NIHR Service Delivery and Organisation programme

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A Formative Evaluation of the Service Delivery and Organisation (SDO) Management Fellowships

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Glossary of terms/abbreviations

CB	Capacity building
CEO	Chief Executive Officer
CHSRF	Canadian Health Service Research Foundation
CI	Chief Investigator
CLAHRC	Collaborations for Leadership in Applied Health Research and Care
CLF	Clinical Leadership Fellowships
CLRN	Comprehensive local research network
CQRS	Quebec Social Research Council
DF	Diffusion Fellow
DIKW	Data, information, knowledge and wisdom
EBM	Evidence-based medicine
EPSRC	Engineering and Physical Sciences Research Council
ESRC	Economic and Social Research Council
HbA1c	haemoglobin A1C
HEI	Higher Education Institution
HSRN	Health Services Research Network
KM	Knowledge mobilisation
KTP	Knowledge transfer programme
LM	Line manager
MF	Management Fellow
MRSA	Methicillin-resistant Staphylococcus aureus
MSc	Master of Science
NHS	National Health Service
NICE	National Institute of Health and Clinical Excellence
NIHR	National Institute for Health Research
NRES	National Research Ethics Service
PCRN	Primary care research network

PCT	Primary Care Trust
PhD	Doctor of Philosophy
PRAC	Practice and Research: Advancing Collaboration
QUERI	The Quality Enhancement Research Initiative
RACSN	The Research Alliance for Children with Special Needs
R&D	Research and Development
RAE	Research Assessment Exercise
REF	Research Excellence Framework
RF	Research Fellow
RoI	Return on Investment
SDO	Service Delivery and Organisation
TAG	Therapist Advisory Group
UK	United Kingdom
US	United States
WP	Workplace

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Contributions of authors

This evaluation was undertaken by Professor Alison Bullock (Project Lead), Dr Zoë Morris (Co-applicant) and Christine Atwell (Research Associate). All contributed to data collection by taking main responsibility for at least three of the ten case studies. All contributed to the preparation and analysis of the data. The final report was prepared by Alison Bullock and Zoë Morris and agreed by Christine Atwell.

Executive Summary

Background

The NIHR Service Delivery and Organisation (SDO) Management Fellowships is a research mobilisation programme. With the aim of encouraging utilisation of research in healthcare management, typically it places practising NHS managers with selected SDO-funded academic research projects as Management Fellows (MFs). Fellowships usually run for 12 months full-time equivalent over the life of the research project.

The objectives of the SDO Management Fellowship Programme are to:

1. improve the quality and relevance of the research projects through manager involvement;

2. develop capacity in the managerial community for accessing, appraising and using research evidence; and

3. encourage greater engagement, linkage and exchange between research and practice communities in healthcare management.

The Fellowship programme is based on an exchange model of knowledge mobilisation (KM), which emphasises interpersonal links between researchers and practitioners. Such programmes are seen as a means of addressing the problem of research utilisation, but empirical knowledge of their impact and what causes impact are not well understood. A small literature suggests features that support successful partnerships between researchers and practitioners include the research having relevance and benefit to participants, agreeing expectations, flexibility, the right skills and attitudes, mutual trust and respect, an engaged workplace, and supporting infrastructure.[1-5]

Aims

The primary aim of the evaluation was to understand the benefits (impacts) of the Fellowship programme and the processes by which the impacts were achieved or inhibited. Specifically, the evaluation sought to:

- describe the processes and dynamics of the Fellowships – issues of motivations, set-up, expectations, practice, issues, and lessons learned from the perspective of the participants;

- explore the impact of the Fellowships from participants' perspectives with particular focus on the three programme objectives (above), and to link this to processes and dynamics;

- identify lessons learned and make recommendations.

Methods

A case study design was used which centred on Fellows. Data gathering took place between November 2010 and May 2011. All MFs appointed prior to the start of the evaluation (n=11) and their Chief Investigators (CIs; n=10) were visited and interviewed face-to-face (10 sites). In eight sites the visit also included observation of a research team meeting. Three CIs from projects eligible for a Fellow but without one were interviewed by telephone. Twelve line managers (LMs)/colleagues in eight sites were interviewed. All interviews were audio recorded. An online questionnaire was used to collect data from 32 members of research teams. The evaluation team also attended various meetings of the Fellows which included those Fellows who joined the programme after the evaluation started. Twelve programme participants attended a validation workshop in June 2011 and a further four submitted written comments.

The NRES Queries Line deemed that the evaluation did not require research ethics approval (15/09/10). Approval was obtained from a Cardiff University research ethics committee (22/09/10). Research governance approval was obtained from all study sites.

Analysis focused on participants' expectations, experiences, and opinions on lessons and future developments. Qualitative interview data were analysed thematically guided by a programme evaluation model adapted from Kirkpatrick. The model draws attention to participants' reactions, learning, behaviour change, and reports of impact; and links them to the processes which enable or hinder impact. The data gathered from the questionnaire were analysed using simple counts and summaries of open comments. Emerging findings were validated at meetings with the Fellows and other stakeholders.

Results

All researchers and Fellows were clear that the MFs improved the quality and relevance of the research project; improving researchers' access to sites, data, and recruitment of participants; giving advice on data gathering instruments, processes, analysis, and dissemination. The Fellowships are awarded after projects had been agreed making it difficult to improve the relevance of those particular projects. However, some Fellows suggested or undertook additional work and it was possible to make some adjustments to the main project.

Of key value was the MF's insider knowledge of the NHS. The extent to which this was an enabling factor depended in part on how well their skills and workplace experience matched the focus and methods of the project and on how current and active their interface was with the workplace. There was no single, generalisable message about the level of seniority or workplace role which best serves projects. What was important was selecting the 'right' person for the Fellowship role. Mutual respect was a characteristic feature of CI/MF relationships.

The capacity development aim of the programme refers specifically to access, appraisal and use of research. Participants did not refer to evidence appraisal; MFs appeared to assume that what the researchers produced was sound. They reported improved *understanding* of research processes. Access was also little discussed with most attention being given to the use of research evidence. Exposure to research processes and more formal courses were the principal means by which the MFs' understanding of research was developed. In a small number of notable cases, the Fellows were beginning to develop capacity in the workplace, mainly as conduits of research findings. The range of capabilities developed by the Fellows went beyond their ability to assess, appraise and use research and includes reports of improved management skills and improved personal confidence.

Many of the barriers and enablers to increasing the capacity of managers were in common with improving the quality and relevance of research. These include clarity of expectations; MFs' role, personal characteristics and standing within the workplace; Fellows contact with the workplace; LMs' motivations and congruence with the programme. Organisational satisfaction was most in evidence where workplace colleagues reported desire to improve within the area addressed by the research project. Change in LMs and NHS organisation were seen as potential barriers to impact, by undermining links between the MF and the workplace.

Most projects reported significant development of their engagement, linkage and exchange as a result of the Fellowships. However, the design of the programme limits engagement as it does not include identification of study aims. The MF mainly acted as a conduit/interface between the project and the wider workplace. The process of engagement between the MF and research project was characterised as ongoing, interactive and viewed as successful by CIs and MFs. However, a number of issues relating to the MF engagement, linkage and exchange with the workplace were identified. The expectations of workplace organisations were sometimes unmet; engagement structures were often not in place.

Overall, without exception the CIs and MFs were supportive of the Fellowship programme, despite some local issues. Costs were associated with employment opportunities foregone by MFs, additional time and resource commitments for CIs, and loss of work by the LMs. Although generally supportive of the Fellowships, many LMs reported fewer benefits and more frustrations. Tackling the barriers identified above would address many of their concerns. Key is for each party (and in the workplace, more than just LMs as they change) to articulate what they require from the Fellowship and how they plan to engage. This should be negotiated, agreed; written down and reviewed regularly; repeating the process if changes are necessary. The Fellow should be selected to meet needs.

The evaluation has limitations. It relied on self-reported data although triangulation was designed to help this. Participants were interviewed once although this was mitigated through the process of subsequent contacts with participants (MFs in particular), a validation workshop four to six months after initial data gathering, and presentation of findings to an advisory group of stakeholders. Given the short duration of the evaluation, potential impact over time has not been measured.

Conclusions

Clear benefits have been derived from the programme: Fellows enhanced the validity, efficiency and credibility of the research, improved their own knowledge and skills as managers as well as researchers, and served as the conduit for linkage, engagement and exchange. Outcomes for the workplace were less common across the programme, but examples of good practice and scope for improvement were identified.

The primary recommendations concern all parties and relate to all three programme aims. The evidence suggests that:

1. Expectations of the Fellowship should be clearly articulated and agreed by *all* concerned. Each party needs sound motives for taking part which should be voiced. All should also be aware of real and potential costs of taking part.

2. The selection of the Fellows is critical. Within each project careful thought should be given to the desired roles, experience and interests of the MF which should be matched to the appointee.

3. An environment of mutual respect, trust and openness should be developed and maintained by all participants.

4. Review meetings would provide opportunity for all parties to raise and discuss issues and should be timetabled.

5. Post-Fellowship plans should enable MFs to utilise their experience and develop longer term relationships with the research community beyond the specific Fellowship project.

Future enquiry could review impact beyond the short-term, considering issues of sustainability and workplace impact. Also a more experimental design to "test" the validity of the recommendations would be of value.

The Report

1 Introduction

1.1 Background to the SDO Management Fellowships programme

1.1.1 The problem

The English Department of Health has an established record of trying to encourage the use of research in practice to improve patient care and outcomes. Most prominent perhaps is the National Institute of Health and Clinical Excellence (NICE), which seeks to provide evidence-based guidance for clinical practice.

The focus of the NIHR Service Delivery and Organisation programme (SDO) Management Fellowships programme is on research mobilisation in the context of healthcare management. The programme is premised on the belief that research relevant to management could be used to improve decision-making.[6]

However, the small existing literature shows that healthcare managers tend not to use research in their decision-making.[7-11] This lack of take-up of research into practice is not unique to healthcare managers but clinicians also.[12-14] Research shows that both clinicians and managers often lack the skills to use research in practice.[7-10] Nonetheless, some argue that it is more difficult to engage managers than clinicians in research findings because of organisational issues, the complexities of decision-making, and the different professional culture of managers.[15, 16] It is also recognised that there is a lack of research that is relevant, and therefore salient, to managers which might also influence take-up.[6] Managers within the NHS often do not see technical efficiency as the primary factor driving their decision-making, and information need forms only part of this process.[17-19]

For policymakers, managers have a critical role to play in getting research-to-practice through commissioning evidence-based services, strategic planning, or ensuring the service delivery conforms to best evidence.[20] There is growing recognition that the process of transferring research into practice hinges upon interpersonal relationships; Lomas has described

evidence-based healthcare as "contact sport".[21] This position is supported by some empirical studies that show that a close relationship between researcher and research user is more likely to encourage the uptake of research.[7, 11, 22]

Building on this idea, the NIHR Service Delivery and Organisation programme (SDO) introduced a programme which placed NHS managers with research projects. The SDO Management Fellowship programme is described as "a Knowledge Mobilisation and Capacity Building Initiative".[23] The programme is designed to allow "a practising manager from a healthcare organisation that is involved or engaged in [a large-scale academic] research project to become directly involved in the project, for example, by assisting with the research and acting as 'knowledge broker' between the research team and the local NHS".[20] Previous studies of collaborative research partnerships have demonstrated that such models encourage more relevant research outputs, ease the transfer of research findings into practice, and increase the likelihood of the research being used by practitioners.[1, 2, 24, 25]

1.1.2 Objectives of the SDO Management Fellowships programme

The SDO Management Fellowships Programme has three objectives:

1. to improve the quality and relevance of the respective funded research projects through manager involvement;

2. to develop capacity in the managerial community for accessing, appraising and using research evidence; and

3. to encourage greater engagement, linkage and exchange between research and practice communities in healthcare management.[20]

These programme objectives fit with the wider aims of the SDO programme which are:

- to add to the evidence base that is relevant to the practice of managers in healthcare organisations and which can be used to improve the effectiveness of managerial behaviour and decision-making and so contribute to improved organisational and clinical performance; and

- to promote greater engagement between the academic community of researchers and the practice community of healthcare managers through the development of links between academic institutions and NHS organisations in their local area.[20]

1.1.3 Key Features of the SDO Management Fellowships programme

Fellows were expected to be practising managers working within an NHS organisation which is involved in the academic research study they join. The Fellowships were expected to run for the equivalent of 12 months full-time over the life of the research project. During this time the Fellow was expected to engage "directly" with the research team contributing to "all stages, from design through fieldwork, data analysis and reporting".[23] As well as their direct contribution to the research project, the Fellow was also "expected to contribute to local and wider efforts at effective knowledge mobilisation and capacity building".[23] SDO expected the fellows to be "supported throughout with appropriate guidance and training by the research team".[20]

The SDO Management Fellowships do not fit traditional academic notions of Fellowships in which a Fellow is funded typically to undertake independent research of their choosing. SDO Management Fellows are not expected to be researchers, to become researchers, or to be pursuing a programme of research. They provide a management perspective on an academic research project that is planned and executed by university-based researchers. Some Fellows did undertake research activities as part of their role; but others did not. Some also pursued a small piece of research within the wider project, but this was always small scale and not necessarily an essential feature of the programme. Each Fellowship was organised differently. A shared feature was the expectation that the Fellow would provide experiential information about NHS management to the research teams, and would also provide a bridge between workplaces to transfer research knowledge or build research relationships.

1.2 Background to the evaluation

1.2.1 The Brief

Whilst there is some consensus about the importance of interpersonal links in knowledge mobilisation as SDO themselves recognise, there are few published examples of programmes designed to support this and fewer empirical studies which aim to discover if and how they work in practice.[16,

[26, 27] In order to increase this understanding SDO commissioned an external formative evaluation of the SDO Management Fellowships programme.

The focus of the evaluation was the "process and impact of the Fellowship scheme in the round".[28] SDO emphasised that the evaluation "will not be focused on the success or otherwise of individual Fellows within the scheme" or "be concerned with evaluating progress of the research projects with which the Fellows were associated".[20]

SDO identified a set of questions in which they were particularly interested. These related to the "impacts of the SDO management Fellowships"; "the decision to apply (or not to apply) for an SDO Management Fellowship"; "establishing the Fellowships"; and themes around working with an SDO Management Fellow.[20]

1.2.2 Aims and approach

The primary aim of the evaluation was to understand the benefits (impacts) of the SDO Management Fellowship programme and the processes by which the impacts were achieved or inhibited. This understanding was intended to inform the future development of the programme. Further detail of the aims and objectives is provided in Chapter 3, section 3.1.

1.3 Definition of terms and concepts

The SDO describe the Management Fellowships as a "knowledge mobilisation (KM) programme". They define knowledge mobilisation as "the interactive exchange of research-based findings and ideas between researchers and managers" and link it explicitly to "capacity building [CB] - the ability to access and use management research within the NHS... Strategies to support KM/CB can be thought of as encompassing a wide range of activities: those that 'push' research towards practitioners; those that create 'pull' from practitioners for research; and those that build links and work at the interface between the two communities ('intermediation', sometimes called 'linkage and exchange')".[23]

As noted in an earlier SDO review of *Research Utilisation & Knowledge Mobilisation*: "the terminology in this field is not settled".[29] The Evaluation Call document issued by the SDO also noted that "there is lack of conceptual clarity and terms such as 'knowledge translation' attract different definitions".[27] We argue that in order to understand what works and how, some conceptual clarity about what is of interest, its constituent parts, and how these parts relate to each other and to outcomes is

essential. Defining the phenomenon and its parts allows potential mechanisms to be identified and separated from the phenomenon itself and likely relationships between the parts to be identified and explained. Interventions can then be compared and their suitability evaluated. The SDO Management Fellowships are located within a very specific idea of knowledge mobilisation which has implications for both findings and recommendations.

Consistency of terminology is also important, and given the lack of agreement about terms, we use the terms adopted by SDO where they refer to broad concepts such as "knowledge mobilisation", "capacity building", and research "quality". These are described later.

1.4 Structure of the report

Chapters 1 – 3 provide contextual information: introduction to the formative evaluation; conceptual framework; methodology.

Chapters 4 – 8 cover the empirical findings of the evaluation relating to the motivations and set up; how the programme contributed to increasing the quality and relevance of the research, built research capacity within the NHS; and encouraged engagement, linkage and exchange between universities and the NHS. Chapter 8 reports on issues related to the implementation of the programme such as the cost of participation and recommendations for the future as offered by participants.

The chapters represent artificial separations of themes that are linked in practice so there is inevitably some overlap between the chapters. Where possible the reader is referred to the relevant section of the other chapter rather than repeating text. The chapters should not be read as entirely "stand-alone" therefore.

Chapters 9– 10 provide a discussion of findings, conclusions and recommendations.

Appendix 1 gives details of the case study sites. Copies of the research instruments will be found in Appendix 2. Appendix 3 provides a summary of the questionnaire results.

2 Concepts and Understandings from the Literature

As a means of developing conceptual clarity (which is lacking in the literature) [30], this chapter explores issues around knowledge and evidence, models of knowledge mobilisation and what can be learned from existing studies of collaborative research partnerships. All the terms knowledge, research, and evidence are used by the SDO. The Fellowships are a *knowledge* mobilisation programme which aims to develop the capacity of NHS staff to use *research evidence*.

2.1 Knowledge, research, evidence

Crilly *et al*. identify a number of ways in which knowledge can be defined and characterised, and that these vary by discipline.[29] For example, the term "knowledge" was common in management literature, focused on performance and competition; in what they term "practitioner literature", the term "research" was most common, with particular emphasis given to barriers of utilisation; and the term "evidence" more common in healthcare literature which appears keen to see the principles of evidence-based medicine (EBM) applied to management.

The different terms are associated with different concerns and different values, and these have practical consequences. For some proponents of evidence-based medicine, and by association evidence-based management, "evidence" has a clear and specific meaning: a "call for evidence-based [decision-making] is also a call for the use of scientific methods in data collection and in the validation of information".[31] In this interpretation, "evidence" is generated using positivist experimental methods which emphasise high internal validity. According to these proponents, such evidence is not only considered to be superior to other forms of knowledge, but should replace views and opinions as the basis for decision-making and action.[32] This privileging of the term "evidence" means that it is also used as a rhetorical device to manage behaviour; just as research can be used for a number of reasons other than answering a question.[26, 33] For example, the study by Owen-Smith *et al*. of NICE guidance noted that "both managerial and clinical professionals regarded NICE guidance as a means to exert power over the other group on occasion, and theoretical views of the usefulness of guidance and the way it was used in practice did not always accord".[34]

Other authors have attempted to organise knowledge into hierarchies depending on the degree of analysis or conceptual complexity. Ackoff's DIKW Hierarchy, for example, moves from "data" – (symbols) to "information" (data processed into information to provide answers to "who", "what", "where", and "when" questions); knowledge (application of the data and information, to answer "how" questions); "understanding" (answers to "why" questions); and wisdom (evaluated understanding – "so what"). (See Crilly *et al*. [29]).

