

Perceptions of the benefits and potential
impact of the Early Clinical Career
Fellowships (ECCF)

Final Report

Prepared for NHS Education by Mary Richardson

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Executive Summary

Introduction

The Early Clinical Career Fellowships (ECCF) are a NHS Education for Scotland (NES) led Scottish Government investment in talented nurses and midwives at an early stage in their career in order to maximise their leadership potential both now and in the future. The Fellowships are an opportunity for highly enthusiastic, talented and motivated nurses and midwives to develop personally, professionally and academically at an early stage in their career. They aim to have a positive impact on patient care delivery both now and in the future through focussed support and maximisation of leadership potential.

The Fellowships are for three years and include study leave for a master's degree programme, action learning, masterclasses and mentorship. The employing NHS Board receives backfill for each Fellow to enable them to be released from the clinical area to concentrate on their professional and academic development. The study leave must be used to access the development activities and complete a master's degree programme.

The initial period of the ECCF pilot was evaluated by the University of Northumbria (Pearson and Machin, 2010). The findings and recommendations of the national evaluation, the views of the project steering group, feedback from NHS Board leads and the action learning set facilitators, along with the lessons learned from the ECCF pilot, helped to inform a revised future model. The revised model was used in the recruitment a further two cohorts of fellows in 2011 and 2012. An in-depth case study evaluation of four Fellows was carried out in 2013 (NES, 2013) which captured participant's, clinical coaches' and line manager's experience of the ECCF pilot, found the overall experience of Fellows and their managers and clinical coaches to be very positive.

Study aims

The aim of this evaluation was to ascertain the views of the 2011 and 2012 ECCF Fellows and those who support them, on the outcomes, benefits, and potential impact of the fellowship. Specifically it aimed to:

- identify Fellows' development to date
- identify the potential impact of ECCF on Fellows' leadership potential
- examine the value and benefits of ECCF
- identify the contribution and potential impact of ECCF on Fellows, the organisation and patient care delivery

Approach

The evaluation involved:

- online surveys with Fellows and master's degree programme leaders
- 1.1 semi-structured interviews with NHS Board leads, mentors and Fellows' managers
- review of NES data held as part of a longitudinal study, NHS Board biannual reports case study evaluation 2013, action learning reports and stakeholder events

Findings

Effect of ECCF on development

Most of the Fellows reported that ECCF had a moderate to major effect on their personal and academic development, with slightly less effect on their professional development. The effects on personal development were primarily increased confidence, self-awareness and ability to critically assess situations. This was supported by the leads, mentors and managers and mirrored the reported increase in confidence and self-awareness reported by the Fellows and their managers/coaches in the previous case study evaluation (NES, 2013).

Many of the Fellows were already working in promoted posts which they had obtained during the ECCF or immediately following completion.. The expectations of rapid promotion is supported by literature where participants in similar programmes had an expectation that they will not only increase their knowledge and skills, but also their changes of progression and promotion. However the term 'fast track' is not used by ECCF because of the risk of participants and others perceiving it to be a progression to senior organisational posts, rather than a development programme to enhance leadership and clinical care delivery.

The academic development appeared to be the highlight for most Fellows with many commenting on the sense of achievement they had in gaining a master's degree and an appreciation of the funding received to support them.

Effect of ECCF on leadership potential

Many Fellows felt that ECCF has helped them recognise their potential as leaders and this is linked to their increasing confidence and although most leads, mentors and managers indicated it was difficult to comment on leadership at this stage, around half thought that Fellows' leadership potential had been enhanced.

Fellows considered the promotion gained during or immediately following the Fellowship, to be a consequence of ECCF and enhancement of leadership potential' and others felt that the ECCF experience would benefit them and others in the long term. Some Fellows recognised that

leadership is not necessarily about promotion and they could use leadership skills in their current role.

There appears to be differing views about what leadership is and if this is, or should, be the focus of ECCF. However all the information provided by NES suggests the ECCF programme aims to help nursing staff gain leadership skills right at the start of their career.

Benefits of undertaking a master's degree as part of ECCF

Fellows reported the benefits of ECCF to be primarily support to complete a master's degree, but also an increase in confidence, personal development and enhancement of leadership potential. Only one Fellow thought it had a negative effect. Less than half of Fellows indicated that they would have undertaken a master's degree without the support that ECCF provides.

The funding of the master's degree and backfill in enabling study time was seen as the most valuable aspect of ECCF and the structure of the Fellowship and the support offered is valued by all. All the additional support that ECCF provides in terms of action learning, masterclasses and networking opportunities also appears to be highly valued. The masterclasses provides exposure to things they wouldn't normally come into contact with in their role and the mentoring/ coaching is seen as vital. Mentorship is also important but not surprisingly how that relationship works and what the Fellow gains from the programme is very much up to the individuals concerned.

The most valuable support provision appears to be the action learning which enhanced self-awareness in terms of their questioning and listening skills and in terms of their resilience and personal effectiveness.

Master's programme leaders and other 'supporters' found it challenging to identify any differences in Fellows' contribution and leadership potential when compared to other students, although they did agree that ECCF provided excellent opportunities for Fellows.

All leads, mentors and managers agreed that there were benefits to the organisation even though these are difficult to quantify at this stage. Even those who had a less positive experience agreed that the Fellowships still had benefits and would like to see them continue. However there was recognition that the NHS Boards may need to assess those benefits more formally and give more consideration to how they can utilise the skills of the Fellows more fully.

Contribution to and impact on patient care

Although some participants found it challenging to identify specific examples of impact on patient care/ outcomes although most were sure there was some and certainly would be in the future. From the Fellows' point of view they were able to articulate their ability to learn, their ability to

influence changes in practice, and on some indirect or direct effects on patient care or patient experience. A number of examples of changed practice were given. This included highlighting areas for improvement in practice, sharing evidence of best practice and influencing or implementing changes in care delivery. Leads, mentors and managers were able to comment on the ability of the Fellows to do the job more effectively or more efficiently, and their contribution to the team and the organisation in general.

A number of leads, mentors and managers commented that they would like to see the widening of the entry criteria for ECCF.

Conclusions

It is clear that the majority of people involved with ECCF can identify wide range of knowledge and skills that have been developed by Fellows, many of which they believe to be attributable to the complete ECCF package that is offered. For the most part, ECCF has had a positive effect on Fellows' development, personally, professionally and academically and has helped them recognise their leadership potential. Everyone agreed that it was a worthwhile programme and would like to see it continue.

There certainly appear to be benefits to the Fellows in undertaking a master's degree as part of ECCF and in terms of the benefits to the organisations and the impact of the Fellowships on patient care and outcomes and there is some evidence of positive indirect or direct effects on patient care or patient experience, and benefits to the organisations.

All agreed that since this programme was about maximising potential and building for the future, the real evidence of impact will be further down the line.

Recommendations

1. The expectations of Fellows and those who support them need to be continually managed. The purpose of ECCF needs to be reinforced; is it about achieving rapid promotion or is it about developing leadership skills and maximising leadership potential for the future?
2. A clearer definition of what leadership means in the context of early careers may be of benefit to all involved with the programme, including an emphasis on how individuals can demonstrate leadership in their current roles.
3. Advice on how other development opportunities such as mentorship training can be facilitated during the Fellowship would be beneficial so that Fellows have the skills and opportunities following completion to share their learning.

4. NHS Boards, supported by NES, need to consider how to gather more meaningful data and there may be a need to reinforce what return on investment is expected, including the above feedback and participation in evaluations or reviews.
5. NHS Boards should consider how best to utilise the Fellows' expertise on completion by possibly generating internal opportunities within the organisation. This does not necessarily have to mean promoted posts.
6. More consideration should be given to Fellows' choice of master's degree programmes at the outset
7. Further consideration should be given to the entry criteria and timelines. Would there be a benefit to widening the entry to include individuals who have moved to a new area of practice and are hence at an early stage in a new career, e.g. health visiting?

Limitations

The study is limited by low response rates and thus the views of the participants may not be fully representative of the Fellows and those who support them. It is possible that those with something in particular to say, either positive or negative, were the ones that responded. It is likely that workload pressures could have affected response rates from managers and mentors and many of the fellows were in the final stages of the programme/ completing their dissertation. In addition, it was not possible to triangulate the views of Fellows with that of their manager and mentor, thus the opinions of individuals were not corroborated.

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1. Introduction

1.1 Background

The Early Clinical Career Fellowships (ECCF) are a Scottish Government investment in talented nurses and midwives at an early stage in their career in order to maximise their leadership potential both now and in the future. The Fellowships are an opportunity for highly enthusiastic, talented and motivated nurses and midwives to develop personally, professionally and academically at an early stage in their career. They aim to have a positive impact on patient care delivery both now and in the future through focussed support and maximisation of leadership potential.

The initiative is led by NHS Education for Scotland (NES) with advice from a national steering group chaired by a Nurse Director, with representation from Scottish Government, NES, NHS Boards, Higher education, and professional bodies. NHS Boards and higher education institutions (HEIs) work in partnership to ensure the fellowships are linked to current and future workforce development and that master's degree dissertations are integrated within each organisation's research agendas.

1.1.1 The Fellowships

The fellowships are for three years and include study leave for a master's degree programme, action learning, masterclasses and mentorship. The employing NHS Board receives backfill for each Fellow to enable them to be released from the clinical area to concentrate on their professional and academic development. The study leave must be used to access the development activities and complete a master's degree programme. The following development activities are a compulsory part of the fellowship:

- attendance at a national induction day
- participation in action learning sets
- attendance at twice yearly masterclasses
- access a mentor to support career and professional development

All applicants must:

- have completed their nursing or midwifery pre-registration programme no earlier than a specified time (usually 3 years)
- be a graduate
- be in employment in NHSScotland
- intend to remain employed as a nurse or midwife within NHS Scotland throughout the three year fellowship

- complete Flying Start NHS® and provide signed evidence before commencing the Fellowship
- have the support of their colleagues, line manager, clinical manager and the NHS Board Lead for ECCF
- select a preferred Master's degree programme

1.1.2 Previous evaluations

The initial period of the pilot stage of ECCF was evaluated by the University of Northumbria (Pearson & Machin, 2010). The findings and recommendations of the national evaluation, the views of the project steering group, feedback from NHS Board leads and the action learning set facilitators, along with the lessons learned from the ECCF pilot, helped to inform a revised future model. The revised model was used in the recruitment a further two cohorts of fellows in 2011 and 2012.

