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Mary Seacole Awards

An evaluation of the impact of the Awards

2012

Undertaken by

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Acknowledgements

Contents

Foreword

The Mary Seacole Awards were established to improve the unmet needs of black and minority ethnic communities in England. This evaluation demonstrates unequivocally that for the past 18 years the Awards have developed and inspired individual nurses, midwives and health visitors who have contributed to reducing health inequalities and improving health gain of our most underprivileged communities.

Staff are every organisation's most valuable asset and investing in them is essential to ensuring vitality, motivation and commitment in the fast-changing health services. The awardees consistently demonstrate that they grow, develop and become confident leaders and influencers as a direct consequence of the investment and belief shown in them through these Awards. Their influence is being felt throughout the NHS and particularly among black and minority ethnic staff who continue to be under-represented in leadership positions in the NHS.

However, none of this would have been possible without the continued funding by the Department of Health and NHS Employers of these important Awards – our sincere thanks and those of the awardees go to both organisations for this crucial support.

Each winner has been instrumental in achieving positive health outcomes and tackling health inequalities for communities, in particular among hard-to-reach groups. On numerous occasions, they described their pride in having given a voice to groups whose needs were marginalised and unrecognised. Consequently, service users have been able to engage with health services in ways that were not available to them before, and evidence continues to accumulate, demonstrating sustainability within the organisation and across other services.

Working at grassroots level, many winners have gone on to influence and change policy at the highest level so that health gain can be embedded in our healthcare systems for minority communities and wider society. Positive change has been sustained as other staff are motivated by them and their experiences to adopt new ideas, methods and ways of working.

Their achievements continue to inspire. It has been our privilege to take this journey with them and see each individual develop into confident role models committed to addressing health inequality.

Mary Seacole was a pioneer and leader. The Award holders have proved themselves to be worthy successors; their achievements must be sustained and continued as we strive to achieve equitable health services for all in a diverse Britain.

We have been struck by the passion and commitment shown by all those who have contributed to this evaluation and have tried to do justice to their views. We are confident that this report demonstrates the enduring impact of the Awards and the sustained achievements of the Award holders beyond their individual projects, and that it celebrates the determination and commitment of remarkable individuals who excel when we believe in them.

It is perhaps the responsibility of each generation to create a legacy for future generations. The Award holders have followed in Mary Seacole's footsteps to become influential leaders who make a real difference and continue to inspire other nurses, midwives and health visitors.

We commend this report to you.

Gail Adams
Chair of the Mary Seacole Award Steering Group
September 2012

Executive summary

The prestigious Mary Seacole Awards aim to develop senior nurses, midwives and health visitors as future leaders with the enhanced leadership skills necessary to tackle health inequalities in black and minority ethnic (BME) communities.

The primary purpose of the current evaluation, which was completed between May and August 2012, was to examine the impact that Mary Seacole Award holders' projects have had on their personal and professional development, service design and delivery, and on patient/service user care. Building on the two previous evaluations in 2000 and 2010, it explored the 'added value' and impact that the Awards have had in order to gather evidence to support the continued funding of the Awards.

The evaluation was undertaken in four stages and included both quantitative and qualitative elements.

Stage 1: an online questionnaire was used to gather core data from as many of Mary Seacole Award holders as possible. Information was gathered on what each individual's project has achieved, where they are now professionally and the support they received.

Stage 2: The data from the online questionnaire were used to select and invite Award holders to take part in an in-depth interview. This explored in more detail impact on policy and on service design and delivery, influence on others, benefits for the BME community and suggestions for ways to support future Award winners to maximise the benefits of the experience.

Stage 3: Managers of the 2010 cohort of Award holders were invited for interview which focused on the Award holder manager's perceptions of the key benefits of the Award, the impact of the Award holder's work on practice, policy and personal/professional development, and any plans to develop the work further.

Stage 4: Members of the Mary Seacole Award Steering Group were invited to complete an online questionnaire to obtain their views of Award holder's achievements and the future of the Awards.

Summary of the main findings

In this evaluation we obtained rich data from 22 Award holders (59% of the total population who completed their Awards during the past 18 years) and found a high level of consensus between the views of Award holders and Mary Seacole Award Steering Group members in relation to the key achievements of the Awards. The evaluation also demonstrates robust consistency with the findings of the two previous reviews of the Awards, thereby presenting a view over nearly two decades of their success in developing effective and courageous leaders who have had a positive impact on reducing health inequalities.

Improving health outcomes for people from BME communities
This evaluation demonstrates that Award holders have made a difference in many practical and tangible ways and that the impact of Award holders' work has been felt beyond healthcare for minority communities, as many of the issues addressed are relevant for the wider communities served by today's NHS.

Reducing health inequalities
The evidence from this evaluation demonstrates that the accumulated work of the Award holders has had a direct impact on people's health, thereby contributing to the reduction of health inequalities among hard-to-reach groups who are often marginalised and neglected. The body of work resulting from the Awards has significantly raised the profile of health inequalities and of the healthcare needs of BME communities.

Leadership skills
The Awards have enabled individuals to develop core skills of leadership: networking, influencing and communication. There has been transformational change on a personal scale as individuals have had access to role models for the first time and have then been able to achieve and sustain their own potential as leaders. Many have been appointed to senior posts and have become significant leaders in healthcare practice and education.

Sustainability of positive changes
The Mary Seacole Awards have been notable in that many improvements have become integrated into service redesign and thereby sustained beyond the time of the Award holder's project. This has been achieved by disseminating the findings, training staff in new ways of working, mentoring staff, ensuring that other staff learn from the findings of the Award holders' work and that different ways of working are integrated into practice.

Impact on policy

Many instances were reported where Award holders' work has resulted in changes to local, national and international policy. Issues highlighted by Award holders are often those that are not recognised and addressed in other arenas and are therefore unlikely to have been the subject of policy changes through any other route: their work is therefore of vital importance to our modern NHS.

User involvement in policy and services

There are numerous examples from the evaluation of instances where service users and carers from hard-to-reach BME groups, whose needs were marginalised and unrecognised, have developed confidence and awareness through their involvement in Award holders' projects.

Developing the evidence base

It is vital to develop a robust evidence base from which to further advance practice and the evidence base relating to issues affecting BME communities must be strengthened so that effective ways of working can be embedded in wider policy and practice. Award holders have disseminated their findings and the impact of their work in their final reports, published articles in peer-reviewed journals and through presenting at conferences.

Personal and professional development

The structure of the Mary Seacole Awards supports Award holders in numerous practical ways and many individuals reported that they had been enabled to develop a range of key skills such as project management and presentation skills. Individuals have also developed greater self-confidence, strategic thinking skills, networking skills and, most importantly, a belief in their own ability that continues to sustain them in their careers.

Recommendations

The nine recommendations below are made in the belief that the firm foundations and achievements of the past 18 years can be built on to develop even more effective leaders for the NHS and to meet the needs of, and improve health outcomes for, the diverse communities in Britain today.

1. Based on the unequivocal evidence that the Mary Seacole Awards enhance career opportunities for professionals from BME communities at a time when they are under-represented in leadership and management positions, the Awards should continue in

their present form and with the present funding levels maintained or even enhanced, given the strategic importance of the awards.

2. The current system of support for Award holders, namely mentors and academic supervisors, should be strengthened and co-ordinated to provide individuals with personal and professional advice during this life-changing year.

3. The vital, supportive role played by Award holders' colleagues and managers should be reinforced and acknowledged by involving these individuals more actively in the process. Award holders' managers could, for example, be invited to events organised by the Steering Group to recognise their commitment.

4. Award holders are powerful and influential individuals and their impact should be enhanced further by bringing them together regularly after the completion of their projects. A Mary Seacole alumni group would have even greater influence than individuals alone and would create a critical mass of healthcare professionals to further the goals of the Mary Seacole Awards.

5. The findings of the Award holders' work should be more widely disseminated so that they can have even greater impact on policy and practice than at present. Consideration should be given to a series of 'Highlights' focusing on policy changes achieved and practical implications from Award holders' work to be published regularly by the Mary Seacole Award Steering Group and disseminated widely throughout the NHS and wider health and social care sectors.

6. The outcomes and practical implications for service development and improvements in patient experience demonstrated by the impact of the Award holders' work is often evident beyond BME communities. The implications of the work for the wider communities served by the NHS should be highlighted and publicised more extensively.

7. There is great strength in the fact that the Awards are supported by the key organisations in nursing, midwifery and health visiting: Department of Health, NHS Employers, Royal College of Nursing, Royal College of Midwives, UNISON and Unite CPHVA. This support should continue.

8. Consideration should be given to the suggestion that each year, applications be invited to address aspects of a theme of key strategic importance to the NHS and to the important agenda of ensuring equity of healthcare for all communities.

9. The Awards should be widely advertised and promoted by the Steering Group and through previous Award holders to ensure that individuals with the potential to be effective leaders have the opportunity to apply and become part of the growing body of influencers to improve health outcomes and challenge health inequalities in modern Britain.

In summary, the Mary Seacole Awards are a fitting, dynamic and contemporary legacy for a remarkable pioneer and leader. Through the Awards, the impact of Mary Seacole's vision and courage continue to be experienced by some of the most marginalised groups and communities in modern Britain today. Without these Awards, many of the unmet health needs would continue to go unrecognised. Their important contribution should be sustained and strengthened so that health inequalities continue to be addressed within the NHS.

1. Introduction

The Mary Seacole Awards were established in 1994 to provide a unique platform to develop and enhance the leadership skills of healthcare staff from black and minority ethnic (BME) communities in England who remain under-represented in leadership positions.

During the past 18 years, the structure of the Awards has undergone a number of changes. In 2007, the Awards were opened to all nurses, midwives and health visitors in England, irrespective of ethnicity or whether they had union membership. It was decided that projects undertaken would still aim to explore and improve the unmet health needs of BME communities in recognition of the fact that there continued to be inequalities in healthcare for these communities. The Awards currently include a development Award (up to four each year) and a leadership Award (up to two each year). The Awards aim to explore and improve the unmet health needs of people from BME communities.

The Awards are currently supported by funding from the Department of Health and NHS Employers. The Mary Seacole Award Steering Group is responsible for running the Awards; it includes representation from the Department of Health, NHS Employers, Royal College of Nursing, Royal College of Midwives, UNISON and Unite CPHVA – and three independent members, one of whom is a past Mary Seacole Award winner.

Table 1 outlines the funding for the Awards since 1994.

Table 1: Funding of the Awards, 1994–present

Year	Activity
1994	Department of Health launched the Awards for one nurse, midwife or health visitor from a BME community per year. £25,000 awarded to prepare this individual for a leading position in nursing that would also benefit the health of BME communities.
2004	The bursary of £25,000 was renewed for another five years, split into four Awards of £6,250 each. The aim was to make it accessible to nursing, midwifery and health visiting staff from a BME community.
2006	NHS Employers contributed a further £25,000 annually to fund an additional two Awards to develop leaders, known as the Mary Seacole Leadership Awards.
2007	Awards were opened up to all nurses, midwives and health visitors in England irrespective of ethnicity or whether they had union membership. Projects still required to explore and improve the unmet health needs of BME communities.

