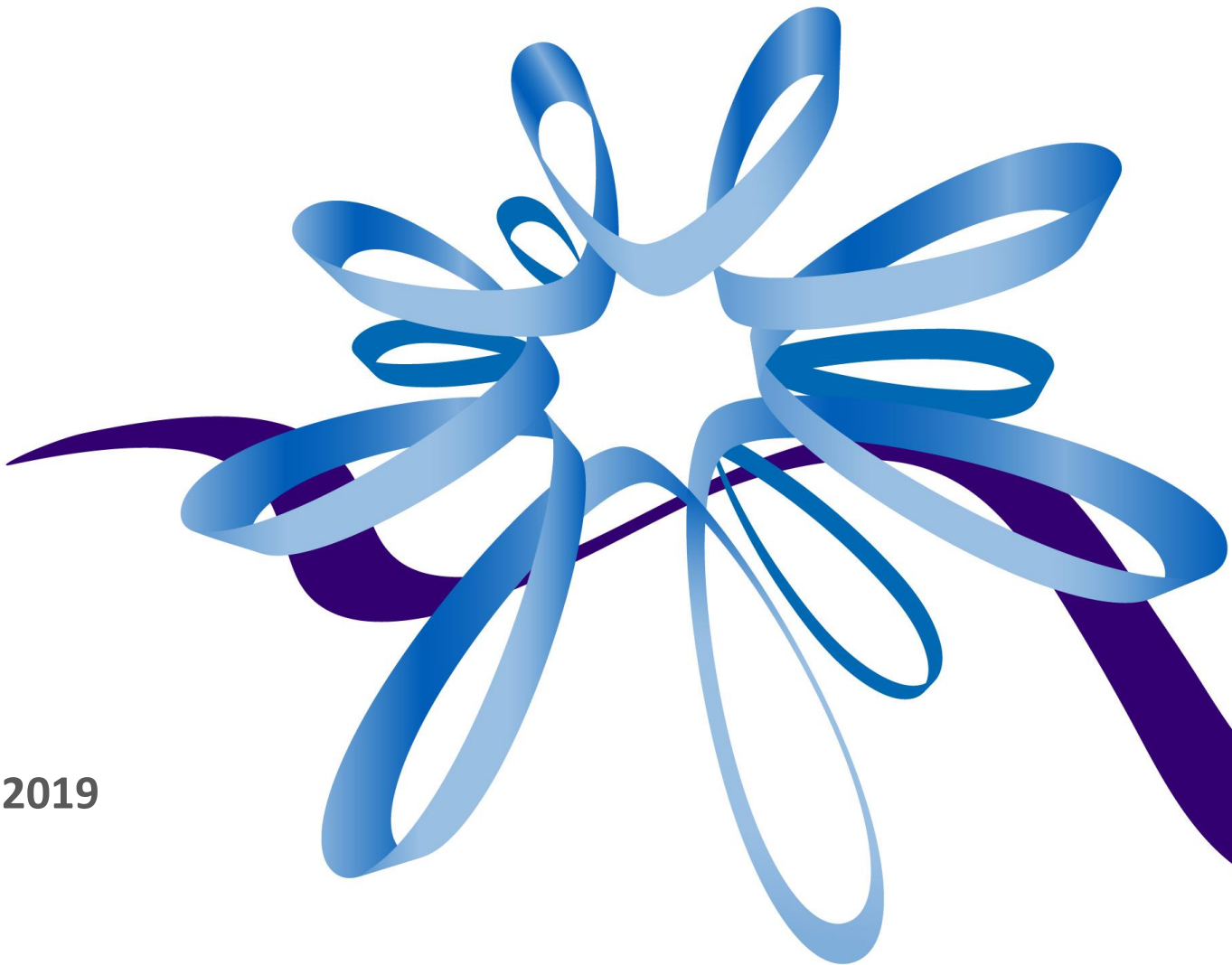


NHS Leadership Academy

ALB Nye Bevan study



May 2019

Introduction.