An in-depth case study evaluation was carried out in 2013 (NES, 2013) which captured participant's (n=4), clinical coaches' and line manager's experience of the ECCF pilot, found the overall experience of Fellows and their managers and clinical coaches to be very positive. Fellows undertook the programme to develop leadership skills, research and audit skills, and gain a greater understanding of the evidence base for practice. They developed a wide range of new knowledge and skills, including leadership skills, research and audit, negotiation, challenging and influencing skills, decision-making skills and knowledge of broader issues within the NHS. The case studies also provided some evidence of behavioural change as a result of the programme and there were many examples of how Fellows' learning had been applied to practice and of the changes in practice that had occurred.

1.2 Aims

The focus of this evaluation was discussed with the NES team and with ECCF stakeholders and steering groups. The aim agreed was to ascertain the views of ECCF Fellows on the 2011 and 2012 cohorts, and those who support them, on the outcomes, benefits, and potential impact of the fellowship. Specifically it aimed to:

- identify Fellows' development to date
- identify the potential impact of ECCF on Fellows' leadership potential
- examine the value and benefits of ECCF
- identify the contribution and potential impact of ECCF on Fellows, the organisation and patient care delivery

1.3 Approach

In order to achieve these aims, the evaluation involved:

- online surveys with Fellows and master's degree programme leaders
- 1.1 semi-structured interviews with NHS Board leads, mentors and Fellows' managers
- review of NES data held as part of a longitudinal study, NHS Board biannual reports case study evaluation 2013, action learning reports and stakeholder events

All 36 Fellows in the 2011 and 2012 cohorts and all 26 master's degree programme leaders from a contact list provided by NES were invited to take part in an online survey. Two reminders were sent to each group.

Purposive sampling was used to select a range of NHS Board leads, mentors and Fellows', who were invited to participate in 1.1 telephone or face to face interviews. The sampling ensured that participants from all NHS Boards supporting Fellows were included and that a range of Boards based on numbers of Fellows, size and geography were included. NHS Board leads and mentors were contacted directly but since NES did not have the names of Fellow's managers, an email was sent to the NHS Board leads asking them to forward it to Fellows' managers. However, as the response from mentors and managers was poor, it was agreed that all mentors and managers were invited to participate. Each completed a consent form prior to participation.

Copies of the two online survey questionnaire are shown in appendices 1 and 2 and the participant information sheet, consent form and discussion guide for interviews are provided in Appendices 3 to 5.

1.4 Data analysis

The semi-structured telephone interviews were digitally recorded, transcribed and anonymised before being subjected to content analysis based on the key topics identified by the evaluation objectives. Further analysis of the interview data and online surveys identified sub-themes.

Data gathered from the review of the additional NES data was used to supplement the findings of the surveys and interviews.

2. Findings

The findings are presented in five main sections reflecting the evaluation objectives. When calculating percentages, missing values were excluded, unless otherwise stated. Percentage values are expressed to the nearest whole number throughout.

The response rate for the online survey of Fellows was 33% (n=12) and the programme leaders 23% (n=6). Interviews were carried out with four NHS Board leads, four mentors and three managers. (None of the mentors and managers supported the same fellow).

The findings also incorporate information gathered from Fellows 'reports to NES on a six monthly basis and contained in an 'ECCF Tracker'.

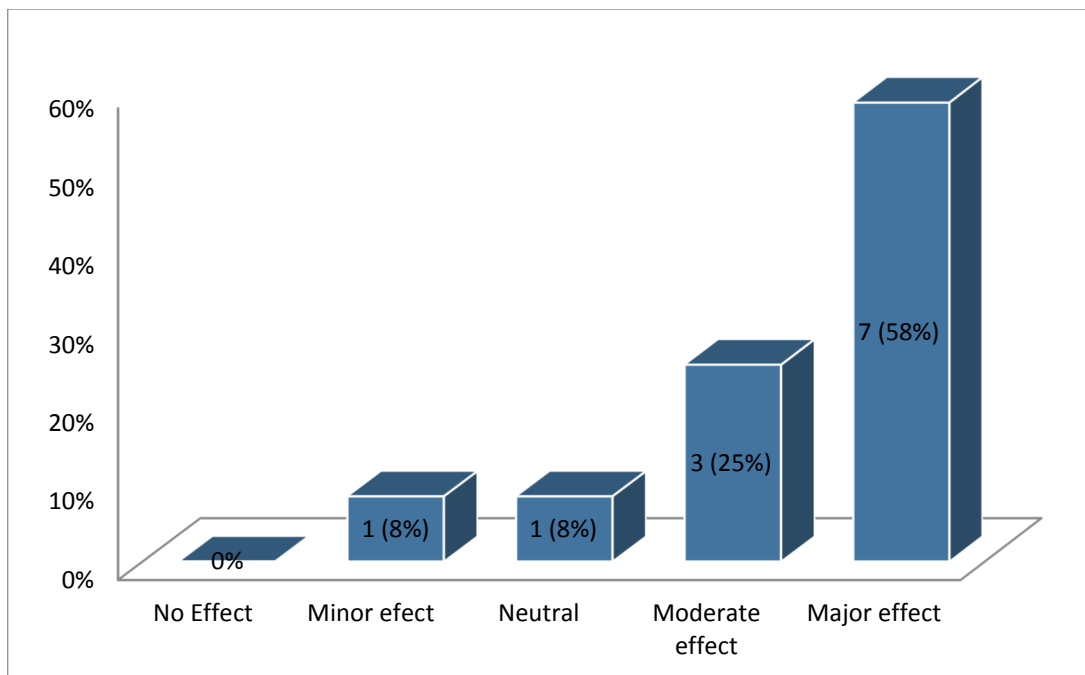
2.1 Effect of ECCF on development

Fellows, NHS Board leads, mentors and managers were asked to what extent ECCF had an effect on their personal, professional and academic development.

2.1.1 Personal development

Figure 1 shows that most of the Fellows reported that ECCF had a moderate to major effect on their personal development (83%; n=10).

Figure 1: Effect on personal development (n=12)



The major effects on personal development were:

1. Increased confidence levels.

“Being confident in speaking to others who are not my 'level' in employment.”(Fellow)

“As a result of ECCF, I have become far more developed in my confidence. This has resulted in a greater ability to take on challenges at work and deal with them appropriately.”(Fellow)

2. Increased self-awareness

“I have become more self-aware and more reflective in my personal development.”(Fellow)

“I found the action learning sets to be of huge importance to myself and the way in which I handle/ approach situations not only in my professional life but personal.”(Fellow)

3. Increased ability to critically assess situations

“I am able to critically assess situations in a better manner.”(Fellow)

“I feel I am now more aware of how to critically evaluate situations and enhance improvements.”(Fellow)

One Fellow however felt that ECCF had hindered their personal development due to missing out on other opportunities as a result of having to prioritise time towards ECCF and master’s degree study.

Leads, mentors and managers all reported a variation in individual Fellows’ development but overall there appeared to be a feeling that the vast majority of Fellows developed greatly. Although there was some variation with individuals, the main personal development appeared to be that of increased confidence.

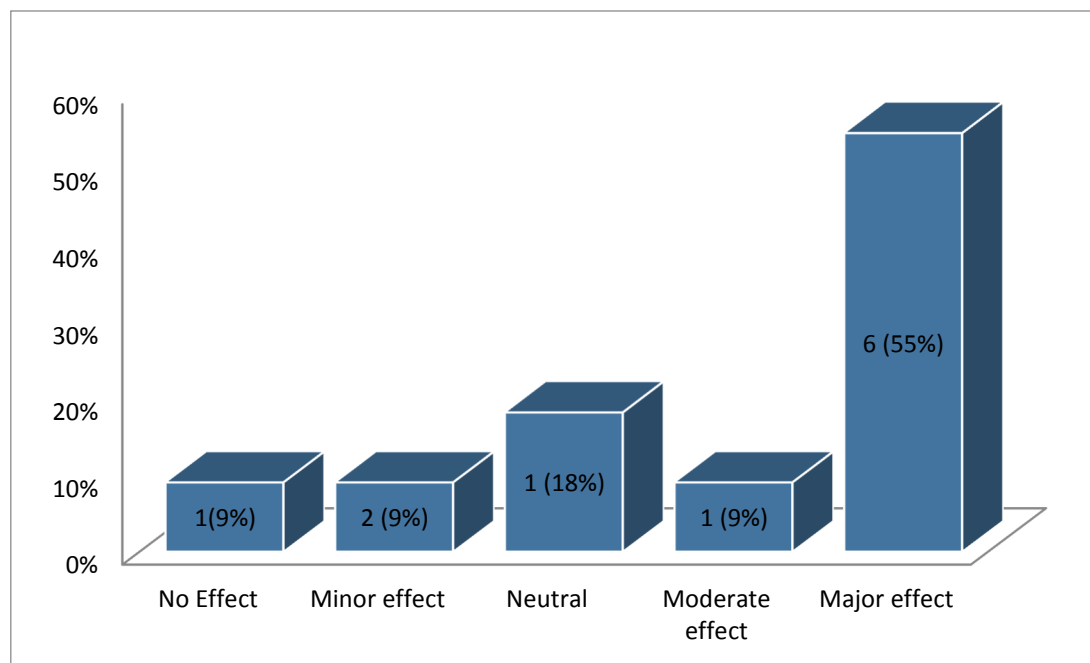
“[The Fellow] appears much more confident in engaging in discussions about clients, their work and how the team works. I’m sure it’s to do with exposure to more than the work that we do and the coaching/ mentoring attached to ECCF.” (Manager)

“How people see them as a resource and come to them for information is a reflection of their personal development. They will say, I went to such and such meeting feeling confident to do that.” (Board lead)

2.1.2 Professional development

As shown in Figure 2, two thirds of Fellows reported a moderate to major effect on their professional development (67%; n=7).