Others have attempted to define what knowledge is and variably refer to knowledge as: "a statement of mind", as an object, a process, as access to information, and as a capability; and its dimensions – whether it is tacit-explicit and individual-social.[35] The difference between tacit (residing in the individual, un-codifed, difficult to transfer) and explicit knowledge (external information, codifed, transmittable through symbols, words and numbers) is a common theme for authors interested in knowledge mobilisation as it focuses on the challenge of identifying, articulating and making understood knowledge that is not explicit and codified.[36-38]

Research evidence as used by the SDO proceeds from a broad view of evidence, which is generated through interaction with various types of knowledge and how it can be generated. The interactive model conceptualises research use as a "complex, multifaceted, iterative and dynamic social process that is facilitated and impeded by supporting personal, professional, team, organisational and legislative factors". Similarly "engagement with research is socially and organisationally situated and heavily dependent on local context".[20]

This fits with the idea of knowledge as a legitimate basis for decision-making and action, being socially-situated and generated by a number of participants and methods.[39] The process of knowledge production is viewed as "highly reflexive".[24] This is not a consensus view however. Scott-Findlay and Pollock for example, argue that personal and experiential knowledge are valuable sources of knowledge in (clinical) decision-making, but they are not "evidence".[30] They call for stricter application of the terms, with "evidence" only applied to the outcomes of research.

An issue with the more open definition of knowledge is that it becomes more difficult to know when knowledge produced through the process of interaction and exchange is actually any different and, more to the point, superior to opinion. It also relates to the question of ownership or authority over the data. In EBM, the formal ownership of knowledge belongs to the

research team that created it; authority is derived from the scientific method employed to produce it. A broader interpretation allows for the notion of knowledge being co-produced and co-owned, for example between researchers and research users.

The Fellowships are based on the assumption that evidence-based management or the use of research in management decision-making is necessarily a good thing. There is also the further assumption that evidence-based management (in some form) is possible. Such assumptions have been contested.[40-43] Few managers engage in research or are rewarded for doing so.[40] It is also suggested that healthcare managers make decisions that are not amenable to evidence-based decision making. They make decisions about populations[44], which are complex and subjective in character[45], and by their nature large and long-term in impact[15], but made in short time frames.[46] Such features, Begun argues, render evidence-based management inadequate or flawed, not least because current research methods may be unequal to the task of understanding complex social systems.[45] Begun further argues a need to identify when management research is possible, and to improve its quality.

Different understandings of knowledge are associated with different models of knowledge mobilisation.

2.2 Knowledge mobilisation models

The Evaluation Call issued by the SDO noted that "there is lack of conceptual clarity and terms such as 'knowledge translation' attract different definitions[27]".[20] The SDO Management Fellowship Programme draws explicitly on "the interaction model", "which emphasises the sustained interactions between researchers and practitioners". The model "emphasises the formal and informal links between the researchers and the research users at each stage in the research process: from clarifying the research question, through designing and carrying out research studies, to implementing the findings in practice and determining future research questions".[20] Such interventions seek to build on findings from empirical studies which suggest that "knowledge depends for its circulation on interpersonal networks".[47] In defining the Fellowships in the way they do, the SDO have adopted a particular model of knowledge mobilisation which sits in contrast to the model underpinning formal EBM.

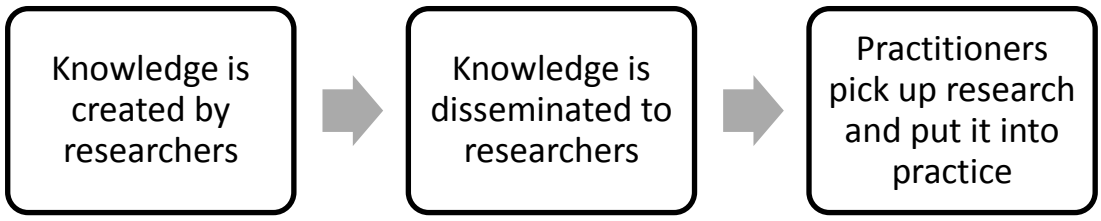
We describe three types of models of KM. Each model is presented as an idealised type in an attempt to synthesise a large literature briefly and to highlight aspects which are most relevant to the SDO Management

Fellowships. The focus is on models of "managed" knowledge mobilisation[39], rather than spontaneous flow of knowledge. In each model, knowledge is managed for some instrumental purpose – i.e. to improve NHS management, and thus patient care. All the models presented are concerned with the movement of knowledge between at least two domains; domains which are separate and different from each other, but with the potential for a knowledge-based relationship. Knowledge is seen as a resource, something that can be transferred from one place to another. They all assume some "information deficit"[48] in one or both of the communities, and rest on the belief that the "natural" flow of knowledge is hindered by barriers that need to be addressed.

2.2.1 The linear model

Dominating policy-thinking and the bio-medical research literature on knowledge mobilisation is a focus on the unidirectional linear flow of knowledge from one domain to the other (see Figure 1).[49] This is the model that underpins the classic evidence-based medicine model and a large literature concerned with "translation gaps", "getting evidence-into-practice", "implementation" or "diffusion".

Figure 1. The linear model of KM



It assumes a unidirectional flow of research-based knowledge – from researcher to user. Knowledge is produced by researchers under tightly controlled research conditions and passed unaltered to the practitioners for direct use. Modification for local practice taints the integrity of the knowledge, rendering it opinion. Such adaptation is unacceptable and self-defeating.

This model allows for mechanisms to move the information which are not directly interpersonal. Examples from England and Wales include NICE and the NHS Institute of Innovation and Improvement. Dissemination is typically seen as a one-off event in which the researchers, having completed their project using sound scientific methods, hand over their findings to the

practitioners.[21, 50] The issue being addressed is information deficit on the part of the practitioner.[48]

More sophisticated versions of the model allow for findings to be "translated" to help users. This involves taking the same basic information and making it more user-friendly which can be done with the help of users themselves. The user needs to understand both communities and be able to translate objective scientific research findings into something that makes sense to a management community unfamiliar with the methods and language of science. No attempt should be made to change its substantive content.

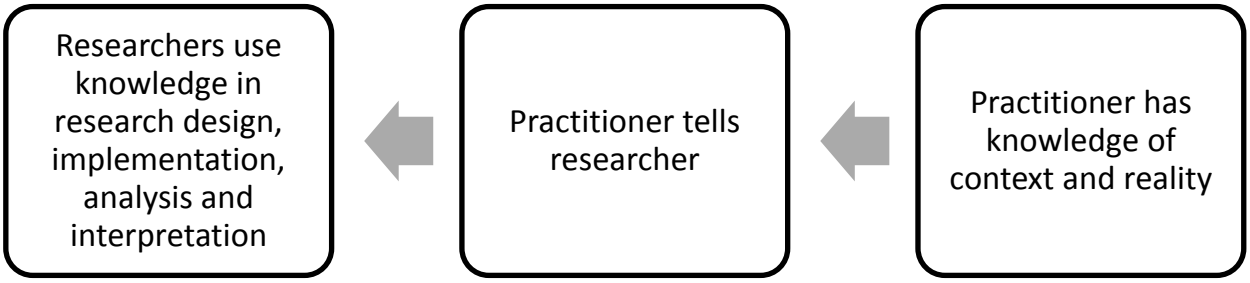
The idea of "exchange" does not feature. In this model, knowledge is simply transferred out of one environment into another for application. If featured at all, an interpersonal link simply is the means by which the knowledge is moved. The NICE Implementation Team fulfils this role.

One of the aims of the SDO Management Fellowship programme is to increase the capacity of users. At its simplest the aim fits with this unidirectional model, with the Fellow being the carrier of research between two locations. The Fellow is mandated to access research produced by researchers (or develop the skills to do so) and to take it back to the workplace for use.

2.2.2 The reverse flow model

Building on the first, a second model recognises that information flows or is carried in the other direction, from practitioner to the researchers (see Figure 2).

Figure 2. The reverse flow model of KM



This is the means by which the SDO Management Fellowships will achieve their first aim which is improving the relevance of research. The aim of this

flow is to give the researchers the knowledge they need to improve their research practice mainly around improved relevance. The purpose of this ultimately is to help researchers produce research which is relevant to practitioners in order to increase the likelihood of it being utilised. The research output remains produced and "owned" by the researchers.

The integrity of the knowledge is assumed. The practitioner provides facts about the NHS and the researchers adapt their approach accordingly. A practitioner may provide input on who are "key informants" in a particular area or provide access to materials, but the knowledge product is not changed to suit local purpose and the transfer of knowledge can be a one-off event.

2.2.3 Interactive and exchange models

The reverse-flow can be combined with the first model to produce two parallel processes that run side-by-side, with, in the case of the Management Fellowship programme, the Fellow carrying information in both directions. It is not commonly featured as a separate process in the knowledge mobilisation literature but it is often implicit within understandings of "exchange" models which see interpersonal connectivity as an efficient solution to a problem of dissemination and utilisation.[51] King *et al*. describe this as the "knowledge conduit model".[52] Typically the process is viewed as an ongoing process of interaction and exchange of ideas between researchers and practitioners.[24, 50]

Interactive or exchange-type knowledge mobilisation models are also called "partnerships models"[24] or "alliances,...collaborations, and coalitions"[53], as well as mode two.[54] Such partnerships come in a number of formats, the implications of which we find King *et al*. and Mitchell *et al*. attempting to explore.[24, 55]

Besides putting greater emphasis on the interpersonal and exchange aspects of knowledge flow, some models also expect the knowledge to change as a result of the interaction, rather than just transfer more efficiently. These models still assume two separate and different communities (researchers and practitioners), but emphasise the role of interpersonal relationships as a means of bridging those gaps and accept as legitimate and authoritative all sets of knowledge, ideas and values brought to the interaction.[56] For example, Davies *et al*. have been critical of terms such as 'knowledge transfer' as they reduce a complex multi-dimensional process of combining sets of knowledge and accounting for contexts to the simple linear model described.[39] They favour the term 'knowledge interaction' to describe "the messy engagement of multiple players with diverse sources of knowledge".

Together, the researchers and practitioners might co-produce a new set of knowledge which is based on a much broader acceptance of legitimate knowledge. However, what is produced ceases to be knowledge (evidence) with the legitimacy of science in which the evidence-based movement is so heavily rooted.[57] This may have practical consequences where managers seek to negotiate with clinicians who have a narrow definition of 'evidence'.

A summary of key differences between the linear and exchange models is presented in Table 1.

Table 1. Differences between linear and exchange models

Features	*Linear models*	*Exchange models*
Mechanism	Transfer	Exchange
Duration	One-off	Sustained, iterative
Timing	End of project	Involved in all stages of the research
Engagement	One way – research to practice	Collaborative, interpersonal
Methodology	Favours a positivist method	Favours a range of information and sources, including values and ideas
Knowledge	Knowledge is produced by research(ers) Research evidence is different (and better) to opinion and ideas	Knowledge is coproduced. Knowledge comes from many sources. Ideas are important.
Attitude to adapting knowledge	Research evidence should not be adapted for local implementation	Knowledge should be adapted for local use
Focus	Focus on the generalisable	Focus on the local context

The interactive, exchange or partnership model of knowledge mobilisation builds on the other two linear models. However, given the assumptions

about what constitutes knowledge and how it can be generated, the linear model cannot embrace the exchange model. The SDO Management Fellowship programme fits an exchange model although examples of all three models were found in the evaluation.

2.2.4 Beyond the individual

An important factor that is underplayed in all models is the environment in which the knowledge is expected to be used. There is also a literature that focuses on the social system in which the knowledge operates (see for example Greenhalgh[47]). A common theme in the management literature in particular relates to the extent to which the organisation can make use of knowledge. The idea of an "absorptive capacity"[58, 59], for example, is defined as "a firm's ability to recognize the value of new information, assimilate it, and apply it to commercial ends".[58] It is associated with firm-level prerequisites, such as "prior related knowledge, a readiness to change, trust between partners, flexible and adaptable work organizations and management support".[60] Parent *et al*. also suggest that an "adaptive and responsive capacity" is important to knowledge use in practice. This relates to the ability to learn, demand and generate new knowledge for the purposes of improvement. If this capacity is absent in the organisation, then the impact an individual Fellow has on the knowledge mobilisation is likely to be limited.

Understandings of how interactive models work in practice, and to what effect, remain limited. In the next section a summary of existing research concerning such programmes is presented. This is not intended to be a comprehensive review of such programmes but to highlight issues, gaps and overlaps relevant to the SDO Management Fellowships.

2.3 Knowledge mobilisation programmes

As part of the evaluation design a targeted review of formal literature and research organisation websites was undertaken to help identify existing research partnership programmes. This was intended to help build a conceptual model to assist explanation about why impacts occur or not, and to learn from previous evaluations. It was anticipated that identification of key features and explanations of their contribution to impact would support the transparent and robust analysis and provide a solid basis from which to consider the generalisability of issues and lessons learned in the evaluation of the SDO Management Fellowship programme.

There were a number of existing or past programmes which focused on improving implementation, using a collaborative approach, but few fitted

the model of the SDO Management Fellowships and fewer still were evaluated. Selected examples from healthcare are summarised in Table 2. These were selected to demonstrate the range and variety of programmes which are premised on the exchange model in the health field. There are many others not discussed because they have a different emphasis or insufficient description to bring useful insights. For example, many schemes funded by UK funding councils and economic development agencies have placed researchers with workplaces. Such examples include the Economic and Social Research Council (ESRC) Knowledge Transfer Programme (KTP) and Engineering and Physical Sciences Research Council (EPSRC)'s Industrial Mathematics KTP. These programmes seem to have not yet been evaluated.

Table 2. Examples of interactive-style knowledge mobilisation programmes

Programme	Place	Summary description	Evaluated?	Source
Quebec Social Research Council; CQRS 1992 Programme Grants	Canada	10 year infrastructure support for programme-based research partnerships.	Yes	(1, 25)
Partnerships for Better Health	Australia	Conceptual; provides three descriptive case-studies.	None found	(24)
NHS R&D Implementation Methods Programme, 2004	UK	Funded 36 projects mostly led by clinically-based researchers. Not all projects were interactive and the need for stronger links and greater interaction was a finding.	Yes	(61)
The Need to Know Project	Canada	Built on an existing relationship between Manitoba Centre for Health Policy and the provincial health authority, to help build collaborative research to improve health outcomes.	None found	(62)
The Quality Enhancement Research Initiative (QUERI)	US Veterans Health Administration (VA)	Established in 1998 and still running. Aims to accelerate research uptake by decision-makers. The programme follows prescribed steps.	Yes	(63)
Hospitalization, and Helpseeking Experiences of Diverse Ethnocultural Groups: Phases I & II (1998-2005)	Canada	Describes an "ongoing discourse of knowledge translation" with clinicians during the project.	None found	(64)
Unspecified	Canada	Compared the take-up of research reports on breast cancer	None	(65)

		prevention between practitioners, some of whom had helped prepare the report and others had not.	found	
Practice and Research: Advancing Collaboration (PRAC) Project	US	A mental health intervention for children, delivered through the Therapist Advisory Group (TAG) which is a team of clinicians and researchers.	None found	(4)
The Research Alliance for Children with Special Needs (RACSN)	Canada	RACSN "is a partnership of researchers from the fields of education, health, social services, and academia. RACSN is led by a community-based research program located at Thames Valley Children's Centre, and partnered with two local school boards, two social service agencies, and the University of Western Ontario". (http://impactmeasure.org/who.htm.)	Yes	(55)
Canadian Health Service Research Foundation (CHSRF) projects	Canada	Aimed at linking researchers and decision-making to facilitate "evidence-based decision-making in Canada's health sector". The paper reports on roles, activities and benefits to participants who engaged in CHSRF programmes.	Yes	(2)
Health Foundation Improvement Science Fellowships	UK	Designed for researchers (with PhDs and a research track record) who wish to develop applied health services research projects and develop leadership skills.	None found	http://www.health.org.uk/areas-of-work/programmes/improvement-science-Fellowships/
NIHR Darzi Clinical Leadership Fellowships (CLFs)	UK	For clinicians; emphasis is on developing leadership skills.	Yes	(66)
Commonwealth Fund's Harkness Fellowships in Healthcare Policy and Practice	UK-USA	Aimed at "mid-career" researchers and practitioners.	None found	http://www.commonwealthfund.org/Fellowships/Harkness-Fellowships.a

				spx
NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs)	UK	Collaborative partnerships between a university and the surrounding NHS organisations, focused on improving patient outcomes through applied research. Established in 2008, they run for 5 years.	On-going	(54, 67)

The Darzi Fellowships have been evaluated and found to have particular impact on the Fellow's themselves, with lower levels of impact on the Trusts. This is partly explained by uncertainty about aims, lack of engagement on the part of the employers, and variation in the support offered to the Fellows for - example. Slightly different again are the Harkness Fellowships which provide opportunities for individuals to spend up to a year in the United States. The Fellows undertake a research project alongside US health policy experts. These Fellowships do not appear to have been formally evaluated, but do have a reputation for accelerating the careers of the Fellows themselves. Within the CLAHRCs scheme, Fellows are NHS managers seconded from their workplace to work with research projects within the collaboration on a part-time basis. For example, the Nottinghamshire, Derbyshire and Lincolnshire CLAHRC funds 32 "Diffusion Fellows" (DFs) which are described as "knowledge brokers".[68] The Cambridgeshire and Peterborough CLAHRC have Fellows who work alongside researchers to review literature and prepare publications for example. Evaluation of CLAHRCs is on-going. Some of the findings from the evaluations noted in the table are referred to in later parts of this chapter.

2.3.1 Structural features of interactive and exchange models

Whilst evaluations of research partnerships such as those which the SDO Management Fellowships programme aims to develop are limited, there is a literature that helps identify features which might be relevant to a formative evaluation of such programmes. Mitchell *et al*., for example, identified seven structural dimensions of research partnerships in the context of health and social care.[24]

1. Whether the researcher is involved in decision-making or the other way round.

2. Whether the research topic is investigator-led or decision-maker driven.

3. The point or stages at which the decision-maker is involved in the research. Within collaborative models, there is an expectation for greater engagement across the research process.[24] For example, Gagnon states that the process should involve "active collaboration and exchange between researchers and knowledge users throughout the research process from identifying and shaping the research questions to collecting data and interpreting findings and disseminating and applying the results".[5] Campbell *et al*. suggest a number of roles and activities for collaborative working[69], from using research contacts as a sounding board for policy work to co-authoring papers. [69]

4. Whether the relationship relates to a discrete project or to a longer-term relationship which can involve a number of projects, or interactions, over extended periods of time. This has two elements: duration of relationship and nature of focus. It has been argued that extended relationships are beneficial as they support the development of trust and shared understanding.[24] Mitchell *et al*. conclude that discrete projects are "insufficient", but refer mainly to research centres and do not offer evidence to support the conclusion. Others recognise value in being able to provide practitioners with "actionable insights distilled from synthesis of findings from across studies".[7] Academic partners can also provide training, supervisions, consultancy, and support reflexive practice.

5. Whether the relationship is formal or informal (also voluntary or mandated). Mitchell *et al*. note that in social work, for example, many of these relationships are informal.[24] However, there are clearly a number of partnership-style interventions which seek to establish more formal relationships through funding arrangements, obligations for user engagement and so forth.

