



UNIVERSITY OF
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The Nye Bevan and Elizabeth Garrett Anderson NHS Leadership Programmes: evaluating impact on leadership behaviour and organisational practices

A report by the Health Services Management Centre for the NHS leadership Academy

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Summary of key findings

The Health Services Management Centre surveyed past participants on the Elizabeth Garrett Anderson (EGA) and Nye Bevan programmes to explore the impact of the programme on both individuals, services, and patients.

Organisational practices and cultures:

- A high proportion of both EGA and Bevan respondents either strongly agreed or agreed that they had increased their understanding, confidence and skills in promoting positive organisational practices and cultures. A smaller proportion of EGA respondents (65%) agreed or strongly agreed that they, or their organisation, had made practical changes to the way staff work to promote a more open culture.
- EGA respondents indicated that these changes had benefitted staff (94%), patients (89%), services (89%) and resources (66%). For Bevan respondents, 80% agreed that these changes had benefitted staff, 75% agreed there had been a benefit for patients.
- Personal impressions, patient and staff survey data and finance data were frequently used to identify the benefits of these changes.

Delivering compassionate, person-centred care:

- Almost all respondents who completed the EGA and Bevan programmes agreed that it had helped them/their team to understand the impact of their practice on their staff and their ability to deliver compassionate, person-centred care to patients.
- A high proportion of EGA respondents indicated that these changes had benefitted staff (95%), patients (94%), services (92%) and resources (68%). Bevan respondents indicated that these changes had benefitted staff (84%), patients (79%), services (81%) and resources (70%).
- A high proportion of respondents identified that they had based their assessment on personal impressions, and patient and staff survey data.

Working across service or organisational boundaries:

- The majority of EGA and Bevan respondents agreed or strongly agreed that the programme had increased their knowledge of system partners and increased their confidence in working across service or organisational boundaries.
- A smaller proportion of respondents also agreed or strongly agreed that the programme had contributed to practical changes made in collaboration with partner agencies. EGA respondents who identified that changes had been made identified that these changes had improved services (97%), this number decreased to 79% of Bevan respondents. Almost all EGA respondents identified that changes had benefitted staff and patients. A smaller proportion of respondents identified that these changes had resulted in more cost-effective use of resources.
- Both Bevan and EGA respondents drew upon personal impressions to identify the benefits of these changes. Internal and external evaluations and trust inspection reports were also cited.

Quality improvement and the EGA programme:

- A high proportion of EGA respondents agreed or strongly agreed that the programme had helped develop their understanding of quality improvement and felt that the programme had increased their confidence in this area of work. Furthermore, EGA respondents identified that they had made changes to how they work to pay attention to quality improvement. A smaller proportion of EGA respondents identified that their organisation had made practical changes.
- These changes were identified to benefit staff (90%), patients (95%) and led to improved services (95%).
- Personal impressions, internal and external evaluations and audit data were most frequently used to measure these changes.

Changing practice at board level as a result of the Bevan programme:

- Eighty one percent of Bevan respondents agreed that the programme had helped them to change how they work with / influence their board to pay attention to quality and patient safety. A smaller proportion (56%) identified that their organisation had made practical changes to improve board meetings and discussions.
- Fifty seven percent of respondents agreed that staff had benefitted from these changes, with 60% identifying that the changes had benefited patients. Fifty-five percent identified that these changes had resulted in a more cost-effective use of resources.
- Personal impressions and patient and staff surveys and finance data were most frequently used to measure these changes.

Equality, diversity and inclusion and the EGA programme:

- There was a high level of agreement from EGA respondents that completing the programme had developed their understanding of equality, diversity and inclusion and that they felt they had developed their practical skills to embed equality, diversity and inclusion in their leadership practice.
- While some EGA respondents confirmed they already had strong knowledge of these issues, a number of respondents reflected that the programme had encouraged them to reflect more deeply on equality, diversity and inclusion in relation to their work.

Introduction

The Nye Bevan programme was designed to develop senior leaders and to accelerate individuals into executive roles, including roles that span organisational boundaries. It is a 12 month programme with no attached academic qualification. It provides support and learning to build personal resilience, confidence and capability.

The Elizabeth Garrett Anderson programme is designed to improve leadership practice and have a positive impact on organisational culture and patient-centred care. It is accredited and leads to an NHS Leadership Academy Award in Senior Healthcare Leadership and a Masters in Healthcare Leadership.

Across 2019 and 2020, the Health Services Management Centre (HSMC), University of Birmingham conducted a survey-based evaluation of the Elizabeth Garrett Anderson ('EGA') and the Nye Bevan ('Bevan') programmes on behalf of the NHS Leadership Academy (NHSLA). The survey of Bevan programme participants was conducted in conjunction with a survey conducted by 'Frontline' and was administered by NHSLA. The survey of EGA participants was administered by HSMC.

The survey instrument aimed to offer evidence of Bevan and EGA participants' learning and impact in the following areas:

- changing cultures and challenging negative practices
- person centred and compassionate care
- working across organisational boundaries

Although survey design was standardised across the two programmes, some questions were unique to the specific cohorts reflecting their levels of seniority and the aims of the respective programmes.

This report presents findings against each of these headers and draws wider conclusions relating to the EGA and Bevan programmes their impact on health care in England.

Methods

The initial scope and aims of the survey of Bevan programme participants were agreed with NHSLA and survey design was conducted by HSMC in conjunction with Frontline. The survey tool was created using Survey Monkey and all questions were subject to scrutiny and piloting by expert researchers and former Bevan programme participants. The survey was administered in the period August – December 2019. Initial distribution was to 902 former participants with reminder emails sent to non-responders. The final sample included 193 responses (a response rate of 21%).

For the survey of EGA participants, the initial scope and aims of data collection were agreed with NHSLA and survey design was conducted by HSMC and administered online using the Qualtrics survey platform between February – March 2020. A link to the questionnaire was distributed to 1,264 former participants with a reminder email sent to non-responders. In total, 333 former EGA programme participants responded to the survey (giving a response rate of 26%).

Analysis of the survey of both programme participants involved simple descriptive statistics including percentages. Survey tools are available on request from the authors.

Profile of respondents

EGA respondents worked in a range of organisations when the programme commenced, with the largest proportion identifying that they worked in an Acute Trust (47%), with 14% working within a Mental Health Trust and 11% working within a Clinical Commissioning Group. When asked to identify the core professional function of their role, almost a quarter (23%) reported that they worked in nursing or midwifery, with 15% working in operations and 12% reporting that they worked as an Allied Health Professional (AHP). EGA respondents highlighted a range of core functions, as demonstrated by the 20% of respondents who selected that their core function was not listed and was 'other'.

Figure 1: EGA participants: What type of organisation were you working in when the programme commenced? (n 330)

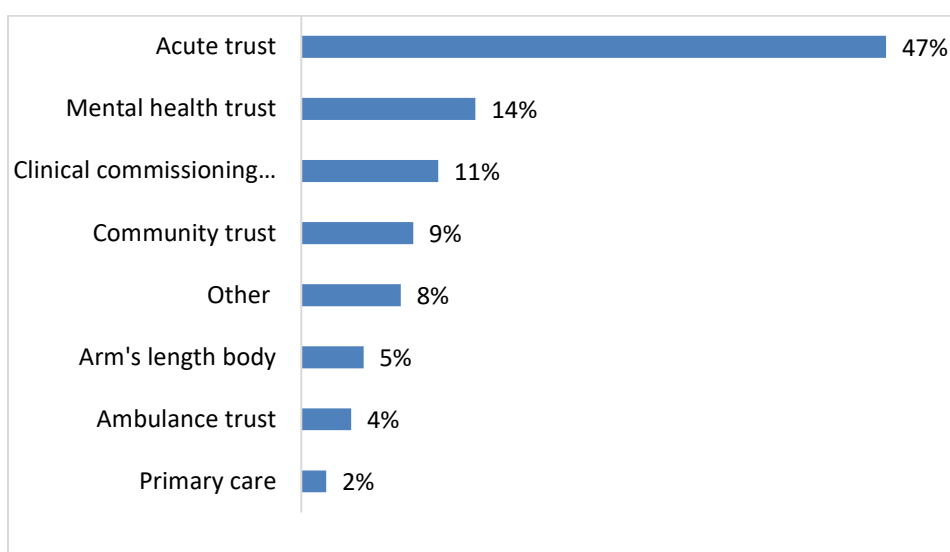
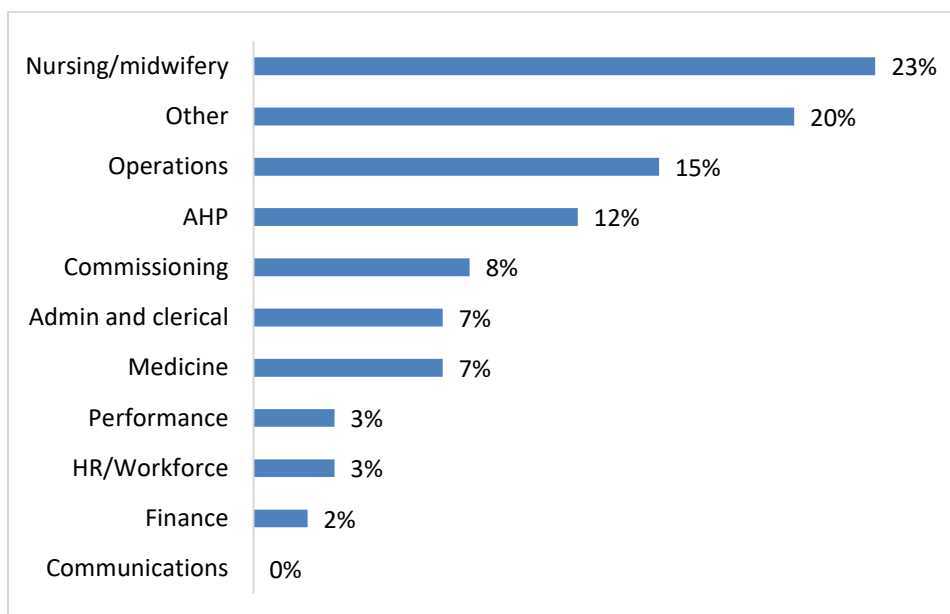


Figure 2: EGA participants: What is/was the core professional function of this role? (n 329)



Over three-quarters of EGA respondents (76% out of 246) identified as white British, with 6% identifying as Asian or Asian British-Indian and 4% identifying as Black or Black British African. Sixty nine percent of the 239 respondents identified as female and 31% as male.

Bevan respondents worked in a range of organisations when the programme commenced, with the largest proportion identifying that they worked in an Acute Trust (37%), with 15% working within a Clinical Commissioning Group or Mental Health Trust respectively. Overall, 17% of Bevan respondents worked in organisations that did not fall neatly into the questionnaire categories (and so selected 'other'). Five per cent of Bevan respondents identified that they worked within NHS England and 3% identified their organisation to be a Joint Community and Mental Health Trust. When asked to identify the core professional function of the role, 30% selected general management and 21% selected 'other' – highlighting that Bevan respondents reported a variety of professional functions. Medicine (15%) and nursing/midwifery (13%) were the next most frequently selected categories.

Eighty-three per cent of Bevan respondents identified as white British, with 4% identifying as white Irish and 3% as Asian or Asian British-Indian (n 156). Seventy one percent of Bevan respondents identified as being female and 29% as male (n 150).

Figure 3: Bevan participants: What type of organisation were you working in when the programme commenced? (n 203)

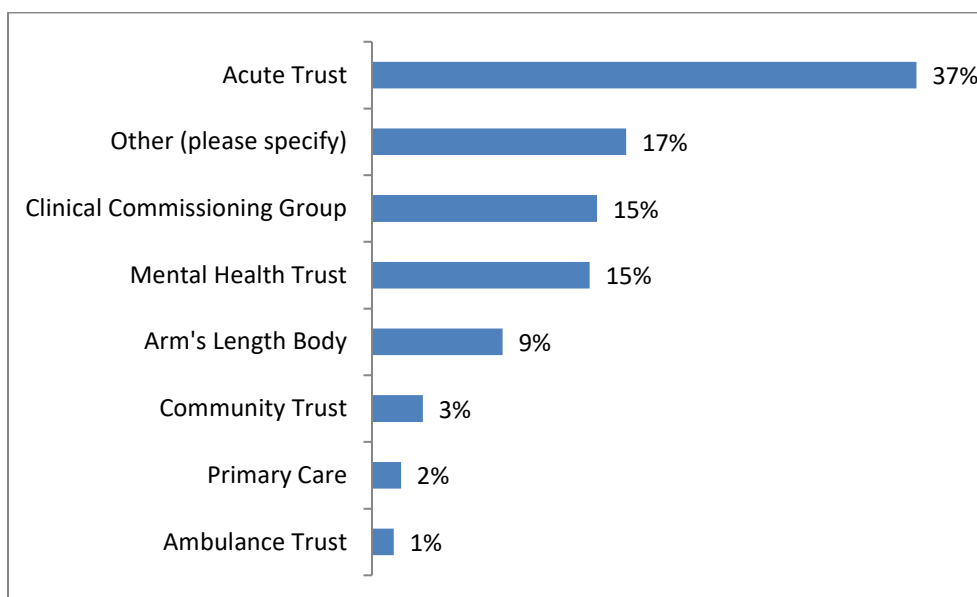
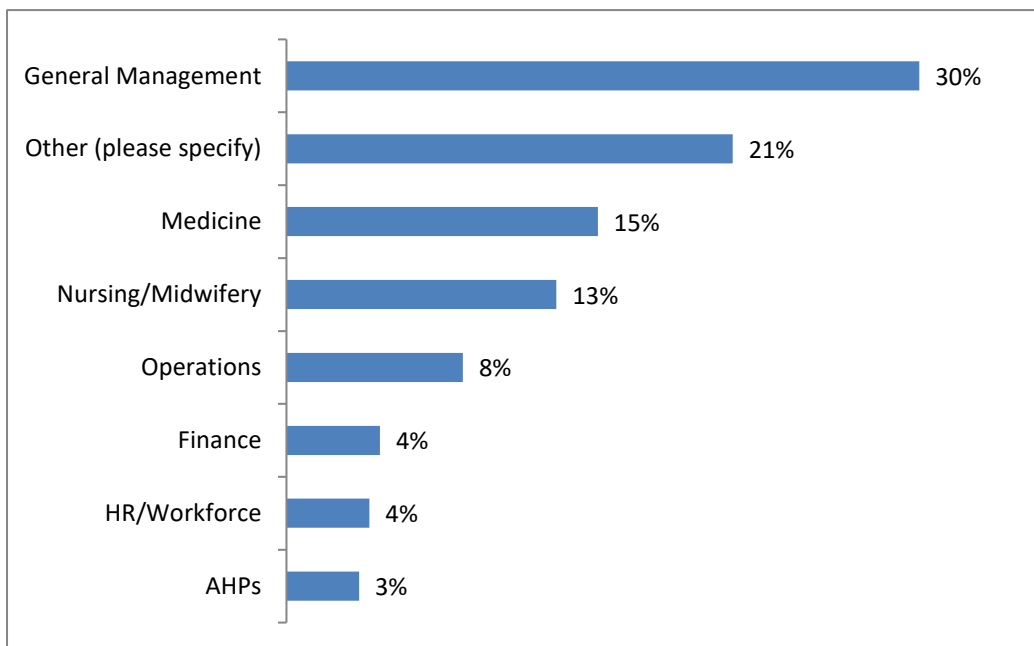


Figure 4: Bevan participants: What is/was the core professional function of this role? (n 201)



Career development and progression of EGA participants

Former EGA participants were asked whether since commencing the programme they had been promoted, either internally or in a new role in a different organisation. Over 7 out of 10 EGA respondents (72% out of 330) identified that they had been promoted. All respondents were also asked whether they had experienced any other forms of career development aside from formal promotions and 43% percent (out of 328) of respondents identified that they had, as demonstrated in the following quotation:

My participation in the EGA programme has given me the confidence to recognise the value of my opinion and the importance of speaking up. Whilst I haven't had a formal promotion, I think that increase in confidence has meant I have a higher profile and a level of respect amongst my colleagues, which has led to me being the nominated deputy for the programme lead. EGA participant

EGA respondents frequently referenced the increased confidence that they had gained from completing the programme. Many suggested this confidence had encouraged them to apply for new roles and promotions and had helped them to feel more comfortable to constructively challenge and express their opinion. More specifically, EGA respondents frequently noted that the programme increased their self-awareness and how they came across to others. This was suggested to strengthen relationships within teams. Some EGA respondents also highlighted that the programme had helped to increase their resilience within the workplace. On a less positive note, a small number of respondents highlighted that they felt their organisation did not recognise the value of the EGA programme.

