Mary Seacole Programme

Programme handbook
2019-20

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Preface

The NHS Leadership Academy, in collaboration with a wide range of partners – including patient and service user representatives, leadership development experts, academics, past and potential participants – have co-designed and delivered a suite of leadership development programmes that provide targeted development for people from all health and
care backgrounds and levels of experience.

The overall philosophy that underpins the suite of programmes – guided by the principles and values of the NHS Constitution – is to seek to professionalise leadership across the health and care system and to recognise the importance of good leadership as being central to the experiences of patients, service users, carers and staff; to set and support some common standards of leadership practice, and to provide a consistent approach to leadership and development programmes for leaders as they progress in their careers.

Further information in respect of all Academy leadership development programmes can be found on the NHS Leadership Academy's website at:

http://www.leadershipacademy.nhs.uk

Improving compassion and the quality of patient care

Four key leadership principles run through all of our leadership development programmes. They are closely aligned and together define what high quality leadership should look like in today's healthcare system.

Making person-centred coordinated care happen

The programme provides a rich perspective on the needs of the patients or users that you and your team members support directly or indirectly, challenging you to explore how patients, service users, carers and families can be involved in developing better and more joined-up services.

Creating a culture for quality

A vital part of leadership is creating a workplace culture that encourages the workforce to give their best. When the workforce feels valued and respected in their working environment, they are able in turn to help patients, users and carers feel valued and respected.

Improving the quality of the patient experience

The programme provides a rich perspective on the needs of the patients or users that you may support directly or indirectly, challenging you to explore how patients, service users, carers and families can be involved in developing better and more joined-up services.

Improving the quality of the patient experience

Working in health or social care can evoke strong emotions; care staff may struggle to balance compassion and empathy with more disturbing emotions in response to dealing with vulnerable or suffering patients. Defining an individual's values, behaviours and optimal working methods is essential to develop strong leaders who can engage with the complex emotional life of care-providing workplaces.

Welcome

Welcome to the Mary Seacole Programme!

Mary Jane Seacole was a British-Jamaican business woman and nurse who in 2004 was voted the greatest black Briton. As a mixed-race woman living in the 19th century, what Mary Seacole achieved in her lifetime was truly remarkable. She broke social rules and prejudices to travel the world, run businesses and help those in need – even in the most dangerous places. Best known for her work as a nurse in the Crimean War, Mary Seacole will forever be remembered as an incredible woman and inspiring role model.

The Academy is now in its sixth year and has already worked with tens of thousands of health and care leaders. Our vision for leadership in the NHS remains the same today as when we started: "Outstanding leadership at every level of the NHS that creates cultures of compassion and inclusion and improves lives in local communities." We know that when the organisations and systems of the NHS have cultures of outstanding leadership there is better patient care, improved health outcomes, more efficient practice, and higher staff engagement. Quite simply better leadership save lives.

The Mary Seacole Programme has been designed to support first time leaders – that's quite a broad term. As a first line leader, you're a seasoned professional taking on new leadership responsibilities and you'll find lots in the programme to help you be effective and feel confident in the role.

The programme will encourage you to ask some fundamental questions of leadership, including the core question, 'What's it like to be on the receiving end of me?' You'll learn some practical management skills and impactful leadership approaches. More though, you'll explore personal insights, adapt your attitude as a leader, and build your confidence to fill up the authority of your leadership role.

Expect to have your behaviours and your mind-set challenged, and your perspectives broadened. This programme will support you to be your best-self and make a real difference to patients, the workforce and the service as a whole.

Thank you for being part of the NHS, I wish you every success, both on the programme and beyond.

Best wishes,

Stephen Hart
National Director of Leadership Development
NHS Leadership Academy

The NHS Constitution

"The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most."

The NHS Constitution, its values and principles, are at the core of The Mary Seacole programme.

An NHS for all

To achieve the NHS Leadership Academy Award in Healthcare Leadership, participants have to demonstrate their readiness to make the principles of the NHS Constitution a reality for patients, carers and staff; to lead in a system and take action that promotes equality and provides services to all who need them, irrespective of race, gender, disability, religion, belief, sexual orientation, gender reassignment, pregnancy and maternity, marital or civil partnership status.

NHS values

The NHS Constitution sets the values which the NHS supports:

- Working together for patients
- Respect and dignity
- Commitment to quality care
- Compassion
- Improving lives
- Everybody counts

NHS principles

The seven key principles guide the NHS in all that it does, underpinned by core NHS values:

1. The NHS provides a comprehensive service available to all
2. Access to NHS services is based on clinical need, not an individual's ability to pay

3. The NHS aspires to the highest standards of excellence and professionalism
4. The patient will be at the heart of everything the NHS does
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources
7. The NHS is accountable to the public, communities and patients that it serves

1. The Mary Seacole Programme

1.1 Overview

As people take on leadership responsibilities, their relationship with their organisation and the people around them shifts. Expectations change, accountabilities increase, and scrutiny grows. This programme explores key themes with which new leaders need to engage, and how they'll understand and apply them to their own situation. The idea of 'something has changed – and what does this mean?' runs through the programme. A leadership role is a significant change of role, and the programme will actively encourage you to consider what that change means for you, and how you might need to behave in the workplace to be a success in your role.

Created by the NHS Leadership Academy in conjunction with internationally renowned business and academic experts Korn Ferry Hay Group, the programme provides the opportunity for you to develop your leadership and management skills leading to an NHS Leadership Academy Award in Healthcare Leadership. And while you're helping improve the NHS for our patients' benefit, the Mary Seacole Programme will do the same for your career prospects by helping you to:

- Learn from innovative, world-class healthcare experts, preparing you for the demands of first-time leadership
- Improve your personal impact to help drive progress with your team and organisation to build a culture of patient-focused care
- Build a powerful regional and national support network of like-minded, influential leaders

The Mary Seacole Programme will prepare you for the demands of leadership in the healthcare system today – and into the future. It will give you the theoretical knowledge and practical understanding needed to deliver inspiring leadership. The learning methods are a cutting-edge blend to keep you inspired and motivated via a flexible state-of-the-art virtual campus and face-to-face development. And to keep it all fresh and current, you've got the latest thinking from world-class experts. You'll emerge from the programme with the professional skills to thrive in a leadership role, ready to play your part in building a more compassionate NHS.