The NHS Leadership Academy works in a spirit of continual improvement. Currently, the Academy is looking at the future provision of The Health and Care Leaders Scheme [HCLS] and the extent to which current offers would be appropriate for this audience. To date, one of the programmatic interventions/development programmes has been a separate HCLS Aspiring Director Programme for aspirant directors in DHSC/ALBs. Having recently reviewed the programme, the governing boards for HCLS have agreed that the Academy will bring this programme under the offer of the Nye Bevan Programme with a view to designing additional interventions or enablers for those participants who work in ALBs

About the HCLS

The HCLS was formally launched in 2015 after a pilot in 2014 and is jointly funded and co-produced by the Department of Health and Social Care (DHSC) and its 14 Arm's Length Bodies (ALBs) and since April 2017 the work has sat in the National Programmes Team in the NHS Leadership Academy. HCLS mirrors the Civil Service High Potential Stream and is for high potential Senior Civil Servants and equivalents in ALBs; essentially those at Agenda for Change Pay Bands 8c (Civil Service Grade 6 Equivalents) and above, though organisations are encouraged to not focus on hierarchical structures but look at those with potential to be senior leaders; who see their careers progressing in the 'national' health and care system – that is the Department of Health and Social Care (DHSC) or its 14 ALBs.

In order to help us progress this work, former participants and alumni from ALBs who have undertaken the NHS Leadership Academy's Nye Bevan programme were approached to give feedback on their experience of Nye Bevan as an Aspiring Director working in a national organisation (ALBs), in order to better understand what skills and capabilities and learning experience might be needed over and above that provided on the programme currently (if any); and what elements from the Bevan programme were most/least applicable in their role as an aspiring director in an ALB.

In April/May 2019 a survey was sent to all alumni of The Nye Bevan programme that were identified as coming from one of the 14 Arm's Length Bodies via the CRM system. 133 emails were sent of which 9 were undeliverable; one is on maternity leave and another said, "I am currently off work" resulting in a sample of 122.

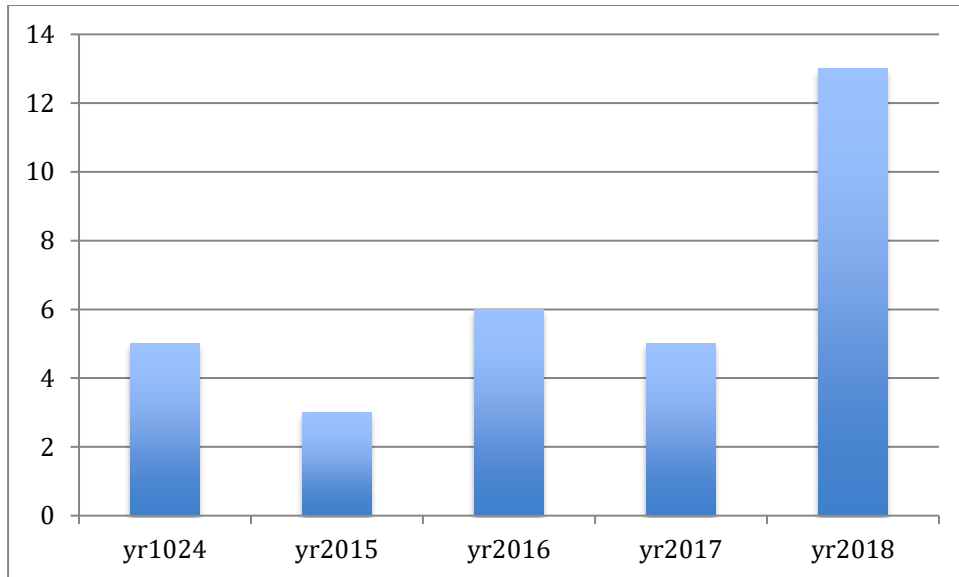
Read receipts show that the emails were opened a total of 149 times indicating some participants returned to fill it in, and others have read it but did not respond. Thirty-two participants completed the survey giving a response rate of 26.2%. All surveys submitted contained full answers, non are discarded from this analysis.

