



This report evaluates the NHS R&D North West team's "Yorkshire and Humberside Leading Cultures in Research and Innovation" programme delivered Summer 2020.

## NHS Research & Development North West.

Report on the evaluation of "Yorkshire and Humberside Leading Cultures in Research and Innovation"

November 2020.

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## 2 Executive summary

This report evaluates the NHS R&D NW ‘Leading Cultures of Research and Innovation’ leadership development programme which ran from March to October 2020. Despite the programme having been paused, with the last workshop run online due to the Coronavirus pandemic, this report demonstrates clear benefits and substantial outcomes for the participants involved in the programme, summarised below.

This innovative leadership development programme uses creative experiential learning to enhance participants confidence and knowledge to lead research and innovation in their own environments.

Out of 17 participants, there was a total of 13 participant responses to a pre-programme online questionnaire, with 4 participant respondents in the post-programme online questionnaire. Due to Covid19, post programme responses were lower than normal. Insufficient data from teams was available post programme so this has not been included in this report. Five participants also participated in post programme telephone interviews. This report summarises the main findings from the surveys and interviews and identifies the key outcomes.

### 2.1 Programme Aims

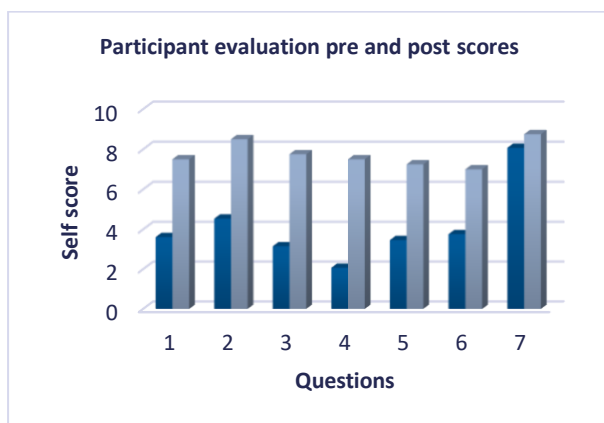
The programme aimed to:

- 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 [6]
- 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.

### 2.2 Programme Outcomes

This programme hosted 17 participants from a variety of disciplines across the NHS including roles such as Senior Dietician, Clinical Lead and Project Support Officer – Research.

The table below shows the pre programme and post programme responses from participants against the questions asked on the righthand side. The evaluation suggests that participants are already applying their learning from the programme, there are various examples of how they have been using the learning to lead and manage more creatively through the Coronavirus pandemic and have set actions to undertake further research activity both locally and nationally, many of which are currently on hold because of the pandemic. Participants report increased confidence to make changes and to be able to enhance evidence-based practice.



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.
5. Current level of confidence to facilitate and lead cultures of R&I.
6. Your current level of ‘creativity’ in leading cultures of R&I.
7. Your ability to be curious and open to new ideas and ready to embrace health innovations.

The graph above shows that participants have identified significant development against all seven parameters. Curiosity shows the smallest change, and the interviews suggest that participants were intrigued about the programme and keen to be part of it before they joined which is reflected in these results. These outcomes can be summarised as:

- Using creativity to enhance practice and leadership
- Enhanced leadership capability and confidence, including
  - Increased knowledge of how to lead a culture of research and innovation and leading systems. As one participant described it;

*“The most useful aspect has been setting a team plan for looking at engagement in research and innovation going forward. This gives my team realistic aims and timeframes. In the past, we would set rigid goals, and if we did not achieve it was demotivating. With the help of the course I think these are realistic and achievable, but we can also modify them and not feel we have failed.”*

- Demonstrating a more compassionate leadership style
- Applying resources learnt on the programme to lead more confidently through the Covid19 pandemic, which for one participant had been key:

*“Over a very stressful time I have been able to tap into the resources that we were given which has enabled me to support better team working.”*

- Establishing a research and support network
- Individual progression.

### 2.3 What participants valued most about the programme

Participants valued the innovative and interactive approach of the programme as well as the opportunity to network with colleagues and focus on their own well-being and leadership styles.

This evaluation has found only very minor suggestions for development or improvement.

### 3 Introduction

This report evaluates the three-module programme of “Leading Cultures of Research and Innovation” development programme run by NHS R&D NW between March and November 2020.

The programme was evaluated with a pre-programme questionnaire for participants and their teams, then with a post programme online survey for participants as well as telephone interviews with a random sample of 30% of the participants. Team members were asked to complete a post programme survey also, but only two completed this so team results have not been included in this evaluation.