I can honestly say that every facet of my practice and progression is attributed to my learning and development through the EGA. The impact of the programme has been profound. If you are after a tangible example I introduced and embedded the dynamic support register across 7 STP's [sustainability and transformation partnerships] in the South West of England drawing upon core principles of the EGA. EGA participant

The learning from the EGA programme was invaluable to aid my understanding of leadership – it highlighted that the reality of being an effective leader was vastly different to my impression before the course! It also was invaluable in enabling me to implement the things I had learned into practice. EGA participant

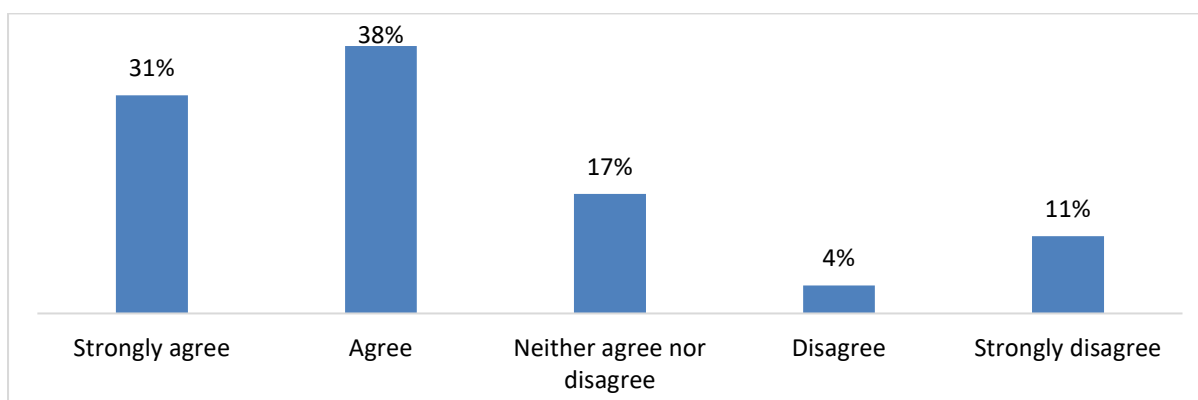
My peers and managers have actively discussed with me how they can see I developed my leadership skills while I was undertaking the programme. EGA participant

Some respondents particularly valued that the EGA programme culminated in the award of a Masters:

The Masters also provided both a formal and informal validation of academic ability.

I am of the generation where I did not feel worthy as I trained when degrees weren't required. Having a Masters degree helped to validate my belief in myself and give me credibility. EGA participant

Figure 5: EGA participants: To what extent do you agree or disagree that the programme has helped you to progress in your career? (n 331)



Overall, 68% of EGA respondents agreed or strongly agreed that the programme had helped them to progress in their career.

Applying course content: Positive organisational practices and cultures

There are often risks attached to ‘speaking up’ in order to challenge negative practices in the workplace. However, safer care occurs when we create organisational environments in which challenges or differences can be voiced, divergent narratives acknowledged, and effective action put in place. The EGA and Bevan programmes sought to increase participants’ confidence to challenge negative practices in the workplace and develop organisational environments which welcome and acknowledge challenge and difference in opinion.

Ninety-four percent of EGA respondents and 98% of Bevan participants either strongly agreed or agreed that they had increased their understanding of positive organisational practices and cultures. Eighty-six percent of EGA respondents strongly agreed or agreed that they had increased their confidence in challenging negative organisational practices. A similarly high proportion of EGA respondents (86%) agreed or strongly agreed that their skills in challenging these negative practices have improved, with 65% of respondents agreeing or strongly agreeing that they, or their organisation, had made practical changes to the way staff work to promote a more open culture. EGA respondents who identified that practical changes had been made were asked who had benefited from these different approaches. Ninety-four percent of EGA

respondents agreed or strongly agreed that these changes had benefitted staff and 89% strongly agreed or agreed that the changes had benefitted patients and services. Furthermore, 66% of EGA respondents identified that these changes had resulted in more cost-effective use of resources.

Figure 6: EGA participants: Positive organisational practices and cultures: As a result of the programme...

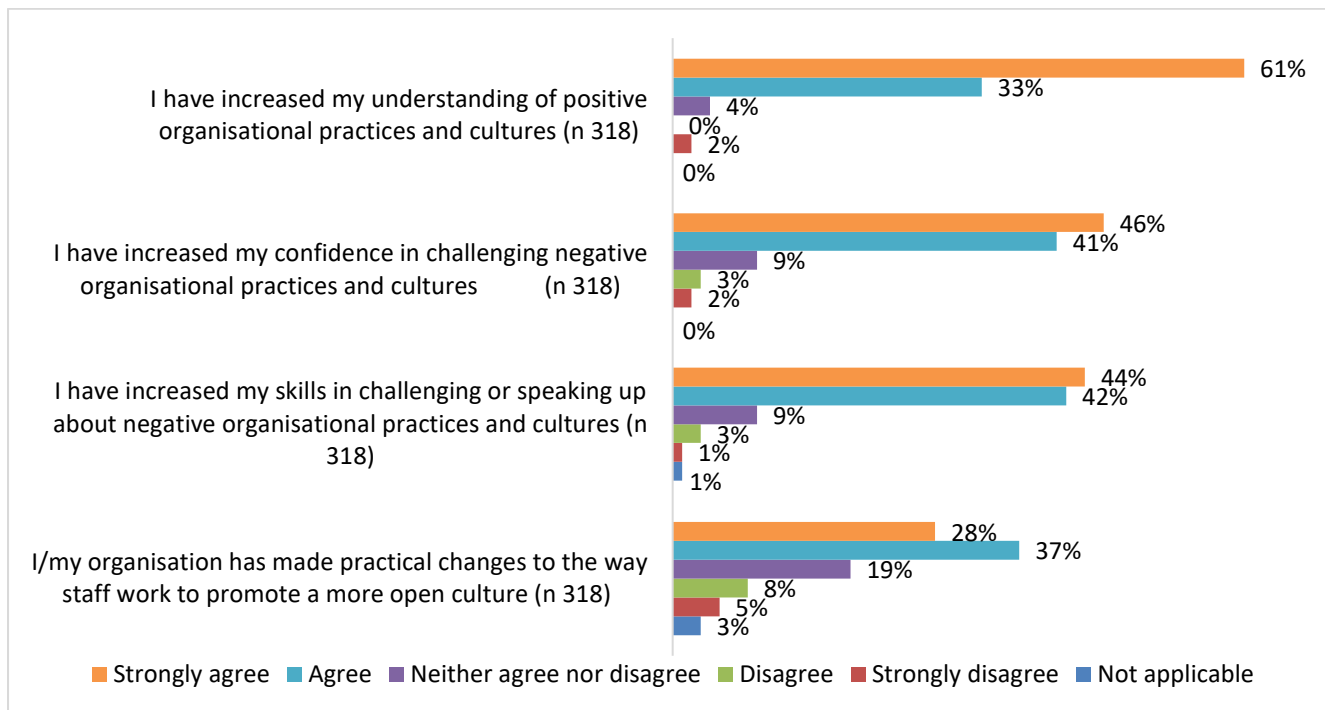
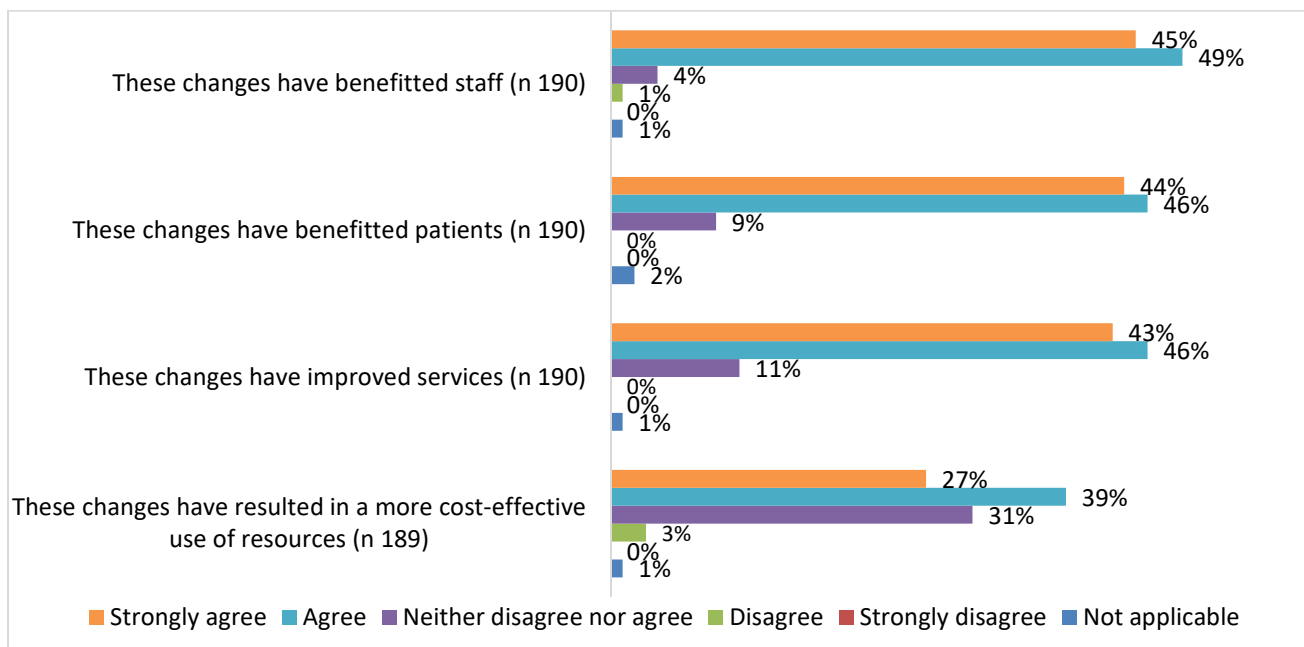


Figure 7: EGA participants: Positive organisational practices and cultures: Beneficiaries of change



Compared to EGA respondents, a slightly higher proportion of Bevan respondents (93%) strongly agreed or agreed that they had increased their confidence in challenging negative organisational practices. Nine out of 10 Bevan respondents (90%) agreed or strongly agreed that their skills in challenging these negative practices

have improved. Four-fifths (80%) of Bevan respondents identified that they, or their organisation, had made practical changes to the way staff work to promote a more open culture.

Bevan respondents were also asked who, if anyone, benefited from such changes. Four-fifths (80%) agreed or strongly agreed that these changes had benefitted staff, with 75% strongly agreeing or agreeing that the changes had benefitted patients, with 79% agreeing or strongly agreeing that changes had benefitted services. Furthermore, 63% of respondents identified that these changes had resulted in more cost-effective use of resources.

Figure 8: Bevan participants: Positive organisational practices and cultures: As a result of the programme...

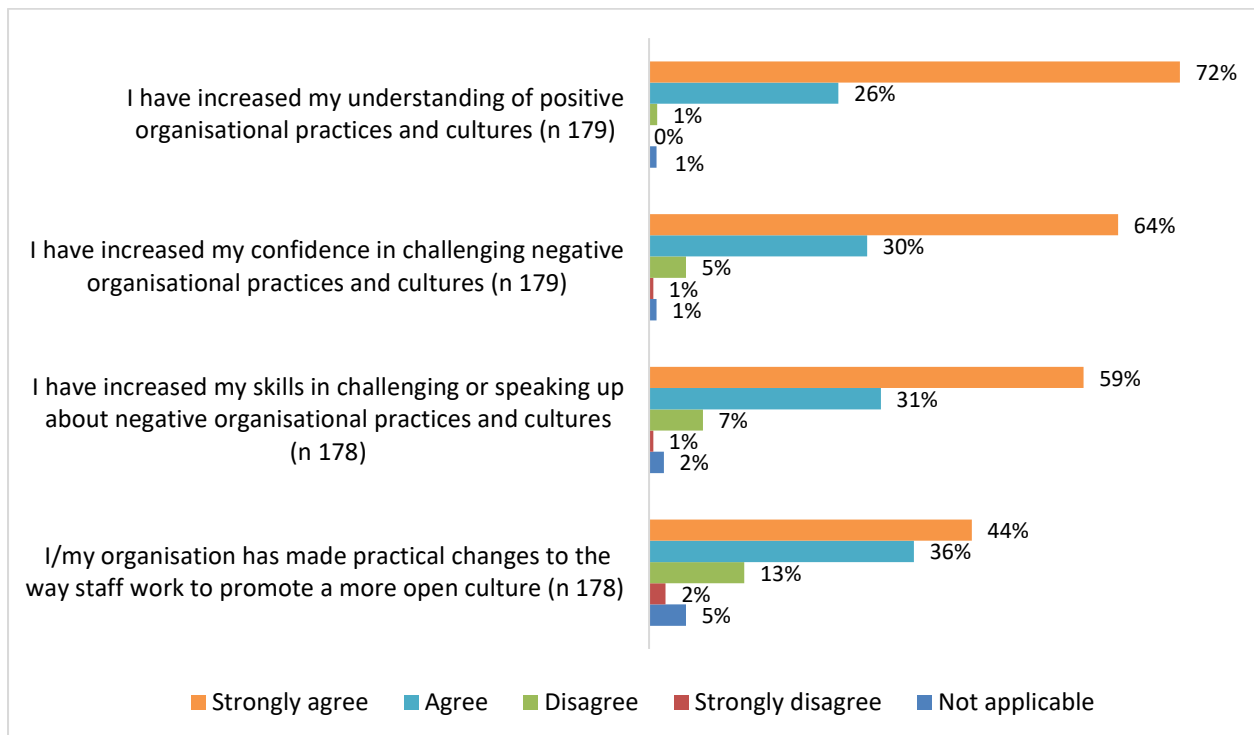
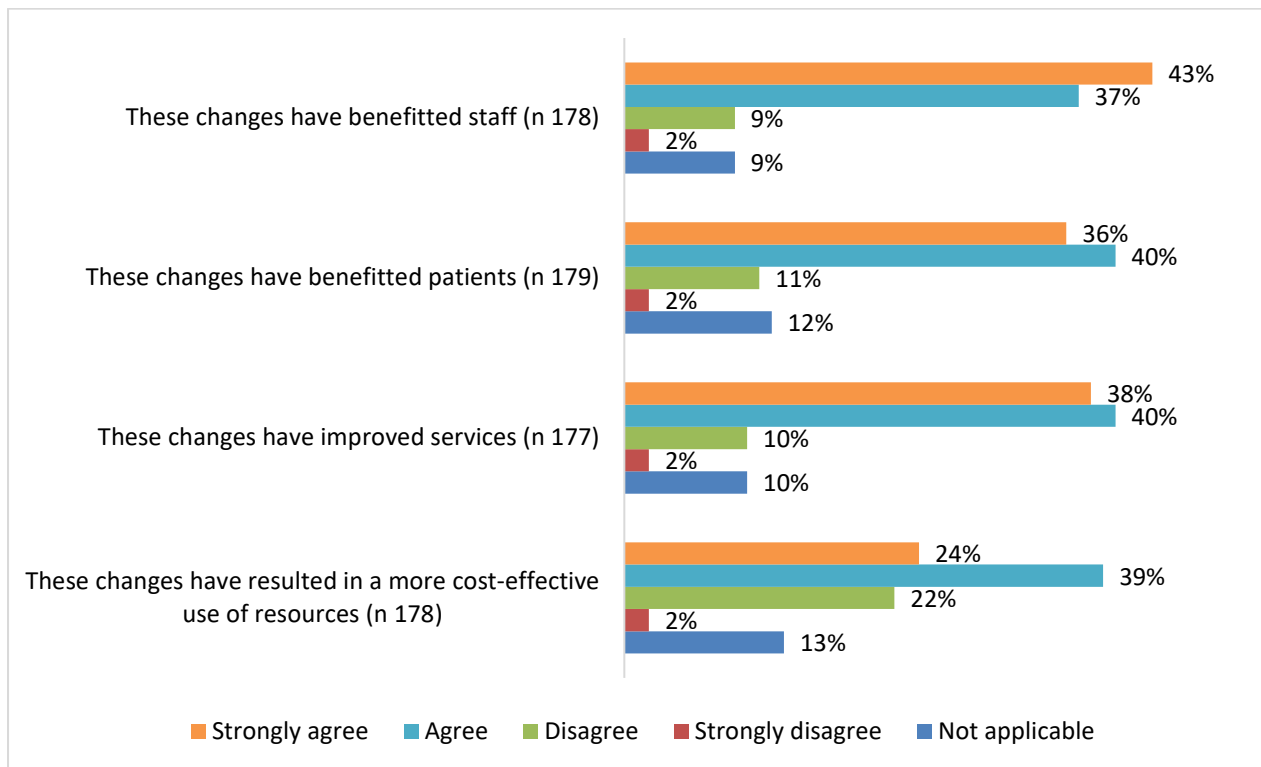


Figure 9: Bevan participants: Positive organisational practices and cultures: Beneficiaries of change



Both Bevan and EGA respondents were also asked what evidence was used to identify these benefits. Personal impressions and staff and patient survey data were frequently cited as evidence of these changes. Fifty-six percent of EGA respondents identified that they had consulted patient survey data to assess the benefits of these changes to patients. Fifty-one percent of EGA respondents identified that financial data were used to measure the extent to which these changes had led to the more cost-effective use of resources. Furthermore, 6 in 10 Bevan respondents identified that financial data were used to demonstrate that these changes had led to the more cost-effective use of resources.