Results

Q1. In which year did you complete the programme.

There was a good spread across all years. The Nye Bevan programme first commenced in October 2013, with the first cohorts [numbers 1-5] finishing in September 2014. Cohort 6 finished slightly later in Jan 2015. The latest cohort completed in Autumn 2018. There are currently several cohorts part way through the programme but they have not been included in this survey.

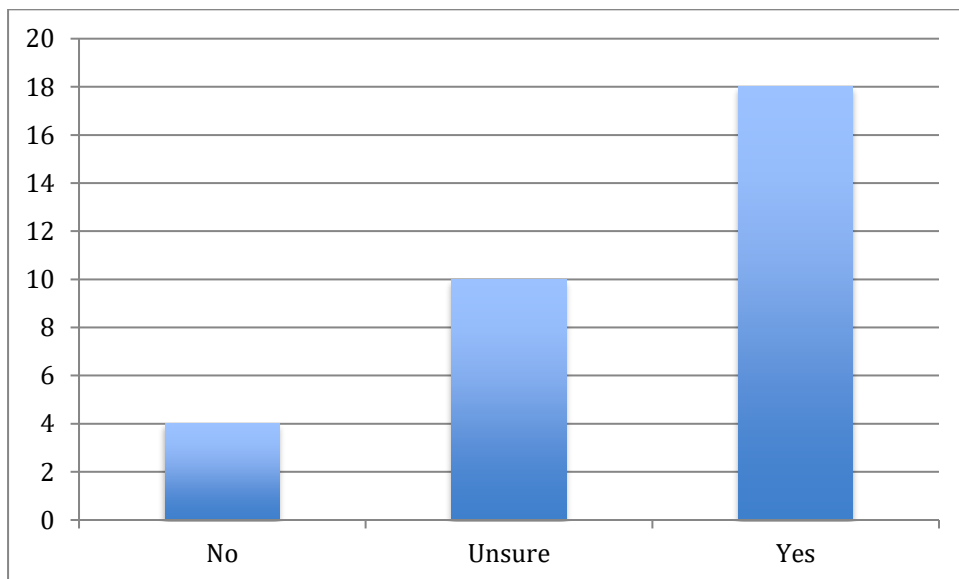
Graph 1: Year in which completed



There may be an element of the recent-recall factor here. In three categories, participants from 2014 stated that *'it was a long time ago so they may have a clouded responses due to the passage of time'* but this was not universal and some from 2104 gave the fullest answers.

Q2 On reflection, do you think the Nye Bevan programme was enough for your development needs as an Aspiring Director/senior member of staff in an ALB?

Graph 2 – meeting learning needs



Results here are presented by no/unsure/yes responses.

For those who answered no, three out of the four completed in 2018. This was the last run of the programme before updating.

The reasons given by those who answered that the programme was **NOT** enough were all related to the perception that the director role in an ALB was different to other parts of the service. This related to the perception that a director in an ALB is not the same as someone with similar title in a CCG for example. In an ALB the term 'director' could place you 3-4 steps from the board, in a CCG you may report directly to a board member or be on a board already with that title.

The 'Band 9' scope of the role can be very different in an ALB; the governance and decision making are different and the lack of patient contact made some of the content harder to apply. ALB staff felt they had to work additionally harder to apply the learning. No one said the content was wrong, just that it was more directly applicable to the patient centred services more than the strategic, national ones. There was also little reference to the ALBs at all in the programme, which was a niggle. They had to apply patient focussed work [for example the viva question], but there was no requirement for front line staff to think about ALB issues despite the greater blurring of NHSE/I and the growth of integrated care. Some comments also relate to the programme being out-dated, which is fair, but has been addressed. The programme was designed in an NHS that was very different but updating has now been completed.