1.1   Context

This most recent and comprehensive evaluation of the Mary Seacole Awards was undertaken during a period of unprecedented change in the health services. Staff are facing the huge challenge of enhancing service delivery, improving health outcomes and ensuring that all patients/service users have a positive experience of care whilst at the same time having to find billions of pounds of productivity gains. High-profile cases of poor standards of care highlight the risks to patient safety when things go wrong (see, for example, The Mid Staffordshire NHS Foundation Trust Inquiry, 2010) and underscore the vital importance of valuing, investing in and unlocking the talents of all frontline staff. This is reflected in one of the five domains of the Education Outcomes Framework which focuses on developing talent and leadership across the healthcare workforce, fulfilling potential and *'placing positive value on diversity in the workforce'* (Department of Health, 2012a, p.13).

Challenging times require confident staff with well-developed leadership, change management and engagement skills to innovate and drive up standards of care as emphasised in the NHS Change Model[1] and in numerous recent policy documents (Department of Health, 2010a; 2011a; 2011b). For example, a report from The King's Fund argues that *'leadership must be shared and distributed ... effective leaders need to work through others to achieve their objectives, motivating and engaging followers ... to deliver the transformational improvements on which the healthcare system of the future depends'* (The King's Fund, 2011, p.iv). An urgent priority to help deliver these *'transformational improvements'* and huge efficiency savings is to continue to invest significantly in leadership development at all levels in order to create a workforce that is *'energised'* and *'inspired'* (The King's Fund, 2011, p.1).

Staff must also strive to promote equality in line with the Equality Act 2010 that legislates for equal access to public services. All patients, irrespective of gender, race, disability, age, sexual orientation, religion or belief, have the right to access high quality care that is safe and effective.

For the first time the statutory duties of the Health and Social Care Act 2012 include addressing health inequalities. The Mary Seacole Awards are designed to achieve inclusive leadership at all levels through developing the skills of BME staff and empowering them to tackle health inequalities. This in turn supports the NHS principle enshrined in the NHS Constitution *'to promote equality through the services it provides and to pay particular*

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[1] NHS Change Model available at http://www.changemodel.nhs.uk/pg/dashboard (accessed 21.09.12).

attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population' (Department of Health, 2012b, p.3) in order to work towards better health outcomes for all. The wide-ranging projects undertaken by Award holders have given us a better understanding of the needs and priorities of BME communities – a vital step to ensuring that nobody is excluded.

As the evidence in this report demonstrates, Mary Seacole Award holders have made and continue to make significant contributions to these strategic objectives over the past 18 years.

1.2   Previous reviews of the Mary Seacole Awards

There have been two previous reviews of the Awards – the first in 2000 summarised the achievements of the initial six Leadership Award holders and drew some broad conclusions about the impact of the Awards (Department of Health, 2000):

- Each winner developed leadership skills and became a role model for other BME staff.
- In each case study, the needs of BME people were identified and specific areas of practice were developed to meet those needs.
- Award holders developed services that positively impacted on the healthcare of BME groups.
- Nurses, midwives and health visitors from BME groups can achieve, influence and lead aspects of work in a significant way in the NHS.

The second review, published in 2010, focused on interviews with six of the 15 Award holders, three of the nine members of the Mary Seacole Award Steering Group and four managers of the Award holders (Department of Health, 2010b). The review concluded that the Awards remained fit for purpose and were achieving their goals to enhance the development of future leaders in the NHS and improve BME patient experience. The key findings of the 2010 review are:

- Award holders developed greater self-belief and have shared their learning from the projects. Award holders have raised their own profiles and the profiles of their organisations.
- Award holders had increased self-confidence and had acquired skills in project management, problem solving, developing others, presentation, communication, negotiation and networking.
- The impact of projects undertaken by Award holders has been to improve the experiences of BME communities of NHS services and to improve health gain.

- Managers from host organisations stated that the Mary Seacole Award holders had had a positive impact on their organisations.
- Projects undertaken by Award holders have raised the awareness of the specific needs of the client group and improved the services they received.
- Mary Seacole Awards are greatly appreciated by Award holders and their organisations. The projects explored and improved unmet needs in service provision and delivery for BME communities.

1.3   Aim of the 2012 evaluation

There is a belief that if expanded and rolled out further, the Awards could serve as a platform to help service providers to meet their statutory obligation to address health inequalities nationally in England. The primary purpose of the current evaluation was to examine the impact that Award holders' projects have had on their personal and professional development, service design and delivery, and on patient/service user care. The evaluation explored the 'added value' and impact that the Awards have had in order to gather evidence to support the continued funding of the Awards.

Thirty-five of the total population of the 37 Mary Seacole Scholarship holders, awarded in the 17 years between 1994 and 2010, were invited to participate in the evaluation in order to obtain as broad a range of views as possible.

The evaluation was completed in four months between May and August 2012 and the report was drafted in August/September 2012 (see Appendix 1 for the project schedule).

2. Method

The evaluation was undertaken in four stages, outlined below, and included both quantitative and qualitative elements.

2.1 The stages of the evaluation

Stage 1: This first stage was an online questionnaire (comprising 32 questions) to obtain core quantitative and qualitative data from as many of the Mary Seacole Award holders as possible. The questionnaire was designed to gather information about what each candidate's project achieved, where they are now professionally, and the support they received.

Stage 2: The data from the online questionnaire were used to select and invite Award holders to take part in an in-depth telephone interview, which explored aspects of Award holder's experiences in more detail. In particular, the interview questions focused on the impact on policy and on service design and delivery; the extent to which they had influenced others; benefits for the BME community; and suggestions for ways to support Award winners in order to maximise the benefits of the experience.

Stage 3: Managers of the 2010 cohort of Award holders were also invited for interview. It was agreed that it would not be time effective to attempt to trace any managers from before this date, due to current turbulence in the health services creating significant challenges when trying to locate managers retrospectively.

This interview focused on the Award holder manager's perceptions of the key benefits of the Award; the impact of the Award holder's work on practice, policy and personal/professional development; and any plans to develop the work further.

Stage 4: All members of the Mary Seacole Award Steering Group were invited to complete an online questionnaire to obtain their views of Award holder's achievements and the future of the Awards.

See Appendix 2 for the questions asked in each of the four stages of the evaluation.

2.2   Conducting the evaluation

Stage 1: The online questionnaire was drafted, piloted and revised in the light of feedback.

With the help of the Mary Seacole Awards office and internet searches, contact details were obtained for all but two of the 37 Award holders, making a total sample of 35. All these Award holders were notified of the evaluation via a personal email from Gail Adams (Chair of the Mary Seacole Award Steering Group) and Tom Sandford (Chair elect), and their participation was strongly encouraged. One individual declined to take part in the evaluation, so 34 Award holders were invited to complete the online questionnaire, which was circulated during the week beginning 11 June.

Two follow-up reminders were sent to those who had not responded. Twenty-two Award holders replied, giving a response rate of 65%. Of these, 50% were leadership Award holders and 50% were development Award holders.

Stage 2: From those who completed the online questionnaire, a sample was selected to participate in an in-depth telephone interview. The selection of this sample was based on the following criteria:

- The year in which the Award was received to ensure a range of the length of time since the Award
- Type of Award: leadership or development.

Fourteen individuals were invited to participate in a follow-up interview to probe the policy impact of their work, its influence on addressing health inequalities, and how individuals' careers have benefited from the Award. This sample included seven leadership and seven development Awards, spanning from 1994 to 2010, and represents 64% of those who responded to the online questionnaire. Of the 14 individuals invited to participate in an interview, with one reminder sent, eight replied to the invitation and were interviewed: four leadership Award holders (spanning 1994–2010) and four development Award holders (spanning 2008–2010), giving an overall response rate of 57%.

Prior to giving their consent to be interviewed, Award holders were sent an outline of the questions that would be asked so that they were aware of the areas that would be explored during the course of the interview. Participants were also informed that the aim of the evaluation was to provide evidence to develop a case for the continued funding of the Awards.

With the individual's permission, each interview was tape-recorded and transcribed.

Stage 3: The two Award holders from the 2010 cohort who agreed to be interviewed were asked whether their manager could be approached to participate in a telephone interview that would probe their views of the Award. An interview was subsequently scheduled with the manager of one of these Award holders; the other Award holder indicated that her manager had retired and that her current manager knew little about her work for the Mary Seacole Award.

Stage 4: An online questionnaire was sent to all the Mary Seacole Award Steering Group members (n=9) in the first week of August. One reminder was sent and nine responses were received (100% response rate).

2.3   Data analysis

The quantitative data from the Award holders' online questionnaires were summarised. A thematic analysis was undertaken on the qualitative data. Both evaluators undertook this independently and a consensus of the key themes emerging from the data was achieved through discussion.

The data from the in-depth interviews were analysed in the same way as the qualitative data from the online questionnaires.

3. Findings

3.1 Award holders' responses

All the numerical data presented in this section are derived from the online questionnaire. The qualitative data were generated from both the questionnaire and interviews.

3.1.1 Profile of Award holder respondents

Age and gender

Brief background information was requested from Award holder respondents who completed the questionnaire. The majority of respondents (57%) are currently aged between 40 and 49, 19% are aged 30–39, and 29% are 50–59 years of age. The majority of respondents are female (95%) and 5% are male, broadly reflecting the gender profile within nursing and midwifery.

Role at time of the Award

The roles occupied by respondents at the time of their Mary Seacole Award included a children's centre health visitor, a senior nurse manager/deputy director of nursing and operational services, a health inclusion worker for travellers and gypsies, a specialist midwife for vulnerable women from BME groups, a recipient kidney transplant co-ordinator, and a haemoglobinopathy nurse specialist.

At the time of their Award, a total of 38% of respondents were in clinical roles, 14% were in education roles, 10% in research roles and 38% were in combined roles.

Current employment and role

All except one respondent were in paid employment at the time of the survey. The one individual who was not in paid employment had taken a two-month break to complete her PhD thesis before returning to full-time employment. Two respondents were employed at universities, one was working abroad, and all the others were in NHS employment.

The current role titles of respondents showed marked changes from their roles at the time of their Award. For example, career trajectories following completion of the Award included the following:

- Midwife to Senior Midwife Manager
- Children's Centre Health Visitor to Locality Team Leader, Children's Services

- Nurse Consultant and Clinical Services Manager to Deputy Executive Director for Nursing Affairs
- Practice Development Midwife to Consultant Midwife for Public Health
- Health Visitor to Practice Educator
- Senior Nurse Manager/Deputy Director of Nursing and Operational Services to Dean in a university
- Lecturer in Adult Health to Professor of Community and Public Health Nursing/ Director of Research and Enterprise
- Midwife to Research Midwife and Shift Leader
- Health Inclusion Worker for Travellers and Gypsies to Children Centre Public Health Lead and Health Inclusion Worker for Travellers and Gypsies

One respondent stated '*My move to Band 8 was a great achievement. Wouldn't have done it without Mary Seacole'.*

3.1.2 The Award

Respondents were asked questions relating to a number of areas:
- The importance of a range of factors in applying for their Award
- The support provided by their academic supervisor and mentor
- The extent to which their skills were developed
- The impact of the Award on:
  - their professional confidence
  - their career
  - their leadership style
  - patient/service delivery
  - the Quality, Innovation, Prevention and Productivity (QIPP) agenda
  - policy development
  - improvements to health outcomes for people from BME communities
- The aspects of their work for the Award that they were most proud of
- The Award experience
- Support for future Award holders.

