses included:

“We have learnt so much from each other, we feel very comfortable challenging each other and we take advantage of the wider skillsets that each brings.”

“We have established a Facebook page and WhatsApp Group for the whole cohort where we are sharing ideas, support, inspirations and opportunities. We have also set up our Action Learning Set WhatsApp group and have agreed to physically meet up 4 monthly.”

“We are very privileged to have a fantastic action learning set and we already have dates set out through 2017 when we plan to meet to continue our learning and personal journey together.”

“Support and networking. Also 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.”

Source: online
survey

PUTTING WHAT PARTICIPANTS HAVE LEARNT INTO ACTION

Speaking about diversity and inclusion in organisation and beyond:

“Raise the profile of social inclusion through...publishing papers [and] influencing training programme for trainee psychologists.”

“Being active in diversity network in my Trust and [in] my professional organisation.”

Mentoring and/or coaching other BME staff:

“I became a BME Network Lead [and] I became an informal mentor. I used my influence to start to create a more inclusive and safe culture for those who may not be able to do it for themselves.”

“Instil confidence and support other BME staff through their career progression using the experience gained in the programme.”

Applying for new roles:

“I applied for a promotion and continue to speak up about diversity in every forum I attend.”

“I applied for a new job and have been pushing the equality, diversity and inclusion agenda in all forums.”

Plans for action:

“I am already thinking about my journey to the next level of development and have set a target of achieving this within a year to 18 months.”

“I’m working with my coach to figure out how this might be achieved.”



Helping

- Support from Achievement Group members and wider cohort
- Ongoing encouragement from Ready Now faculty
- Coaching sessions
- Motivation and self-determination

Hindering

- Lack of awareness/ buy-in from organisations and managers before, during and after the programme
- Wider organisation/ workforce unwilling to break with the status quo
- Encountering unconscious bias
- Capacity of organisation and colleagues to pursue agenda

PROCESS LEARNING: WHAT COULD BE IMPROVED



Putting theory and learning into practice

- There is a sense from the survey responses that participants would like “more direction” and “more time and practical exercises” to put theory and learning into practice for improved results and confidence to carry learning and approaches forward in the workplace.

Specific programme content

- Some participants had suggestions for improving specific programme content;
- Common suggestions included removing the session on practicing presenting a Board Paper, providing more info on structure and content (e.g. releasing agenda for the day’s activities).

Additional opportunities to engage

- Some participants wanted more opportunities to engage with programme leads and/or executives during programme;
- Common suggestions on how to achieve this were more structured one-to-one time with programme leads (e.g. coaching sessions, informal conversations) and inviting executive guest speakers to address participants during sessions.

EVALUATION: NEXT STEPS



Continue to promote online survey – Jan '17

Conduct telephone interviews Jan – Feb '17

Plan and produce case studies Feb – Mar '17

Final reporting – Mar '17

EVALUATION REPORTS – QA REVIEW HEADINGS

GENERAL INFORMATION

Title and reference number of Report/Intervention being evaluated: [A79 Ready Now – Developing BME Leaders](#)

Which academy has produced the report? [National Leadership Academy](#)

Who is the author(s) of the report? [Tim Vanson and Sheila Pardoe](#)

Who is reviewing the report and from which academy? [Sarah Knowles, North East LLA](#)

Questions to consider when reviewing

1. Have the Evaluation Planning, Evidence Gathering and Report pro-formas all been completed? [The evaluation does not follow the format of the framework, a slide deck has been provided in place of all pro-formas.](#)
2. Is there evidence of good planning in advance and consideration given to all 3 stages (before, during and after) at all 3 levels (Individual, organisational, and provider)? Where could it be strengthened?
[Although not explicit due to the format of the report there is evidence that all three stages have been considered, as well as the individual and provider. It feels as if the 'organisation' level is missing – more information on receptiveness of employing organisations to the learning gained by participants. However this may be addressed by the final evaluation.](#)
3. Is there clarity and differentiation between the intervention itself and the evaluation activity? [Yes](#)
4. Is there evidence of application and impact (as well as reaction and learning) or at least an attempt to capture this? [Yes, for an interim update there is a good amount of evidence of early impact and application](#)
5. Consider the '10 Early learning Points' – have these been taken on board/addressed?
[Although the report addresses the majority of areas in the framework, the leader framework has not been used in this instance; this may be due to the fact that a third party evaluator has been used.](#)
6. Do you or the author have any comments about leadership/organisational development achieved?
[Very strong evidence around the individual impact of the programme and very encouraging early data around the organisational and system impact.](#)
7. Do you or the author have any comments about the use of the evaluation framework?

8. Any other comments?

We are keen to share some of the stronger evaluation reports with other parties with possible publication – in your opinion, is the report you have just reviewed worthy of consideration:

Yes

No