For those who were **UNSURE**, the reasons given were that they found the content mixed in terms of relevance. There were responses in the unsure category across the range of years completed.

'I think elements of the scheme did support development and elements did not'

Some responses reflected aspects of absolute relevance, with respondents saying they would not like to have taken up a director post without having done it; but similar to the answers above; there are different things in the ALB director role and these were missing. This lack of acknowledgement in the difference between the provider director and the ALB was cited by most respondents. They spoke of the programme providing a good 'refresher' but lacking in elements that spoke to their world, especially in the scenarios. Resilience was also cited as a specific example:

'the challenges and scrutiny on directors in the current system and their duration of tenure would suggest the need for more support on resilience'

Participants wanted more opportunity to connect across the system than was available, the learning set was valued but not enough for the needs. There was also a request for a wider perspective on the role of director, it seemed very focussed on governance at board level in trusts, not across all the different areas where directors may be operating.

Other things that were missing included digital transformation, and how this can support service improvement. Given the focus on digital, it was surprising this was not in there. This was raised by a couple of respondents. Digital is not just the remit of staff with this in their title, but affects everyone.

For respondents who were unsure and have also completed recently, there were comments about the programme not keeping up with the changes in the NHS that have happened. This is a known factor but worth including as comment.

'Hadn't kept pace with the changes both nationally and locally'

Also in this group were people who suggested what was also missing for them; given the nature of the content; was the opportunity for a placement in a different type of organisation. If they had not come into the ALB via the front line route, then this was a whole area of experience that was wholly missing, yet the programme drew heavily on it. Likewise, after the programme, on-going support and coaching would be valued, given that success is based on promotions [on this is the perception]

For those who answered **YES**, there was also the range of years in which the programme was completed. Whilst there was nothing that directly related to the ALB role, respondents said the absence of this made them think about it much more themselves. They specifically reflected on how all parts of the health and care landscape worked together, probably more than they would have otherwise.

'It was clearly not designed / positioned for ALBs but it was fantastic to be part of a group which was mixed in roles and backgrounds.'

This emphasis on application on your own setting was cited by respondents as a great strength, they did not see an emphasis on the provider sector as they viewed it as being about personal development, wherever that was found.

'I feel the programme helped me articulate what leadership is, its subjective nature, it gave me confidence that I understood the academic basis of leadership and it gave me the opportunity to practice and develop skills of group responsibility necessary for board level working.'

Participants greatly valued the learning sets, they loved the stretch and also working with people who may already be in director roles, especially as stated above, the director title in an ALB may be 3 or 4 steps from the board. This level of conversation helped people frame for themselves how they might get to the Board by observing and talking to people already there.

Respondents talked about how exposure to the learning made them think in ways they never would have otherwise. It wasn't so much the 'formal' learning in the programme, but how that was then applied in practice, the experiential elements encouraged them to go and experiment in the workplace. There was a lot of appreciation of the level of personal development. Those who were most enthusiastic about the programme said it was the self-discovery and then translating that into how they lead personally that was most valued. They greatly valued the 'what is it like being on the receiving end of me' part and that had been, for some, quite transformational in terms of changing how they led others.

'It challenged and informed how I thought about myself, my leadership practice, how I interacted with others. It enhanced my capability to reflect on myself and the environment I created. I learnt alongside others/peers. I expanded my view of the health & care system and the capability needed to lead.'

There was a suggestion that there should be more contact between the programme team and organisations, how this could be achieved at scale is not suggested, but the disconnect some felt was real. Those apart from their direct manager were not

engaged. This could, however, be seen as the responsibility for the learner to network and involve others in their team, not that of the academy.

Three respondents talked about resilience, two saying how they had developed it, the other saying it had tested it to its limits!

In terms of suggestions for things to include, which were added here, there was a request again for on-going talent management and possibly something more on the political landscape of healthcare, which is very prevalent in the ALB world.

Q3. Looking back on the programme, what was the most impactful part of the learning for you?