Figure 10: EGA participants: Positive organisational practices and cultures: Sources of evidence used to support evidence of beneficiaries of change – staff and patients

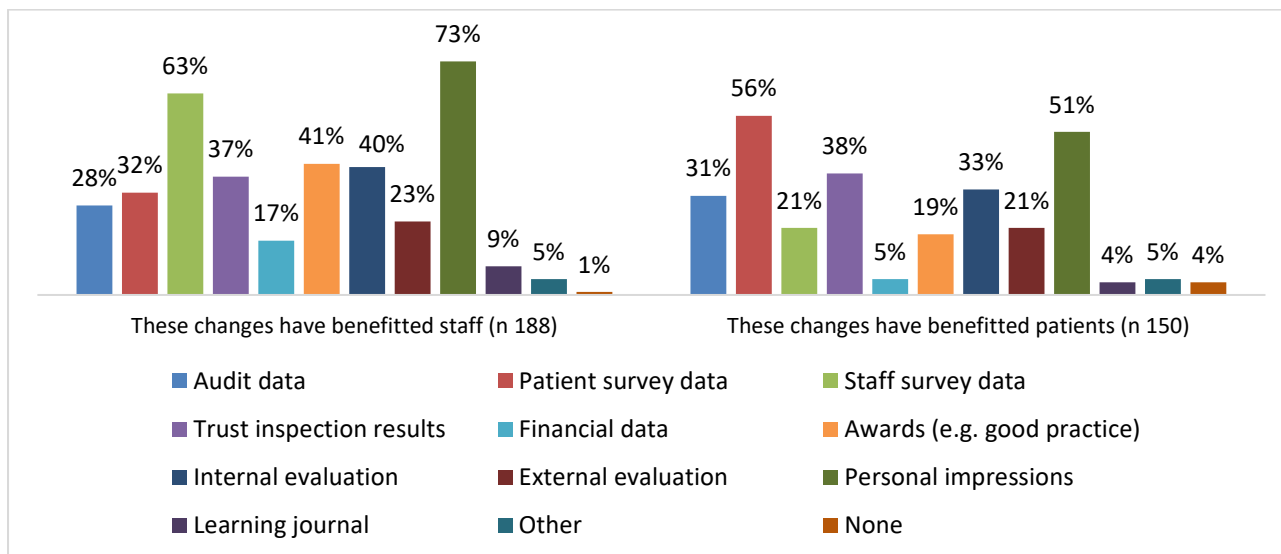


Figure 11: EGA participants: Positive organisational practices and cultures: Sources of evidence – service improvement and use of resources

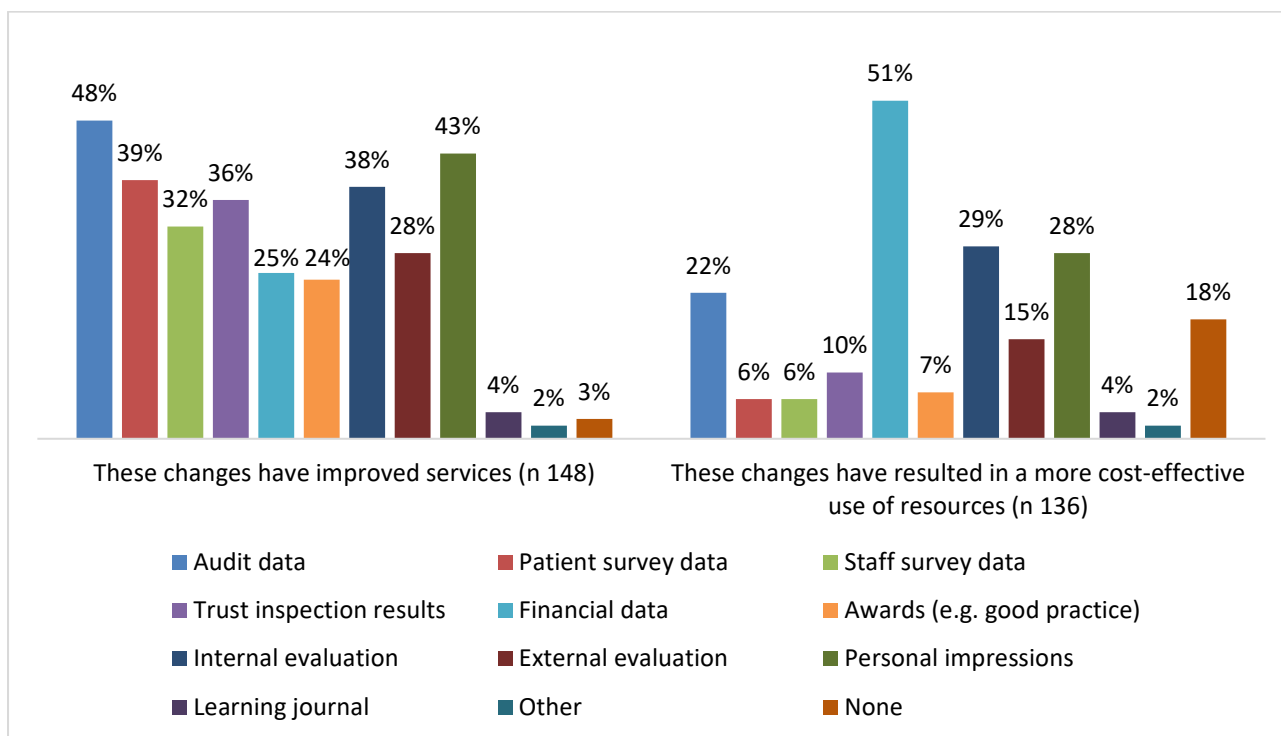


Figure 12: Bevan participants: Positive organisational practices and cultures: Please support your responses by ticking any of the below boxes that apply:

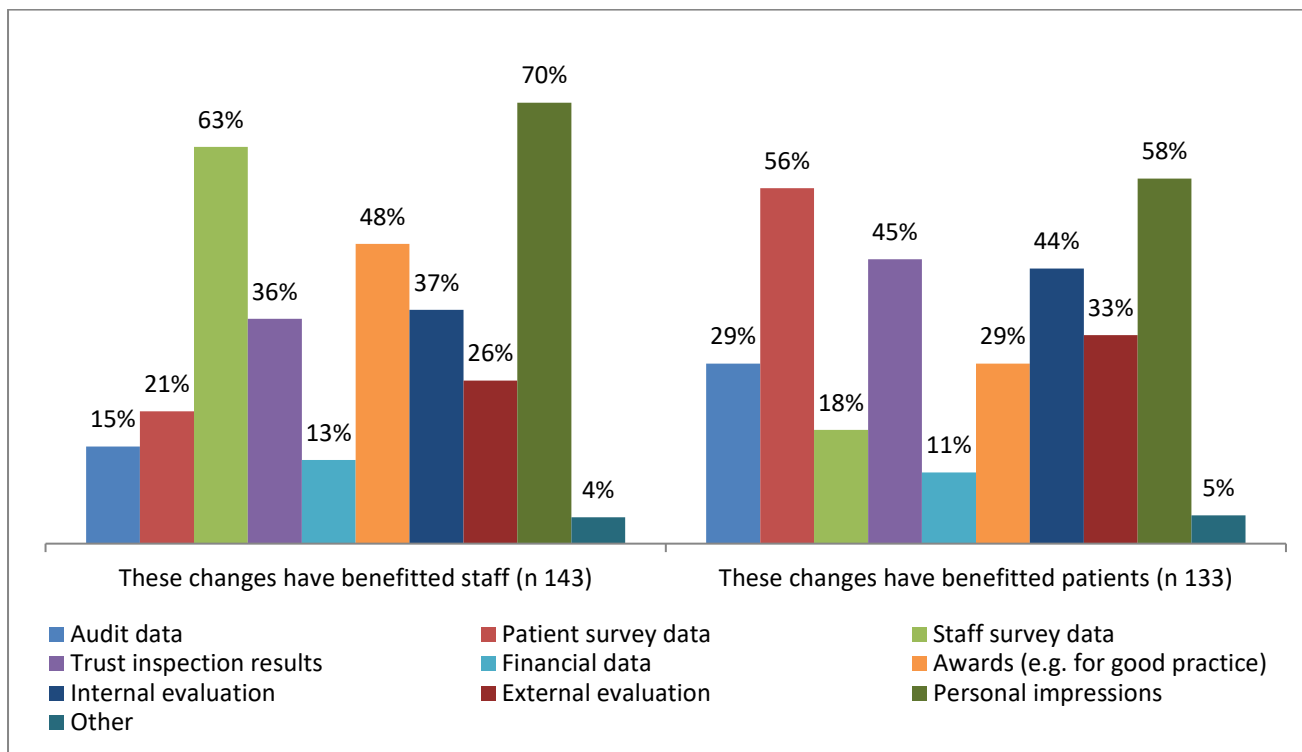
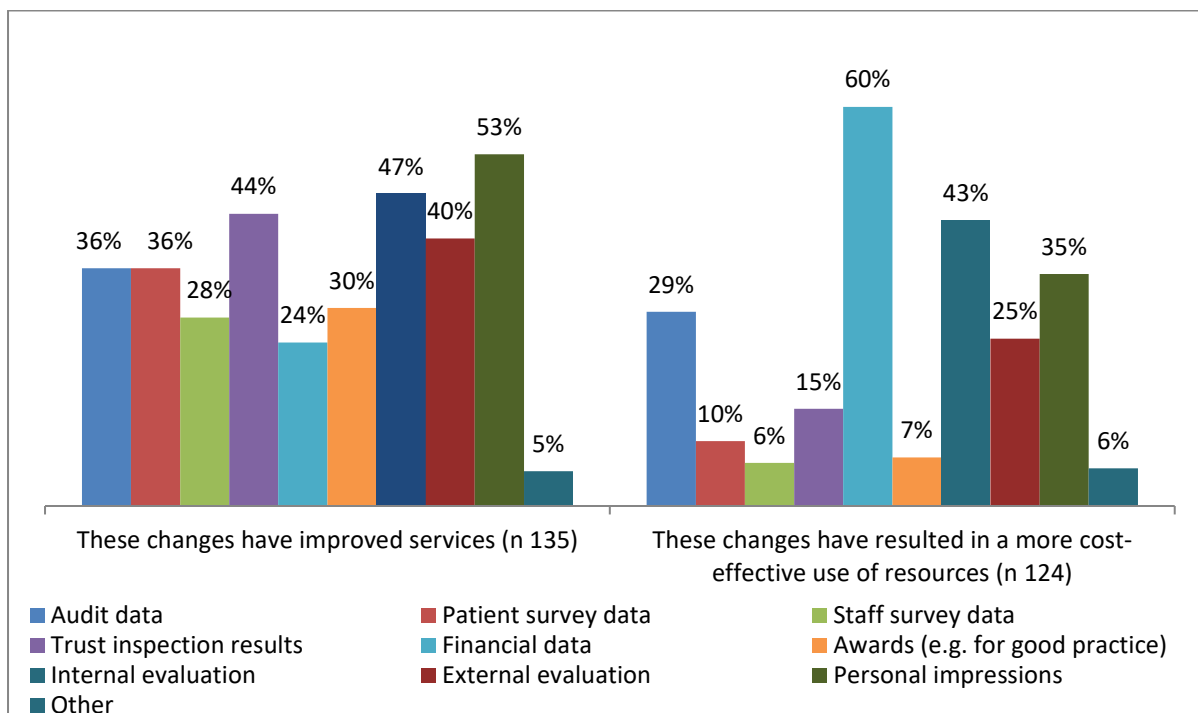


Figure 13: Bevan participants: Positive organisational practices and cultures: Please support your responses by ticking any of the below boxes that apply:



When asked to provide further comment, respondents again highlighted that the EGA and Bevan programmes had developed their confidence to challenge negative practice and had helped them to develop

a more constructive approach when addressing problems. Some EGA respondents highlighted that this more open and constructive approach had had a wider influence across their teams:

It has empowered some of the more junior leaders and managers within the team to understand and embrace the mechanisms outlined in the course, which in turn has flowed down to the teams. EGA participant

EGA gave me the grounds and the confidence to develop wider trust learning and encouraging more open and honest team meetings and discussions. From setting up learning forums we have been able to improve patient care and spotlight on negative and positive practice. EGA participant

While EGA respondents recognised the benefits of the programme, some respondents highlighted that hierarchical structures meant that it could be difficult to implement change:

I think there is a recognition of negative practices but little action being taken to address them as decisions are not able to be made by one person - the complexity of the hierarchical structures in the NHS and resultant lack of ownership of issues prevents anything being done and enables others to exploit this lack of clarity. EGA participant

Some Bevan respondents highlighted the challenges of directly attributing outcomes achieved by an organisation to individual participation in the programme. Furthermore, a number of respondents recognised possible tensions between individual attempts to instigate change within a wider organisational culture that may not necessarily welcome such attempts.

The last few questions don't allow for the negative impact of organisational change outside the individual's control. Organisational and structural changes meant it has been difficult to have impact as one individual in my NHS organisation (but I have had success in the wider system). Bevan participant

On a more positive note, Bevan respondents frequently highlighted that as a result of completing the programme that they had a greater awareness of the impact of their leadership style on their colleagues, as well as the factors that promote a positive leadership style.

It has made me more aware and active and I have spread this amongst my team. As a result they have done more training on patient engagement and inclusion, and also accepting individuals with invisible differences within the team. So there have positive changes and improvements. However, working for a national organisation, I can only say that these changes happened within my area of direct control. Bevan participant

My leadership development and growing confidence as a leader has facilitated a culture where delegated leadership is encouraged and there is more conscious awareness of leadership and what it entails among clinical and management leaders. The programme also led to my having greater impact and influence within local multi- agency systems and this has benefited children's mental health and led to improved funding for services. Bevan participant

I have been more prominently engaged than previously in BAME type activities. I have spoken up more to request that we include patient voices in our service reviews and redesigns. Bevan participant

I was aware of a need to create a stronger sense of team amongst a dispersed group of staff and introduced changes which I think helped that in the role I was in at the time. I have made changes for other staff in subsequent roles and got positive feedback from them. I think my increased awareness of system working has helped me in my work on a project across 7 organisations - but this can only be a personal impression.
 Bevan participant

Delivering compassionate, person-centred care

Better patient outcomes are associated with better staff experiences. Care is a form of emotional labour, and staff cannot deliver dignified care to others if they do not feel cared for themselves. Personalisation can transform care, but depends on a broader cultural shift in which there is a partnership of equals between professionals and people using services, and in which services strive to achieve outcomes that matter to patients/families. The EGA and Bevan programmes sought to develop participants' confidence, skills and understanding of how to deliver compassionate and person-centred care. Activities designed to improve practice in this area were based on research into emotional labour, staff satisfaction and organisational performance.

EGA and Bevan respondents were asked the extent to which they agreed that the programme improved both their own and their staff's ability to deliver compassionate and person-centred care. A high-proportion of EGA respondents (94%) agreed or strongly agreed that the programme had helped them to understand the impact of their practice on their staff and their ability to deliver compassionate, person-centred care to patients. Furthermore, a similarly high proportion of EGA respondents identified that they agreed or strongly agreed that they have increased their own or their team's understanding of how to deliver more person-centred care (88%). Almost 9 out of 10 respondents (89%) agreed or strongly agreed that the EGA programme had improved their confidence in working with their team to deliver compassionate and person-centred care.

Figure 14: EGA participants: Delivering compassionate, person-centred care: As a result of the programme...