13 of the participants answered the pre-programme questionnaire. The post programme evaluation survey was completed by 4 participants.

The purpose of the report is to offer insight into the benefits and impact that the programme had on participants and to identify any areas for improvement for future programmes.

It is derived from both the pre and post survey results and the interviews conducted with 5 participants. 5 participants were interviewed via telephone using a semi-structured interview with an external researcher. (The questions forming the basis of the interviews are in appendix three.)

#### 3.1 Background

##### 3.1.1 Overview of the programme

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

It was a combination of a “leading clinical teams” programme funded by Health Education England [5] 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.

NHS R&D NW worked creatively with 17 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 research suggests that NHS organisations that are more research active have better patient outcomes [1]. This project design is informed by the domains of the Healthcare Leadership Model [2] 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 [3], skills essential to good leadership.

<sup>1</sup> <https://www.nih.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/) 6 Michael A. West, 2012, Effective Teamwork: Practical Lessons from Organizational Research (Psychology of Work and Organizations), Third Edition, BPS Blackwell.

### 3.1.2 Programme aims

According to the NHS R&D website, the project was led by leadership professionals, R&D professionals, creative writers, performance coaches, magicians and somatic experts who together worked with middle managers in a blended learning approach to help them:-

- 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 [6]
- 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.

### 3.1.3 Course outline

Prior to the course, all 17 participants were invited to join an exclusive online community and start to connect with the course leaders and other course participants to share their expectations of the course and anticipated learning outcomes.

The programme began with a two-day residential. Participants were taken together on a coach, to a “secret” destination, with the aim of creating a sense of excitement but also bonding of the group as they experience the unknown together.

The residential was important to create a safe space for participants to learn without distraction and also to start to build both the physical and online community, which aimed to be an invaluable part of their learning journey on the programme.

The group met for the second day, and the programme was then paused for six months due to the Coronavirus pandemic. The final day was held online through zoom, with 9 participants able to attend.

### 3.1.4 Participant profile

Participants had to go through an application process to be recruited onto the programme.

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

### 3.1.5 Participant pre-programme aims

Participants reported a variety of reasons for attending. These can be grouped into the following themes:

### **3.1.5.1 Develop a greater understanding of theory of leadership and culture**

Nine of the participants in the pre survey expressed a desire to develop their knowledge and understanding of how to lead others and how to lead and influence a culture of research and innovation. One participant commented:

*“I would like to know more about the theoretical evidence base for team leadership and gain new ideas and practice new skills in a safe environment that I can then take back to my department.”*

### **3.1.5.2 Develop greater confidence**

Eight of the participants mentioned developing confidence as a key aim for attending this course. This was a combination of confidence in their ability to lead their teams, as well as being confident in promoting research. As one participant described it:

*“I want to be confident to engage people in projects that need to involve people of different grades, professions and experience. I want to be able to support people to engage in research at all levels... If I don’t know the answer, I want to be confident enough to ask without feeling daft!”*

### **3.1.5.3 Demystify research and be able to promote research and engage others**

Seven participants explicitly mentioned the desire to more actively promote research within and beyond their teams as an outcome from the course. They wanted to both understand and be connected to research networks and building on the above comments, feel able to engage others with more certainty.

### **3.1.5.4 Develop Leadership skills**

Participants on the programme had varying levels of leadership experience and in five of the pre programme surveys, the impetus to develop leadership was a key reason for enrolling on the programme. One participant explained:

*“I hope to develop my leadership skills and learn how to become a better, more successful and creative leader which will hopefully inspire my team to achieve increased potential.”*

### **3.1.6 Anticipated impact on the wider team from the participant’s perspective**

Participants were asked in what they hoped that attendance on the programme would support their teams. Participants were keen that the programme would lead to;

- Improved motivation for engaging in research and innovation across the teams
- Evidence based research would improve practice leading to improved patient experience
- Improved management skills leading to an improved team culture and higher levels of motivation and engagement
- Passing on knowledge and experience to empower teams and get them inspired in research activity.