Figure 2: Effect on professional development (n=11)



In terms of professional development a number Fellows reported that they had gained promotion during or after ECCF and others that it had helped them access different aspects of work. A number of Fellows commented that ECCF had potentially hindered their professional development in the short term in that they had 'lost out' on other clinical development opportunities such as mentorship training during ECCF. But most recognised the future potential.

"ECCF has given me more confidence to put myself forward for new projects and to lead on projects, it has highlighted the benefits of networking and contacts I have made through my involvement in ECCF have led to my being involved in and leading service development projects in my area."(Fellow)

"ECCF has hindered my professional development. In my line of work being enrolled on ECCF has meant that I have been unable to enrol on a mentorship programme, and due to taking time out for academic commitments I have been passed by for clinical development opportunities."
(Fellow)

"The main difference is that I have an increase in confidence and ability to challenge others. I have no intention in the near future of changing post (I got a new job half way through ECCF and now am extremely happy with where I work) however I have no doubt that should I decide in the future to seek promotion that my academic and professional abilities stemming from ECCF will aid me to get the post that I want." (Fellow)

Others commented on the knowledge and skills they had gained.

“I feel I have developed my professional skills with regards to communication. I feel the knowledge gained through the fellowship has helped me look at things in a broader sense. I feel capable of questioning or challenging practices I see also.”(Fellow)

There was one comment about the attitude of a line manager and lead nurse being unsupportive. *“I was once told I was selfish for taking my study days.” (Fellow)*

The Fellows’ professional development was evident to most leads, mentors and managers, both in terms of some achieving promotion and in the development of knowledge and skills and their application to practice.

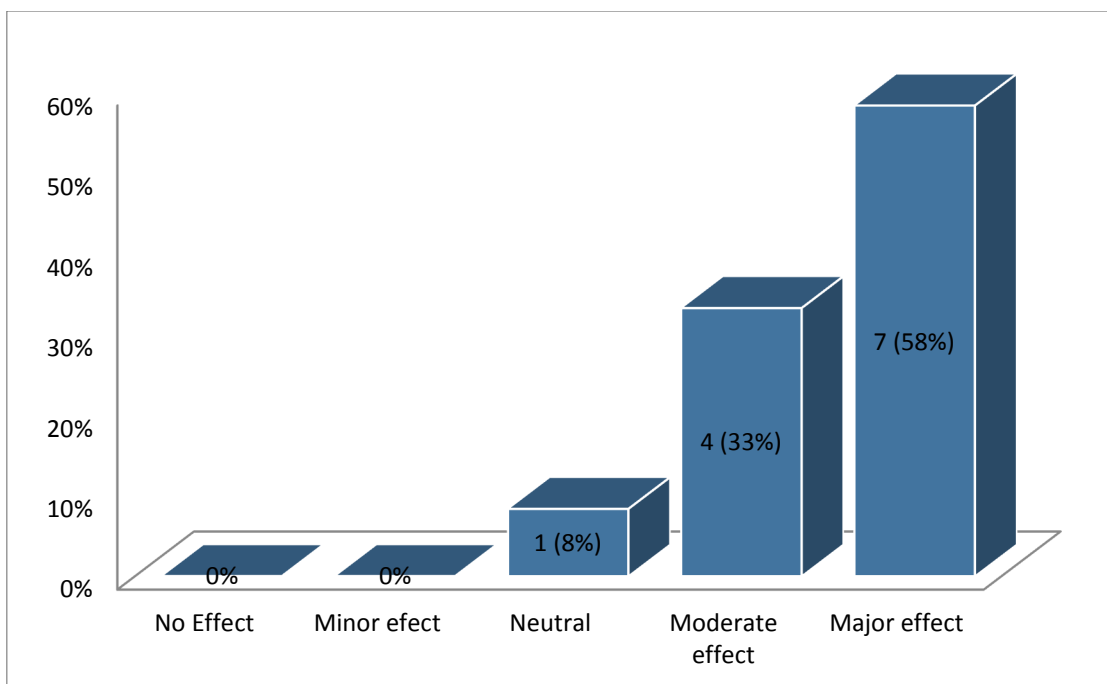
“Professionally you can see professional development them from all. Some individuals with a lot of potential. They have taken the expertise and are applying in their area.” (Board lead)

“[The Fellow] was quite shy and timid at the start but is beginning to develop more lateral thinking. There were some challenges around management and behaviour in their clinical area. Coaching was important and is now able to have those conversations resulting in a big improvement in relationship and increased respect.” (Mentor)

2.1.3 Academic development

Most Fellows (93%; n=11) reported that ECCF had a moderate to major effect on their academic development (Figure 3).

Figure 3: Effect on academic development (n=12)



The academic work appeared to be the highlight for most Fellows with many commenting on the sense of achievement they had in completing a master's degree.

"Academic work has been the highlight of ECCF for me. I now hope to pursue a career in academia/research. This was not the case at the beginning of ECCF."(Fellow)

"I have successfully completed a MSc which is not something I would have considered had I not been a Fellow."(Fellow)

There was appreciation of the financial and study support and some reporting on the skills gained as result.

"Completion of a MSc makes me very proud. ECCF made this achievable due to the financial commitment and study leave."(Fellow)

"My reasoning is of a higher level and am better able to incorporate subtleties and complexities."(Fellow)

One Fellow commented that some of the modules they undertook were not appropriate and not directly related to their area of practice and another that they found it difficult to get the help that they have required to complete the coursework. *"In my Band 5 role, I have little scope to apply the skills I have acquired academically."*

All leads, mentors and managers agreed that, although the master's degree tested the Fellows' academic ability and a few struggle, the majority coped well and had developed well academically. There was a suggestion that perhaps there should be more in testing of academic ability as part of the selection process. There were also comments about the choice of master's degree and modules with perhaps more guidance on this required at the outset. One Fellow moved into a completely new area of practice during ECCF and this appeared to be challenging for all concerned, as reported by a mentor.

"I have had discussions with everyone involved including feedback from line managers and all agreed that the Fellows had developed through ECCF professionally and academically." (Board lead)

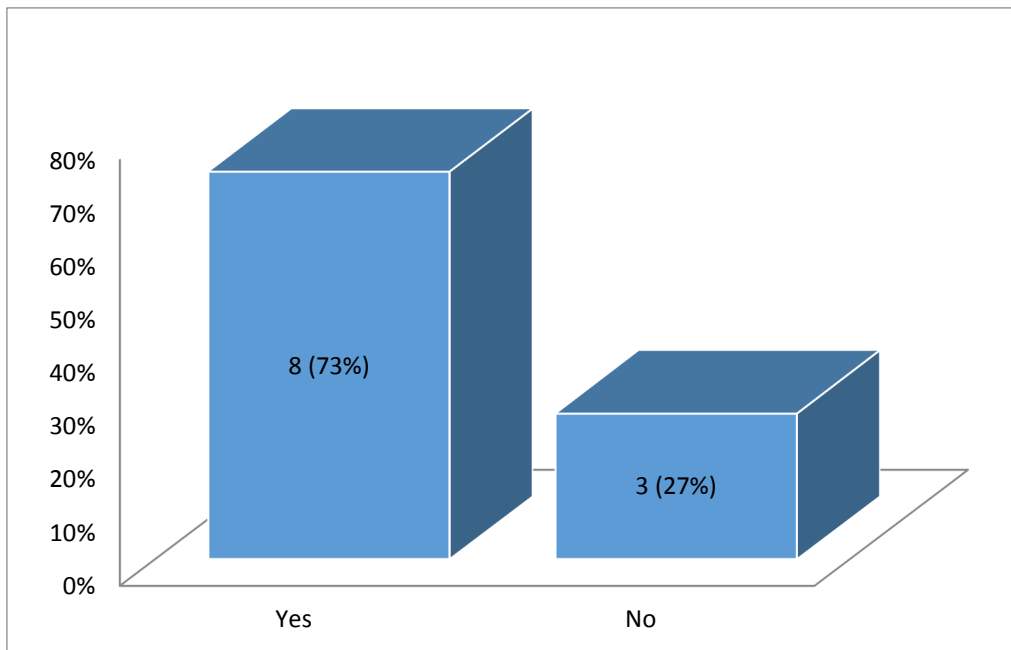
"[The Fellow] focused on the academic side and didn't use the backfill as I would have liked. I suggested networking opportunities that they didn't take up. I think they now regret that and can see perhaps how much benefit that would have been. Perhaps choice of modules not good – stayed in comfort zone." (Mentor)

2.2 Effect of ECCF on leadership potential

2.2.1 Fellows

Fellows were asked if they thought their leadership potential has been enhanced as a result of ECCF. Most (73%; n=8) thought that it had (Figure 4).

Figure 4: Was your leadership potential enhanced? (n=11)



It appears that many Fellows feel that ECCF has helped them recognise their potential as leaders and this is linked to their increasing confidence.

“I feel the fellowship has enhanced my leadership potential. Before I never saw myself as a potential leader but with ECCF it has helped me realise I do have potential in leadership. Self-awareness has been enhanced and I feel more involved in my organisation rather than just at my daily level of work.”(Fellow)

There are a numbers of factors to which this is attributed such as the academic work, action learning, meeting current leaders in masterclasses and increased knowledge of systems and strategy, how people management impacts on patient care and how to implement change.

“I think the mixture of academic work and action learning has helped me grow and mature. I can now handle stressful situations better.”(Fellow)

“Meeting current leaders within the NHS at masterclasses was inspirational. My MSc also allowed me to successfully complete a MSc level module in leadership.”(Fellow)

Some recognised that leadership was not necessarily about promotion and they could use leadership skills in their current role.