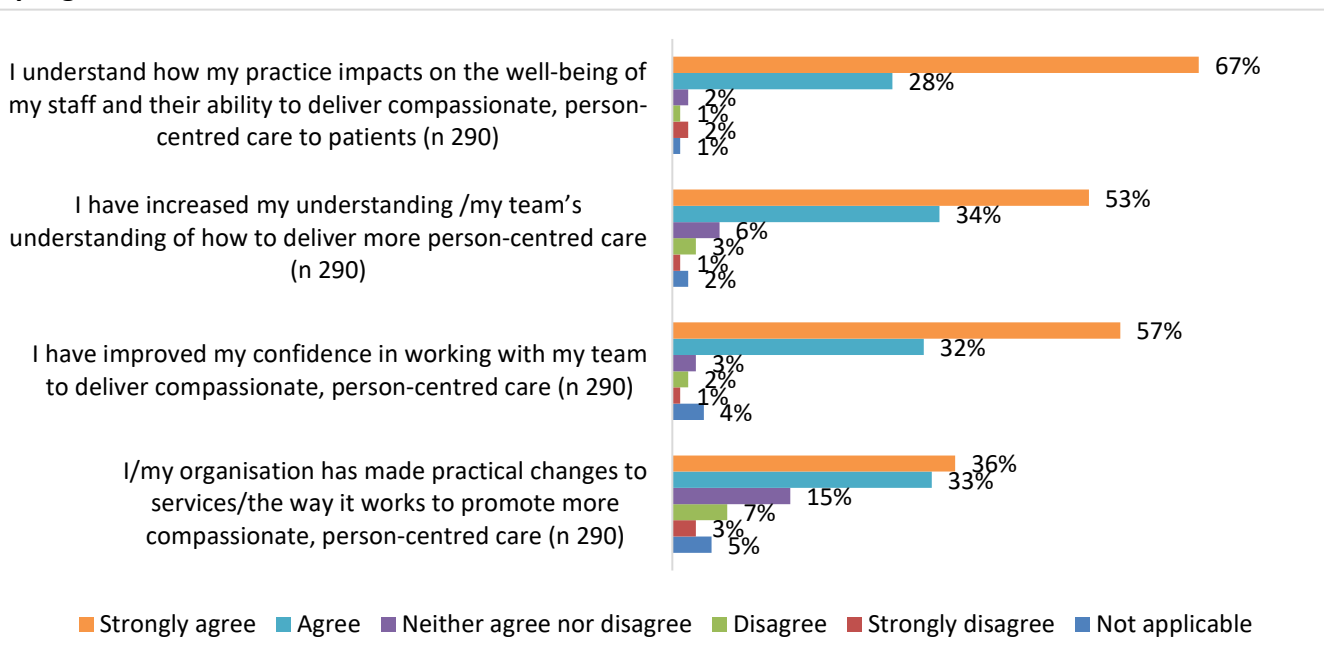
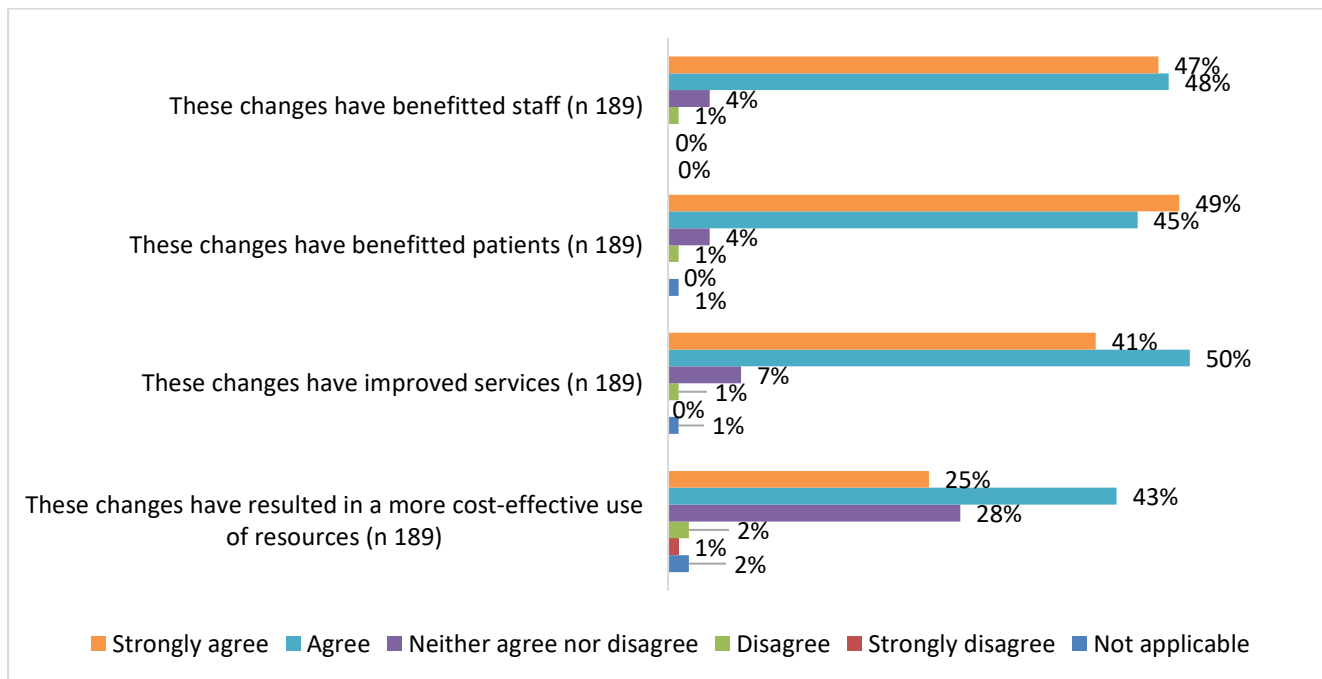


Figure 15: EGA participants: Delivering compassionate, person-centred care: Beneficiaries of change



A similarly high-proportion of Bevan respondents (95%) agreed or strongly agreed that the programme had helped them to understand the impact of their practice on their staff and their ability to deliver compassionate, person-centred care to patients. Ninety percent of Bevan respondents agreed or strongly agreed that they have increased their own and their team’s understanding of how to deliver more person-centred care and the same proportion strongly agreed or agreed that the programme had increased their and their team’s understanding of how to deliver more person-centred care. Furthermore, 90% of Bevan respondents agreed or strongly agreed that the programme had improved their confidence in working with their team to deliver compassionate and person-centred care. A higher proportion of Bevan respondents than EGA participants (80% compared to 69% respectively) identified that they and their organisation had made practical changes to services to promote person-centred care.

Figure 16: Bevan participants: Delivering compassionate, person-centred care: As a result of the programme

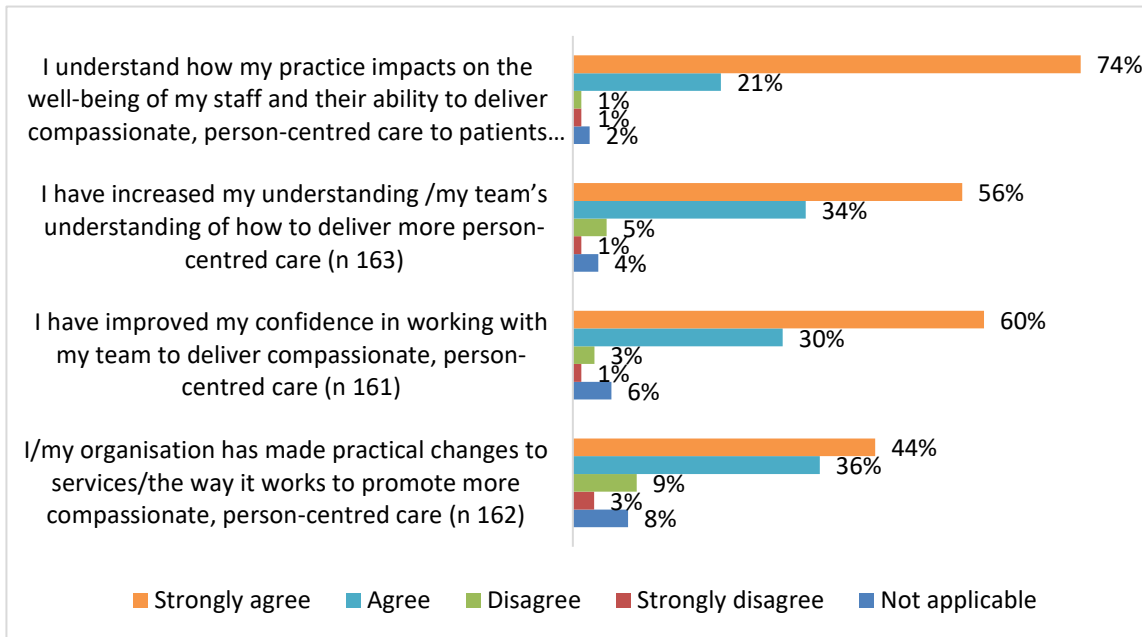
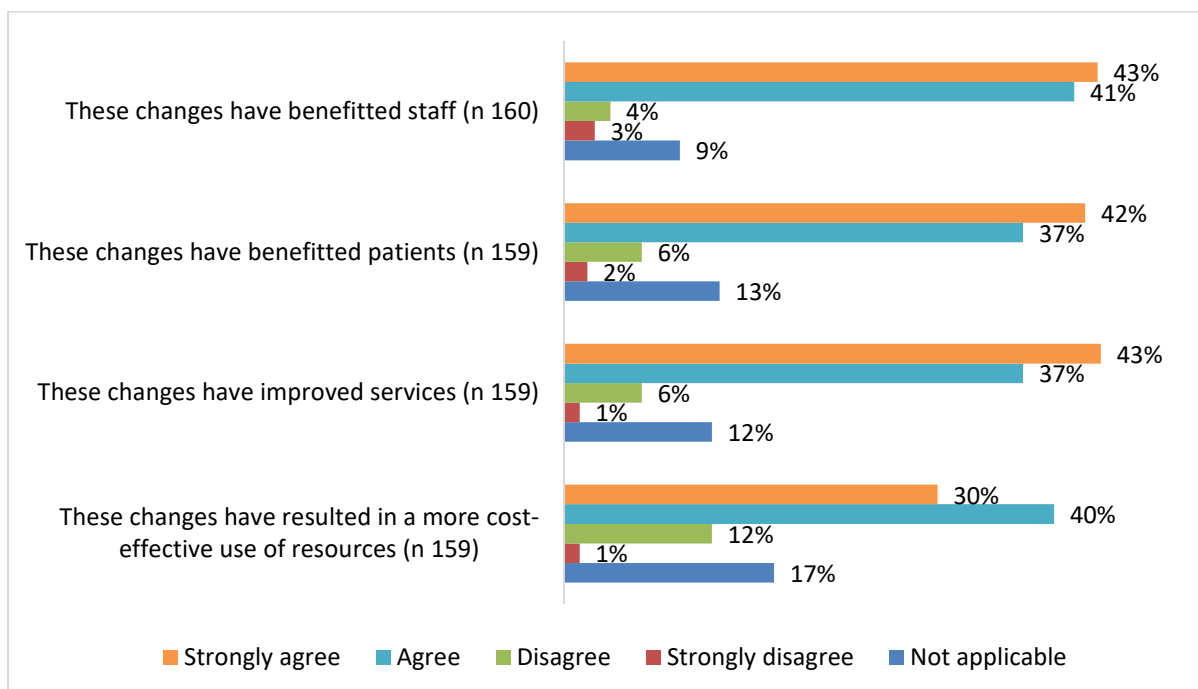


Figure 17: Bevan participants: Delivering compassionate, person-centred care: Beneficiaries of change



EGA and Bevan respondents who identified that their organisation had made changes were asked who, if anyone, had benefitted from such changes. Ninety-five percent of EGA respondents agreed or strongly agreed that these changes had benefitted staff and 94% agreed or strongly agreed that the changes had benefitted patients. Over 9 out of 10 (92%) EGA respondents agreed or strongly agreed that these changes had benefitted services, with 68% of EGA respondents identifying that these changes had led to more cost-effective use of resources.

By way of comparison, 84% of Bevan respondents agreed or strongly agreed that staff had benefitted and 79% agreed or strongly agreed that these changes had benefitted patients, with over four-fifths (81%)

agreeing or strongly agreeing that the changes have improved services. A smaller proportion of Bevan respondents (70%) agreed or strongly agreed that the changes had resulted in more cost-effective use of resources.

Figure 18: EGA participants: Delivering compassionate, person-centred care: Sources of evidence – service improvement and use of resources – staff and patients

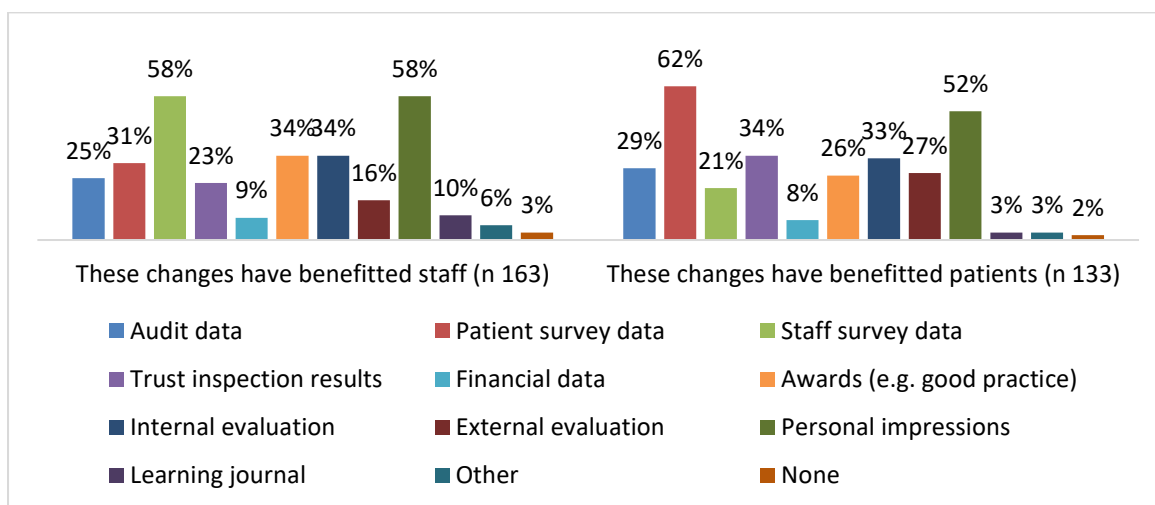
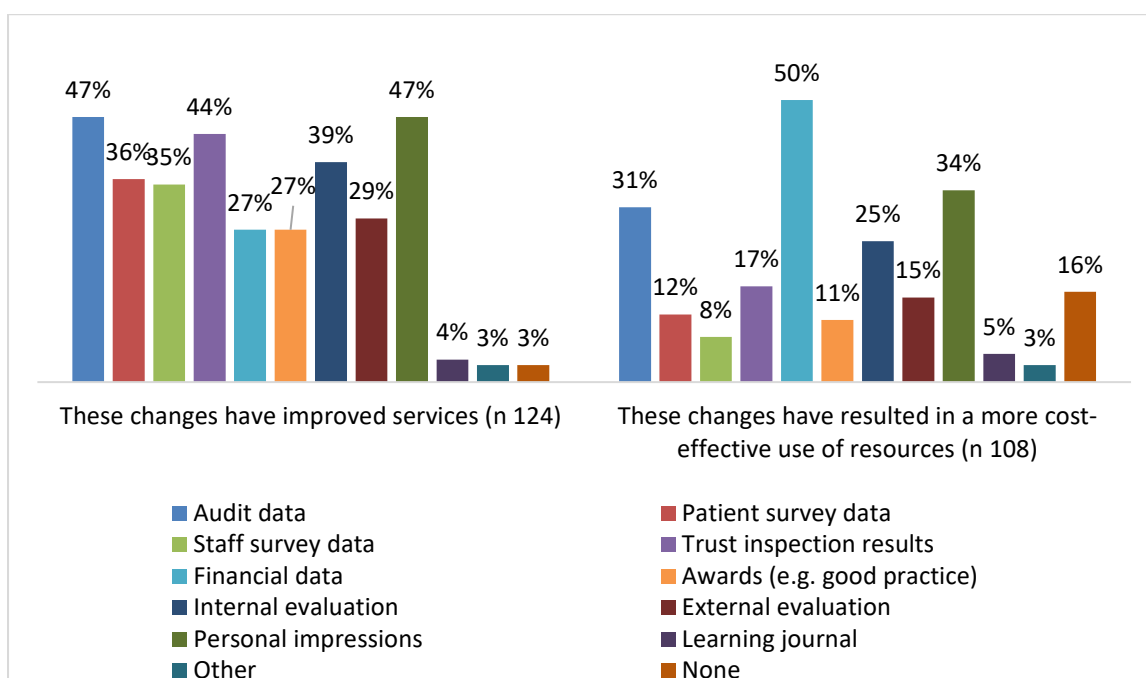


Figure 19: EGA participants: Delivering compassionate, person-centred care: Sources of evidence – service improvement and use of resources



Those EGA and Bevan respondents who identified that a change had been made were asked to identify the data sources they used to identify the benefits derived from changes. Again, respondents across both programmes frequently identified that they had consulted survey data or had based their assessment on personal impressions. Overall, 47% of EGA respondents identified that they had consulted audit data and 44% of EGA respondents used trust inspection results to identify improvements made to services. Almost four out of ten (39%) EGA respondents had consulted internal evaluations of services to identify improvements. Forty-seven per cent of Bevan respondents noted that they used internal evaluation to

identify improved services, whereas 29% of Bevan respondents identified that they could identify the benefits to staff through the receipt of awards.