The importance of a range of factors in applying for the Award
Respondents were asked about a range of factors in applying for their Award. Table 2 shows the responses from the questionnaire (two respondents skipped this question). The numbers in square brackets in each of the tables that follow indicate the actual number of responses.

Table 2: The importance of a range of factors in applying for their Award

Question	Very important	Important	Not important	Not applicable
I wanted to improve the health outcomes of people from black and minority ethnic communities	100% [20]	0	0	0
I was encouraged by my manager to apply	22% [4]	22% [4]	28% [5]	28% [5]
I wanted to develop my leadership skills/style	50% [9]	33% [6]	11% [2]	6% [1]
I thought it would be beneficial to my professional development	61% [11]	28% [5]	11% [2]	0

Roles played by academic supervisors and mentors

Respondents were asked about the roles played by their academic supervisor and mentor.

Table 3 summarises their responses from the questionnaire (four skipped this question).

Table 3: The role played by the mentor and academic supervisor

	Very helpful	Helpful	Not very helpful	Not at all helpful
Mentor support	78% [14]	17% [3]	6% [1]	0
Academic supervisor support	61% [11]	28% [5]	6% [1]	6% [1]

Over half of the respondents who commented [five of eight] were highly complimentary about the support they had from the academic supervisor and mentor.

> *'We worked in partnership. I liked the way that we agreed on communication strategies and they challenged me and helped me to shine. My academic supervisor was excellent in getting the best out of me. I shall always be appreciative of her advice and guidance.'*

> *'Both my mentor and academic advisor exchanged their support and help for nothing short of excellence thereby enabling me to give of my best.'*

> *'Both my mentor and supervisor have been excellent throughout my journey and I have especially bonded with my mentor who is a great inspiration to me … My academic supervisor has given me the confidence to take on my MSc in Public Health as she has encouraged me with improving my writing skills…'*

One respondent noted that her mentor was *'an excellent source of help. She was very effective in ensuring that my aims, and objectives were clear and my goals were achievable'.* However, her academic supervisor was *'less effective'.*

One respondent noted that they *'required more balance. I would of liked to enhance my research skills and develop that area'.*

One respondent, who had received the Award before the introduction of formal mentor and academic supervisor, noted that '*... I chose mentors one of whom was the chair of the awarding committee and I had a research supervisor. They were very helpful indeed'.*

Help with developing particular skills

Respondents were asked about how the Award had enabled them to develop particular skills. Table 4 and Figure 1 show their responses (three skipped this question in the questionnaire).

Table 4: The Award enabled the development of particular skills

	To a great extent	To some extent	To a little extent	Not at all
Presentation and communication skills	90% [17]	11% [2]	0	0
Report writing	84% [16]	16% [3]	0	0
Self confidence	79% [15]	21% [4]	0	0
Problem solving	79% [15]	21% [4]	0	0
Negotiation and networking	79% [15]	16% [3]	5% [1	0
Developing others	74% [14]	16% [3]	11% [2]	0
Project management	68% [13]	31% [6]	0	0
Budget management	39% [7]	50% [9]	11% [2]	0

Figure 1: The award enabled the development of particular skills to a great extent
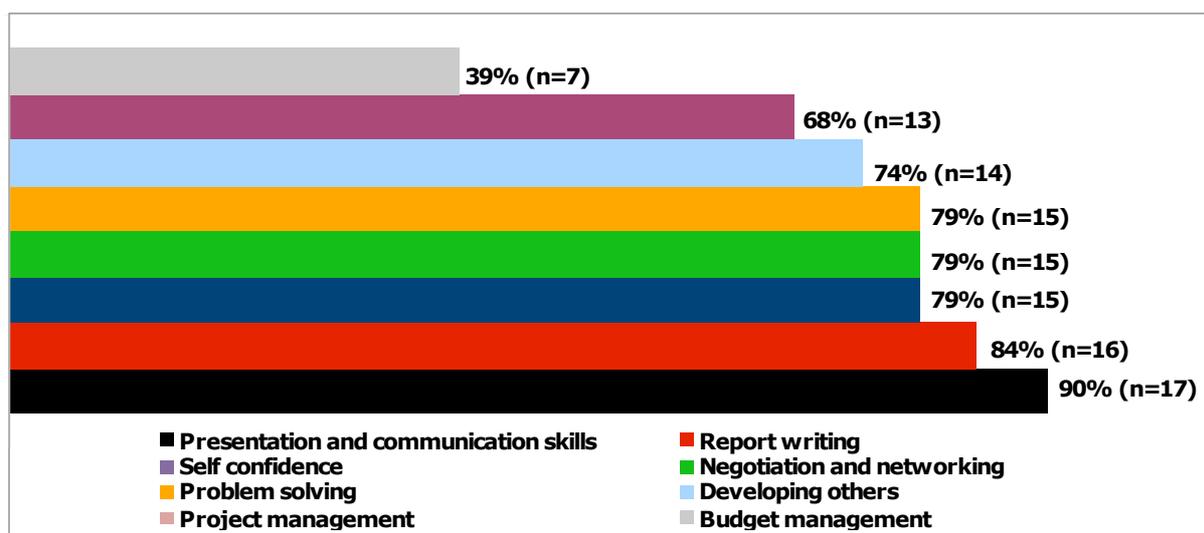
Some respondents commented on other skills they had developed, including:

'*Created new ways of working e.g. inter-agency and made me think of working with people outside of my immediate area.'*

'*Time management and addressing conflict.'*

Impact of the Award on their professional confidence

Respondents were asked about the impact of the Award on their professional confidence (three skipped this question in the questionnaire). The data are summarised in Figure 2.

Figure 2: Impact of the Award on professional confidence
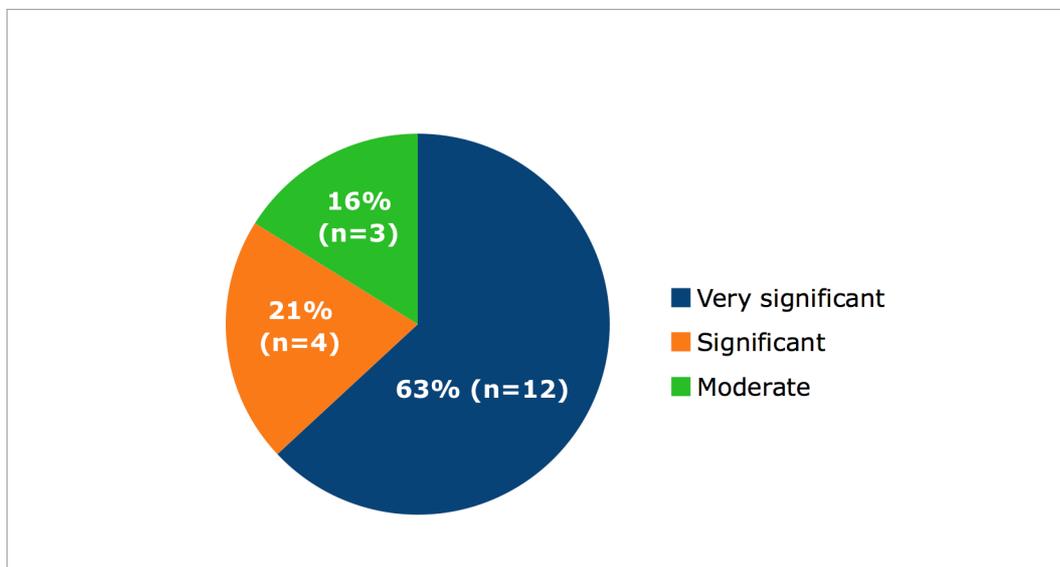
In their comments, respondents highlighted a variety of aspects of their professional confidence that had benefited from their Award. Respondents [seven] emphasised how the Award had opened up opportunities. They cited aspects such as:

> *'It has created opportunities for me, opened doors, exposure to staff and resources.'*

> *'I found it an enabler. Increased my access to significant power brokers, nationally.'*

> *'… It forced me out of my comfort zone and provided opportunities that I don't feel would have been open to me otherwise, not just because those opportunities might not have emerged but because my response to them when they did arise was much more positive.'*

> *'Helped me to look beyond my immediate boundaries and spheres of influence.'*

> *'The award gave me exposure and the resources to further develop my personal and professional career. Now hold an MSc as a result of winning the leadership award.'*

Individuals also developed a belief in their own ability and were better able to demonstrate this to other colleagues:

> *'It has shown other professionals what I can achieve and how well I can work within the field of public health and health promotion.'*

> *'Gaining the award silenced a lot of the self-doubt I had been experiencing.'*

Four respondents highlighted the impact the Award had on their ability to develop and contribute to improvements to service development:

'The skills I gained from the study undertaken enable me to draw out specific limitations that cause children to experience distress which facilitates working out interventions that are effective.'

'I have become a very confident practitioner.'

'… we now have robust structure of equality and human rights led by our director for this who is from ethnic minority back ground, we also have separate forums for each equality group up and running for staff and public participant…'

'Enabled me to think more strategically and drive service delivery.'

Impact of the Award on their career

Respondents were asked about the impact the Award has had on their career. See Figure 3 for a summary of their responses (four skipped this question in the questionnaire).

Figure 3: Impact of the Award on career
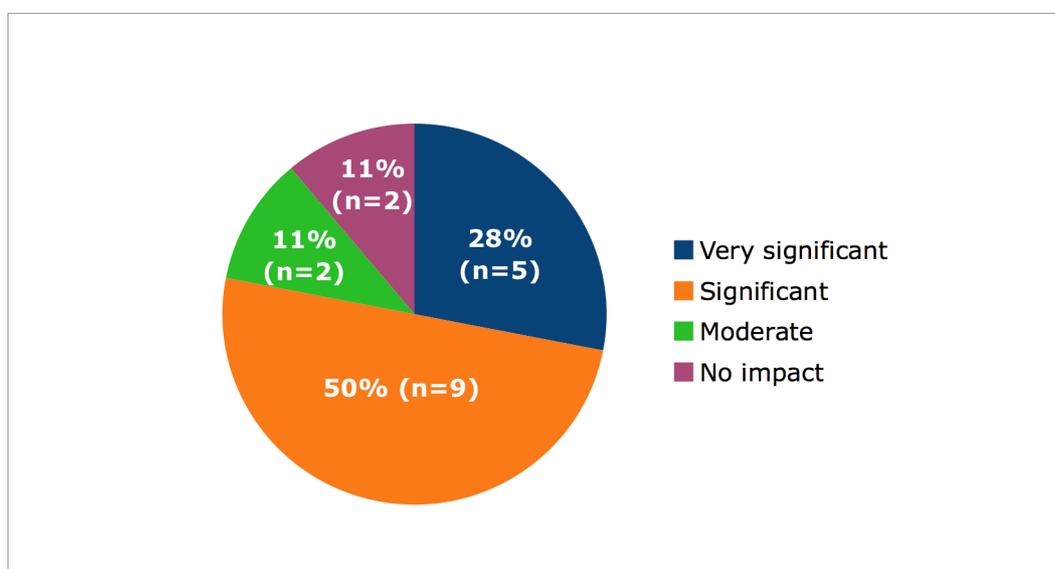
Respondents highlighted a number of ways in which their Award had impacted on their career. Two respondents quoted academic publications and conference presentations:

'Have submitted one journal publication attended three conferences and for the first time ever my presentation was voted best oral presentation at a conference.'

