



A realist evaluation of NHS R&D North West's 'Leading Cultures of Research and Innovation' Programme

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1. EXECUTIVE SUMMARY

This report presents the findings from a realist evaluation into the outcomes and impact of NHS R&D North West's 'Leading Cultures of Research and Innovation' programme aimed at supporting middle managers to develop the leadership skills and confidence needed to nurture cultures of research and innovation (R&I) within healthcare. It is an exploratory formative evaluation that seeks to assess whether the intervention was successful in meeting its objectives as well as to develop an understanding of how the programme works to achieve its outcomes. A realist evaluation (RE) methodology was chosen to meet the requirements of both a process and outcome evaluation and as a suitable framework for understanding the dynamics of this complex social intervention.

Following a RE approach, the programme designers and facilitators were interviewed to establish an initial programme theory, which was then tested and refined through interviews with participants of the programme. A total of 7/24 participants from the first cohort of the programme were interviewed for this evaluation and the resultant data was analysed to identify specific 'context-mechanism-outcome' configurations describing how the programme worked, for whom and in what ways. The concept of a 'ripple effect' was applied to show how some of these configurations were found to be linked to each other creating a mechanism through which the programme supported the evolution of a nascent community of practice (CoP). This community became the context in which participants learnt and negotiated the meaning and practice of leadership in the context of research and innovation during programme implementation. In combination with pre- and post-programme outcome measures from an initial evaluation, the interview data was used to identify key immediate outcomes for the individual participants. These outcomes included increased self-confidence in leadership capabilities, improved openness and creativity, recognition of the value of self-care and reflective practice, and increased knowledge of the wider R&I infrastructure and the benefits of relationship building within CoPs and across networks.

With two years since completion of the programme, this evaluation also sought to understand how these individual outcomes had been applied and translated in practice to support the overarching goal of embedding cultures of R&I within the workplace. Interviews with the 7 participants suggested three main areas of impact, including the formation of strategic networks that have increased awareness, engagement and participation in R&I and contributed to a shift in cultural mind-set around the value and role of research in everyday practice. The interview data also indicated an increase in self-care practice impacting positively on individual leadership capacity and wellbeing. For those participants who identified as creative in some way, there was increased experimentation with innovative, creative practices within educational and clinical contexts.

The findings of this study are used to revise the programme theory for the intervention, drawing on communities of practice theory and the sociology of fun to explain how the programme enables situated learning within a nascent CoP. This theory locates the residential structure and experimental fun facilitation as a vital part of the overarching programme mechanism. As a result, these elements of the programme are understood to underlie the effectiveness of the programme in improving the self-confidence, capability and capacity of NHS middle managers to lead cultures of R&I within their organisations. The report concludes by considering the methodological limitations of the study and potential avenues for further data collection to evidence impact and refine ongoing evaluation of future iterations of the programme. Data from other cohorts and/or the diversification of methods to assess impact can then be used to test out the tentative conclusions made in this study with regards to the effectiveness of this intervention.

2. INTRODUCTION

2.1 Background

NHS R&D North West (NHS R&D NW) aligns its mission with the NHS constitution's "commitment to innovation and the promotion, conduct and use of research to improve the current and future health and care of the population". This pledge is reflected in national strategic directives such as the NHS Five Year Forward View, with academic studies linking research active hospitals to better patient outcomes (1). NHS R&D NW aims to improve the capability and capacity for research and innovation (R&I) within healthcare, with a focus on supporting clinical team leads and service managers to develop the skills and expertise needed to enable cultures of R&I to flourish. These middle managers are understood to play a key role in driving cultural change through engaging and motivating staff, but have been found to lack confidence in their leadership skills and have limited professional networks (2).

In response to these findings, NHS R&D NW designed and delivered the 'Leading Cultures of R&I in Clinical Teams' programme in 2014/15, funded by Health Education England. This programme supported clinical team leads to improve their confidence by developing the skills to "facilitate and lead cultures" of R&I. Participants explored different facets of organisational culture, building relationships within communities of practice (CoP) and connecting to wider networks. In the same year, NHS R&D NW worked with a group of creative facilitators (writers, performers and artists) to devise an intervention entitled "The Academy of Creative Minds" aimed at supporting participants to develop their creative communication and presentation skills. The evaluation of this programme reported improvements in individual creativity, confidence and self-belief (3). NHS R&D NW then explored the possibility of bringing together the immersive, creative, experimental and experiential approach of the latter intervention with the focus on leadership development, communities, cultures and R&I in the former. With funding from the NHS Leadership Academy's 'In Place' Innovation Fund¹, NHS R&D NW combined these two interventions to create the 'Leading Cultures of R&I' programme with the overarching goal of supporting middle managers to develop the leadership skills and confidence needed to nurture cultures of R&I within their teams (for a more detailed description of the programme see Section 3.3).

The key objectives of the programme were outlined as follows:

- Develop knowledge and understanding of national, regional and organisational R&I agendas
- Explore and increase individual understanding of how organisational cultures are formed and shaped by leaders
- Explore and develop skills and expertise to improve confidence and creativity to facilitate and lead cultures of R&I
- Have the opportunity to develop and benefit from a community of practice within their health economy
- Know how to lead an effective team based on the work of Professor Michael West (4)
- Explore how digital technology can enable communication and support healthy communities and culture within their working environment.
- Be open to new ideas and ready to embrace health innovations

The first iteration of this programme was delivered in January-March 2018 and incorporated an initial outcome evaluation (see Section 3.3.3). This report presents the findings from a follow-up evaluation completed approximately two years after completion of the first intervention.

2.2 Rationale for evaluation

The study responds to calls for more comprehensive and rigorous evaluation of leadership development interventions to understand how individual outcomes impact on practice and culture within the workplace (5). In the first instance it is an exploratory formative evaluation of the longer-term outcomes and impact of a novel, experimental programme aimed at improving the leadership capability and capacity of middle managers to nurture R&I culture. It not only seeks to assess whether the programme was effective in achieving its intended impact, but also to identify the intermediate and unexpected outcomes of the intervention that have contributed to its success. In doing so, this study is both an outcome and process evaluation designed to establish “explanatory hypotheses” (p.183) (6) for how the programme works within specific contexts to achieve these outcomes. Findings from combining outcome and process evaluation can then be used to develop an evidence base to guide, inform and improve future iterations with regards to effectiveness, efficiency and scaling up.

2.3 Evaluation questions, objectives and focus

The primary objective of this study was to understand the impact of the ‘Leading Cultures of R&I Leadership Development Programme’ on participants’ capability and capacity to facilitate and lead cultures of R&I. To this end, the evaluation was designed to focus on how intermediate and immediate outcomes from the intervention led to longer-term cultural transformation within specific work contexts. As part of this process, this study also aims to understand more about how the programme works through applying a ‘realist evaluation’ (RE) methodology (see Section 3.1). The scope and focus of the evaluation were defined in collaboration with NHS R&D NW and the following questions were formulated in keeping with an RE approach:

- What were the intermediate and immediate outcomes for participants of the programme?
- How, if at all, have the outcomes resulted in longer-term changes for the individual in terms of their capability and capacity to facilitate and lead cultures of R&I?
- In what ways have these longer-term changes impacted on R&I culture within the workplace?
- What are the underlying programme mechanisms and processes explaining these outcomes?
- How did participants interpret and respond to the programme resources and activities?
- In what circumstances did the programme lead to specific outcomes and impact?
- How effective was the programme in meeting its aims?

3. METHOD

3.1 Rationale for using realist evaluation

RE brings together outcome and process evaluation into a single, coherent framework in line with the overarching rationale for this study, and is considered especially suitable for the evaluation of 'complex social programmes' (p. 9) (7). With reference to Pawson and Tilley's original development of RE, Rycroft-Malone et al. (2011) underline that complex social interventions are:

"...comprised of theories, involve the actions of people, consist of a chain of steps or processes that interact and are rarely linear, are embedded in social systems, prone to modification and exist in open, dynamic systems that change through learning" (8) (p.4)

It is an approach that aims to understand the role of context in how and why participants respond to the programme during implementation as well as to explore the conditions which are influenced by, and influence, individual and cultural transformations. The overarching question for a realist evaluation is "What works, for whom, in what respects, to what extent, in what contexts, and how?" (9) As such, it is an appropriate framework to study the process and impact of the complex, multi-objective, multi-phase 'Leading Cultures' programme for participants from diverse professional specialism and working contexts.

3.2 Environment surrounding the evaluation

This evaluation was conducted approximately two years following completion of the first 'Leading Cultures' programme. Since that time, NHS R&D NW has run a further 3 iterations of the intervention.

An initial evaluation of the programme (see Section 3.3.3) combined with anecdotal evidence from informal conversations between NHS R&D NW and programme participants suggest that the intervention has been successful in achieving its goals. However, NHS R&D NW required a more rigorous evaluation of the effectiveness of this novel intervention to inform future iterations of the programme as well as to more robustly evidence impact to wider stakeholders and funding bodies. The timing and timescale of the evaluation had to balance these more immediate pressures with the extended time periods needed to assess longer term impact and cultural transformation. An RE approach was selected in line with the overarching goals of the evaluation and the complex nature of the programme (see Section 3.1) as well as to explore the potential of this methodology for evaluating future NHS R&D NW interventions. Formal input from an expert in RE was initially sought, but due to budget and time constraints more informal advice and guidance was instead provided by contacts with expertise in RE. A time frame for the project was initially set at 6 months, with a 2 month extension to extend the recruitment period and respond to participant availability. Budgetary, time and geographic restrictions also influenced the evaluation design and data collection methods (see Section 5.1.2).

3.3 Description of the Programme

3.3.1 Programme Structure

The design of the programme was led by the NHS R&D NW Director of Collaboration & Communications, with strategic direction from the Chief Executive and input from a network of associates specialising in leadership development and creative facilitation. The Director of Collaboration & Communications also worked with these facilitators to deliver the programme activities over the course of the intervention.

The programme took place over four days, starting with a two day 'immersive' residential in January 2018 followed by two one-day workshops over February and March. Prior to the start of the residential, a 'WhatsApp' group was set up for all participants and facilitators to share information and begin to get to know each other. Participants were encouraged to use this platform throughout the programme to exchange ideas, maintain connections and offer peer

support. Very little information about the intervention was provided to participants beyond the detail included in the original advertisement and the pre-programme evaluation questionnaire (see Appendix 1 and Section 3.3.3).

The residential programme began with a “mystery bus ride” to an undisclosed location. During the bus journey, participants were encouraged to join in with ‘icebreaker’ games led by the ‘creative communication engagement facilitator’ (CCEF). These whole group games continued upon arrival at the venue for the residential; a rural hotel and spa located within North West England. Participants were then invited to sit in smaller groups organised according to their organisation/geographical location for the first workshop sessions on the topics of R&I and organisational culture. These smaller groups then participated in the day’s activities as teams, for example working together to create sculptures on the theme of ‘leadership’ during the afternoon’s creative session. The day was punctuated by a series of “reflective diary turbo sessions” during which time each participant was encouraged to reflect on and write about their experience in journals. In the evening, the group came together to look at the sculptures produced earlier in the day and a prize was awarded to the sculpture considered to best capture the concept of ‘leadership’. Leisure time, dinner and an after-dinner speaker followed (see Appendix 2).

The following day was structured in a similar format to the first, with workshop sessions focusing on community mapping and strategic networking, leadership models and self-assessment, and opportunities to explore real-life case studies through role play. Reflective practice continued throughout the second day. At the end of the two-day residential, participants were told that they would be working towards the creation and presentation of an R&I ‘action plan’ for their team to be presented to the rest of the group on the final day of the programme. The only stipulation for this presentation was that it had to draw on the ‘creative’ skills and ideas they had learnt during the course.

The third day of the programme took place the following month in a venue located within a nature reserve near Preston. The day was structured similarly to the residential programme with ‘warm-up’ group activities, reflective sessions, workshops and role play to practise ‘influencing’ skills. The final day took place at a venue within Manchester city centre focusing on the topic of “leading with care” in the morning and the opportunity to present their action plans in the afternoon. The programme concluded with a whole group discussion, celebration and presentation of certificates. Following completion of the programme, the WhatsApp group was made available for participants to maintain relationships, offer peer support and share information, advice and experiences.

3.3.2 Recruitment and application process

A flyer advertising the programme was circulated to NHS R&D NW’s mailing list, with the target audience stipulated as middle managers seeking to build leadership capacity and develop the skills and confidence to lead an effective culture of R&I at work (see Appendix 1). Applicants were required to complete a form setting out their reasons for applying to the programme (see Appendix 3). NHS R&D NW received 28 applications overall for a maximum of 25 places. 25 places were offered, with 24 participants completing the programme² from a diverse range of professional roles and specialisms within NHS organisations across NW England³. With the exception of one service user, all the participants had middle management responsibilities within the healthcare context.

3.3.3 Initial evaluation

Prior to the start of the programme, all participants were asked to complete an online self-assessment scoring themselves on a numerical scale of one to ten (ten being ‘completely’, one being ‘not at all’) against the following outcome measures:

1. Knowledge and understanding of national, regional and organisational R&I agendas
2. Understanding of how organisational cultures form and the part leadership plays in this
3. Understanding of communities of practice and the benefits of being part of this

²One participant dropped out due to personal reasons.

³ One participant was from Yorkshire and Humber.

4. Knowing how to lead an effective team based on the work of Professor Michael West
5. Current level of confidence to facilitate and lead cultures of R&I
6. Current level of 'creativity' in leading cultures of R&I
7. Ability to be curious and open to new ideas and ready to embrace health innovations

Participants were then asked to self-score against these measures immediately after programme completion. 19/24 participants completed the pre-programme questionnaire and 8 participants completed the post-programme questionnaire.

To "gauge impact on teams and services" (p.28) (3) participants were also asked to invite their team members and/or colleagues to complete a separate self-assessment questionnaire to provide pre- and post-intervention scores on a five point categorical scale ('not at all/nothing' to 'completely') in response to the following questions:

1. What do you know about communities of practice and ways to learn about research?
2. What level of curiosity do you have about innovation and research?
3. Does your line manager currently listen and take on board your suggestions?
4. Do you feel the team you are part of performs to the best of its ability?
5. To what extent do you participate in research?
6. How often do you use the library or go online to read about clinical practice and the latest research in your area of speciality?

102 team members responded to the pre-programme survey and 31 team members completed the post-programme questionnaire.

Findings from the analysis of this data were presented in an evaluation report submitted in June 2018, complemented by the findings from semi-structured telephone interviews with four of the participants. This report shows an increase in participant self-assessment scores against all seven outcome measures, and increased team member scores for questions 1-4, with no change for questions 5-6. A number of key outcome themes were also identified in the interview data:

- Increased confidence
- Developing the use of communication and social media to reach a wider audience
- Greater leadership capability
- Enhanced understanding of research and capacity to use this within their service
- Development of peer network through face to face and virtual media
- Strategies to take teams or service forward

Looking at these findings, the greatest difference in overall score for participants can be seen in outcome measure 4 (leading teams), followed by 3 (communities of practice) and 1 (R&I agendas). There is very little difference in outcome measure 7 (openness and curiosity) reflected in these scores. These results perhaps reflect the more esoteric concepts referenced in measures 1-4 compared to the individual qualities described in measures 5-7. The data is not broken down further to show individual variation in change measures which could then be linked to the interview responses.