1.2 Learning methods

There are **four** core learning methods on this programme:

• Work-based learning
• Face-to-face learning at workshops
• Online via the virtual campus

• Active online facilitated group discussions

Work-based Learning (WBL) is an important part of how the learning methods are applied in practice. WBL takes as its focus the work you're already doing and uses this as the basis for your learning. Much of your online learning will relate to your work place. It focuses your attention on what's practical and works, and helps to lighten the study workload, as some of the learning is within your day-to-day job.

There are three workshops during the programme, the dates of which you can find in your welcome email. The focus of these workshops will be on your personal and behavioural development in context; they take full advantage of face-to-face group work, experiential and simulation learning activities, and social networking opportunities. Attendance at these workshops is mandatory. Please make sure you can attend all three workshops - we can't guarantee an alternative date if you're unable to attend one of the dates.

The NHS Leadership Academy's Virtual Campus has been designed to feel like an inviting space; delivering what you need in an interactive learning environment.

It's where you'll find all the resources you'll need for your studies. It provides a range of different learning formats such as e-learning nuggets, simulation events, videos, surveys, electronic journals, books, discussion forums, and more.

You must make regular contributions to the discussion forums and facilitator provocations as part of your assessment.

1.3 The philosophy of leadership development

Effective leaders are all different, but they have one thing in common – they are people with an unusually high positive impact on others, as well as on outcomes - in one-to-one relationships, as members of boards and as a presence across organisations.

Good leaders learn to develop, use, manage and adapt their personal impact for the greater good. They can only do this if they are aware of how they are perceived, who they are, what has shaped them and how others experience them. The programme consequently prioritises reflexivity (see Section 3. Assessment) and requires you to ask 'where am I in this?'

For this reason, as a member of a Mary Seacole Programme cohort you will be expected from the outset to explore and share your personal stories; to be open about your needs and goals; to take risks and experiment with your leadership; and to be rigorous, honest, open, clear and brave in appraising your and others' efforts.

2. The core components of the programme

You will go through the programme as part of a cohort of up to 40 people. The cohort will be split into two home groups of 20. You will also meet in these groups during the face-to-face workshops, as well as coming together as a whole cohort.

There are **four** study elements that will form your assessed participation on the programme:

1. Online content and activities on the Virtual Campus
2. Contributions to the online discussion forums
3. Attendance at all three face-to-face workshops
4. Submission of a written assignment at the end of the programme.

You can find more information about assessment in the **Assessment** section of this handbook.

2.1 Structure of the programme

The programme is six months in duration with 12 units of study. The programme commences when you are given access to the Virtual Campus. Units are organised into two-week study blocks to enable you to schedule your online learning accordingly.

The first face-to-face workshop is held four weeks after the programme officially starts and there are eight weeks between each subsequent workshop. You will have six weeks following the final workshop to complete all work, both in terms of online content and discussions which you have completed and submit your written assignment.

An example study schedule is attached at the end of this document in Appendix 2.

2.2 Units of study

Unit 1: Launch – why does leadership matter?

This unit covers how the programme works, stages of personal development, and focuses on your own personal values.

Unit 2: Patients, care, and context

This unit is an integral part of the programme with much of this running across all units, focusing on patient experience and their stories, patient leadership, patient safety and the human factors.

Unit 3: Myself and my role

This unit looks at the definitions of management and leadership and ways of thinking about leadership.

Unit 4: Teams and success

This unit focuses on team dynamics, leadership responsibility, and inclusion.

Unit 5: Relationships, influence and your system

This unit reflects on you as part of the system; it covers relationship mapping, influencing others, negotiation, and looking at the broader care system.

Unit 6: Impact of organisational culture

In this unit, you'll focus on organisation culture, what do we mean by this, how it is developed, and your role as a leader.

Unit 7: Focus on performance

This unit looks at what do we mean by performance, different views on performance, and creating the climate for performance as well as performance management.

Unit 8: Leading for improvement

This unit looks at improvement, the model for improvement, and how to make improvements.

Unit 9: Recruitment and selection
Unit 10: Appraisal
Unit 11: Finance fundamentals
Unit 12: HR fundamentals

The four additional management units cover:

- Recruitment and selection
- Appraisal
- Financial fundamentals
- HR fundamentals, focusing on skills, behaviour, and knowledge

These units are mandatory, but can be accessed and completed at any time during the programme, which may be particularly useful if you need to apply the learning within your role at a given point in time (e.g. appraisal season).

2.3 Workshops

There are three face-to-face workshops on the programme, at week 4, week 12, and week 20. Workshops are mandatory and form a part of your final assessment. As cohorts and workshops are run on a phased cycle across England, there is little scope for attending substitute workshops. We ask all applicants to ensure they can commit to the three workshops prior to the start of the programme.

Workshops run from 09:00 – 17:00 and are experiential in content and structure. Lunch and refreshments are included in the programme fee.

You are not required to bring a laptop or notebook to the workshops, but you will be given a Mary Seacole Programme journal at your first workshop, which you can use however you wish. These journals are for your private use; facilitators nor the Academy will ask to see your entries.

2.4 Online learning via the Virtual Campus

The Virtual Campus is where all online content and activities are located. You will find the discussion forums located here also, where you are expected to write regular meaningful contributions, complete activities, and engage in discussions with your fellow home group participants.

Completion of the online content forms part of your final assessment.

Discussion forum contributions are assessed by your facilitator and the results of this provided to the Academy at the end of the programme. More information on this can be found in section 3.3.

