

CLINICAL CHAMPIONS PROGRAMME REFRESH

Case Study 2023

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

ABOUT THIS REPORT

In this report, we present the design of our refreshed Clinical Champions programme, show the development process that we carried out during the second half of 2023 and share our learnings.

The programme refresh aims to understand the benefits and shortcomings of the current programme, spot future trends and unlock opportunities to make the programme even more impactful.

The Martin Laing Foundation contributed to funding the programme refresh. There was no involvement or influence in its conceptualisation or delivery.



CONTENTS

1	Summary	x
2	Background	x
3	The Refreshed Programme	x
4	Approach and Methods	x
5	Development Process	x
6	Learnings	x
7	What's next	x

1

SUMMARY



Background

We launched the award-winning Clinical Champions programme close to a decade ago.

For the programme to be future-proof and most effective, it needs to reflect current changes in the NHS and society.

The programme refresh aims to understand the benefits and shortcomings of the current programme, spot future trends and unlock opportunities to make it even more impactful.

New programme

The refreshed programme moves away from enabling healthcare professionals to become strong individual leaders to developing systems leaders.

Key shifts:

An ethos reflecting inclusivity in all its aspects, building capabilities to create the conditions for change, multiple facilitators with learned expertise and lived experience, driving social change together as a UK-wide effort, local and national connections.

Development

We used a collaborative and strategic service design approach.

Outputs:

- Evaluation report.
- Insights summary from stakeholder involvement.
- A revised, more inclusive comms strategy and recruitment process.
- Application pack.
- Session plans and learning materials.
- Delivery of a Systems Change Practice Course pilot that 25 participants completed.

Learnings

- 1. Fully embrace inclusivity:** Fundamental changes to the programme were necessary to be authentic.
- 2. Keep what is good:** We were mindful of building on successes when making changes.
- 3. Build trust:** Building trust with and among participants is essential when we involve minoritised voices to enable people to disagree well.

What's next

- We are in the process of recruiting two cohorts of 20 healthcare professionals.
- The onboarding process will be completed by the end of April and the programme will kick off in May 2024.
- Collaboration with community groups and individuals for co-delivery.
- Finalising learning materials and administering.

2 BACKGROUND

Why change is needed

Opportunities for leadership development are scarce for health and care professionals. Our Clinical Champions programme fills this gap. We launched the award-winning programme close to a decade ago and have been working with 150 leaders who improved care for people with and at risk of diabetes. Our Clinical Champions have been connecting with each other and our charity to support national, regional and local change.

Throughout those years, the NHS and society have changed significantly and new advancements in leadership concepts and technology have emerged. For the programme to be future-proof and most effective, it needs to reflect these changes, prepare participants for what is to come and enable them to actively shape the best possible future.

The programme refresh aims to understand the benefits and shortcomings of the current programme, spot future trends and unlock opportunities to make it even more impactful. We have built on the programme's success and brought in the latest knowledge about systems leadership.



“Clinicians historically don't get given any leadership support. You leave care delivery and change to managers who aren't clinicians. So what the NHS actually needs is clinicians to be more proactive and instigating change. If you keep on doing the same thing all the time, that's not gonna provide good value-based care for that patient because things change”
(Healthcare professional)



Why systems leadership:

Fairer and better diabetes care – A task too big to tackle alone

Only 18% – 37%

of people with diabetes get all 9 essential care processes.

Social deprivation is the main barrier to accessing care.

Only 33% – 40%

of people of Black and South Asian ethnicity are offered wearable glucose monitors compared to 52% of White people.

Not getting up-to-date treatment is a sign of systemic racism.

Only 56%

of staff are happy with the standard of care.

Many healthcare professionals feel demoralised and the level of burnout is high.

The unprecedented scale of diabetes, widening inequalities and an overstretched workforce call for leadership like never before. Such complex challenges can't be tackled by a few heroic individuals.

Leadership must be a collective effort to which people from all levels, backgrounds and different places contribute.

We believe together we can transform diabetes care so that everyone

- gets the care they deserve,
- ethnicity and deprivation no longer determine health outcomes, and
- staff feel valued and can create the conditions for better and fairer diabetes care.



3 THE REFRESHED PROGRAMME



Programme aims

Leading change

1

Participants are not just attendees; they become catalysts for positive transformation. Empowered to lead impactful change at the community level and beyond, they contribute to the creation of systems that deliver fairer and better diabetes essential care for all.

Building networks

2

Participants extend their reach beyond organisational boundaries, forming networks that foster continuous improvement and collaboration. This is more than a programme; it's a movement towards collective leadership.

Tackling inequalities

3

Participants actively contribute to dismantling systemic inequalities. They play a pivotal role in reshaping the landscape of diabetes care. This is an opportunity to be part of a UK-wide effort to address complex challenges collectively.