Across the 32 responses these answers grouped into several themes shared across multiple responses

Learning with others – coming from an ALB limited the opportunity of some to have real interaction with those working on the front line in provider Trusts and other types of organisation such as CCGs. This was a really valuable experience to learn from others and the different and similar challenges faced.

Reflexivity, focusing on personal leadership style – the understanding of self was both uncomfortable and highly valued. Some respondents admitted they had never really thought of the impact they had on others in this way and have been taken well and truly out of their comfort zone by this. Linked to this was Feedback, both giving and receiving. Not easy but the growth that had resulted was being applied and reaping results.

Learning sets – respondents really valued the learning set. Both linked to the comments on feedback, but also having that safe space that wasn't in their organisations. The pace where they could really deconstruct how they deal with issues was something they received nowhere else. One participant described it as being their 'lifeline'

Patient and staff experiences – despite comments stating that they were removed from patient care in many instances, the patient session was massively appreciated and impactful. It made some respondents go back and really question what they did in terms of improving patient care, despite being many times removed. Others mentioned making their line of sight to patients more prominent in their ways of working.

'Despite my first answer [this related to the programme focussing on acute trusts] the patient experience was most impactful. Working in ALBS you are several steps removed so felt this really helped me to connect with my purpose. I felt this was extremely important, but we need to think about how we apply/measure patient experience in ALB settings to make the criteria more equitable for successful completion'.

Equality and Diversity – respondents talked about realising they are 'equal' to others, whilst there was a real sense of now having to deal with bias and upping their game on inclusion. Knowing about this was no longer enough, they had to develop their practice based on the new, and sometime very uncomfortable' new knowledge.

Values also figured heavily. People did not really think about what they stood for as individuals before rather than the 'corporate' self.

Governance and corporate responsibility -there was a heightened appreciation of their position in the system and the responsibilities of an executive. The experiential learning was felt to be very authentic in this area with the opportunity to take on the mantle of responsibility being highly valued. There was a feeling that as an ALB member, others look to you as 'being the ones in charge' ultimately NHS England are seen as those at the top and others saw them as such when the participants themselves were now thinking as a result of the programme, how they should be devolving the power and ultimately empowering patients.

Q4. Looking back, does anything stand out to you now as not being relevant, or not applicable to your role in an ALB at national level as opposed to the NHS?

There was little added here with most respondents saying it was all relevant. There were however a few things around context:

The viva, where the requirement is to talk about the impact on patient care was difficult to really demonstrate directly in the way that it appeared was required. This resulted in some people feeling they were described as not credible as they didn't 'fit the mould'.

For others it was more a case of finding out how to reframe the activities for the ALB context and there was little director or other support to do this. One participant found the timeline very difficult and is still feeling the effects of this. It was a very uncomfortable experience that had no level of debriefing.

The most common area where relevance was low was in the simulations/ scenarios which were all examples of board or situations relevant to provider organisations. There are different types of executives and they did not see themselves represented in any of the material. One participant didn't find the programme as stretching as they thought it would, so the opportunity to negotiate additional challenge would have been welcome.

Q5. What would you have liked to see more of in the programme?

In this section the responses linked very clearly to the answers given above in terms of contextualisation and increasing understanding across the sector. This is, overall the thing most people would have liked to see. There are suggestions as how it could be achieved.

Firstly, there could be a way to arrange shadowing, visits, stretch assignments in other organisations or even secondments to run alongside a section of the programme. For some ALB staff they have never worked in a provider trust so having that exposure to the different context would be really beneficial and would also help with the connection to patients. The types of organisations respondents found their fellow cohort members came from was an eye opener so more networking, and ways to create greater understanding are essential.

Despite being from ALBs, there was a need to understand the political context more. This is not necessarily part of the ALB experience and how they fit with CCGs/STPs/ICGs and Ministers is needed. The whole range of 'systems'

experiences was felt to be something that could be strengthened. It could be achieved by more realistic scenario or more diversity in the simulations.