6. Whether the relationship is active or passive (see also [2]).

7. The nature of the linkage: "concentrated and specific"- relating to particular individuals, projects, activities etc, or "diffuse and heterogeneous" – widely spread networks. "This dimension is important in terms of the historical roots of the terms 'linkage' and 'exchange' in social network theory".[24]

"Research focused on how partnerships between researchers and decision-makers may facilitate knowledge exchange is in its infancy".[24]

2.3.2 Processes and dynamics of interactive and exchange models

Activities

There were examples in the literature of the sorts of activities that could be expected to be undertaken as part of researcher-practitioner collaborations. Table 3 provides a summary. These are simply listed here as a way of drawing attention to the variety and extent of possible interactions.

Table 3. Roles of practitioners and researchers in research partnerships (adapted from Campbell *et al*., 2009[69])

Practitioner roles	Researcher roles
Attend forum with researchers and policy makers to hear about research findings	Present findings at forum which policymakers attend
Invite researchers to give a research perspective in an area of policy development	Present findings at forum specifically organised for policymakers
Invite researchers to be an active member of a policy development committee	Participate in a policy development committee
Regularly use research contacts as a sounding board for policy work	Be used as a sounding board
Contract a research group or individual to conduct a research review or study	Conduct research or review research funded by policymakers
Act in an advisory capacity to a research team	Invite engagement with practitioners and listen
Contribute to the development of research questions	Invite engagement with practitioners and listen
Collaborate on a successful competitive research grant	Collaborate with practitioners in grant applications
Active membership of a research team	Include practitioners in research teams
Collaborate in analysis and writing up of findings	Collaborate with practitioners in analysis and writing
Author or co-author a research publication	Collaborate with practitioners in writing for publication
Assist in dissemination	Collaborate with practitioners in dissemination activity

Barriers and enablers

The existing literature was also helpful in identifying potential barriers and enablers to developing successful research partnerships. [1, 3, 70, 71] Many of the programmes refer to relationships between researchers and *clinical* practitioners[72], which may or may not be different.

Relevance and benefit to the participants is an important enabler. For example, an evaluation of the Quebec Social Research Council's (CQRS) partnership programme found that all respondents reported benefits to them as a reason for success. In particular, the programme responded to the needs of the university by providing additional funding opportunities, and training researchers in, or renewing their knowledge, of the field. It responded to decision-makers' needs by increasing the relevance of the work and brought together "different cultures". Having the researchers on hand improved the "receptive capacity" of decision-makers. The research had relevance because it was linked to wider policy concerns (saliency).[1]

Ross *et al*. also found that decision-makers were more likely to engage with the research team when the research questions aligned with their interests, but also where they perceived their contribution to be essential to the success of the project –for example, bringing local knowledge.[2] However, Denis *et al*.[25] reporting on the evaluation of the same programme as Antil[1] noted that neither researchers nor practitioners who had been part of a research collaboration "agreed with the idea that researchers should become involved in collaborative research within healthcare organizations with the whole aim of procuring easy access to field data, nor with the idea that practitioners should use research primarily to solve specific problems...it seems that neither researchers nor practitioners perceived themselves to be strictly instrumental to their counterpart".[1] Making a meaningful contribution drives practitioners. Bartunek too suggested that short-term relationships which focus on data collection may result in the practitioners feeling exploited.[38] Being able to help shape research questions is an important activity for some practitioners.[4]

There are a number of issues around running the partnership. Competing agendas between partners can also serve as a barrier to success[3] and need to be acknowledged and managed.[3, 4, 62, 72] Agreeing roles and expectations is a common recommendation[2, 4, 5] and as well as the provision of support to help participants achieve expectations.[2] One reason given for the success of the CQRS's partnership programme was that participants were expected to show measureable results.[1]

Against this, flexibility is also seen as important. Ross *et al*. conclude that individual partnerships need to be flexible.[2] One-size does not fit all; finding the right person for the particular role is key. Decision-makers are more likely to engage if the project suits their needs.

The right skills and attitudes are a recurrent theme in the literature. For example, it has been argued that researchers need specific skills to engage well in interactive research, skills which are often lacking.[3] Researchers need to develop skills in processing knowledge in a form that is salient to their practitioner collaborators.[64] Power differentials and researchers' "arrogance" are sometimes seen as problems.[73] By contrast mutual trust and respect are frequently reported as enablers.[4, 38, 62, 64, 72, 73] The issues of trust and reciprocity feature prominently in the management literature on planned collaborations.[74, 75] Willingness to learn about the other community is stated rarely[38], but would seem to be essential. Baumbusch *et al*. argue that practitioners face a tension in providing care within a socio-political context and can be helped through this by supported safe discussion with their researcher colleagues.[64] Building successful partnerships takes time and commitment.[2, 3, 73]

For researchers to take part in exchange models of knowledge mobilisation it is likely that they need to have accepted a broad notion of "knowledge". Bartunek[38] notes that concerns about academic rigour and violations to objectivity can be off-putting to academics – "If what is required is for researchers to do what policy-makers want them to do, then research may fail to fulfil one of its most important functions, namely to be objective, reliable and unbiased".[51] Ross *et al*. note that none of the researchers in their study identified this as an issue.[2]

Collaborative partnerships work best where there are effective links between researchers and practitioners. Partnerships need people to attend meetings.[2, 4] Bartunek *et al*. suggest a number of physical links between the two communities – web-based discussion boards, practice-focused meetings and conferences that take place over time.[5] Such activities give practitioners time to digest information and to identify gaps.[38] Baumbusch *et al*. describe how project meetings were used to feed back emerging findings for practitioners to action, and for practitioners to provide context which would assist interpretation of the findings. Kislov *et al*. describe such events and artefacts as "boundary objects".[67]

The nature of the organisation – its attitude to research, to change – and the ability of the organisation to receive and process research information

are also likely to be important. Currently, the literature on exchange programmes in health, rather than the broader literature on knowledge mobilisation, focuses little on this link. Baumbusch *et al*. argue the need to engage practitioners at the policy, programme and point of care level.[64] Gagnon suggest that all should "plan for collaboration with an explicit description of roles and responsibilities and a commitment to regularly assessing its effectiveness".[5] Ross *et al*. make the same point.[2] Practitioner organisations should "credit" participation in their performance evaluation systems and provide release for staff. (This is not based on evidence of success however). Individual practitioners are attached to others and the key to knowledge mobilisation impacting on organisational performance rests on "the transfer of knowledge to the location where it is needed and will be used".[35]

The supporting infrastructure is also relevant to the success of the research collaborations. For example one reason given for the success for the CQRS partnership programme was that the funding structures had contributed to successful implementation, as had the CQSR "effective and inspiring institutional leadership".[1] Mitchell *et al*. suggest that short-term funding does not support sustainable partnerships.[24] This is important if pay-back does not occur in the short-term.[3, 63] This has implications for recruitment and retention. High rates of staff turnover may destabilise relationships.[3] The challenge of recruiting frontline staff in particular is identified in the literature.[64] Ross *et al*. found that the less time decision-makers needed to be away from their normal job, the more likely they were to engage.[2]

2.3.3 Measuring impact

The literature includes little on measurements of impact arising from research partnerships. We mention two briefly here. King *et al*. developed a tool to survey participants of research partnerships.[76] It was based on "an impact model" which assumes that the functions of a research partnership are to generate knowledge, increase training in research, support knowledge sharing, encourage use of research, and increase positive attitudes to research.[53] The instrument included questions on the sorts of activities and outcomes that they expected to come from the partnership. Details of the Impact Measurement Programme can be found at: http://impactmeasure.org/measure.htm.[77]

The NIHR CLARHCs were setting up key performance indicators both nationally and locally. The Cambridgeshire and Peterborough CLAHRC for example, developed an approach influenced by the Canadian Academy of Health Sciences model for measuring return on investments.[78]

These measures were not designed for research collaborations of the size and scope of the SDO Management Fellowship programme or aimed at managers rather than clinicians. They tend to focus on larger schemes[25, 76], or at the system-level where "capacity building" relates to the number of trained researchers for example.[78] Despite this, the King *et al*. survey was used to inform our questionnaire (see Chapter 3, section 3.5).

2.3.4 Evidence of impact

Ross *et al*. report that the most cited benefit of collaboration in their Canadian study, mentioned by both researchers and practitioners, was that the involvement of decision-makers helped to focus the research on user application.[2] Researchers reported learning more about the context of decision-making, and found that practitioners were able to help them access sites. Asked for perceptions of impact, researchers gave slightly higher ratings for improved relevance of the research than did practitioners, and practitioners rated quality higher.[25] The paper does not say how these things were measured – i.e. how practitioners defined "quality" for example, or the process by which these impacts were achieved.

Kothari *et al*. reported that engaging practitioners in the discussion of findings and the preparation of the report improved their understanding of the limitations of the research and also made them more likely to talk about using the research in future services compared with those who were not involved.[65] However, "interaction was not associated with increased utilisation of findings in programs and policies within the timeframe of [the] study".

Denis *et al*. surveyed members of 21 collaborative research-practice teams as part of the CQRS scheme.[25] They found that members of both communities reported benefits in terms of increasing their own skill level, but not in terms of expanded – or new – networks. King *et al*. reported similar findings from their study of five community-university partnerships.[55] Even though the five projects included a range of "styles" of partnership, ovrall they "had highest impact on personal knowledge development", followed by "personal research skill development". "Organisational/group access to information and use of information" received the lowest scores. Practitioners who helped write the breast cancer prevention report developed better understanding of the limits to the analysis[65], which the non-participating groups did not. Other studies reported that practitioners become more reflective in their roles.

King *et al*. explain variation in impact by differences in "individual and organisational receptiveness".[55]

2.3.5 Costs

A few studies mention some costs to participants. Baumbusch *et al*. argue that developing and using the skills necessary to engage effectively with participants, preparing joint proposals and so on, requires additional time and therefore money.[64] Ross *et al*.[2] reported that participating in research partnerships carried costs for both the researchers and the decision-makers. For researchers, this was not only the direct cost of engaging with more people, but also the opportunity cost – time lost in writing for publication, or time spent on research projects that would not be considered worthy of publication. However, neither researchers nor practitioners thought that the costs outweighed the benefits. (See Ross *et al*. for a list of benefits and costs.[2])

2.4 Conclusion

From a review of the literature referred to in this chapter, it is clear that what is meant by 'knowledge' and what counts as 'research evidence' is contested. The interpretation adopted has implications for models of KM and we have argued that the model relevant to the principles of the SDO Management Fellowship programme is one of interaction or exchange. Features of exchange models have been set out in Table 1 and noted in section 2.3.1. We have highlighted messages from the literature on barriers and enablers to developing successful partnerships between researchers and practitioners. Factors include having relevance and benefit to participants, agreeing expectations, flexibility, the right skills and attitudes, mutual trust and respect, effective links, a supportive (workplace) organisation and supporting infrastructure. These will be shown to have resonance with the findings from this study.

3 Methodology

3.1 Aims and objectives

SDO commissioned a formative evaluation of the Management Fellowship programme. The primary aim of the evaluation was to understand the benefits (impacts) and challenges of the SDO Management Fellowships and so inform the future development of the programme. Reflecting the aims and objectives of the SDO management Fellowship programme, the evaluation sought to contribute to the evidence base on:

1. how best to improve the quality and relevance of the research projects through greater managerial involvement;

2. how best to build research capacity for assessing, appraising and using research evidence among the managerial community;

3. how best to promote greater engagement between research and practice communities in healthcare management.

These questions linked benefits of the programme to the formative questions of how to achieve impact. To address these questions, the evaluation sought to:

- describe the processes and dynamics of the Fellowships – issues of motivations, set-up, expectations, practice, issues, and lessons learned from the perspective of the participants;

- explore the impact of the Fellowships from the view of those who took part with particular focus on the three questions above, and to link this to processes and dynamics;

- identify lessons learned and make recommendations for future.

3.2 Design

The evaluation design was formative, both in the sense of focusing on process as much as outcome[79], but also with the aim of providing lessons for improvement. The evaluation was explicitly focused on the programme and not the Fellows or Fellowship; intending to draw out general lessons

informed by specific examples. A case study design was used which centred on Fellows. The approach was intended to be qualitative and participative and built in opportunities to feed back and validate tentative/emergent findings with participants.

3.2.1 Kirkpatrick's 4-level programme evaluation model

The data collection and analysis process was guided by Kirkpatrick's 4-level programme evaluation model.[80] The original uses four hierarchically-arranged levels to evaluate programmes, which mirror directly the questions of interest to SDO in the evaluation.

Figure 3. Kirkpatrick's 4-level programme evaluation model

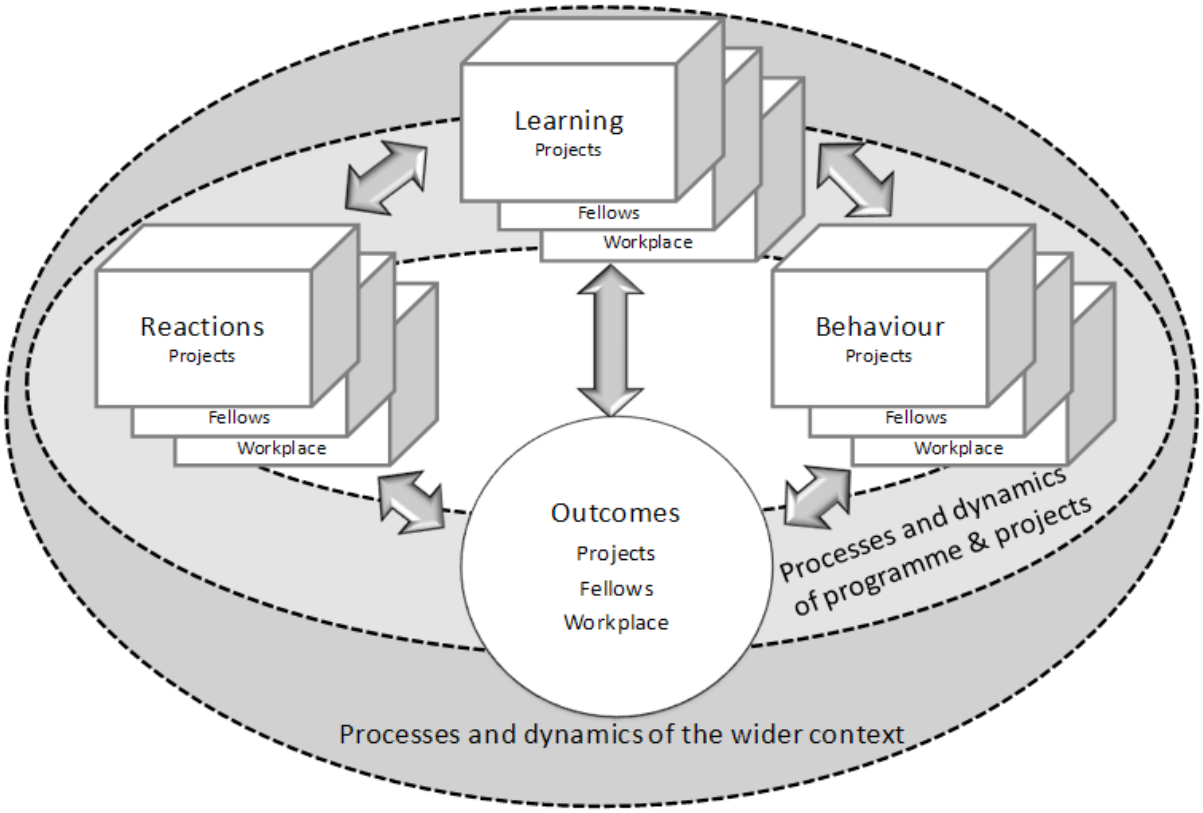
Level 1 is concerned with assessing the participants' "reactions" to the programme: for example did they like it and did they think it was relevant to their needs? Level 2 relates to "learning": for example did the Chief Investigators (CIs) learn more about what was relevant to NHS managers in the context of their work or did Fellows increase their understanding of research? Level 3 focuses on behaviour change – did they apply this learning to their practice? Level 4 is about results, exploring whether organisational performance is improved. Some models make a fifth level called "Return on Investment" (RoI). Both RoI and organisational performance fall outside the scope of this evaluation. Instead we interpreted Level 4 as the SDO's interest in "impact" - the achievement of the three

principal aims of the programme (relating to improved research quality and relevance, capacity development, and linkages, engagement and exchange; see section 3.1 above) as well as unintended outcomes.

3.2.2 Adapting Kirkpatrick's 4-level programme evaluation model

During early analysis of the data we found that the simple hierarchical model was not sufficient to capture the interrelations arising from our study. The final model used in the analysis is shown in Figure 4.

Figure 4. Programme evaluation model (adapted from Kirkpatrick)



Four key changes were required. The first was to rename "results" to "outcomes".[81] This change was designed to capture the idea that reactions, learning and behaviour change could also be termed "results" of the programme. Included within the new term "outcomes" is what the SDO term "impacts". The broadened term also allows attention to be brought to unintended consequences of the programme which would have been missed had the evaluation focused exclusively on the achievement of the three primary programme aims. The second change was to take the levels out of their hierarchy, as it was clear the outcomes of the programme were not

arranged linearly; for example, reactions could lead directly to outcomes. The third change was to recognise that impacts are not unidirectional but develop or accrue in any one of three domains of interest. A final change to the model was to make an explicit link between the results of the programme and the processes and dynamics of the programme and projects, and also the wider context.

3.3 Ethics and R&D governance

The NRES Queries Line deemed the study "service evaluation" which did not require ethical review by an NHS Research Ethics Committee (15/09/10). Approval was obtained from a relevant research ethics committee at Cardiff University (22/09/10). Research governance approval was obtained from all study sites. Participant information sheets and consent forms were prepared and sent to all participants in advance of interviews. Data were gathered in confidence and all individuals and places have been anonymised for presentation. Where gender makes an individual potentially identifiable (for example, in the case of the only male Management Fellow), this has been changed.

3.4 Setting, sampling and participants

The evaluation took place in England and Scotland. (A telephone interview was also carried out with a Chief Investigator without a Fellow in Wales).

Participants were included in the evaluation if they were or had been Management Fellows (MFs) at the time that the evaluation started, were the Chief Investigators (CIs) of projects with Fellows or were eligible for an SDO Management Fellowship, or were line managers (LMs) or other relevant NHS colleagues of the MF. MFs and CIs were identified through the SDO website and Central office. Line managers and NHS colleagues were identified by the Fellows themselves. All potential participants gave consent to be included in the evaluation.

In the interests of retaining anonymity we do not provide a summary of the contextual features of the cases. However, what we do present in Appendix 1 is a description of the Fellowships. This summary is not anonymised and is drawn from publically available information. These descriptions are not linked to the anonymised cases reported here. The projects with MFs were part of either the Management Practice or End-of-Life Care themes. These projects began between January 2009 and January 2010 and Fellows typically joined soon after the start of the project. The projects were of varying durations but the majority were expected to run for around three years. Most have had extensions and have report dates set for 2012. All but

one of the research projects in this study was primarily qualitative. The Fellows came from varying backgrounds and were roughly split equally between those with clinical and non-clinical credentials.