“While I am still a band 5 therefore ECCF has not directly resulted in promotion for me as yet. However, I feel more capable of leading and have opportunities to lead on projects and service improvements, some of which were as a direct result of contacts made through the fellowship. I have a better understanding of leadership in early careers and outwith management posts and believe that all staff can display effective leadership to improve services.”(Fellow)

2.2.2. Leads, mentors and managers

Most leads, mentors and managers indicated it was difficult to comment on leadership at this stage and around half thought that Fellows’ leadership potential had been enhanced.

“Difficult question to answer. Not realised until they have a period of consolidation. It’s about spotting the potential and nurturing those aspects. Certainly there has been development some have been promoted. From Board’s perspective it’s difficult to articulate and difficult to identify impact this early on.” (Board lead)

“The Fellowship, personally and professionally, has made them known within organisation, not just within their local area. For example, at our annual nursing and midwifery conference three Fellows each did 5-10 minute about what delivering better care meant to them. One talked about leadership and their perspective on leaderships as a band 5 and what they had learnt about leadership though ECCF and one about teamwork. They were just so eloquent.” (Board lead)

Examples of leadership development:

- One Fellow who discussed with [the professional] about what they were reading as part of their studies. Now, not only can the Fellow but clients noticed a difference in the way [the professional] communicates with them.
- [The Fellow] raised their concerns about the quality of basic nursing care; to influence support mechanisms for the team and charge nurse to be put in place.
- [The Fellow’s] ward had undergone a difficult period and, partly as a result of learning through ECCF, was able to articulate the challenges and deficits on his ward to the chief executive and chairman. [The Fellow] (a band 5), was seen within the ward as a spokesperson

“[The Fellows] leadership potential was greatly enhanced in a way that without ECCF it wouldn’t have been. [The Fellow] is more able to look at bigger picture and translate that into how we do our work.” There seemed to be a recognition from the team that things had moved on for her in

terms of [The Fellow's] leadership and being able to project in a way they hadn't been able to before." (Manager)

However others were a little unsure if leadership was actually what ECCF was about and felt that some Fellows focused very much on the academic part.

"I don't know. Is it about completing their master's degree level education? The modules they are taking are not about leadership - they are about whatever their professional interest is. Don't think the focus is really you are the leaders of the future. It's we will support you to do your master's degree and will give you time out and action learning. I would find it difficult to come and say they are any different than any other staff nurse." (Board Lead)

"[The Fellow] saw ECCF as an expectation of promotion, an academic means of progressing rather than embodying the whole process." (Mentor)

Board leads, mentors and managers were asked about what differences, if any, they had observed between the Fellow and others in the organisation (either early in their careers or otherwise) undertaking master's degree programmes in terms of developing leadership potential and their impact. Most said it was difficult to compare, especially as Fellows are early in their career path and others tend not to be. Others believe that if you have the right staff who want to move on in the profession, they will do it another way. However some participants thought that Fellows were different than others master's degree students.

"In others undertaking master's degree you don't always see that level of critical thinking; they can't always think things through. ECCF is a massive opportunity and an expectation of a return on it. There's no better way to do a master's degree but there is an expectation on delivery." (Board lead)

2.2.3 Master's degree programme leaders

With regard to differences in leadership potential, most master's degree programme leaders agreed that it was a difficult question to answer, but a few did make comments which appear to suggest that there were no real differences observed in leadership potential and perhaps a little uncertainly about what leadership is.

"All the Fellows are motivated to develop their leadership potential, and the strategic and focused way they work hard to secure a Fellowship evidences this. However I have typically found this in recent MSc students too - just securing a MSc place and funding and juggling shift

work to attend to study part time shows the determination of the non ECCF students. This I feel feeds directly into the leadership potential.”(Programme leader)

“I think the ECCF individuals have a more evident 'purpose' in that they are part of a programme that is specifically leadership focused. However, I would not say that they had any greater potential than others that I have seen. Some Fellows have a clearer developed idea of their contribution although unsure as to how they will become 'leaders'. I think they all lack an understanding as to what 'leadership' looks like and what their role will be ultimately.”
(Programme leader)

2.2.4 Opportunities and progression during ECCF

Table 1 shows examples of leadership opportunities and progression during ECCF as reported by Fellows to NES as part of six monthly reports.

Table 1: Examples of leadership opportunities and progression from 'ECCF Tracker'
Successful application for part time secondment coordinating Scottish Patient Safety Projects
I have been promoted from a Band 5 to a Band 6, am now an accredited mentor, and am keen to continue study after a short break.
I have gained a secondment post which is aimed at delivering an improvement plan around dementia care within the acute services
Have recently been appointed as a 0.5 WTE Band 7 Practice Educator
Since commencing ECCF in 2011, I have successfully completed my MSc Nursing (Community Health) which has enabled me to become a specialist community public health nurse (Health visitor). I am currently employed as a health visitor (band 6)
I have gained a Secondment to a 'Leadership' role. I also have a role as an Associate Lecturer and recently appointed as Practice Educator as a Band 7, 0.5 WTE Feel that this success has been due to the opportunities provided by the ECCF.
Since starting on the ECCF 2012 I have had the opportunity to undertake a charge nurse role within inpatient complex care.
Promotion to a band 6 post. I am in the process of writing for publication the findings of my dissertation.
ECCF has been a challenging yet valuable experience for me which has facilitated significant ongoing personal and professional development. The Fellowship opened the doors of promotion for me and has enabled me to follow a career that otherwise may not have been open to me.
Presented research results at the Annual BACCN conference in September 2014. Have applied for a Charge Nurse secondment.

2.3 Benefits of undertaking a master's degree as part of ECCF

Fellows were asked if they had not received a Fellowship, would they have undertaken a master's degree anyway and if so, when they would have undertaken it. The results are shown in Figures 6 and 7. Less than half (42%; n=5) would have undertaken as master's degree without the Fellowship and of those five, 60% (n=3) indicated that it would have been more than two years ahead.

Figure 6: Would you have undertaken a master's degree anyway (n=12)

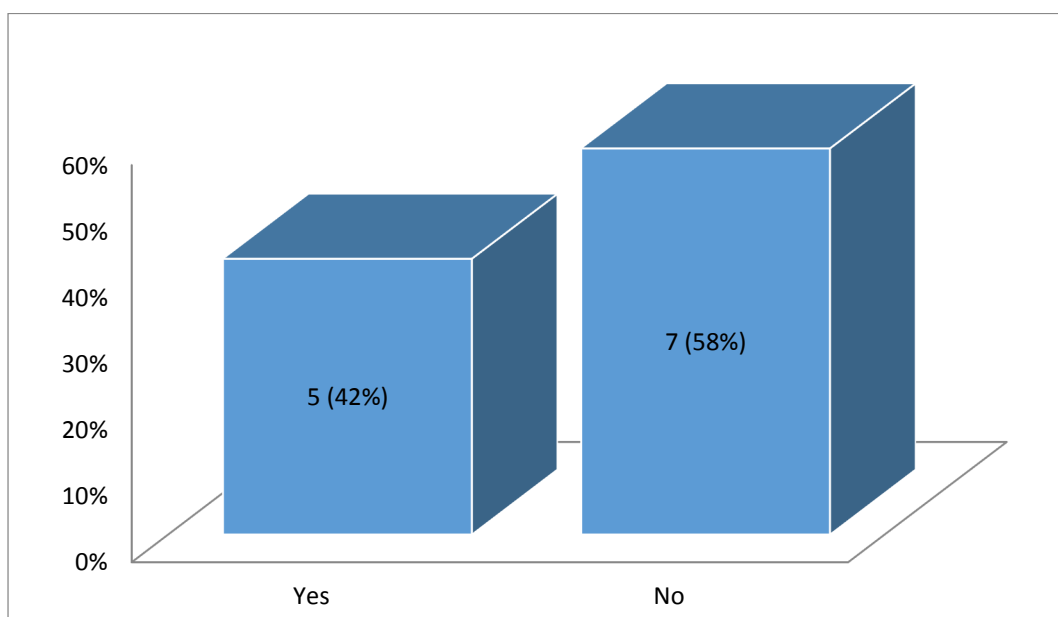
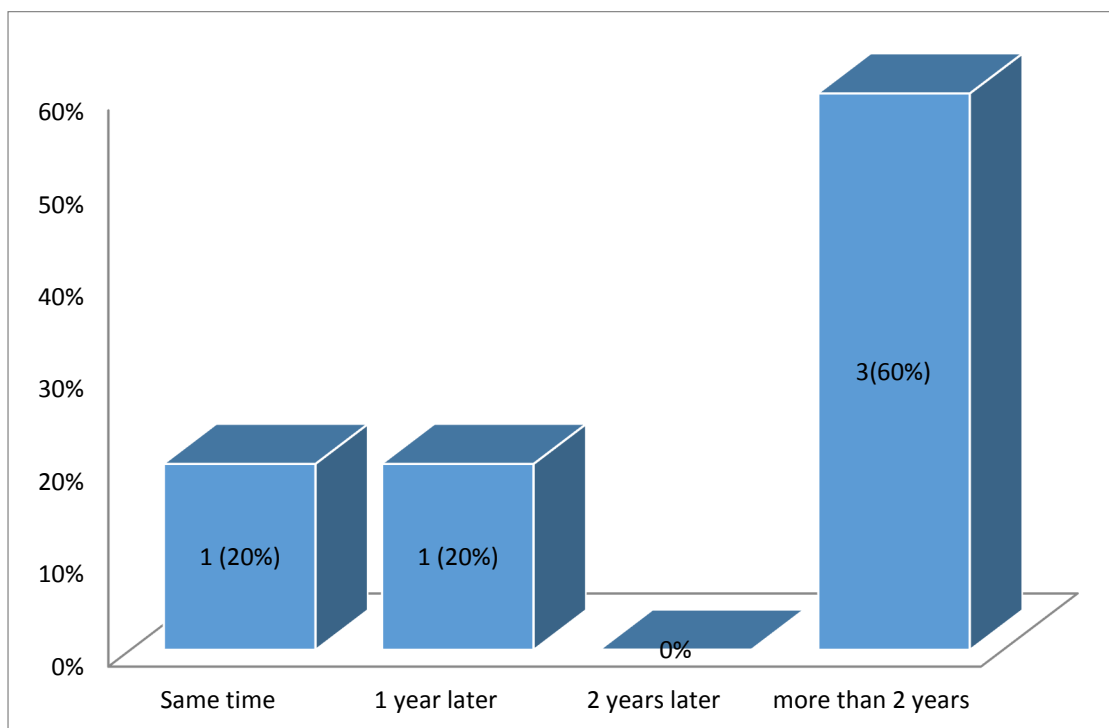


Figure 7: When would you have undertaken a master's degree (n=5)



All participants were asked what they considered the benefits of ECCF to be over undertaking a master's degree without ECCF support. The funding of the master's degree and backfill in enabling support of students was seen as extremely valuable. From the Fellows' point of view ECCF was much more supportive and structured that they would get through the Boards. It gives them exposure that they wouldn't normally have in terms of peer support and getting together with a wider group/ networking opportunity. The masterclasses provides exposure to things they wouldn't normally come into contact with in their role and the mentoring/ coaching is seen as vital. Examples were given of Fellows gaining promotion, secondments and other opportunities and progression as a result of ECCF. Master's degree programme leaders agreed that secure and full funding, and dedicated study time was the greatest benefit. There was also mention of the opportunities it facilitates including networking and mentorship offered outside of the academic environment.