You are expected to make a minimum of two contributions to the discussion forums in each of the study units, therefore a minimum total of 24 contributions. We encourage you to contribute more than the required minimum to ensure you gain fully from the ongoing discussions and provocations. It will also help you to build relationships with your fellow participants.

There are numerous resources available to assist you through the Virtual Campus. As part of your welcome email, you will receive login details and a user guide. Please contact the Academy as soon as possible if you have not received these documents.

- Technical support for the Virtual Campus:
  support@leadershipacademy.nhs.uk

- Programme support: SeacoleProgramme@leadershipacademy.nhs.uk

2.5 Who's who

You are a member of a cohort of up to 40 participants. Participants are split into two home groups of 20, each assigned their own facilitator. Your cohort is your primary learning support. Indeed, the cohort works as a learning community. That means that the way you operate with your fellow participants on the programme forms part of the learning, along with the sessions you experience together at workshops.

By working and learning together, you can test ideas with colleagues and tackle issues relevant to both your working environment and your individual learning needs. You will be developing your skills and knowledge through the work you do every day in your organisation with your learning put into practice as the programme proceeds.

The Academy is available to support you through your learning journey. In the first instance, any queries about programme content and learning should be directed to your facilitator or to the Seacole inbox. A list of key contacts is available below:

- Facilitator – your facilitator will introduce themselves on the Virtual Campus general discussion forum. They will also facilitate all three workshops.

- All programme queries should be directed to
  SeacoleProgramme@leadershipacademy.nhs.uk or to our general
  enquiries line on 0113 322 5699.

- The programme team is made up of:
  o Customer Services – Kirsty Alberry
  o Programme Administrator – Charlotte Caton
  o Programme Coordinator – Erin Ocsko

- The Head of National Programme Delivery, Gill Rooke, works across the whole programme portfolio at the NHS Leadership Academy and is responsible for the operational delivery of each programme. The Head of National Programmes also plays a key role in the withdrawal, appeals, and complaints processes for the programme.

3. Assessment

There are **four** elements to the assessment of your participation on the Mary Seacole Programme. Participants must pass all four elements to pass the programme in full. Each element is discussed below.

3.1 Online learning via the Virtual Campus

The Virtual Campus is where you will do most of your learning. It contains videos, discussion forums, a private non-assessed e-journal, quizzes, articles, and questions.

All online content and activities must be completed by the end of the programme. We advise you use the study schedule provided in the welcome email, which splits each unit into two-week learning blocks. The Academy uses a report from the Virtual Campus to identify participants' progress. This report is used at the end of the programme to ensure content and activities have been completed.

3.2 Workshop attendance

Attendance at all three face-to-face workshops is mandatory. When you arrive at each workshop, you will be asked to sign the register. Registers are provided to us for recording purposes.

If you cannot make a workshop, there is no guarantee we can assign you to a substitute workshop. Similarly, we do not provide review or catch up materials for absentees due to the experiential nature of the workshops.

3.3 Discussion forum contributions

You must make a minimum of two meaningful contributions to each of the 12 study units. Facilitators will assess your contributions and provide results to the Academy. A meaningful contribution is a comment or statement that reflects upon your own learning in relation to the unit. It adds to, critiques, or queries the online content and/or the current discussions. A contribution such as "I agree" is not considered meaningful, nor is any contribution that simply copies and pastes material from the study units without your own comment or critique. Examples can be found in Appendix 3.

3.4 Written assignment

You will submit a 2,000-word reflexive assignment at the end of the programme. The assignment is split into two parts, 1,000 words for each part. Each part carries 50 marks, with 100 marks available in total. Participants must achieve 25 marks on each part to pass the assignment.

Participants are given one resubmission opportunity if they fail the first attempt and will only be asked to rewrite the part they failed on. Resubmission is only available if a first submission has been received and failed.

Assignments and resubmissions are submitted through the Virtual Campus and are marked by an external team. Extensions can be arranged in extenuating circumstances, but the decision to grant extended deadlines is at the sole discretion of the Academy – please see Appendix 4 for a fully copy of this policy.

3.5 Results

Results are collated and quality checked by the Academy for all four elements of the assessment process. Participants will receive their final result to the email address provided on their application (unless a different email address has been supplied).

3.6 Appeals

Participants who wish to appeal their results must follow the Academy's Appeals Policy. This policy can be found as Appendix 1 attached at the end of this handbook.

3.7 Award

Participants who pass the programme will receive the NHS Leadership Academy Award in Healthcare Leadership certificate and lapel badge. The certificate and badge will be posted out to participants' given addresses within six weeks of receiving their results.

3.8 Support

If you require support or have any questions about the assessment process, please contact the Academy. Facilitators only assist with questions relating to the workshops or forum discussions.

3.9 Frequently asked questions

Why is a resubmission allowed on the assignment, but not the other elements?

The online content and forum contributions are intended to be studied and completed during the six months of the programme. A study schedule is provided to every participant which details the suggested structure of learning for each unit.

The written assignment is your final piece of work and reflects on your whole journey.

We do not allow extended opportunities to complete the online work and/or forum contributions once you have received your final result, as this would contradict the rationale behind the six-month structure of the programme. Furthermore, the forum contributions are intended as an interactive element of assessment and participants will learn little if they post new contributions after the programme has closed.

Where can I find technical help?

For technical queries, please email support@leadershipacademy.nhs.uk

Are my journal entries graded?

No. Any posts made to your e-journal are personal and private to you.

Who assesses my work?

- Online content completion is assessed by the Academy during and at the end of the programme using a data reporting function built into the Virtual Campus.
- Attendance at face-to-face workshops is registered by your facilitator and returned to the Academy.
- Forum contributions are assessed by your facilitator.
- The written assignment is marked by an independent, external team of qualified markers. Results are then returned to the Academy.

The results of all four elements are returned to the Academy for collation and participants are given a pass or fail.

Participants who pass will be awarded the NHS Leadership Academy Award in Healthcare Leadership. A certificate and lapel badge will be posted to the address provided on the application form.