Documents were collected from MFs and CIs. These principally included the Management Fellows' application and project progress reports. These documents and others supplied by case study sites provided a background understanding of the particular case. The other aspect of documentation collation and review concerned the published literature. This was used to inform our analytic framework and guided our interpretation of the data and explanations.

All MFs (n=11) and CIs (n=10) were visited and interviewed face-to-face (10 sites) between November 2010 and February 2011. Interviews with the SDO MFs took place mainly on university sites, but were occasionally conducted in the workplace if more convenient for the Fellow. Interviews with the research teams and observation of the research teams also usually took place on university sites. The visit included observation of a research team meeting in eight sites. Access was organised through the CI. Three CIs from projects eligible for a Fellow but which did not have one were recruited and interviewed (by telephone) between December 2010 and January 2011. We interviewed 12 workplace LMs/colleagues in eight target sites. We adopted a lighter touch approach to the evaluation in one site to reflect the limited number of days the MF was assigned to the project. In this site data collection included collation of documents and individual face-to-face interviews with the MF and CI. In one site we did not pursue interviews with the MF's workplace manager since the Fellow primarily worked on a freelance basis. The interviews with the 12 workplace LMs/links included at least one from each of the eight sites. More than one interview was sought in sites where the line manager had changed during the course of the Fellowship or where there had been a change of fellow; and/or because other link managers had been identified.

We gained support from all nine of the CIs (all bar the light touch case) for the distribution of an online questionnaire to the members of their research team. Distribution took place in April 2011 and the survey remained open until late May. All CIs (or alternates) assisted in reminder emails to team members. In total, the link to the survey was sent to 69 members of project teams, defined as including all the applicants, researchers and others working on the research but not people who are only members of a project's advisory group. In total 32 replies were received, representing a response rate of 46%. At least two responses were received from each site.

Of the total responses, six were from CIs, 14 from co-applicants, 11 from research staff and one from the project manager.

Twelve individuals attended a consultation workshop on 30 June 2011. This included representation from a range of stakeholder groups ('old' and 'new' Fellows, CIs/or deputies, a CLAHRC lead) and four others submitted written comments. No line managers were able to attend. The evaluation team also attended meetings which included new Fellows who had joined the programme since the start of the evaluation.

3.5 Data collection

The face-to-face interviews with MFs and CIs, and the telephone interviews with relevant NHS colleagues were all semi-structured. Interview questions focused on motivations for taking part in the programme, set-up arrangements, experience so far, and views on lessons learned and improvements for the programme. These interviews lasted between one and two hours. In some cases short follow up telephone interviews were undertaken to explore specific questions or updates. With permission all interviews were audio recorded. These were transcribed.

Semi-structured telephone interviews were also undertaken with the CIs who are eligible for an MF but had not recruited one. Interview questions focused on their motivations and experience, opinions of the programme, and suggestions for improvements for the programme.

A member of the evaluation team also attended a research team project meeting in eight sites where field notes were made. This replaced an initial intention to spend a week with each team. The latter proved to be impractical because most of the Fellows were part-time and did not interact with their research colleagues in a way that lent itself to extended observation. The observation of the team meetings was designed to give the evaluators context and deeper understanding of the projects, to provide an opportunity to meet the wider team, and to get a sense of how the team and Fellow interacted in practice. The observation served to sensitise the evaluators to the cases and assisted in data interpretation.

An online survey was developed and administered to the research teams. This attempted to quantify some of the expected outcomes of the programme and elicit the views of the wider research team without imposing too great a burden on the research projects. The questionnaire was developed out of the aims of the programme, findings from the

interviews, and built on a similar survey used in Canada.[76] Questions explored whether the link with the MF was a new one, and level and nature of engagement with the MF. The questionnaire also aimed to rate the impact of the MF on research team members personally, on the project more broadly, and on the wider NHS. Open questions were asked about any improvements to the programme in future.

The original intention had been to administer a questionnaire to the MFs' NHS colleagues also. However as the evaluation progressed it became clear that this was not feasible as identifying the Fellows' colleagues who could provide meaningful input, and would be willing to do so, was difficult. Some Fellows did not have work-based colleagues. Others were in positions at work which meant that identifying relevant colleagues was impossible. Some were in new jobs, some were "roving", and some were not well embedded in their (NHS) organisations. At the time of the evaluation, NHS colleagues were going through particularly hard times and adding to the burden of their work by asking them to complete a questionnaire for the evaluation which did not have obvious benefit to them, did not seem appropriate. Instead, NHS colleagues other than the line manager were interviewed if appropriate. For example where one line manager had been involved in the set up of the Fellowship but another was now responsible for the Fellow, attempts were made to interview both. Additional interviews were a means of providing richer insight into issues from the employers' perspective. In particular, it allowed the evaluation team to capture better information on dynamics, challenges and sustainability of the programme from the point of view of the NHS organisations, resulting in more relevant and grounded lessons learned and recommendations.

The evaluation team attended SDO MF network meetings held at the NHS Confederation and ran a joint conference session with two Management Fellows and a line manager at the HSRN and SDO Network Annual Conference and Exhibition: Delivering Better Health Services in Liverpool in June 2011. The evaluation team also ran a validation workshop at City University on June 30th to gather participants' responses to emergent findings and to explore lessons learned and recommendations for the future based on participants' experience. Data were collected in field notes and recorded on flip charts.

Data collection instruments and supporting documents can be found in Appendix 2.

3.6 Analysis

Data analysis happened in two phases. The first task was to analyse the empirical data. The second task was to use the findings to draw lessons learned from across the programme and make recommendations for the future development of the programme.

Data from interviews and field notes were organised thematically using an adapted framework analysis approach.[82] This approach enabled descriptive analysis of each case study and identification of themes which appeared to cut across the cases. In keeping with a semi-structured qualitative approach, emergent themes were added to the template and matrix for subsequent analysis. The analysis process entailed: (1) development of a coding frame based on *a priori* themes derived from the evaluation questions and wider literature, and emergent themes identified through discussion within the evaluation team; (2) independent coding by the person in the evaluation team leading on that site, using the coding frame; (3) discussion of sites leading to the integration of themes and summary findings. Data from other sources such as a site visits, documents, and other meetings attended by the evaluation team were included in the analysis.

Data were analysed to address the main evaluation questions. Analysis focused on being able to describe participants' expectations, experiences, and opinions on lessons and future developments using the programme evaluation model adapted from Kirkpatrick (Figure 4). Analysis sought to look across the programme in order to draw out general lessons and recommendations for improvement, but also to add to understanding about how interactive models of knowledge mobilisation work or can be helped to work.

The data gathered from the questionnaire is reported using simple counts and summaries of open comments. Extracts are included within the body of the report and a full summary of responses is presented in Appendix 3.

Table 4 provides a summary of how the analysis addressed the programme aims. The shading indicates the primary focus of each theme so we see, for example, how capacity development most directly related to the MF and the workplace and how links extend from the MF to the research team and academic institutions and from the research team to the MF and workplace.

Emergent findings and the model were validated at meetings with the Fellows and other stakeholders where data were presented and discussed (see Appendix 2 for a copy of the slides used in the workshop). They were also reviewed by the project advisory group who represented the stakeholders, including a CI without a Fellow and a new Fellow.

Table 4. Summary of analysis focused on programme aims

Actor / ***Theme***	***Workplace*** *Manager or link*	***Management Fellow***	***Research Team*** *CI & team*	***Academic institution***
Motivations and set-up	- Reasons for taking part - Identifying and recruiting the Fellow - Establishing the Fellowship - Joining the project			
Improving quality and relevance of research		- What's occurring: processes and dynamics; results - Enablers/Barriers: NHS knowledge & experience, MF characteristics, mutual respect, timing & flexibility		
Developing capacity for and using research evidence	- What's occurring: processes and dynamics, results - Enablers/Barriers: MF selection, agreed expectations, sharing findings			
Encouraging engagement, linkage and exchange	links / links - What's occurring: processes and dynamics, results - Enablers/Barriers: existing linkages, congruence, support, connections, funding			
Costs	Costs	Costs	Costs	Costs
Lessons	Lessons learned, recommendations			

Table 4 does not include issues related to set up and motivations which are important aspects of the evaluation and to which we turn to next in Chapter 4.

4 Motivations and Set-Up

Before reporting on how the three aims of the Fellowship programme have been addressed, we review here the motivations of CIs, MFs and line managers for taking part in the programme and describe how the Fellowships were set up. Lessons learned are considered in the final section of this chapter.

4.1 Reasons for taking part

4.1.1 Chief Investigators (CIs)

All the ten CIs with Fellows and the three CIs without a Fellow were motivated by the belief that taking part in the programme would benefit their projects. For example, they anticipated that working with an MF would promote their understanding of context, enhance the relevance of the research, improve the credibility of research findings with end users, and help to disseminate research findings more appropriately and effectively. For example, CI Evelyn commented:

> *It's fairly straightforward really, the project has a theoretical dimension but it also has a practical dimension in terms of generating findings that will contribute to management practice... and having an end user ...on the project team from the get-go strikes me as very valuable... As an outside researcher...you're always kept at a kind of arms length from the organisation...and getting a kind of a fine grained, detailed feel for an organisation, how it works, an insider's point of view is very difficult... I'm finding that useful as well because they bring a different language, they bring a different mindset and even simple things like the layouts of reports or the language in which we discussed it, someone from an operational management position at the hospital is able to say not only that doesn't work for me or make sense to me but won't make sense to my colleagues either and also then explain why, so we can change formats, change wording, change layouts. I mean that kind of feedback is extremely useful.*

CIs spoke of how the notion of the programme fitted with their research ethos: "we always tried to convert any research that we do into practice" (CI Priscilla). CI Ashley thought the Fellowship idea fitted well with the project's "collaborative" approach, and others saw it as an opportunity for "developing connections with the service" more generally.

The principal reason why the CIs we spoke to did not take part in the programme was not through any lack of desire but rather because they were unable to identify and secure a Fellow in the time period available.

4.1.2 Management Fellows (MFs)

MFs were attracted to the Fellowships for a number of reasons and usually more than one. Some were interested in the content of the project and in what they, and their employers could learn. MF Debbie explained it this way:

> *The topic of the project was the pull for me. ... [It] was something I knew we didn't do very well... I wouldn't have agreed to do it, if it hadn't have been in something that I was really keen and that I knew we weren't very good at.*

Likewise, MF Hannah commented that "it was really, really appropriate for what we were trying to do in the PCT". Also MF Laura reported that she was pleased to be involved in a study that focused on a topic of immediate relevance to her professionally which she also thought was understudied.

Many were looking for opportunities for personal development. For MF Rosemary, her motives were "to sharpen up my understanding and involvement in research". MF Jocelyn also wanted to broaden her research skills.

In some cases the personal and organisational development were explicitly linked:

> *The academic side appeals to me, taking that time out and thinking. With the last two years I've felt I've been on...a guinea pig wheel, just going round and round and round and knowing in my head that there are things we can do about...the management system, but just not having that time to do that. So I feel a great responsibility...to come back with very pragmatic and easy ways of addressing the issues that are in the NHS. (MF Morgan)*

In other cases the MF realised that the employer had motivations beyond her own development: "one of our key reasons was to cosy up, or be closer to the Santa Rosa Institute".

Some of the MFs felt they were at cross-roads, or were looking for a new challenge (MF Debbie), or simply wanted to do something other than their current job (MF Lesley). MF Natalie saw the Fellowship as:

An opportunity again to sort of revisit some of my research skills, learn a little bit more about that, put a toe in the water in terms of a research academic environment, because again I was thinking through what am I gonna do at the end of my [contract]? And I'd always intended teaching, that had always been my plan.

It was also seen as an opportunity to develop their CV:

I felt it would be good for me...career-wise in terms of my CV as well, to be able to add on a 2 year part-time Management Fellowship attached to Mooretown University which has got quite a good reputation. (MF Laura)

4.1.3 Line Managers (LMs)

The motivations of LMs are critical to the success of the Fellowships as they sanction the release of the would-be Fellow. MF Morgan explained that her manager "had reservations because of losing an operations manager for any length of time…has an impact on the service". She emphasised the importance of "making sure their line manager is 100 percent on side". One eligible CI was unable to recruit an MF because the line manager would not release the would-be MF. Another MF found it difficult to get release to work with the research team.

In addition to concerns about losing staff time, a primary concern of LMs seems to have been the perceived relevance of the research project. That was an important factor determining organisation involvement. One LM was clear that she expected the release of the MF was only possible if it benefited the Trust:

I think what's really important is that clearly anybody who we support to undertake [the Fellowship] there is a clear expectation that that individual will both benefit themselves and benefit the organisation particularly, as I say, we're not in a position, the health service today, to carry individuals just for their own personal benefit. (LM Liz)

Other LMs supported the Fellowship because it was aligned with the interests of their organisation and they expected to benefit from it. As with LM Liz, even if they saw benefit to the individual, most LMs saw the primary motivation for organisational involvement as benefit to the organisation. In most cases it was through direct learning from the MF.

MF Hannah's more recent line manager, Vivien recognised that the project was an opportunity to find out "about the ways we could do things better". Likewise LM Sarah at Crestline NHS Trust: "I was thinking well that's fantastic because maybe we'll get some sort of evidence that we can actually use". LM Will at Robson PCT explained:

> *From the outset the big advantage perceived of Natalie's involvement was when she came back to impart that knowledge and experience for our benefit...[We were] desperately wanting to find a new way to take the business forward and then, I suppose, it culminated in the opportunity for Natalie to get involved with this Fellowship and take new learning from it all really.*

Other LMs saw the Fellowships as an opportunity to develop links and future activities with the university. LM John at Cottcrest NHS Trust, for example, viewed the Fellowship as "an ideal opportunity" to "establish working links with academic departments in the university" which was something they had "struggled with" in the past. Although he recognised that it was "an opportunity for [Jocelyn] to develop her research career", his primary reason for supporting the MF was an expectation:

> *that we would begin to see jointly developed applications for research funding, for which we would then be eligible for other sources of revenue that would enable our department to develop and grow. And that was the whole purpose of supporting this post in my view. (LM John)*

LMs recognised the benefit to the individual MFs, but mostly this benefit was subordinated to the perceived needs of the organisation. In the case of MF Lesley this seemed to have been reversed. Catherine, the workplace link for Lesley recognised that the Fellowship was a way of moving her out of a job that she did not enjoy. She spoke of it as "a brilliant opportunity for her as an individual" but also as being "of benefit to the Trust".

4.2 Identification and recruitment of the Fellow

4.2.1 Formal-informal selection processes

The process by which Fellows were identified and recruited varied by site along a formal-informal dimension. Informal identification and recruitment processes were characterised by the use of known connections and serendipity. Formal processes entailed some form of application and interview process.

Mooretown University adopted a formal approach. They were open to recruiting a Fellow from any of the research study sites. They advertised internally with the help of link contacts within the participating Trust, undertook briefings for interested staff, asked for applications and held interviews. This process yielded few applications and was time-consuming, but remained the CI's preferred approach.

MF Debbie's line manager, Demelza, told of how the CI sent an email to the division which she then forwarded to the clinical nurse managers. MF Debbie was one of a small number who put themselves forward to the LM:

> *There were a number who expressed an interest, but then when I discussed it through with all of them individually, Debbie was the one that convinced me most that this was going to be the right thing a) for her but b) the right thing for the service as well.*

In this case the workplace was instrumental in Fellow selection.

Internal lists were commonly used to advertise the posts. Jenny, Lesley and Debbie found the opportunity this way. MF Lesley initiated her application in response to an email circular from a Director. However, Lesley only came across the email by luck as she was no longer required to be on that circulation list. She thought the recruitment process was "a bit hit-and-miss" and "not very satisfactory". Lesley's CI Valerie was aware that because time was short "we knew we couldn't do a proper process". In a number of instances, Fellows happened upon the opportunity by chance.

With more informal approaches the MF was known to the research team and recruited without any formal process. For example, MF Jocelyn was recruited though personal connections:

I don't know if Jocelyn mentioned that she's married to somebody who works here? So we've met her already socially.

MF Lindsay was identified by one of the co-applicants who had worked with her before and the CI trusted their judgement. Lindsay explained that the co-applicant had emailed her to ask if she had seen the call for Fellows and was she interested? However, despite this informal initial approach, the sponsoring PCT "had to create the post, they had to advertise, I had to put an application form in. The [co-applicant's] written me a reference, I had to be interviewed and then I had to take my passport and driver's licence and utility bill into HR to prove that I am who I say I am and go through occupational health". This process was partly necessary because at that time the sponsoring organisation was not the MF's formal employer.

In other examples, the MF was not known personally to the research team, but someone else in their network. CI Ashley described how Laura was identified and recruited:

It was against the background of having quite good links already with the Department of Health and it was... through them that we were introduced to Laura. Laura came and we met with her and decided that we thought that we could work together and that she seemed to us to be a very strong candidate and so we decided it was worthwhile pursuing the application without a very clear idea of exactly what she was going to do, but feeling quite confident that whatever it was it would be interesting and could be worthwhile.

When Laura had originally seen details she had assumed that she was not an appropriate candidate because she was not a researcher.

Another site advertised the post but did not get applications so recruited someone who was working closely in the study area and who had expressed an interest before it was advertised formally. MF Susan was also recruited through existing connections between the university and workplace. The advantage of the informal approach was speed. This was seen as particularly important given the SDO's tight deadlines and a need for a quick turnaround.

MF Rosemary was identified after a conversation with a target organisation's Chief Executive. CI Ruth explained the process that led to Rosemary being identified:

> *We put out a lot of feelers to a lot of organisations...we didn't get much feedback. I think the reason we didn't get much coming back to us was because it was necessarily rather vague. So then we went more specifically targeting people. We initially had our conversations with [name] Chief Exec and she identified Rosemary as probably one of the best people to work with us…I think our biggest challenge was identifying someone at the beginning…and I think also because the timescale was quite tight.*

In this quotation, three of the common challenges are noted, namely the vagueness of the proposition, the challenge of identifying someone appropriate, and the tight timescale. Any advertisement for a Fellowship was necessarily vague as the detail is worked out through discussion with the MF, their workplace and the CI, rather than set out in advance. In this way the project team is able to draw upon the MF's particular strengths and interests and respond to the workplace expectations.

CIs complained that the SDO's processes did not help them recruit Fellows. Timescales were short for the projects and long for the SDO who approve the Fellowship. The difficulty here is that it is not until after the Fellowship has been approved that backfill can be explored and arranged. If the project and Fellow do not wait for SDO approval they risk having to discontinue the Fellowship once it has started informally.

Other challenges to identification and recruitment are noted in the section below.

4.2.2 Difficulties in recruitment and lack of choice

Recruitment was difficult on the whole. For example, CI Ian explained that "we talked to one or two people and they were … not very interested". CI Ashley advertised the position and did not receive any applications. Likewise, CI Evelyn advertised in all the Trusts participating in his study and had a response from just one.