One quote summarises this well:



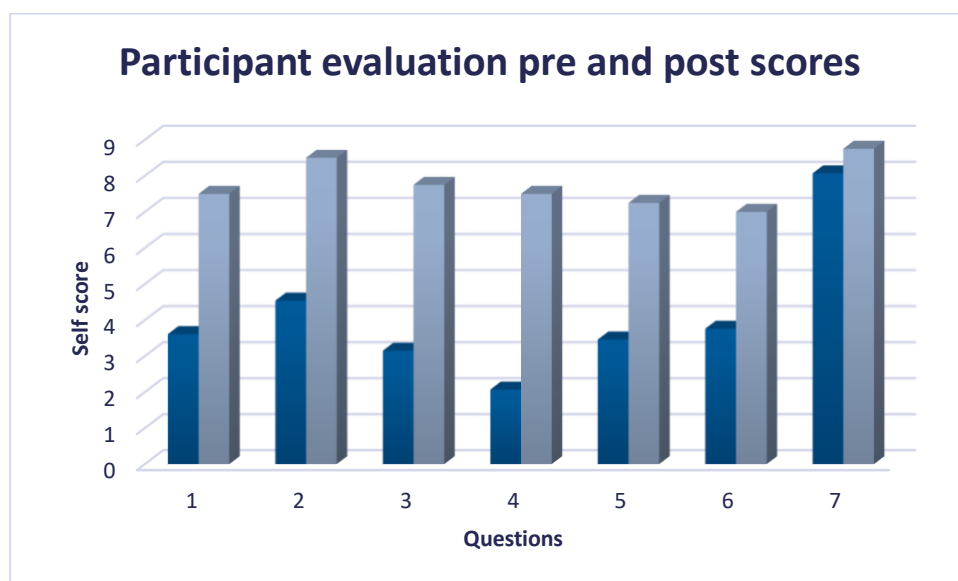
*“The course will help by giving me the knowledge and confidence in this area of expertise that I can share with them. To give me more confidence in leading so that we become a stronger force together.”*

## 4 Findings

The graphs and diagrams in the following section demonstrate the pre and post programme perceptions of levels of knowledge and expertise from both participants and their team members in the following areas:

### 4.1 Perspective of participants:

Participants were asked to self-score on a scale of one to ten, ten being ‘completely’, one being ‘not at all’ against the statements listed below.



Key: Navy blue: Pre-programme responses

Grey: Post programme responses

The questions compared above are what the participants scored themselves against as listed below:

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 based on the work of Professor Michael West.<sup>6</sup>
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.

From the results above, it is clear that participants found the programme had developed their skills and knowledge significantly. This will be further explained in the following section on evaluation themes.

## 5 Evaluation themes

From the post programme survey with 4 participants and 5 interviews with participants during November 2020, one month after conclusion of the programme, the following themes have been identified.

### 5.1 Post programme outcomes for participants

#### 5.1.1 Using creativity to enhance practice and leadership

Participants felt that the creative approach to the programme and the emphasis on creativity has encouraged them to think differently and feel more confident in using play and fun as part of their practice and their team meetings. One participant described how she had: *“learnt to embrace my more playful and creative side and seen how this improves engagement and learning.”*

Many of the participants cited how they had used this creativity to quickly adapt through Covid19. For example, one participant was home schooling her children in the week, whilst liaising with her team of twelve staff in the hospital, then she went into hospital at the weekends. She asked her children to make a poster each week which she then posted for her team to see the next week.

For another participant who had to rapidly change the venue for patients to keep them safe through Covid 19, she described how the creative element had helped her to be bold with the decisions. She commented:

*Before the programme I would have panicked about having to make such fast decisions and I would have procrastinated. There were big decisions to make, new equipment to source and install... I used to see change as one opportunity to get it right and that overwhelmed me. Now I feel as if I can say “we’re going to do something a bit crazy, it might work, it might not, but we can...”*

One participant, Joanne Squires described a number of ways in which she had begun to work more creatively as a result of the programme. These included making ‘survival bags’ to give to team members as a thank you gift during Covid 19. Below is a photograph of the bag contents.



### 5.1.2 Enhanced leadership capability and confidence

Building on the examples above, participants reported a sense of greater awareness of their leadership style and a new confidence in their ability to lead others. One participant stated that: *“by allowing me time to think about my own leadership styles I can work on aspects where I am weaker but also focus on the positive actions.”*

The key aspects linked to leadership can be grouped into three headings:

#### 5.1.2.1 Increased knowledge of how to lead a culture of research and innovation and leading systems

In the survey and the interviews, all participants commented on the increased knowledge and understanding they have of leading a culture of research and innovation. Most participants have identified actions which will enable them to develop this within their teams and have connected with stakeholders in and beyond their Trust to establish research practice. Some of the plans are temporarily on hold as this report is written due to the second wave of Covid 19. One participant identified this as the most helpful aspect of the course and noted:

*“The most useful aspect has been setting a team plan for looking at engagement in research and innovation going forward. This gives my team realistic aims and timeframes. In the past, we would set rigid goals, and if we did not achieve it was demotivating. With the help of the course I think these are realistic and achievable, but we can also modify them and not feel we have failed.”*