The report concluded that it was "too early to understand how much behavioural change there is within the teams" (p.14) (3).

3.4 Describe and justify the evaluation design

The evaluation was split into three phases according to the RE framework outlined in Pawson and Tilley (10):

1. Hypotheses generation: development of the initial programme theory (IPT)
2. Hypotheses testing: testing the IPT and developing 'context-mechanism-outcome'(CMO) configurations using empirical data
3. Hypotheses refinement: refinement of the IPT including specific CMO configuration

The IPT was not used in defining the initial scope and focus of the evaluation, but was instead elucidated in the first phase of the study design (see Section 3.4.1). The IPT was then used to refine the data collection methods and interview questions for Phase 2 (see Section 3.4.2).

The layout and structure of this report has been informed by the standards outlined in Wong et al. (2016) (7).

3.4.1 Phase 1

Firstly, programme documentation was analysed to understand the programme components (e.g. methods and resources) and to identify the intended outcomes and underlying assumptions about how the programme was expected to work. Findings from the documentary analysis were then tested out and explored further in semi-structured interviews with the programme designers and facilitators. These interviews were also variously used to explore factors that influenced intervention design and implementation, observations of how the programme worked in practice, the objectives and scope of the evaluation and the most relevant outcomes for NHS R&D NW and their wider stakeholders.

Findings from the interview data was used to draft the IPT for the intervention; a hypothesis for "how the programme is expected to cause its intended outcomes" (p.7) (7) in the form of an "if-then proposition" (p.184) (6). The IPT for the Leading Cultures programme is detailed below:

If participants can temporarily disengage with operational pressures and engage in unfamiliar, creative and experiential programme activities that provide opportunities for taking risks, experiencing failure, having fun, learning by doing and working together, they will experience a shared emotional and practical experience contributing to the creation of a community of practice. Community members will then support each other to identify, value and develop new and existing skills in relation to leadership and R&I. These experiences will contribute to increased self-confidence and a shift in professional identity that will empower participants to enable cultural change conducive to embedding R&I within the workplace.

This statement was broken down further into a set of draft 'CMO configurations' or "hypothetical pathways" (p.5) (11) describing how specific elements of the programme might work (mechanism) to produce particular kinds of changes (outcomes) under defined circumstances (context). A more detailed definition of these RE terms is included below:

Context

Contextual factors at a macro-level (e.g. policy), meso-level (e.g. organisational environment) and micro-level (e.g. individual interests) can influence how an intervention works (or not) to achieve its outcomes and impact. In other words, programme resources will "only be acted upon by certain subjects in certain circumstances" (p.184) (6).

Mechanism

The programme's generative 'mechanisms' are constituted by participants' responses (cognitive, social, emotional, psychological and/or behavioural) to the intervention resources (environment, facilitation, activities, information).

Mechanisms help explain why participants choose (or choose not) to participate in programmes or internalise knowledge or behaviour change from the intervention that results in the outcome (12).

Outcomes

Outcomes are the intended or unintended effects of the context-mechanism interactions.

3.4.2 Phase 2

The IPT and draft CMO configurations were shared with some of the stakeholders interviewed during Phase 1 for further refinement and input into the design of the data collection approach and interview questions for Phase 2. This phase involved interviews with programme participants to elicit their understanding of what worked for them (or not) about the programme (mechanisms and outcomes) and under what conditions (context). Additional questions focused on the longer term outcomes and impact of the programme in line with the overarching goal of evidencing how the intervention enabled participants to lead cultures of R&I within the workplace. Applying a RE methodology, the Phase 2 interviews were also used to test out the IPT and draft CMO configurations in light of their individual experiences.

3.4.3 Phase 3

The draft CMO configurations were used as a "heuristic" to identify context, mechanism and outcomes in the Phase 2 interview data and to define their interrelationship, thus generating "causative explanations about outcomes in the observed data" (p.3) (12). In the process, the CMO configurations are further developed, refined and fed back into the analytical work. This process of hypothesis refinement transforms the CMO configurations into a "*realist* programme theory that more specifically addresses "how and why, in the 'real world', a programme 'works', for whom, to what extent and in which contexts" (p.7) (7).

Although time restrictions and concern for minimising interviewee burden meant that there were limited opportunities to test out findings with the participants and/or a wider community, it is recommended that all interviewees are given the "opportunity to challenge and interpret" the findings (p.8) (8) (see also Section 3.5.1).

3.5 Data collection methods

Documentary analysis of the programme materials was initially used to clarify the programme components, identify intended outcomes for the intervention and elicit underlying assumptions about how the programme was expected to work and in what contexts. The initial evaluation report also provided some evidence of collective outcome patterns.

Findings from the documentary analysis and initial discussions regarding the scope of the evaluation shaped the questions used for a series of in-depth, semi-structured interviews with the programme designers and facilitators. Questions were tailored to the role of the interviewee in the design and delivery of the programme, with a focus on exploring and testing out some of the assumptions regarding the context-mechanism interactions underlying intended and reported outcomes.

Question guides for semi-structured interviews with programme participants were then developed based on the IPT and draft CMO configurations generated in Phase 1. In this way, the theory was "used explicitly and systematically through the interview process [...] to investigate propositions about how, where, when and why programmes are and are not effective" (p.1) (13). Interviews began with more exploratory questions about the interviewees' background and motivations for applying to the programme, with individual contextual information supplemented by analysis of their application forms. Questions were then used to capture participants' experiences of the intervention in order to "illuminate the varying processes (mechanisms and contexts) and manifold outcomes of the programme" (p.1) (13). In

particular, interviewees were encouraged to reflect on how they “interpreted and acted upon the resources” (p.183) (6) from the programme. Finally, multiple CMO hypotheses were explicitly shared and explored with the participants so that the “interview evolves into a discussion [...] identifying causal processes (i.e. mechanisms) or relevant elements of context – which may or may not have anything to do with respondents’ interpretations” (p.2) (13).

The main data collection method used in this study was thus the qualitative interview, conducted over the phone or face to face dependent upon time and geographical constraints. All interviews were audio-recorded and transcribed.

3.5.1 Co-production of a realist evaluation

In these interviews, evaluation participants are framed as “research collaborators” (p.7) (8) working with the evaluator to co-produce, explore and refine the emerging hypotheses as part of a ‘learner-teacher cycle’ (13). A reflexive approach to the data collection is thus necessary to consider how the methods might be influencing the findings (8). Where possible, the evaluation process was designed to be iterative, feeding back the emerging findings to the interviewees for further comment and insight. To avoid ‘leading the interview’, different ideas about the same aspect of the programme were tested during each interview (13).

3.5.2 Recruitment process and sampling strategy

“Because the unit of analysis is not the person, but the events and processes around them, every respondent (every staff member, every participant) can uncover a collection of micro events and processes, each of which can be explored in multiple ways to test theories” (p.2) (13)

Stakeholders involved in the design, development and facilitation of the programme were first approached for interviews to develop the IPT. Senior leaders involved in the initial development of the programme were interviewed to establish the wider political and strategic context of the intervention and the overarching aims and assumptions underlying the programme design. Programme developers, facilitators and members of the support team were approached to provide further insight into the administration, organisation, and implementation of the intervention and observations of how the programme had worked in practice.

In November 2019, all 24 programme participants were invited by email to be interviewed for the evaluation, and a summary of the purpose and nature of the RE study was shared with them. All programme participants were in a position to provide information about contexts, mechanisms and outcomes, with the sample being defined by availability and timeframes for the project rather than “saturation”.

3.6 Data analysis

Data analysis runs throughout the entire evaluation process, beginning with the analysis of documentary and interview data to generate a high-level IPT and set of draft CMO configurations. These configurations are then used as the “main structure for analysis” (p. 3) (10) of the participant interview transcriptions, exploring “how each fragment of evidence” contributes to the testing, corroboration and refinement of the theoretical propositions (p.1) (13). These ‘fragments’ were coded as context, mechanism or outcome dependent on their “explanatory role” within the emerging hypotheses.

Participant interview data was analysed to assess whether and how the programme had been effective in enabling its target outcomes as well as exploring intermediate and unintended outcomes and longer-term impact within the workplace. Where initial theories were not corroborated, alternative CMO configurations were developed and fed back into the analytical process until the hypotheses offering “the most robust and plausible explanation of the observed pattern of outcomes” were identified (9). The resulting CMO configurations were then compared with the IPT, which was then modified (or not) in light of the evaluation findings. The development and refinement of the programme

theory for the intervention was also informed by 'middle range theories' within the published literature that helped to conceptualise the underlying programme logic (14).

In analysis of the participant interview data, the concept of the 'ripple effect' was applied to capture how some CMO configurations were found to be "linked to each other" (p.3) (12) (see Section 4.2.1) during programme delivery. Additional CMOs were also identified that ran alongside and/or underpinned these steps. Together, these configurations capture the context and mechanism dynamics of the programme implementation and the resultant intermediate and immediate individual outcomes (see Table 1).

The interview data was also analysed to identify how individual outcomes had been applied and/or translated in practice within the working environment to get a sense of the longer-term outcomes and impact of the programme on the overarching objective of nurturing R&I cultures. The contextual conditions facilitating or hindering this process of application were also explored.

3.7 Ethical Approval

The evaluation conformed to standard ethical practices for qualitative data collection, analysis and reporting. All participants were provided with an information sheet detailing the aims and methods of the evaluation and procedures for data handling and confidentiality. Participation in the evaluation study was entirely voluntary and participants were advised that they had the right to withdraw consent at any point. Consent forms were used to confirm participants' understanding of the study and provide permission to audio-record interviews as well as publish and disseminate findings. Individual data sets from interviews were assigned codes for transcription to ensure anonymity, with any identifying information removed or altered. Interview transcriptions and codes were stored securely on a password-protected computer with only the evaluator having access to the primary data. The practicalities of data collection were negotiated and agreed throughout the study to minimise interviewee burden (8).

4. RESULTS

4.1 Details of participants

4.1.1 Phase 1: Programme designers and facilitators

All of the programme's 'design and delivery' team were interviewed during Phase 1, with the exception of two 'creative' facilitators who were unavailable for interview. A total of five interviews took place (4 face-to-face and 1 telephone interview) including the NHS R&D NW chief executive, the director of collaboration and communications, the team administrator, a leadership development associate and a creative communication engagement facilitator (CCEF).

4.1.2 Phase 2: Programme participants

Since completion of the programme, an invitation to participate in this study was the first time that the majority of the participants had been contacted directly by NHS R&D NW, with the exception of some interactions on the 'WhatsApp' group (see Section 3.3). Two of the evaluation participants had recently been involved in an iteration of the 'Leading Cultures' programme to share their experiences of the intervention with the new cohort.

9/24 participants agreed to participate with 7 going on to be interviewed (3 by phone, 4 face to face). Attrition was due to limited availability and cessation of contact.

4.2 Main Findings

4.2.1 Ripple effect of programme implementation

As discussed in Section 3.6, the concept of the 'ripple effect' is used to capture how the outcome of one CMO was found to act as the "the context for the next in the chain of implementation steps" (p3) (12). The first configuration in the programme implementation chain is represented as CMO 1 (C₁M₁O₁), the second as CMO 2 (C₂M₂O₂) and so on, with the outcome of the preceding CMO becoming the context for the next configuration e.g. O₁ → C₂. Drawing on existing theoretical frameworks in the literature (see Section 5.1.3), this ripple effect was used to conceptualise the mechanism through which the programme created a nascent CoP that enabled situated learning and the negotiation of leadership practice in the context of R&I (see Section 5.1 for further discussion). Additional CMOs that ran alongside and/or underpinned these steps are also detailed below. Together these configurations capture the context-mechanism dynamics of the programme and the intermediate and immediate outcomes for the individual participants (see Table 1). Long form quotations from multiple interviewees are included for each configuration to show how theories have been "built up from multiple inferences made on data collected" (p.13) (7).

Table 1. CMO configurations for programme implementation

Ripple effect of programme implementation		
Implementation step 1: Adventurous and fun facilitation [CMO 1 (C₁M₁O₁)]		
Context (C₁)	Mechanism (M₁)	Outcome (O₁):
<p>Middle managers in a new and/or first leadership role Feelings of isolation and a lack of confidence in leadership abilities Limited formal lines of authority to influence and engage colleagues in R&I Efforts to engage colleagues in R&I were often met with resistance and/or disinterest Desire to develop leadership capabilities</p>	<p>Resource: Coach trip to an unknown destination series Fun 'icebreaker' games led by the CCEF WhatsApp group Response: Mutual engagement in group activities Shared emotional experience Emerging connections</p>	<p>Shared enjoyment encourages further engagement and participation in group activities, enabling increased connectedness.</p>
Implementation step 2: Supportive facilitation [CMO 2 (C₂M₂O₂)]		
Context (C₂ = O₁)	Mechanism (M₂)	Outcome (O₂):
<p>Participants arrive at the venue with an enhanced sense of connectedness, enjoyment and willingness to engage with and participate in group activities.</p>	<p>Resource: An immersive residential within a luxury venue Further fun games and activities led by the CCF and supported by other facilitators Response: Participants relax, feel valued and safe Ongoing mutual engagement in group activities Shared experiences Strengthening relationships</p>	<p>Participants become more energised, confident and open to experimenting with new modes of participation within an emerging CoP.</p>
Implementation step 3: Creative facilitation [CMO 3 (C₃M₃O₃)]		
Context (C₃ = O₂)	Mechanism (M₃)	Outcome (O₃):
<p>Energised participants with increased self-confidence and openness to doing things differently within the context of an emerging CoP.</p> <p>C_{3A}: <i>Some individuals have an existing sense of creative identity, but lack confidence in their creative capabilities and the role of creativity in the workplace.</i></p>	<p>Resource: A fun, creative workshop in which participants work together to create a sculpture on the theme of leadership Response: Participants work together in teams, drawing on existing communicative and collaborative leadership skills. Exploration of different approaches Recognition of diversity perspectives and practices within the group</p>	<p>Participants recognise and develop their existing leadership capabilities, building self-confidence and openness to experimenting with different approaches.</p> <p>C_{3A} + M₃ → O_{3A}: <i>Some individuals describe increased confidence in their creative capabilities and the role of creativity in the workplace.</i></p>

Implementation step 4: Instructive and experiential facilitation [CMO 4 (C4M4O4)]		
Context (C4 = O3)	Mechanism (M4)	Outcome (O4):
Participants are more confident in their leadership capabilities, with increased openness to experimenting with different approaches.	<p>Resource: Instructive workshops on different leadership models Role play sessions on influencing techniques</p> <p>Response: Participants learn alternative leadership approaches which recognise and engage with difference. Participants negotiate the meaning of being a leader and practising leadership within the context of the nascent CoP.</p>	Participants start to think about leadership differently in terms of communication and influencing others, develop an enriched understanding of self and improved confidence in their leadership abilities.
Implementation step 5: Creative communication facilitation [CMO 5 (C5M5O5)]		
Context (C5 = O4)	Mechanism (M5)	Outcome (O5):
Participants are thinking about leadership differently in terms of communication and influencing others, develop an enriched understanding of self and improved confidence in their leadership abilities.	<p>Resource: Instructive workshops to introduce alternative, creative presentation techniques including storytelling and new digital technologies</p> <p>Response: Participants experience the impact of these methods and experiment with different techniques in the context of preparing to present their action plans in a more creative way.</p>	Participants use creative techniques for presenting their action plans, recognising the impact and value of using alternative methods of communication and improving their confidence therein.
Additional CMO configurations during programme implementation		
Building communities and strategic networks [CMO 6 (C6M6O6)]		
Context (C6)	Mechanism (M6)	Outcome (O6):
Participants often felt isolated in their role, working within small teams and lacking peer support with limited formal lines of authority to influence and engage colleagues in R&I.	<p>Resource: Instructive sessions on strategic networking and community mapping Social media workshop</p> <p>Response: Participants identified key allies and made plans for building CoPs and/or extending networks Participants understand place within wider R&I infrastructure and importance of building connections</p>	Participants improved their knowledge of the broader R&I infrastructure and recognised the value of networks and communities as potential sources of support, information and influence. Relationship building is included as a key part of action plans Some participants engage on social media
Caring and reflective facilitation [CMO 7 (C7M7O7)]		
Context (C7)	Mechanism (M7)	Outcome (O7):
There is perceived to be little time in the pressurised working day for self-care and reflective practice.	<p>Resource: Workshop sessions on 'self-care' and leading with compassion Caring facilitation and relaxed residential environment Reflective journaling sessions</p> <p>Response: Participants engage in reflective practice Participants recognise value of self-care</p>	Participants understand the importance of self-care and reflection for themselves and others, reflecting on their learning from the programme in considering ongoing professional development and understanding of self.

