

Sharing Familiar
Struggles:

An Evaluation
of the RISE
Leadership
Mentoring
2024/25 Cohort

Acknowledgements

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Introduction

The RISE Ethnic Minority Leadership Mentoring Scheme is funded by NHS England as part of a strategy to tackle inequalities in senior leadership roles.

The programme is open to psychological professionals who work in the NHS and is aimed at developing their leadership skills to address some of the systemic inequalities which prevent ethnically minoritised psychological professionals from progressing into senior leadership roles. The scheme offers mentees across England 12 leadership mentoring sessions over a year, and is open to all qualified ethnically minoritised psychological professionals working in the NHS who are in Agenda for Change (AfC) Band 5 – 8a roles, with mentors at Band 7 and above.

The RISE scheme is only one project aiming to address this situation. In 2023 NHS England introduced the Patient and Carer

42.3% of NHS staff from a black background believe their trust provides equal opportunities for career progression or promotion [2]

Race Equality Framework (PCREF) [1], which aims to embed anti-racism across all NHS trusts, including in leadership and governance. This includes commitments for trusts to nominate a lead for this work on their executive board, and to co-develop and implement local

PCREF plans with ethnically minoritised communities.

Despite work in recent years to make the NHS a more inclusive and fair place to work, there are still pervasive inequalities across NHS trusts. The 2024 Workforce Race Equality Standard (WRES) [2] found that while black and minority ethnic (BME) staff made up 28.6% of NHS staff, they only made up 12.7% of staff at very senior manager level. Though this level has increased by 85% since 2018, from 201 to 372, and it is now at its highest since the inception of the WRES, it is still disproportionately low and shows that further work is necessary. It is also worth noting that not every measure included in the WRES is improving; in 2024 white applicants were significantly more likely than BME applicants to be appointed from shortlisting at 80% of NHS trusts, up from 76% the previous year.

In light of these ongoing inequalities, this evaluation has two primary aims:



To understand the impact of the RISE leadership mentoring scheme in the South West in terms of improving the leadership capabilities and career progression of the participants of the scheme



To identify and improve any issues with the delivery of the scheme

Methods

RISE mentees and mentors from the 2024/25 South West cohort of the scheme were invited to complete a brief survey about their experiences of the scheme.

The survey included questions on whether their leadership skills had improved during their time on the scheme and how, what their experiences of the scheme were, and whether there were any barriers or challenges to accessing the scheme before or while receiving or providing the mentoring. Participants were not asked for their name or email address, or any other identifying information such as demographics, job role title, or the NHS trust in which they work, to keep their data anonymous and enable them to give honest responses to the survey.

The quantitative questions utilised 5-point Likert scales, and included questions on whether their confidence had increased and if they had improved their leadership skills on a scale from 1 (strongly disagree) to 5 (strongly agree). They were also asked whether they had developed any of the specific leadership skills from the NHS Clinical Leadership Competency Framework [2], which include:

- Demonstrating personal qualities like continuing personal development and acting with integrity
- Working with others and building relationships
- Managing services

- Improving services and encouraging innovation and transformation
- Setting direction by applying knowledge and evidence and making decisions

These questions were analysed using descriptive statistics, with mean averages calculated for each question.

There were several open-ended qualitative questions on how the scheme had benefitted them, whether it helped them achieve any professional goals, what went well and what could be improved about the scheme. The data from these questions were analysed using content analysis.

Results

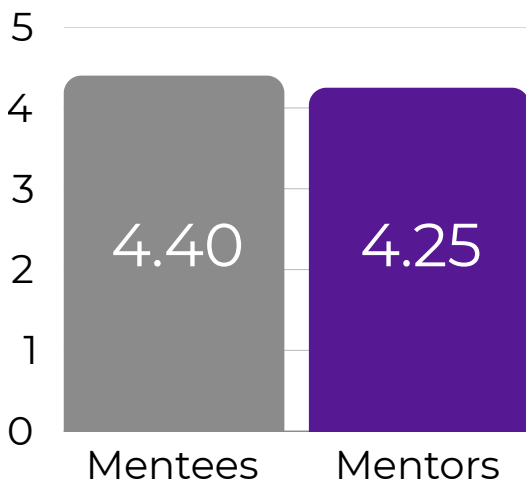
There were 12 mentees and 12 mentors from the 2024/25 cohort of the scheme who were eligible to participate. Of these, 6 mentees and 8 mentors completed the survey. One of the mentees had been unable to access the scheme due to scheduling issues with their mentor, so their quantitative responses were excluded from the analysis.