"We can support our staff through a master's degree but it's an added benefit. The support is important. It's a great opportunity to be able to offer staff." (Board lead)

"Lots of people do master's degree, focus on the academic side and maybe wouldn't seek the other things. They may not embrace those other things so they are very important. Attaching all the other aspects of ECCF grounds it where it needs to be." (Manager)

"The programme is highly valuable at a critical stage of early career development - it is a real opportunity for individuals (and organisations) to nurture talent (that would otherwise potentially take much longer to come to fruition)." (Programme leader)

One programme leader suggested that it may be better if there was a percentage contribution made by individuals. This would enable a greater number of individuals to take up the ECCF.

Comments were made on some specific aspects of ECCF as outlined below.

2.3.1 Action learning

The vast majority of Fellows found the action learning one of the most important and valuable aspect of the Fellowship. Reports from action learning facilitators suggest that most Fellows have reported enhanced self-awareness in terms of their questioning and listening skills and in terms of their resilience and personal effectiveness. This enhanced self-awareness was augmented by the use of relevant action learning tools when appropriate. Fellows have identified the following benefits and learning from action learning:

- helps to formulate ideas into solutions
- reflection on previous issues encourages set members to carry out the actions they have agreed to do

- learn to challenge in a supportive way and anticipate how you may be challenged by others
- encourages you to think out of the box
- learn from each other
- increase in confidence, self-belief and self-awareness
- opportunity for peer support, sharing similar issues and challenges
- presenting complex issues at action learning continuously develops your analytical skills
resilience of set members given the many challenges faced

“Allowing like-minded individuals who are working within the NHS discuss the issues they are experiencing, and finding out you are not the only one having similar issues.”(Fellow)

“Deep reflection on work related issues through action learning.”(Fellow)

2.3.2 Masterclasses

Fellows appeared to find the masterclasses useful but were not frequently mentioned.

“The masterclasses have provided vital information and education around current hot topics, which I have then been able to take back to my workplace and share with colleagues.”(Fellow)

“Attending masterclasses gives them different view on new job. It brought into the department a slightly different view, in particular patient experience.” (Manager)

2.3.3 Support from mentor

Mentor support was seen as vital by many Fellows and this was highlighted by leads, mentors and managers.

“The mentor support from ECCF was very beneficial during the time of studying. My mentor also introduced me to other professionals who were able to be involved with and helped me with my Master’s degree.”(Fellow)

“I thoroughly enjoyed the role of mentors but people use their mentors differently – we made it up as we went along so really getting into what that person needs as an individual.” (Mentor)

“The opportunity to have a mentor very valuable at the stage [the Fellow] was at; perhaps more than they may have recognised.” (Manager)

2.3.4 Funding and protected time

Funding and support for study time and backfill was seen by everyone as one of the most important parts of ECCF.

“Financially I would not have been in a position to self-fund, I would also have struggled to complete the MSc without the additional protected study days.”(Fellow)

“The funding is obviously vital. It does make it easier on everyone. Backfill is also important if we didn’t have a staff shortage and can’t get backfill, but for the most part have been released”
(Mentor)

“Without doubt it is the secure, full funding for the MSc programme and dedicated study time - other non ECCF students comment on this and the ECCF students are aware what a support this is to effective study and success.” (Programme leader)

2.3.5 Support and networking

Peer support, being part of a wider local and national group was seen as an advantage of ECCF.

“One of the biggest benefits for me has been the networks I have made, both locally within [my NHS Board] and nationally across Scotland.”(Fellow)

“Fantastic opportunity added value, opens up doors and opportunities. Engaging with people you might not be able to normally.” (Mentor)

2.3.6 Benefits to the organisation

All leads, mentors and managers agreed that there were benefits to the organisation even though they are difficult to quantify at this stage. Even those who had a less positive experience agreed that Fellowship still had benefits.

“Bottom line it’s worth the investment; you can’t base it on one person. We need to look at how they are progressing and follow up. Absolutely its worthwhile if not we wouldn’t be considering continuing and how we move it forward in our Board if I didn’t see value in it.” (Mentor)

“From the Board view, yes it’s worth the investment. But do other people think so? Do we know enough? People who come across the Fellows would say yes. Time to get study leave and backfill is difficult. It’s variable but problematic. [The Board] need to go back and look at it in terms of benefit. Need to give sufficient time. If funding disappeared it would be a tragedy!”
(Board lead)

“We were willing to invest the time. Backfill was ‘a pair of hands’ as we were losing all that knowledge. However that awareness of what was going on out there and that ability to draw together all the different streams has been very valuable to the team. We expect to see benefits.” (Manager)

There was also recognition that the Boards needed to assess the benefits perhaps more formally and give more consideration to how they could utilise the skills of the Fellows more fully and also some questioning around benefiting so few people.

“We haven’t fully had that conversation, we are certainly using their skills. No formal review as yet. The area they are working in certainly benefits. How do we utilise them better?” (Board lead)

“Very hard to quantify just now. Need to be able to measure other than numbers completed their master’s degree? Even the 2011 cohort have only finished a few months ago so not going to get much data other than completion.” (Mentor)

“It’s a great opportunity for individuals and patients will be benefitting. I certainly think it’s a great programme that people have the opportunity. But for the organisation it’s a large resource for few and relatedly small impact.” (Board lead)

There was also an acceptance that Fellows would move on but that was a positive for the organisation as a whole.

“Good staff will move on; ECCF accelerates that process and the expectation of others. I have to make the best of what I’ve gained. It’s a loss for team but gain of organisation in the long term. The whole package helps them add value for the service.” (Manager)

2.3.7 Summary of what the Fellows think ECCF has done for them

Fellows were asked to summarise what they felt being part of the ECCF has done for them as an early career professional. The responses were similar to those reported in the previous sections being primarily support to complete master’s degree, increase in confidence, personal development and enhancement of leadership potential. Only one Fellow thought it had a negative effect. This individual appears to have had a negative experience throughout the Fellowship.

“ECCF has allowed me to progress personally, academically and professionally at a time in my career that traditionally would not have been possible.”(Fellow)

“I think ECCF has improved my practice, it has broadened my view of healthcare and made me more politically aware. I feel confident to take on leadership roles and have applied these skills to improve service.”(Fellow)

A number of Fellows felt that ECCF had already helped them progress in their careers and would have a positive impact on patient care in the future.

“I feel that being part of ECCF has greatly broadened my professional contacts. I have become part of many different professional groups and shared governance groups. I firmly believe that ECCF has led to my current career development, which has been progression at a very early stage.”(Fellow)

“It has brought together the many, varied part of what being a nurse entails and has allowed me to start weaving them together to give an advanced understanding of the role as well as ability to work effectively. This was particularly clear to me when being interviewed for my first Band 6 role, where I was able to explain this clearly. And I was successful!”(Fellow)

“I feel it has been a very valuable opportunity and one that wouldn't normally be given to someone early on in their career. It has increased my learning and capabilities early on and I hope will stand me in good stead for the future and working within our organisation to improve patient care.”(Fellow)

Table 2 below shows two examples of how Fellows learning has been applied.

Table 2: Examples of application to practice From ‘ECCF Tracker

Through networking facilitated by my ECCF mentor, I became involved in a new physical healthcare initiative with mental health patients – The Passport to Health. I introduced this to the new ward I am working in and have actively promoted understanding of the importance of physical healthcare through the use of this tool. I have also recently become involved in a working group championing the use of this tool.

Since starting ECCF I’ve held regular art sessions on ward, to help with boredom, assist self-expression, and therapeutic engagement. Have used ward funds in collaboration with patients to purchase games and activities to improve ward environment and provide more engagement opportunities with patients. I carried out an initial study on teaching motivational interviewing techniques, with the aim of improving staff/patient interactions around substance misuse. I will soon be participating in research using data collected in the hospital of self-harm incidents, hopefully focusing on how services can better manage women’s mental health issues.