There was a suggestion that CEOs and other executives could input into the programme to tell their story of the route to the top. Respondents would like to hear from very senior executives; how they work at a system level and how they work to manage change.

Other comments have been covered in other sectors, - more up to date scenarios; more digital and the role of technology; more follow up and talent management.

Q6. What would you have liked less of in the programme?

Twenty respondents said there was nothing really they would have liked less of. Where there were comments, much of this was based on personal preference. This included:

- Not having to attend the compulsory meals
- Less learning sets
- More learning sets
- Travel
- Too much writing
- Longer days to maximise time together
- Focus on a particular type of 'board' rather than the breadth of executive roles.

There were a couple of comments suggesting that there should be more mixing up of the group. This is at odds with the learning set methodology but there were suggestions that different forms of small group work would help understanding across the sector, rather than working in sets all the time.

Two additional comments were that one respondent 'worked' the learning set, getting alliances - that then resulted in them getting favourable responses to their work. The role of the set advisor was not mentioned here but the experience was uncomfortable, as was the expected level of disclosure.

Finally, one participant who was experienced, found the board reports too rudimentary, not stretching and lacking in ambition for a programme of this nature.

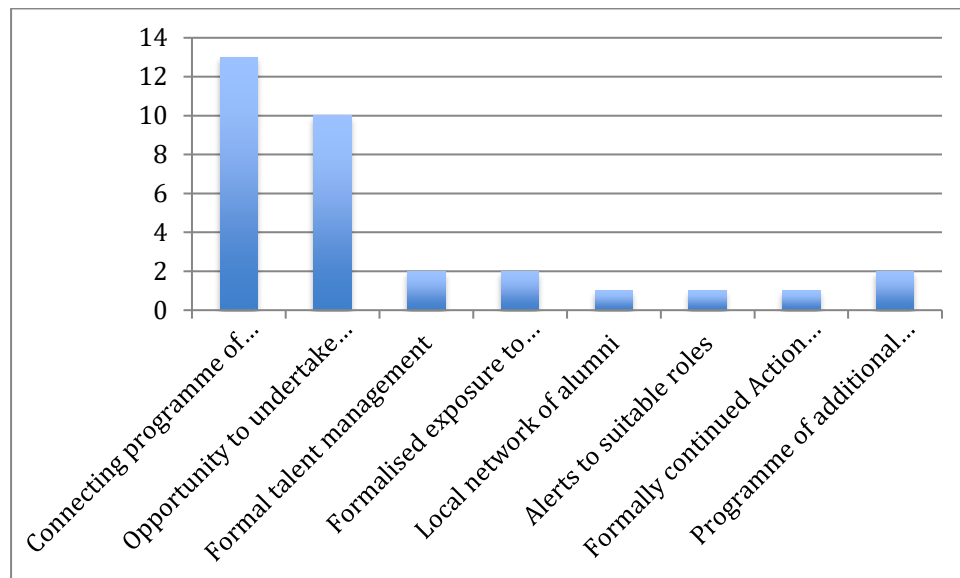
Q7. If we were to develop additional elements over and above the core Nye Bevan programme for those who aspire to be a Director in a national organisation (Department of Health and Social Care and the 14 national Arm's Length Bodies) so that it was more part of a 'scheme' what format do you think this should take?

In this section, participants were given options from a drop down menu plus free text. No one used the free text. The menu was as follows and is shown as a graph below:

- Connecting programme of secondments and visits across the health and care sector
- Opportunity to undertake 'stretch' opportunities in other ALBs
- formal talent management
- Formalised exposure to national work
- Local network of alumni
- Alerts to suitable roles

- Formally continued Action Leading sets after the programme ends
- Programme of additional events - Master classes; Speakers from national body Chief Executives/senior leaders etc.