How satisfied were you with your mentor?

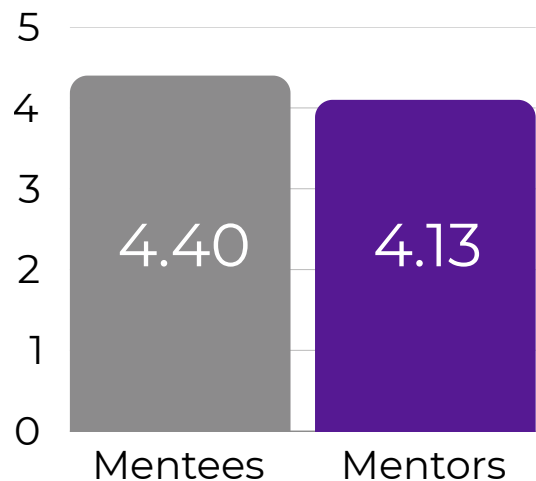


The graphs below show the average agreement out of 5 with the following statements, asking both mentees and mentors about their own perceived leadership skills.

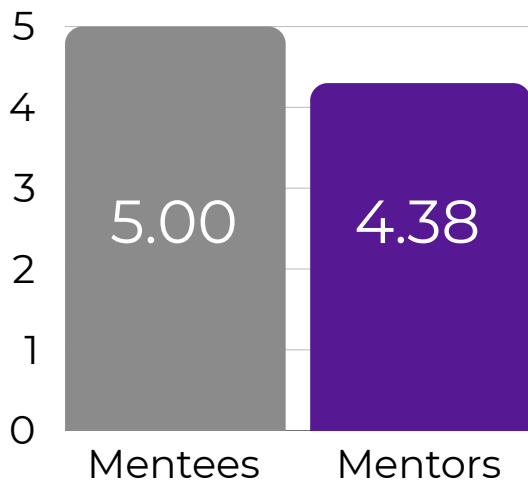
My leadership skills have improved



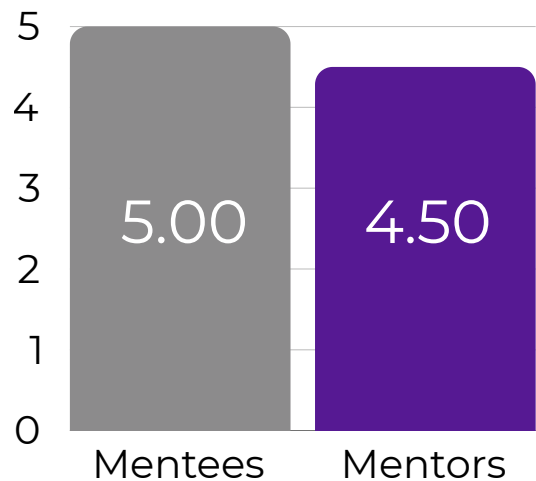
I am more confident in my leadership skills