Key shifts

Current programme

The programme's ethos reflects collaboration throughout the programme

Individual participants mainly build their own leadership capabilities to make change happen

Mainly one facilitator with academic expertise in organisational psychology runs the sessions and professional guest speakers share their knowledge

Participants feel privileged to get space for reflection in a special venue away from work

Participants apply their learning in their own work context to any aspect of diabetes care that they feel passionate about

Participants consider the wider national context and build a national support network



Refreshed programme

The programme's ethos reflects collaboration and inclusivity in all its aspects (anti-racism, space for quieter voices etc.) throughout the programme

Participants (some are collaboratives) build their capabilities to involve diverse perspectives and create the conditions for change

Multiple facilitators with a range of learned expertise and lived experience co-design, deliver and influence the sessions

Participants feel valued because they get space for reflection away from work which inspires them to drive social change together with our charity

Application of learning is linked to our charity's strategy which makes participants part of a UK-wide effort to drive systemic change

Participants consider the connections between local and national contexts and build a national support network as well as local partnerships

Programme overview

We develop **systems leaders** who **start small** from wherever they are, **include marginalised voices** and **lead together** across boundaries.

This programme is a completely free opportunity for healthcare professionals from across the UK to develop transferrable leadership skills and build a UK-wide support network and local partnerships for collective action. Over the course of 1.5 years, they'll build their capabilities and connections to become catalysts for positive transformation of diabetes care.



Our programme is a collaborative effort.

The content is co-designed and delivered with healthcare professionals, community leaders and people with lived experience. This ensures relevance, inclusivity and real-world application.



It's a training programme and a call to action.

The practical application of learnings from this year's programme will focus on getting diabetes essential care right for all.

Who the programme is for

Anyone who works in a health and care context and is committed to getting essential diabetes care right for all:



We aim to develop leaders at every level of the health and care system who truly reflect the talents and diversity of staff and the communities they serve.

We recognise potential.
Participants need no experience working in a formal leadership role.

Key programme features

A small but diverse cohort

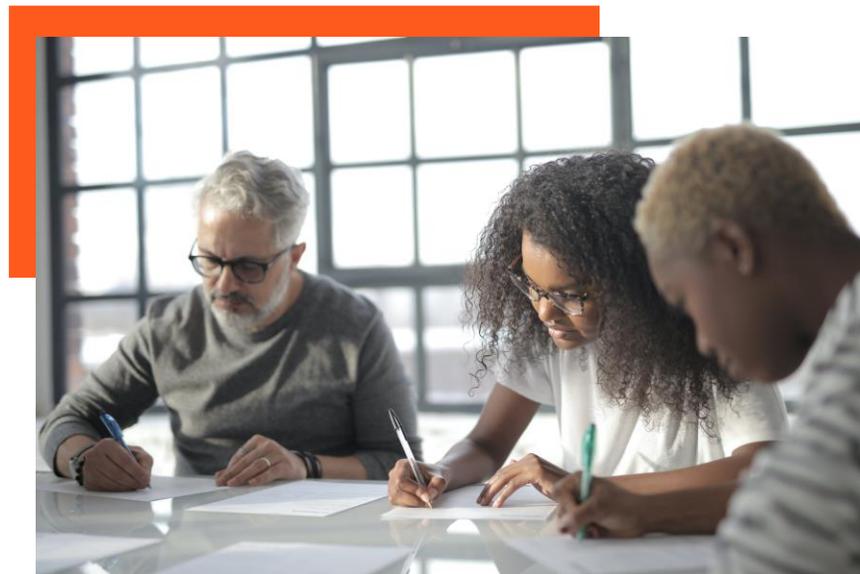
Learn with openness, curiosity and confidentiality in a small but diverse cohort of 20 healthcare professionals from across the UK and meet a range of experts in systems change.

A blend of in-person retreats, online sessions and local events

Immerse yourself in a blend of carefully curated in-person retreats, online sessions and local events. These gatherings provide a safe space to engage in reflection away from the daily routine, fostering not only learning but also connections that last.

A collaborative approach

Apply your learning by collaborating with healthcare professionals, regional and national Diabetes UK teams, alumni participants, individuals with lived experience, and community groups. Working together is pivotal in addressing inequalities and optimising diabetes care.