4.2.1.1 Implementation step 1: Adventurous and fun facilitation [CMO 1 (C1M1O1)]

Context (C1): All the middle managers interviewed for the evaluation were in a new and/or first leadership role at the time of applying for the programme, with the exception of one interviewee who had returned to a leadership role after a long period of leave⁴. All of the interviewees expressed feelings of isolation in their position and a lack of confidence in their leadership abilities. This lack of confidence was compounded by limited formal lines of authority to influence and engage colleagues in R&I, with some participants based within very small research teams with few formal management responsibilities. As a result, efforts to engage colleagues in R&I were often met with resistance and/or disinterest and so participants were keen to strengthen their leadership capabilities within this context.

"The research team's roles are so focused just on research delivery so when I'm talking about other things to do with research, for example, thinking about the clinical academic career pathways, I don't think they valued those in the same way as getting people to take part in portfolio studies [...] I took this role on feeling a little bit out of my depth and not particularly experienced in research [...] I didn't particularly feel like part of a team [...] They [the organisation] said that research was high on their agenda, but I don't actually think it was ... I don't think they had a very strong research culture at all [...] I felt very much out of my depth from a leadership perspective trying to influence teams at executive level, managers. When nursing managers are saying, 'we haven't got time for that' I just felt like I hadn't the confidence to challenge that. My leadership skills, that was what I felt I lacked in this role" (P1)

"I felt a little bit suddenly out of my depth, on a massive learning curve and I was thinking there must be something out there that can help me get a grip on how to be a leader in this field I didn't have any comprehension on how my role fitted in really within the department, within the wider Trust and the North West coast region and then nationally [...] I felt like a little island. I don't lead a team. I'm on my own really [...] I was very much still trying to find my feet" (P2)

"I started this team as a band six, so then it became a band seven. They don't teach you that leadership - that step up. I still had to work on the trials just like everybody else and at the time I was having a few difficulties managing a few staff in a very small research team [...] the research nurses also worked quite isolated, we were a team but working on our own studies [...] We're also quite embedded into the (clinical) team so we are like the guests in there trying to embed research into the ward and the day unit. The consultants are on board, the CNSs are on board, the ward staff are on board but not everybody is. If a patient was on a clinical trial, it wasn't anything to do with them. In nursing everyone gets so focused on their own role, they say 'oh we're really busy'" (P3)

"I hadn't been in that role very long so I was looking for how I could enhance my leadership skills [...] I was very aware that our team wasn't engaged in research even though it's something we're all very keen on, it's not something we'd been participating in. As a CNS you never feel like you are handed research opportunities and as a new band 7 senior nurse there is all this kind of insecurity you have with that when you've been in a team for a long time, when you go up a grade and how you manage those new responsibilities being a kind of mentor with some line management responsibilities. I also see myself as having leadership responsibilities across the organisation in the context of my specialty [...] but the organisation is more interested in length of stay and admission rates and things like that, it's much harder to prove the impact of our specialty on those kind of things [...] So I think for me at that point in time it was that imposter syndrome" (P5)

⁴ The remaining interviewee was a service user, who had been working in a voluntary capacity for a number of years within a Trust.

"I came back (from maternity leave) and X was new to post ... So I was trying to help her get into the role and find her feet in that way, but I was also a bit lost on what I wanted [...] you just think I need somebody to tell me that I'm on the right path and give me that inspiration back again because I don't have it in the department" (P6)

"I had only been in post for less than 6 months when I applied, prior to that I had no real research experience, I'd not been in that team leader role so I was very under-confident in that role and had been thrown into the deep end with no real training and support from my manager at the time [...] I had always been interested in research, but not actually done that much myself or been involved in bringing it into our team before [...]the leadership element of the course was the draw but I love innovation and have always been interested in research. I wouldn't have found out about the course if an acquaintance through my daughter's school hadn't sent it to me" (P7)

"I was asked by [the Trust] to become involved as a volunteer and one of the first things I did was an in house research and evaluation, then this ground to a halt a bit, it wasn't one of the Trust's priorities. We do very little of our own (research) and there didn't seem to be any place in research for service users themselves. I've fought a 7 or 8 year campaign to try and change that culture and change the attitude of service users who have felt disenfranchised. I wanted to set up a group of committed service users who were interested in changing that [with] staff and people from outside [...] I didn't meet any resistance, but it was more of a case of very passive agreement, nothing really practical and no change. I felt that I was always the one contacting and I got very, very few calls back [...] I wanted to break down some of those barriers so people would take an active interest [but] I've got no authority whatsoever, no budgets, nothing" (P4)

Mechanism (M₁): Individuals share in the adventure of going on a coach trip to an unknown destination with a group of strangers during which they engage in a series of fun, icebreaker games. This experience provokes feelings of being "outside of my comfort zone", but is soon transformed into a collective sense of fun. Through mutual engagement in these group activities and a shared emotional trajectory, participants begin to connect with each other supported by the virtual connections made on a WhatsApp platform provided for the group.

Outcome (O₁): The shared enjoyment of this experience encourages further engagement and participation in group activities, thus enabling increased connectedness.

"Bringing of people together [...] the coach trip into the middle of nowhere and although initially you felt a little bit apprehensive I think afterwards you realised the value of that - the way in which they did the bus trip and took you off to a secret location and made sure that everybody got to know everybody ...you are pushed out of your comfort zone with things that you don't feel comfortable with is part of research generally" (P1)

"There were in jokes in the WhatsApp group and that was a really good way of getting people to build the bonds before they got there. It (the coach trip) then just became an in joke. It brought us together as a group so I could see why they were doing it. So there was all these really different people from everywhere, nobody knew each other. Even in that short time when we got off the coach we already had a common bond" (P2)

"What I liked was the coach trip. I thought 'Oh my God, I've got to meet random people' and it made me quite anxious and nervous. But I'm so glad that I did it, because it was a great ice breaker. It also took me out of my comfort zone to start off with, which I think I needed" (P3)

"If there's one thing I hate doing is networking. It's not something I've ever felt comfortable with [but] I think the way in which they did that and made that very easy, I didn't find it as daunting. I found it interesting, I actually engaged with people. I probably would have avoided that a lot more in another leadership course. So I found that very useful and that helped my confidence [...] making that networking not feel like a horrible forced

exercise, but something which is actually fun. You got that from the very start though, no one knew where we were going and it was like you had that kind of shared experience. You're in this situation where there's a bit of uncertainty and you experience it with people, so you say 'This is a bit weird isn't it?' and then you start networking without realising that you're networking, it just happens as a natural process of what you're doing already" (P5)

"WhatsApp makes it very informal and somebody who's maybe head of 20 in a team says 'I've no idea which bus we're supposed to go on right now' and it's quite nice to be around people who probably are on the same daily basis as yourself, faking it. I didn't do the coach trip [but] I completely get the methods of why they do it that way, it's good to be out of your comfort zone and stressed and I think you gain a lot from it, it gave them that sense they're in the corner, brings them together, then like 'let's do a game' and everyone went like 'really?!, then they get involved [...] I did have [a colleague] on the course who'd been on the coach so I kind of got a fill in of what they were doing and why they'd all bonded" (P6)

"I had some trepidation to start, I wasn't sure what was happening and I suppose the first thing is 'Oh, it's a bit of an adventure". Waiting in the bus station was very strange, I didn't have anything really in common so from that point of view it's perhaps a little bit difficult to start a conversation, but once we were on the bus it was fine. [...] 'Oh. Hi. I'm so and so and I wonder where we're going, this is an adventure isn't it?!' And then of course you get more things in common [...] the [CCEF] was fabulous. It was very pleasant" (P4)

4.2.1.2 Implementation step 2: Supportive facilitation [CMO 2 (C₂M₂O₂)]

Context (C₂ = O₁): Participants arrived at the venue with an enhanced sense of connectedness, enjoyment and willingness to engage and participate in group activities.

Mechanism (M₂): An immersive environment within a luxury venue in which facilitators encourage and support participants to join in a series of fun games helps participants to relax and 'switch off' from work. This environment contributes to participants feeling valued and safe, creating the conditions for further engagement in different kinds of group activities. Ongoing mutual engagement and shared experience strengthens relationships within the group.

Outcome (O₂): Participants become more energised, confident and open to experimenting with new modes of participation within an emerging CoP.

"I think it was that feeling a little bit more open to do some of the things I don't feel comfortable doing, but I am pleased that I did it and I do think it makes you feel more confident as a result. It was important to be somewhere that wasn't like a work building. When you're working in the NHS you don't get taken to a nice hotel and it did make you feel valued [...] That residential is really important [...] you had a little bit of time to really get to know people. I definitely remember that real strong bonding and sense of being part of that group [and] all the facilitators. I don't think it would have been the same without the CCEF; she just brings the whole group together. They definitely make you feel comfortable and I think by feeling comfortable you are much more likely to share things and support each other. I don't think anybody made you feel like you had to do anything, I think people came forward. There was a lot of time spent doing games and ice breakers and you could see the value of that. By the end of the two days you definitely felt part of a group where you knew everybody and everybody had really come out of their shell" (P1)

"Being taken away from a work environment felt different and you were more open to whatever was coming at you [...]they made you actually get up and learn stuff. The CCEF is really great; she really gets you out of what

you'd normally do. She makes you come out of yourself a little bit and be that more open and relaxed, think differently. So it gives you those skills and that strength to know that you can do it [...] if you can do that in a zone like that, when you're in a pressured situation managing somebody or trying to be a leader, you can do it with people that you know [...] The residential format is really good because it makes you switch off [...] it gave you that time to reflect on yourself, get to know other people. I think you open up more and you're more open to suggestions and actually listening rather than being closed and professional all the time. The residential says it's okay not to be 100% work, work, work [...] It was that time to be able to network and socialise, but not network in the professional sense [...] It was so relaxed you could sit and talk with somebody whereas normally if you're in proper training you could be there all day and not speak to the person next to you. So I suppose the whole relaxed atmosphere of the course I think is a big thing. I don't think it would work if you didn't have that relaxed side of it" (P3)

"There's the fun element on one side but also it was a treat and I don't think it's what many people there were used to [...] I enjoyed it from a personal and development point of view, it was fun and exciting [...] you felt like you were being looked after and that was nice, being appreciated" (P5)

"I needed to be away [...] I'm rubbish at games but it was a really different way of learning for the whole day. [...] This excess time. Some of us had no time at all then to suddenly this weekend seemed to last about three weeks. It was just massive in that sense so the fact that you were taken out of your comfort zone, you don't know where you're going, you don't know this team, it's not in a classroom and it's quite funny [...] you're away for these 2 days, meeting new people, getting ideas about what they're up to, building these bonds [...] it's got that whole feeling of 'we can do this', it's got fun in it [...] And that feeling that you had after you'd done some stupid crazy with the CCEF that not everybody wanted to do, but they were engaged by the end of it, that feeling that when you sat back down, 'Oh I feel alive again!' [...] It brings back that kindness and that's the bit I didn't know I needed [...] You could see it in people's voices and faces, they were talking about what they did, what their team did and then they could hear other people's anxieties and they'd be like I have those anxieties too. It was two days of bonding [...] the learning was sneaked in the fun and it brought loads of people together who wouldn't normally do that type of thing" (P6)

"The fruit bowl game got us thinking out of the box, thinking 'how's that relevant?' But you could see people's faces and it was just like 'Seriously, this is ridiculous!' and even at the end of the two days I wasn't sure but actually there's so much energy in the room just from everything that's going on. There was competition but it was like friendly supportive competition [...] A different environment, completely neutral, it wasn't work based, it wasn't office based, it wasn't conference centre based, it was more homely, it did make me feel very safe" (P2)

"I found it really inspirational, there was such a mix of different things and lots of humour as well, and I've never laughed so much. Such a lovely, light hearted, friendly atmosphere with no judgement of others' abilities, a lovely way to learn, I loved the fact they had that a comedian (CCEF) element in there" (P7)

"I found [the facilitation] great throughout. It broke down any barriers. I just loved it and just joined in everything I could. I thought it was terrific and brought people out of their shells. I thought the whole thing was energising. The CCEF had the personality to carry it off. We talk about icebreakers and that sort of thing but I've never know anything like this. Everybody was involved and it was all light hearted, it was non-competitive and everybody joined in. There was nothing that people couldn't do ... I just think it worked so well" (P4)

4.2.1.3 Implementation step 3: Creative facilitation [CMO 3 (C₃M₃O₃)]

Context (C₃ = O₂): Energised participants with an increased confidence and openness to doing things differently within the context of an emerging CoP.

C_{3A}: Some individuals have an existing sense of creative identity, but lack confidence in their creative capabilities and the role of creativity in the workplace.

Mechanism (M₃): As participants have fun working together to build a sculpture during a creative workshop, they draw on existing communicative and collaborative leadership skills. They explore different ways of working, thinking and communicating in a way that recognises the diverse perspectives and talents of their peers.

Outcome (C₃ + M₃ → O₃): Participants recognise and develop their existing leadership capabilities, building self-confidence and openness to experimenting with different approaches.

C_{3A} + M₃ → O_{3A}: Some individuals describe increased confidence in their creative capabilities and the role of creativity in the workplace.