4. Alumni

You have now automatically been enrolled as a member of the NHS Leadership Academy and can access your own lifelong learning journey. Staying connected allows you to maintain a network of like-minded professionals that can support you throughout your career. You can now log in with your usual NHSx log in details. This platform aims to keep in touch, principally with alumni, but to also reach out to those in the service that haven't had the kind of investment in them that you have had and make sure the NHS Leadership Academy provides provocation, development, support networks and connections for you so that you maintain the energy from the programme.

You will have access to:

- The latest research and thought leadership
- Leadership case studies
- Access to the Edward Jenner programme 'Launch' and 'Foundations' levels
- Access to networks – connecting you to other members for sharing best practice, support and blogs
- The Healthcare Leadership Model self-assessment and taster sessions from new materials
- Talent management guides and toolkits
- Inclusion, equality and diversity materials
- Discussion areas with guest contributors and key influencers from beyond health and care
- Access to profiles and groups
- Interactive video content
- Blogs
- Professional leadership programmes

For full details of how to access the alumni network, please refer to the NHS Leadership Academy website.

Mary Seacole Programme

Extenuating circumstances policy

This document is intended to be the definitive guide to all aspects of withdrawing deferring, and extenuating circumstances on the Mary Seacole programme. Therefore, if any issues arise which are not covered here, please bring it to the

attention of the programme team. Application to the NHS Leadership Academy Professional Development Programmes is part of a wider talent management process. It is therefore expected that once a place has been offered, it will be taken up. Furthermore, 100% attendance at all face to face elements are a condition of acceptance on to the programme. However, the Academy acknowledges that this may not always be possible. In all cases, it is our intention to treat participant issues individually and with fairness, assisting in all cases to help the participant stay on the programme and complete successfully.

Glossary

Deferral: deferrals are not offered on the Mary Seacole programme.

Withdrawal: the termination of the programme for a participant. No re-joining of the programme possible

Extenuating circumstances: very limited set of conditions under which a participant can leave the programme without incurring penalty fees

Withdrawal requests

All withdrawal requests are handled by the NHS Leadership Academy. For example: a participant applies for the programme and decides before the closing date that they are unable to undertake the programme so wish to withdraw their application. The Academy updates the participant application to "withdrawn" on the CRM system and no further action is needed prior to cut-off date*:

The cut-off date is the agreed date by which time the final list of approved participants needs to be sent to Korn Ferry Hay Group.

- The participant list is owned by the Academy and so anyone who chooses to withdraw can simply be deleted from the list.
- There is no option of applying and then deferring an offered place. Applicants in this situation should withdraw and reapply for the intake they would like to join.
- The programme team can choose to keep a waiting list if they wish, but it is their responsibility to ensure that these participants are informed of any future cohorts.

Prior to registration

- Prior to registration, the participant list is owned by the Academy. Any withdrawals up until registration will be deleted from the list and updated on CRM.
- No deferrals will be accepted.
- Where the Academy holds a reserve list (i.e. if we have more eligible applicants than there are places available) then this will be used to slot in available places on a 'like for like' basis. All applicants must have come through the CRM system with assured eligibility.
- The Academy will provide Korn Ferry Hay Group with a finalised participant list two weeks prior to each cohort start date.

From registration until the start date

- Once participants have accepted a place and are converted into participants on CRM, withdrawn participants will be deleted from the participant list, their activity updated on CRM, and Korn Ferry Hay Group informed.

From the start date of the programme

- For the purpose of this document, the start date is the date that participants receive access to the virtual campus, and not the first face-to-face workshop.
- We will do everything possible to avoid withdrawals and provide support. If a participant still decides that withdrawing is the only possible option, they will be requested to complete a withdrawal request form outlining their reasons for withdrawing. The request will be forwarded to the independent Withdrawals Panel for processing. The NHS Leadership Academy will decide whether they want to invoice the organisation or not and communicate this to the participant.

Non-attendance at face-to-face workshops

100% attendance is required at all face-to-face workshops.

As a benchmark, the NHS Leadership Academy states that the extenuating circumstances listed below apply as valid reasons for non-attendance. In addition, where leave of absence is requested for other reasons – work pressure etc. - only in situations where the event is significant enough to bring them home from a foreign holiday will the absence be granted. Where this is not the case, the participant is expected to prioritise and attend the programme fully.

Extenuating circumstances

Extenuating circumstances relate to:

- Delayed submission of an assignment
- Absence from a mandatory workshop
- Withdrawal from the programme

Delayed submission of an assignment

The NHS Leadership Academy acknowledges that each programme has its own policy related to assignment submission. We will adhere to this and any participant who needs assistance will do this through the Academy. All extension requests are adjudicated on a case-by-case basis and should be submitted in writing to the Programme Coordinator in the first instance at erin.ocsko@leadershipacademy.nhs.uk

Complete withdrawal from the programme

Time scale:

If at all possible all withdrawals and application submissions should be managed four weeks before the start date of any programme. This gives a reasonable chance of finding a participant from the reserve list. In all cases, any penalty fees will be considered, and will generally be levied, for all withdrawals once the programme has started. By start date we mean the point at which participants are fully registered for the programme, which is the date a cohort receives access to the virtual campus.

Process:

The process can be triggered by either:

- Non-attendance at the first or subsequent workshops
- Non-engagement with the programme/home groups/virtual campus
- Non-submission of the written assignment without prior notification of a reason or extension being sought

In each of these situations the Academy and facilitator will investigate the reason directly with the participant. If the situation can be resolved or additional support is needed, this will be actioned by the Academy and facilitator.

It is stressed that in the first instance, the facilitator will try and resolve the issue with the participant and where at all possible they will receive the support they need to continue on the programme. However, once a participant has indicated they no longer want to/or are able to continue with the programme, the participant will contact the NHS Leadership Academy and submit a Withdrawal Request

Form. The Academy will process the withdrawal in line with its withdrawals procedure.

