

## Appendix i



This report evaluates the NHS R&D North West team's leading a culture of Research and Innovation programme delivered from April to July 2019.

## NHS Research & Development North West

Report on the evaluation of Leading a culture of Research and Innovation Programme.

April 2019

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Executive summary

## **1. Executive Summary – to be prepared once the first draft is complete**

### **2. Background**

This project was based primarily on two previous programmes of work delivered and evaluated by NHS Research & Development North West.

It aimed to combine the "leading clinical teams" programme funded by Health Education England<sup>4</sup> from 2013-2016 and the Academy of Creative Minds an immersive programme for health researchers and professionals to work with creative artists to learn how to communicate their work more effectively and help increase its impact. Participants from these programmes demonstrated increased knowledge, confidence and understanding of the research landscape and culture and how to lead more effectively.

The project was led by leadership professionals, R&D professionals and creative who together worked with middle managers in a blended learning approach. All of the participants had to apply for a place on the programme.

#### **2.1 Overview**

NHS R&D NW worked creatively with 20 middle managers from a range of clinical backgrounds to support them in leading a culture of research and innovation by building their leadership capacity to develop the skills and confidence to create an effective culture within their units, wards/departments. The focus of the training explored research and innovation culture specifically because previous research has identified that organisations that are more research active have better outcomes<sup>1</sup>

This project design was informed by the domains of the Healthcare Leadership Model<sup>2</sup> 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<sup>3</sup>, skills essential to good leadership.

NHS R&D NW has identified a strong commitment from service managers to the integration of research and innovation into their teams but also found limitations in knowledge regarding the research and innovation policy agendas and lack of personal confidence in providing leadership in this area.<sup>4</sup> Middle management influence is crucial to a whole systems talent management strategy. Managing, nurturing and keeping staff engaged and motivated is key to an organisation's ability to provide high-quality care.

The Five Year Forward view is committed to research and wants to accelerate useful health innovation and speed up the adoption of cost effective innovation. All three STPS in the North West also recognise that to make the changes they want in the health of their populations they need to embrace innovation, evidence and proven best practice to shape services. To do this there is a need for a culture of research and innovation in health organisations and middle managers that have the skills and confidence to invest locally and grow a culture that embraces it.

The “Leading Cultures of Research & Innovation” project offered a novel and innovative programme of leadership development informed by NHS R&D NW stakeholder engagement and the overarching plans of the STPS and the 5 year Forward view.

The Leading a culture of research and innovation programme built on the success and learning from this to deliver a more creative and engaging programme using an experiential approach with artists and also using an online medium in the form of “What’s App” to create a virtual community for sharing ideas, best practice and offering support to each other. Participants were also encouraged to complete a reflective diary.

For a full copy of the module context please see appendix one

<sup>1</sup> <https://www.nihr.ac.uk/news/research-active-trusts-have-better-patient-outcomes-study-shows/2715>

<sup>2</sup> (<http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/>)

<sup>3</sup> <http://research.northwest.nhs.uk/work/academy-of-creative-minds/>

<sup>4</sup> A full report of this work can be found at <http://www.research.northwest.nhs.uk/wp-content/uploads/2014/05/Joint-RI-Event-Oct-2013-Evaluation-Report.pdf>

<sup>5</sup> [http://research.northwest.nhs.uk/publication\\_list/page/2/](http://research.northwest.nhs.uk/publication_list/page/2/)

<sup>6</sup> Michael A. West, 2012, Effective Teamwork: Practical Lessons from Organizational Research (Psychology of Work and Organizations), Third Edition, BPS Blackwell.

## **2.2 Programme aims**

The programme aimed to work with 20 middle managers from a range of clinical backgrounds to support them in leading a culture of research and innovation by building their leadership capacity to develop the skills and confidence to create an effective culture within their units, wards/departments.

The programme aimed to help participants:-

- Develop knowledge & 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.<sup>6</sup>
- 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

## **2.3 Participant Profile**

Participants had to go through an application process with a cap at 25 participants. There were 20 applications, of which all were selected. 19 participants completed the programme, with one dropping out for unknown reasons.

They came from a diverse range of expertise and roles, with middle management responsibilities. The full participant list is in Appendix two.

Before the event, the participants and their teams were asked to complete an online questionnaire which gave an indication of their aims for attending the programme as well as their perceived current level of knowledge in several areas.

## **3. Results**

Two surveys were used, one pre and one post the course and survey results were obtained from 17 participants (pre course) and 16 (post course). These were analysed anonymously. Pre and post course average scores are presented for the cohort as a whole

The following areas were explored in the pre course survey as a self-report by participants;

Knowledge and understanding

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?
4. Knowing how to lead an effective team.