"It's just such a refreshing way to do it [...] creating and thinking things through in a different way than you would normally do it and the ideas that came out of that even though it might seem really wacky were actually very relevant to just what was going on. Just getting a different perspective on things. I think different ways of doing things is creative, I'd say it (creativity) wasn't something I was thinking I'd get out of it and some people wouldn't class the sort of things I do as creative, it doesn't involve glue and tissue paper, but it is because it's a different way of presenting the same thing" (P2)

"It was showing you different ways in which you can present something. It helped you demonstrate how to use resources that you have to the best of your ability. Thinking outside the box. You can use different methods and put them together. The skills come, everybody had ideas. The better teams you found communicated a lot more, planned and discussed it. Again it's just using your skill mix in your teams. So if someone is more creative than another, then they're the best person to do something" (P3)

"I think the bit that I really got out of it was that element of creative innovation, looking at different ways of communicating and engaging with people [...] how important that is, but how possible it is and how you can use it, not just for yourself, but to engage with others and that happened in lots of different ways, in ways they kind of built up. I don't think it was ever kind of spelt out like in your face [...] From a personal point of view it was this that gave me the confidence to realise that we all do have a creative element in our lives and it is possible to not just engage, but use it in your professional life as well, use it to engage with other people [...] Like a light goes on, you can appreciate it [...] and actually from a professional point of view you can then take that and engage with it in terms of trying to change culture [...] you can use the creative process to help teach, help others to learn and actually it opened my eyes to the context of all health professionals. They're always looking at new ways of doing things or presenting a situation [...] If you were to ask that person at the time what they think they were doing was creative or do you think you're a creative person, no not at all, but actually what they're doing in that process is a creative one and it's engaging with all those different things about what creativity is and they just don't realise it" (P5)

"I realised then that I was actually quite good and brilliant at some of the stuff that they were teaching us about. I felt like they taught me I'd forgotten the fun at home and I'd forgotten fun at work and I was just going through the motions [...] no inspiration. This (activity) put the fun back in it and you get more energy for everything. My

creativity had got completely lost; I'd gone back to the motions.... So that side of things, how to do something a bit differently, which I've always had, but it's the course that brought it out, this whole creative idea" (P6)

"Whenever I think about this leadership course I think about the fun side of things and being creative [...] I can see how it's useful, but I think when I was doing it at the time I'm thinking I'm not quite sure what this is. [...] but it does (boost your confidence) and it goes back to the way that they do it, like on the evening everybody judging it and the presentation [...] they are making you feel very valued" (P1)

"I really didn't think of myself as a creative person and I actually realised that I'm a lot more creative than I thought I was. I didn't expect I'd have been involved in something that would've looked so good and been so much fun" (P7)

"If you've got one artistic person in the team, then it's very much easier [...] I think it probably does help you think creatively and thinking outside the box" (P4)

4.2.1.4 Implementation step 4: Instructive and experiential facilitation [CMO 4 (C4M4O4)]

Context (C4 = O3): Participants are more confident in their leadership capabilities, with an increased openness to experimenting with different approaches.

Mechanism (M4): Participants are presented with different leadership models and participate in group role play sessions to explore influencing techniques through which they learn alternative leadership approaches which recognise and engage with difference. Participants negotiate the meaning of being a leader and practising leadership within the context of the nascent CoP.

Outcome (O4): Participants start to think about leadership differently in terms of influencing and communicating with others in a way that recognises and engages with different perspectives. As a result, they develop an enriched understanding of self and improved confidence in their leadership abilities.

"I brought it up (a management issue) and one of the facilitators said 'why don't you try having everything written down, knowing what you want to say, being confident in what you want to say and listen to them' [...] you see it from a different side [...] using different methods and making us aware of everyone's different roles and how we all work differently [...] at the end of the day you do know what you're doing. You might not have all the answers, but if you've got the skills or the techniques to be able to put those into practice, you can deal with those situations when it comes to managing and leading the team [...] When I went on the course, I was able to step out of my bubble, my little box and actually see what it's like for people who don't work in research, people who don't have that passion for research, so listening to them they felt like they had barriers and wanted to get involved and didn't know anything about research [...] What I learnt from the course as well is how to engage my [research] team to the same vision as I was having" (P3)

"I realised from the course where I get my energy from. We learned a bit about the different models and a lot of the stuff they taught us was how to understand yourself and how to find what you need around you [...] I'm that type of person that if a project came up I'd want to discuss it, throw ideas off the wall, all excited and expect it back and when I didn't get it back I'd think 'this person's so boring' or not getting it or not engaged or just not my type of person. I realised actually they just don't tick the same and the course gave me a lot of insight like in the role play, actually you might have to treat people a little bit differently to you and just because they act a bit differently to you doesn't mean they are judging you, they might just need time [...] So I think the course made

me realise that sometimes if you just deal with a situation a little bit differently, they'll be better outcomes for everybody. I think the course helped me to realise that different isn't worse or better" (P6)

"After the course [I realised] how I am leading everybody and its more about influence, influencing different people and changing research culture is all about barriers and different cultures. I think that's the skills that I lacked. One of the things was the confidence. We talked about leading with passion and I think it does make you think that if you can get your passion across that does have an impact. When they talked about influencing both up and down [...]It's selling the benefits and I think 'what's in it for me' has been quite useful to think about" (P1)

"That course gave me more confidence in respect of my abilities, to show me that I can do things, things that I didn't think I could do and acknowledge that it isn't necessarily true, just trust in your own abilities a bit more and actually you can do it. My confidence did grow after that. There were bits about leadership style and that kind of self-reflection on who you are as an individual which I found good as well" (P5)

"Somebody (presented a scenario) and somebody was prepared to be the other person giving the advice, but we all took part and I really remember people were putting their hands on your shoulders because they were part of your back up team and it just felt really empowering, so that was really powerful [...] Influence sounds really harsh, but it's not like that at all it's more being able to put your ideas forward and having discussions about things and how you move forward from that [...] I'm definitely more confident about 'well I think this is a good way of moving forward with this and how do people feel about that' and then taking that on board" (P2)

"One of the most useful things I found about the course was talking to people in similar situations and discussing situations I was in at the time and what their opinion was and what they'd done, the peer support from others [...] I learnt a lot from a leadership perspective in terms of how to just get lots of ideas from staff and different ways of doing team meetings so we were really encouraging everyone to be innovative [...] I loved the importance on self-confidence [...]it definitely helped boost my confidence, I think I do know what I'm doing a lot more than I thought I did [...] It generally gave me a lot more confidence to be a leader and to just feel I have the knowledge of how to lead people in a better way, just encouraging the softer side of things a little bit more and the importance of being kind and caring towards your team and encouraging that within the team" (P7)

"Some of the conversations around culture were interesting putting it into rituals and routine and putting myself in the position of the staff I can see why things happen. Why there is resistance to buck a trend. It's always easier to maintain the status quo. The different ways of trying to communicate your feelings, your stories was something I'd never thought about. [...] I can see it the other way round where people weren't getting a reaction from their superiors or their managers, I said involve service users, involve carers, that's a powerful tool, a powerful argument [...] I think a lot of it is reaffirming the right way to go. I think often we know the right way. It's very much being more considerate to members in the team and to realise that everybody is at different levels [...] I feel as if I'm partly a mentor, partly a tutor, partly a team leader, but principally a member of the team" (P4)

4.2.1.5 Implementation step 5: Creative communication facilitation [CMO 5 (C₅M₅O₅)]

Context (C₅ = O₄): Participants are thinking about leadership differently in terms of influencing and communicating with others in a way that recognises and engages with different perspectives. They have a more enriched understanding of self and improved confidence in their leadership abilities.

Mechanism (Ms): Building on the themes of creativity, influencing and communication, participants are introduced to creative presentation techniques including storytelling and the use of novel digital technologies. Participants experience the impact of these methods and experiment with different techniques in the context of preparing to present their action plans in a more creative way.

Outcome (Os): Participants use creative techniques for presenting their action plans, recognising the impact and value of using alternative methods of communication and improving their confidence therein.

"The other thing on the course that I think was really useful as well was the use of stories, the impact of sharing success [...] it just does bring it to life a bit more through stories and case studies [...] One thing that they talked about was using animations and I have thought about it and I do keep thinking about it" (P1)

"The idea that you weren't allowed to use PowerPoint, you had to be inventive was good. Some people used Renderforest, which is a good way, I hadn't even heard of it. The way they did storytelling, explaining that the whole of life is about the story, and the story is the same just the characters are slightly different. That was quite good, a different way of getting things across to people. There are other ways of doing things and they are all valid." (P2)

"I learned how to do it (the presentation) with little mini videos and I did like how to present that [...] it's good to have people start opening up, but I think traditionally we are a long way away from that, but I have those skills... [...] it gave you an option to look at different media and how to present things" (P3)

"There were a lot of people who used, like Renderforest, which I'd never even heard of, from the course [...] I've always done storytelling, I've always used example to tell a lot of what I want to tell so I've always been quite good at that but I've never really liked writing [...] but you can put a few words, a picture or a stamp or a symbol together [...] so that was quite a good workshop for me" (P6)

"For me it's (poetry) just something I can do relatively okay [...] it's very condensed, very emotive for things like celebrating roles, getting people to reflect on what they do or reflect on a situation. I think it's quite effective in that if you can get it right, it brings it right down to those core emotions that you're trying to stir in people and once you've done that they can go away and reflect on it more. So the poem I did for the course, my action plan poem was the structure from a research paper that was looking at how you foster a culture of research. What I was doing was relaying a piece of research but putting it in a different format [...] It's just a different way of doing that for people and that went down really well [...] So you can take a creative idea and just even presenting it in a different medium makes people listen to it, some people just pick up on it a bit more and we use poetry because it's something we can do, but you can do it with anything" (P5)

"When I had to do the research strategy for our team, it was a brilliant thing to do having that piece of work because it made me think exactly how I was going to put into practice what I'd learnt" (P7)

"Particularly the level of power point that I'm at. I can't do all these singing and dancing things with images flying across the screen. So it was hugely interesting to me although I haven't got the capabilities or the computer literacy to do it, to see some of the computerised messages. I thought that was absolutely terrific [...] Just a 5 min animated film, video, does far more. So that was something I'd never thought of before. I think as well the idea of having a story [...] I'm not artistic in any way shape or form but what I did in the final presentation was a story based on Humpty Dumpty [...] so people could understand where I was coming from. I would never have dreamt of doing that before I went on the course [...] I could do something like that [again] and that might engage the audience and a little bit of humour in as well, which is important" (P4)

4.2.2 Additional CMO configurations during programme implementation

4.2.2.1 Building communities and strategic networks [CMO 6 (C₆M₆O₆)]

Context (C₆): Participants often felt isolated in their role, working within small teams and lacking peer support with limited formal lines of authority to influence and engage colleagues in R&I.

Mechanism (M₆): Instructive sessions on strategic networking and community mapping, supported by sessions on using social media to build connections, helped participants understand their place within the wider R&I infrastructure, identify key allies and make plans for building communities of practice and/or extending their networks. Sitting on tables with colleagues from the same Trust and/or region enabled participants to make connections within more localised contexts.

Outcome (O₆): Participants improved their knowledge of the broader R&I infrastructure and recognised the value of networks and communities as potential sources of support, information and influence. Building relationships was included as a key part of many action plans and a number of participants engaged with social media to begin making connections. Some participants reflected that sitting with people from other Trusts/regions would have been beneficial in widening their networks and learning about different approaches and experiences.

“For me some of the important aspects were around the building of community of practice, building networks, they talked very much about strategic networking and making sure you had the right people around you, that were going to support you [...] I think it made me look a little bit more about who are my allies, who in my network can help to influence things, so that you’re not just doing it on your own [...] it did actually make me look at my networks and really work out who was important to me and in what role they are important to me - helping me to influence from a senior level or supporting me and helping to build my confidence” (P1)

“The information they gave us about building contacts around all the different networks and everything was fantastic [...] just to know that you weren’t on your own, there was this huge network out there and you do actually link into it [...] My strategy was about building bridges and networks within the Trust itself and then with the North West Coast to have more contact or more understanding of what they do and also reaching out to people in our research areas within networks [...] When I first started I felt like an island and actually we’re not and if all my different bits of the network were other little islands, then I had a ball of wool and we just connected it all together. Actually you’re not on your own, you’re a network of all these islands and this inter-linking, communication and that’s what we need to work with. So my strategy was just to build up a network, so that I have the support from other people” (P2)

“We’re quite lucky within the Trust we have a good R&I structure, but if you don’t know that, you don’t know how to get signposted, you probably don’t know we exist [...] it was quite an eye opener for people from this Trust that I met who didn’t even know we had a R&I [...] That means I need to be more active, more out there, more raising the profile, even though I thought that it ticked over quite nicely [...] I had to put down our key networks, who we need to communicate with, so it very much highlighted at that point that we need to be more integrated with the ward and the unit staff and build our relationships up with them and that’s part of my team vision [...] They put us in groups from the same Trust or the same area, which was a good idea, I think it might have been the reason that we support each other, but I actually think it would have been better to mix you up because then I think you get an experience of how other Trusts work and different approaches, I might have been able to pick something up from someone who worked at another Trust and bring it back here or vice versa” (P3)

“Prior to the course, I’ve never engaged with social media at all. I didn’t enjoy it, I kind of kept it at arm’s length, but it wasn’t until we met people on the course and perceived what they were doing with Twitter - there is an

application for this, professionally that I'm not tapping into. So I joined Twitter just to dip my toe in [...] I wouldn't have done that without that course [...] but learning about CLAHRC and other things that are going on, it tied me into the Trust research conference, which again is amazing because it's something I'd never heard of before and I've worked for the organisation for 10 years, so for me to find out about that was quite shocking really and sometimes you realise that people can exist in their own little bubble. It's a two way process, it's about them branching out as well. In terms of the wider things that were going on regionally in terms of innovation it did give me a better understanding" (P5)

"I did know they [the networks] were there. I hadn't properly engaged in them enough, because they all changed during my leave and I lost my way on how things worked and how to tick the right boxes with the right people. The course did that for me, it made me think 'Who is the R&D leader at Blackpool now?', I need to get back in touch, I just need them to know that they can call on me to give talks and I need to get that out there. So I need to make sure, that openness is there" (P6)

"They introduced us all to Twitter which I hadn't been involved in at all and which I wouldn't have done otherwise and that has been amazing. One of the expert speakers on the course, I had not even been aware that she was working for my Trust and so I met her and then because of that she said we've got a research conference and I think it would be good if you could be involved. It's definitely helped me in terms of thinking about who I need to contact and influence about a particular problem" (P7)

"The overall thing I got out of the course was that the NHS doesn't work as a team, that there is very little inter-departmental communication, the Trusts don't extend outwards. I think that's missing so many tricks, because I think we should be looking at some of this research from a regional scale, from a city scale, rather than just within a department within a particular hospital. Why not involve patients and carers? [...] We were moved into geographical groups, I can understand perfectly why that was done to help people to talk to each other across sites, but I don't know whether it would have been beneficial to split us into different groups a few times, you want to know all of them and what all of them are doing" (P4)

4.2.2.2 Caring and reflective facilitation [CMO 7 (C7M7O7)]

Context (C7): There is perceived to be little time in the pressurised working day for self-care and reflective practice.

Mechanism (M7): Participants are afforded the time within a less pressurised, supportive environment to practise self-care and reflection, aided by instructive workshops on 'leading with care' and structured reflective journaling sessions on their experiences of the programme. Participants engage in reflective practice and recognise the value of self-care.