'I have also published a paper in my professional journal and become active within my professional organisation/union.'

Two respondents pointed to wider influences resulting from their Award:

'Able to influence and shape policy around diversity at a national level following my appointment to the Chief Nursing Officer's BME advisory group. I have made contact with the Higher Education Academy (HEA) and have received funding to run a seminar to disseminate the findings of my Mary Seacole project, further funding to develop and pilot the cultural competency self-assessment tools, asked by the HEA to set up and run a special interest group on the issues of BME students on nursing degree courses.'

'As a result of receiving the award I have a much higher profile in my trust.'

Several respondents said they had achieved promotion or career advancement as a direct result of the Award:

'I was a band 7 midwife at the time of the award, I moved straight to a band 8B after the award. I also got the job I wanted.'

'Success in working with distressed children and families led to fast upward movement on the career ladder.'

'I am the only one in our county who has been given the post of Practice Educator and I am proud of this.'

One respondent highlighted the impact the Award had on service delivery:

'It completely changed the way I work particularly with black and ethnic minorities and other disadvantaged groups by addressing how well their basic needs, which are the same for all human beings, are met.'

One respondent noted the boost to her self-confidence resulting from the Award:

'From having a fear of standing up for myself in work place, I now know I am as good as others and it does not change anything because of my ethnic group, it is my skills and approach which has given me the post I am in now.'

Influence on leadership style

Respondents were asked about the ways in which they thought the Award had influenced their leadership style (seven skipped this question). Five respondents emphasised that they now had considerable influence on their colleagues and that this had lead to improvements in service provision for BME communities:

'Through offering clinical supervision for colleagues working with distressed children and families has prevented burnout. By encouraging staff to manage stress and undertake routine relaxation activities has reduced staff turn over and sickness absences. This has contributed to staff's ability to deliver high quality care and improve health outcomes.'

'… roll it out to the colleagues within the service to standardise practice.'

'… I teach on the subject/deliver training to staff and students about culture awareness. I now have a group of staff who are very engaged in healthcare delivery to all especially in families from other cultures and beliefs. I have seen more respect given to these families as staff are more understanding of the family needs and are not shy of asking for more information or help…'

'I have been able to increase my influence by finding ways to challenge negative views and behaviours of staff, without alienating the holders of those views. I've been able to facilitate change by illustrating how negative bias and other ways of thinking along that spectrum can leak into our practice and result in discriminatory behaviours.'

Two respondents specifically mentioned their increased political awareness:

'… I stopped saying that I would stay out of politics and really developed my political awareness as an essential leadership requirement.'

'I am more confident, more politically astute. I am better able to judge situations that work in achieving good outcomes.'

Among the individual leadership skills mentioned was the importance of mentoring colleagues:

> '… I really took a keen interest in mentorship as an investment in ensuring that nursing has a steady stream of leaders and felt that I should invest in others as I had been invested in…'

> '… I mentor about six midwives nationally supporting them in their career pathways.'

Networking was also highlighted as an important leadership skill and one that had been enhanced by the Award:

> '… I also learned the importance of networks and visibility and developed my skills in this area…'

> 'The project helped to shape my leadership skills for networking, organising workshops and raising the profile of marginalised group of service users.'

Two respondents said that their ability to work with senior managers had been enhanced by the Award:

> 'Initially I gained confidence in working with senior executives; I stopped being star struck…'

> '… It has also enabled me to develop on pilot project proposal work and business cases, where I have been able to work with my senior managers in the delivery of certain areas of work within our services…'

Three respondents recognised their improved ability to communicate key messages and identify good evidence that could support their work and influence others:

> '… undertaking the research helped me to understand what good evidence looked like and I learned how to write and present for impact and to attain the results I wanted to achieve…'

> 'I feel that this has increased my ability to deliver key messages of the work I set out to do effectively…'

> 'The award allowed me to collect evidence to make a case for improvements in the service. It is common not to have evidence in ethnic minority groups.'

Impact of the Award on work area and on patient care/service delivery

Respondents were asked about the impact the Award has had on their own work area and on patient care/service delivery. Figures 4 and 5 show their responses (four skipped this question in the questionnaire).

Figure 4: Impact of the Award on work area

Pie chart:
- To a great extent: 67% (n=12)
- To some extent: 22% (n=4)
- To a little extent: 6% (n=1)
- Not at all: 6% (n=1)
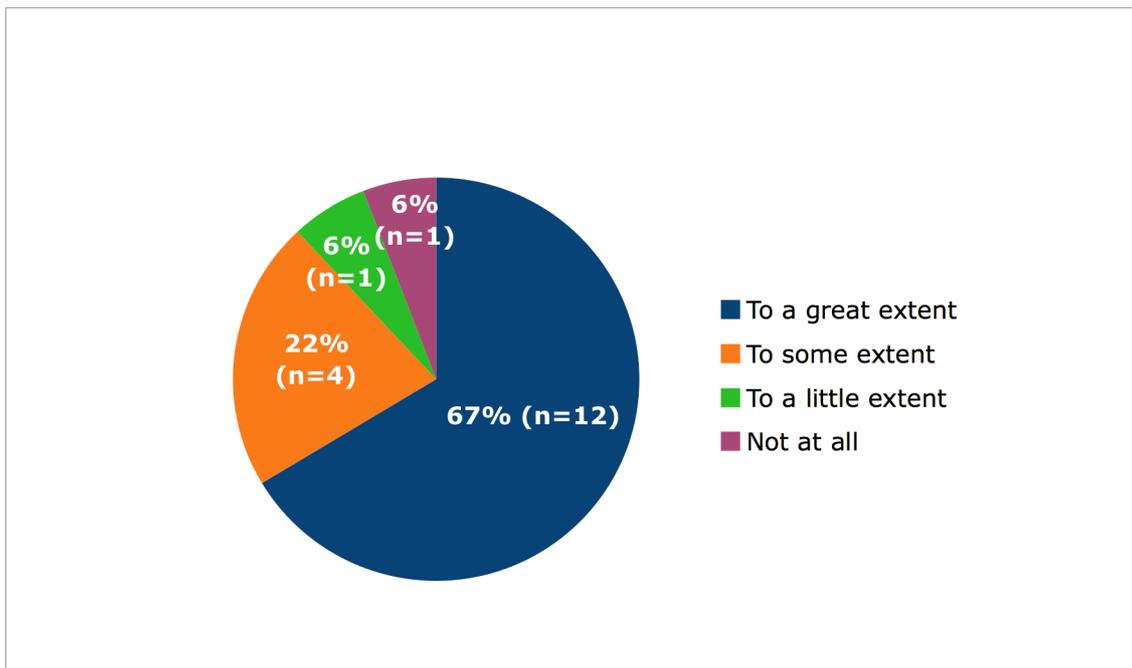
Figure 5: Impact of the Award on patient care/service delivery

Pie chart:
- To a great extent: 75% (n=12)
- To some extent: 6% (n=1)
- To a little extent: 13% (n=2)
- Not at all: 6% (n=1)
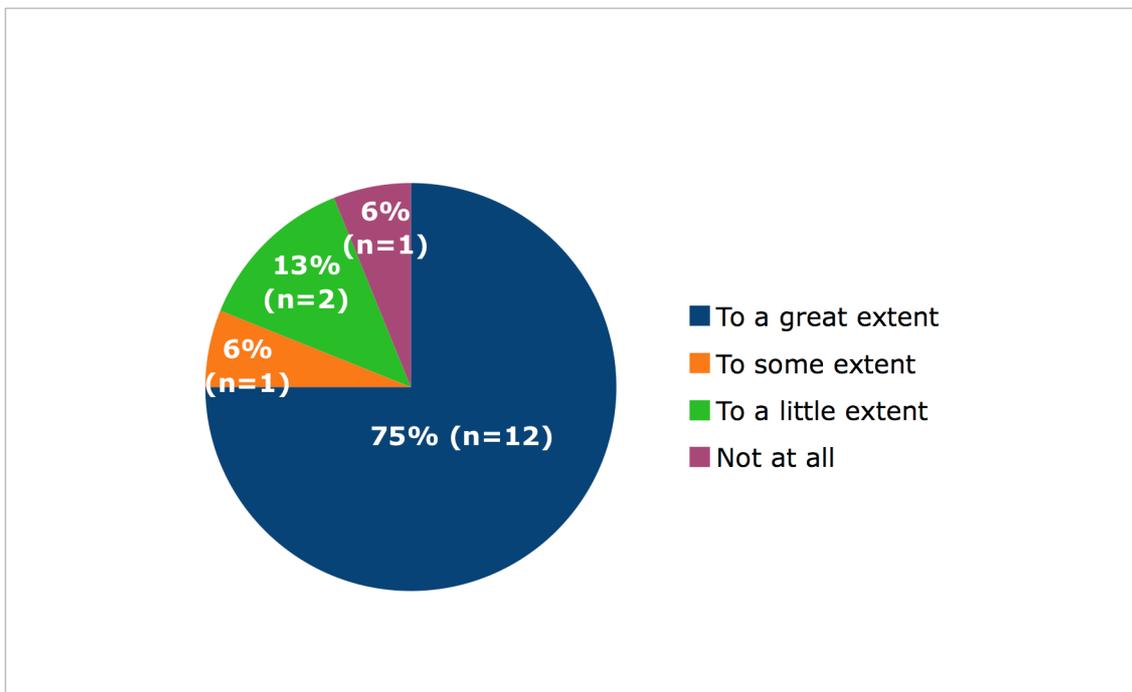
Sustainability is important to the continuing impact of the Awards. Four respondents emphasised that the changes to practice resulting from their work for the Award had been taken forward by colleagues:

'*Disseminating the skills and knowledge to my colleagues has encouraged effective team working. The knowledge and skills gained from the study undertaken continue to*

empower children and their families through learning how to lower emotional arousal and to problem solve with regards to ensuring that their basic needs as human beings are met.'

'The GPs that supported me during the award have continued to test their South Asian community [for HIV].'