Skills and experience

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.

Table 1 – Average survey scores for participants in Cohort 1

| <i>Question number</i> | <i>Pre course n=17</i> | <i>Post course n=16</i> |
|------------------------|------------------------|-------------------------|
| 1                      | 3.4                    | 7.3                     |
| 2                      | 4.4                    | 7.2                     |
| 3                      | 3.29                   | 8.1                     |
| 4                      | 1.6                    | 7.5                     |
| 5                      | 4.7                    | 7.6                     |
| 6                      | 5.05                   | 7.6                     |
| 7                      | 8.4                    | 8.7                     |

Key to scoring criteria - 0 = not at all, 10 = as much as possible

Comparison between pre and post scores suggests that participants had found the experience very beneficial and had gained skills and knowledge. Their pre course scores for knowledge and

understanding of national, regional and organisational agendas were lower than pre course scores for skills and experience. The largest gains post course were seen in knowledge and understanding of national, regional and organisational agendas and in understanding of the value of communities of practice.

In addition to the self-report, participants set out their initial stated aims for personal growth, identified ways in which the course might help in practice and how it might assist their teams. In common with previous cohorts of NHS managers who have undertaken a similar NHS R&D NW course, their aims fell into similar areas although there were slight differences of emphasis;

### **Personal Development**

- To develop confidence and skills in developing a culture of R&I and in effecting change.

### **Research knowledge and practice**

- To understand principles of R&I and widen knowledge of national, regional and organisational agendas
- Impact on care for patients

### **Develop Leadership capability**

- To develop leadership skills. All participants wanted to further understand and develop their leadership capability including influencing skills, motivational skills and reputation building.
- To embed R&I into practice.

### **Develop networks**

- Understanding who and where to go regarding research practice and agendas
- Recognising the value of networks to learn from others.

In advance of the course, members of participants’ teams were asked to complete a questionnaire to try to capture some elements of the impact of the course in the work environment after the course. In the pre course period, 107 team members completed a brief questionnaire. The completion rate for the post course was much lower with only 16 responses meaning that meaningful comparisons pre and post course were not possible. However, their initial views are helpful in setting some of the context for the learning which followed.

When asked about communities of practice and their place in finding out about research, 42% of respondents said they had little or no knowledge.

The sample was evenly split in those who participated in research and those who had had little or no involvement. However, 90% of those who replied were curious about research.

There was little use of the library in 33% of those who replied although the majority of respondents reported using the library and going on line to find out about clinical research.

The group were slightly more likely to report that their manager listens to their suggestions and acts on them (60:40%).

Although team members were asked to complete a survey post course, only 16 did so and these results are not analysed.

#### **4. Evaluation themes from interviews**

Thirteen of the participants volunteered to be interviewed by phone following the course in response to email contact. Eleven were successfully interviewed over a two week period two months after the end of the programme.

Overall, they were enthusiastic and positive about the course experience. Many had found the whole programme to be one of personal development and where there were comments about difficult aspects of the course, these were presented constructively with respondents saying that they would still recommend the course to colleagues. They placed emphasis on the value for them of the course being run over four days, having a residential element and several noted it needed to be completed for the full benefits to become apparent.

*'I am a bit cynical because the teaching methods are a bit different to those I am used to in the NHS but by day 4, it just really clicked'*

#### **Question 1 Reasons for enrolling on the programme?**

For some, attendance was triggered by external changes such as research becoming a priority in the trust and for some, by a personal change such as beginning to explore research opportunities for themselves, a change of job role or taking on new responsibilities which included research.

*'Wanting the perspective from the research community'*

*'There is a trust initiative to embed access to research for patients and we are a pilot site for NIHR. I recognised that there will be hurdles and wanted experience and knowledge on how to embed research and make it a priority'*

*'I am at a point when I am dipping my toe into research and the possibility of a leadership role'*

*'Wanting to gain confidence at a turbulent time in terms of both work and home.'*

*'Insight into research because it is a trust priority. I have concerns that the north of the country is forgotten in research. I want to make staff aware of the opportunities'.*

*'Recognition that interventions need to be evidence based. Opening my eyes to what is available'*

*'I am involved in a research project, in fact ours is the only team doing research in the trust'*

*'Wanted a good grounding in research having been selected for the 70@70 Leaders Programme'*

#### **Question 2: What have you gained?**

Many identified gains in their understanding of national, regional and organisational content for research and innovation.