Possible reasons for this were expressed by a CI who was eligible for an MF but failed to recruit one:

We were keen to do it. The problem for us really was that it's a primary care based project and the PCT...were sort of in meltdown pretty much... I think the problems that people were facing in terms of hanging on to their jobs really...made it very difficult for us to find someone... [Also] at a time when the organisation is going through absolutely fundamental reform...you need all hands on deck,..especially when other key people are rushing for the exits. (CI without MF #1)

This reflects a perceived difficulty in recruiting people from the NHS organisations during times of significant change. CI Sally pondered on the likelihood of organisations releasing their "best" people and CI Valerie wondered, "given the uncertainty currently in the NHS, who's going to pull out of a career track for a year quite happily and still be confident that they'll be able to go back?" One of the CIs who had not been able to recruit a Fellow made a similar point about the potential MF's uncertainty about pulling out of career track. This CI also raised the issue about the organisation's desire to hold on to key individuals during times of change.

They were very keen for the opportunity but in neither case would their manager support it... Now a lot of it was because of reorganisation within the NHS... People were very nervous to go on any kind of secondment... All she [line manager] could see was a loss of some of the time of a key...person in her team at a time of great uncertainty and she didn't want the money, because she didn't know what she'd do with it. She wanted him. (CI without MF #3)

This points to the worry that some key individuals may not be substituted and suggests that their local knowledge and expertise is difficult to replace on a temporary basis. The CI interpreted the workplace failure to support the release of managers as "symptomatic of the whole problem", a reference to her perception that within the NHS management community research is seen as very much peripheral to core business.

In some cases, CIs did recruit MFs, but not their first choice:

I had somebody in mind to be a Management Fellow and we tried to get that off the ground... but that application didn't come off because they couldn't be released for the time in the period, and I think that was quite a loss really....the Trust was...going through phenomenal change... I do think it's a great shame that didn't come off. (CI Sally)

Whilst an appointment was made the CI remained disappointed that the MF did not have the skill-set she had originally hoped for. However, other CIs who did not get their first choice were happy with the outcome. CI Evelyn was open in who he recruited and was ready to adapt the role to the nature of Fellow recruited. Some CIs expressed determination not to recruit just for the sake of it:

If we hadn't had found a suitable person, we wouldn't have appointed somebody because we didn't want an extra passenger on board the project if you like. (CI Melanie)

Despite many difficulties, in the main CIs were satisfied with their Fellow and some were very impressed.

4.2.3 Securing release

A recurrent theme in the setting up of the Fellowships is the issue of getting release from the employer. The ease by which this was achieved varied. As already mentioned, some CIs did not get their choice of MF because the initial candidate did not get permission from the workplace. One Fellow struggled to engage with the project because she was constantly expected to address an urgent service need.

Some line managers were clear that they found the idea of seconding staff difficult:

You can't be out for three quarters and in for a quarter...Or out for three days a week and in for two … well, all of the operational management roles are target driven, finance driven, people management driven and so requires that level of overseeing that you can't just dump on somebody else. (LM Liz)

Others were more willing to risk losing a member of staff for the potential benefits:

As long as you're satisfying yourself that you can manage the risk of losing the person, which we just about did, but because it presented a development opportunity for someone else actually at a lower grade the benefits outweighed the risks really because it was … if Natalie was going off on a secondment in an unrelated area it would have been a bit different, but it was such a priority we felt

and so key to our success this whole quality improvement agenda, then really I personally convinced myself that just by hook or by crook we've got to find a way around filling for her because the organisational gain from this experience for Natalie would far outweigh any risks to us. (LM Will)

4.3 Establishing the Fellowships

Once a Fellow had been identified and recruited (including negotiating release from the employers), the detail of the Fellowships was developed. Typically this process entailed discussion between the CI and the MF, and broader discussion with someone from the workplace organisation.

4.3.1 Negotiating the Fellowship

Initial discussions between the CIs and workplace were typically at the general level with the more day-to-day detail evolving during the course of the Fellowship. There was a range of levels of engagement with the workplace, with a few projects reporting planning together, but more examples of line managers being somewhat vague about the detail of the Fellowship. We note four responses – shared planning, evolving, semi-detached, and being vague. These are not mutually exclusive: the planned approaches reflect initial processes and within this, the detail of the Fellowship evolved over time. In other cases, the Fellowship might have been planned with one person and understood but vaguely by another. What is interesting here is the extent of workplace involvement. (See also Chapter 5, section 5.4.4).

Shared planning

Some CIs met with workplace colleagues to establish the Fellowships:

I went and talked to [Chief Exec] and MF Rosemary and then we came back with ideas and then went back to them and then we batted a kind of draft proposal between us and I think we met with them again and that's how we worked it out really.... (CI Ruth)

Likewise, CI Melanie reported "thrashing" out a plan with the MF, her LM and other members of the research team; LM Demelza reported that at the outset "Debbie and I had a series of meetings with the research team over a couple of months" and she noted that "the negotiations were not difficult because of the team we were meeting with".

Evolving

Others commented on the role emerging over longer periods of time. MF Susan spoke of "on-going negotiation" and how the activities of the Fellow were discussed at research team meetings and the details worked out separately with Hilary (co-applicant and mentor). CI Sally spoke of the evolutionary nature of the role:

> *We always have the idea that it would be quite evolutionary you know. They were new and that, as things emerged, you know, we had the idea that we had the freedom to evolve you know those Fellowships in ways that might not have been apparent.*

She did also comment that because the first choice of MF had not been secured, the Fellow's role was "possibly a less thought through Fellowship than it might have been" as she had a clearer notion of what she wanted from the original type of Fellow.

Semi-detached

Some CIs did not mention negotiating with the workplace directly. In some cases this was because the negotiations appeared to have been handled by the Fellows themselves. Having secured the secondment these Fellows appeared to have had a high degree of autonomy. The other side to this was a sense of exclusion on the part of some line managers. In one case this apparent lack of participation was perhaps explained by a change in line manager in the period of the Fellowship. The new line manager thought that the expectations could have been made more explicit at the outset: "what would have helped would have been a more formal understanding with all parties about what was expected and how it would work". However, he admitted that "maybe that was established at the beginning...I don't know".

LM John at Cottcrest NHS Trust had not initiated the discussions or been directly involved from the outset. It was the MF who approached him with the plan: "I can't honestly remember how this project came up. Whether it was because of her contacts that the opportunity for her to be involved in it came about. Certainly it wasn't through my initiative in terms of contacting people".

MF Lesley's workplace link and mentor, Peter, also claimed not to have seen proposals about the Fellowship:

I don't think I ever saw a spec or... briefing about, you know, this is a Fellowship, these are the options, this is how long it is, this is how it's funded, these are the aims and objectives....

He reported that the Fellowship was supported by the Chief Executive but he thought that "no-one else had been involved in the discussions initially".

LM Sarah had an understanding that the project fitted with a workplace development need but was hazy on the detail:

I'm not sure that [the expectations] were very specific, but it was certainly around the stuff that Sue's been looking at, you know, around patient and public experience... I'm conscious that it's something that we're not very good at and haven't done much of, so I suppose my expectation was that she, that Sue would come back with some stuff that would actually help us to do that.

Vague understanding and different interpretations

Both CIs and LMs complained about a lack of clarity about what was expected. MF Lesley's workplace colleague who was also a member of the research project team described the expectations of the MF as being "a bit wafflely". It was apparent in our interview data that there was a certain lack of clarity or differences in interpretation between CIs over what was allowable activity for Fellows within the programme, particularly regarding their contribution to data collection. In one case, their initial plan for the Fellowship included the Fellow doing some research. The feedback from the SDO indicated that this was not appropriate although from the CI's perspective it was a "genuine attempt to involve somebody".

Two CIs made explicit reference to the care they took not to 'exploit' the Fellow:

One of the difficulties of this role I think is that it could be easily incorporated into as an extra pair of hands in a kind of leg work sense. And we've been very careful not to do that. (CI Priscilla)

We made sure that it was clear that Jocelyn wasn't taking responsibility for conducting any of the research. (CI Sally)

MF Lesley spoke about a lack of shared understanding of the role between the CI and workplace link:

I think she [Catherine] was clear that I need to be doing research and Valerie was saying well first of all the SDO doesn't want that. But secondly, she, clearly she was thinking of how is it contributing to the research project rather than sort of free standing kind of piece of research in its own right.

CI Valerie thought that the MF Lesley's employer had not thought about "how they could get maximum benefit":

It was headless chicken time at that Trust, quite honestly... And I don't think that anyone was concerned enough to actually try to make it work. As far as they were concerned, they were probably quite happy that Lesley was being paid for a year.

The MF embodies sameness and difference – the bridge between the two communities that are different to one (the researchers) and similar to the other (NHS colleagues). However, the Fellow cannot also be too close to the practitioner community. For example, in one case the Fellow could not undertake active data gathering because they were considered too close to the practitioner community under study.

I mean I'm conscious we haven't really pushed her much as she might have wanted to actually do the research and do the data gathering but, as I say, I think we felt that was probably not appropriate... Had we been doing the work outside Camino that wouldn't have been so much of a problem but I think doing it in Camino and knowing that she knew everyone, which she would do and people in Camino it's quite a close knit community, I think we thought that was going to be too risky, it might corrupt the independence of the research. But, as I say, had we been looking at sites elsewhere then we could've been more relaxed about that, so I'm conscious maybe that's not been ideal for her, had she been wanting to acquire research skills. (CI Kerry)

4.4 Joining the project

4.4.1 Timing

When to start the Fellowship was another negotiated decision which was easier in some cases than others.

For some Fellows the timing of the Fellowship opportunity was fortuitous. For Hannah, the timing was good as she had just had her review and the project and Fellowship fitted well with that. Similarly, Debbie indicated that she had recently spoken to her line manager about needing a new challenge: "I actually thought, that's something I've spoken to her... about a month or two before saying I actually needed a new challenge".

In some cases Fellows were able to time their Fellowship to fit the needs of the service calendar. For example, CI Evelyn described how the MF would join the project full-time after the winter, the winter being an exceptionally busy period. This sort of flexibility was appreciated by some of the Fellow's colleagues and allowed MFs to join the projects at a time that suited them. For example, Laura used a long delay between appointment and the start of the Fellowship to explore other opportunities to run alongside the Fellowship.

Some CIs thought the timing of the Fellowships could have been improved. One project engaged in a long discussion with the SDO over the appointment of the Fellow, and others complained about delays by the SDO alongside the demand for rapid responses from the research teams. This meant that some individuals started with the projects before they officially become Fellows. The risk associated with this has been noted above.

Further issues related to timing and flexibility are addressed in Chapter 5 (5.4.4).

4.4.2 Administrative issues

Sorting contracts and payments for the Fellow was not always plain sailing. MF Laura waited about a year for a university contract and MF Lindsay was not paid for as long:

> *It was just really quite terrifying here and I could not shift a boundary, I mean 'this woman is not being paid'. So there must be a lesson ... in there – ... maybe they just didn't understand just what this hybrid role was. Somebody needs to think about that because I think it's a fabulous innovation for researchers but you need to help people with the contractual side of it, some advice about what's going on. (CI Priscilla)*

Another CI talked about the need for some "jiggery pokery" around managing the contracts within her university. To address university processes they had "to make [the Fellow] a visiting fellow to the Business School" as this ensured her email and library access. CI Melanie commented: "Because it's an unusual kind of appointment, institutionally it's a little bit challenging".

Not all teams reported issues with pay and contracts. Other administrative issues were noted including NHS firewalls preventing the easy sharing of documents (CI Evelyn).

4.4.3 Meeting training and support needs

The Fellows' training and support needs were met in a variety of ways including attendance at formal courses and lectures as well as more informally through contact with the CI and other members of the research team. This is covered in greater detail in Chapter 6, section 6.3.1.

One of the Fellows was formally registered for a part-time professional doctorate. In addition to some formal training such as access to MSc modules on research methods, and informal training akin to coaching, a number of other informal mechanisms of support were mentioned. The MFs were not always able to take up the opportunities because of work commitments:

> *It was always open to me if there was a course going on, for instance, that I could sit in on..., and work stopped me doing that, really. I could have taken more advantage, uh, of that (MF Hannah)*

MFs reported feeling supported and valued by their research colleagues. Some had team members who acted as mentors, and others built good relationships with team members. For example, MF Hannah reported that the team directed her to readings and the research fellow (RF) lent her books. All MFs attended team meetings. In some cases, a more systematic approach was used in the early days. For example, co-applicant Harold, who provided most support from the research project to MF Debbie, initially held a half-hour meeting every morning. Natalie also met with the CI co-applicant at least monthly.

MFs Hannah and Jocelyn shared offices with a researcher on the project, and others such as Laura shared with the CI. CI Melanie thought that MF/RF office sharing created reciprocal benefits:

I think that's been a major benefit actually having her in the same room as Robert because, you know, they talk a lot about the context... Hannah is able to contextualise all of what Robert is seeing, so they do that often quite informally in discussion because they share a room. ... I think that opportunity to interact is good".

In many cases, MF support was not formalised but instead relied on the research team's approachability:

She knows that she can approach any of us... we operate in a very non-hierarchical way in our research project and you know hopefully Hannah feels free to talk to any of us about all sorts of issues. (CI Melanie)

I haven't put in place any structured support or anything and I don't particularly think she'd want it to be honest. Um, but I also do feel that there's sufficiently good relationship that if she wanted to ask about something or there was an issue or anything, she would just come and say. (CI Ruth)

CI Ashley made a similar point: "so far, we've suggested if she wants to get involved in research training at any time she's welcome to do that and she's done a little bit of [Nvivo]...with Jason". However, he was also explicit that they did not see providing a research training post as part of their role.

The Fellows themselves mentioned the desire for peer support (for example, to support the transition into the Fellowship role) and more problem-focused SDO network meetings (see Chapter 8, section 8.3.4). One commented that she felt the Fellowship aspect of the Fellowships was missing. Part of this was attributed to the fact that Fellows were spread out across the country. Some CIs and MFs also complained that accessing meetings, conferences, and so on for the Fellows as difficult as there was no budget for them (see Chapter 8, section 8.3.4).

4.5 Lessons learned

4.5.1 The need to articulate and agree expectations

The findings indicate a need for the motives for taking part in the programme to be clear and thought through, by all involved – Fellow, CI and workplace. In negotiating how the Fellowship might work out in practice, three-way discussion is also needed. Workplace colleagues expressed most uncertainty. The need for clarity about intentions was noted by LM Wendy who commented that "I think what may have been useful was to have some kind of clear, written remit at the beginning". Workplace link Catherine felt that the role should be "very much more workplace driven". Having a clearly articulated plan could help reduce the confusion when a new line manager assumed responsibility for a part-time member of staff. It was important to gain broader employer involvement beyond just the LM and the CEO who signs the formal application.

The SDO have a role to play in clarifying their expectations for participants. Catherine thought "there could be clearer guidance" which she thought should have come from the SDO, which set out "what the expectations are, because and my memory is that that was a bit woolly". However, she also recognised benefits of a broadly defined programme "because then you get more diversity rather than if we had everybody cloned to fit a particular structure". Her colleague Peter also would have liked "to have had more accessible or easily digestible information about the scheme". He explained that he had not had sight of "a briefing" which set out "this is the Fellowship, these are the options, this is how long it is, this is how it's funded, these are the aims and objectives of the Fellowship". In his view this should have been provided by the CI or a co-applicant.

4.5.2 The value of progress review

Only one respondent noted that there is no review process or any formal way to change the Fellow if they were not working out. A number of LMs changed during the Fellowship and did not feel part of the process. LM Vivien for example felt that he lacked "understanding... about what was

expected and how it would work" and was uncertain if it had been established before he took on the Fellow's line management. This reinforces the need for a more formal articulation of roles and expectations but also the need to review the Fellowship at critical points to address issues of "ownership" and continuing support:

The change in director has made a difference because you see it's ownership isn't it? You see, it wasn't in...my [review] meeting with him, that we decided to go this way, so he hasn't really got any ownership, of this project, and it's not his, it's not his thing either...I wouldn't say he's not supportive but... it doesn't grab his imagination, whereas my previous manager it definitely did (MF Hannah)

4.5.3 The importance of careful selection

Turbulent times within the NHS meant that individuals were wary of taking secondments and organisations were reluctant to release key individuals. This raises a question about whether the most suitable candidates can be released.

Workplace colleague, Peter was of the opinion that the organisation should have thought more about their motivations before agreeing to send someone on the Fellowship. He reflected that they should have thought more about: "what sort of person are they, as opposed to well, actually, we're kind of solving a problem with an individual person by sending them off on a Fellowship". Without careful selection, the Fellowship could be undertaken by someone who would not fulfil the organisation's expectations.

Formal recruitment processes take time. Informal approaches depend on networks – knowledge of appropriate candidates. This speeds up recruitment but may reduce scope. There is then a need to fit the aspirations of the Fellows and line managers with the project. We explore this point more fully later in the report.

One CI without a Fellow suggested a more formalised mechanism for linking potential managers with projects:

It would be great to have a list or register or a web site where NHS managers who are interested in becoming Management Fellows might sign up or be listed, so that as well as relying on one's own sort of personal chance acquaintances, one could actually, you know, look through a list. (CI without MF #2)

The SDO also have a role in making the process less onerous and time-pressured for projects.

4.5.4 Knowing that arranging and managing cover is difficult

Added to the difficulty of identifying and recruiting a good Fellow, arranging suitable cover was challenging. LM Liz did not think backfill was possible for an operational management post. LM Demelza explained how the MF's seniority had created cover challenges and commented that another time she would "think more carefully about whether someone of Debbie's seniority would be the best person for the organisation, given how much upheaval it has caused in terms of management cover". She concluded that senior charge nurse level, in her opinion "would be absolutely ideal... So we'd still have the breadth of experience, but not necessarily the seniority".

In future, LM Vivien would want to be sure that the organisation could "come up with a practical plan for how to release the person's time that we were reasonably comfortable would work okay". Other solutions included persuading the organisation that the Fellowships provide a low-risk opportunity to grow someone else into the post.

4.5.5 The need to provide support

The value of informal support – from an open research team and from office sharing – was notable. However, the reliance on the Fellows themselves identifying their training needs might be less helpful. Additional resource to support the Fellow would also be welcomed by the projects.

5 Improving the Quality and Relevance of the Research

5.1 Introduction

The first aim of the SDO Management Fellowship programme is "to improve the quality and relevance of the respective funded research projects through greater managerial involvement". In this chapter we address the question of whether the SDO Management Fellowships achieved this aim, and if so how.

The chapter is structured into three main sections. The first looks at meanings of the term "quality" as applied to research and its "relevance" and proposes an interpretation for the purposes of this evaluation. The second section reports findings from the evaluation relating to improvements to the quality and relevance of research and barriers and enablers to MFs' contributions. In the third section, we report on the main lessons learned.