2.3.8 Differences in contribution between Fellows and other master’s degree students

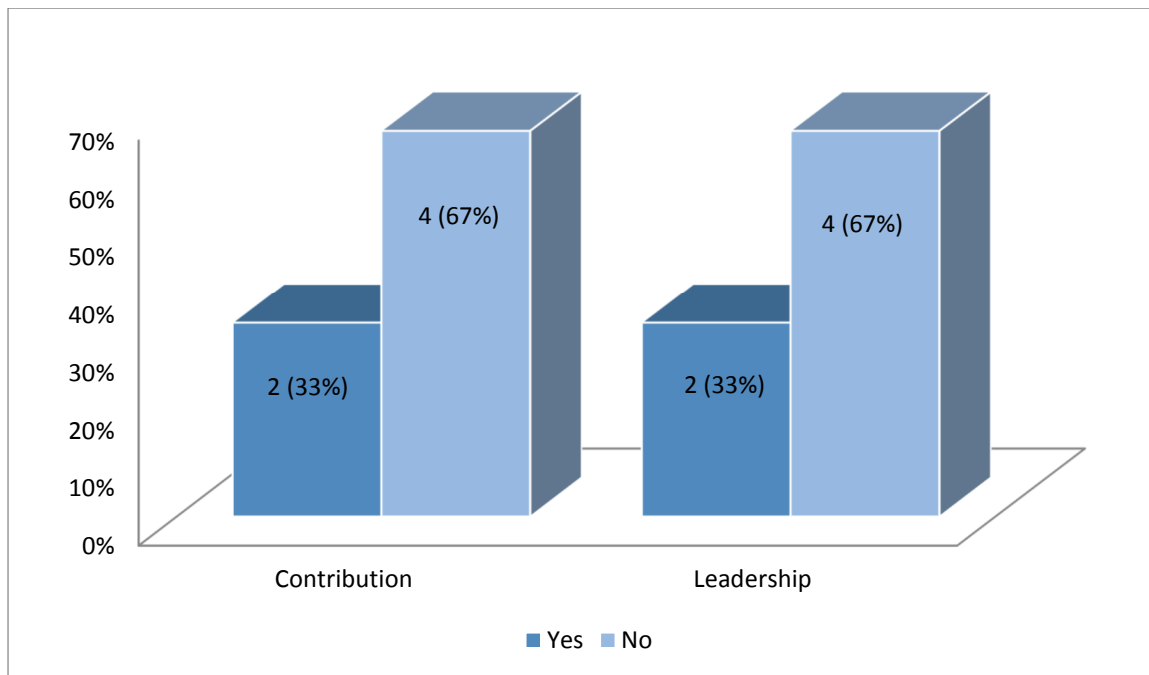
Master’s degree programme leaders were asked if they had observed any differences in Fellows contribution when compared to other students. The results are shown in figure 7 below. Only 33% (n=2) programme leaders indicated that there was a difference. With regard to Fellows contribution to the programme, of the two participants who commented on this question, one qualified this as being a negative difference:

“Our Fellow has under-contributed in comparison to their peers. They have been less proactive in their studies and have not demonstrated any leadership in their peer group. They have not even demonstrated leadership and pro-activeness with their own learning.”(Programme leader)

The other explained as follows:

“I answered yes, but this needs to be qualified, as each student is individual. Typically the ECCF Fellows are excellent and questioning - but other non-ECCF MSc students are excellent too.”(Programme leader)

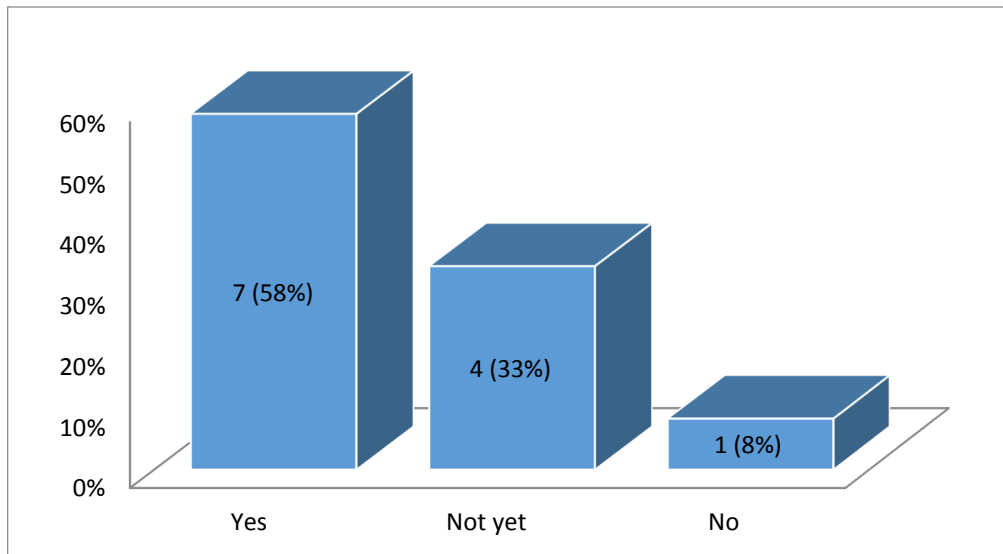
Figure 8: Differences in Fellows contribution to master’s degree programme (n=6)



2.4 Impact on patient care

Fellows were asked if they thought their development has had a positive impact on patient care delivery. Just over half (58%; n=7) thought it had and a further 33% (n=5) thought it would in the future (Figure 5). Although few specific examples were given, Fellows explained a number of ways in which they felt patient care would be impacted through changes in practice and education.

Figure 5: Has your development has an impact on patient care? (n=12)



Most leads, mentors and managers found it difficult to identify impact on patient care/ outcomes although most were sure there was some and certainly would be in the future. It is also not possible to attribute improvements in care or changes in outcomes to one particular input or aspect of care.

“It’s a blend of all things and quality improvement initiatives. Difficult to say its ECCF. Are they any better than any other nurses/ band 5s? but with more experience and confidence that critical thinking/ master’s level thinking will be more evident.” (Board lead)

“It’s difficult to comment. But Fellows and managers have commented on impact on patient care because of the content of the learning. By building knowledge they approach patients/ clients in a different way. Critical thinking. Knowledge changed one Fellow’s care a lot. (Board lead)

2.4.1 Effect of dissertation

Where fellows had involved colleagues in the work around their dissertation and shared findings, this appeared to have a positive effect.

“By completing a research project for the dissertation for the unit I work in, hopefully this will highlight areas requiring improvement within that area.”(Fellow)

[The fellow] involved colleagues in the work around her dissertation and from that we identified that we need to link the dementia strategy to our strategy; process mapping our pathway. [The fellow will be integral to that work. (Manager)

2.4.2 Changing practice

There were a number of examples of how Fellows had influenced changes in practice.

“I have made changes to the care, which is delivered within my area to ensure it is safer. I have introduced a SEWS recording board to highlight patients who may be potentially deteriorating so that early interventions can be made. I have also altered the way patients are allocated to nurses to ensure a safe working caseload.”(Fellow)

“Change projects will alter patient care and also approaching them in the right way will increase capacity of change in the staff group, benefitting the organisation and ultimately patient care. More emphasis on looking after staff has clear impact on better patient care.” (Fellow)

*“[The Fellow] got really positive direct feedback from patient’s relatives and more than anyone else within that unit. [The Fellow] challenged senior staff about fundamental-aspects of patient care. Aspect of care they were looking at - recognised that despite the extensive knowledge and skill set of the team there were areas lacking and [the Fellow] used the opportunity to embed an educational programme for staff, utilised other members of multi-disciplinary team and expanded the network. All that contributed to the impact of care that was being delivered. [The Fellow] would have seen it before but wouldn’t have the skills and confidence to deal with it.”
(Mentor)*

2.4.3 Educating others

Many fellows appear to be involved in educating others although a few managers and Fellows have commented that they can miss out other development opportunities such as mentorship training during the fellowship, and this can be problematic in sharing knowledge and good practice effectively.

“Subsequent to a networking opportunity during my fellowship I was able to introduce a new physical healthcare tool to my ward and have led on the implementation and auditing of that. I have also become involved in a working group promoting and developing that tool and have delivered education sessions to colleagues in other areas.”(Fellow)

*“There has certainly been an impact on colleagues – putting educational sessions on. So not directly impacting, but through that certainly doing things and having an effect on others.”
(Mentor)*

2.5 Additional comments

2.5.1 Widening entry

A number of leads, mentors and managers commented that they would like to see the widening of the entry criteria for ECCF.

“I feel the measure of early clinical career is too soon. There should be a bigger window of opportunity to be eligible for an ECCF. It’s a very narrow window of opportunity and very narrow group and limited in their opportunities. It’s a bit too soon. Majority we have accepted as candidates were mature students later into nursing. I find that a bit inequitable – some coming through that would have compared more favourably given that little bit more time Might get a better spread of applicants.” (Mentor)

“I feel that the 3 year window for applying is too tight, I think there are other nurses who would be as suitable at perhaps 5 years max post qualification.” (Master’s degree programme leader)

2.5.2 Extending the timeline for completion of the master’s degree

There appeared to be some instances where Fellows could not complete or experienced challenges due the restrictive timeline for completion.

Some of them haven’t faced a huge personal challenge along the way. A bit too hard line about the three years. There are personal circumstances sometimes and some are giving up or are forced out due to restrictions. If there are extenuating circumstances we need option to put on freeze and take a year out. Need a wee bit more flexibility?” (Board lead)

2.5.3 Managing expectation

There were a few comments regarding the expectations of some of the Fellows in terms of gaining promotion quickly and becoming frustrated when they didn’t. Also that some were very focused on the academic side and on ‘getting a master’s degree’ rather than embracing all elements of ECCF

“Do some Fellows feel it’s about promotion and not clinical/facilitative leadership? It should be about opening eyes/ emotional intelligence, not just about master’s degree/ getting on, which is how my Fellow may have seen it.” (Mentor)

“They think ‘I’m going to get a band 6/7 out of this’, but no, it isn’t going to automatically and people get frustrated. But yes you get your opportunities that may allow you to .It’s down to the individual – not a ticket to promotion.” (Mentor)

2.5.4 Links with HEIs

Additional comments suggest that ECCF is a valuable programme at an early stage in the Fellows careers but that others further on in their careers may benefit also. They also suggest that closer links with HEIs would be beneficial in terms of linking regarding dissertations, clinical practice and strategic choice of topics

“My observations would be to have stronger links with HEIs where students are hosted. Stronger links with the dissertations, clinical practice and strategic choice of topics. I feel there is too much freedom given and little accountability in relation to topics and the work that could be undertaken.”