Outcome (O7): Participants understand the importance of self-care and reflective practice for themselves and others, reflecting on their learning from the programme in considering ongoing professional development and understanding of self.

"I think [self-care] initially makes you feel a bit uncomfortable, but I do recognise more, particularly in the leadership roles, I can definitely see the value in that [...] the reflective practice was more helpful in thinking about what you'd learned and thinking about what you're going to take forward and to have a bit of an action plan [...] it does help to identify your strengths and weaknesses" (P1)

"Pausing, reflecting and taking that time out, you end up doing more, you re-energise instead of spiralling down and feeling helpless and it's all overwhelming. I think it does help to take stock and take that time out -that

came across as a really strong message. You are important, you need to self-care. They definitely helped to instill it in you throughout the course because it was just spoken about so openly and it was just like normal [...] The reflective practice was really good actually, thoughts that you're having, how it made me feel and what I thought I could use and what I could get out of it on a personal level. At the very end of the course I was very much starting to realise that I am a research person first rather than a clinical specialist who does research. I definitely wouldn't have done half the things if I hadn't been on the course and also on a personal level as well, I wouldn't have been brave enough to have done some of the things I've done [...] I got a lot out of it, a lot of personal self-belief and you just came out with this great feeling of self-worth, enthusiasm and feeling that you could put on your superhero pants and conquer the world! It definitely gave me more strength to say right, where do I want to go, what do I want to do, what do I want to achieve?" (P2)

"If you are having a hard time yourself it's so easy to rub that onto other members of the team. Being able to have that residential, that's actually saying 'It's okay not to be 100% work, work, work. It is okay to have me time, it is okay to relax' [...] a lot of that was also to give you that skill to take that 5 min break, that reflection and that meditation, wellbeing and looking after yourself. I've learned little tricks from that course, take that deep breath, settle down, jot down on a piece of paper and then have a look. Does that really need to be done right now? I would say that I was more reflective than what I was" (P3)

"You felt like you were being looked after and that was nice, being appreciated... the concept of self-care is something that's being talked about more and more, but to actually see that, 'Oh this is nice', we went to a nice place, it just made you feel like, yes you were being looked after [...] Engaging more with that kind of creative side and coming to the realisation of self-awareness that's a possible thing to do elsewhere and not just in that course [...] it was quite life changing in certain respects. Certainly from a creative point of view and a personal and professional development point of view, it was very enhancing" (P5)

"I loved the health and wellbeing aspect and I am now much more aware of health and wellbeing for myself and for my team, I'm more aware of not being too critical of myself which is so important because in this kind of job there's never enough time to get everything done, we've problems coming out of our ears and it's very easy to be critical of yourself to think you're doing a rubbish job, and the course has really helped me to take a step back and think, no I'm doing the best job that I can in often difficult circumstances [...] In my specialism, you tend to be reflective, it's in our nature, but it's also about not being too hard on myself about things so it has helped me reflect more favourably on my management of the team so it's definitely worked in that way " (P7)

"I went back to my room and I wrote a reflective log of what we'd done in the day [...] I always had a strong sense of identity, but I think I had a big period of greyness so it restored me back to where the excitement started and why I wanted to do research in the first place [...] That's what I got from the course, why am I feeling like this, I'm a complete energy bunny so why am I feeling completely drained every day, why is it not working? It was a proper slap on my face that you do know this stuff, you are on the right track, but it made me start asking those questions. Where do I want to be, what do I want to do, am I happy just going through the motions? [...] You need to find that inspiration from somewhere else and this group of people did just that. I kind of thought I keep looking for this leadership and this spark and I'm thinking I'm it and that course made me realise that I have enough skills to be it. I need to stop looking somewhere else. The 2 days were just amazing actually, completely life changing both at home and at work. To the point where at the end of it if they'd given me a bill for £2,000 I'd have paid it. I had a bit of a wake-up call, it made me realise that actually now is the time for a bit more, that I want something more" (P6)

4.2.3 Summary of immediate outcomes

Drawing on the analysis of the interview data from this study and the improvements in change measures reported in the initial evaluation, these findings indicate the following key individual outcomes from the programme:

- Increased self-confidence in leadership capabilities
- Improved understanding of how to lead a team through influencing others
- Increased openness to new ideas and approaches
- Increased confidence in creative capabilities and the role of creativity in the workplace (for some participants)
- Improved understanding of the value of self-care and reflective practices for themselves and others in enhancing their leadership capacity and understanding of self
- Improved understanding of the wider R&I infrastructure and the benefits of communication and relationship building across networks and within CoPs

4.2.4 Longer-term outcomes and impact

A key aim of this realist evaluation was to understand the longer-term outcomes and impact of the programme on participants' abilities to lead cultural change within their organisations. In realist evaluation terms, the individual outcomes from the programme can be understood to form part of the contextual fabric constituting a new set of CMO configurations within the workplace. For example, participants that feel an increased self-confidence in their leadership capabilities and openness to exploring new approaches might drive new initiatives that more effectively engage colleagues in R&I. These initiatives might result in increased recognition of the value of R&I leading to increased involvement in research studies and/or uptake of researcher development opportunities. The impact of an intervention is thus going to "go beyond the direct programme beneficiaries" (p. 8) (11)

There is some indication of the more immediate impact within the workplace through the initial evaluation's inclusion of a pre- and post-programme questionnaire for participants' colleagues, which identified improvements in the following self-reported measures:

- Knowledge about communities of practice and ways to learn about research
- Levels of curiosity about innovation and research
- A line manager who listens and takes on board your suggestions
- Feeling part of a team that performs to the best of its ability

Unfortunately, due to practical constraints it was not possible to follow up this initial study with a more in-depth investigation into the longer-term impact of the intervention through interviews with participants' team members and relevant colleagues and/or ethnographic observations within the workplace. However, the interviews in this evaluation did provide some indication of the ways in which the individual programme outcomes were translated and applied in practice, and the resultant cultural changes that are beginning to take root. Again, quotations from the interviews are used below to capture these examples in more detail. Wider contextual factors influencing the process of application are also explored.

4.2.4.1 Building relationships with influential allies and a changing leadership approach

A number of participants highlighted how the course had helped them to identify 'allies' within their immediate team, department and/or organisation as well as within the wider regional or national infrastructure. Allies were variously identified that could provide peer support, mentorship and/or expand their lines of influence in the context of R&I.

Participants described building on existing relationships as well as forging new connections. The 'virtual' CoP established on WhatsApp was also identified as an important source of peer support in the immediate months following completion of the intervention.

Participant 1

One participant described how she has drawn on existing sources of support within relevant departments, and has since expanded her networks to include new colleagues within academia. These relationships have had an impact on sustaining her drive and motivation to embed R&I within the organisation:

"I'm lucky in that I have very good managers around me so my direct line manager is the deputy director of education and research and I've been supported by somebody from the local university. I think because I have people that I check in with and are driving me and making me feel like the work is valued you do kind of keep going"

Critically, this participant also examined her existing lines of influence with clinical colleagues to identify where she already had the most traction to engage staff in R&I. She concluded that she was having the most success in engaging colleagues from her own clinical specialty and reflected that this was due to a number of factors such as feeling "more comfortable" and confident working with managers and staff in her specialism with whom she had pre-existing relationships. She also recognised that the rhythms and routines of her specialty were more conducive to taking up opportunities in R&I, whereas other areas faced more challenges that might be contributing to their intransigence:

"I do think as AHP they're probably a bit more fortunate in that you probably have a bit more opportunity to take time out of your diary. I think one of the challenges that I found was when I tried to do the same with nursing and midwifery, is with nurses that are working shift patterns I think it's much harder for them to be released from the rota and I think managers in nursing have much bigger challenges in respect to that"

Focusing her attention on this specialty, this participant built a strong working relationship with the head of the specialty which eventually led to a formalised role and protected hours within the team to concentrate on nurturing R&I. This lead was identified by the participant as a key ally in terms of her seniority and influence, but also in her "forward thinking" attitude to leadership and R&I. This lead became an informal mentor to the participant, providing opportunities to develop her leadership skills and integrate R&I into the life of the department.

"Building up those networks that can help you influence, so for example X has been really useful for me in terms of me developing my leadership skills as well. She made sure that I came to all the senior meetings, and she runs the AHP forum, she always made sure I was on the agenda as a research update"

Applying some of the influencing techniques learnt on the programme together with learning from the leadership demonstrated by her mentor has shifted her own leadership approach:

"I think over the last couple of years I have thought about it very differently [...] I've come to recognise that it's not just about facing people and meeting, it's selling the benefits [...] making whatever you're trying to do of benefit to either the individual or their manager or the organisation and just highlighting different benefits"

She has now applied this approach to setting up specific initiatives and events within her organisation, working closely with an academic from a local university to raise awareness and highlight the benefits of engaging with R&I. Importantly, these events recognised the importance of engaging not only with staff, but also with their managers as key gatekeepers to enabling others to participate in R&I. These events encouraged staff and managers to find ways of

supporting and/or getting involved in research and increased staff awareness of research career pathways by sharing success stories of staff on research internships.

This participant also set up a community of practice within her specialty that focused on supporting novice researchers and staff pursuing NIHR clinical academic career pathways:

"When I look at the things that I've done and I think actually what has been part of the successes that we've had over the past couple of years has definitely been about building that community of practice and giving each other confidence and sharing successes"

She also expanded her professional network by joining a cross-organisational community of practice within her local integrated care network that has helped her to "build research capacity and share practice".

These initiatives have reportedly had a positive impact on nurturing and embedding a culture of R&I within this specialty. The participant describes not only an increased awareness of R&I, but a shift in mindset amongst staff and managers that recognises the value and benefits of R&I to individual professional development, staff morale and retention, improving clinical practice and patient outcomes. As a result, staff and managers disseminate research opportunities more widely, with the latter demonstrating an improvement in their ability to support staff to engage in R&I. Consequently, there has been more involvement in R&I activity and an increased uptake of research career development opportunities:

"We have got more people involved in portfolio studies or got people bringing in money through a NIHR grant application. I feel that the work we've been doing has been huge in the sense of change and research culture, having people research-engaged and people are starting to think about their own research questions and pathways and putting in for charitable Trust funding [...] I think the culture within the team has massively changed and we've had a couple of portfolio studies running and managers have been able to see it's not just about getting a little bit of money, they see the impact on staff morale and teams coming together and the knowledge that they're getting, so I think that's really changed manager's awareness of research [...] now if I send out information about portfolio studies straight away you get people emailing you back saying they want to get involved, you get managers replying saying 'is anybody interested?', whereas I think a couple of years ago it would be very much 'well what are we going to get out of it?' and 'we haven't really got very much time'. I think they are a lot more open minded about releasing staff to take up on these opportunities now"

Recognising the importance of valuing colleagues' progress as well as promoting and sharing success stories to further encourage and embed R&I culture, this participant submitted their work for a "research impact award" at a regional conference. They won the award resulting in increased visibility within their Trust which led to an invitation to present their progress to the Board, thus forging connections with the senior leadership within their organisation. She drew on the influencing and creative presentation techniques learnt on the programme to present a series of stories and case studies designed to align the value of staff involvement in R&I to the goals and concerns of the executive team:

"We very much knew that sharing that story, case studies, would impact the Board [...] in terms of influencing the Board I think what was really useful about these stories was we actually got two of the internships to present and one talked about the impact on service and the other talked about personal impact and I think they really liked that because when you think about getting involved in research you know that it's about improving patient care or that there might be some financial benefits, cost improvement, but I don't think they'd really thought about all those other impacts around getting involved in research, so one of them was talking about how much more they felt valued as a team member and how they'd been able to share that knowledge with their team, they'd developed things within their service, but that they were much more likely to stay in that role. We were talking

about things like recruitment and retention and I think that really did bring all of it to life and made it more apparent that it wasn't just about those impacts that you think about, its thinking much about the other wider, less visible impact"

Consequently, their work is beginning to get recognition across the Trust, although there is still "a long way to go there". This participant also experienced ongoing issues with convincing her research team of the benefits of supporting staff to engage in research opportunities:

"I've found over time more and more challenges with the actual research department, which you kind of wouldn't expect [...] what they're saying is that it [our work] hasn't led to a huge NIHR application. It's getting across the message that you don't come out of the internship and have the skills to necessarily apply for a programme grant or something like that, it takes years to get that experience and so we nurture these people and if they carry on, on that pathway then it might be in two years it might be in five years, but it is about creating our own research leader [...] I don't think they value the small steps that we've made [...] they think 'well it hasn't brought any money into the Trust', so I guess there's been quite a few challenges with what their thinking is and what my thinking is"

Participant 2

One participant described how she has focused on building support networks within organisational, regional and national contexts that have helped her to keep up-to-date with research developments, provided peer support, and helped her to increase the visibility of her department within the Trust and wider region:

"I've been to a few different places and I would never have done had I not been on the course. [...] Networking within the trust works better, we work closely with [lead research nurse] and we've got a good way of working together and then we link into the R&I team within the Trust as well. I keep them informed about what's coming up and make sure if we hear of something, I say 'Hey guys have you heard that this doctor is interested in this?' and they do the same [...] I've found out who the researchers are at Clatterbridge and Christie [in my specialism] and also that there's a national group of researchers (in my specialty). We try and meet three or four times a year. I went to Clatterbridge to see their department. We're on this email trail and somebody will go 'Has anybody heard of this trial? What are you doing? What are your difficulties?' Other people are sitting there thinking exactly the same and that's brilliant to see people actually being able to input into that as well. (It's given me) the foundation that I do know what I'm doing and that's important"

With a new R&I lead in the Trust committed to building connections across the organisation as well as new roles within the department that have research as an explicit part of their job description, the organisational culture is more explicitly prioritising R&I. Within this context, the participant has been working to support colleagues to develop the research element of their roles and demonstrating how research is already an integral part of their existing work:

"Research is embedded in our profession, but because it's just part and parcel of what we do, it isn't recognised as research. People just don't realise they are doing it, so I think making it more visible to people that every day of their lives what they're doing is participating in some sort of research [...] I think a lot of people have a better understanding of what goes on in their everyday life"

As part of this process, she has been drawing on collaborative influencing skills learnt on the programme to encourage colleagues to get more involved in how research is practised and used within the department, inspiring greater interest and engagement with R&I:

"I definitely try and engage people into conversation [...] trying to make the point of bringing them into the discussion. 'So this is what we're doing, what do you think? Do you think there's a better way of doing it?' [...] that's been good because we've had other people saying 'Oh that's really interesting, can I do this, can I do that?'"

This interest and engagement has been further encouraged by making the work of existing clinical research champions more visible to staff, embedding them more deeply in the everyday life of the department so that "we've got people on the ground that know a bit more about research".