5.2 Definitions

Definitions and measurement of "quality" and "relevance" were not set out by the SDO and both terms are open to interpretation. Regarding "quality", there is a lack of consensus on the specific standards for assessing the quality of research. In the language of the Research Excellence Framework (REF) and the Research Assessment Exercise (RAE) before it, within a peer-review process quality is related to judgements of "originality, significance and rigour". High quality research is deemed to be that which is new, novel or advances the field (original), undertaken meticulously, thoroughly (with rigour), and is focused on issues of importance (significant). A number of other aspects of quality may also be highlighted including the extent to which the research is theoretically located, informed by the literature, is replicable, and reported in a transparent and comprehensive fashion.[83, 84]

In understanding "relevance", we must ask, 'relevant to whom?'. In this study, relevant research would address research questions of interest to the NHS management community. In that relevance relates to significance, there is overlap between these terms and Hammersley for example argues that relevance is part of quality.[85] Interestingly, this relationship was observed by one of the CIs in interview. In being asked about how the

Fellowship programme might improve the quality of research, she commented:

> *Well, it depends what you mean by quality here, because if you mean academic quality, I've got no doubt that we could do that on our own... In terms of relevance though, as a quality criterion, then ... how you achieve that I think is problematic... Relevant for whom?... In that this was about how managers use information, it was particularly appropriate to have a manager who is both a creator and a user of information and actually in the study, as part of the team. (CI Valerie)*

Putting aside the complex issue of measurement, our principal understanding of this aim relates to exploring how the Management Fellowship programme contributes to making the research more relevant and credible to the NHS management community as well as enhancing the rigour and validity of data collection and analysis (which would include the development of apposite concepts and explanations of findings). Our focus is thus on relevance and aspects of rigour. We do not look specifically at the originality of the research and only at its significance in relation to relevance. Indeed, we note that in terms of the originality of the research question and its relevance to the management community, the timing of the Fellowship programme was such that by the time the Fellows were recruited to the project, the research aims and methodology had already been approved by the SDO. Thus typically the contribution of the Fellows related to assisting the execution of the project with the potential to improve its credibility, validity and efficiency. All the MFs and CIs reported improvements to the research projects as a result of having a manager in the NHS work with them, but they seldom if at all used the terms quality and relevance. In this evaluation we use the positive reports of contribution as proxy indicators of improved quality and/or relevance.

5.3 Findings

5.3.1 Overview

Something of an overview of the contribution of MFs to the quality and relevance of research is provided in the data from the questionnaire that was distributed to members of the research team. To gain views of the wider impact of the Fellowship programme, respondents were presented with statements related to the potential impact on the NHS (Table 5). The responses indicate that the programme was most notably thought to lead to increased relevance of research to the NHS. Increased research capability within the NHS and helping to make NHS management more evidenced-based were also highly rated.

Table 5. Impact of the Fellowship programme (questionnaire responses)

The SDO Management Fellowship scheme will...	1	2	3	4	5	6	tot[1]
Make research more relevant to the NHS	1	2	3	7	12	6	138
Increase research capability within the NHS	1	2	3	8	12	5	136
Help make NHS management more evidence-based	1	1	5	8	13	3	133

What follows is based on interview data, with the inclusion of questionnaire responses where relevant. [See Appendix 3 for an overview of questionnaire results]. We present evidence of Fellows' contributions to recruitment process, data collection and analysis, additional work and dissemination. We then consider the barriers and enablers to their contribution.

5.3.2 Improving the quality and relevance of recruitment

Many Fellows reportedly provided invaluable assistance in helping research projects access and recruit within study sites. They did this by being "on the inside", knowing "the gatekeepers" and "key informants" and being able to engage them:

Incredibly helpful in her own PCTs, does all the arrangements and knows the circulation lists to use to contact relevant people ... Able to identify the right people to invite and when/how to give the right sort of push. (Co-applicant Hilary)

[1] The questionnaire presented a series of statements to which respondents were invited to indicate their strength of agreement using a scale ranging from one to six where one indicated strong disagree and six indicated strong agreement. The final column in the table presents overall ratings which have been calculated by summating the multiples of each rating and number of responses. For example if 30 responses were evenly distributed across the six points on the scale such that five people selected each of the six scale points, the sum total would be calculated as:

(5 [respondents] x 1) plus (5 x 2) plus (5 x 3) plus (5 x 4) plus (5 x 5) plus (5 x 6) = 5+10+15+20+25+30 = 105

For 31 respondents, total scores could range from 31 (31x1) to 186 (31 x 6). If all ratings were in the middle as indicated by ratings of three or four, total scores would be 93 (16 x 3) + (15 x 4). The higher the score, the more positive the response and scores over 93 can be interpreted as clearly positive.

I was really important in getting access to a particular... Trust and advising on people for initial contacts, sort of opening doors. (MF Jocelyn)

In addition to opening doors, some Fellows had input into the selection of informants/ participants. CI Melanie explained how MF Hannah helped them to determine the sampling criteria, in "the design of which types of PCT would be relevant to look at". In this process, Hannah was able to contribute knowledge about the context. Whilst not stated in these terms, this kind of support has implications for the validity and credibility of the research study.

The Fellows also reported being able to assist the research team make appropriate approaches to potential study participants based on their knowledge, expertise and access. This included the recruitment of participants to focus groups and, in one case, the recruitment of participants on site: MF Debbie explained how she was able to assist researchers:

I knew... if they [nurses] just didn't want to speak to researchers.... I could tell if the patient's really sick and didn't need to be approached...

Another Fellow was able to use her previous experience to advise the researchers on which hospitals had the data they needed and when others were stonewalling. These kind of actions helped project teams focus their recruitment efforts efficiently. Whilst not directly about research quality and relevance, this was valued by the CIs.

From the responses (n=29) to an open question on the questionnaire to members of the research teams which asked where the Fellow's contribution was thought to be most valuable, one of two main themes related to access. (The other related to NHS insight and is described later). Enabling access was cited by almost all respondents as a key contribution of the MFs. Their "relationships with clinical staff" and their "motivation of key clinicians and research participants" facilitated the development of "informal contacts" and "facilitate(ed) recruitment". MFs' "local knowledge of the research setting", their "understanding of the context", their "knowledge of how NHS politics operates" and their "ability to navigate systems" were considered to be invaluable for the progress of the project.

The questionnaire included a list of ten statements about how MFs might have impacted on individual respondents personally. The top ranked benefit from working with the MF related to "improv(ing) my access to research sites, data and/or resources". The responses to the statements were elaborated in an open question which asked which items from the list individuals identified as the most important outcomes for them. Twenty-two individuals provided a reply. Frequent reference was made to "access": "access to research sites and data", "improved access to research sites/participants", "improved my access to research sites, data and/or resources".

The value of 'insider knowledge' was reiterated in response to an open question asking for reflections on what worked well: "it has been hugely helpful to have an NHS insider working alongside us", "having someone who has local knowledge and experience of primary care working and long term conditions has been particularly useful", "bringing in additional and current operational knowledge of the NHS to a project", or simply, being "in close contact with NHS nurse manager". Some of these contributions are reported more fully below.

5.3.3 Improving quality and relevance of data collection tools and processes

Fellows used contextual understanding to improve the design of data gathering instruments. Knowing what to say was one aspect of this: CI Priscilla spoke of how she had found the MF Lindsay's "reality check" helpful – "to have someone to say 'you can't ask that stupid question'", for example. She saw that "that skill set, being able to comment and understand enough about research tools but grounding it in a reality check" had been "enormously helpful".

Understanding how to administer the tool was another benefit:

I made the assumption that we wouldn't do [the questionnaire] by email because…any manager… will tell you that they're flooded with emails and they just delete all of them...But Jenny was quite insistent that... it would be opened up because it carried a member of staff's name [and if]…the subject line…said something like 'provide feedback on the management experience'…That might seem like kind of low grade advice but in fact if that contributes both to the design administration and response rate that will be an enormous assistance. (CI Evelyn)

MF Jenny also reported on her input to this. She told us that the researchers "wanted it all by paper" but she explained to them that "you need to be able to send this out electronically so somebody can do it...10 minutes sat at a computer". In this way she was able to apply her understanding of workplace challenges and advise on how best to signal to the management audience the researchers' need for data.

MF Lesley piloted the recruitment process and interview schedule after contributing to their design. This was described by a member of the research team as a "valuable contribution" to the project.

5.3.4 Improving quality and relevance through additional work

Some Fellows undertook small-scale projects within the main study, which in two cases included keeping autoethnographic diaries which could feed into the main study. One Fellow provided access to a research case study that would not have been available to the project team otherwise:

[It] involves looking at change following a serious incident and because Jenny was the lead investigator… that has opened up access to a piece of fieldwork which…by definition is always retrospective...Here we have a chance...to track it in real time. That's wonderful. (CI Evelyn)

MF Rosemary contributed a distinct additional element to the research project. There were two main aspects to this. The one entailed conducting a number of interviews with key decision-makers; the other was an audit of cases. She explained that she was:

...interviewing the key decision makers and try to understand where does research fit in their world view and their daily life... [And] I'm doing an audit of 12 people who have died in [name] PCT... I rang up the specialist nurses and said, 'could you tell me about the last two cases that have died on your case load?' and I went to see them.

5.3.5 Improving the quality and relevance of analysis

Fellows were also reported to have made positive contributions to data analysis and interpretation. Not only was the reality check valued in terms of data collection tools and processes but also it was linked to improved analysis. Several CIs commented that the Fellow provided a "reality check" on the researchers' analysis. They used MFs as sounding boards, to check ideas:

making sure that our emerging findings, our analyses are in line with what she might expect..., so it's a kind of reality check. (CI Ashley)

We really often used her as a barometer as well... sounded things out, particularly... more critical findings, framing suggestions that we feel might be sensitive... and sounded her out about how much these things might be of concern even... We've had an expert insider to consult with. (CI Sally)

Sometimes it's about checking, 'does this make sense?'... We were able to bounce ideas off her and say, you know, 'in this context, does that kind of make sense?'. (CI Melanie).

Other Fellows drew on wider networks to help validate emerging findings. MF Rosemary described how she tested an analytical model with colleagues:

I have meetings back here with staff and say, '...these are the things that we think contribute.... do you agree?'... There's been a lot of input from here that's channelled via me going to meetings.... I go to the consultants' meetings and say 'I want 20 minutes, this is the model, what'd you think?' So I'm a kind of conduit.

Rosemary described herself as a "clinician with a raft of other clinicians behind me". The significance of this is captured in CI Ashley's comment that:

I don't have any clinical or medical background, neither do any of the other members of our project team, so we're always outsiders. Our Management Fellows are not outsiders, they're insiders.… It gives us an opportunity to…say that we've not just checked with one person but that one person has also checked…with consultant colleagues, medical colleagues.

The idea that tentative analysis could be checked with the Fellows and their colleagues as "insiders" was seen as a valuable contribution to improving the credibility and potential impact of the research output. It was suggested that the Fellow's engagement in the analysis process improved its quality (without using the term). For example, Fellows reviewed interview transcripts identifying themes and nuances which resonated with them as practitioners but were perhaps not obvious to academics, and identified

interpretations that were not accurate from a practitioner perspective. Many projects were of direct relevance or interest to the MFs. MF Jocelyn, for example, stated that "this project ... is looking at middle and junior managers and I am at that sort of level, so … I can have direct insight into those findings". Her project CI commented on how Jocelyn would raise "practitioner oriented questions" and say things in research meetings "like 'so, what are you going to do with that?'". Although the CI found this somewhat uncomfortable, she concluded that if the programme was working as intended "it *would* feel a bit uncomfortable, unsettling, jarring" and that "because she's asking questions that we kind of take as read... she's revealed things that need work". The usefulness of asking questions was noted by MF Ruth as well: MF Rosemary had "asked quite a lot of questions about the whys and wherefores of the research processes which has actually made us think a lot". In this way Fellows' knowledge and experience of NHS organisations and their practitioner perspective was used to enhance the quality and relevance of the analysis. Their knowledge ensured that data interpretation was contextualised and meaningful, including whether missing data had particular meaning.

The value of this NHS "insight" was also highlighted in the responses to the questionnaire completed by members of the research teams. Along with "access" described above, the other "most valuable" contribution of Fellows was insight from the insider position. MFs were often able to apply "insight from front line employees of the NHS". MFs acted as an "interface with the NHS managers and the world of NHS management", "keeping us down to earth and help us seeing the world from a NHS perspective" and "providing an 'insider's' perspective on a number of issues". They were able to give "advice and information on local NHS practice" and to help "the rest of us to see what would be valuable to it [the NHS]".

Their "practical" and "intimate knowledge of the NHS and structures and processes" and, for example, the "roles within PCTs", enabled the MFs "to evaluate our ideas from that perspective". This in turn "was really useful when approaching participants and assessing the relevance of the role of potential participants". MFs were helpful "in giving a deeper understanding of the NHS structures and helping us construct relevant research questions. Also making us question our academic assumptions" and "having to justify every aspect of the study to a practitioner – (is) an excellent discipline for experienced researchers". The open comments on the questionnaire clearly resonated with the interview data.

From ten statements about how the MF had impacted on respondents personally (as described above), the third highest rated statement (after

improved access and extended contacts) referred to how working with the Fellow had "increased my own knowledge and understanding of the NHS" (see Appendix 3). In open comments, team members wrote of how important it was to them that the MF: "increased my own knowledge and understanding of the NHS". The importance of this was elaborated by one who commented on how the MF had "generated insights into 'inside' aspects of NHS functioning, usually not available to more 'casual' observers or external researchers". Sometimes this was with respect specifically to either "NHS management", "constraints in the current management field" or "the subject under study" or "relevant research questions".

5.3.6 Improving relevance to practice through dissemination

Fellows were reported to have improved the relevance of the research through supporting plans for dissemination activities. CI Ruth, for example, spoke of how the Fellow helped her understand how to report the research findings to increase their impact on practice:

> *It made us think more about...how our outputs would make sense to people who weren't researchers... Rosemary's given me some real insights.... Policy makers...need to have...very clear focused nuggets...that they can take and use very quickly...because they're working in an environment where actually things change very fast... [A]s academics, I think we produce evidence, you know, it's quite subtle and complex and difficult as it comes out. There's often, very, very rarely a simple answer to anything... But actually we've got to accept that they're not operating in that kind of world and so therefore there's a translation gap. Rosemary's made me aware of the kind of real issues that they have ... and... that's made us think as a team a bit more about how we might produce much more focussed stuff and how we can deliver takeaway messages.*

CI Melanie reported that MF Hannah was "going to be working on developing [a] more practitioner-oriented piece for building information measurement capacity skills", adding that "she obviously knows which kind of network to spread that through". Other Fellows too had helped research teams identify to whom to disseminate. Co-applicant Hilary explained how Susan had assisted the project team by knowing who to invite to the knowledge mobilisation workshops:

> *We have a lot of workshops. She's been incredibly helpful, not only in her own PCT. She…knows the circulation lists…so that's brilliant, but she can transfer those skills to the other PCTs as well… That's been a real strength - being able to tell us the right people to be inviting.*

From our data it is clear that the MFs were seen as making positive contributions to the quality and relevance of the research project through recruitment, tools and processes, data analysis, additional work and dissemination. Of key value was their insider knowledge of the workplace context. The extent of their knowledge and experience of the NHS was one of the enabling factors, to which we now turn.

5.4 Enablers and barriers

5.4.1 Knowledge and experience of the NHS

All participants were clear that the MFs improved the quality and relevance of the study because they brought experience and knowledge of the NHS which was underdeveloped in the research team:

> *[MF Hannah's] skills combine a good knowledge of commissioning plus … knowledge management issues, information management in the NHS, which we didn't have in our own team. (CI Melanie)*

The Fellows provided short cuts to information and news, but also helped interpret this for the research team: CI Martin spoke of MF Susan's "detailed up-to-date knowledge of the 'nuts and bolts' of NHS organisation, including recent changes" and added that she provided "contextual sensitivity". Debbie knew and was able to negotiate local tacit rules and regulations to assist the research team in gaining access:

> *[There are] certain codes.. that aren't written in books... You must speak to the charge nurse and always acknowledge the carer on the ward... I would know very basic things like the patient's got MRSA so you need to put a gown on before you go in the room...*

Their workplace knowledge and experience facilitated impact on relevance and quality but the extent to which this was an enabling factor depended in part on how well their workplace experience matched with the research project.

5.4.2 Fellows' background experience and characteristics

The background experience and personal characteristics of the Fellows themselves were also seen as relevant to the perceived value of their contribution to the project. This included Fellows' role within their organisation, level of seniority and whether the role was operational or

strategic. What worked well appeared to depend on the needs of the project rather than a simple formula: it was not the case that, for instance, a more senior, strategic manager was better in the MF role than an operational middle manager. More important was the fit between the skills and experience of the Fellow and the needs of the project. Different opinions were expressed. For example, co-applicant Hilary thought that "the ideal would be recruiting someone [an MF] at a *senior* level" so that they could work to "change the culture in that particular PCT plus inform us what the barriers are". A Fellow in a *junior* position in the workplace was considered lacking in influence:

> *[MF] Jocelyn's much more junior in the organisation, so the sway in the organisation… opportunities to help us co-ordinate things, is stymied a little bit.*

However, in other ways, MF Jocelyn was seen as well matched to the project which focused on managers at her level.

More senior managers were seen as potentially more difficult to recruit to the Fellowship because of the demands of their role. Two CIs failed in their first attempt to recruit a Fellow to their particular projects. They were unable to secure their release in part because of their more senior position, a role which "wouldn't be easily substituted" in the Trust (CI Sally) or the Fellowship "just didn't fit into their career planning" (CI Ian).

CI Ruth and the project's MF Rosemary both commented on the value of a more senior person in the role on their project. CI Ruth valued her level of experience and MF Rosemary recognised the benefit of a more senior position in influencing others:

> *I think it's helped having the level of experience that Rosemary has got… her experience working with, not just within the organisation that she's in, but … the commissioners and providers and policy makers..... She's really got a feel for who is there and what influence they might or might not have and how one might influence them really. So that's been really helpful. (CI Ruth)*

> *If the idea is that you're translating the findings of research back into practice… then you've got to have some access to influence the people who make the decisions at all levels. (MF Rosemary)*

MF Debbie described herself as a middle manager and as such felt that she could "hit both areas... I can hit the shop floor and have influence with the senior management team". She went on to comment on the appropriateness of more and less senior staff:

I think somebody too junior couldn't spread the research further than their own local area and think somebody too senior wouldn't have the time and commitment and ... they would get moved on.

One of the co-applicants in that research team, Harold, valued the knowledge of the environment that Debbie brought:

If you were working with someone a couple of steps higher up, then they may have lost that hands-on understanding of the... environment which Debbie provided because she knows the working practices of that area like the back of her hand.

Project benefits could also be derived from Fellows' willingness to be proactive in disseminating findings, connecting with workplace and professional colleagues to exchange knowledge and insights. Co-applicant Hilary reported how their MF was:

getting more involved in activities in the workplace … any kind of engagement events, she will go. She will tell colleagues about the project. She's obviously learning… as we start the analysis … so it's feeding into work colleagues.

There is no single, generalisable message from this in terms of the level of seniority which best serves projects. What was pertinent was how well the particular skills, experience and role of the Fellow matched the focus and methods of the project.