The Academy will agree if the circumstances are extenuating or not and if the latter arrange for an invoice to be sent to the employer.

What is an extenuating circumstance?

Each participant will be assessed individually but in general, the guidance is:

- Significant illness, accident or injury
- The death or serious illness of a close family member or dependent
- Family crisis directly affecting the participant
- Absence caused by paternity leave and jury service (deferral of which has been denied by the Court)
- Exceptional and unforeseen financial hardship
- Inability to cope with the work of the programme (genuine and verified by the facilitator)

What is *NOT* an extenuating circumstance?

- Minor illnesses
- Computer problems or inadequate planning preventing completion or submission of assignments causing the participant to fall behind to a place they feel that they cannot catch up from
- Any special circumstances not already identified to the Academy as requested in the terms and conditions document that becomes an issue
- Personal or domestic events, such as moving house, attending a wedding, holiday
- Consequences of paid employment (including being 'too busy' to attend, promotions or work placements)

Wk	Unit	Cohort 1	Module		Face to face workshops	Online Discussion Forums	Assessment
1		12-May	**Online access available**	**The modules below can be accessed at any point during the programme**			
1	1	12-May	**1. Launch -why does leadership matter?**	**Recruitment and selection**	**Pre work** - Please complete units 1 and 2 prior to attending your 1st workshop	**Launch - why does leadership matter?**	Completion of online content and participation in online discussions forum
2		19-May		**Appraisal**			
3	2	26-May	**2. Patients, care and context**	**Financial fundamentals**		**Patients, care and context**	Completion of online content and participation in online discussions forum
4		02-Jun		**HR fundamentals**			
5	3	09-Jun	**3.Myself and my role**	**Recruitment and selection**	**9th June - Workshop 1**	**Myself and my role**	Completion of online content and participation in online discussions forum
6		16-Jun		**Appraisal**	**Pre work -** Please complete units 3,4, and 5 prior to attending your 2nd workshop		
7	4	23-Jun	**4. Creating successful teams**	**Financial fundamentals**		**Creating successful teams**	Completion of online content and participation in online discussions forum
8		30-Jun		**HR fundamentals**			
9	5	07-Jul	**5. Relationships, influencing and systems**	**Recruitment and selection**		**Relationships, influencing and systems**	Completion of online content and participation in online discussions forum
10		14-Jul		**Appraisal**			
11	6	21-Jul	**6. Impact of organisational culture**	**Financial fundamentals**	**21st July - Workshop 2**	**Impact of organisational culture**	Completion of online content and participation in online discussions forum
12		28-Jul		**HR fundamentals**			
13	7	04-Aug	**7. Focus on performance**	**Recruitment and selection**		**Focus on performance**	Completion of online content and participation in online discussions forum
14		11-Aug		**Appraisal**			
15	8	18-Aug	**8. Leading for improvement**	**Financial fundamentals**	**Pre work- please complete units 6,7 and 8 prior to attending your 3rd workshop**	**Leading for improvement**	Completion of online content and participation in online discussions forum
16		25-Aug		**HR fundamentals**			
17		01-Sep		**Recruitment and selection**			Completion of online content and participation in online discussions forum
18		08-Sep		**Appraisal**		**Recruitment and selection**	
19		15-Sep		**Financial fundamentals**			
20		22-Sep		**HR fundamentals**		**Appraisal**	
21		29-Sep		**Recruitment and selection**	**29th September - Workshop 3**		
22		06-Oct		**Appraisal**		**Finance fundamentals**	
23		13-Oct		**Financial fundamentals**			
24		20-Oct		**HR fundamentals**		**HR fundamentals**	
25		27-Oct					
26		03-Nov	**Wrap up/finishing all units**				
27		10-Nov					**2000 word assignment deadline - Monday 14th November 2016**

Examples of menaningful contributions

Unit 1

- "I know one of my conflicts is time at work, and the time I devote to work… An example can be this course and I have always been a last-minute person, and I am often late. I need deadlines for things to be completed, and even then, sometimes I put having fun first. This is something that I need to work on, I know that, but not something I always want to change, even though I know that this choice would be perceived as not right..."

- "I think, having worked through this module, that my vision of myself as a leader is broadly similar to before I started, but is clarified. I am clearer about the importance of having engaged staff and service users and where this might be missing within the service within which I work…. The model of distributed leadership seems to provide a way of thinking about how clinicians can lead improvement, contribute to deciding priorities for improvement and supporting clinicians to lead and participate. It has been helpful to reflect on my role over the past year, as a leader without authority but now considering moving into a position with more formal authority..."

Unit 2

- "My initial reflection of myself as a leader prior to enrolling on to this course were: Leading a team, achieving a goal, creating a positive environment within the team, inspiring and motivating others, leading as an example, promoting high standard of practice. After completing the first unit of this programme, I have realised that my understanding of what is leadership is very limited and there is still so much to learn about myself, my personality and various skills and knowledge required to be a good leader. This has been an eye opener for me."

- "Has my initial reflection on my vision of myself as a leader been challenged? I don't think so. I don't feel like the vision of a leader I aspire to becoming has been challenged at all. If anything, I think the module has made my initial thoughts more concrete, and definitely enhanced, but not negatively challenged in any way. I feel the module has made me think about how it feels to be a leader of very different arenas of an organisation and how the conflict / compromise between leadership and management come into play..."

Unit 3

- "I don't wholly agree with this differentiation. For me it is not that clear cut and the boundaries are often blurred. In my experience elements of each are necessary in practicality. I think no matter what your title or role you need to be a leader. In terms of my reality I have previously reflected on my dual titles as manager (on the job description) and team leader (on the badge they gave me) and I have to employ elements from each side of the differentiation…"

- "When I think back to my first 100 days in my first managerial post it makes me smile, I smile because at the time I thought, "heck what have done?", "do I really want this post and this responsibility?". I made mistakes, I relied on existing experienced staff members to guide me through getting to know the trust. I used my experience as a very experienced Midwife to learn quick the different policies and procedures in place at the different trust and I used my skills as a natural leader to audit existing procedures and adapt/change systems to streamline patient care and provide better patient care. 200 days into the job I felt happy and within my comfort zone once more. Having new insight into this 'honeymoon period', I don't think future roles will worry me quite so much next time."