Topics covered

1



Understand yourself and your relationships in the system

2



Build trust and create a collaborative environment

3



Co-create a positive future vision

4



Have better conversations

5



Involve marginalised voices

6



Use a systems lens to tackle inequalities

7



Make sense of complex situations

8



Negotiate and influence

9



Initiate change

10



Deal with uncertainty

12



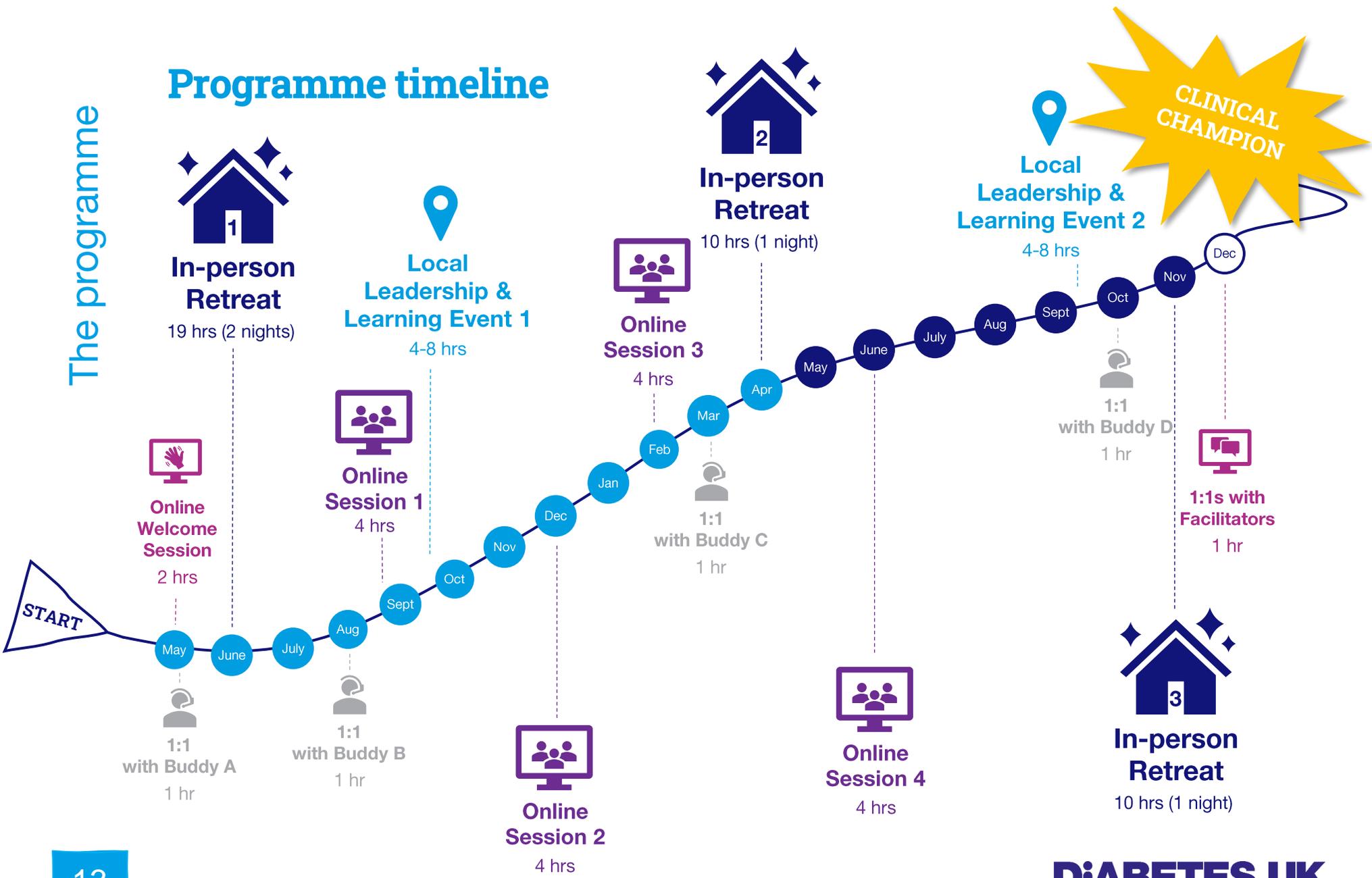
Sustain and scale change

!



Celebrate your successes

Programme timeline



Delivery format

All in-person and online sessions are facilitated by healthcare professionals and others with extensive learned and lived experience in diabetes, systems change, community engagement and leadership.

In-person retreats



In-person retreats provide opportunities to learn about leadership, share learning, bond with the other participants, reflect on leadership practice, and plan the next steps to give focus to the time between sessions.



Online sessions

The Welcome Session is an opportunity for participants to meet the other group members and facilitators. We hope this helps people to feel more comfortable before attending the first in-person retreat.

The Online Training Sessions start with short peer-learning circles in small groups (4-6 participants) that provide a space to share and reflect on real-life leadership challenges. They also cover new training content.

The 1:1s with Facilitators at the end of the programme are semi-structured conversations to reflect and collect stories of change and feedback. The insights from these conversations form part of our evaluation.

Buddy sessions



The 1:1 buddy sessions are online video calls between two participants from the programme. We will match participants with a different person for each call. The first session is planned just before the first residential to put people more at ease by already knowing at least one other participant. The rest of the buddy sessions aim to encourage reflection and are linked to the pre-work before in-person retreats.

Local leadership and learning events



Participants will be invited to play an active role in setting up and running local events for change-makers in their local area who may include healthcare professionals, people with lived experience and community partners. These events are an opportunity to gain practical leadership experience and to share knowledge that is specific to the local context of the participants' workplaces. Working together with Diabetes UK staff from the local operational teams and the leadership community is also a chance to build closer relationships to create collective impact now and in future.