(Programme leader)

3. Discussion

The aim of the evaluation was to ascertain the views of ECCF Fellows on the 2011 and 2012 cohorts, and those who support them, on the outcomes, benefits, and potential impact of the fellowship. The study is limited by the low response rates and thus the views of the participants may not be fully representative of the Fellows and their mentors and managers and programme leaders. It is likely that workload pressures could have affected response rates from managers and mentors and many of the fellows were in the final stages of the programme/ completing their dissertation. . In addition, it was not possible to triangulate the views of Fellows with that of their manager and mentor, thus the opinions of individuals were not corroborated. However, this evaluation, viewed in parallel with previous evaluations of the ECCF pilot, does provide some insight into Fellows' development to date, the benefits of the Fellowships and contribution and potential impact of ECCF on Fellows, the organisation and patient care delivery

3.1 Effect of ECCF on development

One of the aims of the Fellowships is that the Fellows will develop personally, professionally and academically. Most of the Fellows reported that ECCF had a moderate to major effect on their personal and academic development, with about two thirds reported an effect on on their professional development. The effects on personal development were primarily increased confidence, self-awareness and ability to critically assess situations. This was supported by the leads, mentors and managers and mirrored the reported increase in confidence and self-awareness reported by the Fellows and their managers/coaches in the previous case study evaluation (NES, 2013). This development has resulted in an increased ability to question and challenge, better communication and inter-professional working.

Whilst some Fellows commented on specific skills and knowledge they had developed such as communication, being able to challenge and to see the bigger picture, much of the reporting on professional development by Fellows, and their mentors and managers, appeared to focus on gaining promotion. Many of the Fellows were already working in promoted posts which they had obtained during the ECCF or immediately following completion. There was however frustration from some of those who had not and a feeling from a few that they perhaps 'lost out' on other opportunities such as mentorship training. The expectations of rapid promotion is supported by literature where participants in similar programmes have an expectation that they will not only increase their knowledge and skills but also their chances of progression and promotion (Watkins, 2011). However, as outlined by Pearson & Machin 2010) in the ECCF pilot evaluation, the term 'fast

track' is not used by ECCF because of the risk of participants and others perceiving it to be a progression to senior organisational posts, rather than a development programme to enhance leadership and clinical care delivery.

The academic development appeared to be the highlight for most Fellows with many commenting on the sense of achievement they had in gaining a master's degree and an appreciation of the funding received to support them. However there may need to be more consideration given to Fellows choice of master programmes.

3.2 Effect of ECCF on leadership potential

The Fellowships aim to have a positive impact on patient care delivery both now and in the future through focused support and maximisation of leadership potential. They are a means of enabling talented, motivated and highly capable people to develop their leadership skills at an early stage in their career. This may have benefits for succession planning and for realising the wider skills ambition of developing leadership capability throughout NHSScotland." (NES 2012, 2015)

It appears that many Fellows feel that ECCF has helped them recognise their potential as leaders and this is linked to their increasing confidence and although most leads, mentors and managers indicated it was difficult to comment on leadership at this stage, around half thought that Fellows' leadership potential had been enhanced.

Many Fellows have gained promotion during or immediately following the Fellowship, and report this as a consequence of ECCF and enhancement of leadership potential, and others that the ECCF experience would benefit them and others in the long term. Some Fellows recognise that leadership is not necessarily about promotion and they could use leadership skills in their current role.

There appears to be differing views about what leadership is and if this is, or should, be the focus of ECCF. However all the NES information on ECCF suggests that maximising leadership potential early in careers is exactly what ECCF is about and as outlined by Rae (2011), "*the ECCF programme aims to help nursing staff gain leadership skills right at the start of their career*". Discussions at the ECCF celebration event in 2012 emphasised that ECCF was "*not a ticket to get promotion*", but it demonstrates to NHS Boards a level of competence, confidence and motivation. Individuals are being equipped with transferable skills to move around organisations, offering added value, although not necessarily in an upward, hierarchical way (NES, 2013).

The literature suggests that there may be a need to manage the expectations of participants and their managers/ organisations. McDermott, Mangan and O'Connor (2006) examined participants'

satisfaction of graduate development programmes and suggested a number of practical implications and recommendations, including the importance of monitoring graduate expectations and satisfaction levels. According to Garrow and Hirsh (2009), it is important to manage expectations realistically from the outset. They suggest that the individual will closely monitor how the organisation delivers its side of the 'deal', although the organisation is often less diligent in doing the same. For example, if an individual coping with an intensive 'talent' programme then finds there are subsequently no promotional opportunities, they are likely to see the organisation as having broken its promise.

Viney *et al* (1997) suggest that the aim of leadership programmes should be to equip individuals with transferable skills to move around organisations offering added value, though not necessarily in an upward, hierarchical way. Exploring the return on investment (ROI) in leadership development in a global energy company, Elden and Durand (2010) stressed that effect on ROI is indirect and that enhanced leadership is not a business result in itself, but it leads to better business results.

3.3 Benefits of undertaking a master's degree as part of ECCF

Fellows report the benefits of ECCF to be being primarily support to complete a master's degree, but also an increase in confidence, personal development and enhancement of leadership potential. Only Fellow thought it had a negative effect. Less than half of Fellows indicated that they would have undertaken a master's degree without the support that ECCF provides.

The funding of the master's degree and backfill in enabling support of students was seen as the most valuable and the structure of the programme and the support offers is valued by all. All the additional support that ECCF provides in terms of action learning, masterclasses and networking opportunities appears to be highly valued. Mentorship is also important but not surprisingly how that relationship works and what the Fellow gains from the programme is very much up to the individuals concerned.

The most valuable support provision appears to be the action learning which enhanced self-awareness in terms of their questioning and listening skills and in terms of their resilience and personal effectiveness. This supports the findings of the previous evaluations where the majority of Fellows found the action learning one of the most important and valuable aspect of the Fellowship and supports the suggestion by Alimo-Metcalfe and Lawler (2001) that the initiatives which appear best able to develop people and to transfer their learning are those which have a strong focus on action learning.

It was challenging for programme leaders and other 'supporters' to identify any differences in differences in Fellows contribution and leadership potential when compared to other students, although a few thought that they had enhanced critical thinking and that the mentorship aspect was important in supporting leadership skill development. They did however agree that ECCF provided excellent opportunities for Fellows.

All leads, mentors and managers agreed that there were benefits to the organisation even though these are difficult to quantify at this stage. Even those who had a less positive experience agreed that the Fellowship still had benefits. However there was recognition that the Boards may need to assess those benefits more formally and give more consideration to how they can utilise the skills of the Fellows more fully. The literature suggests however (Nichol, 2011), that it can sometimes be difficult to determine the causal relationship between such programmes and future clinical managerial success and that impact is difficult to measure, especially at such an early stage. Chartered Institute of Personnel and Development (CIPD) research shows that good talent management is more, not less important in difficult times (CIPD 2006). It helps organisations to respond with more resilience to the challenges of the recession, to keep future-focused and ready for recovery. Knowing where the talent lies in an organisation and being able to deploy it effectively has taken on even more importance than usual during a recession. Cappelli (2008) suggests that organisations should seek to protect their investments by generating internal opportunities to encourage newly trained managers to stick with the 'firm'.

3.4 Contribution to and impact on patient care

Some participants found it challenging to identify specific examples of impact on patient care/ outcomes although most were sure there was some and certainly would be in the future. It is also virtually impossible to attribute improvements in care or changes in outcomes to one particular input or aspect of care. However Clark *et al* (2007) suggest that there is a lack of clarity about what we all mean by impact on practice. Different people may have different understandings of what this means to the and certainly leads, managers and mentors commented on the challenges of articulating outcomes.

From the Fellows and their point of view they were able to articulate their ability to learn, their ability to influence changes in practice, and on some indirect or direct effects on patient care or patient experience. This included highlighting areas for improvement in practice, sharing evidence of best practice and influencing or implementing changes in care delivery. Leads, mentors and managers were able to comment on the ability of the Fellows to do the job more effectively or more efficiently, and their contribution to the team and the organisation in general.

Whilst there may not be a large amount of evidence of direct impact at this early stage (most Fellows in the cohorts studied had only recently finished or were in the process of completion) the evidence suggests where leadership skills have been developed, new skills such as self-awareness and empathy learned confidence increased a longer term impact on patient care ensured (Sutherland and Dodd, 2008; Curtis et al, 2011). Wong and Cummings (2007) reported evidence of significant associations between positive leadership behaviours and increased patient satisfaction and reduced adverse events, concluding that “developing transformational nursing leadership is an important organisational strategy to improve patient outcomes.” Clegg (2000) also discussed the impact of leadership development on the quality of service provision: “The noticeable improvement in staff morale had an immediate impact upon the quality of care. Poor practice was identified and stopped.”

It is clear that the vast majority of people involved with ECCF can identify wide range of knowledge and skills that have been developed by Fellows, many of which they believe to be attributable to the complete ECCF package that is offered. Findings from other studies suggest that the impact on patient care will be evident in time.

3.5 Additional comments/ suggestions

Additional comments suggest that ECCF is a valuable programme at an early stage in the Fellows’ careers but that others further on in their careers may benefit also. A number of leads, mentors and managers would like to see a widening of the entry criteria for ECCF. There was a suggestion by some that the timeline for completion should be more flexible and that better links with HEIs would be beneficial in terms of linking regarding dissertations, clinical practice and strategic choice of topics.

There were a few comments regarding the expectations of some of the Fellows in terms of gaining promotion quickly and becoming frustrated when they didn’t. Also that some were very focused on the academic side and on ‘getting a master’s degree’ rather than embracing the complete package.

As with the previous studies of the ECCF pilot, some resentment or misunderstanding from colleagues was experienced. The literature suggests (CIPD, 2010) that “*the top team sets the culture that line managers can respond to*” and it vital therefore that senior managers are ‘on board’ with and supportive of the programme.

4. Conclusions and recommendations

For the most part, ECCF has had a positive effect on Fellows' development, personally, professionally and academically. It has also helped them recognise their leadership potential, and many are already demonstrating their enhanced skills either in their current posts or in the promoted posts that many appear to have gained during or after the Fellowship.