Graph 3 – suggested additions for an ALB programme



Clearly the most valuable addition would be the opportunity to both connect with others via visits and also to undertake stretch opportunities in other organisations. This mirrors the comments from elsewhere in the study, that participants wanted more opportunity to meet with and work with others.

Any other comments

Participants were asked to add any additional information or make comments that were not covered elsewhere. A number of participants said 'all things in the list above' [the survey did not allow for multiple responses]. The comments below are individual and therefore presented verbatim.

- Advertise widely who the graduates are so they can be approached for secondments, stretch or job opportunities
- It would prove most useful at completion if participants were connected with mentors at a senior level.
- On-going coaching and mentoring
- On-going talent management
- Formal stretch opportunities – suggested a number of times, including having the time, maybe a few days a year to undertake work in other organisations.
- I don't know that I think anything different is required. I think it is more that the people who are ready for an ALB directorship are probably candidates for the aspiring CEO programme i.e. the step after aspiring director, rather than candidates for the Nye Bevan programme. I certainly wasn't ready to consider a national directorship when I did Nye Bevan, but I was definitely in a room full of my peers and equivalents.
- There is an unreality about many of the current ALB execs. Very few of the conversations are about patient experience and outcomes, too many are

focused on in year financial concerns. At an ALB the focus should predominantly be on the long-term steering of the system with a secondary focus on the current financial position. Some industrial exposure to industries that plan over longer time cycles would be good for all ALB execs.

- All of the suggestions in the drop-down list are very relevant. Opportunity for secondment/stretch assignment that would cement the work of the programme. Access to a coach, and continued support from a mentor when the programme ends, to enable the development in career to become a reality within 2 years of completing the programme. Develop a pool of aspiring directors from the programme that would be available for development into actual executive posts. There has been a huge investment in me from the organisation and from my line managers to support me with this opportunity, as well as my own massive personal investment, it is now frustrating that there is not the opportunity to put this into practice in the workplace.
- Having finished I think the only failure of this programme is how little it is known in the NHS and how little it impacts on recruitment processes. There is no formal push for the organisation to choose NB trained participants which is a loss of resources and a reason for frustration in former participants. If having this programme became an essential criteria for leadership roles you would definitely see a change in the culture.
- There is little ecosystem to support and encourage after leaving the course and whilst part of the point of the course is to support development which negates that need, a chance to network with other Bevanites would be welcome.

Perhaps the odd alumni dinner in some of the major cities might be an option....

- A director role in an ALB is completely different to that of a trust, the responsibilities are very different. What is hard is for ALB staff to work in the provider sector, and as ALBs are in system leadership roles, more should be done to ensure that everyone has a broad experience of the variety of organisations that make up the system and this would enable us to move our talent more easily around the system.
- I found the programme immensely useful as it helped me to connect with why I joined the NHS from a patient perspective and myself as a senior leader. However, I am not sure how it has helped me from a career perspective as an Associate Director at present? I feel there is a step missing in terms of career opportunity and development as despite the qualification people are looking for more experience. There is a need for a director development programme or more secondment opportunities are needed to help people like me in current ALB positions to move into new roles that will support my progress into the right roles as I have demonstrated that I have the right mind-set but perhaps not the level of experience people are looking for?

In conclusion, this is a positive survey with results gathered from just over 1:4 of the possible respondents so should be viewed with caution. However, the themes

showed a very high level of agreement in terms of responses. The required changes relate mainly to contextualisation and also the connectivity that people in ALBs want to feel. The programme has a leaning towards the provider trusts so more help to apply the learning in context, both in terms of patients and line of sight and also the difference in the way ALBs operate to other organisations, different governance and the roles that different titles equate to.

The information suggests that the Nye Bevan programme could be ideally placed to support people who would have otherwise been on the HCLS. A few additions, outlined here would help this be a success as the participants who stated the programme was either not enough or were unsure, offered sufficient insights into what was needed, and these were again around the context and roles. From this limited study it is cautiously possible to say a new specific offer would not be needed as Nye Bevan can be adapted to be fit for this audience.

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