One of the key initiatives she has undertaken is to expand her organisational network to include library services, working with them to put on sessions for clinical staff to learn more about core research skills:

"I don't think I would have thought about the library, contacting them and getting them to run the course, if I hadn't been on that course [...] they did 6 sessions on different things, just to reinvigorate things [...] and now I've got a good relationship with the people in the library [...] I get an email from them saying 'We're doing this' and then I go and shout about it to other people [...] like critically appraising journals and things like that [...] it means rather than them [the library] having this amazing little learning thing that only three people turn up to, we're actually getting 10 people enquiring about it"

These initiatives are reportedly resulting in greater awareness of and engagement in research within the department, with increased levels of interest from staff looking to develop their careers within R&I. These experiences are also helping this participant to consolidate her identity as a leader in a research context:

"It's hard because my role, when I'm down on the shop floor, I'm just working as a standard X, I'm part of the team, but when I'm in the research role definitely yes, I probably, do I see myself as a leader, I know that others do see me as that"

Participant 3

Another participant described how she had worked to demonstrate that research was part of everyday clinical practice. She has concentrated on building connections and relationships with staff by embedding herself more in the daily practices of the clinical department, for example, by attending multidisciplinary team meetings, going onto the wards and communicating with staff about new and existing trials. She also used a noticeboard in the department as a 'research board' to share information with patients and staff including photographs of the research team and an explanation of their remit. These initiatives were further supported by research awareness sessions concentrating on demonstrating the benefits of R&I to clinical colleagues:

"I think the biggest thing out of that course was that vision that we did at the end and trying to implement that vision. [...] I've spent the last couple of years building that relationship and that awareness up on the wards, to say that just because they're on a trial, it doesn't make them any different to another patient [...] The chemotherapy that we (the research team) give, the ward staff and the day unit, they give those treatments every day. So they might as well do it with the support from us. So it's changing their mind set that actually we're not here to give you more work we're here to support each other. It's just communication [...] before I didn't see it from the other side, but I do now with the course, listening to people, listening to patients. Listening to different roles. It's made me definitely think that I can turn round to the person, the clinical research nurses when they say to me we're too busy, I can actually say 'Yes so are we, but we need to work together for the patient' and that's improved greatly"

The participant described how these activities have helped to “change the mindset” of the team with regards to the importance of R&I and have helped improved relationships with clinical colleagues, especially the clinical nurse specialists. She also reflected on how the course had helped her change her leadership approach with the research team, by being more open, collaborative, recognising and working with colleagues’ different perspectives and enabling them to find solutions for themselves:

“The course has made me step back and get that balance to be open and fair and approachable [...] When I look at my team now I can look at their strengths and weaknesses, so I know who I can ask to do what. [...] I try to encourage them if they have any issues to try to sort it out rather than coming to me all the time. I’d say that’s come from that course somewhere [...] What I learnt from the course is how to engage my team to the same vision as I was having [...] We’ll brainstorm quite a bit in meetings we’ll sit and I’ll have an idea or somebody will have an idea. It gets spoken about [...] I listen to what their views are and they listen to me [...] I think it’s that communication and supporting each other and if somebody has got an issue, they will say it and everyone’s got some advice. I very much encourage that team work”

These changes are understood to have enabled better working relationships within the team, although personnel changes have also shifted the dynamics over time:

“My team does a really good job; they communicate with each other, at the moment we are in a really good place. That could be because the team members I’ve got, but it could also be that I have changed as a manager [...] I do have that understanding that it can take just one person to change things”

Participant 7

This participant felt that her formal leadership position was essential to driving the changes that have been made within her team, allowing her to “give people the permission” to spend more time on R&I activities.

“If a band 5/6 had come back from the course and talked about research people might have listened a little bit, but it doesn’t have the same impact as when your team lead comes back and says it’s what we need to be doing and it’s so important”

A shift towards R&I as an organisational priority was also acknowledged to be a facilitating factor in supporting her to nurture R&I within her team:

“The trust’s attitude to research has changed massively. At the research conference the new chief executive opened the conference and talk about how important the research side of things is and repeatedly since then we’ve had lots of examples of how important research is to the Trust, which means we have much more opportunities to get involved in research studies and they say yes to things which I don’t think they would’ve done before so the timing has been brilliant”

This participant presented the action plan she had formulated during the course at the Trust research conference and to the core clinical management of her division. These opportunities helped her to increase the visibility of her team, and R&I, within the organisation and connected her to the wider R&I infrastructure through which to expand her strategic support network. Two research specialists were also recruited into her team, linking their department more closely with the Trust’s R&D department. Working with these two members of staff, this participant has implemented the strategy outlined in her action plan, for example, setting up a monthly journal club, running sessions with the Cochrane library and the library services department, setting up Twitter workshops and ensuring that research is always an item on the agenda at monthly team meetings. These initiatives combined with a shift in organisational culture have reportedly led to a mind-set shift within the team. She describes improved awareness and use of R&I in

everyday practice supported by increased use of social media through which the team keep-up-to-date with research developments as well as expanding their networks.

"We're just more research aware as a team and it's much more a priority for us that it was before [...] We are looking back through the evidence and having the mindset of 'are we doing things in the best possible way for our patients?' [...] Twitter has been amazing in terms of keeping up to date with research and developing contacts and connections [...] I've brought it back to our team and they've done similar things to me so it's definitely been very helpful in increasing the whole team's awareness of current research and how to find it, to making sure we're using much better evidence-based practice than we were before"

Information regarding research opportunities such as research studies or training courses are now more widely disseminated within the team, with a member of the team now working on an NIHR research fellowship. As a result of all these changes there has been an increased involvement in research trails within the department:

"Partly off the back of me going on the course and being much more interested in getting involved in research studies, and partly due to the two research members of staff coming into the team, we've been involved in a lot more research studies that are specific to our specialism. As a Trust we have been involved in quite a few trials from a medical perspective, but not from our perspective so we've been involved in about 3-4 trials since involving our specialism which I don't think would have happened if I hadn't been on the course"

They are also making connections with other NHS organisations and academic institutions within the region to set up a new series of collaborative research projects.

Participant 6

For one participant, the course had helped her to make connections based on her increased 'openness' and drive, taking up the resultant opportunities to work on and embed R&I within her department.

"There definitely seems to be a lot more opportunities coming to me now that I've got my eyes open in the last twelve months. I don't know if they were there before and I just walked past them [...] I'm not completely convinced before this course I would have embraced them. I think I wouldn't have been the person they approached. I'm more open now [...] I suppose my enthusiasm from the course and my engagement with somebody then rubbed off and other people wanted it"

She described how students approached her to support them with their training, from which she developed a new course and set of resources. She was then approached by education leads within the Trust to teach an introductory module for medical students in which she focused on the role of research and clinical trials for driving change:

"I've known them for twenty years and obviously seeing this spark again and that's all I can think that it was, they approached me and said is there any chance you could do it [...] I'm not completely convinced before the course I would have given that 'I'm happy to take on new stuff' persona"

This participant then built on these connections to influence senior education leads to make student research projects better aligned with and embedded within clinical strategy and practice:

"One of the big bug bears that I've had for a long time is we have a lot of student projects come through the department but none of it is driven by the department [...] So I approached [the education leads] and said you've got five or six students each year that need projects and we've got a list of projects as long as your arm. I can give you some input into types of projects we could help provide that would go towards the bigger projects. It ticks everybody's box, it's a bit more interesting and makes sure that the science can be embedded back in and change practice by having that clinical need rather than just a wishy washy project on patient experience, which is hard"

to get anyway - that patient involvement in the timescales for the university - it's been thought of a million times"

One of the student projects has since resulted in a change to clinical practice which is now used "every day on our patients", with the research presented at several conferences. Another five projects are now in the pipeline.

This participant also used the relationships she had made within the education department to expand her networks outside the Trust to support educational initiatives such as a 'digital day' at a local further education college where she experimented with more creative ways of presenting information (see Section 4.2.4.2). She also provided support to colleagues completing research projects for higher training courses and connected with key R&D leads within the Trust.

She describes how her leadership has moved towards a more collaborative approach, recognising and working with different perspectives:

'They say 'There's not enough time or not enough money or whatever' so it's just proving some of those demons wrong [...] 'Oh I haven't got time to do that test case for you'. 'Okay, I'll come in and check for you for a whole day if you'll just do that test case for me [...] I think I've done that [influencing and engaging] a lot better, the way we communicate is better. [...] Since the course I understood my team a bit more [...] sat in a room with five introverted people, silent all day is not healthy for me. So now I have headphones and just little things that you learn differently from the course"

Overall, this participant describes an increase in staff engagement with R&I supported by better recognition of the role of research within everyday clinical practice, which has contributed to the inception of a series of new research trials within the department:

"We've had a couple of (colleagues) who've submitted things like national audit, and the people who've done it I wouldn't have said would normally put their head up to do it. So I think it's definitely spreading[...] I think if you asked everybody in our department everybody would say they're involved in research of some sort, because they all do clinical trials, they all do patient data collection, they are all aware of them"

This course also inspired an intensive period of self-reflection and exploration of potential professional development pathways, particularly within the context of R&I. The pursuit of continuing professional development has contributed to the expansion of the participants' networks within the wider R&I infrastructure, for example through becoming involved in the NHS R&D NW 'Let's Talk Research' conference. She is promoting this conference within her department and this opportunity is providing a new forum to experiment with more creative approaches (see Section 4.2.4.2). She has joined an early career researcher development pathway programme through which she is exploring her development needs in the context of leadership and R&I in more depth, and has identified potential mentors within her existing networks. Through contacting the Trust's research lead she has established a mentoring relationship with a colleague who is soon to complete their PhD and been linked into other relevant groups. She also identified her previous line manager as a potential mentor, recognising that she had been instrumental in providing her with drive and inspiration in the past that she felt was missing in her current position:

"The programme is about what do you want, where do you see yourself, what are you going to achieve? You have to reach out, network, find external mentors that are going to help you focus on what you want to do. Do I need to go down the PhD route? Do I need to be PI on a clinical trial? What do I need in the next twelve months? How do I become that key speaker at that event? [...] I'm still on a massive journey at the moment"

Despite success in building relationships within the Trust and significant research experience within the Trust's senior leadership, this participant felt that there was still a "massive gap" between her team and the Trust's R&D department in terms of what they could each do for each other in helping an R&I culture to thrive within the organisation:

"When I ask for £8000 for a research project, I want them to go yes, that's definitely worth the money, because we know all this stuff that they do. Whereas at the moment they go what's that? Why should we give them £8000?"

Participant 5

A key outcome for one participant was the introduction to Twitter, resulting in the rapid expansion of his networks within the Trust and within his specialty at both regional and national levels. This participant not only built these connections through his individual account, but through encouraging colleagues to 'reinvigorate' the team account and set up their own individual Twitter profiles. Twitter was found to be especially valuable in connecting with some of the more senior leaders within the organisation as well as the wider professional community to share information, promote and celebrate achievements, keep up-to-date with research activity and support students. These networks have led to invitations to participate in research conferences and other opportunities (see Section 4.2.4.2)

"I discovered this whole community in the organisation. As a Trust there's a core group of people who are very active on Twitter but it includes a lot of the leadership structure so it's another way of speaking to them, it's another way of finding out what's going on in the organisation, but I also found the X community on Twitter as well, so from a personal and professional point of view I've learned about things that are going on in the Trust much quicker than I ever would. I've learned about national guidelines much quicker than if it was down to me to try and find it, new pieces of research, pieces of evidence that if you weren't actively seeking it or someone came and told you or you went to a course that you wouldn't necessarily find out about. It's another way of communicating locally but also nationally about what we are doing. I get a lot of interest, people getting in touch. I use it as a way of celebrating good work that is going on, sharing good practice, and sharing what we're doing"

These connections have reportedly driven a cultural change within the team indicated by a greater sense of openness to doing things differently and embracing change. They have also introduced a values-based recruitment process that explicitly looks for these qualities in new staff.

"Our culture has changed [...] I think people are thinking about different ways of doing things, different ways of engaging [...] the research part of it, the innovation, we're doing this now, we're getting ourselves out there, we're not just making changes in the team but looking at how we can make changes across the organisation [...] Everyone in the team is open but that's changed as well over time, I am a bit more now than when I first started, we have had a change of personnel as well. When we look to hire people into our team we are more interested in having somebody who has a positive attitude to change, openness to looking at different ways of thinking"

Combined with the implementation of more creative engagement methods (see Section 4.2.4.2), these changes have resulted in increased participation in R&I, research career development and collaborative interactions with organisations outside the Trust:

"I suppose the other thing with the action plan was getting our team all engaged with research and innovation, and we've achieved that from a research point of view. I haven't led any research, but my colleague did with the University of Manchester [...] There's a paper coming out about that which is all about how we were one of the first acute hospital sites to participate in these care and the assessment tools and the colleague who led that has

now gone on to do a research internship [...]I think that's the other thing that we've recognised is why have we not been engaged in research when we're so close to the university and other teaching hospitals"

Participant 4

For the service user, the programme provided an opportunity to connect with NHS R&D North West for the first time, a connection which has since developed into an important source of support and additional contacts with other NHS and academic institutions. He described how since completion of the programme, he has worked with members of staff within the Trust, service users and academics on completing an evaluation into volunteer experience which is soon to be presented to the Board. This evaluation has identified weaknesses within the volunteering culture within the Trust, whilst recognising the difficulties that staff face in working with volunteers in the context of operational pressures.

4.2.4.2 Creativity

Improved confidence in their creative capabilities and a greater understanding of the potential role of creativity in the workplace resulted in some participants experimenting with creative practices at work. For some participants, this creativity was applied to new ways of presenting information using some of the technologies and techniques learnt on the programme. Two of the participants described a 'reawakening' of their creative identity that led to a proliferation of creative approaches particularly within a pedagogical context.

Participant 5

One participant described how he began experimenting with creative practices after completing the course, presenting his action plan poem at the Trust research conference to great effect:

"That went down really well and some people came afterwards and wanted a copy of it and these are all people who engage in research but just found it really useful in planning for their own projects they were doing"

This participant was subsequently invited through Twitter to write and present a poem at an awards ceremony to celebrate the 10 year anniversary of the children's hospital, which then went onto further invitations to write poems for specific events, such as remembrance ceremonies and a relaunch of the hospital under the new Trust structure. The poem he wrote for the relaunch was used in variety of ways within the organisation to engage staff:

"They asked us to do a poem for their relaunch which we did and we did a video for that and they really liked it and that got shown around Christmas. At Christmas they got as many people to stop what they were doing, get round the computer, watch the poem, it was about celebrating all the people who work here. Then they showed it at something called 'Be Brilliant' [...] They advertised for 11 consultants recently and in the job advert they had a little link which said find out a bit more about X and it linked to our poem [...] So that's going really well and again it's a different way of getting that message across, the things we've done so far have been really celebratory, getting people to be proud of what they do and proud of where they work"

This participant also drew on the creative facilitation and reflective practices used in the programme to explore new ways of engaging students:

"It's certainly changed our perception of how we teach, so that's a combination of the course and also the work I'm doing with our educators[...] I found the CCEF very engaging as a facilitator, actually learning from her as a

facilitator, because that's what my role is as a trainer and I try not to be like a teacher. If I'm teaching I'd like to be more in a facilitator role, I don't emulate everything she does but the way in which she facilitated groups was very enlightening and I've learned a lot from that"

Recognising the suitability of his specialism to exploring the "emotional and qualitative elements of care", he has since worked with a colleague to design a course that incorporates different creative and reflective exercises. They co-developed a new educational framework that employs narrative practice, simulated learning and creative reflection to support students during their placement. At the end of the placement, students are asked to reflect on their experiences and what they have learnt about the different dimensions of the specialty – with a particular eye on the role of creativity, emotion, communication, education and research. The students are then encouraged to use creative ways of presenting their reflections to the team.