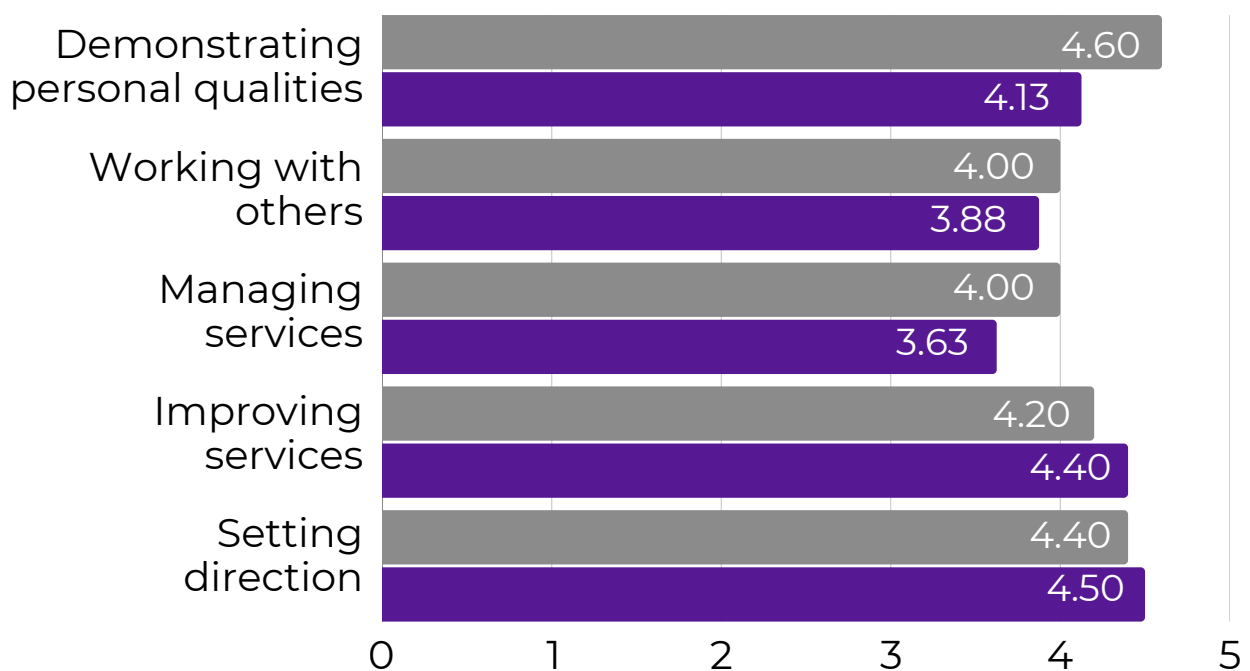
Accessing the scheme benefitted me



How satisfied were you with the scheme overall?



I developed the following NHS Clinical Leadership Competency Framework competencies during my time in the scheme:



How has the scheme been beneficial?

The positive aspect of the scheme that mentees mentioned most frequently was **increased confidence** with 4 of 5 mentees saying that the mentoring made them feel more able to manage situations where they had previously lacked confidence in themselves and their abilities, with one mentee saying “I was confident to assert myself when I realised that higher management were not taking my best interests.”

The **support** of their mentors was the next most mentioned positive element of RISE. Not only did mentors offer extensive knowledge and experience, but they also created a “safe space” where mentees could explore difficult issues around their career development and the impact of structural racism. Crucially, this space was a place where they were able to bring up topics which they were not comfortable raising with their regular management.

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“Increasing my confidence in managing situations where I have previously lacked confidence in my leadership skills, particularly when I may be facing racial biases.”

– *RISE mentee*

Access to their mentors’ **networks** was also mentioned. These connections helped them explore roles and organisations beyond their own, as well as helping them meet “likeminded colleagues.”

Mentors also reported several benefits from taking part in the scheme. Half of the mentors reported that the scheme helped them achieve their professional goals. All mentors mentioned **helping others** as a valuable element of RISE, expressing that it is gratifying to create a space where mentees feel comfortable to express themselves, and to see their confidence grow.



They highlighted that the mentoring process was **reciprocal**, with mentors learning from their mentees about different ways of working in different organisations, sharing experiences of “familiar struggles,” and the process helping them recognise their own skills as well.

Mentors also valued that the scheme was paid, as the work being **recognised financially** meant that it was “not seen as an extra burden that I had to do because of my own ethnic minority status.”

”

“This was something I never had as a young clinician in the NHS. Being a role model, sharing my expertise, sharing ideas enabled me to recognise how much I had achieved over the last 20 years in the NHS. It was wonderful and rewarding to see mentees grow and develop professionally.”

– RISE mentor

What were the issues with the scheme?