Figure 20: Bevan participants: Delivering compassionate, person-centred care: Please support your responses by ticking any of the below boxes that apply

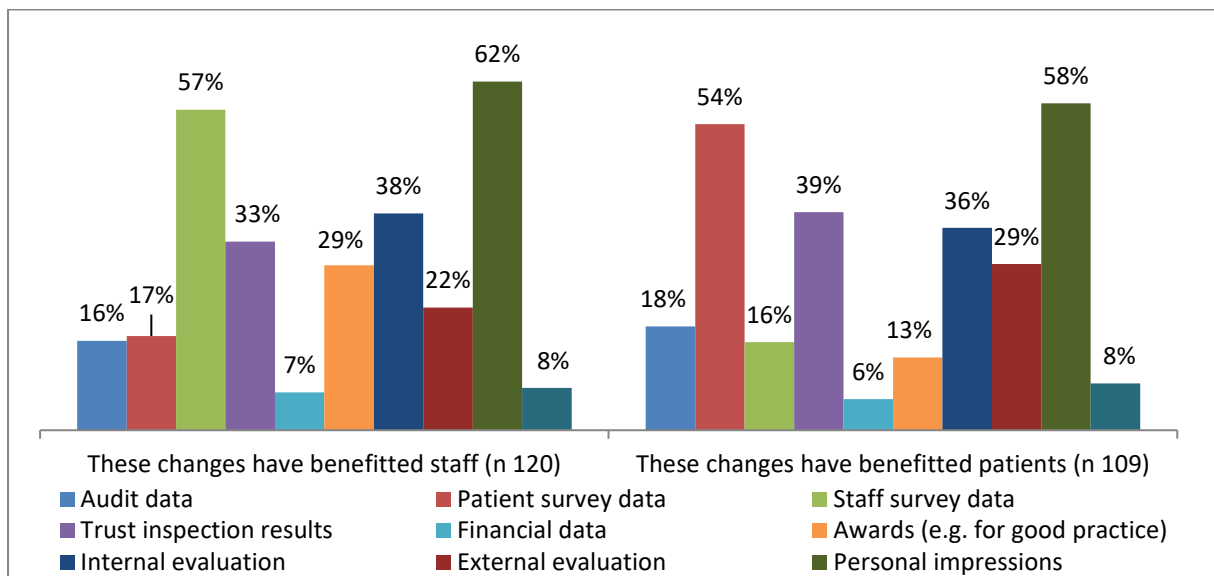
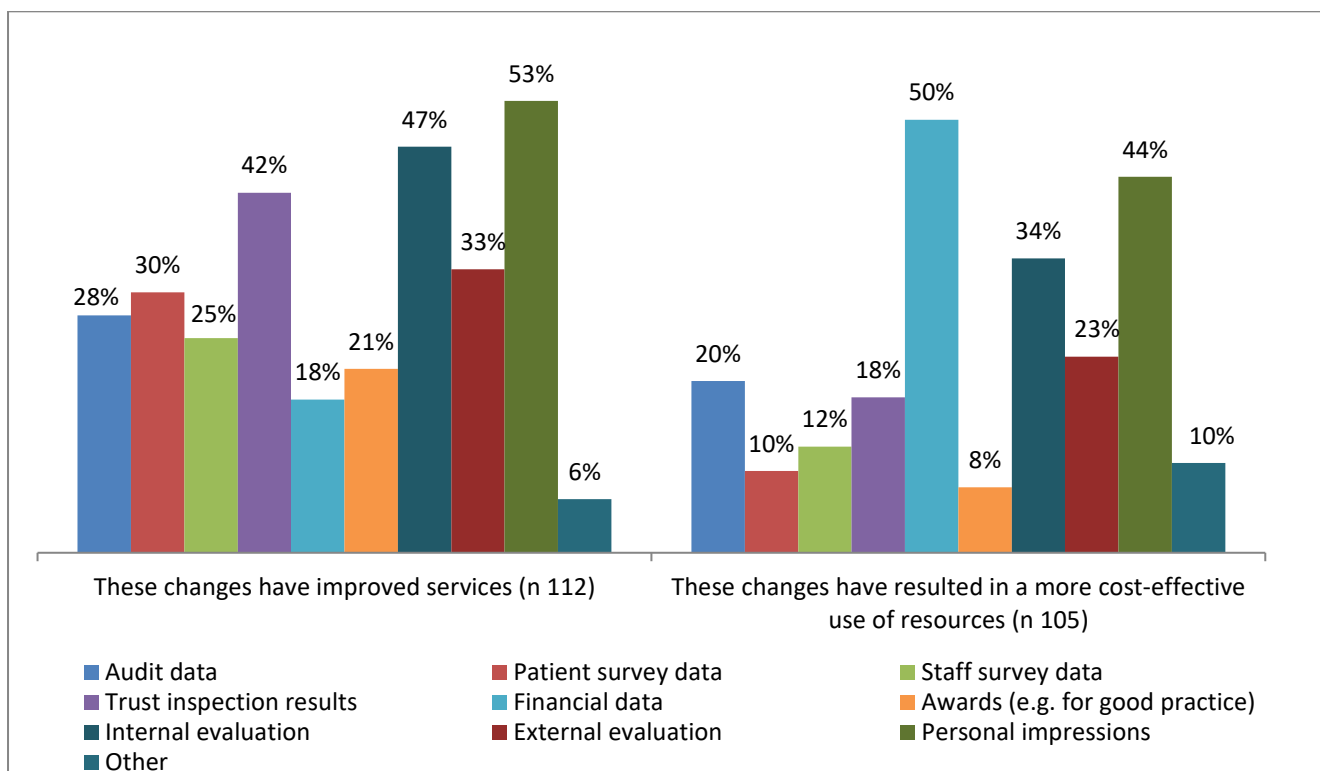


Figure 21: Bevan participants: Delivering compassionate, person-centred care: Please support your responses by ticking any of the below boxes that apply



EGA and Bevan respondents were asked to add any further comments they may have on how the programme led to any improvements in person centred and compassionate care. While some EGA respondents noted that they felt they were already patient-centered within their role, a number highlighted that the programme

had consolidated their understanding and had encouraged them to develop approaches to enhance patient involvement.

The course has broadened my understanding of person centred care, often I try to put myself in the patient's shoes or encourage my staff to do same. EGA participant

I found the programme very helpful in enhancing my knowledge of what compassionate, patient centred care actually is and how it can be assessed. EGA participant

Some Bevan respondents again highlighted the difficulty of attributing changes within their organisation to their participation on the programme, whilst others were able to identify practical ways in which they had applied the principles of the Bevan programme to their work. In particular, respondents highlighted their increased focus on the patient when making decisions, as well as a renewed emphasis on colleague wellbeing, as noted by the following comments:

Bevan has really focused me to support and influence others to start with the patient and work outwards, it has also refocused me on the importance of the staff I work alongside and lead and helped me to be able to proactively address difficult conversations where the patient or staff get lost. Bevan participant

I have strengthened my awareness of staff wellbeing and have worked with my HR business partner to ensure staff are being supported appropriately. I am more flexible in laying rules and regulations taking individual circumstances into account. My staff work more as a team than different areas within a department so absences are covered more effectively as staff see the value of supporting other teams when they are short. Bevan participant

Again, the challenges presented to an individual attempting to progress cultural change were also acknowledged by a small number of Bevan respondents as identified in the quotation below.

The questions are focussed on the impact of individual learning, development and impact. At a time when there was a toxic organisational culture individuals felt disempowered. It has needed collective effort- beyond the individual to make change. However good Nye Bevan is it cannot equip individuals to tackle organisational dysfunction alone - and can set up a sense of disempowerment. Team approaches to OD [organisation development] and change management in toxic environments would be a valuable addition. Bevan participant

Working across service or organisational boundaries

There is increasing recognition of the need to work across systems and boundaries to deliver sustainable and person-centred care. Both Bevan and EGA respondents were asked the extent to which they agreed that the programmes had supported them and their team to work across service and organisational boundaries. Over four-fifths of EGA respondents (82%) agreed and strongly agreed that the programme had increased their knowledge of system partners and the same proportion of respondents agreed or strongly agreed that the EGA programme had increased their confidence in working across service and organisational boundaries. Eighty-two per cent agreed or strongly agreed that their skills in working across service or organisational boundaries had increased.

I make a more system-orientated contribution, transcending organisational boundaries to consider what we can do collectively to improve quality of care and outcomes, whilst also bringing the specific information from my own organisation into the discussion.

A high proportion of Bevan respondents (93%) agreed and strongly agreed that the programme had increased their knowledge of system partners, whereas a similar proportion (94%) agreed or strongly agreed that the programme had increased their confidence in working across service or organisational boundaries. Furthermore, 93% of Bevan respondents agreed or strongly agreed that the programme had increased their skills working across service or organisational boundaries

A high proportion of both Bevan and EGA respondents also agreed or strongly agreed that the programmes had contributed to practical changes made in collaboration with partner agencies (77% and 55% respectively). Over three-quarters of Bevan respondents (77%) also agreed or strongly agreed that as a result of the Bevan programme there was greater collaboration in the local area.

Figure 22: EGA participants: Working across service or organisational boundaries: As a result of the programme

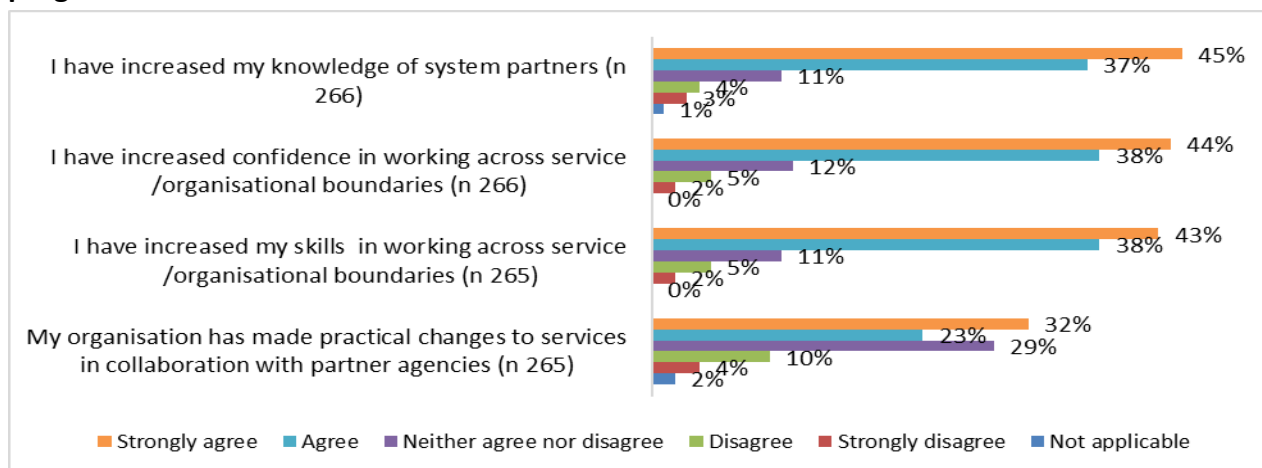
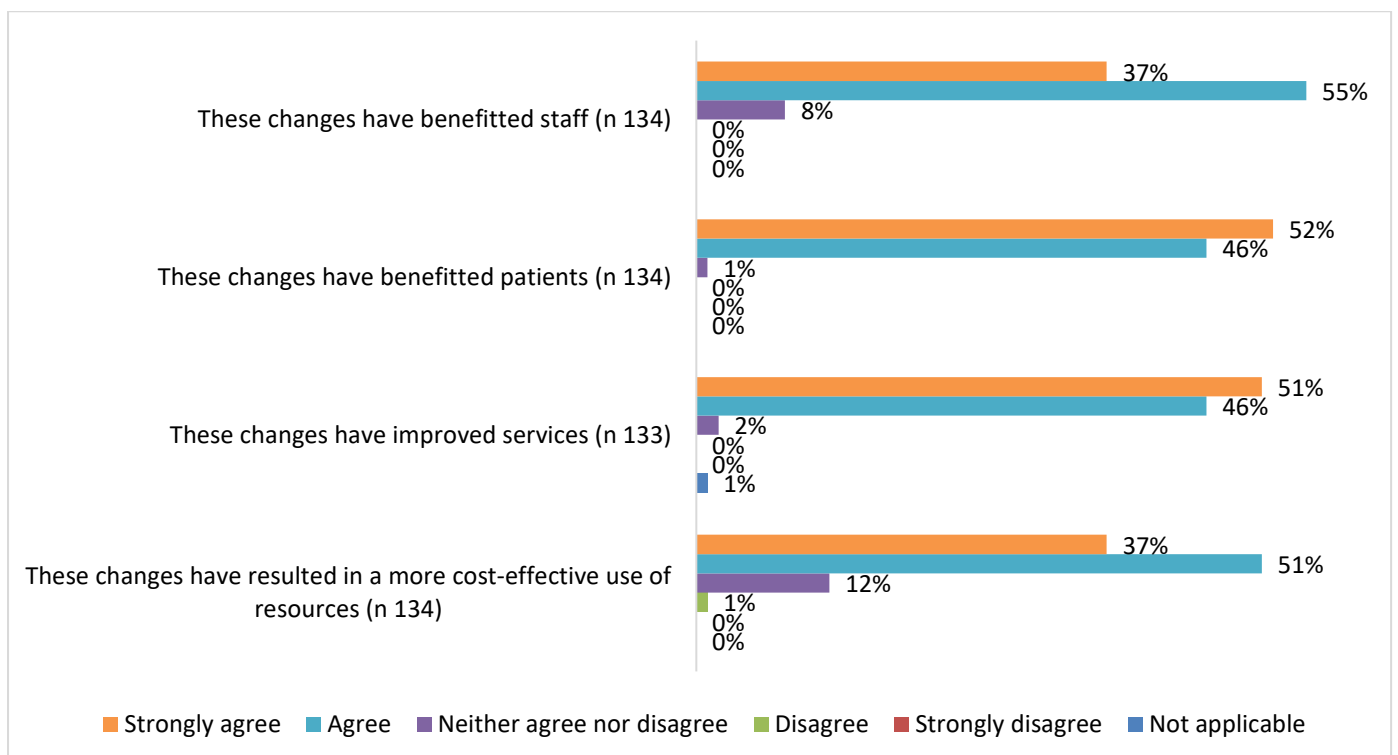


Figure 23: EGA participants: Working across service or organisational boundaries: Beneficiaries of change



A high proportion of EGA respondents who identified a change agreed or strongly agreed that these changes had benefitted patients (99%), staff (92%) and services (97%). Again, a smaller proportion of EGA respondents

identified that these changes had resulted in more cost-effective use of resources (87%). Almost four-fifths (79%) of Bevan respondents agreed or strongly agreed that these changes had improved services and (78%) agreed or strongly agreed that these changes benefitted patients. A slightly smaller proportion of Bevan respondents (75%) identifying that the changes had benefitted staff.

Figure 24: Bevan participants: Working across service/ organisational boundaries: As a result of the programme...

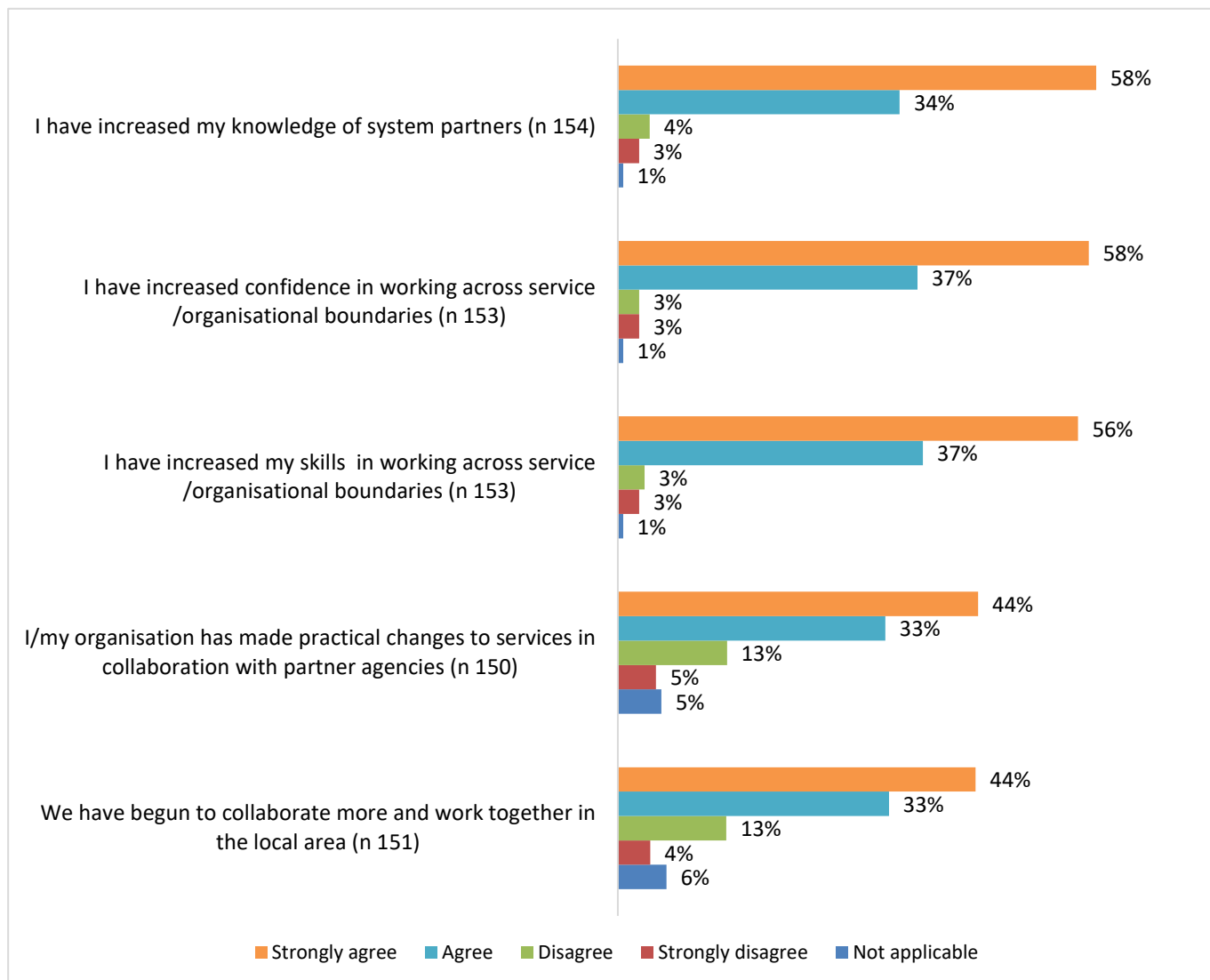
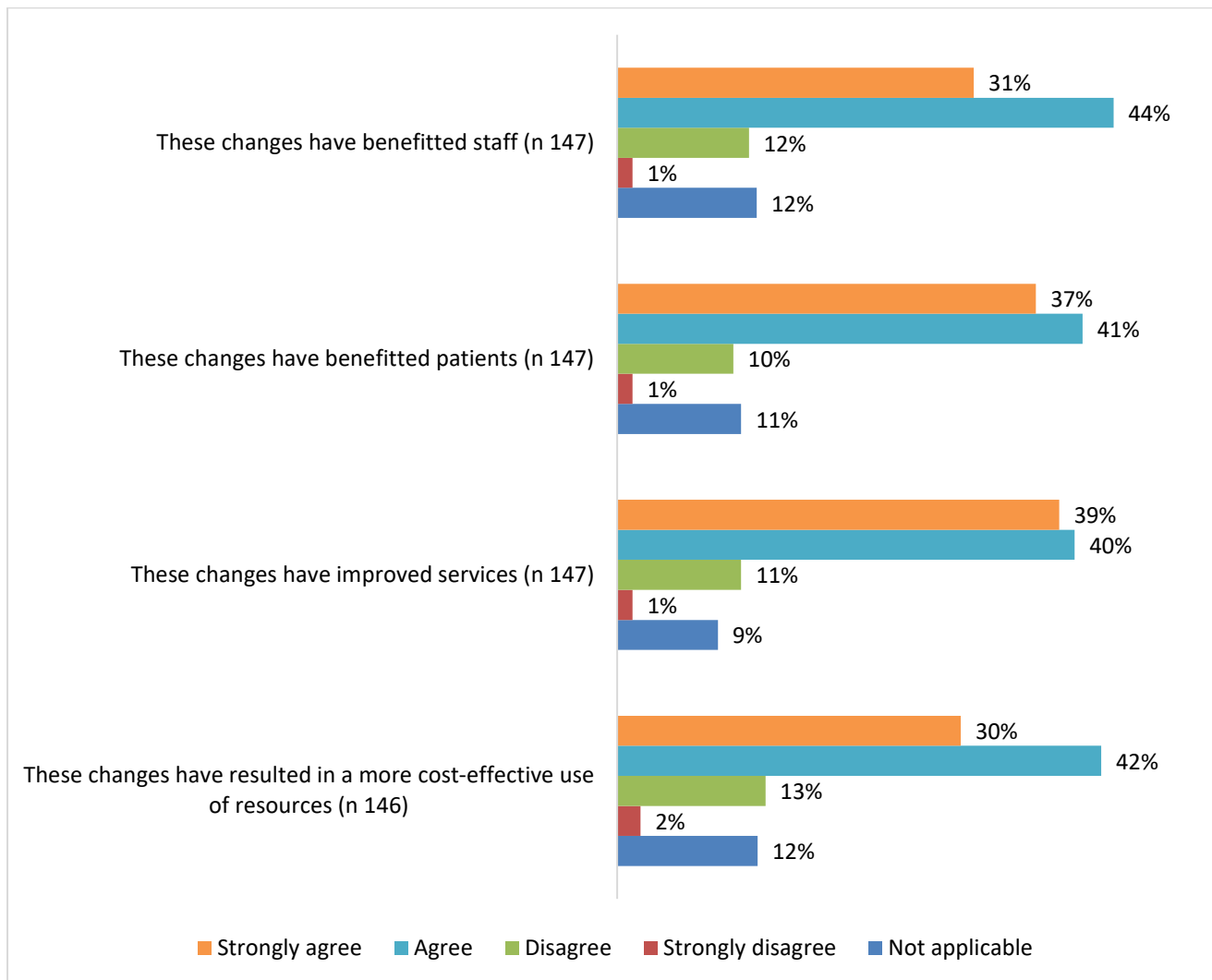