"It's something we took, very much mirroring and borrowing ideas from that idea of presenting creatively. Reflective practice is essential to a lot of what we do, and the tool includes creative reflection to assess clinical knowledge and learning experience. So what we ask them to do is produce a reflective account of their placement and we ask them to present it to us in a creative way. We get them (student nurses) to think about how creativity fits into holistic case thinking looking at all the elements that make that person and then adapting care to that which again is a very creative process. So if we can engage people more with that we can achieve an outcome which is better individualised care [...] Everyone I've spoken to about this at first has said 'I'm not creative, I can't do this'. But what we've had so far has been very varied and interesting, it's remarkable seeing what they say, certainly about perceptions of (the specialism) and perceptions about creativity at the start and what they produce at the end, so that's been really useful and an innovative piece of work that wouldn't have happened without that course"

The creative reflections have captured the breadth of the role and improved students' understanding of the specialism as well as enhanced their self-confidence, particularly with regards to their communication skills:

"One student ended up writing a story and it was all about her imagining herself in a situation that we see people in and that was really moving and she did a presentation of information in free hand and then just played a song at the end, it was just really moving, it kind of brings something else to it which isn't just PowerPoint, it captures that personal experience and it does just let people be a bit more open with how they feel. Then the learning she got was very much around changing perceptions of (the specialism) and opening up her eyes to different ways of doing things"

This innovative new educational framework has been shared with the local universities and is due to be part of a poster presentation at a national conference, with plans to publish their findings in future.

Creative practices were also encouraged within the team, for example, supporting staff to work with artists to inspire creativity and teamwork. One of the team members then used art exercises for teaching students and went onto use them within clinical practice.

"She used that [art] in a clinical situation with a patient and they produced a piece of work that just kind of opened her up, kind of engaged her [...] After that we got loads of referrals asking if we could do the same thing, but it has to be applicable, it has to be specific to the individual"

Participant 6

Another participant described how reconnecting with their creative side had inspired her to experiment with more creative, participative and experiential methods in her teaching:

"It's changed the way I teach and has had an effect on the people who receive the teaching. I went down the more practical, back to the fun crayons bit [...]we did some scenarios in groups and then at the end I gave them all a ping pong bat, which was black and red and put a pub quiz up and they had to show me what they'd learnt, it worked miles better than I expected, because I could see who was getting it right and wrong [...] we then did all about quality systems and I gave them bread, margarine and jam and cutters and made them all make a jam butty. We got feedback and I said the one thing that all of you missed was that not one of you asked me how I wanted my jam butty. Not one of you asked the service user what they needed [...] I got 5 off everybody for both classes [...] And it's all from the leadership course. Well it's not, it's from me but it's the leadership course that got out this boring way of doing things isn't your way. Back to basics, back to what's inside"

This participant also described using more creative presentation techniques during a recent presentation as well as exploring the use of digital technologies as a novel mode of engaging students in their work:

"I started the talk about a baby giraffe and it got its legs and then it started to walk and then it got tall and it was on water skis and this image I used through my talk [...] and I felt this was the type of thing I would have done before, exciting, the fun, the graphics, which was what I kind of learned from the course [...] We've also done a 3D virtual reality of the three job roles that we do. So we had a whole day of filming and got everybody involved [...] I'm really pleased with the outcome, like a 360° of the room and you can tap things and it tells you what's happening"

4.2.4.3 Self-care

The greater value placed on self-care and reflection as an outcome of the programme was applied in practice within the workplace in a number of ways. Examples of self-care included practising mindfulness or meditation techniques, encouraging breaks such as going outside for a walk and 'stepping back' from a problem, as well as finding suitable forums to express strong emotions. Some emphasised improvements in personal health and wellbeing and individual leadership capacity as a result of implementing these practices, whereas others demonstrated how they had used these methods to support their colleagues.

"I say to my team, they are going to get upset, they are going to get angry and frustrated. I would rather they came into the office and sound off than boiling over and being rude to staff and to patients [...] That's another thing that I brought away, I try and encourage the team to get up and go and have a walk outside at lunchtime and just have that stretch. There was a bit of meditation and I did start to do a bit of meditation. [...] Now I do a 'to do' list. So I jot it all down, get it out of my head and onto a piece of paper and then look at it and think no that doesn't matter and it does give you that, it's taking that 5 min break, step back and see what's going on. As a leader I've managed to do that quite well now, I step right back and look at the whole team and I have a fair idea of who's going to react how and it's anticipating that reaction and knowing how to handle that reaction, instead of me reacting the same way" (P3)

"I went on to do mindfulness [...] I've still got printouts of mindfulness on my office wall and sometimes it's good because I just look up and there's a message [...] (Self-care) is not something previously that I would have talked about a lot, I would've internalised a lot of stuff, but I'm definitely getting to be more open and honest about my self-care" (P2)

“Ever since the course I always go for a walk at lunch, like round the hospital no matter what. It’s not a waste of time. If there’s a positive out of it at the end it’s not a waste of time” (P6)

Some participants also reported continuing to use the reflective journals and referring back to their reflections for reassurance and advice:

“I must admit that I still do look back at it from time to time. I think it’s a confidence thing as well. It reinforces what you’re thinking, whether I’m on the right lines [...] it’s forced me to reflect and rethink things” (P4)

“I have the reflective log book and I stick pictures or symbols because I don’t necessarily like the writing, and I’ve got it on my desk. It makes me remember the positives, rather than just the negatives, so by putting everything into a reflective journal I’ve actually got a bit more of a balanced picture of what we’re doing” (P6)

“I would say that I was more reflective than I was and I did use the book for a while after” (P3)

One participant described rolling out a ‘positivity’ initiative to the wider organisation, bringing refreshments to the wards to celebrate successes or provide time and space to reflect on recent challenges:

“We make it look really nice and then people can come in and usually they spend about 5 or 10 minutes, it’s very open, it’s very much led by them it’s about them reflecting on celebrating what they did, expressing any concerns or worries you might have, so it’s a really good debrief exercise, it’s self-care, reflection. What we’ve done is to create story boards of everything they talked about so then they can look at it and be aware of the challenges they face, but also what they do well, what they’re proud of” (P5)

4.2.5 Summary of longer-term outcomes and impact

These findings indicate that the immediate outcomes of the programme identified in Section 4.2.3 underpinned three main areas of impact within the workplace:

- The formation of strategic networks providing peer support, information, influence, mentorship and/or collaborative opportunities have increased awareness, engagement and participation in R&I, contributing to a shift in cultural mind-set around the value and role of research in everyday professional practice.
- Experimentation with innovative, creative practices for engagement within educational and clinical contexts
- Increase in self-care practices have improved individual leadership capacity and wellbeing

Although these longer-term outcomes cannot be independently verified or measured through data collected in this study, they are in line with some of the early indications of change reported by team members and colleagues in the initial evaluation. Certainly, the interview data suggests that there is increased curiosity about R&I and that participants are listening and taking on board suggestions from staff, although not necessarily in their capacity as a line manager. It is not possible to ascertain from the interview data whether staff feel “part of a team that performs to the best of its ability” although interviewee comments suggest generalised improvements to team performance in some instances. Similarly, although the data cannot speak to whether team members feel more knowledgeable about “communities of practice and ways to learn about research”, participants describe face-to-face and online CoPs that are supporting colleagues to engage with R&I. In addition, some participants report working with library services to help staff learn about and keep up-to-date with research. Indications that staff are using online resources through the library and/or Twitter to learn about research in the interview data suggests that this impact measure might now show some improvement compared to the initial evaluation. Furthermore, although the initial evaluation showed no

increase in research participation, the interview data indicates that the programme has now positively impacted on the uptake of R&I opportunities from participation in research trails to researcher career development programmes. The findings also demonstrate the importance of organisational and professional contexts that support efforts to embed R&I in the workplace, such as explicit institutional commitment to research as a strategic priority and professional cultures that encourage openness to new ideas and approaches.

5. DISCUSSION

5.1 Summary of findings

This evaluation concentrates on the first cohort of participants to take part in the 'Leading Cultures' programme. As a result, there is limited outcome and impact data available (see also Section 5.1.2) and the findings remain tentative and open to revision in light of additional data from future programmes. Nevertheless, the outcomes identified in this study are in line with the original objectives of the intervention, indicating that the programme has been effective in its aim to develop individual capability and capacity to lead cultures of R&I.

The primary individual outcomes for participants can be summarised as follows:

- Increased self-confidence in leadership capabilities
- Improved understanding of how to lead a team through influencing others
- Increased openness to new ideas and approaches
- Increased confidence in creative capabilities and role of creativity in the workplace
- Improved understanding of the value of self-care and reflective practices for themselves and others in enhancing their leadership capacity and understanding of self
- Improved understanding of the wider R&I infrastructure and the benefits of communication and relationship building across networks and within CoPs

The context-mechanism dynamics underpinning the intermediate and immediate individual outcomes from the programme were understood through the concept of a 'ripple effect' whereby the outcome of the first CMO configuration became the context for the next configuration during programme implementation. Drawing on existing theoretical frameworks in the literature (see Section 5.1.3), this ripple effect was used to conceptualise the mechanism through which the programme created a nascent CoP that enabled situated learning and the negotiation of leadership practice in the context of R&I. Additional CMOs were also identified that ran alongside and/or underpinned these steps. Together, these configurations capture the context-mechanism dynamics of the programme and the intermediate and immediate outcomes for the individual participants, which then create the conditions for longer term outcomes and impact. The individual outcomes were found to contribute towards three main areas of impact within the workplace:

- The formation of strategic networks providing peer support, information, influence, mentorship and/or collaborative opportunities have increased awareness, engagement and participation in R&I, contributing to a shift in cultural mind-set around the value and role of research in everyday professional practice.
- Experimentation with innovative, creative practices for engagement within educational and clinical contexts
- Increase in self-care practices have improved individual leadership capacity and wellbeing

These findings have been used to modify the overarching programme theory for the intervention.

5.1.1 Leading Cultures Programme Theory: The ripple effect of building a nascent community of practice

Healthcare professionals new to a leadership position within middle management often have minimal influence to engage colleagues in R&I. Frequently encountering resistance to their efforts; these individuals can feel isolated and lack confidence in their leadership capabilities. As a result, they are committed to personal and professional leadership development and are willing to engage in activities that push them "outside their comfort zone". To this end, the programme begins with a coach trip to an unknown destination for a two-day residential during which a series of games provides opportunities for adventure, fun, mutual engagement and shared experience. Connections between

participants begin to form and are enhanced by the shared emotional experience of joining in the fun, which goes onto encourage further engagement with the group. Arrival at a luxury leisure venue then provides an immersive environment in which participants can temporarily sever ties with their personal and professional life and concentrate on their relationship and participation within the group. This setting helps participants to relax, which combined with fun and supportive facilitation, works to energise participants, encourage openness to new ways of being and doing, and consolidate group connections through shared experience.

Increased openness and energy within an emerging CoP drives a willingness to participate in creative team activities and experiment with alternative communication techniques. As participants work together in teams to produce an object out of craft materials, they draw on existing communicative and collaborative leadership skills. As a result, participants recognise and develop their existing leadership capabilities, building self-confidence and encouraging further openness to different ways of thinking and doing. Some individuals also rediscover a creative side to their identity, increasing confidence in their creative capabilities and recognising the role of creativity within a professional context.

Increased openness to experimenting with different practices, improved self-confidence in individual leadership capabilities and strengthening peer relationships within the CoP form the foundations for exploring different leadership models and influencing techniques as part of instructive and experiential role play workshops. Through learning by doing, sharing experiences and personal reflection, participants develop their understanding of self, build confidence and start to think differently about leadership in terms of influencing and communicating with others.

As self-confidence and openness continues to grow, supported by ongoing interactions within the nascent CoP, participants are ready to explore alternative, more creative communication techniques for presenting their action plans to the group. The content of these action plans draws on the strategic networking and community mapping exercises that help participants to understand their place within the wider R&I infrastructure, identify key allies and explore social media tools for building CoPs and/or extending their networks. As a result, participants improve their knowledge of the broader R&I infrastructure and recognise the value of networks and CoPs as potential sources of support, information and influence. Relationship-building and strategic networking is included as a key part of the action plans.

In the context of a time-rich, less pressurised environment in which participants feel valued and relaxed, instructive sessions on techniques for self-care, reflective practice and leading with care also help participants to recognise the value of these practices for themselves and others. Reflection on their learning and experience of the course contributes to the ongoing understanding of self, construction of identity and plans for continuing professional development and application of learning.

Participants leave the programme with increased self confidence in their knowledge, capabilities and capacity to lead cultures of R&I within their teams and organisations, consolidating their identity as a leader. These individual outcomes go onto underpin three key areas of longer-term change within the workplace. Participants return to their organisations and begin building relationships and strategic networks that provide peer support, information, influence, mentorship and/or collaborative opportunities. These networks support participants to increase awareness, engagement and participation in R&I within their teams, departments and organisations, contributing to an overarching cultural mindset shift around the value and role of research in everyday professional practice. There is also an increase in self-care practices at work that are having a positive impact on health and wellbeing and individual leadership capacity. For some individuals, the reawakening of the creative side to their identity leads to experimentation with innovative, creative practices that create opportunities for embedding R&I within educational and clinical contexts.

5.1.2 Strengths, limitations and future directions

“A pragmatic and flexible approach to undertaking research in ‘real world’ settings, and in particular in health care, is increasingly recognised as not only realistic, but necessary” (p.9) (8)

Due to budgetary and time restrictions on this study, as well as the exploratory nature of the evaluation, there is a reliance on qualitative interview data to elucidate context, mechanisms and outcomes and the interrelationships therein. The semi-quantitative pre- and post-programme measures in the initial evaluation were used to inform the analysis of the interview data with regards to outcomes, but no contextual information was available in the initial evaluation to disaggregate the collective outcome patterns or link these findings to the interview data. Pursuing other data collection methods for gathering evidence of longer term outcomes and impact in the workplace through ethnographic observations, interviews with colleagues and/or organisational data analysis was excluded on the basis of practical restrictions as well as to minimise the burden placed on interviewees. These limitations meant that accounts of impact on workplace culture and performance could not be independently evidenced or measured. Interviews were, however, useful in accessing participants’ understanding of how immediate outcomes from the programme had changed their behaviour and/or mind-set at work, and contributed to particular ideas and approaches being implemented. Interestingly, a number of the interviewees reflected that their participation in this evaluation was the first time that they had reflected on and recognised how the programme had impacted on their leadership approach and efforts to embed R&I.

RE frameworks seek multiple types of data in a multi-method strategy to identify refine or consolidate theories and triangulate data about outcome (6) (13). It is therefore acknowledged that in terms of charting outcomes and contexts “other forms of data have more authority” and that the reliance on interview data in this study means that the “same body of qualitative evidence is made to speak to the Cs, the Ms and the Os” (p. 182-3) (6). The interview data is also subject to methodological issues such as self-selection bias, chatty bias and social desirability effects (15), compounded by a low response rate to the interview request. In line with other realist evaluation reports, participants rarely disagreed with the proposed programme theory and those that volunteered for the interviews were perhaps more likely to speak positively about the programme.