'We have translation services which everyone can use, training in place and it is clear that staff have embraced this and service users satisfaction survey shows the impact on improved service they receive.'

'It's raised awareness of the needs of the gypsy traveller community, where there was little understanding before…'

One respondent noted that the work had had an impact beyond the scope of the study itself:

'… the award has also led to other services providers, such as the Orthodox Jewish Team, developing the work of increasing cultural awareness amongst staff in the way my project did.'

One respondent noted that a tool developed as part of her study was being used more widely thereby enhancing its impact:

'Developing a cultural competency self-assessment tools for universities and individual lecturers to use. There has been a lot of interest in the tool at conferences and I have already had requests to use the tool.'

Contribution to the Quality, Innovation, Prevention and Productivity (QIPP) agenda

Respondents were asked how their project contributed to the QIPP agenda. For those individuals who had completed their Award some years ago, the QIPP agenda was not in existence although the issues were still relevant (eight skipped this question).

Several respondents made specific reference to the relationship between their work and the QIPP agenda.

'I feel that the reason why my project was encouraged from the start was because it worked towards the QIPP agenda and this was evident right from the start within the proposal written.'

'It has improved access to care, reduced intervention rate and raised cultural awareness.'

'Quality: improved outcome for people. Innovation: setting activities which benefit these groups and integrating families/raising public awareness as well staff knowledge about needs of these groups. Prevention: raised public health agenda. Productivity: by raising public awareness and engagement in health issues long term effect on health and satisfactory outcome also cost effective and healthy people over all, especially effects on young children with everyone taking responsibility in looking after health-related agenda.'

'Has assisted in CQUIN [Commissioning for Quality and Innovation] for patient satisfaction.'

Three respondents made general comments about specific elements of the QIPP agenda:

'Quality of information available to women is improved, the DVD developed was based on the views of a wide range of local service users. Patient involvement links established during the project have been maintained.'

'The outcomes of my project have led to the suggestion of a creation of a specialist post, which will be reviewed with the changes in our staffing as our profession is redeveloped.'

'My department has since printed my leaflet as a means of addressing high blood pressure and diabetes as the main cause for kidney disease in BME. They are in discussion with GPs to identify the best way to have an impact and raise the awareness.'

One respondent expressed her disappointment at feeling *'powerless'* to get her work on the local agenda and so felt powerless *'to advance the needs of service users'*.

Impact on policy development

Respondents were asked if their work had had an impact on policy development nationally, regionally or locally. Fourteen respondents (77%) said that it had impacted on policy (five skipped this question).

Of those who indicated that their Award had impacted on policy, 7 (54%) said it had impacted at national level; 5 (39%) said it had impacted at local level; and 1 (8%) said it had impacted at international level.

Respondents elaborated on the impact that their work had had on policy. For example, one person said: *'The award helped give me a voice … I needed a platform to take the work forward … it allowed me to talk to policy makers … Before I was screaming in a vacuum'*.

Six respondents drew attention to the national/international impact their work had had, citing specific examples:

'The findings of work were incorporated into the planning of intermediate care services in Camden and Islington. My input was specifically requested in relation to the SHA's service planning exercise. I was also a member of the NHS Modernisation team for older people.'

'I was consulted when NICE was drawing up guidelines for testing Africans for HIV and AIDS.'

'At present I am sitting on the NICE Programme Development Group (Increasing hepatitis B and C awareness and improving access to testing and treatment). Therefore I have used my knowledge from my project to the committee.'

'The project was included as evidence in the DH maternity services framework.'

'The work changed the way government and the World Health Organization develop policy and practice to improve the care of people from minority communities (migrants at the world level). The Department of Health funded a five-year project "Delivering Race Equality in mental healthcare action plan", which I was the national director for a

while. Furthermore the "Count Me In: Assessing the ethnicity of people who use mental health and learning disability services" programme developed in conjunction with the Health Care Commission and others was also commissioned. I also chaired this national project.'

'I have had frequent requests from NHSBT to be involved in BME organ donation road shows. Activities involved live radio/TV interviews addressing this issue of organ donation in BME … a speaker at BME conferences, and I was invited to share the project findings with an organ donation committee meeting at King's College Hospital NHS Trust. I was recently a guest speaker at a kidney patient association to present findings from the project. The aim is to see how they could address this issue and improve clinical excellence.'

Other respondents identified more local but significant influences arising from their work:

'We now have equality impact assessment in all policies and it is adhered to as far as I am aware of.'

'The need for cultural competence training regarding the gypsy traveller community has been recognised. This has been included as an action point in the gypsy and traveller strategy document and action planned being developed by the London Borough of Hackney.'

'Some influence on the commissioning process.'

Improvement in health outcomes of people from BME communities

Respondents were asked how their Award had contributed to an improvement in health outcomes of people from BME communities (five skipped this question). Six respondents noted specific improvements related to the topic they explored. Comments included:

'DVD will inform women in their own language or in a format that is more accessible and understandable of services, care and of information they require during pregnancy to make positive health choices and access services according to their individual needs and this will ultimately impact upon their health and that of their families.'

'This is enabling children who were labelled as aggressive, disruptive, and at risk of school exclusion to actually learn, enjoy and achieve in school thereby improving their lifelong prospects.'

'I was able to raise awareness of HIV and AIDS among young people.'

'Staff use interpreting services and not family members…'

'Members of the Irish traveller community … felt that a project that worked towards improving understanding of their culture amongst health professionals made them feel valued and listened to…'

'I have contributed by making a difference in patient/client care and have implemented educational tools/health promotion leaflet for Black/Asian [communities]. I work with my NHS trust by giving out information in the community. I do quarterly health checks for blood pressure/diabetes. I have frequent requests for ongoing educational programmes to maintain education and awareness.'

Two respondents specifically stated that service design had been influenced as a result of their work:

> *'Greater attention was paid to how services were designed to accommodate the needs and preferences of older people from BME communities when the strategic plan was developed by the then SHA. My input was specifically sought on this issue.'*

> *'… service provision is now being tailored to BME groups and everyone is encouraged to join groups and learn from each other e.g. children centre activities, use of book start and early learning in different languages.'*

Four respondents highlighted the impact their work had had on other staff, contributing significantly to the sustainability of their work:

> *'I was able to prepare a group of peer educators from among black Africans and black Caribbean youths…'*

> *'… staff are aware of ethnic culture and religious needs of people and have understanding of their health needs and stereotypical assumptions are now reduced and staff ask if they need more information…'*

> *'It raised awareness [among other staff] that non-English speaking pregnant women are more likely to be stereotyped, and communication is a significant factor leading to inequalities in health.'*

> *'… they [Irish traveller community] felt more positive about accessing services as a result, and knowing that more staff were receiving training left them feeling more hopeful of better treatment when accessing services.'*

Aspects of the Award they were most proud of

Respondents were asked which aspects of their work for the Award they were most proud of (seven skipped this question).

Eight respondents said they were most proud of the impact that their work had had on service users and health outcomes. Comments included:

> *'I was very proud that I was able to give older BME adults in Camden a voice…'*

> *'The engagement and participation of the service users that attended.'*

> *'… how passionate … the clients who participated in it were.'*

> *'… raising awareness of HIV among the community in the mosque and temple. Meeting the South Asian community who are willing to improve their health.'*

> *'I have to work with the Pakistani community. It was great to understand other people's culture which at times health professionals take for granted.'*

> *'Giving a voice to a group whose needs were marginalised and unrecognised.'*

> *'… as a result has seen a significant increase in those signing the organ donation register … BMEs are well informed about health and the health choices they make … the ultimate measure of success is for us to provide tangible improvements to our service user and communities' health needs.'*

> *'Improving service delivery and standards of care to children with sickle cell disease and thalassaemia.'*

Four respondents noted the value of influencing their colleagues and how their work was being taken forward, highlighting once again efforts to achieve sustainability:

'… to highlight to colleagues across health, education and third party sectors the importance of the role and service of the school health team is…'

I'm also delighted with how passionate the staff who delivered the programme … were.'

'… staff are gaining knowledge and confidence when delivering care to BME groups and less stereotyping I hear. My award has made a difference which is good to see and be proud of.'

'… what I'm most proud of is how the award has enabled me to develop the content of the training I now provide for staff, and the subsequent positive evaluation that comes from that. I've found it the most satisfying thing to see people change their points of view to a more positive perspective, and what this will mean for the gypsy traveller community.'

Two respondents identified their pride in the contribution that their work had made to policy development:

'… proud to see our organisation has taken my work on board and now it is embedded in our policies/procedures and training…'

'… being involved in the formulisation of the manifesto improving kidney donation and transplantation within UK BME communities published March 2012.'

Four respondents highlighted their pride in completing their project on time, within budget and having written the final report.

One respondent highlighted her pleasure at overcoming obstacles in her way:

'Overcoming the obstacles encountered (that were numerous) in getting the DVD soundtrack translated into different languages so that the project could be completed.'

One respondent highlighted her pride in receiving the Mary Seacole Award and her publication success.

Support for future Award holders

Respondents were asked to reflect on their experience of the Award and to suggest ways in which future Award holders could be better prepared. Fifteen individuals responded.

Six respondents stressed the need to be aware of the time commitment and hard work that would be needed to complete the Award programme. They emphasised the need for support from managers, mentors and family members. Working for the Award involved commitment and *'the need to be more proactive in own learning and development'*. One respondent suggested workshops that future Awardees could attend prior to making a decision about whether to apply for the award and *'to be mindful of how much time and effort goes in high*

standard projects' [we understand that this has since been established]. It was also suggested that potential Awardees' managers could be invited to attend workshops so that they too understand what is involved.

It was stressed that *'dedication is the key to achieving your goals, it is important to ask for help when you feel like you are overworked'.*

Several respondents stressed that it would be helpful to have a better understanding of what to expect from mentors, and how to optimise the opportunities presented to them.

Future Award holders should be aware of the fact that they will become *'… role models and ambassadors not just for BME nurses but for all nurses. It is a lifelong commitment'.*

One respondent, with the benefit of several years since completing the Award, suggested that:

> *'In today's climate of pressing resources, I think a programme that is topic led with contributors making specific contributions at various level of the programme would be more helpful and create the critical mass to improve care than individual winner topics.'*

One respondent stated that it would be useful to publicise the Awards more widely, perhaps using social media.

The Award experience

Mary Seacole Award holder respondents highlighted what their Award had meant for them. The vast majority pointed to positive outcomes although one respondent noted that some of the changes she had hoped to achieve had been unrealistic. However, she was happy with the transition she had made in her career and believed that the Award had had a major impact on her children – *'it enabled them to aim high'.*

Personal and professional development were most frequently highlighted by respondents:

> *'Winning the Mary Seacole Award was a huge pivot for my career and at the time, provided me with a platform to deliver something bigger for patients than I would have been able to do within my scope.'*

> *'… this was exciting, educational, positive and an excellent way for me to develop both professionally and personally.'*

> *'Personally it has given me strength to believe in myself that I am as good as everyone else and that I have same rights to move up on professional ladder as well as personally.'*

> *'I've now started to do my PhD which builds on my project work for Mary Seacole.'*

> *'The work you do changes you personally and professionally. Mary Seacole is like a big family, people know you.'*

Respondents identified the immense value of the Award in introducing them to role models who they would not otherwise have met.