Figure 25: Bevan participants: Working across service/ organisational boundaries: Beneficiaries of change



When asked to identify the sources used to ascertain these benefits, internal and external evaluation, along with personal impressions were most frequently highlighted by EGA and Bevan respondents.

Figure 26: EGA participants: Working across service or organisational boundaries: Sources of evidence – staff and patients

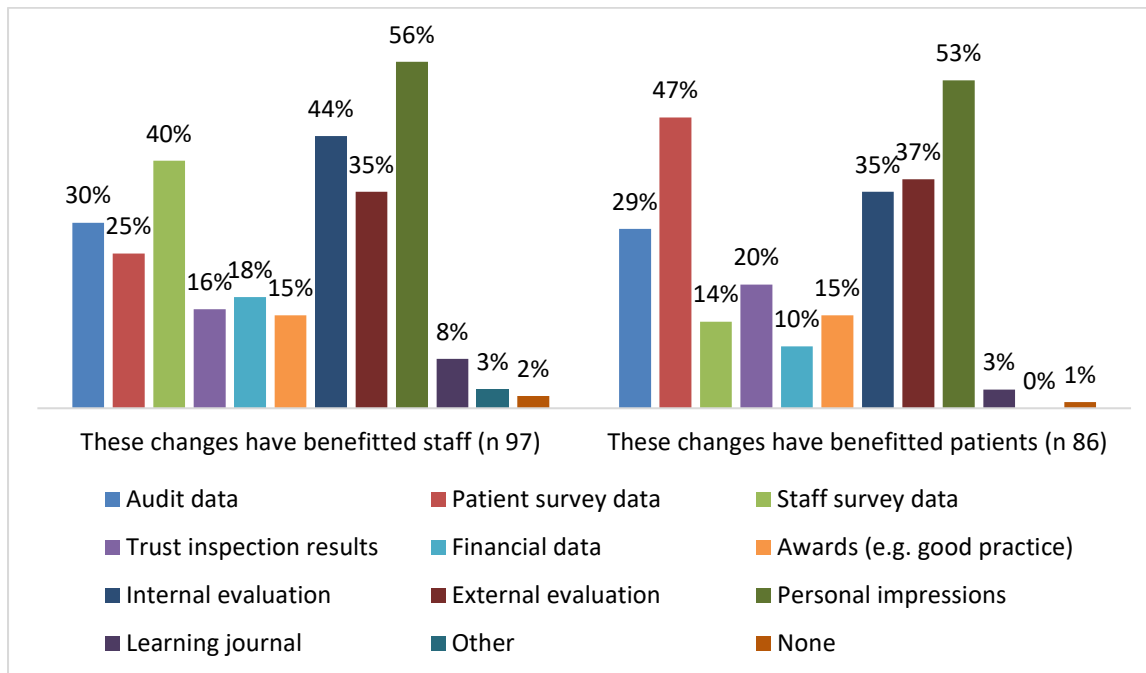


Figure 27: EGA participants: Working across service or organisational boundaries: Sources of evidence – service improvement and use of resources

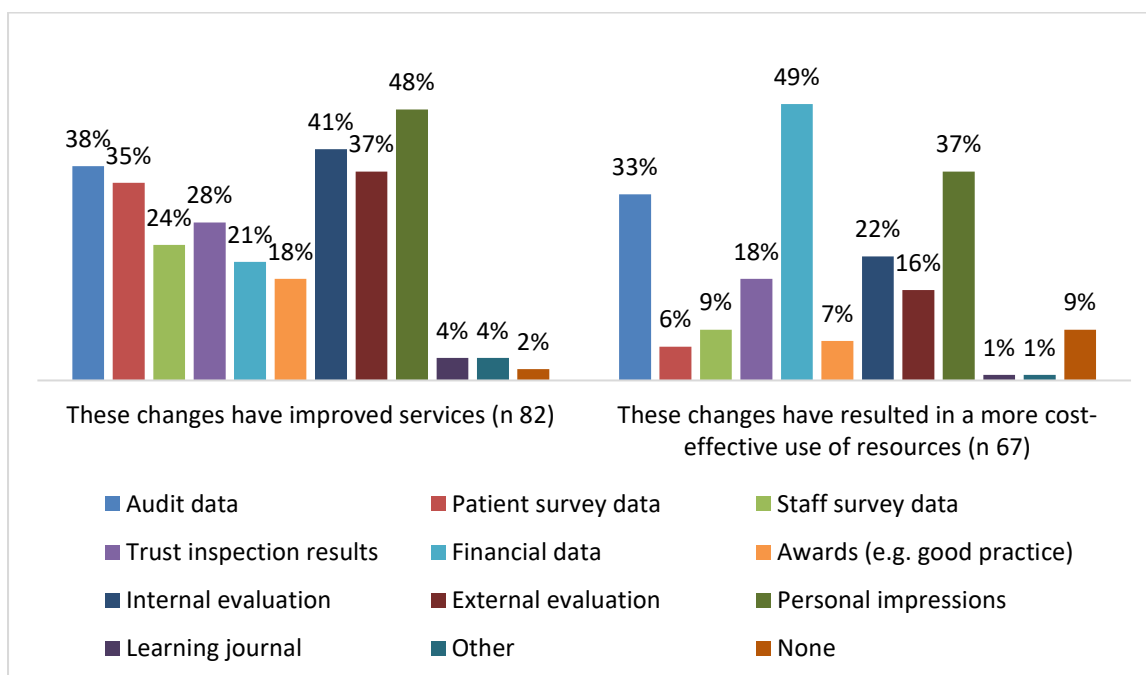


Figure 28: Bevan participants: Working across service/ organisational boundaries: Please support your responses by ticking any of the below boxes that apply:

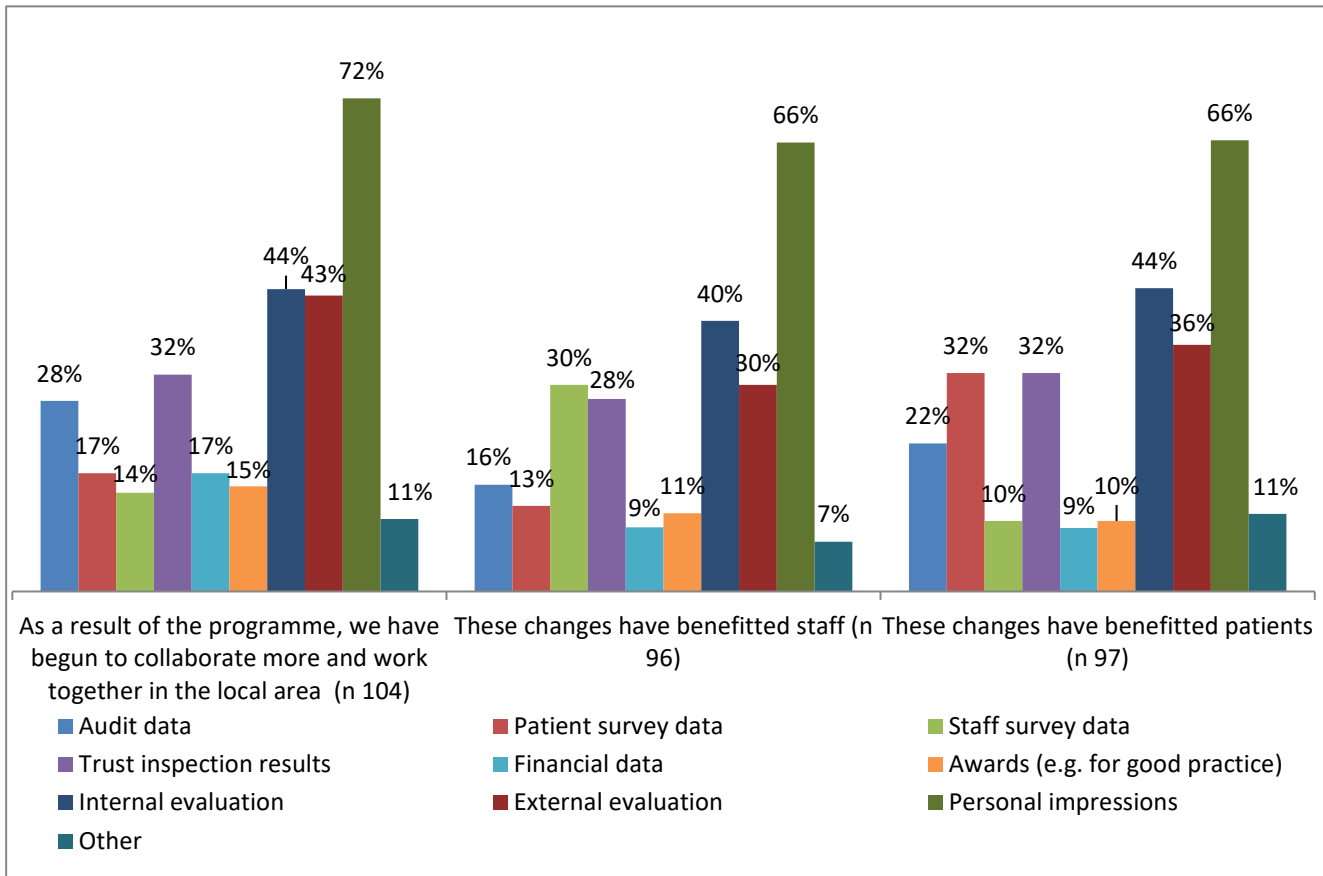
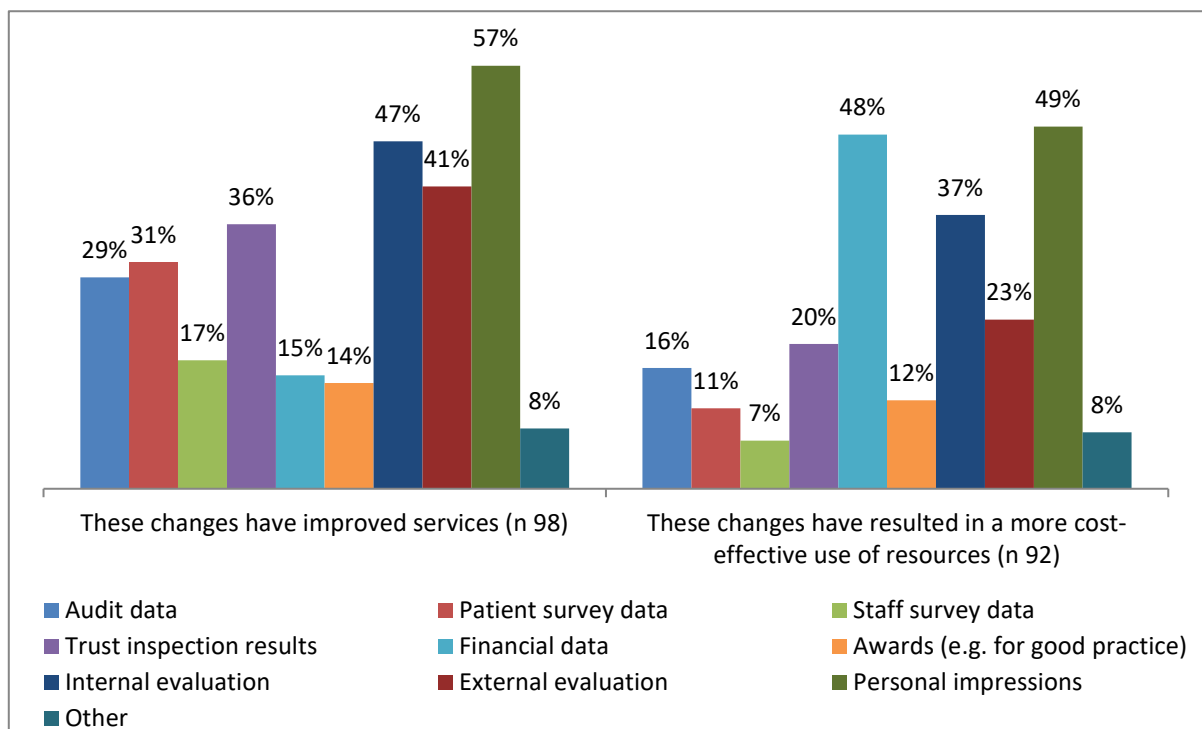


Figure 29: Bevan participants: Working across service/ organisational boundaries: Please support your responses by ticking any of the below boxes that apply:



EGA and Bevan respondents were invited to provide further comment on the way in which the programme had led to improvements when leading across organisations. Here, some respondents identified that this cross-organisational working was already happening with several respondents noting that they had developed greater confidence and understanding of other organisations' perspectives – as illustrated in the comments below:

The EGA has specifically taught me to value diversity in cultures and perspectives, which are present across organisational boundaries. It taught me to understand the politics involved and the time required to properly engage with multiple stakeholders to embed and sustain change. I often look to external organisations for support and further partnership working even outside of the core ICP [integrated care provider] partners and encourage my team and wider colleagues to value the input and support from these sources. EGA participant

It has given me the confidence to recognise the importance of collaborative, informed working. Many organisations don't have the knowledge of other areas of expertise, by working across these boundaries and providing insight this has benefitted the organisation, service and ultimately the patient. EGA participant

I am more confident in terms of collaboratively leadership, speak with authority re my specialty and achieve greater influence as a result. I am more politically astute and this builds the reputation of the trust and services. Bevan participant

Working alongside senior leaders across all sectors as part of the cohort and having a mix in the learning sets helping me to see others view points and have a wider understanding. Bevan participant

Bevan provided the tools I needed to confidently and competently lead and develop collaborative leaders across our systems to be able to make things better for our patients and staff bridging organisational boundaries. Bevan participant

The NB [Nye Bevan] programme has helped me shape our clinical strategy to deliver better and more cost effective emergency and urgent care and to challenge legacy outdated clinical practice to drive the delivery of integrated care. Bevan participant

EGA participants: Quality improvement

The EGA programme sought to develop participants' understanding of quality improvement. Almost four-fifths (78%) of EGA respondents agreed or strongly agreed that they had changed the way they work to pay attention to service quality and a similarly high proportion of respondents agreed or strongly agreed that they have increased confidence in quality improvement work (79%). Seventy-seven percent of respondents agreed or strongly agreed that they had increased their skills in quality improvement work. By way of contrast, a smaller proportion agreed or strongly agreed that their organisation has made changes to improve the quality of services (58%). Of those who identified that their organisation had made practical changes, 9 out of 10 respondents agreed or strongly agreed that these changes benefited staff. High proportions of respondents also agreed or strongly agreed that the changes benefited patients and improved services (95% respectively).