There may however be a little uncertainty about what leadership actually means and what the aims of ECCF are, thus expectations and the fulfilment of those expectations can vary for Fellows as well as their NHS Board leads, mentors and managers.

There certainly appear to be benefits to the Fellows in undertaking a master's degree as part of ECCF. There is some evidence of positive indirect or direct effects on patient care or patient experience, even at this early stage, and despite the challenges in quantifying them, there was general agreement on the benefits to the organisations. All agreed that since this programme was about maximising potential and building for the future, the real evidence of impact will be further down the line. All the leads, mentors and managers we interviewed, even those who had some negative experiences with individual Fellows and circumstances, agreed it was a worthwhile programme and would like to see it continue.

Recommendations

The author recommends that consideration is given to the following:

1. The expectations of Fellows and those who support them need to be continually managed. The purpose of ECCF needs to be reinforced; is it about achieving rapid promotion or is it about developing leadership skills and maximising leadership potential for the future?
2. A clearer definition of what leadership means in the context of early careers may be of benefit to all involved with the programme, including an emphasis on how individuals can demonstrate leadership in their current roles.
3. Advice on how other development opportunities such as mentorship training can be facilitated during the Fellowship would be beneficial so that Fellows have the skills and opportunities following completion to share their learning.
4. NHS Boards, supported by NES, need to consider how to gather more meaningful data. People often find it difficult to think of examples when asked about outcomes and impact. NES asks for six monthly reports from Fellows but perhaps more guidance could be given on what

information would be most useful to provide, especially examples of application of learning to practice, influencing or changing practice and impact on patient care. There may be a need to reinforce what return on investment is expected, including the above feedback and participation in evaluations or reviews.

5. NHS Boards should consider how best to utilise the Fellows' expertise on completion by possibly generating internal opportunities within the organisation. This does not necessarily have to mean promoted posts.
6. There may be a need to give more consideration to Fellows' choice of master's degree programmes at the outset with closer links to HEIs.
7. Further consideration should be given to the entry criteria and timelines and the package that is offered. Would there be a benefit to widening the entry to include individuals who have moved to a new area of practice and are hence at an early stage in a new career, e.g. health visiting? Would reducing the financial contribution for the master's degree element with Fellows contributing more themselves result in the programme being more and allow more individuals to be supported, with a focus on the other support elements of ECCF?

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6. Appendices

Appendix 1: Questback online survey with Fellows

QUESTION 1: To what extent has ECCF had an effect on your personal development?

- No effect
- Minor effect
- Neutral
- Moderate effect
- Major effect

Describe how you feel you have developed personally as a result of ECCF

(free text answer)

QUESTION 2: To what extent has ECCF had an effect on your professional development?

- 1. No effect
- Minor effect
- Neutral
- Moderate effect
- Major effect

Describe how you feel you have developed professionally as a result of ECCF

(free text answer)

QUESTION 3: To what extent has ECCF had an effect on your academic development?

- 1. No effect
- 2. Minor effect
- 3. Neutral
- 4. Moderate effect
- 5. Major effect

Describe how you feel you have developed academically as a result of ECCF

(free text answer)

QUESTION 4: Do you think your leadership potential been enhanced as result of ECCF?

- 1. Yes
- No

If you have answered YES to Question 4, please describe how it has been enhanced?

(free text answer)

QUESTION 5: Do you think your development has had a positive impact on patient care delivery?

- 1. Yes
- Not yes but I think it will in the future

No

If you have answered YES or NOT YET to Question 5, please explain and give examples

(free text answer)

QUESTION 6: If you had not received a Fellowship, would you have undertaken a master's degree anyway?

1. Yes
2. No

If you have answered YES to Question 6, when would you have undertaken a master's degree?

1. At the same time I started ECCF
- One year later
- Two years later
- More than two years later

QUESTION 7: What do you consider the benefits of ECCF to be over undertaking a master's degree without ECCF support?

(free text answer)

QUESTION 7: Please summarise what you feel being part of the ECCF has done for you as an early career professional.

(free text answer)

Appendix2: Questback online survey Master's degree Programme

QUESTION 1: How many Fellows have you supported in your programme?

(free text answer)

QUESTION 2: Have you observed any differences in Fellows contribution to your programme when compared to other students?

Yes

No

If you have answered YES to Question 2, please explain what differences you have observed

(free text answer)

QUESTION 3: Have you observed any differences between the Fellow and others (either early in their careers or otherwise) undertaking master's degree programmes in terms of developing leadership potential?

1. Yes

No

If you have answered YES to Question 3, please explain

(free text answer)

QUESTION 4: What do you consider the benefits of ECCF to be, if any, over completion of a Master's Degree programme without the added support ECCF brings?

(free text answer)

QUESTION 5: Any other comments?

(free text answer)

Appendix 3: Information sheet

Evaluating the progress of Fellows on 2011 and 2012 cohorts of the Early Clinical Career Fellowship

We would very much appreciate your help with an evaluation of the Early Clinical Career Fellowship (ECCF) which is being undertaken by Mary Richardson on behalf of NES. Your input is vital in ensuring we capture the views of ECCF Board Leads, and Fellows' Mentors and Managers on the value and impact of ECCF.

Background

The Early Clinical Career Fellowships (ECCF) are a Scottish Government investment in talented nurses and midwives at an early stage in their career in order to maximise their leadership potential both now and in the future. The Fellowships are an opportunity for highly enthusiastic, talented and motivated nurses and midwives to develop personally, professionally and academically at an early stage in their career. The fellowships aim to have a positive impact on patient care delivery both now and in the future through focussed support and maximisation of leadership potential. Over the next few years NHS Education for Scotland (NES) is seeking to build an evidence base of the impact of investment in early nursing and midwifery careers.

About the evaluation

This evaluation is being carried out by Mary Richardson on behalf NES.

The aim of this evaluation is to report on the progress of Fellows on 2011 and 2012 cohorts and ascertain the value, outcomes and potential impact of the Fellowship from the perspective of ECCF Fellows and those who support them. Specifically it aims to:

- examine the value and benefits of ECCF

- identify Fellows' development to date

- identify the potential impact of ECCF on Fellows' leadership potential

- identify the contribution and potential impact of ECCF on Fellows, the organisation and patient care delivery

What is involved?

Information for the evaluation is being collected by using telephone interviews (or face-to-face if practical and preferred). A suitable time will be arranged with you. Most telephone interviews last approximately 30 minutes, depending on how much discussion there is around the questions in the interview guide and what you want to tell us.

All of the information collected will be used for the purposes that the participant has agreed to, will be anonymised and will be stored in line with the Data Protection Act (1998)

Mary Richardson

EMAIL: merconsulting@sky.com

TELEPHONE: 0131 665 2879

MOBILE: 07850 858608

Appendix 4: Consent form

Evaluating the progress of Fellows on 2011 and 2012 cohorts of the Early Clinical Career Fellowship

Consent form

Have you?

- Read and understood the information sheet? Yes No
- Had the opportunity to ask questions about your participation in this project [by email or phone]? Yes No
- Received satisfactory answers to any questions you have asked? Yes No N/A

Do you?

- Understand that you can withdraw from the evaluation at any time by contacting Mary Richardson (contact details below) and you do not have to give a reason? Yes No
- Consent to NES using the information you provide for evaluation reporting and dissemination of the evaluation findings? Yes No

Consent to NES contacting you if they want further information? Yes No

Participant:

Signed:

Date:

Contact phone number

Email address

Interviewer: Signed

Date:

Any information you provide will be kept strictly confidential and not divulged without permission, to anyone or in any form such that the responses made by any individual can be identified. All information will be stored under the 1998 Data Protection Act.

Please return the completed form to:

Mary Richardson, MER Consulting, 35 Market Street, Musselburgh, EH21 6PS or email to: merconsulting@sky.com

T: 0131 665 2879

M: 07850 858608

Appendix 5: ECCF Evaluation Interview Guide

(NHS Board Leads)

Describe how you feel the Fellows have developed:

- personally?
- professionally?
- academically?

(Probe for examples/ evidence)

In your experience, to what extent has their leadership potential been enhanced as result of ECCF and how?

(Probe for evidence/examples)

What differences, if any, have you observed between Fellows and others in the organisation (either early in their careers or otherwise) undertaking master's degree programmes in terms of developing leadership potential and their impact?

What do you consider the benefits of ECCF to be to the Fellows/ your organisation?

- what is the value?
- is it worth the investment in time/money?
- In your experience, to what extent have the Fellows had a positive impact on patient care delivery? (during ECCF/ potential impact in future)
- (Probe for evidence/examples)

(Managers and Mentors)

What is your involvement with ECCF/ how many Fellows have you supported?

Describe how you feel the Fellow has developed:

- personally?
- professionally?
- academically?

(Probe for examples/ evidence)

To what extent has their development (above) had a positive impact on patient care delivery?
(during ECCF/ potential impact in future)

(Probe for evidence/examples)

Their leadership potential been enhanced as result of ECCF and how?

- What do you consider the benefits of ECCF to be to your organisation?
- what is the value?
- is it worth the investment in time/money?

What contribution would you like to see the Fellows making to your organisation?

- during ECCF
- after ECCF
- (link to Q3 above – i.e. value/investment)

What skills, knowledge or attitudes have changed and by how much/in what way?

- fellows themselves
- those they work with?

Are Fellows applying what they are learning? For example:

- do they approach things differently, think differently, challenge, initiate etc
- achievements?
- changes in practice?
- contribution to organisation, patient care delivery, colleagues
- leadership potential?
- evidence available?

Are there any appreciable differences between Fellows and others in the organisation (either early in their careers or otherwise) undertaking master's degree programmes in terms of developing leadership potential and their impact?

- how do the fellows compare with their non-fellow peers - i.e. early career and not undertaking master's degree study.

What evidence is there about impact on your organisation and patient care delivery, now or in the future?

Do you think ECCF is meeting individual needs or service needs (or both)?

- explore
- in what other ways could practitioners develop their professional/ clinical/ personal/ leadership potential early in their careers?