Session plan: May – December 2024

Timing	Sessions
May	Welcome session: Connecting with each other
May	1:1 with Buddy A: Seeing yourself in the system
June	<p>In-person Retreat 1 – Embracing an open mindset: Open our hearts, minds and collective wisdom</p> <p>Day 1: Leading yourself and building trust</p> <ul style="list-style-type: none"> • Introduction to systems leadership & practice • Leading yourself – Your leadership journey • Application: How to create a collaborative environment <p>Day 2: Co-creating a positive future vision for essential diabetes care</p> <p>Clinical Champions, DUK staff and people with lived experience of racism and social deprivation connect through theatre to:</p> <ul style="list-style-type: none"> • Explore health inequalities in essential diabetes care and build a shared understanding of the diabetes system • Co-create a shared vision and commitment to improving the system at community and regional level • Application: How to form a team, set goals, use systems practice as a process <p>Day 3: Having better conversations</p> <ul style="list-style-type: none"> • Communication training with actors • Application: How to ask better questions and observe to better understand • Leading yourself – Your action plan
Aug	1:1 with Buddy B: Your beliefs, values and assumptions
Sept	Online session 1: Application – How to involve marginalised voices & use a systems lens to tackle inequalities
Sept/Oct	Local event: Bringing people together in your local area
Dec	Online session 2: Application – How to make sense of complex situations & present insights to influence change

Session plan: January – December 2025

Timing	Sessions
Feb	Online session 3: Influencing stakeholders
March	1:1 with Buddy C: Your relationships in the system
April	In-person Retreat 2 – Embracing an enabling mindset: Enable the system to change itself Day 1: Negotiating and influencing <ul style="list-style-type: none">• Adaptive leadership• Giving better feedback• Influencing with and without positional power Day 2: Initiating change, engaging others & dealing with uncertainty <ul style="list-style-type: none">• Application: How to harness our creativity, find opportunities for change, prototype to fail early and learn fast, reduce uncertainties, engage others
June	Online session 4: Application – How to make a case for change
Sept/Oct	Local event: Bringing people together in your local area
Oct	1:1 with Buddy D: Your story of change
Nov	In-person Retreat 3 – Embracing a sustaining mindset: Get more depth and spread of a systems approach Day 1: Sustaining and scaling change <ul style="list-style-type: none">• Deepening and spreading the conditions for change• Negotiating effectively• Looking back at your leadership journey Day 2: Sharing your stories of change and learnings <ul style="list-style-type: none">• Sharing your stories and learnings of contributing to creating systems that produce better diabetes care• Networking with DUK staff and others
Dec	1:1 with facilitators: Sharing successes and giving feedback

THEORY OF CHANGE

Situation

Those working in a health, care and community context lack support to build the necessary capabilities and service conditions to tackle complex challenges which get in the way of better essential diabetes care

Outputs			Short-term Outcomes	Long-term Outcomes
What we do	How we work	What we create	Change in capability	Change in action
Recruit more HCPs from Black African and Black Caribbean ethnicity Recruit more generalists Delivery of programme: 3 residential sessions, 2 local events, 6 online sessions, online welcome & reflective closing session, 4 buddy sessions	Inclusive Relationship-focused Learning-focused Experimental	More diversity in HCP leadership Ethos that reflects collaboration and inclusivity in all its aspects Capabilities to create the conditions for change Learning from multiple facilitators with a range of learned expertise and lived experience Feeling of being valued and space for reflection away from work UK-wide effort to drive systemic change National support network and local partnerships	- More confidence and courage to make change at community level or above happen - Ability to apply capabilities in systems leadership - Applying a systems lens to identify opportunities for change and take action towards making improvements in the three target areas: 1. Essential diabetes care 2. Tackling inequality 3. Reach early diagnosed with Type 2 Diabetes	1. Clinical Champions lead change at community level or beyond that contributes to creating systems that get essential care right 2. They form networks outside of their organisations to continue improving together 3. They actively contribute to tackling inequalities
			Impact Change in situation Clinical Champions drive system-level change which enables them and others to tackle complex challenges so that people with lived experience of diabetes can live better	

Evaluation	Measure	Participants Who we reach	Engagement How they engage	Feedback What they say	Short-term outcomes What they learn	Long-term outcomes What they do differently	Impact Sustained change
	Method	Diversity data	Retention & attendance rate, observations	Feedback forms, interviews	Pre- and post-survey, stories of change, interviews	Stories of change, interviews	Stories of change, interviews

Assumptions: Participants are committed to making changes that benefit people with and at risk of diabetes. Participants can make change happen at work.

4 APPROACH AND METHODS



Collaborative and strategic service re-design

Collaborative

During the second half of 2023, the two programme leads reached out to healthcare professionals and various internal stakeholders from our charity. Their involvement helped to get the right skills and different perspectives to unlock opportunities for change. Their views on the programme helped to identify different needs and visions and to find the best way forward. The relationships we built will also help to keep the work going and provide opportunities for future collaboration.