Figure 30: EGA participants: Quality improvement: As a result of the programme...

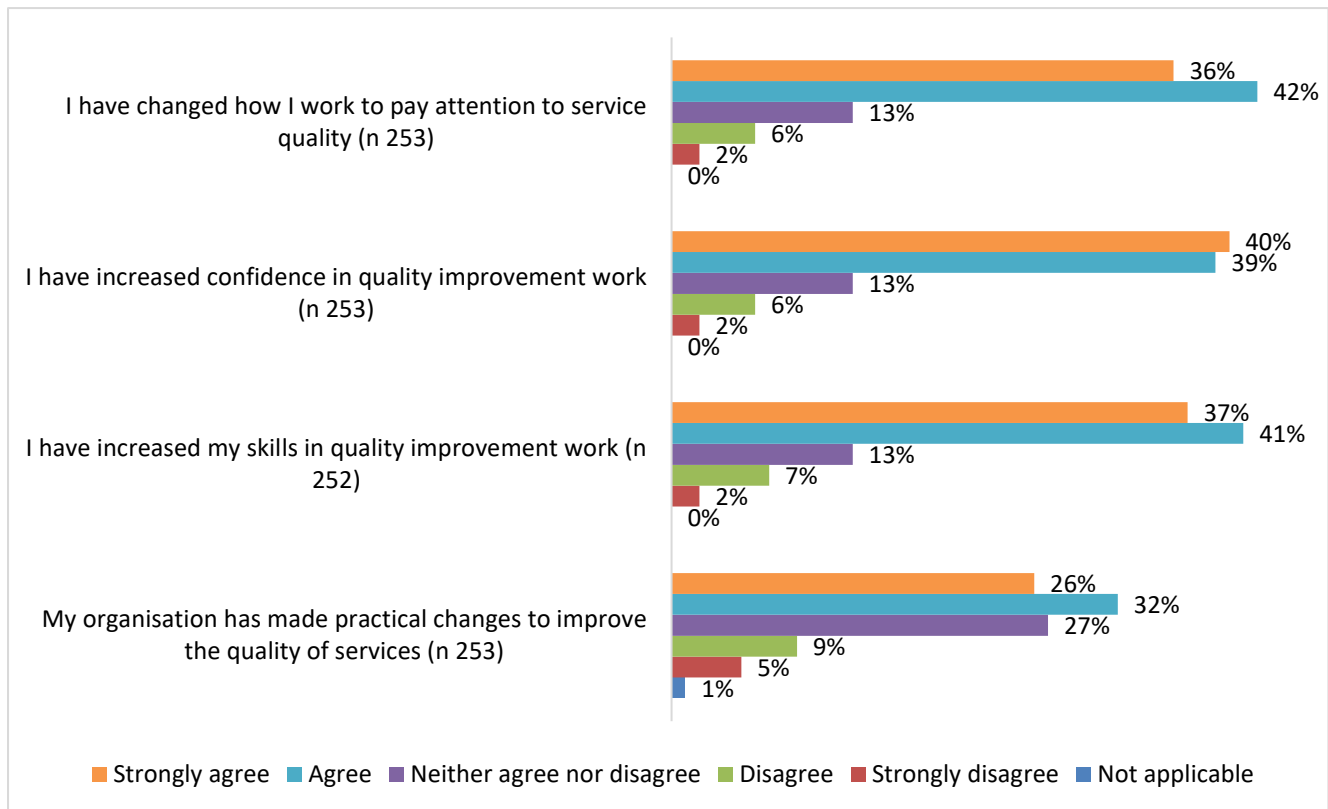
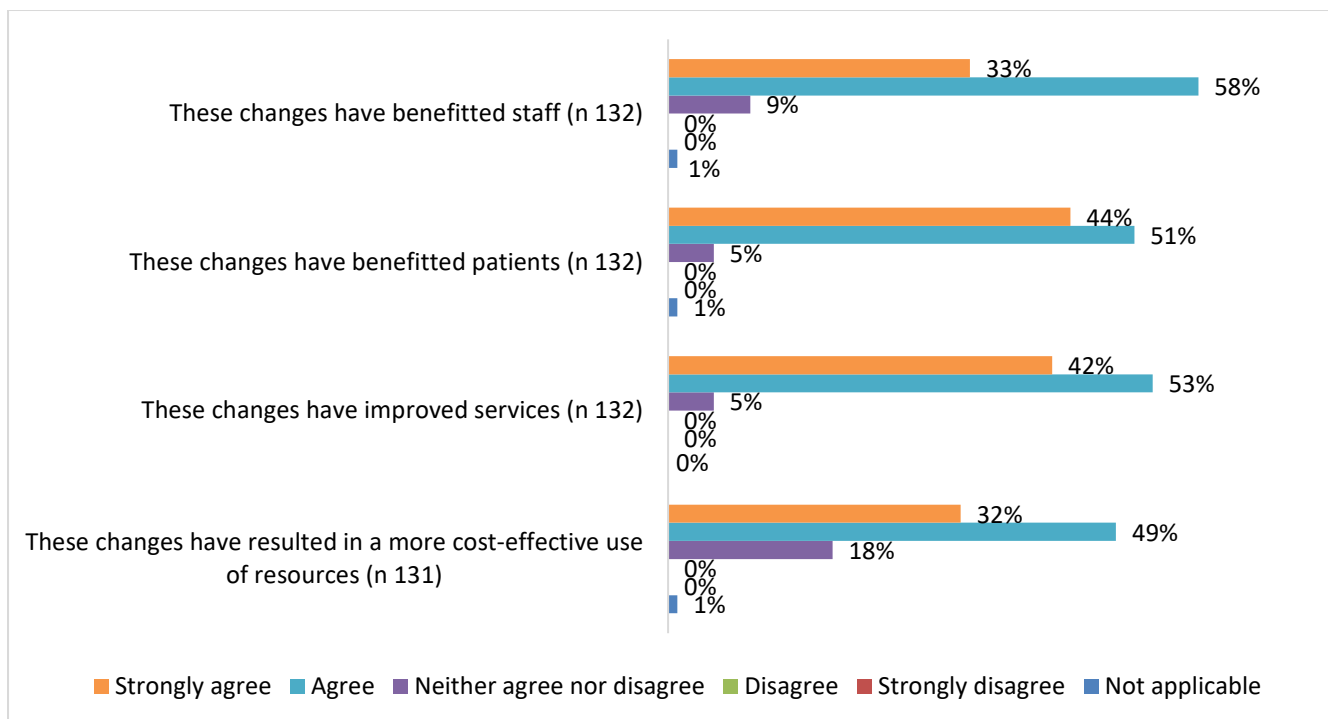


Figure 31: EGA participants: Quality improvement: Beneficiaries of change



Along with references to survey data and personal impressions, EGA respondents frequently selected that they had consulted audit data and internal evaluation (53% respectively) to inform their view that changes to support quality improvement have improved services.

Figure 32: EGA participants: Quality improvement: Please support your responses by ticking any of the below boxes that apply – staff and patients

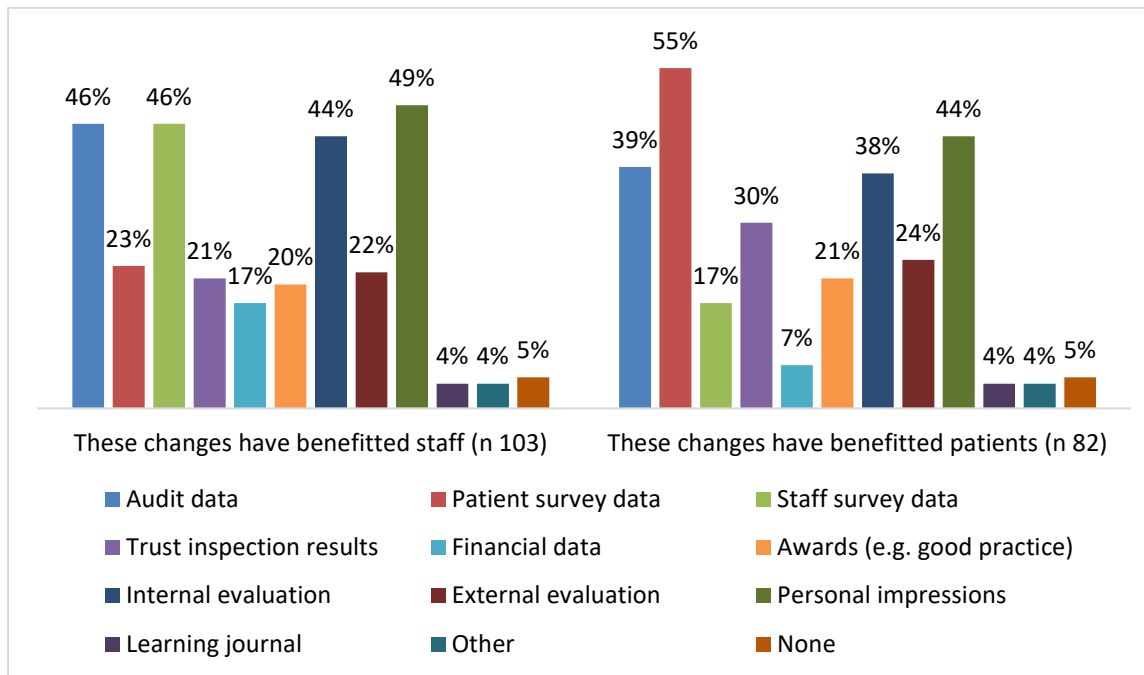
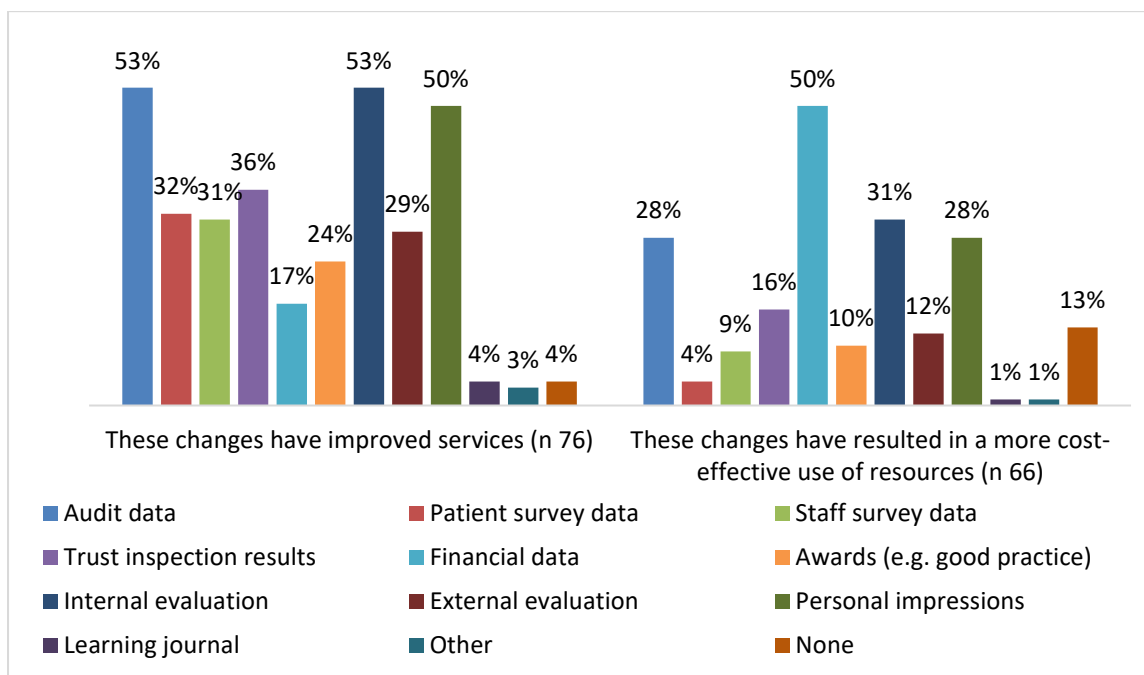


Figure 33: EGA participants: Quality improvement: Please support your responses by ticking any of the below boxes that apply – improved services and use of resources



While some respondents highlighted that they had knowledge of quality improvement before starting the EGA, the programme was frequently suggested to have strengthened awareness of quality improvement methodology.

This was my first intro to more formal QI [quality improvement] methodology which I now utilise on a daily basis to improve services and teach, coach and support others to also do this. EGA participant

Understanding the links between efficiency, quality and patient outcomes and experience has helped me to better articulate the need for service improvement amongst operational teams. I have worked in cost improvement and these links have [been] invaluable in securing engagement in the programme and in such a way that we drive quality standards up and shift focus away from cutting budgets. EGA participant

This was the beauty of the WBA [work based application] approach. Twice or three times a year I set aside time to focus on an intervention to improve something and wrote up what I did and whether it achieved as expected. This was so effective at improving service quality.

EGA participant

Bevan participants: Changing practice at board level

Boards play a key role in influencing care quality and safety, but also face multiple constraints and competing demands. Different underpinning theories suggest there are a number of different roles (agency, stewardship, resource dependency, stakeholder, board power theories), and leaders trying to influence boards need to be aware of these to be effective. The Bevan programme in particular sought to improve practice in this area, for example through using research on care scandals and the role of boards to design a number of iterative practical scenarios and on-line materials, designed to test your knowledge, skills and ability.

Over four-fifths (81%) of Bevan respondents identified that they either strongly agreed or agreed that as a result of the programme they had changed how they work with/ influence their board to pay attention to quality and patient safety. A smaller proportion (56%) identified that their organisation had made practical changes to improve board meetings and discussions, with over a quarter (26%) of respondents noting that they disagreed or strongly disagreed that this was the case. This may be indicative of the greater challenges in generating organisational change in comparison to changing individual practice.

Figure 34: Bevan participants: Changing practice at board level: As a result of the programme...

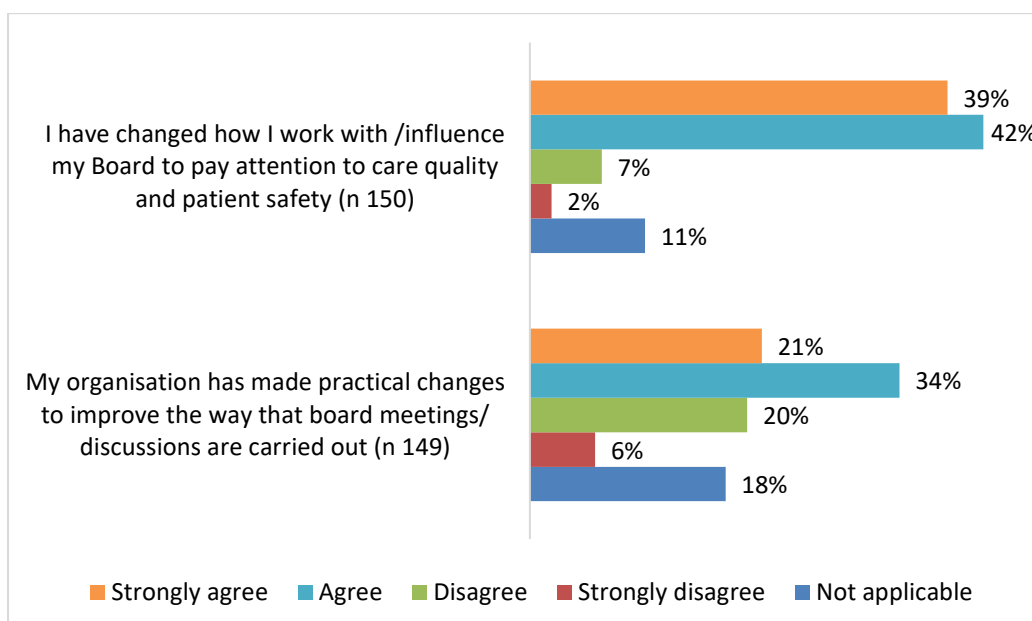
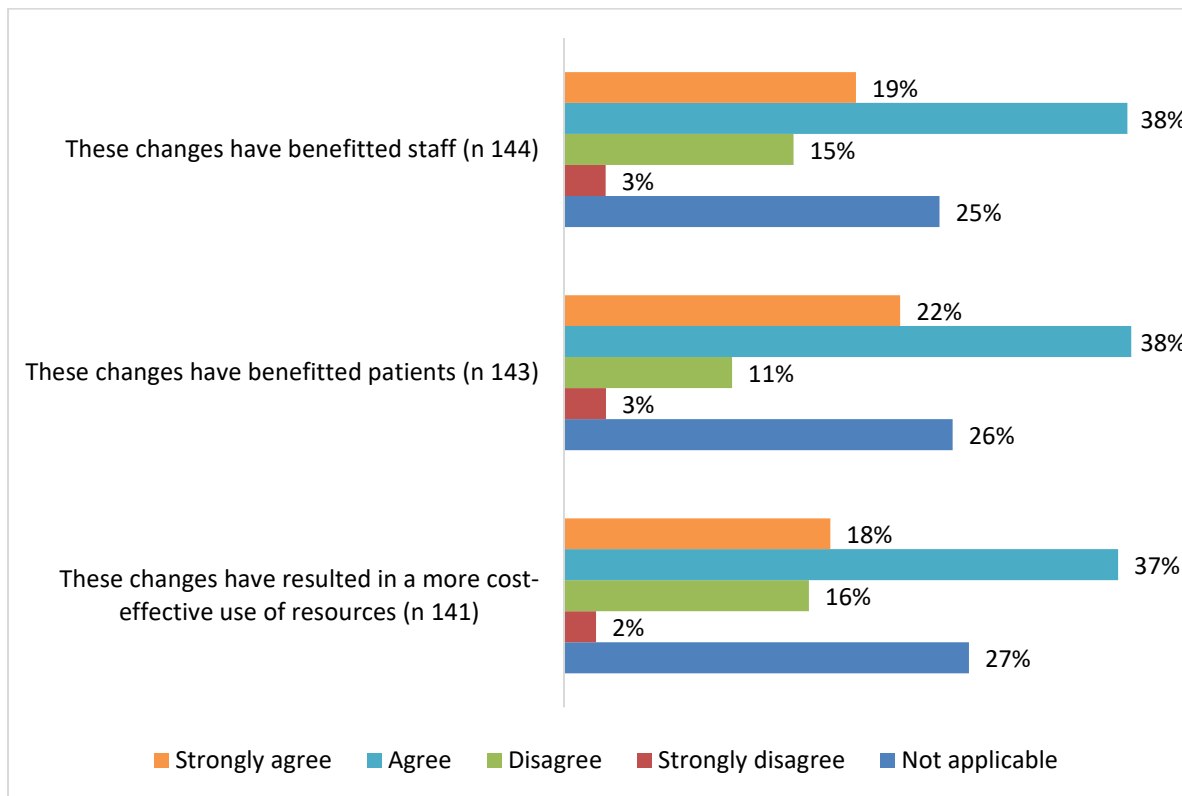