Unit 4

- "I used to be terrible at delegation… In the past, I've subscribed to the notion that 'if you want something done properly, do it yourself'. But this has enormous problems: it's a lot of extra work. Often ideas meet with resistance and poor clarity so do not become embedded. I'm not always right. I don't always see the bigger picture. After a particularly terrible period of work where I found that I was never completing things on time I took my issues to supervision. It was from this moment that I recognised the value in delegation and the positives in getting it right. Greater staff buy in. An overt message of trust in staff. Reduced my burden. Often meant that solutions and tasks were more comprehensively addressed. Delegation is difficult at first because it feels like a leap of faith; but it is essential in the formation of a team for which knowledge, attitudes and respect can flourish."

- "The best team I ever worked in was when I first joined the NHS. I was part of a small support with team in corporate communications and engagement. I was new to the public sector and maybe that influenced how I felt, but I learned so much being part of this team. The other team members were friendly, knowledgeable and always willing to help me or involve me in the work they were doing and letting me get involved in the planning of events, contributing ideas etc. Our team leader

always seemed genuinely interested in what we were all doing and was visible either in the office or at our regular team meetings. We were clear on who was doing what, what the priorities where and any issues or problems were talked through openly. I had a real sense of being a part of something good and positive. Just remembering these times is making me think about how I could get more of that positively with our current team."

Unit 5

- "This part of the course made me more aware of the different agendas and changes in political climates. I have become aware of 'extended' politics which impact on my experience at work such commissioners and the part they play on impacting services and deciding what services we have and don't have. It has made me look at the part we play on the healthcare economy… I became more aware of things like payment by results and block contracts which are used in sexual health."

- "At my new hospital the dominant culture is 'the child first and always'. This culture does seem to be present throughout all the different working groups I have encountered. The hospital attracts staff who want to care for children and put them first. Each different sub culture within the hospital has its own priorities though and does things a certain way. The priority for the theatre team is to get their operating list to run as efficiently and safely as possible and to finish on time. This may conflict with some of the other sub cultures. The admissions ward wants children to have a pleasant introduction to the hospital and to take their time and make families and patients as relaxed as possible. This may mean they don't have patients ready for theatre as quickly as the theatre team would like. I have been impressed, though, with the theatre teams… at this children's hospital, staff have been willing to stay late to get through all the cases, rather than cancel a child's operation on the day of surgery. This is putting 'the child first and always'."

Unit 6

- "…everyone works really hard, very friendly and immensely professional and caring. However, as financial pressures mount and CIP's continue to bite hard there is a growing culture of mistrust between departments or even within departments in some areas. I mitigate a lot of this by being totally honest to people on my intentions and communicate them clearly and extensively – usually by email to more than one person but it still causes issues at times… I try to shield my staff from a lot of it by not letting a lot of this rubbish filtering down to them… I

am one of the very few who still allow their staff to work from home on occasions and anyone is free to question my motives or the culture and ethics of my team – good luck to them."

- "I have found it very interesting to reflect on how I naturally work on changing climate when I move to new jobs (of which I have had many). This has proved quite easy to me and I feel I do it well. Changing the culture of a place has been much harder and has required me to lead by example… but I have persisted in giving great care and doing what is right and necessary as much as I can. I put this down to my upbringing with values instilled in me from very early on. If I'm honest I have hoped that my values will rub off on people....but now I am seeing that I can have a much bigger impact on changing culture than I thought."

Unit 7

- "This has really been a good module to review the meaning of performance for myself, the team and service. The 'Iron Triangle' has been a helpful model in looking at why maintaining a performance level that pleases everyone that has investment in our service feels like a major juggle. There does seem to be an infinite need for our service which battles against a finite resource… The Team is very aware of our targets… I have started to emphasise the benefits to patients of meeting these targets as a result of being on this course, sometimes it can just seem we are meeting the target to please commissioners and NHS England… Without a cohesive, motivated team, who feel valued, the juggle to perform well becomes harder and more problematic. I find maintaining this essential, but it is fragile at times and requires constant nurturing."

- "What an interesting and sobering unit this was and although not perfect, it makes me feel really grateful and proud of the NHS. The corruption via backhanders and payment for unnecessary procedures in other healthcare systems around the word is frightening as well as the huge disparity of healthcare provided to haves and the have nots where the emphasis is on private, expensive, profit making systems rather than those which provide high quality healthcare that can be accessed by all. Another fact I read which makes me feel reassured about NHS, was the complete lack state regulation and enforcement especially in India which can only lead to the propagation of poor quality."

Unit 8

- "This unit was hard going at times especially grasping all the different concepts and models regarding change and improvement but what I did enjoy was learning and understanding the difference between planned and emergent change and how I can use it in my team and encourage others to be 'involved'."

- "In my department improvement means continuously seeking ways and processes that will allow us provide quality patient-centred care in an effective and efficient manner to our patients. We are always reviewing our procedures and measuring our performances to ensure the care we provide is to the highest quality."

Unit 9

- "PDSA is something I've done for a while but not necessarily realised I was doing... I've always been interested in trying new ways of working to increase efficiency. Three years ago when I began working in the complaints team complainants and their complaints went to anyone within the team… I suggested that based on my previous advocacy work that each complaints coordinator has a 'caseload' and complaints that we took responsibility for... This was easily agreed to as others had in the past worked that way but simply hadn't wanted to suggest a change to what they had found when they came into the team. The process improved the flow of responding to complaints, and we also developed particular areas of interest within the complaints team..."