They had gained skills in communicating through a range of media including digital. Many specifically mentioned What’sApp which the group had used during the course and since the course ended, although to a lesser degree.

There were unexpected gains for some in their understanding of the culture of teams. Many commented that the experience made them think differently. Many also commented that improved self-confidence would act as a ‘springboard’ for growth and has already led them to make changes at work since. They also recognised the new contacts both within their organisation and in the wider research community since being part of the group.

*‘Opened my mind to seeing things in a different way, WhatsApp was really useful.’*

*‘Self-knowledge/learning style. Learning to be creative, how to make small changes and create a large impact. Thinking outside the box.’*

*‘Creative ways of putting my work across, creative ways to look after my health and well-being and how to develop research applications.’*

*‘Really good to have time away to think.’*

*‘I was a bit cynical because the teaching methods are a bit different to what I am used to in the NHS but by day 4, it really clicked. It helped me understand my learning style.’*

*‘Gained confidence, wider understanding of background within my trust and in the wider research context in the north. I learnt that when you are leading and managing a team, not everything works. It will be a springboard for me to being to make change.’*

*‘There is a drive for evidence based practice but not everyone has done research modules. Evidence in nursing is usually based on practice driven by policy. I now know who to go to for research.’*

*‘Knowledge of research and innovation opportunities. Lots about leadership and innovation. There were unexpected gains in my understanding of team culture and my action plan provided an opportunity to meet the medical director which would never have happened without this opportunity.’*

*‘The course was very different - I liked the ‘out there’ approach. It made me think in a different way. I saw improvements in my communication skills. I really took on board the experience of the poster session and the magician with his emphasis on language use.’*



### Questions 3 & 4 Was anything difficult or disappointing and could you give details?

For some people, the group work with the same people allowed a deepening of understanding but precluded them getting to know the other members of the cohort fully.

Whilst many liked the style of learning, and others came to see the value over time, many felt that it was hard to see how activities related to work settings and why they had been included in the programme. Many wanted to know this not least to explain the rationale behind the approach to their manager and their team when they returned to work. Although many valued the residential element, a few felt that this was hard to justify against the backdrop of the 'horrendous' work pressures for their team. For one participant, the impact of the time away as a result of the residential outweighed the gains from the course to some degree and she felt that she would not necessarily feel able to recommend it to other staff.

Clearer explanations about the project work at the beginning of the course and running throughout would have been appreciated. Many expressed some concerns about the project work and felt that some participants had 'overthought it' in the absence of clear guidance as to expectations. Given that it was mentioned as an outcome of the course, participants felt that it could have been a thread running through the course.

There was considerable diversity among the participants from those who are working in a research setting (eg. Clinical Research Facility) and actively involved in clinical research to those with little involvement currently. This presented two challenges; those highly experienced staff would have valued working with peers with similar experience and there was a risk that those with little or no experience feared that they were out of their depth. One reported going back every evening to check terms and clarify her understanding. She was keen to say that the team were more than willing to offer clarification when this was requested.

For one participant who described the group as comprising those who wanted to do clinical research and those who wanted to enable others to deliver clinical research, the sheer breadth of the group made the strategy project more difficult as a learning opportunity.

*'The course could be longer for preference and I would have liked the opportunity to go back to the workplace, try out techniques and then come back to review how it had gone. What's App was great - not sure if this established a community of practice and how to use it.'*

*'I was surprised that the group did not know why a librarian would be on the course. During the programme, their awareness of library services certainly increased.'*

*'I was confused about the strategy part - some people overthought this part of the course. It was mentioned as an outcome of the course but there was no continuity between the early course content and the strategy task.'*

*'I was not great (sic) on not knowing where you are going (for the residential)!'*

*'Working on tables, there may not have been enough time to get to know others on other tables.'*

*'Sometimes it was hard to know how the activities related to work - why we were doing things.'*

'Great people but how do they explain how the activities link with daily work. It was difficult to justify the residential against the backdrop of horrendous pressures for the team'

'Would have valued clear examples of how new skills and techniques could be applied to work (perhaps in one further session). Would have liked better explanation of the project work. More opportunities to work with others because the group was very diverse.'

### **Most difficult**

'Would have been better if I understood research better. I went home after each course day looking things up. The team were really good at explaining if you asked though.'

'There were two distinctly different groups, those who were doing clinical research and those who were enabling others to do so - their needs were different'

'Dance workshop - it was very difficult to let go.'