'It provided me with visibility and with access to people, many of whom would not have known that I existed otherwise.'

'Mary Seacole has opened my eyes into the possibility of climbing the ladder as a black nurse. Before this award I had never meet any black nurses that were dames or had received an OBE, professors or even nursing directors. I always thought we were only allowed to reach band 6 and train others who then went on to excel. If I had known about these role models who I craved for as a student nurse and as a qualified nurse, I would have soared … a long time ago!'

Several respondents commented on the professional value of learning opportunities that they undertook as part of their Award; for example:

'… the fantastic thing about the development award was the courses I was supported to go on through the award: NHS Institute for Innovation, Strategies Towards Success, Women's residential course and the Neuro-Linguistic Programme (NLP) practitioner course, which enabled me to address and resolve those issues that seemed so intransigent before.'

Many respondents emphasised that the Award had given them greater understanding of the issues faced by people from BME communities and a desire to contribute further to improving the health outcomes of people from BME communities.

Respondents valued their experience and highlighted the benefit in Award holders meeting during the year to network and support each other as they moved forward with their Mary Seacole work:

'I would like to recommend that Mary Seacole Awards Fellows should meet at least twice or quarterly per year. We can really be a strong group that will influence practice change, nationally and internationally.'

'It would be good to have a scholars' forum and meet regularly even if this has to be virtual meetings'.

3.2 Manager's and Mary Seacole Award Steering Group members' responses

One manager of a 2010 Award holder agreed to be interviewed and all nine members of the current Mary Seacole Award Steering Group responded to the online questionnaire. Of these, two have been members for less than two years, four have been members for between two and four years and three have been members for more than six years.

Eight of the nine respondents have acted as mentors to Award holders. Respondents included the current chair, the future chair, independent members and representatives of professional and other organisations with an interest in the Mary Seacole Awards.

Benefits for leadership skills

In terms of leadership skills, respondents highlighted that Award holders learned how to deliver projects on time, they developed negotiation skills, and developed their confidence, becoming a role model for others. These leadership skills were, they considered, applied *'to create transformational change'*.

> *'It provides opportunities to be able to shadow leaders, see how change is managed and enabled within NHS organisations, by providing nurses with the opportunities to lead a change through their projects. It also enables them to network with other leaders in their chosen field which can lead to future collaborative working.'*

Benefits for professional skills

Asked about the benefits for Award holders' professional skills, respondents identified a number of skills:

> *'They improve their presentation skills, including writing and public speaking – they are taken outside their comfort zone.'*

> *'Strategic thinking, self-awareness and diverse experience.'*

> *'It has enabled the winners to build multidisciplinary networks, and transfer knowledge from different health care settings and specialities…'*

> *'The transformation in the awardees during the award year is amazing, you see them grow both personally and professionally. Their confidence, their ability to present (both verbally and written) develops and they feel empowered to be able to make a difference in practice.'*

> *'The benefits of the awards are that they motivate and challenge staff to pursue a project outside of their normal day-to-day role, which in turn develops their personal and professional skills. The projects undertaken by the Mary Seacole awards usually lead to further development … which has a positive impact for service users. It helps to develop the confidence of the individuals participating and inspires them when they see the impact and positive outcomes of their projects.'*

> *'… [she] has inspired staff to consider the impact of carer support and has encouraged them to become involved in events for carers.'*

Impact on policy

Steering Group members considered the impact that the Award holders' projects had on policy. In their opinion, impact on policy was both vitally important and evident in the work of Award holders:

> *'Follow-on impact of many studies is great on policy development.'*

> *'This occurs … as their confidence develops and as their networking increases in their chosen fields, the opportunities to contribute to policy develops.'*

> *'Active engagement in policy and its impact on clients and a sense that they can influence this through their work.'*

'Very important, it's got issues like traveller's (Roma/gypsy) health much more widely recognised.'

'Embedded equality in policy, business objectives and operating framework – innovation made by organisations can be tracked to equality impact assessments used during the decision making process and progress with reducing health inequalities.'

A manager indicated*: 'As part of the trust's steering group [she] will be involved in the development of our local trust policy for carers'.*

There was also a shared view that more could be done to ensure that important policy implications were more widely disseminated:

'All projects address elements of health inequality but we need to do more to ensure that their learning can be rolled out further both within their own organisation and across the NHS.'

Impact on health outcomes

The core aim of the Mary Seacole Awards is to improve health outcomes for minority ethnic communities. Steering Group members were of the opinion that the awards had made a considerable contribution to improving health outcomes. There was a shared view that Award holders have *'raised the profile of equalities and enabled individuals and organisations to make big and small impacts within their organisations'* through their work.

'The projects undertaken by Mary Seacole award winners have addressed health issues that are often neglected in main stream healthcare.'

'Each of the projects has adapted and highlighted services that exist to ensure they meet the needs of the diverse populations served. Without these projects would these individual patients have had the same opportunity to access healthcare?'

There was a view that developing the evidence base was of great importance and that the Award holders made a substantial contribution to this:

'Providing robust evidence base to inform developments – this has been missing for a long time.'

'I believe that the Awards have drawn attention to the deficits in the specificity of NHS provision for BME communities. It has also triggered really important research into understanding the needs of BME communities and enabling them to access existing services that they currently don't use.'

An important link has been made between the contribution of the Awards and the public health agenda:

'Linking BME and public health strategies, in line with best spearheaded practice; successfully making links between BME and public health objectives to create synergy between corporate aims and help to establish equality as part of core business.'

Increasing user involvement is central to improving health outcomes and the Awards were considered to have improved '*… user and public engagement leading to better assessment of need and better planning of services, BME issues integrated into core business, permeating policy, strategic, operational, workforce development and other business plans'.*

The future of the Awards

Steering Group members were asked whether there were any ways in which the Awards could be better organised. Several suggestions were proposed.

Three members suggested that more needs to be done to promote the Awards, particularly to BME staff:

> '*We need to do more to promote them systematically across the service and encourage others to apply.'*

> '*The awards were conceived to benefit BME nurses who have reduced access to opportunities for development … but due to changes over time the awards seem to be less accessible or not promoted in a way that attracts BME staff.'*

> '*I don't believe that we are reaching a wide enough audience in relation to the awards. I short-listed and interviewed for the awards this year and was surprised by how few people actually submitted applications.'*

The outcomes of the Awards could be disseminated more effectively:

> '*I also think that we could publicise the outcomes of the Awardees much more effectively.'*

> '*I think that we need to ensure that the work produced is shared much more nationally. This can be achieved through the development of a website as well as tying the awardees into publishing their projects so that other nurses are aware of the work they have done … this enables others to be able to replicate some of the projects in their own area.'*

There was a view that the changes that had been introduced concerning the organisation and number of the Awards needed a little more time to 'bed down' before any major decisions are made about their future.

Several members proposed that the Awards could be structured to address themes; for example:

> '*I would like to see continuity of the topic or theme in subsequent projects. For example, each year could have a focus – such as projects related to obesity, diabetes, etc. These are relevant to all professionals and we will see a more joined up development of body of knowledge and also raise the profile of the projects and practitioners.'*

Another suggestion was to organise the Awards around five key challenges:

> '(a) Mastering internal and external politics of an organisation (b) Taking an informed interest in the whole organisation rather than just mastering a professional specialism (c) Learning to deliver through others (d) Increasing personal resilience (e) Taking longer term strategic perspectives in the face of competing urgent demands.'

This individual also suggested that the Awards should be organised around three skill sets:

> '(a) Strategic thinking – awardees need a thorough foundation of basic executive knowledge, planning, finance, personnel, law, marketing, policy – rather than just focused on professional skills. (b) Self awareness – knowing one's strengths and weaknesses, preferences and triggers is crucial when operating at the most senior levels. (c) Diverse experience – exposure to different leadership roles and environments outside professional specialism.'

The suggestion was also made that the Awards should '*link with the rest of the NHS work around the leadership, quality, innovation, productivity and prevention agenda*' and '*… we need to rethink the categories such as development and leadership awards. Should be topic-led, policy-led to inform the mainstream health agenda*'.

Support for the Awards from a variety of key professional organisations was perceived to be a particular strength:

> '*The positioning of the awards with the NHS Commissioning Board, Health Education England, the NHS Leadership Academy and the NHS Equality and Diversity Council is important for the future of the awards and their funding. We probably need to do more about public health and social care issues.*'

3.3 The case for continuing the Mary Seacole Awards

The aim of the current evaluation has been to gather evidence to support the continued funding of the Awards. Steering Group members and Award holders and one manager were asked to identify key benefits that would, in their view, contribute to the case for the continuation of the Awards. The data gathered and reported here provide substantial evidence, we believe, to support the continuation of the Awards. In addition, both Award holders and Mary Seacole Award Steering Group members were invited to express their views about why the Awards should continue to be supported and, indeed, strengthened. There is a marked unanimity of views between both key groups, which argues strongly for the unique role played by these Awards for individuals, BME communities and the wider NHS.

In this section we rehearse the major reasons for the continuation of these prestigious and influential Awards.

Contributing to reductions in health inequalities for BME communities

There was an overwhelming consensus that the Awards make a unique contribution to improving health outcomes for BME communities:

> *'It is the only award specifically enabling organisations to address equality.'*

> *'All projects address health inequalities and encourage organisations to meet the needs of their service users.'*

> *'A unique award for nurses working to improve BME communities' health outcomes.'*

> *'Highlights the contribution of nurses and midwives to address inequalities in healthcare provision especially for the BME community.'*

> *'[The Award] motivates and challenges staff to pursue a project outside of their normal day-to-day role, which in turn develops their personal and professional development. The projects undertaken by the Mary Seacole awards usually lead to further development of the project, which has a positive impact for service users.'*

The Awards were seen to impact on improving health outcomes because they are *'generally developed by people at the grassroots of care delivery and management so likely to have impact'.*

Transferring expertise to the wider community

The point was strongly made that the impact of the Awards also extended beyond BME communities with several Award holders stressing that *'Poverty is the key to inequality in education, class, and housing problems and the BME angle allows access to the wider community ... Poverty impacts on different communities ... We are all one community'.*

The Awards develop more general staff awareness of cultural sensitivities and thereby extend the influence of the Award holders' work as it becomes embedded into working practices with a range of different community groups: *'It develops staff awareness and cultural sensitivity'.*

Developing individual strengths and leadership skills

The contribution of the Awards to the development of individual development, leadership skills and professional confidence was frequently highlighted. Individual Award holders vividly described how the Award had *'given [me] a voice', 'brought out the silent phalanx', 'given me a platform and a voice to talk to policy makers ... before I was screaming in a vacuum'.* Others described how it *'enabled me to be creative and really think what it is I can be doing ... It gives you clarity'.*