Despite aiming to apply a reflexive approach and transparent account of the evaluation here, there are also potential issues of trustworthiness and rigour in relation to the co-productive nature of the methodology used in RE (8) (see Section 3.5.1). Practical constraints and concern for minimising burden meant that there were limited opportunities to test out the findings with the evaluation participants and wider stakeholders, although all interviewees were given the opportunity to feedback on the findings. It is also recognised that more time might still need to elapse for the impact of this programme on nurturing R&I cultures to be realised.

5.1.3 Theoretical frameworks informing the development of the programme theory

5.1.3.1 Communities of Practice and situated learning

The programme theory for the Leading Cultures intervention has been informed by sociological and psychological theories of learning and community-building. Most explicitly, the programme logic is underpinned by the communities of practice theory (CoPT), with one of the stated objectives of the intervention to afford participants the “opportunity to develop and benefit from a community of practice within their health economy” (p.7) (3)

CoPT describes people coming together around a common ‘domain’ of interest, developing a shared sense of purpose and practice (knowledge, skills and a collective repertoire of resources) through ongoing mutual engagement (16). CoPT is rooted in the concept of situated learning that emphasises participation in the social world through which people negotiate standards of practice, meaning and identity:

"It is an emphasis on the person as a social participant, as a meaning-making entity for whom the social world is a resource for constituting an identity. This meaning-making person is not just a cognitive entity. It is a whole person, with a body, a heart, a brain, relationships, aspirations, all the aspects of human experience, all involved in the negotiation of meaning. The experience of the person in all these aspects is actively constituted, shaped, and interpreted through learning. Learning is not just acquiring skills and information; it is becoming a certain person—a knower in a context where what it means to know is negotiated with respect to the regime of competence of a community"(p.2) (17)

Through this process of situated learning, participation in a CoP is understood to afford members of the community opportunities to agree a "regime of competence" defined as:

"A set of criteria and expectations by which they recognise membership [...] understanding what matters, what the enterprise of the community is, and how it gives rise to a perspective on the world" (p.2) (17)

This concept draws on the theory of experiential learning or 'learning by doing' in which people experience a "direct encounter with the phenomena being studied" (18). CoPT extends this theory to propose that new knowledge; learning and meaning are situated within, and accessed through, participation in the social world (16). Although COPT originated as an analytical concept, it is now frequently operationalised as a means of creating social learning systems to support practitioners working within a particular 'domain' to learn from each other, garner peer support and advance their field of practice. CoPs are similar to networks in terms of connections, but relationships are more robust and there is "*identification with a domain and commitment to a learning partnership, which are not necessarily present in a network*" (p.10) (17)

CoPT has been applied in the 'Leading Cultures' intervention to bring together practitioners around the shared concern or 'domain' of leading cultures of R&I as a middle manager within a healthcare context. The programme then creates opportunities for practitioners to engage with each other and start building connections around this shared domain, with programme activities creating opportunities for 'direct encounters' with leadership issues within the context of the emerging CoP. Ongoing participation in group activities involves negotiating and learning about leadership practice (the 'regime of competence') in relation to their individual experiences within the workplace. As the participants collectively learn and define the skills, knowledge and resources needed to lead cultures of R&I, they also reflect on and develop their identity as a leader.

5.1.3.2 The sociology of fun and community-building

The issue with using CoPT in the context of relatively short-term interventions is that this concept was originally used to explain the dynamics of well-established communities of practice with a "history of learning" and shared memory (17). In the Leading Cultures programme, opportunities for mutual engagement and strengthening relationships need to take place over a very short period of time. To this end, the programme has created mechanisms for 'speeding up' CoP formation and facilitating situated learning that draws on a supplementary theory of community-building based on fun. From a sociological perspective, fun is understood to generate cohesion and attachment within a group, constituting it as a "desirable arena of action" which creates the conditions for communal identification and a "commitment to sociability" (p.65) (19):

"Individuals engaging in fun develop reciprocal positive affect and feel that their engagement is a necessary condition in creating and maintaining social ties, fun activates social relations, creates allegiance through emotional engagement" (p.66) (19)

In other words, fun can help create community.

Fun is also understood to be part of a 'cluster' of related concepts (humor, play, teasing, adventure, and game) in which "an element of unscripted spontaneity contributes to the fun moment" (p.66) (19). Although this framework recognises that strangers might find it difficult to have fun together, it proposes that those with "recognisably similar interests and backgrounds have advantages in the rapid creation of fun" as it helps establish trust, allow for spontaneity and a "willingness to take interactional risks" (p.74) (19). The spontaneous and risky element to fun is understood to open up the group to doing things differently and so to drive change:

"As a form of emotional energy, fun encourages individuals to take risks and question the conventional social order, imagining and enacting new repertoires" (p.79) (19)

The Leading Cultures programme creates temporal and spatial "structural affordances" (p.70) (19) to facilitate moments of fun through the provision of games and activities characterised by those qualities described in the above cluster of concepts. The coach trip to the unknown destination adds a sense of adventure to the experience and the facilitation is teasing, humorous and playful within an immersive residential environment that allows participants to step away from the immediate pressures of work and home life. Fun is used to create a "shared emotional register and a commitment mechanism" (p.66) (19) This shared emotional experience works to generate cohesion and strengthen attachment, with fun adding "tensile strength to what might otherwise be fragile connections" (p.65) (19) In this way, the programme creates the conditions for a nascent community of practice to form and consolidate over a very short period of time. Furthermore, the simultaneous experience of pushing participants 'out of their comfort zone' in the context of having fun together, not only creates a sense of 'disorder' that further 'solidifies' the group (p.66) (19), but also supports participants to open up and explore new ways of thinking, doing and being a leader.

5.2 Conclusion and recommendations

This exploratory realist evaluation of the first Leading Cultures programme suggests that the intervention was successful in meeting its objectives to support middle managers to develop the leadership skills and confidence needed to embed cultures of R&I within their teams. It was particularly effective in supporting healthcare professionals in their first leadership role with limited formal lines of influence and ongoing intransigence from colleagues to engage with R&I. Improved confidence in individual leadership capabilities were nurtured through participation within a nascent community of practice during programme implementation. Participants learnt to recognise and value their existing abilities as well as to explore new leadership techniques for influencing and building relationships. It was a focus on relationship-building and strategic networking that appeared to be most readily and effectively applied in the workplace, contributing to increased awareness, engagement and participation in R&I, and creating a cultural shift in mind-set which valued and recognised the role of research in everyday professional practice. However, it is important to note that these indications of impact within the work environment have yet to be independently evidenced or measured. The way in which organisational cultures enable more localised efforts to nurture R&I cultures would also be useful to explore in more detail.

Although all participants reported increased 'levels of creativity' to lead cultures of R&I in the initial evaluation of the programme, this study suggests that the intervention had greater success in this regard with individual who already had a sense of creative identity. For those more 'creative' individuals, the openness to new ideas and approaches reported by all participants following the programme led to experimentation with creative modes of engaging and communicating with others that have been especially effective particularly within a pedagogical context. Furthermore, this experience has allowed these individuals not only to recognise the role of creativity within the workplace, but to incorporate this into their sense of professional identity. For those individuals who did not identify as creative, there was limited application and translation of these practices following completion of the programme. Furthermore, some interviewees remarked that they struggled to see the role of these sessions in relation to leadership and R&I. If the Leading Cultures programme aims to nurture greater creativity within the workplace, it could introduce more explicit

discussion of the logic underlying the inclusion of creative activities on the course and/or make creativity a more central part of the recruitment and selection process.

An unexpected outcome not originally listed in the programme objectives was the value placed on self-care and reflective practice in supporting individual's leadership capacity and ability to support others, which participants report successfully implementing at work.

The residential structure and experimental fun facilitation is understood to be a key part of the overarching programme mechanism, creating the conditions for a community of practice to emerge over a short period of time. Within this environment, participants feel safe to open up and explore new ideas and approaches and in doing so negotiate the meaning of leadership practice and identity in the context of R&I. Through this process of participation, individuals recognise and develop their existing leadership capabilities and so improve their self-confidence as a leader. The role of the CCEF in facilitating opportunities for mutual engagement and shared experiences of fun within a residential environment is thus central to the workings and success of the intervention and would need to be considered as such in future iterations of the programme. Facilitators with instructive and experiential leadership development expertise and knowledge of working within R&I are also a vital resource.

These elements of the programme are also an important part of the emphasis and value placed on self-care. Some interviewees also commented that they would benefit from additional opportunities to meet up with the rest of the cohort following completion of the programme, reflecting the bonds that were forged during this intervention and the value placed on this community of practice in providing ongoing peer support, reassurance, belonging and professional development. The central role the CoP plays in the overarching programme mechanism needs to be taken into account if scaling up this intervention, as the size of the group would need to remain small enough to allow these kinds of connections to form.

As this evaluation is only a small-scale exploratory study into the mechanisms, outcomes and impact of the first Leading Cultures programme with a number of methodological limitations, it is not possible to make any firm recommendations for future iterations of the programme. Further development of the evaluation process to include refinement and tracking of the pre- and post- individual outcome and team impact measures would be useful in this regard, with further resources dedicated to additional data collection within the workplace such as in-depth interviews with team members, ethnographic observations and/or appropriate workplace statistics. Based on the findings so far, the programme appears to be a very effective catalyst for improving the self-confidence, capability and capacity of NHS middle managers to lead cultures of R&I within their organisations.

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7. APPENDICES

7.1 Appendix 1. Flyer advertising the 'Leading Cultures of R&I' programme

NHS R&D North West

EXPLORE HOW TO LEAD A CULTURE OF RESEARCH AND INNOVATION!



North West
Leadership Academy

*Are you a service or ward manager?
Would you like to increase your team's engagement and interest in research
and innovation?
Would you like to change the culture in your team?*

NHS R&D NW invites NHS middle managers (bands 7 upwards) who are leading clinical teams to take part in this innovative and unique programme to explore how to lead an effective culture of research and innovation by building leadership capacity and developing the skills and confidence to create an effective culture within their units, wards / departments.

Funded by the North West Leadership Academy, the focus of the training *specifically* explores research and innovation culture because we know that NHS organisation who are more research active have better *patient* outcomes. The course design is informed by the domains of the Healthcare Leadership Model and by the evaluation of the NHS R&D NW Academy of Creative Minds which was developed for the dissemination of health research but showed participation led to significant increase in individual levels of confidence, creativity and self belief, skills essential to good leadership.

The course consists of an initial **two day residential** and **two one day workshops** in **January and March 2018**.

For further details and to download the application form, please visit our website:
www.research.northwst.nhs.uk/ or contact
gillian.southgate@researchnorthwest.nhs.uk

**Places are limited and the closing date for application is 31st
December 2018!**

For more details on all other workshops, please see our events page www.research.northwest.nhs.uk



7.2 Appendix 2. Leading Cultures of R&I Programme Schedule

Leadership Development Facilitators' Programme

January 2018

Day 1 -residential

- *Coach pick up 9am from Chorlton Street bus station, Manchester*
- *Jana to give everyone seat number and give out goody bags and Gillian to welcome and introduce self and explain journals*
- *All facilitators to do quick hello and Jana to lead warm up exercises and coach games*

Proposed timings and session leaders: -

- 9.40 Arrive by coach at The Last Drop Hotel and unload bags and walk to conference facilities
- 9.45 Coffee and Pastries
- 10.00 Group warm up
- 10.15 Course introduction and Culture of R&I
- 10.45 Reflective diary turbo session
- 10.50 Making the case for R&I
- 11.25 Reflective diary turbo session
- 11.30 Coffee
- 11.45 Culture of R&I
- 12.30 Reflective diary turbo session
- 12.35 Lunch
- 1.15 Group work - divide into
3 superhero groups
- 2.00 Reflective diary turbo session and move
- 2.10 Group work
- 2.55 Turbo session and move around
- 3.05 Group work
- 3.50 Turbo session and close of afternoon session.
- 4.00 - 6.30 check in and free time*
- 6.30 Pre-dinner look at sculptures from workshop and prize for winner
- 7.00 Dinner
- 8.00 After dinner speaker - Professor Alison Chambers, Manchester Metropolitan University

Day 2 -residential

- 7.30 Optional yoga stretching and meditation
- 9.00 Group warm up
- 9.15 Self-assessment discussion and creative writing "make a super hero story using self-limiting Beliefs"
- 10.15 Reflective diary turbo session
- 10.20 Community mapping
- 11.30 Reflective diary turbo session
- 11.35 Coffee
- 11.45 Real life case studies
- 12.35 Reflective diary turbo session
- 12.40 Lunch
- 1.30 Networking and next steps (commitment going forward)
- 2.30 Reflective diary turbo session
- 2.35 Bingo books with all the team
- 3.00 Coffee
- 3.10 Leadership first aid packs
- 3.30 Reflections, evaluation and close
- 4.00 Coach back to Chorlton Street bus station, Manchester

Day 3

- 9.00 Registration and coffee
- 9.30 Warm up
- 9.45 Feedback from challenges, scores, Creativity and context (3 super hero groups)
- 10.30 Reflective diary turbo session
- 10.35 How do you influence people?
- 11.35 Reflective diary turbo sessions
- 11.40 Coffees
- 11.45 Role play with team looking at how to Influence people
- 1.00 Reflective diary turbo session
- 1.05 Lunch
- 1.45 After lunch warm up
- 1.55 Components of a research culture and Jo Cooke quiz
- 2.30 Reflective diary Turbo session
- 2.35 Expert panel - An opportunity for the super-hero groups to ask some questions

- 3.35 Reflective diary turbo session
- 3.40 evaluation and close
- 4.00 Facilitator review session

Day 4; -

- 9.00 Registration and Coffee
- 9.30 Warm up
- 9.45 Leading with care
- 10.15 Working in teams
- 10:45 Reflective diary turbo session
- 10.50 Coffee
- 11.00 Rehearsals in small groups
- 11.30 Prep time for the afternoon
- 12.30 Lunch
- 1.15 Afternoon presentations of action plans for everyone completed in superhero groups -
Presentations must aim to use creativity and skills learned during course.
- 3.00 coffee and cake
- 3.15 Feedback and evaluation/ celebration and certificates
- 4.00 Close

7.3 Appendix 3. Application form for the 'Leading Cultures of R&I' programme



North West
Leadership Academy



Leading Cultures of Research and Innovation: a leadership development programme.

Title	
First name	
Surname	
Job title	
Employing organisation	
Contact telephone number	
Email	
Please describe briefly the service you lead and the numbers of people in your team (max 200 words)	
Why are you interested in participating in this programme?	
What are the three key things you hope to achieve as a consequence of participating?	

Dates

25th/26th January 2018 two day residential

1st March one day workshop

22nd March one day workshop.

Please note you need to be able attend all four days to be eligible for this course.

We will be developing an on-line community as part of this programme. Please can you indicate which platform you would prefer to use:- (highlight preferred option)

Facebook Google Plus WhatsApp Slack LinkedIn Other (please state)

Do you have approval from your line manager to attend this programme?	
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Please return to Leanne.gregory@researchnorthwest.nhs.uk

The closing date is 31st December 2017