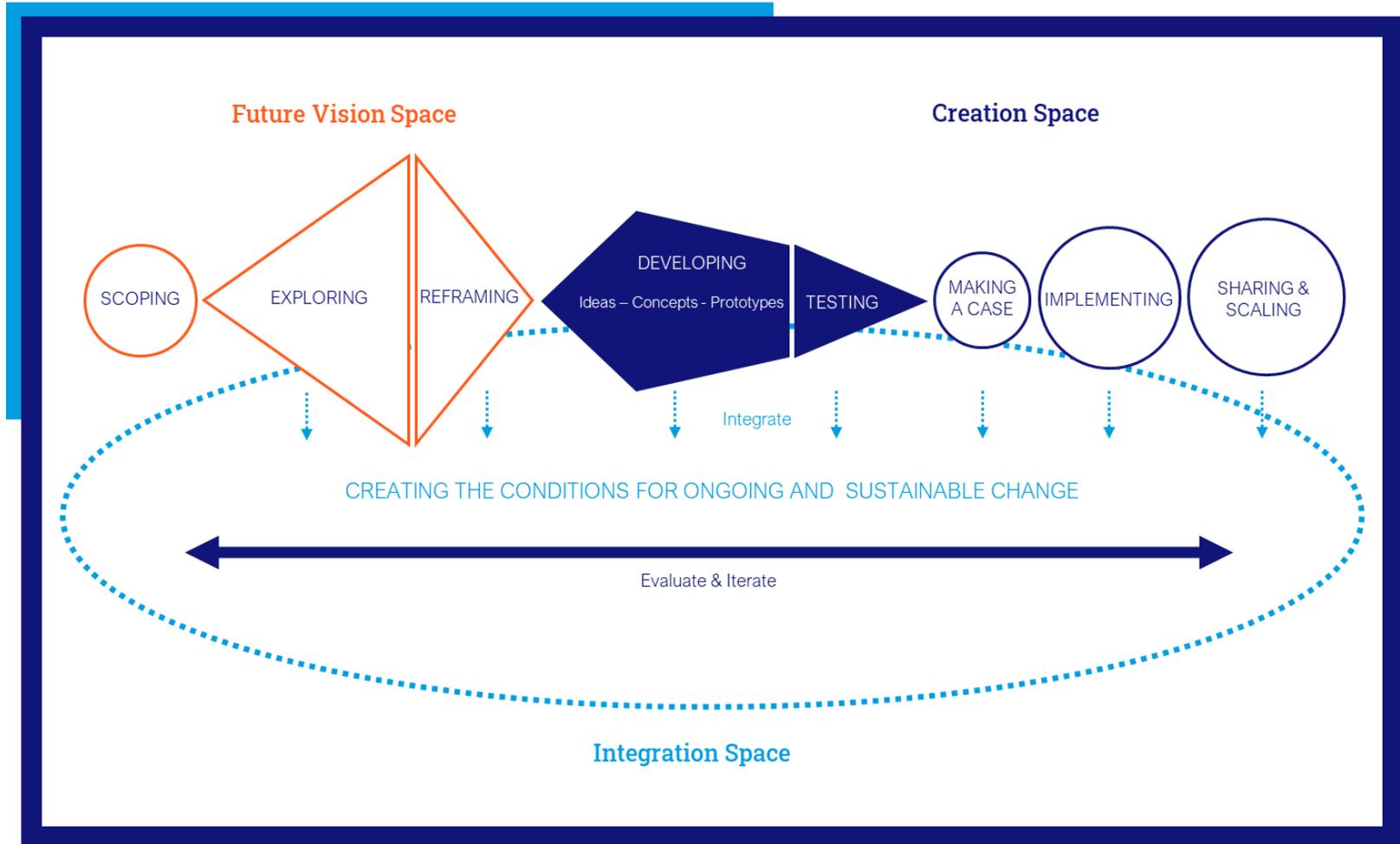
Strategic

We have considered from the outset how to create the most effective impact by linking this programme to our charity's strategic target programmes and other Diabetes UK initiatives and workstreams. Our refresh builds, for example, on existing insights, commitments and an action plan from our [Tackling Inequality Commission](#). We have also looked out for opportunities to build more connections between the Clinical Champions and our colleagues from other teams to drive systemic change together.

Systemic service design process

We followed a systemic design process to ensure we understood diverse perspectives and connections within the system first before jumping to conclusions. The process also prompted us to test and improve ideas in short learning cycles to reduce the risk of failure before integrating them into the programme.

Our process



Our process phases

SCOPING

- Build a core working group
- Provide orientation by agreeing on focus, expectations and process
- Build on existing opportunities

EXPLORING

- Understand the context – see the bigger picture
- Build a wider working group
- Explore and reduce barriers to becoming part of the working group

REFRAMING

- Challenge pre-held assumptions and build empathy based on insights from the exploration
- Set a shared future vision
- Adjust and reword short-term goals for the project

DEVELOPING

- Co-create ideas and concepts based on the future vision and insights from the exploration
- Make ideas visible and tangible through prototypes

TESTING

- Gain insights by testing and refining multiple ideas for change with real users
- Build co-ownership through visible and tangible prototypes that spark conversations and motivation

MAKING A CASE

- Reduce uncertainty by focusing on the most promising solutions from the testing phase
- Co-develop a theory of change including baseline measures
- Negotiate how to integrate changes into practice

IMPLEMENTING

- Integrate changes into daily practice
- Evaluate feasibility and effectiveness

SHARING & SCALING

- Tell stories of change
- Keep (re)building conditions for change
- Spread change across the wider system(s)

Methods: How we developed our refreshed programme

Approach

Scoping

- The Programme Leads and Head of Department sought permission from their Executive Team and agreed on the focus and scope of the refresh
- Desk research on existing insights, leadership concepts and other leadership programmes

Exploration

- Evaluation of the current Clinical Champions cohort and historical evaluation and feedback
- 2 stakeholder involvement meetings with healthcare professionals and internal colleagues
- 2 online consultation meetings with internal experts on equality, diversion and inclusion
- Various conversations with our colleagues from across the charity

Reframing

- The focus shifted towards inclusivity in all its aspects and tackling inequality. Throughout the process, it became increasingly clear that fundamental changes to the delivery format, content, venue and stakeholders are necessary to be authentic.