- "We have used a number of methods some have worked and some not so good. We have found at recruitment fairs and events potential candidates will always make a bee-line for clinicians in uniform, we have had HR representatives standing next to Paramedics in uniform and the footfall to the Paramedics is much greater. Another method is that we have invited candidates in to our team for a day to see what we do, we let the interested staff sit with the team look at what they do, the atmosphere within the department and we also tell them the challenges and issues so they are clear in what they are considering applying for."

Unit 10

- "Our Trust has just changed our appraisal system, and I was one of the ones that put in a strong suggestion that they do! The previous online system was set up in such a way that the appraisee and appraiser had their own sections to fill in but

they couldn't be signed in at the same time so it meant that there was no face to face interaction and it was being completed over a matter of days! I felt that all the work and effort I put in the previous year to reach my set goals were made light of through this process and I didn't want any of my team to feel the same way and why I made point of answering a Trust survey on what I thought of the current appraisal system… we now have a simpler, paper based appraisal in place. This may sound a backward step in a technological world but it does mean that I can sit face to face with my team and conduct a meaningful appraisal."

- "I wish I'd known about CEDAR 3 years ago when I took on my first formal management role. I think these tools for dealing with difficult conversations and giving feedback are a brilliant starting point and provide a good structure for how those conversations should go. I've been in a few situations in the past where I've been terrified to give feedback and have difficult meetings with individuals because I've felt unprepared and unsure of how the conversations might go. I will definitely be using CEDAR in the future!"

Unit 11

- "I've learnt more in the last 9 months than I did in the 12 years or so before that. I've now got a budget to look after and working on a business cases has given me a far better understanding of the cost of human resources in particular and how my own organisation is funded. I'm still feeling that this unit can fill in some of the many gaps in my knowledge though!"

- "I have a basic understanding too but recently found out I had misunderstood some fundamental information so hopefully this will help. I have written a few successful business cases which have made it possible for me to develop my service, however as we are all trying to come up with CIP savings and initiatives it seems crazy that a small change to a favourite dressing can save £24,000 pa, but make you unpopular with staff."

Unit 12

- "Before this unit I had only understood equality and discrimination briefly and had not come across grievance before. This unit has now made me realise the importance of the following:

- Communication, listening and thinking before speaking, understanding but not assuming and to takes notes wherever possible when a perceived issue has arised.
- Understanding your own and others opinions and when stating ones views you are not seen to offend.
- Learning about leave and sickness management and the importance of equality and discrimination and what its means.
- How important informal meetings are and collecting the right information and not just listening to what we want to hear.
- To not act too hastily on assumptions and stories of others, without further investigation.
- To not be afraid to double check policy's and seek help from HR.
- To learn to think about how the other person is feelings, how ones words can be perceived differently by others.
- We need to have an open minded approach and learn to proactively see all angles of possible meanings.
- To ensure issues are resolved informally as a first point of call before approaching HR and arranging a formal meeting.
- To keep accurate recordings of all discussions which could be used in evidence to help back unfair dismissal or assumption.

I am interested to find out what others have learnt from completing Unit 12?"

- "A debate I wonder if anyone with HR experience could indulge me. We hear often that doctors once in a substantial consultant post are generally 'safe' as long as they do not do anything dangerous or gross misconduct. But every doctor has experiences of working with colleagues who have deviated away from correct and current modern evidence-based practice. Does anyone have experience of dismissing clinicians on these grounds?"

Assignment guidance

The assignment is in two parts and you are required to pass each section with no compensation given between sections i.e. you must attain at least 25% for part 1 and 25% for part 2 to pass.

The pass mark is 50%.

The total word count is 2000 words +/- 10%.

Part 1 requires you to write a critically reflective account of your development as a leader and manager over the course of this programme. You should include how you have developed an understanding of yourself and your impact as a leader through engaging with the content, what your strengths are and where your areas for growth lie. You should provide specific examples of how you gained your personal insights, how you acted on them, and the impact of this action.

Part 2 requires you to demonstrate how you have applied your leadership learning in practice to develop one of the following:

- Increasing the engagement/motivation/climate of your team or wider staff group
- Improving patient experience
- Improving services within your area of work

The critical factor is demonstrating the application of learning in practice. Your interventions may or may not have proceeded as you planned or indeed been successful, but it what you learned from the process that is important. Your answer should draw on some or all aspects of the programme learning, both online and the face-to-face days. You should demonstrate how you have worked with the concepts, frameworks or theories from the programme to guide your leadership practice and management actions, and the difference/impact your actions have made.

Guidance

Although the assessor for this assignment has an in-depth knowledge of leadership development, they are independent of the programme delivery team. It is therefore essential to provide an assignment that clearly sets out the requirements of the two sections. Make sure you tackle both parts of the assignment with equal thought, as both parts must be passed in order to achieve a pass mark overall

Section 1 is an opportunity to select and write about how you have engaged in improving yourself and your performance as a leader and manager as a result of undertaking the Mary Seacole programme. You are not expected to provide a totally comprehensive analysis of your strengths and development areas; rather, this is a chance to go into

some depth by providing a reflective and reflexive account of how you feel you have progressed. If you find it difficult to get started, you may want to talk to colleagues or review some of the activities which relate to self-awareness as you have worked through the units and the face to face days. You should include how you have engaged with the learning content, explaining which aspects have been the most influential on your personal leadership development and why.

Section 2 requires you to give a critical account of how you have applied the learning in practice in relation to one of the three areas of practice given above. Please do not attempt to cover more than one area as no extra marks will be given and it will inhibit your ability to cover one area in any depth. You should draw on both the leadership development units and the management units as appropriate. You should provide a concise but rich account of how you have taken the learning and applied it to make change. Your actions may not have gone as you planned, but don't worry, this is about demonstrating how you have applied learning and then reflected on the outcome.

You might find it useful to outline the context in which you work, the rationale for how you identified the area to concentrate on, and which parts of the learning have been most influential. You can refer to learning for yourself, your team or your wider organisation, the choice is up to you, but whatever you choose, please include any specific theories, concepts or models from the programme and how you went about applying them.