#### 5.1.2.2 Demonstrating a more compassionate leadership style

Several participants felt that the course had developed a greater awareness of the importance of looking after themselves and offering greater support and empathy when leading their teams. For one participant this had enabled her to feel more confident in generating conversations around how people feel. Another commented that the programme had helped their practice by:

*“highlighting the need for compassionate management. This is critical at the moment with our changing and adapting practices.”*

#### 5.1.2.3 Applying resources learnt on the programme to lead more confidently through the Covid19 pandemic

As has been highlighted above, three of the participants interviewed mentioned how much the programme had inspired them to work creatively through the Covid 19 pandemic.

*“Over a very stressful time I have been able to tap into the resources that we were given which has enabled me to support better team working.”*

### 5.1.3 Establishing a research and support network

Not only did the course provide insight into how participants could approach problem solving in a more creative manner as discussed in 5.1.2.3, but it also provided them with a support network to tap into through fellow participants when they needed ideas or further support. Participants are part of a private What’s App group for the duration of the programme and beyond and all of the participants interviewed reported that they are still active in the group and that if they have something they need to think through, the resource of the What’s App group is where they go to. A

number of the participants described this as ‘invaluable’. As one participant commented: “If I have something I need to think through and make a key decision about, the What’s App group is where I turn to first.”

#### 5.1.4 Individual progression

Participants interviewed identified several ways they felt the programme has encouraged them to progress in their careers. For one participant, the course had inspired her to take a new role within the NHS, for another the next step is now a PhD. One individual is keen that any future role she may apply for has capacity for her to work more creatively within it as she has recognised the importance of this for her.

## 5.2 What participants valued about the programme

### 5.2.1 Innovative approach

All of the participants commented on the innovative approach to the programme and how it helped to engage them immediately with the ‘mystery bus trip’ as one described it, they also felt that the nature of the programme with the bus trip helped to create a safe learning environment very quickly. Participants felt that this helped them to think differently, with one participant describing it as a changed mindset and another acknowledging that the approach and course has enabled her to change the way she works in the NHS, which is as she says “tricky to do sometimes.”

One participant described the innovative approach thus:

*It was totally unique, the mystery of the bus ride started it, some moments I was uncomfortable, dancing, sensing team and the ways of connecting. But it was also uplifting, meditative almost. It felt emotional and like a retreat. It was inspirational.*

### 5.2.2 Facilitation style

Participants valued the facilitative style. Several commented that they felt the facilitators all brought diverse styles and their own expertise and this really worked and complemented each other. Participants felt that the facilitators created a safe learning space and gave the right amount of fun and challenge with support. One participant said: “*the strength of the course is in the way it is delivered, not just in what is delivered.*”

### 5.2.3 Network and group involvement

The community aspect of the course appears to have added to the overall experience. Participants report using the What’s App channel as a medium to stay in touch and also to seek support, sound out ideas and share successes or frustrations. For the participants interviewed, they see this a network to which they can stay linked in the future. One participant felt that the network aspect was the most useful part of the course and commented:

*Speaking to people at different stages of in their careers and realising we all had very similar fears and aims. This gave me the confidence to push forward with my ideas at work, the realisation that we are all feeling the same insecurities no matter what level of seniority. So helpful.*

#### 5.2.4 Residential element

The participants interviewed felt that the venue added to the experience. One participant commented:

*It was such a treat to go away from normal pressures and be in an exciting environment. As part of my practice, I recognise how much environment impacts on our functioning and it was nice to be treated.*

#### 5.3 What got in the way of the participants learning effectively?

All of the participants were asked this question. Apart from Covid 19, which paused the programme and then meant that the final session was conducted online, with less participants than the other events, participants could not think what got in the way.

#### 5.4 Future programme improvements

Participants on this programme reported there was very little that they would want changing about the course. One participant felt that it would be even better if it was longer, with more time spent face to face. For another participant, there was a minor point that they were not initially sure what they could and couldn't do, and as they suffer from anxiety, this made the initial stages of the first day uncomfortable. But the participant was keen to point out that they were provided with a safe environment so felt ok to express any concerns and commented:

*“By the end of the programme, I would have happily carried on for another month, every day!”*

One participant requested that it would be good to be able to link with other cohorts and form an alumni, come together to learn in the future.