The most frequently mentioned issue by both mentors and mentees was **difficulties with scheduling**. This was partially due to both parties being very busy, but mentees in particular were sometimes unsure whether they were permitted to schedule the mentoring sessions during their work hours. This resulted in some mentees taking the sessions outside of their working hours, though this did have the unexpected benefit of them feeling able to share their thoughts more freely. One mentee said they “would now have the confidence to clarify this with my manager ahead of time.”

The practicality of **being paid** for the sessions was a recurring problem for mentors. One mentor shared having to chase an NHS trust repeatedly over six months before receiving payment, and others felt that the financial aspect of the scheme was unclear and confusing.

Some mentors said there was a **lack of mentees** within the scheme, with one mentor saying that despite

expressing their interest, they were not offered a mentee for two years in a row. This could be due to NHS trusts not bidding for places on the scheme, or potential mentees within these trusts not being aware of it.

”

“It is always very difficult getting paid when I mentor. This does take many many months in some cases.”

– RISE mentor

Others said that the method for matching mentees and mentors was opaque, and that they were unsure as to whether or not they had been allocated a mentee for long periods.

Mentor training was also raised as a way in which the scheme could be improved. The initial training that mentors on some of the initial cohorts of the scheme received was mentioned as particularly helpful, and refresher training or resources were also suggested.

Discussion

It is clear from the responses of both mentees and mentors that the RISE scheme is valuable and has resulted in a range of deeply meaningful impacts for its participants.

Mentees and mentors both learnt from each other and valued sharing their experience, with the mentoring helping all the mentees who responded to our survey to take on new leadership roles and responsibilities, including being promoted to higher AfC banded roles.

Mentees appreciated their mentors' networks and contacts, and used them to make new connections which were useful in their careers. However, this was in contrast to a mentor who felt isolated within the scheme due to a lack of any peer networks with other members of RISE. A different mentor shared their experience of regularly meeting with two other mentors to share ideas and support each other, adding that they also connected their mentees when at the end of the scheme, who then went on to support each other as well. Expanding such a network could bring these benefits to further members of the scheme.

The most pervasive issue with the the scheme is a lack of clarity around the administrative elements of the scheme, and especially around the financial element and how mentors are paid, with some mentors going unpaid for several months. Some mentees were unclear on whether they were permitted to attend mentoring sessions during

their work hours, and importantly, there was the case of one mentee who was unable to access the scheme due to ongoing scheduling issues with their mentor which were not addressed during the examined cohort of the scheme.

There were also several comments from mentors on the matching process between mentees and mentors being opaque, and there not being a sufficient number of mentees for the available mentors in recent cohorts of the scheme. The reasons for this were unclear to the mentors, with one expressing concern that the attitude behind RISE could be characterised as "let's tick a box or show we are tackling the issues faced by psychological therapists with protected characteristics by offering it to a handful of mentees." This sentiment may be compounded by the training which was offered to mentors at the beginning of the scheme in 2021 no longer being available.

It is evident that though the scheme has been effective in addressing some of the systemic inequalities faced by ethnically minoritised psychological professionals, there is further work to be done. As one mentor put it, "challenges within the NHS for career progression for psychological therapists with protected characteristics has not gone away, if anything the issues are now more apparent."

Recommendations

There are three key recommendations based on the findings of this evaluation:



Increase clarity around processes

Produce and share clear documentation around the administrative elements of the scheme, including the mentor and mentee matching process, the method by which mentors are paid, and who RISE members can contact about any problems.



Encourage peer networks

Encourage informal peer networks for mentees and mentors from different cohorts of the scheme to facilitate them learning from and supporting each other on an ongoing basis, during and after their time on the scheme.



Review mentor training

Ensure that new and existing mentors have received sufficient training to offer high quality leadership mentoring.

References

- [1] NHS England, “Patient and Carer Race Equality Framework”
Available: <https://www.england.nhs.uk/publication/patient-and-carer-race-equality-framework/>
- [2] NHS England, “Workforce Race Equality Standard: 2024 data analysis report for NHS trusts”
Available: <https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-2024-data-analysis-report-for-nhs-trusts/>