Assignment Structure

- Use a clear structure and headings throughout.
- Put your word count at the end, and remember this does not need to include references or any appendices you wish to add.
- You can include diagrams, figures or tables to explain your thinking where you find it helpful and it adds to your argument. Words used in these will be taken into account as part of the overall word count.
- If you submit a response that exceeds the specified word count by 10% or more, no marks will be given for the part that is over length, which may adversely affect your overall mark if your critical argument is in this section.
- When using appendices, please ensure they are relevant and relate to what you have written about in the main text. Do not use them purely as a source of extra words as they will not be considered. All appendices should be there for a specific purpose in relation to your written argument. Appendices should be limited to a maximum of six pages.
- Referencing should use the Harvard system only.
- Please submit all the parts of this final assessment, including appendices and reference list, as a single file. You **must** complete the information on page 1 of the submission template.

Referral

You are allowed to attempt this assignment **twice only**. If you are referred after attempt one, the marking criteria will clearly indicate where improvements are needed. If you pass either section outright, you will not be expected to re-write that section, only the parts that have not achieved a pass. Referral after a second submission will result in a fail of the assignment.

Extensions and extenuating circumstances

The Academy has a policy for when an extension can be granted. This applies across all of our programmes. Please refer to the policy for guidance.

Mary Seacole Programme

Appeals Policy
2019/20

Appeals

At no point in handling any appeals should actions be taken that undermine or dilute the principles of assessment. It is the Academy's responsibility to assess and hold participants and their work to the assessment criteria. Whilst appeals may be successful, they must be handled in such a way that ensures all elements of assessment have been undertaken in a consistent and transparent manner, giving both the participant and the Academy reassurance that correct processes have been followed.

Throughout the programme, the Academy holds the assessment line – this is the threshold below which standards in assessment cannot pass, and no submission can pass if the Academy or cohort facilitator fails it. The supervision and quality assurance processes support the Academy and facilitators in securely holding their roles.

It is important to note the difference between an appeal and a complaint.

Assessment points and requirements

As described earlier in the programme guide, there are four assessment points in the Mary Seacole programme:

1. Attendance at all three face-to-face workshops
2. Completion of online content and activities via the Virtual Campus
3. Regular meaningful contributions to the Virtual Campus discussion forums (a minimum of two per unit)
4. Submission and achievement of the satisfactory level of the 2,000-word written assignment

Criteria for the written assignment assessment are provided on the Virtual Campus in the "Additional resources" section of the "Assignment" unit. Further support is provided by the Academy.

Under exceptional circumstances a participant may pass the programme if they fail to attend a workshop. Extenuating circumstances must have been provided in advance or on the day of the workshop, and the decision to pass the participant is at the discretion of the Academy.

Appeals levels

For any participant, if any element(s) of the programme is deemed by the Academy and/or the cohort facilitator not to have met standards at the assessment points outlined above (timescales are described in the "Appeals procedure" section of this document):

1. Participants can appeal to **Erin Ocsko, *Programme Coordinator***, in the first instance for a review of the relevant assessment element. They may be required to provide evidence to support the process. The Programme Coordinator will provide a decision and feedback to the participant in response to the request.

2. If participants are still not satisfied by the outcome, they may make a further appeal to **Gillian Rooke, *Head of National Programme Delivery***

3. A final appeal may be made to **Dr Clare Price Dowd, *Head of Evaluation and Patient Experience,*** whose decision will be final.

Reporting

Wherever a participant's assessment is failed:

- The facilitator will provide feedback relating to the forum contributions within two weeks of the programme completing. Results will be sent to the Programme Coordinator.
- The Programme Coordinator will collate attendance data, Virtual Campus completion data, forum contributions data, and assignment marks in a master assessment document.
- The NHS Leadership Academy will email the participant to inform them of their results within eight weeks of the final submission date.

Appeals procedure

If a participant wishes to appeal the Academy's decision then they must do so, **in writing**, to the Programme Coordinator in the first instance. They must provide electronically within **5 days** of their wish to appeal:

- Evidence of why they are appealing the result

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No other correspondence will be entered into outside of the process.

At each level of appeal, the process of reviewing the appeal is the same:

- First, a review that due process has been followed. The Academy will lead the review and offer support to the participant. The Programme Coordinator will contact the relevant parties by phone for a briefing on the process followed. Where an element of assessment is failed, for example on the written

assignment, then participants should have been given clear feedback as to what needs to change to achieve a pass - failure to do so is a departure from procedure. Departures from procedure wouldn't in and of themselves necessarily lead to an overturning of the Academy's decision.

- Where the procedure followed was acceptable, a review of the submission and assessment judgement by the Senior Operations Manager follows. This involves a review of the assessment element itself and the explanation of the result (for example, attendance register for a workshop or a facilitator's report). The aim here is to validate the assessment. The cohort facilitator gives their judgement to the Senior Operations Manager if appropriate.

- Whether the appeal is upheld or rejected, a short report should be issued to the appellant and to their facilitator if necessary, incorporating the appeal review, within 14 days of receipt of the appeal decision. If the appeal is rejected, this report should reaffirm confidence in the Academy's procedures and assessment rigour. Where the appeal is upheld the report must:
  - o Show the areas where the Academy's procedure or assessment is deemed to have dropped below the standard required.
  - o State clearly what next steps the Academy should take to deploy its assessment role satisfactorily. The reviewers are not so much overturning an assessment decision as much as correcting the action of the Academy, facilitator or assignment marker, and so will:
    1. Inform the relevant parties as what action is required of them with regard to this submission (e.g. where set procedure has fallen down, instruct a re-assessment at the next meeting), and/or
    2. Recommend to the relevant parties, actions that will help members deploy their role more effectively in the future (e.g. where the assessment rigour was too harsh, give advice on developing assessment skills). This is of central importance to the Academy to enable its members to achieve rigour.

Throughout, in addition to supporting the participant, the report and associated processes must be handled so as to return the authority to the Academy.