5.4.3 Mutual respect and being valued

Many Fellows reported being listened to and feeling welcomed and valued. This built their confidence and made them more inclined to engage, if anxious at first:

I did feel quite intimidated about coming here… I was quite anxious that… I'd say something stupid … but I mean you've met Melanie now and seen the others

haven't you? They are so welcoming and so sharing. Robert [Research Fellow]…he's been an absolutely terrific help. (MF Hannah)

Most Fellows spoke of the respect they had from the research teams and welcomed the opportunity to learn from them. Melanie herself remarked on the "lot of respect ... on both sides... for the different insights that people can offer". Fellows themselves reported being attracted to the opportunity because it gave them a chance to work with respected researchers in their field: MF Morgan was motivated to work with Northwood University "because they're up there with the top universities". MF Natalie spoke of the benefit of working with "high calibre… well respected" people.

5.4.4 Timing and flexibility

There were a number of issues about the timing of the Fellowships that influenced their contribution. One issue relates to the timing of the Fellowship *vis-a-vis* the development of the research project. Some Fellows who experienced slow starts felt frustration and reported being underemployed at the beginning of their Fellowships while the research team focused on research ethics and governance to which they felt their Fellows could contribute little. Other projects were able to respond to delays in ways they found valuable. For example, MF Lindsay explained that she "was meant to do more of the original fieldwork and that's kind of slipped because of the ethics problem" which meant that she spent less time on the project in this phase but made up for that later when she had greater involvement in the action learning sets. She had experience of research before and had first-hand knowledge of "how lumpy" and "variable" the workload could be:

I don't think there's any point in running any hard boundaries around things…. There were periods of time … when there was not much to do …. Right now I am very busy with the project but that's absolutely fine. So I just schedule things in and don't worry and think it's all going to come out in the wash. (MF Lindsay).

This approach delighted the CI (Priscilla) who thought it was "fabulous to have that flexibility, not negotiating with some PCT manager". Others struggled to secure release from their employers to take part in the programme in the first place.

Some of the Fellowships put particular emphasis on dissemination, which relied on the generation of research project findings not yet produced - although at the time of the evaluation a few were providing feedback to the

workplace on preliminary findings. One team had addressed this issue by timing the Fellowship to go beyond the formal end of the research project so the Fellow is in post when the research team feedbacks to Trusts. The effect of the timing of the Fellowship on their contribution to dissemination is discussed later (see Chapter 6, section 6.3.2, learning from the research project). They had also organised the timing of the Fellowship to allow the MF to engage full-time with the project for a period. This allowed the employer to more easily fill the gap in the service with a backfilled post and therefore reduce the likelihood of the Fellow being called to deal with crises. Most of the Fellowships were undertaken on a part-time basis and Fellows organised their time around other commitments.

> *I have tried to sort of do Monday, Tuesdays and alternate Wednesdays because I think that works better than doing half days, but if something important has come up either way really, I have that flexibility to move things around so in that respect its worked beautifully (MF Laura).*

A couple of Fellowships were full-time. As noted, in one case full-time attendance was seen as the way to secure the release of the manager to take up the Fellowship as it allowed the employer to appoint someone else to the post on a temporary basis. Benefits and challenges of a full-time Fellowship post were raised. CI Valerie valued the "front ending" of the MF's input because of her contribution to the piloting and "the design and thinking round and planning" but added "but of course, she's not here during the analysis stage and the writing up and the dissemination".

This MF thought it would have been much more useful to have done it part-time. She would have been able "to feedback to colleagues immediately". In the opinion of Catherine, one of the workplace links, a part-time MF role would have enabled more direct "application of what we were doing" and it would have meant that she would have "had a more authoritative presence throughout the life of the project".

A flexible approach helped teams make the most of the opportunity in terms of both timing and the detail of the tasks the manager performed within the Fellowship (see Chapter 4, section 4.4.1). For example, as the research projects were approved before the Fellows were recruited, projects were adapted to make the best use of the Fellows' skills and interests, but within the broader logic of the research project and Fellowship programme:

I think it certainly developed and changed from what it probably was... But also I've got a learning framework.... So what I did was basically take the learning objectives from the application we put in and added a few. (MF Debbie)

Co-applicant Harold on the project explained how MF Debbie's contribution had become more organic and reciprocal over time:

We had a path mapped out for her when we first got her. It was quite objective, but as it's gone on it's become much more organic. … We had this idea of how we set up but as it's come into practice, it's become much more organic, much more reciprocal …my learning from her and vice versa and so, the kind of intangible stuff that doesn't sort of go into a project plan.

CI Sally and MF Jocelyn both spoke about evolutionary or emergent contributions. Despite recognising that they would do "what we said we'd do", Sally knew that the Fellowships might "evolve... in ways that might not have been apparent", and MF Jocelyn provided an example:

It's emerged; we didn't know that we were going to do these [briefing papers] at the beginning.

A number of CIs voiced appreciation of the SDO's flexibility. For example, CI Ruth observed that:

because SDO were fairly open it actually gave a lot of scope and that flexibility I think is very good.... But it needs a bit of imagination and a bit of flexibility to understand the possibilities rather than trying to define it from the outset. … Retain the flexibility for the future however that's achieved. ... I think having flexibility for different projects so that it doesn't have a set sort of process or a set format.

5.5 Lessons learned

We have considerable evidence of Fellows contributing to the improvement of the quality and relevance of research, largely through the research teams drawing on their knowledge and experience of the NHS context. Fellows used insider knowledge to boost researchers' access to sites and data; to improve data collection tools, processes and analysis; and to enhance dissemination activities and products. The language of research quality (including relevance) was not used by the Fellows or members of the

research team although the contributions described brought clear benefits to the research project.

5.5.1 The importance of careful selection

The usefulness of the Fellows' experience and workplace position (including whether senior or more junior) depended on the requirements and needs of the project. Their insider knowledge and experience facilitated quality improvement but the extent of the value of this depended in part on how well the Fellow's workplace experience was matched with the research project. There was no simple relationship between the characteristics of the Fellows and the value of their contribution to research quality and relevance. What was important was selecting the 'right' person for the role – matching experience and seniority to project needs and getting the 'right' personal characteristics – someone who will adopt a proactive approach.

5.5.2 The importance of timing the Fellowship

Funding for the Fellowship is for a limited period and starting the Fellowship at the same time as the project runs the risk of 'wasted' time if the project is delayed by research ethics and governance procedures. Where Fellows are expected to make important contributions to dissemination then extending the Fellowship beyond the end of the project may bring benefits. We note that Fellowships are awarded after project funding has been agreed and it can therefore be difficult to improve the relevance of the particular research project once it has been approved.

5.5.3 The value of Fellows' connections with their workplace

When well-matched to the research project, the Fellow's workplace knowledge and experience facilitated quality improvement but the extent of improvement depended in part on how current and active their interface was with the workplace. Where a Fellow is not employed on the Fellowship at the same time as maintaining work within the NHS in a management capacity, then arrangements need to be carefully thought through. In other words, a part-time Fellowship with weekly contact with the workplace and extending to (at least) the end of the project brings more obvious benefits.

5.5.4 The importance of flexibility

Flexibility has been shown to be very valuable, not least in relation to the timing of the Fellowship when project delays are encountered. In some cases it was possible for MF time to be 'banked' and employed more intensively later. Flexibility also enables a Fellow's contribution to develop organically over the period of the Fellowship. Clear expectations and plans are important but they should not be so rigid as to limit all scope to response to changing needs and circumstances.

5.5.5 The need for mutual respect

Team work thrives on mutual trust and respect. When first appointed, Fellows move into a new culture and working environment and their ability to contribute is more likely to blossom in a climate of respect.

6 Developing Capacity in the Managerial Community for Accessing, Appraising and Using Research Evidence

6.1 Introduction

This chapter addresses the question of whether the SDO Management Fellowships developed "capacity in the managerial community for accessing, appraising and using research evidence"[20], and if so how. The SDO link knowledge mobilisation (which they define as "the interactive exchange of research-based findings and ideas between researchers and managers") explicitly to "capacity building - the ability to access and use management research within the NHS".[23] The SDO state that the Management Fellowships "should contribute not only to increasing the skills and capabilities of the Fellows themselves, but also to developing local capacity and capabilities of their healthcare organisations. Thus a successful Fellow will "mobilise" findings and ideas from the research project into the healthcare organisation, and will act as a 'research champion' within that organisation".[28]

The chapter is divided into three main sections. The first section considers what capacity development means. The second presents findings from the evaluation relating to capacity development and the barriers and enablers thereof. Main lessons and the implications of the findings are presented in the third section.

6.2 Definitions

The stated aim of the programme relates only to building capacity around accessing, appraising and using research evidence. This is a more specific, narrow definition of capacity building than is common. More generally the term capacity is used to describe the ability to do something. Capacity development is the process by which individuals, organisations, institutions and societies develop abilities to perform functions, solve problems and set and achieve objectives. Capacity development can be addressed at three inter-related levels: individual, institutional and societal. The Management Fellowship programme is concerned with both individual and institutional capacity development.

Rather than focusing specifically on the skills of appraising and using research evidence and the issue of access, reflecting the responses of the participants, we give attention in this chapter to the broader contribution of the Fellowship programme to the development of Fellows' own and their organisation's *understanding* of research processes and evidence.

6.3 Findings

6.3.1 Management Fellows' capacity development

MFs' personal capacity development was frequently remarked upon although this was not always related to their capacity to understand or use research evidence. They themselves and their line managers made comment about how they had benefited from the programme. Remarks from line managers included Vivien who thought that MF Hannah had "clearly enjoyed doing something different. She's clearly found it intellectually stimulating". LM Demelza commented that the Fellowship had "paid remarkable dividends to her personal development plan" and observed how Debbie had been energised and inspired by her work as an MF.

These very general reported responses to the programme do not relate specifically to the development of capacity to access, appraise or use research although they do suggest a response which, if directed to research, might result in more specific capacity development. The two mechanisms by which research understanding was seen to be developed were through exposure to research and formal learning. As reported in Chapter 4, section 4.4.3 there was value both in formal training and the informal support of the research team.

Exposure to new knowledge, ideas and practice

All the Fellows reported learning new knowledge and skills through exposure to research team practices. Typically this related to research processes including data collection, analysis and literature reviewing. MF Natalie thought she had gained from:

> *observing people's behaviour…that sort of makes you reflect in terms of leadership behaviours and getting the best out of people…. it's that role-modelling type of thing.*

MF Susan's line manager Rozlyn spoke of how she thought Sue's approach to work had developed as a result of the Fellowship and the proactive approach she had to sharing ideas:

I think she's probably much more proactive about coming to me with, sort of, new ideas, that she's perhaps picked up as a result of some of the work that she's been doing. You know I'm getting much more 'do you know about this?', 'do you know they're doing this and such and such?', 'do you think we should look at doing this?' because you know she's obviously got those contacts and those links now.

As was described in Chapter 4, section 4.1.2, many Fellows were attracted to the Fellowship because it gave them access to new findings relevant to their role and interest as managers.

More specific skills development included making presentations of research. LM Demelza reported that "she wasn't used to public speaking and so [giving presentations] has developed her as a person". Those Fellows who had opportunity to attend conferences found them valuable and MF Laura was encouraging her colleagues "to think about doing that, or indeed presenting at that [conference]". Laura had also been able to develop data gathering skills and she described how she had progressed from reviewing transcripts to interviewing:

I was keen to... assist but also I guess to actually put some of that learning into practice, the opportunity to go on the module was fantastic but it's kind of better if I can try and implement.

Formal learning

Fellows reported developing new knowledge and skills from taking part in formal modules and courses:

I attended a qualitative research module on the MSc course which was just fantastic, I think it made bits of my grey matter work that hadn't worked for some time in that respect. (MF Laura)

Training was mostly in research methods, but also included management training. Jocelyn attended a healthcare management and leadership course which she described as being "really beneficial in terms of improving my managerial abilities" (see also Chapter 4, section 4.4.3).

6.3.2 Capacity development in the workplace

In considering whether and how organisational understanding of research developed as a result of the Fellowship programme, we look first at the extent to which findings from the research project were shared. Following this we give consideration to learning from the MF more broadly and finally to wider organisational gains.

Learning from the research project

In most cases, interviewees felt that it was too early to determine the organisational gains from the Fellowship. In part this was thought to be a consequence of project findings not yet having been finalised by the research team. LM Demelza, for example, felt that what the organisation had gained from the Fellowship was "limited at this precise moment". Although the organisation had seemingly learnt from the content of MF Debbie's presentations - "some of the findings that they had had were very useful" - she noted that these were as yet provisional and local "until the project is more finalised.... I think she's waiting until they have more final results before she goes kind of global". Demelza stated that she "look[ed] forward to the findings of the research and the recommendations of the research" and explained that "everyone within the ... division had signed up to supporting". She concluded that:

> *My expectations of her individual development are certainly fulfilled. I think we need to wait and see whether the organisation's expectations are fulfilled at the end of the project... She is aware that at the end of the research project, there will be an expectation ... to go out and spread the word, if you like. Not just about the research findings, but about research in practice.*

LM Vivien revealed some tension between him and MF Hannah over the release of information arising from the project. He had asked Hannah to provide an update at their regular one-to-one meetings "to know kind of what you are getting out of this as soon as possible, provided it's not breaching somebody else's confidence or intellectual property or something else". However, Hannah's response was to explain that she was unable to release information until the research was written up. This was a source of tension as Vivien saw this knowledge transfer as:

> *part of the deal... The local organisation should have the opportunity to benefit as quickly as possible where it's appropriate. ... My view is if people get granted the time to go and do these things, actually part of the obligation is to bring as much back as possible and apply it as quickly and appropriately as possible. So I'd be*

saying to her, 'OK, so you've been to these other PCTs and whatever. What have you seen that's good that we can nick?' or whatever and she said, 'Well it's not appropriate to talk about that until all, you know, we've decided what we're publishing as a team', and I'm saying, 'Well, you know, oh come on, if you've seen something that's good, let's talk about and let's do it'.

Vivien thought that it would have helped if there was some formal process for receiving "feedback from the team, as opposed to just from Hannah as an individual about what was being learnt and what the participating organisations might be able to use it for immediately rather than two years down the road or whatever". He thought that that might have led to Hannah being more open with him if feedback could have been officially sanctioned in some way. Despite reporting this frustration, Vivien also described it as "not such a big deal" (and indeed this was a site with positive outcomes).

Catherine (workplace link) was also disappointed with MF Lesley's extent of feedback within the workplace. She felt that she "could have put herself forward for things", mentioning, for example, "presentations at our research and development meetings". Lesley's line manager Wendy, in a separate interview reported that formal feedback to managers had not taken place: "we haven't even sort of had a session with the managers here where she's done a formal feedback in any way and that may be a mistake really, having not done that". Even as her line manager, Wendy reported that she "only met with Lesley once during the time that she was on the project for her to do an interview with me". This proved to be valuable as Lesley told her about some "useful links I wasn't aware of". Wendy had been invited to participate in project meetings at the university but was not free to attend: "it always happened that the meetings were at times where I couldn't be flexible to get there, and that was regrettable for me". In some contrast, Peter, one of the workplace links, spoke of "monthly one-to-one's to feedback.... She sent me emails saying 'I'm a bit stuck on this bit' ... 'I'm doing the interview here', those sorts of [things] you know dealing with issues". However, these comments seemed to relate to the MF's progress rather than to the use of evidence emerging from the study.

The questionnaire to the research project team explored the activities that the respondent had worked or planned to work on with the MF. Common activities included planning, discussing and/or arranging access and data interpretation. Notably, dissemination activities (for example publishing and presenting) were more often *planned* activities.

Learning from the Management Fellow

Beyond the issue of sharing findings from the specific research project, some of the workplace based interviewees referred to wider learning from the MF. LM Rozlyn commented on how she valued MF Sue's input on a personal level, how she was able to provide a different perspective:

> *When I've got ideas I need to bounce off... her having stepped into that slightly different role, obviously that's changed her perspective slightly so she's also a very useful resource to me personally.*

Beyond the personal, individual effect, some interviewees from the workplace explained how they thought the MF had helped develop capacity within the organisation. In one example this was through the Fellow being a known and respected individual acting as a role model for others. LM Demelza thought that MF Debbie was having such an effect on junior staff: "certainly having someone like Debbie who is so well-known in the organisation, will undoubtedly have had some effect on the more junior staff in particular". She also remarked on the value of the personal factor, a known individual:

> *We could all look up the internet and see, you know, how to best manage palliative patients... but whether having someone that everyone knew so well being involved in that research activity I think will go a long way.*

In another site, the workplace link (and project team member) Catherine was disappointed that MF Lesley had not gone out of her way to support or inspire middle managers to use research evidence:

> *You know, I thought she was going to come back and get all these guys ... so enthusiastic about it. ... I've been talking to so many people recently about middle managers and they're not using information to inform decision making, you know, I thought, 'right, here's an opportunity for us in this Trust to do something'. She could have followed this up, she could have had a lovely project if she'd just had been prepared to put herself out an inch even. Not a mile, just an inch would have done.*

In contrast to MF Debbie, Catherine concluded that MF Lesley's workplace colleagues would not have any idea what she did.

LM John at Cottcrest NHS Trust reported learning little from MF Jocelyn: "I got very little back from her directly really" although he went on to admit that "she did bring back some of her insights into managing some of the work she was doing here that probably influenced the way we went".

Wider organisational gains

In one site claims were made about the broader impact of the Fellow. MF Susan seemed to be making good use of the ideas and information that she had developed as a result of working with new people and had brought these into her workplace. LM Rozlyn explained how Sue had not only raised the profile of research within the PCT but also put them in the position of using evidence and setting standards. Rozlyn commented on how the commissioning role demanded use of evidence:

> *Sue's role as a Fellow has brought research much more to the forefront... We probably worked closer with our providers, whereas we're now there setting a standard... that's where it's very, very helpful ... if we've actually got the evidence behind it because otherwise you're just in the dark, aren't you? For example, previously, I'd done some work on heart failure and I'd done that in a very traditional way, you had all your providers in the room, agree what the pathway is, and then you start to implement this pathway. What's happened since we've come into a commissioning role, if I talk about what we've done with diabetes, one of things we've looked at is setting up of community clinics for diabetes… We've agreed the outcomes we want from them, so obviously, there in terms of reduced hospital admissions, HBA1c levels… We're having to define what the service for our population needs to achieve… and I think that's where we need to go to the evidence and the research.*

Further, Rozlyn indicated that because of Sue's experience on the Fellowship, the PCT was planning to bid for some funding "that we wouldn't have considered doing previously":

> *I've got a thought around a piece of carers work we're going to do. We're going to put a bid for some money to do some academic research around some of our carer's issues so that we can identify people at risk and hopefully, help to prevent some hospital admissions.*

She explained that there were a number of projects running within the PCT and MF Susan was a resource to them all: "we've got a number of people working on a number of projects, so Sue does sort of input to all of those as

well as and when appropriate. She is a resource that people are aware of to use".

The expectation of the opportunity to further links with Dixon University and bid for external funding was LM John's principal motivation for supporting the Management Fellowship programme. He had hoped that joint applications would lead to funding which could be used to grow his department. But he forcefully described how his expectations were not met:

In essence, I thought it would do two things. It would establish a career post link with the university for somebody who was research-oriented in this organisation and that in itself would lead to potential for joint, collaborative bids in this particular area or related areas where we had mutual interest in research, and it's done neither of those.... My expectation was that we would begin to see jointly developed applications for research funding, for which we would then be eligible for other sources of revenue that would enable our department to develop and grow. And that was the whole purpose of supporting this post in my view, and that's just not materialised, and it isn't going to materialise... But that is par for the course in my experience of working with the university.