'Trepidation about some of the activities'

'I didn't much like completing the learning styles questionnaire because it seemed too generic and putting people into boxes.'

'Would probably not recommend the course because it requires too much time out of work even if it is useful.'

### **Question 5 Have you received any feedback from others?**

Since returning to work, reactions from team members had varied and had often been most evident when participants were sharing their strategy or action plan. Having time to think, away from the work setting was a luxury and a few participants had not been able to progress their ideas since returning. They were in a minority. In other cases, teams had found it hard to understand why the leader was pushing the research agenda, having not been through the same formative experience. Many leaders reported using the course materials with their teams subsequently. Some had mixed reactions

One had capitalised on her strategy and used it as an opportunity to meet their medical director, something which she would not have requested otherwise. Those who worked in research settings already were somewhat self-effacing about the likely impact of the course for their team but felt confident of the impact in other areas of their work.

*'Hard for teams to understanding why I am pushing the research agenda as they have not been through the same learning experience'*

*'I presented my strategy in a very creative way - the younger staff loved it but the older ones wanted the paper version!'*

*'I am a real fan of NHS R&D NW - they had time to talk about what was happening for you and the content was brilliant including really unpicking the leadership model and looking at future agendas.'*

*‘It is a luxury for me to have time to think about research because I have to prioritise so it has gone on the back burner for the time being’*

*‘I already work in a research environment so the team survey did not seem relevant. My team might not see the impact but I am confident that there will be impact in the 70@70 work which I am doing.’*

#### **Question 6 How has this experience supported your leadership development?**

Many participants had returned to work and written or revised their strategy/action plan which they had then shared with teams or colleagues. They reported deepened self-knowledge and understood more about their own leadership style in part because of the good mix of people on the course. They also reported gains in confidence and understanding of leadership and management – one was about to undertake a Masters course in leadership and management and had been very encouraged by the course experience. Many reported enhanced understanding of communication styles, improved skills through practice and of how to use digital including WhatsApp. There was a strong sense of enthusiasm and excitement in the calls undertaken to gather the post course feedback from participants.

*‘Confidence in the sense of ‘what is the worst that can happen if something goes wrong?’ When you are managing, not everything works. Lots of thought had gone into this course which really pushed you to think in different ways.’*

*‘Made me very aware about leadership and management reassuring as I am moving to do a master’s in Leadership and management.’*

*‘Really liked WhatsApp and it was great that tutors encouraged this. Learnt so much about communication like being short and sharp and starting from where your audience is.’*

#### **Question 7 – is there anything else you would like to add?**

*‘Now thinking about doing my own research’*

*‘Fabulous course and I guess that the question is how do you let those on the edge of R&D know about it?’*

*‘Also gave me permission for self -study about leadership and management.’*

*‘The residential was really valuable with a good mix of people from my trust and others. I now know 5 people in the trust who are all doing something related to research and I bump into them or we arrange to meet.’*

*‘One of the best courses I have been on and it has to be that long – highly recommend it.’*

*‘Presentations from people who had done the course were especially useful especially when they discussed challenges which you recognised.’*

*‘I am now writing my AHP strategy and I have incorporated the information about the context.’*

*‘Focus on the future because there are significant things which need to change and you can’t do that without research.’*

*‘I am about to make a significant career change. It was extremely relevant consolidated what I knew and provided reassurance. I was so encouraged and felt nicely up to date’*

## **6. Recommendations to be considered in developing the programme**

- An experiential course requires active engagement of the participants throughout and activities need to be clearly linked to the outcome. Stating the purpose of an activity in advance does not impair or preclude learning.
- Stating the purpose of activities enables participants to feed back to their teams with confidence about the impact for their own learning.
- The link between the learning of new skills and knowledge and the action plan or strategy needs to be emphasised throughout.
- Given the value of WhatsApp, participants wanted it to form the basis of a community of practice with encouragement for its continued use.
- The team need to ensure that participants have completed the self-assessment before the course and that they have access to it during the related activities.
- Feedback from team members is especially difficult during the summer and this may be the reason for the low returns.
- The content of the survey of team members may need review and may not be suitable for those teams already engaged in research as routine.
- In some cases, individuals attended who were not from the region and whereas they found the overall experience very useful, the additional burden of travel to the two follow up events was very tiring.
- Participants would appreciate feedback on the course evaluation.