## 6 Conclusion

17 participants began this programme but due to external pressures, only 13 were able to attend the final online session in October. Four people completed the post programme online questionnaire and five participants were interviewed. From this population, feedback on the programme is highly positive. Participants have already applied aspects of their learning and are delivering their practice differently, with using a more creative approach to team meetings and allowing time for people to express how they feel being two one of the examples discussed.

The creative and interactive nature of the programme was highly valued, especially the opportunity to think differently and to take a more creative approach to their work.

The original aims of the programme were to:

- 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 [6]
- 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.

This evaluation concludes that the aims appear to have been addressed through the interviews and survey data from participants.

As one participant described her view of the programme:

*“This is a course that more people should have the opportunity to do, it creates a different and better way of thinking and gives a support network and confidence to develop research to support better patient outcomes.”*

## 7 Acknowledgements

Thank you to Gillian Southgate who provided insight into the programme and to Leanne Gregory, who organised the collation and administration of the online surveys and contact details for the interviewees. Also, thank you to all of the team members and participants who completed the surveys and to the participants who took time to be interviewed; Tracey Daniels, Joanne Squires, Annie Stoker, Catherine Taylor and Aisling Robinson.



## 8 Appendix One - Overview of Day Four of the programme

### **Day 4 Strategy Presentations**

#### **Via Zoom 9am -1pm**

<b><u>Time</u></b>	<b><u>Activity</u></b>	<b><u>Who</u></b>
9.00am	Welcome/ Catch up	Gillian Southgate
9.05am	Warm up exercise	Jana Kennedy
9.20am	Selfcare/ Wellbeing/ Leading with care	Gill Phazey
10.30am	Coffee	
10.40am	Physicality	Gina Giotaki
11.10am	Creative Group Presentations	Breakout rooms depending on numbers
12.10pm	Discuss sharing of ideas	
12.20pm	Break	
12.30pm	Exercise (paper game)	Stuart Nolan
12.45pm	Summary/ Round up	Gillian Southgate

## 9 Appendix Two Participant list

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
<b>Annie Stoker</b>	Senior Occupational Therapist	Sheffield Health & Social Care NHS Trust
<b>Carolyn Taylor</b>	Specialist Dietitian	Sheffield Health & Social Care NHS Trust
<b>Catherine Duff</b>	Quality Lead for Children’s Business Unit	Leeds Community Healthcare NHS Trust
<b>Catherine Taylor</b>	Advanced Clinical Specialist Speech and Language Therapist	York Hospital Foundation Trust
<b>Dawn Lockey</b>	Physiotherapist	South Tyneside and Sunderland NHS Trust
<b>Irene Mabbott</b>	Practice Development Co-ordinator	Sheffield Teaching Hospitals NHS Foundation Trust
<b>Joanne Squires</b>	Clinical Lead for Bradford	Bradford District Foundation Care Trust
<b>Kate Chauhan</b>	Clinical Specialist Orthotist	Steeper Group
<b>Kirsty Rogers</b>	Senior Nurse Practitioner	Sheffield Health and Social Care
<b>Kit Tzu (Kitty) Tang</b>	Professional Lead in Rehabilitation Engineering	Leeds Teaching Hospitals
<b>Madeline Kenny</b>	Physiotherapist-	Leeds Teaching Hospitals Trust
<b>Mandy Tyrell</b>	Advanced Clinical Practitioner	Doncaster and Bassetlaw NHS Foundation Trust
<b>Sarah Birch</b>	Directorate Research Coordinator,	Sheffield Teaching Hospitals NHS FT
<b>Tracey Daniels</b>	Clinical lead	York Hospital Foundation Trust
<b>Jo Statham</b>	Clinical Psychologist	Sheffield Health and Social Care NHS Foundation Trust
<b>Fiona Throp</b>	Clinical Practitioner	Airedale NHS Foundation Trust
<b>Aisling Robinson</b>	Project Support Officer – Research	Barnsley CCG / SYB ICS Cancer Alliance
<b>Pete Stewart</b>	Community Programme Manager	Michael Carlisle Centre

## 10 Appendix Three. Interview questions for participants.

1. Can you describe a little about your background and role please?
2. Why were you attracted to the programme?
3. What was the experience like for you?
4. What impact has the programme had on you/ your team/your work?
5. What has had the most impact for you?
6. What got in the way of your learning?
7. How was the balance between leadership development and innovation and research
8. What will help you to apply your learning?
9. What can get in the way of you applying the learning?
10. What do you think could improve this programme?
11. What are you telling colleagues and managers about the programme and the learning?
12. What are your next steps now following the programme.
13. Any other comments?

## 11 Appendix Four Photograph of Joanne Squires Cake as part of her final presentation and to share with her team