Other comments included:

> *'The awards are unique in the way the nurses develop leadership skills, autonomy, confidence and access to senior policy makers, etc.'*

> *'It's about developing the individual, it's what you do with the Award that matters ... The Award enables individuals to have an impact.'*

> *'Development of leadership abilities particularly development of self-confidence to make a difference in the award holders.'*

> *'... [she] used the award to enhance her relationship with her colleagues. She has inspired staff to consider the impact of carer support and has encouraged them to become involved in events for carers.'*

The point was made that staff are an organisation's greatest asset and that it was about *'liberating the talents and allowing funding of important work that may not [otherwise] be carried out'* and that *'Personal development adds to the skills base of the NHS'.*

Opening doors for individuals

There is little doubt, on the basis of this evaluation, that the Awards have a life-changing effect on individual Award holders. As one Award holder eloquently expressed her experience:

> *'It opened doors for me ... It gets people outside of their own little world and connect with other people ... Too many times we are ground down by what the problems are. And when you are within a job you can't have that light bulb moment...'*

Others said:

> *'It gives you a chance to go to places you've never been to.'*

> *'... [they provide] opportunities for practitioners to challenge and explore different ways of working with diverse multicultural populations.'*

> *'... [they] enable nurses to develop skills and confidence to drive projects which bring about change in the lives of patients.'*

Developing the evidence base

A considerable strength of the Awards and the work completed by Award holders is the contribution that the range of projects makes to the evidence base, particularly in an area where the evidence base has been lacking: *'There was no evidence for what I knew to be the case – it's often the way with BME issues ... The award allowed me to collect evidence for improvements to services'.*

Other respondents among both the Steering Group and Award holders emphasised the value of the Awards and their contribution to evidence that improved services for service users:

> *'... enables development of a wider evidence base.'*

> *'User involvement and pragmatic research which affects health services directly.'*

Bringing financial benefits for the NHS

The outcomes of projects conducted by Award holders were considered to have financial cost savings for the health service. As a result of the work of Award holders, communities had a greater understanding of the impact of particular conditions, such as diabetes, and consequently became aware of the need for prevention, thus saving the cost and discomfort of further, potentially expensive treatment. Similarly, if conditions during pregnancy are identified in a timely manner because of greater understanding by women who do not speak English, the cost of future treatment of potential complications can be reduced.

Respondents emphasised the importance of the Awards in developing projects that have a direct impact of people's health:

> *'Innovative approaches used by nurses and midwives to develop cost-effective and user-acceptable models of care to the most disadvantaged and vulnerable BME communities.'*

> *'It enables nurses to be able to develop the skills and confidence in driving projects which bring about change in the lives of patients.'*

Listening to marginalised communities

Another key argument for maintaining and strengthening of the Awards structure was that of increased user involvement and participation in their own healthcare and the development of appropriate services:

> *'... [they] give a voice to issues that would otherwise not have been heard and which benefit communities ... Without the Awards, the project would have disappeared and the issues would not have been heard.'*

> *'User involvement ... that affects health services directly.'*

Maintaining the structure of the Steering Group

Attention was drawn to the importance of the constructive co-operation between the major organisations that support the Awards. There are few other forums in which such collaboration is evident and it is perceived to be extremely valuable: *'The Awards bring together the four big nursing [and midwifery] organisations who all work together and collaborate to champion and develop nursing whatever their membership'.*

4. The way forward

The prestigious Mary Seacole Awards aim to develop senior nurses, midwives and health visitors as future leaders with enhanced leadership skills. In this evaluation we have obtained rich data from 22 Award holders (59% of the total population who completed their Awards during the past 18 years) and have demonstrated a high level of consensus between the views of Award holders and Mary Seacole Award Steering Group members in relation to the key achievements of the Awards. The evaluation also demonstrates robust consistency with the findings of the two previous reviews of the Mary Seacole Awards, thereby presenting a view over nearly two decades of their success in developing effective and courageous leaders who have had a positive impact on reducing health inequalities.

In this final section we bring together our overarching conclusions based on the data we have gathered and make a number of recommendations based on the considered views of both stakeholder groups.

4.1   Conclusions

Improving health outcomes for people from BME communities and beyond
A key objective of the Mary Seacole Awards is to improve health outcomes for people from BME communities; this evaluation demonstrates that Award holders have made a difference in many practical and tangible ways. Among many examples, the needs of older people have been met through service changes, maternity care for non-English speaking women has been radically changed, younger people have been made more aware of HIV/AIDS and the needs of the Irish traveller community are better understood by healthcare staff. The impact of Award holders' work has been felt beyond healthcare for minority communities, as many of the issues addressed are relevant for the wider communities served by today's NHS.

Reducing health inequalities
The evidence from this evaluation demonstrates that the accumulated work of the Award holders has had a direct impact on people's health thereby contributing to the reduction of health inequalities among hard-to-reach groups who are often marginalised and neglected. As service providers strive to meet their statutory obligation to develop more equitable services for our diverse communities, the body of work resulting from the Awards over the past 18 years has significantly raised the profile of health inequalities and of the healthcare needs of BME communities.

Leadership skills

Mary Seacole was a pioneering leader with acute political awareness. It is striking that the Awards have enabled individuals to develop core skills of leadership: networking, influencing and communication. There has been transformational change on a personal scale as individuals have had access to role models for the first time and have then been able to achieve and sustain their own potential as leaders. Many have gone on to achieve senior posts and to become significant leaders in healthcare practice and education.

Sustainability of positive changes

Short-term change is often reasonably easy to achieve, however the real challenge lies in maintaining sustainable change. The Mary Seacole Awards have been notable in that many improvements have become integrated into service redesign and thereby sustained beyond the time of the Award holder's project. This has been achieved by disseminating the findings, training staff in new ways of working, mentoring staff, and ensuring that other staff learn from the findings of the Award holders' work and that different ways of working are integrated into practice.

Impact on policy

To achieve greater equity of services for minority communities and improved patient experiences, it is vital that the outcomes of the work of Award holders are embedded in policy, business objectives and operating frameworks at all levels.

There are many instances where Award holders' work has resulted in changes to local, national and international policy. For example, there have been changes to local strategy for traveller communities, for older people, to national guidelines for HIV/AIDS, national guidelines for hepatitis B and C, to the maternity services framework and to international policies for mental health for minority communities. This work has led to improvements in life chances for individuals from BME communities and beyond.

Issues highlighted by Award holders are often those that are not recognised and addressed in other arenas and are therefore unlikely to have been the subject of policy changes through any other route: their work is therefore of vital importance to our modern NHS.

User involvement in policy and services

The Mary Seacole Awards aim to reduce health inequalities while improving health outcomes among BME communities. While professionals can make an enormous contribution to this goal, it is strengthened further when service users from these communities are empowered to 'find their voice'. There are numerous examples from the

evaluation of instances where service users and carers from hard-to-reach BME groups, whose needs were marginalised and unrecognised, have developed confidence and awareness through their involvement in Award holders' projects.

Developing the evidence base

In all fields of nursing and midwifery it is vital to develop a robust evidence base from which to further advance practice. Similarly, the evidence base relating to issues affecting minority communities and health inequalities must be strengthened so that effective ways of working can be communicated to other professionals and thereby embedded in wider policy and practice. Award holders have disseminated their findings and the impact of their work in the final reports they produced, in published articles in peer-reviewed journals and in presentations at numerous conferences, thereby making a major contribution to the developing evidence base.

Personal and professional development

Effective and enduring leadership is only possible when individuals experience personal and professional development. The structure of the Mary Seacole Awards supports Award holders in many practical ways and many individuals reported that they had been enabled to develop specific skills such as project management and presentation skills. It was clear that many individuals had also developed greater self-confidence, strategic thinking skills, networking skills and, most importantly, a belief in their own ability which continues to sustain them in their careers. For many, the experience of the Award had *'opened their eyes'* to what professionals from BME community backgrounds can achieve. They have been inspired by role models and in their turn have become role models for others.

4.2   Recommendations

Mary Seacole Award holders have demonstrated courage and resilience and their experiences have enabled them to develop their leadership skills, to gain promotion, to enhance patient experience and to have a positive impact on policy. Furthermore, they have demonstrated that many of the initiatives they started have been sustained beyond the life of the project.

The evidence of this evaluation has also shown that there are ways in which the impact of the Awards and the work of the Award holders can be further enhanced. Our recommendations are made in the belief that the firm foundations and achievements of the past 18 years can be built on to develop even more effective leaders for the modern NHS

and to meet the needs of and improve health outcomes for the diverse communities in Britain today.

1. There is unequivocal evidence that the Mary Seacole Awards enhance career opportunities for professionals from BME communities at a time when they are under-represented in leadership and management positions: they should therefore continue in their present form and with the present funding levels maintained or even enhanced, given the strategic importance of the awards.

2. The current system of support for Award holders, namely mentors and academic supervisors, should be strengthened and co-ordinated to provide individuals with personal and professional advice during this life-changing year.

3. The vital, supportive role played by Award holders' colleagues and managers should be reinforced and acknowledged by involving these individuals more actively in the process. Award holders' managers could, for example, be invited to events organised by the Steering Group to recognise their commitment.

4. Award holders are powerful and influential individuals and their impact should be enhanced further by bringing them together regularly after the completion of their projects. A Mary Seacole alumni group would have even greater influence than individuals alone and would create a critical mass of professionals to further the goals of the Mary Seacole Awards.

5. The findings of the Award holders' work should be more widely disseminated so that they can have even greater impact on policy and practice than at present. Articles in peer-reviewed journals are essential to promulgate the evidence base and these should be augmented by regular conference presentations and articles in more accessible publications and professional journals that are widely read. Consideration should be given to a series of 'Highlights' focusing on policy changes achieved and practical implications from Award holders' work to be published regularly by the Mary Seacole Award Steering Group and disseminated widely throughout the NHS and wider health and social care sector.

6. The outcomes and practical implications for service development and improvements in patient experience demonstrated by the impact of the Award holders' work is evident beyond BME communities. The implications of the work for the wider communities served by the NHS should be highlighted and publicised more widely.

7. There is great strength in the fact that the Awards are supported by the key organisations in nursing, midwifery and health visiting: Department of Health, NHS Employers, Royal College of Nursing, Royal College of Midwives, UNISON and Unite CPHVA. This support should continue.

8. Consideration should be given to the suggestion that in each year, applications be invited to address aspects of a theme of key strategic importance to the NHS and to the important agenda of ensuring equity of healthcare for all communities.

9. The Awards should be widely advertised and promoted by the Steering Group and previous Award holders to ensure that individuals with the potential to be effective leaders have the opportunity to apply and become part of the growing body of influencers to improve health outcomes and challenge health inequalities in modern Britain.

In summary, the Mary Seacole Awards are a fitting, dynamic and contemporary legacy for a remarkable pioneer and leader. Through the Awards, the impact of her vision and courage continue to be experienced by some of the most marginalised groups and communities in modern Britain. Without these Awards, many of the unmet health needs would continue to go unrecognised. Their important contribution should be sustained and strengthened so that health inequalities continue to be addressed within today's NHS.