Developing and Testing

- Development of a new programme plan, format and structure
- Testing new materials with colleagues with and without clinical backgrounds
- Piloting an online workshop format for skills development in systems change practice

Making a case

- Presentation and report of refreshed programme design



5 DEVELOPMENT PROCESS

Exploring phase: Programme evaluation

Activities

- Historical evaluation and feedback from previous cohorts including 16 semi-structured post-programme interviews
- Analysing 4 post-session surveys from the most recent cohort
- 18 semi-structured post-programme interviews with participants from the most recent cohort
- Keeping field notes from observing and reflecting as a host team
- Carrying out thematic data analysis
- Developing insight summaries (journey map, stories etc.)



Output

- Evaluation report that can be downloaded at [The Clinical Champions Programme | Diabetes UK](#)



Insights from the evaluation



What works well



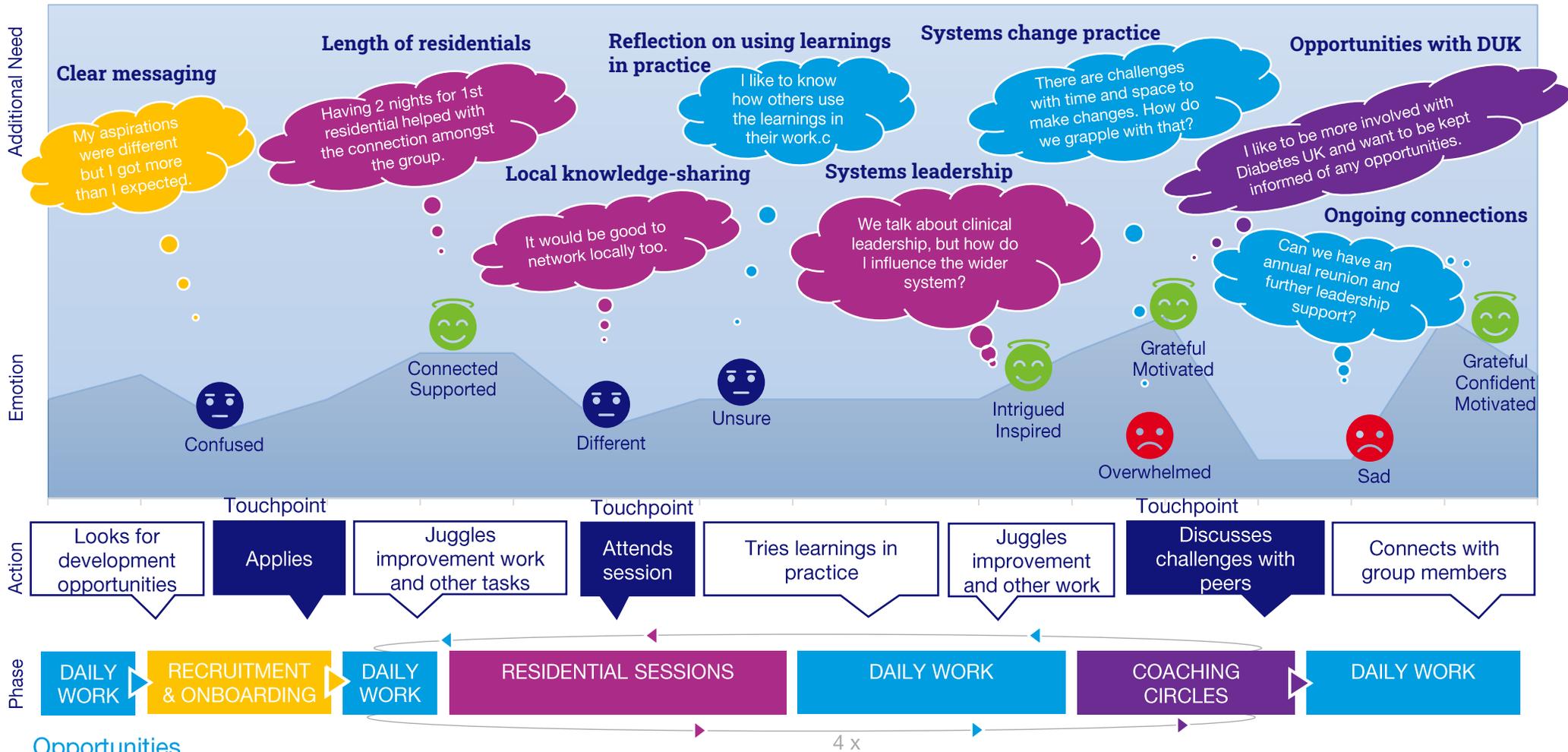
- One of the most effective components of the programme is **building connections with each other and Diabetes UK** to keep improving.
- Participants grew their **confidence and leadership capabilities**.
- They **applied their learning to improve care**.
- Participants learned to manage upwards which helped to gain **more resources and support for the diabetes workforce**.