Figure 35: Bevan participants Changing practice at board level: Beneficiaries of change



When asked to consider who, if anyone, had benefited from these changes, 57% of Bevan respondents agreed or strongly agreed that staff had benefitted, with 60% identifying that the changes had benefitted patients. Fifty-five per cent of Bevan respondents identified that these changes had resulted in a more cost-effective use of resources. It is notable over a quarter (27%) of Bevan respondents identified that this question was ‘not applicable’ and perhaps suggests that they could not identify changes to the way in which they work with the board. Again, the highest proportion of Bevan respondents highlighted that personal impressions were used to evidence these changes.

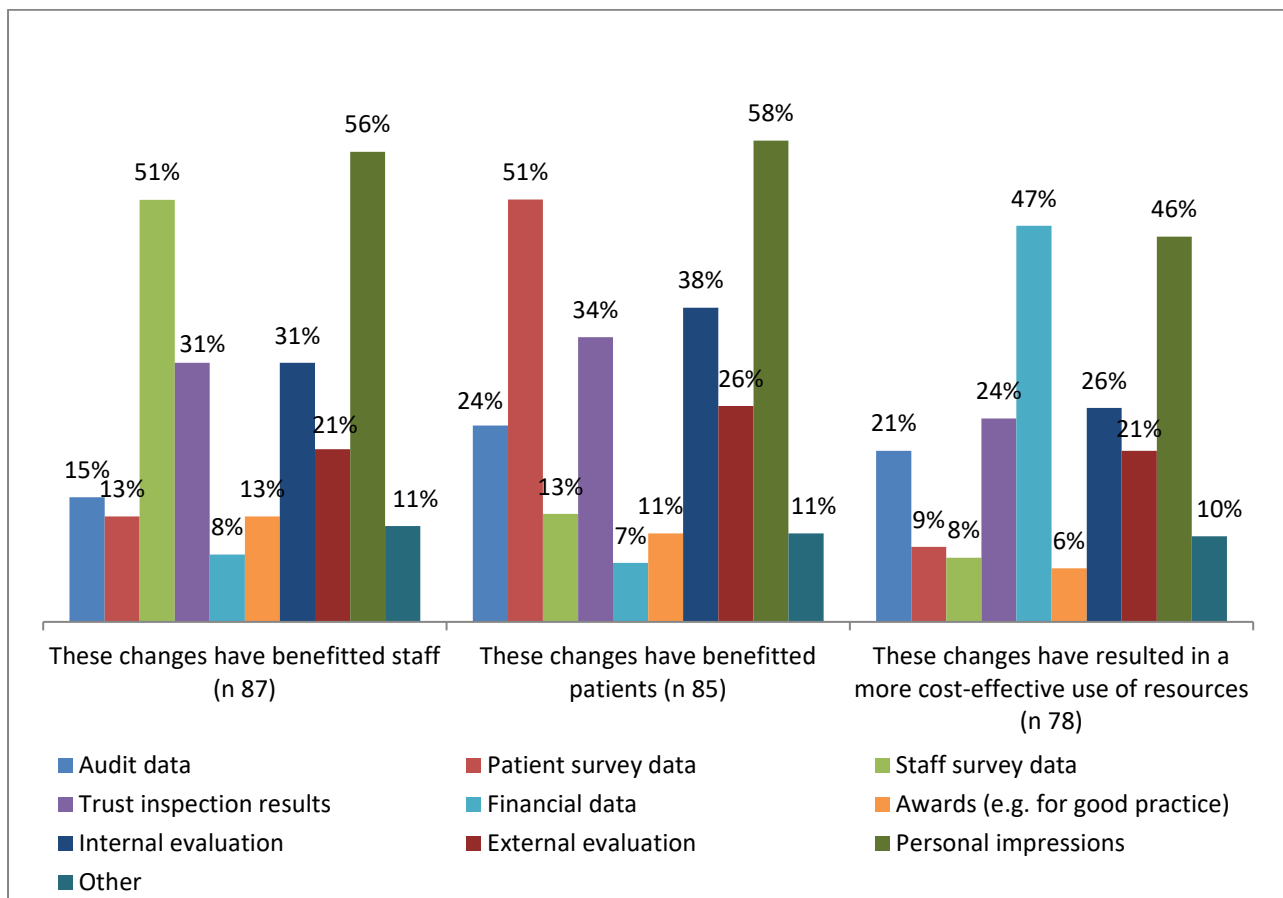
When asked to supply further information on their answers, some respondents acknowledged that it could be difficult for them to have influence at board level, with one respondent highlighting that personal influence was often facilitated by the wider organisational culture, again identifying the difficulty of attributing outcomes to individual participation on the course. One Bevan respondent suggested that the programme’s focus on quality and safety could be further developed. On a more positive note, a small number of Bevan respondents highlighted that the programme had encouraged them to place a greater emphasis on considering the effects of decisions on patients.

I think the programme gave me confidence to influence the direction of travel of the Quality and Safety committee chaired by a non-executive. Bevan participant

The programme has enabled me to ensure that focus on the patient and staff is front and centre. I have supported staff and leaders to adopt this approach in their engagement with the Board. This has impacted on how the Board approach quality and safety. Bevan participant

For me this has made a considerable difference - linking the changes I make back to patients. Have introduced patient stories in a number of areas where they weren't already present. Bevan participant

Figure 36: Bevan participants: Changing practice at board level: Please support your responses by ticking any of the below boxes that apply



Identifying impact at multiple levels

EGA and Bevan respondents were asked to share their thoughts as to whether participation in the programme could be attributed to changes that have occurred at a personal level, at the level of their organisation and, finally, for patients. On a personal level, both Bevan and EGA respondents often again highlighted that they benefited from growing confidence and improved self-awareness

Several EGA respondents particularly valued that they were able to apply learning from the programme to their own workplace to make improvements to service delivery.

Utilising the learning and the structure of the programme, I was able to bring the system together across 3 acute Trusts, primary care, community care, the ambulance service and local authorities to implement an identification tool which led to improved care for frail elderly patients. EGA participant

The programme helped to understand more of myself, learning several skills and apply these skills to receive highly commended award at the national HSJ [Health Services Journal] awards. EGA participant

When identifying the impact on patients, EGA respondents frequently made links between positive relationships between staff and improved patient experience:

Helped me realise the importance of collaboration and engagement is the key to getting staff to do their best for patients and we all have that common ground to focus on rather than separate agendas. EGA participant

Services were clearly bettered through my WBAs [work based application]. Patient experience improved because of these interactions. I am not sure that these improvements would have happened so quickly if [were] not for my enrolment on the EGA. EGA participant

A small number of EGA respondents also highlighted that the programme had encouraged them to have a greater awareness of the impact of their actions on patients – this was particularly the case for some respondents whose role meant they did not have direct patient contact.

Great learning curve from my perspective as to how my role impacts on direct patient care. As a finance lead at times I felt it was difficult to answer the modules as they didn't directly impact on my role, it was also a whole new learning experience for me understanding how I could compare theories and put across different opinions - that doesn't happen often in maths!! EGA participant

Bevan respondents frequently noted that increased self-awareness had positively influenced their interactions with colleagues. Some Bevan respondents also highlighted their greater awareness of developing their own resilience and wellbeing and recognised that they modelled this behaviour and subsequently influenced their colleagues. A small number of Bevan respondents also referenced that the programme had encouraged collaborative working and had developed their knowledge of systems thinking.

A small number of Bevan respondents identified that the emphasis in the Bevan programme on systems thinking and the encouragement to transcend organisational boundaries had helped them to increase their influence across other organisations.

Furthermore, Bevan respondents again highlighted that the programme had had a positive effect on their interactions with others and had allowed them to support their colleagues through organisational change. Some respondents highlighted that they felt the Bevan programme had enhanced their skills when constructively challenging others' leadership practice.

Bevan respondents were also able to identify that the programme had some impact on patients. Some Bevan respondents noted that the programme recognised that the actions of all participants had an effect on patients, no matter how indirectly. In particular, a number of Bevan respondents identified that the programme had encouraged them to consider the effects of decisions on patients. A small number of respondents also highlighted that they had actively facilitated greater levels of patient and public involvement within their organisation's activity.

The programme made a significant difference to me in particular in my understanding of myself and my behaviours. The insight and knowledge I gained continues to influence my leadership style and decision making. Bevan participant

Staff are happier and this is acknowledged by patients, the staff have also felt more supported to innovate and take initiative resulting in a better level of service and new services for patients. Bevan participant

I think that I have a better awareness of how my work links to patient outcomes. Bevan participant

It was useful that 3 other deputy directors from the same Trust had been on the programme, 1 at the same time as me. This gave us a local cohort of like-minded people that wasn't quite a critical mass but did help to bounce ideas around and develop strategies and approaches together. The organisation was in a very challenged place but despite that, the Trust benefitted from 4 individuals who were developing the ability to see the bigger picture and work more effectively across boundaries. Bevan participant

Bevan respondents therefore identified that the programme had had an impact at a number of different levels. The difficulty of attributing wider change to individual participation in the programme was recognised. However, Bevan respondents frequently identified changes they had made to their behaviour and the positive effects of this on their interactions with colleagues. There is perhaps the potential to consider the cumulative effects of these more positive interactions on the wider organisation.

EGA participants: Equality, diversity and inclusion

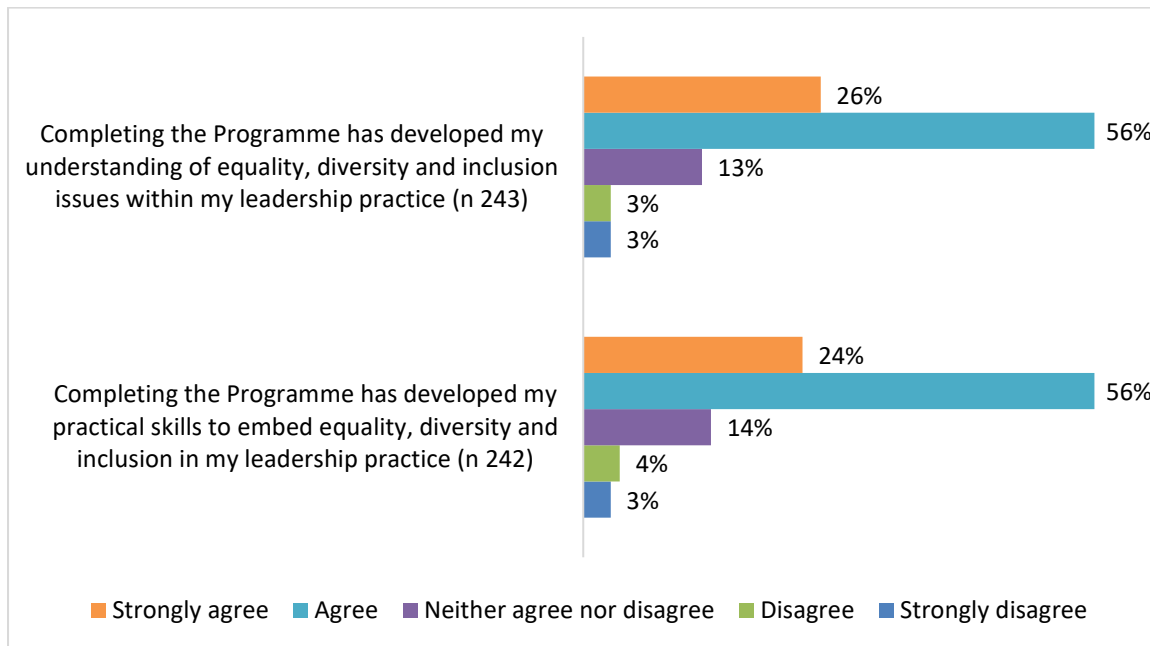
The EGA programme sought to develop participants' understanding of equality, diversity and inclusion, as well as developing practical skills to embed these elements within participants' leadership practice. EGA respondents were asked to what extent completing the programme developed their understanding of equality, diversity and inclusion. Over four-fifths of EGA respondents (81%) agreed or strongly agreed that completing the EGA programme had developed their understanding of equality, diversity and inclusion. A similarly high proportion of respondents (80%) agreed or strongly agreed that their practical skills to embed equality, diversity and inclusion in their leadership practice had developed. Respondents were asked to consider whether and, if relevant, how the EGA programme has progressed their understanding and practical skills to embed equality, diversity and inclusion. While a number of EGA respondents identified that they had strong knowledge of these issues, some respondents noted that the EGA programme had raised their awareness of equality, diversity and inclusion, as identified in the following quotations:

Valuing cultural and organisational diversity has been one of the strongest learning points - understanding how values can be aligned to achieve common goals, whilst maintaining individual identities and the strengths that different experiences and perspectives can bring to decision-making. EGA participant

My immediate thought on reading this question was about my values and the influence they now have - more prominently - in my behaviour and action at work. Inclusion, equality and diversity are all front of mind when considering how to approach a problem, in a way that they were only half in before. EGA participant

I am more proactive in ensure equality and diversity in all areas of my work. I have joined our organisation's BME group as an associate member. I ensure recruitment panels are fully representative of the workforce. I have nominated BME staff for awards and promoted working with BME external agencies to improve outcomes for staff and patients. EGA participant

Figure 37: EGA participants: To what extent do you agree or disagree with the following statements?



Implications and recommendations

Overall, a high proportion of EGA and Bevan respondents agreed that participating in the programmes had contributed to their career progression and development. Specifically, respondents expressed high levels of agreement that they had developed their understanding, confidence and skills within the following areas:

- changing cultures and challenging negative practices;
- person centred and compassionate care;
- working across organisational boundaries;

A high proportion of EGA and Bevan respondents also agreed that participating in the programmes had contributed to practical changes in the way they, or their organisation, work within these four areas. Furthermore, these changes were often viewed as generating benefits for staff, patients, as well as supporting the more cost-effective use of resources.

Bevan respondents frequently identified that their involvement in the programme had supported positive changes to their individual leadership practice – particularly noting improved interactions with colleagues. These improved relationships were often cited by Bevan respondents as leading to enhanced service provision and patient experience. EGA respondents often identified that the programme had enhanced their

confidence and self-awareness when interacting with colleagues. It was frequently recognised by EGA respondents that staff wellbeing and strengthened relationships within teams can lead to improvements to service provision and contribute to a better patient experience. EGA respondents also demonstrated high-levels of agreement that the programme had led to strengthened understanding of equality, diversity and inclusion issues within their leadership practice and that completing the programme had helped them to develop their practical skills.

EGA and Bevan respondents did frequently comment that achieving change within an organisation was often complex and could be obstructed or facilitated by a number of factors. In particular, some Bevan respondents identified that how a senior leader operates within a wider organisational culture that may or may not be supportive of change. Exploring the factors which can both facilitate and hamper change may be a topic for further study.

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