References

Department of Health (2000) *Black and Ethnic Nurses, Midwives and Health Visitors Leading Change: A report of the Mary Seacole Leadership Award – the first five years,* London: Department of Health.

Department of Health (2010a) *Equity and Excellence: Liberating the NHS, Cm 7881,* London: The Stationery Office.

Department of Health (2010b) *Review of the Mary Seacole Scholarship Awards,* London: Department of Health.

Department of Health (2011a) *Innovation, Health and Wealth: Accelerating adoption and diffusion in the NHS,* London: Department of Health.

Department of Health (2011b) *The Operating Framework for the NHS in England 2012/13,* London: Department of Health.

Department of Health (2012a) *Liberating the NHS: Developing the healthcare workforce from design to delivery,* London: Department of Health.

Department of Health (2012b) *The NHS Constitution for England,* London: Department of Health.

The King's Fund (2011) *The Future of Leadership and Management in the NHS: No more heroes,* London: The King's Fund. Available at http://www.kingsfund.org.uk/sites/files/kf/future-of-leadership-and-management-nhs-may-2011-kings-fund.pdf (accessed 21.09.12).

The Mid Staffordshire NHS Foundation Trust Inquiry (2010) *Independent Inquiry into Care provided by Mid Staffordshire NHS Foundation Trust,* Vols 1 and 2, HC375-1, London: The Stationery Office.

Evaluation of the impact of the Mary Seacole Awards: Outline schedule

Week	Activity
30 April	Finalise contract for project Draft letter of introduction to Mary Seacole (MS) Award winners to introduce the survey and ask for contact details
7 May	Draft letter of introduction to GA/TS for approval Draft online questionnaire [Stage 1] Arrange for letter of introduction to be sent out to MS Award winners
14 May	Agree draft online questionnaire
21 May	Electronic contact details of Award winners to Jill Rogers Associates
28 May	Prepare contact listing and finalise online questionnaire
4 June	Piloting the draft online questionnaire and any revisions to the questions
11 June	Online questionnaire sent to Award winners
18 June	Receive responses to online questionnaire First reminder sent to non-respondents Agree in-depth interview questions
25 June	Second reminder to non-respondents First-level analysis of online questionnaire to identify those for in-depth interview Draft in-depth interview schedule [Stage 2]
2 July	Continue analysis of online questionnaire data Invite selected sample for in-depth interviews and negotiate dates
9 July	Arrange dates for and conduct in-depth interviews
16 July	Conduct in-depth interviews
23 July	Conduct in-depth interviews
30 July	Conduct in-depth interviews Prepare design template for final report
6 August	Analysis of in-depth interview data Arrange interviews with managers of 2010 Award holder respondents [Stage 3] Prepare online questionnaire for the MS Award Steering Group [Stage 4] and send to members
13 August	Data analysis continues
20 August	Data analysis continues
27 August	Reminder sent to non-respondents (MS Award Steering Group) Draft the report
3 Sept.	Conduct interview with Award holder's manager Draft the report
10 Sept.	Submit draft report for approval Draft report discussed at the MS Award Steering Group meeting [12 September]
17 Sept.	Finalise report in response to feedback
24 Sept.	Prepare PowerPoint presentation of key conclusions
1 October	Submit the final report and PowerPoint presentation

Evaluation of the impact of the Mary Seacole Awards

The questions that were asked in each of the four stages of the evaluation are captured below.

Stage 1: Online survey questions to Award holders

Part 1: Background information

1.1   Your name

1.2a   Which age group are you in now?
   • 29 or younger
   • 30–39 years
   • 40–49 years
   • 50–59 years
   • Over 60 years

1.2b   What is your gender?
   • Female
   • Male

The next three questions relate to your position when you received your Mary Seacole Award.

1.3   When you received the Mary Seacole Award, what was your job role?

1.4   At the time of receiving your Mary Seacole Award, what was the name of your employing organisation?

1.5   When you received your Mary Seacole Award, was your role **predominantly**:
   • Clinical
   • Education
   • Research
   • Management
   • Combination (please specify)

*The next questions ask about your **current** occupation.*

1.6   Are you currently in paid employment?
   • Yes [please go to Q1.7]
   • No [please go to Q1.10]

1.7   If 'yes' are you:
   • Employed [please go to Q1.8]
   • Self-employed [please go to Q1.9a, b and c]

1.8   If you are employed, where are you employed and what is your current role title?
   • Employing organisation
   • Role title

Please now go to Part 2

1.9a   If you are self-employed, when did you become self-employed?
   • Within the last year
   • 1–5 years ago
   • 6–10 years ago
   • 11 years ago or more

1.9b   If you are self-employed, what is the nature of your work?
· Healthcare
· Charity
· Other (please specify)

1.9c   If you are self-employed, what is the name and type of organisation, if applicable?

Please now go to Part 2
1.10   If you are currently not in paid employment, are you:
· Retired [please go to Q1.11]
· On a career break [please go to Q1.12a and b]
· Unemployed [please go to Part 2]
· Other, please specify [please go to Part 2]

1.11   If you are now retired, what was your last role before retirement/ceasing paid employment?
· Title of role
· Name of organisation

Please now go to Part 2
1.12a   If you are on a career break, what was your last role before your career break and which organisation was it?
· Title of role
· Name of organisation

1.12b   Please tell us about the nature of your career break

Please now go to Part 2

Part 2: Focusing on your Award

This part explores your reasons for applying for the Award and the impact it has had on aspects of your personal and professional development.

2.1   Why did you apply for the Mary Seacole Award and how important was each reason? Please tick ALL that apply and indicate how important each reason was:
· I wanted to improve the health outcomes of people from black and minority ethnic communities
· I was encouraged by my manager to apply
· I wanted to develop my leadership skills/style
· I thought it would be beneficial to my professional development
· Other reason(s), please specify

2.2   Please consider the impact of the Award on your professional confidence
· Very significant impact
· Significant impact
· A moderate impact
· No impact
Please expand your answer to Q2.2

2.3   Please indicate the extent to which the Award has enabled you to develop the following skills:
· Project management
· Problem solving
· Budget management
· Self-confidence
· Developing others

- Presentation and communication skills
- Report writing
- Negotiation and networking
- Any other skills (please specify)

Please expand on each of your responses to Q2.3

If your work has had an impact on policy, has this been predominantly:
- Locally
- Regionally
- Nationally
- Internationally

Please briefly describe the impact it has had

2.4   As a Mary Seacole Award holder you were supported by a mentor and an academic supervisor. Please indicate how helpful they were.
Mentor support
- Very helpful
- Helpful
- Not very helpful

Academic supervisor support
- Very helpful
- Helpful
- Not very helpful

Please expand on your responses

2.5   Please consider the impact that the Award has had on your career development.
- Very significant
- Significant
- Moderate
- No impact

Please expand on your answer to Q2.5

2.6   Please consider the impact that the Award has had on your own work area and also on patient/service user care and/or service delivery.

My Award has impacted on **my own work area**
- To a great extent
- To some extent
- To a little extent

My Award has affected **direct patient/service user care and/or service delivery**
- To a great extent
- To some extent
- To a little extent

Please expand on your answer to Q2.6

2.7   Has the work you completed for the Mary Seacole Award had an impact on, or influenced any policy statements and decisions?
- Yes [please go to Q2.8]
- No [please go to Q2.9]

2.8   If your work has had an impact on or influenced policy statements and decisions, has this been predominantly:
- Locally
- Regionally

- Nationally
- Internationally

Please briefly describe the impact or influence it has had

2.9   Please describe how your work for the Award contributed to an improvement in the health outcomes of people from black and minority ethnic communities.

2.10   Please briefly describe the ways in which you think the Award has influenced your leadership style. By 'leadership' we mean ability to influence, work with, motivate and inspire others as they strive to deliver high quality care and improve health outcomes.

2.11   How did the outcomes of your project contribute to the improvement plans of your organisation, in particular the Quality, Innovation, Prevention and Productivity (QIPP) agenda?

2.12   Please briefly describe those aspects of the work that you have completed for the Award that you are you most proud of.

Please now go to Part 3

Part 3: Looking to the future

This last section asks your views about how the Awards could be enhanced.

3.1   Is there anything you think that it would be useful for future Award holders to know either before they apply and/or before starting work for the Award? Please describe briefly.

3.2   Is there any way in which the experience of completing your project could have been enhanced? Please describe briefly.

3.3   Is there anything else that you would like to tell us about your experience of the Award or about the impact of the Award on your professional and personal development? Please describe briefly.

Stage 2: Schedule for telephone interviews with Award holders

Introduction to the telephone interview

1. You said that your work had had an impact on policy in various ways. Please could you tell me more about this? How has it had an impact?

2. We are interested in the impact that your work has had on the quality of service delivery, its innovative nature, whether it has enhanced productivity in any way or tackled any negative health outcomes. Please can you tell me more about this?

3. What would you say have been the three most important benefits of your work for people from black minority ethnic communities?

4. If you were making a business case for the Awards, how would you use your particular achievements to argue for their continuation? What would be main benefits of the Awards that you would want to highlight?

5. What key things would you want to keep about the way that the Awards are organised?

6. Is there anything that you would want to change?

For 2010 Award holders:
We are keen to talk to the managers of the 2010 Award holders. Are you happy for us to approach your manager? If so, please provide his/her contact details.

Stage 3: Schedule for telephone interviews with managers of Award holders

Introduction to the telephone interview

1. If you were asked to make a business case for the continuation of the Mary Seacole Awards, what would be main benefits of the Awards that you would want to highlight as a result of your experience of being the manager of one of the Award holders?

2. What do you think has been the impact of [Award holder's] work on:
   - Local practice?
   - Colleagues?
   - Personal/professional development?
   - Local/regional/national policy?

3. What plans do you and/or the service have for any future developments related to [Award holder's] work that s/he completed for the Mary Seacole Award?

4. In your view what has been the most important benefits for [Award holder] of having been awarded a Mary Seacole Award?

5. Is there anything else that you would like to add?

Stage 4: Online survey questions to Mary Seacole Award Steering Group members

1.   Name

2.   How long have you been a member of the Mary Seacole Steering Group?
   • Less than 2 years
   • Between 2 and 4 years
   • Between 5 and 6 years
   • More than 6 years

3.   What has your particular involvement been? For example, have you acted as mentor to Award holders?

4.   If you were making a case for the continuation of the Mary Seacole Awards what would be the three main benefits that you would want to highlight?
   1.
   2.
   3.

5.   In your opinion what have been the main benefits of the Mary Seacole Awards for the recipients in terms of their leadership skills, professional development, and contribution to policy?
   • Leadership skills
   • Professional skills
   • Contribution to policy

6.   In your opinion what have been the major benefits of the Awards for improving health outcomes for minority ethnic communities?

7.   Are there any improvements that you would wish to suggest in the ways in which the Awards are organised?

8.   Is there anything else you would like to add?