What would make the programme even stronger



- **Expand to systems leadership:** Clinical Champions don't learn on the programme how to look and go out into their communities. They mainly look, manage and move upwards where key decision-makers are and don't look beyond the NHS.
- **Tackle inequalities & Grow diversity:** The programme puts little emphasis on noticing and tackling inequalities and participants from Black African and Caribbean ethnicities are underrepresented on the programme.

Journey map – Clinical Champions Cohort 2021



Keep the first residential to two nights to allow time to build stronger connections among the group members

Add 1:1 buddy sessions as another opportunity to build better relationships

Be clearer on what we mean by a 'Clinical Champion' to better communicate what to expect from the programme

Swap one residential for a regional event to enable more local knowledge exchange and relationship building

Expand the leadership concept by including systems leadership to have a greater and more lasting impact on the diabetes system

Avoid sessions during winter months when clinical pressure is highest in the participants' workplaces

Include opportunities to gain hands-on experience in systems change practice to build capabilities and relationships, whilst making change happen

Connect participants to our new Diabetes Leadership Community for ongoing support and partnerships to drive change

Stakeholder involvement

Activities

- A hybrid stakeholder involvement meeting with 8 participants (3 alumni Clinical Champions and 5 internal colleagues)
- Follow-up online meeting with the same 3 alumni Clinical Champions to test a low-fidelity prototype of the new programme design
- 2 online consultation meetings with our charity's Tackling Inequality Engagement Lead and our Equality, Diversity and Inclusion Specialist
- Various conversations with our colleagues from across the charity, especially with those from our regional and national teams based across the UK



Outputs

- Insight summary as presented on the following pages



Insights from stakeholder involvement

- **Have an ethos that reflects inclusivity in all its aspects:** Building intercultural competence and being inclusive must be part of the content and ethos throughout the programme. Make sure that diversity covers more than ethnicity and includes, for example, quieter voices and professional roles.
- **Build local partnerships:** Connect Clinical Champions to alumni Clinical Champions, community groups and local Diabetes UK staff to drive sustainable change together.
- **Think of Champions as collectives:** To build the conditions for lasting systemic change, consider not only individuals but also organisations or place-based groups as Champions.
- **Do more alumni work:** Have opportunities for alumni Champions after the programme ends to drive change together. Participants are appreciative of the programme and are willing to give back.
- Healthcare professionals see value and support a programme refresh that creates a stronger link to the charity's strategy.
- Have a clear explanation for recruitment regarding ethnicity to avoid the purpose being misconstrued. Providing context is crucial – the Champions cohort needs to reflect the population of people they serve.
- Make the recruitment process comms strategy more inclusive: Focus on potential and explicitly state that participants don't need to be in a formal leadership role. Represent diversity in all materials.
- Ask applicants to gain support from senior leadership, ideally from someone outside of their immediate circle. This is important to champion the Diabetes UK charitable purpose as well as to gain support to make change happen in the workplace.
- It would be good to raise the programme's profile to become recognised outside of diabetes care and to get a certificate of attendance.

Developing and testing phase



Activities

- Developing a new programme plan, format and structure
- Testing new materials with colleagues with and without clinical backgrounds
- Testing an online workshop format aiming to provide a collaborative learning space for healthcare professionals, people with lived experience of diabetes and Diabetes UK staff where they can develop skills in systems change practice



Outputs

- Revised, more inclusive comms strategy and recruitment process
- Application pack which can be downloaded at [The Clinical Champions Programme | Diabetes UK](#)
- Refreshed programme plan, format and structure as presented in Chapter 2
- Session plans and learning materials
- Delivery of Systems Change Practice Course pilot – the evaluation is in progress, but initial feedback was good and part of its content will be integrated into this programme

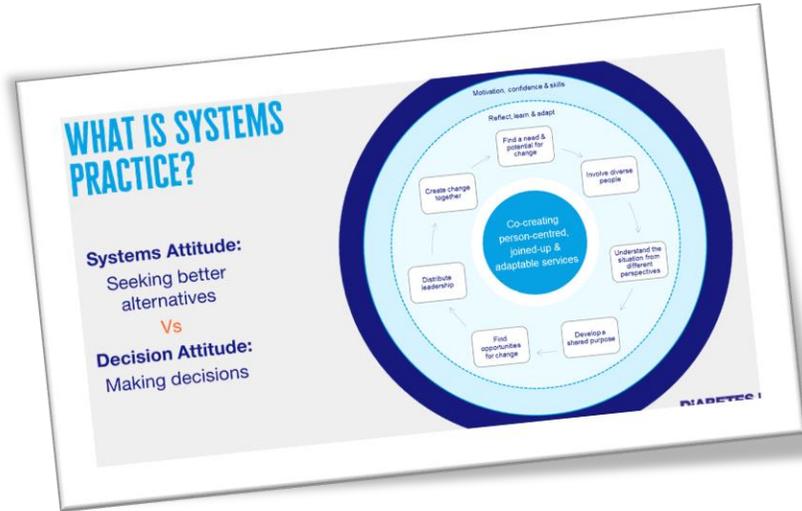
A more inclusive comms strategy and recruitment process

- Recruit for potential and ensure we spread the message that leadership does not have to come from a management role.
- Include and value experience of inequalities as part of the selection criteria.
- Promote recruitment through targeted networks such as the Caribbean and African Health Network.
- Create and use more representative imagery across all Clinical Champions material.
- Collect and store diversity data to analyse the effectiveness of changes made to recruitment and the programme.
- Thoroughly evaluate these changes and continue to seek insights to further improve representation beyond the next recruitment cycle.