## Appendices

### 1 Course format

**\*\*Coach pick up 8.30am from Manchester Central Coach station, Chorlton street bus, Manchester**

**\*\***

#### **Day 1**

- 9.00 Arrive at destination
- 9.10 Coffee and Pastries
- 9.30 Group warm up
- 10.00 Course introduction
- 10.15 Making the case for R&I
- 11.00 *Coffee*
- 11.45 Organisational culture
- 12.30 *Lunch*
- 1.15 Group work - divide into 3 groups
- 4.15 Close of afternoon session, questions
- 4.30 - 6.30 *check in and free time*
- 7.00 Pre-dinner competition
- 7.30 *Dinner*
- 8.30 After dinner speaker

#### **Day 2**

- 7.30 *Optional morning session*
- (Breakfast is served in the dining room and we aim to meet at 9am)*
- 9.00 Group warm up
- 9.15 Health Care Leadership model and Self-assessment discussion
- 10.05 Community mapping
- 11.05 *Coffee*
- 11.30 Building Research Capabilities and personal reflections
- 12.30 *Lunch*
- 1.15 Real life challenges
- 2.20 *Coffee*
- 2.25 5G Networking and reaching out

- 3.00 Preparation for leaving
- 3.30 Reflections, evaluation and close
- 4.00 Coach back to Chorlton Street bus station, Manchester

### **Day 3**

- 8.30 Coffee and Pastries
- 9.00 Group warm up
- 9.15 Lego serious play
- 10.45 Reflection
- 10.50 *Coffee*
- 11.00 Guest Speakers – Cochrane, R&D Manager, Library & knowledge services, PPIE

- 1.00 *Lunch*
- 1.30 Networking exercise
- 1.45 Preparation for day 4
- 3.00 *Reflection and coffee*
- 3.15 Influencing styles
- 4.15 Questions and info for day 5
- 4.45 *Close*

### **Day 4**

- 8.30 Coffee and Pastries
- 9.00 Group warm up
- 9.30 Leading with care
- 10.30 *Coffee*
- 10.45 Emotional Intelligence
- 11.30 How to pitch/ listen to others
- 12.00 *Lunch*
- 12.45 *Mindfulness*
- 1.30 Presentations
- 3.15 Certificates and evaluation
- 4.00 *Close*

## 2 Participant profile

| <u>Name</u>           | <u>Job Title</u>   | <u>Organisation</u>                                     |
|-----------------------|--|---|
| -                     | -  | -   |
| Daniel Scarffe        | Physiotherapist  | Aintree University Hospitals NHS Foundation Trust       |
| Deborah Roberts       | Clinical Nurse Specialist  | Royal Liverpool & Broadgreen University Hospitals Trust |
| Denise Ross           | Clinical specialist Physiotherapist,   | Leeds Teaching Hospitals NHS Trust                      |
| Helen Robson          | Lead Nurse   | Manchester Foundation Trust                             |
| Jane Hobin            | Team Leader  | Lancashire Care   |
| Katy Alcock           | Therapy Service Manager  | Manchester University NHS Foundation Trust              |
| Keith Wolfendale      | Children’s Clinical Coordinator  | MFT   |
| Laura Barnes          | Fylde Coast Service Manager  | Lancashire Care   |
| Laura Kinsey          | Lead Dietitian for Adult Cystic Fibrosis   | MFT   |
| Linda Khalida         | Head of Library Knowledge Services   | United Lincolnshire Hospitals NHS Trust                 |
| Maria Oldfield        | Senior Specialist Physiotherapist  | MFT   |
| Nichola Verstraelen   | Operational Manager NIHR Lancashire Clinical Research Facility / Senior Research Nurse | Lancashire Care   |
| Nicola Booth          | Senior Clinical Research Nurse   | MFT   |
| Peter Gill            | Physiotherapy Team Leader  | Pennine Acute /MMU                                      |
| Richard Clarke        | Senior Clinical Research Nurse   | MFT   |
| Sheeba Danial Putheen | Unit Manager   | MFT   |
| Simon Hayward         | Specialist Physiotherapist   | Blackpool Teaching Hospital NHS Foundation Trust        |
| Suku Moyo             | Nurse Manager  | MFT   |
| Yvette Griffin        | Fylde Coast Memory Assessment Team Manager   | Lancashire Care   |
| Katherine Jones       | District Nurse   | MBHT  |

### **3 survey questions for team members**

What do you know about communities of practice and ways to learn about research?

To what extent do you participate in research?

What level of curiosity do you have about innovation and research?

How often do you use the library or go online to read about clinical practice and the latest research in your area of speciality?

Your line manager currently listens and takes on board your suggestions....

Do you feel the team you are part of performs to the best of it's ability?

Finally, how do you think that this course has supported your manager's development and the way the team works?