Development of session plans and learning material

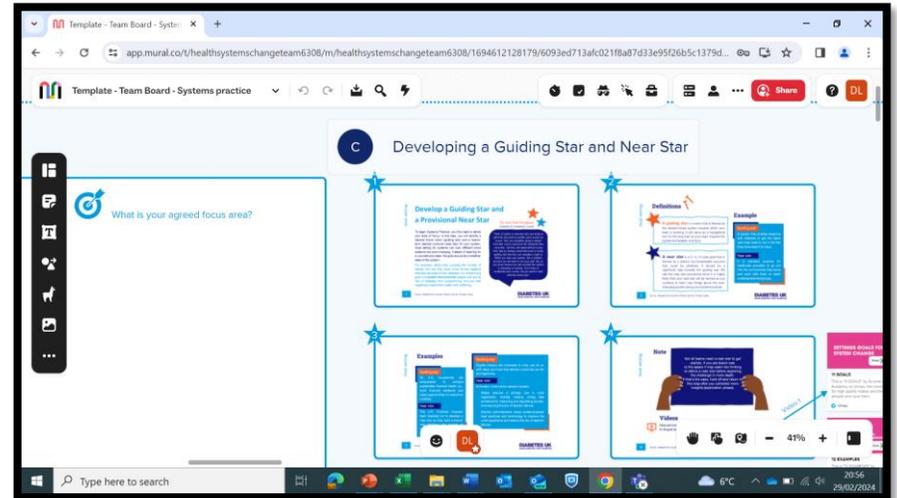
Workshop slides and handouts



Session plans and facilitator briefs



Digital whiteboards for online collaboration



Delivery of the Systems Change Practice Course pilot

Aims:

- Introduce participants to systems thinking and methods to address complex challenges
- Connect with others from across the diabetes systems

Participants: 20 healthcare professionals, people with lived experience and Diabetes UK staff completed the full course

Duration: Six 2.5-hour workshops between September 2023 and February 2024

Activities: The training consisted of online workshops and practical group work between the workshops. The participants practised on a case study how to:

- Involve diverse perspectives
- See the bigger picture
- Enable teamwork across boundaries
- Use systems change tools and approaches
- Cut through complexity to make change happen
- See systems change as a process and outcome
- Make and present a case for change

Feedback:

“I have really enjoyed the content of this course, it’s been challenging and thought provoking all the way through.”

(Person with lived experience)

“This is honestly unlike any course I have attended, to be actually engaged in a process of doing is so refreshing in a world where we are so often taught through being spoken to!”

(Healthcare professional)

6 Learnings



Our key takeaways from the development process



1. Fully embrace inclusivity

Throughout the process, our focus shifted from an ethos that reflects collaboration towards one that truly reflects inclusivity in all its aspects.

It has become increasingly clear to us that fundamental changes to the delivery format, content, venue and stakeholders were necessary to be authentic.



2. Keep what is good

One of the most effective components of the current programme is building connections with each other and Diabetes UK to improve diabetes care together.

We had to be mindful of building on the programme's successes when making changes to it.

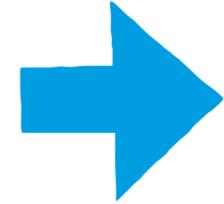


3. Build trust

Building trust with and among participants is essential when we involve minoritised voices to enable people to disagree well.

Tailored messaging, starting conversations with open and non-judgmental inquiring and activities such as informal check-ins helped us to do this.

7 What's next



1. **Recruitment:** We are in the process of recruiting two cohorts of 20 healthcare professionals.



2. **Delivery:** The onboarding process will be completed by the end of April and the programme will kick off with online welcome sessions in May and the first in-person retreats in June 2024.



3. **Collaboration with community groups and individuals:** We are in conversation with healthcare professionals and a community group to build our faculty. One partner will be a community theatre group that will use theatre practice to influence and support healthcare professionals to tackle health inequalities in diabetes by leaning into the power and expertise of those who are directly impacted.



4. **Finalising learning materials and administering:** We will host the in-person sessions of the first retreat at our London office where the Champions will have the opportunity to connect with our colleagues from across the charity. In the coming weeks, we will continue with the necessary administration and keep developing the new onboarding documents and learning materials.

We like to thank everyone who participated in this process for sharing their highly valuable experiences. Without your contributions, the concept for a refreshed programme would not exist.

Thanks to The Martin Laing Foundation for contributing to funding this project.

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.