6.4 Enablers and barriers

In this section we review the factors seen to affect the contribution of the Fellowship programme to the Fellows' and their organisation's understanding of research. Many of the barriers and enablers to increasing the capacity of managers are in common with improving the quality and relevance of the research project (see Chapter 5). This is unsurprising because the Fellowships are relationships where fit, mutuality and exchange are important. These factors tend not to be unidirectional and some are factors that can both facilitate capacity development and act as a barrier, depending on the circumstances. For this reason, these factors are presented in one section rather than separated. The factors identified include the characteristics of the Fellows (their leadership potential or lack of) and standing within the workplace; the extent and nature of the contact between the workplace and the MF during their Fellowship time; organisation and personal motivations and congruence with the programme. Organisational congruence was in evidence where the workplace was judged to be research friendly and where there was desire to improve within the area addressed by the research project. Personal congruence was seen where there was a good fit between the project focus and the interests of the MF and their career aspirations. Clarity of expectations and the extent to which they were understood was a further factor affecting capacity development. Some of these factors were also highlighted in Chapter 4.

Change was also seen to have an effect – change in personnel as well as wider organisational change.

6.4.1 Fellow characteristics

The capacity of the MFs to cascade learning across the organisation depended in part on their personal characteristics, experience and standing within the workplace. In the case of MF Debbie, her line manager, Demelza accredited some of Debbie's success to her more senior position:

> *Partly because Debbie is of seniority and experience that I knew that she would be able to then spread the learning... Where, if I'd put forward a Band 5 staff nurse, they could possibly have gone back into their own area never to be seen again, whereas I know she will use it to improve care for... patients in Tully.*

Considerable comment was made by Catherine, a workplace link for MF Lesley, about appropriate characteristics needed for the MF role. Much of these comments were born out of dissatisfaction with Lesley's performance in the role. In her view the "right person" is someone who is "ambitious", who has "leadership potential" and who could "envisage how they would apply what they had learned to their workplace":

> *We're looking for someone who's independent, we're looking for a trailblazer person here, somebody who's got identified leadership characteristics.*

However, she described Lesley as "definitely not a leader". Catherine admitted that she could not fault Lesley's contribution to the project, once her input had been clarified and structured but "it's just that she didn't have that sort of capacity to be able to sort of go out and shout about what it was that she did".

6.4.2 Fellows' connections with their workplace

Timely and regular meetings between representatives of the research project team and the MF's workplace together with easy negotiations, assisted exchange and laid the foundation for later capacity development and networking.

Although MF Jocelyn spent her non-Fellowship days in the workplace, according to her line manager John, she communicated little about the project. He felt "completely out of the loop" and reported that he had "not

seen any of the results or findings or anything, what's going on generally". He held Dixon University primarily responsible for this and described what he perceived as a poor attitude to NHS organisations like his:

I think all they see themselves as coming and doing a piece of work and walking away. And I don't think they've got any idea of how to develop and maintain working relationships.... I think most universities' attitude to non-teaching NHS organisations is that they're just research fodder.

Fellows who undertook the Fellowship on a full-time basis were as a consequence not in the workplace on a regular basis. In the case of MF Lindsay, her contact with the sponsoring PCT was on a consultancy basis and at the time of the evaluation, her contact with the workplace was minimal.

6.4.3 Congruence

One of the factors influencing the programme's ability to contribute to the organisation's understanding of research was the extent to which the workplace was research-friendly. In the Dempsey case study site the MF was selected from a workplace that was pro-research: Covington PCT was an organisation that reportedly already used research. LM Rozlyn commented that the ethos of the Fellowship programme "fits our team particularly well". Elsewhere, Peter, a workplace link in the Matanzas case study, noted that Golan NHS Trust had experience of Darzi fellows.

The importance of congruence between the project and workplace priorities has been reported in Chapter 4. For emphasis, we reiterate key points here. A number of the line managers indicated that the research project addressed an area for organisational improvement and fitted well with the MF's personal development plans. For example, the good fit was reflected in LM Rozlyn's motivations for taking part in the programme. The focus of the research project matched well with her background and experience. But in addition, she recognised that this was also an area for improvement and she anticipated that the workplace involvement with the Fellowship programme would bring benefits to the organisation by providing access to early research findings. LM Vivien too spoke of the dual motivations of personal development for the MF and the relevance of the project which provided potential opportunity for organisational improvement.

Like Rozlyn, Demelza explained that workplace motivations included a recognised need to respond to a performance improvement challenge:

> *Thinking through my reasons for supporting it, we had had a number of difficult um complaint letters - that I'd met with the families and had feedback that we really didn't do palliative care particularly well at the front door. ... (W)e needed to find ways where we could do it better, and I hope and I continue to hope that the outcome of the research project will give us some insight into how we could do it better.*

MF Debbie commented that from an organisational perspective, "we can be first in there with... improving the practice in that area". However Demelza's last point signals that the outcomes of the research were not yet available, a point which was noted early.

6.5 Lessons learned

The capacity development aim of the programme refers specifically to access, appraisal and use of research. The main evidence relates to the use of evidence arising from the research projects, although in many cases, either because of the timing of the Fellowship or concern about the early release of provisional or preliminary findings, this was limited. We also have some evidence of improved access to research evidence via members of the research team but very little direct evidence of capacity to appraise research (as normally understood in EBM). Our participants seldom spoke of evidence appraisal and rarely referred to issues of accessibility in relation to research evidence. A little more attention was given to the use of research evidence although the talk was related more broadly to understanding research processes and findings.

Exposure to research processes and more formal courses were the principal means by which the MFs' understanding of research was developed. In a small number of notable cases (Debbie, Susan), the Fellows were able to begin to develop research understanding (capacity) in the workplace.

A number of the messages noted here have already been identified within this report. That they are lessons that are pertinent also to capacity development is unsurprising given that contributions to the relevance and quality of research also serve to enhance understanding of research processes and outcomes. And in turn, the scope for Fellows' contribution will have been shaped in part by how the Fellowship was set up and the motivations for participation.

6.5.1 The importance of careful selection

As we have already noted, it is important to give attention to the selection of the Fellows so that the 'right' person is recruited to the role. In terms of the Fellows contribution to capacity development within the organisation, factors relate to their character and their standing in the workplace. Given that we found no evidence of performance review, careful selection is especially important.

It was also important to identify the 'right' organisation. It was helpful if the workplace had a recognised need to develop in the area of the research project. This match helped make the workplace receptive to research feedback from the project. We noted also that it was useful to work in 'research friendly' organisations. However, there is less scope to add value to a workplace that is already research savvy.

6.5.2 The need to articulate and agree expectations

The capacity of one individual in a large organisation to change the workplace culture is an unrealistic expectation. What is beneficial is the explicit sharing of expectations and the clear identification of existing organisational processes that might be utilised in the Fellow's attempt to develop organisational capacity.

6.5.3 The value of sharing early findings

Our evidence suggests that line managers' expectations around the sharing of early preliminary findings from the research might not always have been shared by the research team, and in some cases, the MF acted as the "protector" of information. This is something that needs to be discussed within teams. Workplaces were eager to have early sight of findings so that they could "do things better"; but research teams could be uncomfortable about releasing findings before they had been validated or confirmed. Such tension speaks to the different ideas researchers and organisations have about the use of "evidence".

The capacity development aim relates not only to the particular research project. There is opportunity for the project teams with expertise to provide other opportunities for the development of research understanding (like consultancy or master classes) rather than waiting for the dissemination of findings from the project research findings.

There are also lessons to be learned about how best to provide information. It is hard for managers to attend off-site meetings and there is scope for the MF to make more use of established meetings.

7 Encouraging Engagement, Linkage and Exchange

7.1 Introduction

This chapter focuses on the theme of engagement, linkage and exchange within the SDO Management Fellowship Programme. The third aim of the SDO Management Fellowship Programme is "to encourage greater engagement, linkage and exchange between the research and practitioner communities in healthcare management".[23] The associated aim of the evaluation of the Programme is to "contribute to the wider evidence base on how best to promote greater engagement between the service delivery and organisation research and practitioner communities".

The chapter is divided into three main sections. The first defines the knowledge mobilisation model underpinning the SDO Management Fellowships and sets out key terms used in the presentation of the findings. This is intended to assist practical understanding and learning about the programme. The second section presents findings from the evaluation relating to engagement, linkage and exchange and the barriers and enablers thereof. Main lessons arising from the findings are presented in the third section.

7.2 Defining engagement, linkage and exchange

The use of the terms engagement, linkage and exchange are confused in the literature. Engagement is a term used by SDO to refer to the Fellows interaction with the research team and process – "engagement with the research project". Fellows are also expected to "[engage] in local knowledge mobilisation activities":

> *A critical aspect of the SDO Management Fellowships is that they should contribute to...developing local capacity and capabilities of their healthcare organisations. Thus a successful Fellow will act as a conduit for research based-findings and ideas from the research team into the healthcare organisation, and will act as a 'research champion' within that organisation.*[28]

Relevant activities were identified as "development of local seminars, journal clubs or learning sets; on-line discussion groups; or planned programmes for sharing research summaries". SDO go on to say that

applicants "are encouraged to be creative here in articulation of a programme of 'linkage and exchange'".[28]

In the literature around knowledge mobilisation, the term "exchange" is commonly tied to knowledge – "knowledge exchange". The SDO ties "exchange" to "linkage". The Canadian Health Services Research Foundation does the same thing, defining "linkage and exchange" as "the process of ongoing interactions, collaboration and exchange of ideas between researchers and decision-maker communities. In a specific collaboration, it involves working together before, during and after the research programme. (See also [50, 56]).

The three terms together convey a sense of doing things together. However, in order to understand how the process works – the primary question of the evaluation of this programme objective – there is value in separating them into the constituent parts that allow description and analysis.

Whilst accepting the terms are imperfect, we use the term "linkage" to refer to the means (and nature) of connectivity between two things – the channel or medium. These "things" we call nodes. The collection of links and nodes we call networks. The term engagement is used to refer to activities which involve the nodes working together for some benefit. The term "exchange" is used to refer specifically to those engagement activities that are either directly transactional in nature or else, through the process of engagement, produce modified knowledge which is co-produced as part of the engagement.

The MF can assume a number of roles: as someone with information of value to the research project which they themselves transfer; as someone who links with other NHS colleagues to transfer research knowledge, acting as a conduit or carrier; as someone who links the researchers with the NHS as part of the knowledge-producing process; and as someone who collaborates with the researchers – and potentially other colleagues - to produce new knowledge. Thus, the transfer of knowledge can be one way – from university to the NHS or from NHS to the university; or the transfer may be two-way but in parallel; or potentially the process may be one of co-production or transformation, the development of new knowledge together (see Chapter 2, section 2.2). The MF may transfer knowledge from one location to another, translate research knowledge into management knowledge, or transform knowledge as part of collaborative endeavour that produces new knowledge.

7.3 Findings

Encouraging engagement, linkage and exchange was an aim of the programme and in our application of the Kirkpatrick framework, an outcome. However, engagement, linkage and exchange were also important in the implementation of the Fellowship programme, both as a means of achieving the other two aims and as a necessary prerequisite to establishing some of the Fellowships. As a consequence, findings in relation to this aim overlap with those reported earlier, in particular in relation to capacity development (Chapter 6).

7.3.1 Encouraging linkages

Research teams

CIs and research teams consistently reported that the Fellowships had increased their links. This was necessarily the case where the MF was introduced to the research team as a result of the Fellowships. The questionnaire to the research team presented five statements about how the MF might have impacted on the research project. "Improved links and networks beyond the project and its duration" was ranked third. The value of the Fellow to the research project was not just access to the MF themselves, as representatives of the NHS, but also to the MFs' NHS networks. For instance, in the questionnaire, the second most-rated out of ten statements about the impact of working with the MF was: *Working with the management fellow has extended my contacts/networks*. On the same questionnaire, when asked to comment on what the research teams had thought had gone particularly well, a number remarked on the value of the MF's wider network: "helped a lot with contacts with [the] Trust", for example. The contribution of the MF to the project is presented more fully in Chapter 5; a summary of questionnaire results can be found in Appendix 3.

Some CIs had interpreted the SDO's Call document to mean that the SDO anticipated that the Fellowships should improve linkage and engagement between the research projects and a single NHS organisation – a study site in the research. A potential issue arose when CIs wanted to develop regional or national links through their Fellow. In practice this was resolved by the CI recruiting who they felt was best for them:

The purpose of the Fellowship it seems to me was to develop links between HEIs and particular NHS organisations, Trusts, whatever...but that wasn't really why we were interested in Laura. What made her interesting to us was her role at national level....Particularly for a study which was going to be working across

three or four strategic health authorities across the whole of a couple of regions...Having somebody with that kind of overview and access to high level [staff] within the service was, I think, what made her ideal for this project. (CI Ashley)

Our interpretation is that the SDO's expectation related to both specific linkages (integral to the research study sites) as well as wider linkages. Many MFs were reported to have established direct links between the research project and their NHS workplace (see Chapter 6). LM Demelza commented on how MF Debbie had:

developed lots of links with the university and different departments within the university, to the point where actually if there's a particular department um that we are looking to um make links with, I go to Debbie and say 'Who do you think the best person is?' So she's actually now quite a font of knowledge in terms of links with the university.

Other CIs reported benefiting from the Fellow's linkages with the wider NHS. For example, co-applicant Hilary spoke of how MF Susan was an "extremely well networked person in that area which is proving invaluable". Other MFs had helped to build, or broker, direct links between the research projects and the wider NHS. MF Laura was one such example. She commented on how a colleague had become involved in another project advisory group run from that university:

It's also then given other colleagues an opportunity to get involved with [place name] stuff. So for example … my colleague who is a nurse is now part of [an] external advisory board so I thought that was a good opportunity to try and get some input...building up those networks. (MF Laura)

It was reported how MF Susan was connected with research networks (NIHR CLRN -Comprehensive Local Research Network and PCRN –Primary Care Research Network) via a research advisor in the Trust. She had also cultivated new links within the PCT and amongst service users that had strengthened and extended existing links between the Deschutes Research Centre in Irwindale University and NHS organisations.

Other CIs also saw the MF as a node in a wider network of linkages. Some of these networks were seen as useful for the efficient and effective dissemination of their findings (even when the MF was not in post at the time that the project was reporting results):

> *The test I think in the dissemination then will be how far we were able to communicate in a way that we might not otherwise have been able to do in that a number of us had close links with the NHS and so on but having Natalie guide us through the different levels and the different groups might be something that we would have missed otherwise. (CI Kerry)*

For most research teams, the MF was the interface through which they interacted with the NHS managers. Few reported direct engagement with the workplace (beyond the research project requirements).

Management Fellows

Other MFs undertook small projects within the main research project, which meant they could meet colleagues from other NHS organisations as participants in the project. MF Rosemary reported how she's met and interviewed a number of decision-makers, and how because of her position, it had not been difficult to secure the meetings:

> *I started off with senior people in the Department of Health... It's been very easy to get these interviews but that's because – it wouldn't have been easy if I'd have been just been a university person, I'd have never got through the door. But they see it's Rosemary, [role] at Rose Hill, 'yeah, shall we come to you or do you want to come to us?' So it's been very easy. Head of Social Services, Director of Social Services, Head of Quality, who's a Board member. I've interviewed the Chief Executive of the PCT. I'm seeing next week the Director of Primary Care commissioning... the Head of Adult Nursing, the Commissioner for end-of-life care...*

MF Lesley spoke of how she had "established strong personal links with management research and practice communities across Golan" and one of her workplace links explained that strengthening those links was a desire.

The Fellowship programme expanded the networks of the Fellows themselves enabling them to share knowledge concerning their areas of work (e.g. end of life care) and also the experience of research and the

Fellowship programme. Some MFs joined project groups through which they met people relevant to their professional network. Whilst many of these could be one-off events, such as attending conferences, some developed more sustained relationships:

I will put myself forward for that or I'll attend that symposium and you meet someone there and you end up keeping in touch with them. (MF Laura).

This process was supported by the SDO Network team at the NHS Confederation. The value of continued SDO support for these meetings was noted: after reporting the value of the network, MF Jenny expressed a desired for continuation:

And certainly through the SDO network I've now got a whole list of people which is lovely and they have kept me up-to-date with things that are going on which is great and I've asked if I can continue that because it's a great resource.

The Fellows also met at occasional meetings, such as one held by Northwood University, and some of the Fellows working in the same topic area or concerned about particular themes chose to meet outside the network meetings to share knowledge and experience of the Fellowship as well as the topic under discussion. CI Priscilla described how MF Lindsay had encouraged linkage and engagement between SDO funded projects and the value of that.

We looked at the other projects that were funded in our round and identified two that were most relevant and … she suggested meeting up with the teams together – my research team and theirs – to talk about the research. Now I would never have done that, none of my colleagues would have thought about doing that. One thing we're hopeless at as a research community is learning from each other about parallel work. That's where the SDO is good because it forces people like me to march up to London to meet people – I mean I know Evelyn, I know quite a few of them but what we were doing with this conversation was talking about real stuff – how we were finding it, frustrations, the ethics thing. So that was something that absolutely came from Lindsay. That was absolutely something that would never have some from me and my team. Useful.

NHS Workplace

NHS line managers and colleagues less often reported the contribution of the Fellowship to engagement, linkage and exchange with the research team, with research in general, or even with the MF herself. Some were simply bewildered:

I don't know about [them]. I don't even know what SDO stands for...I don't anything about what [the MF] is doing... I've kept in touch with her as a colleague and as another allied health professional and I know she has found it invaluable, but I don't know in what way or what difference it's made to her work or I don't even know what she's been working on (LM Jackie)

Some of this apparent lack of linkage may be the result of weak links between the MF and the workplace at the start of the placement. Two MFs were already on secondments to other organisations, one was primarily a freelance consultant, and several had new line managers during the evaluation, another had a LM who was not responsible for their Fellowship role, and in one case the employer organisation has been disbanded.

In the Matanzas case study there was evidence of the links between the NHS Trust and the university having been strengthened, but no evidence of additional links. Workplace link Peter spoke of a "strengthened" link but not "new" links and LM Wendy indicated that links had not "increased". Workplace link Catherine felt that the opportunity to develop more of a "community" had been missed:

I felt that there could have been more connection between the projects and between the Fellows. I think we could have been a better community, if you like. And I would have really liked to have heard much more about what the other Fellows were doing, because that would have helped me to benchmark more what we were doing... It could have been much more a cross-fertilization of ideas.... A community would have made it a much more rich learning experience for everybody.... Innovators never get very far if they are by themselves.

7.3.2 Encouraging engagement

Nodes have to link and then do something for the relationship to have impact. Such activities can be defined as engagement. The MFs were the central instruments of engagement and it was through them that research teams engaged with NHS workplaces and vice versa. We distinguish here engagement related specifically to the research project and wider engagement.

Research team project specific engagement with the workplace via the MF

Most CIs reported that the MFs made a significant contribution to the research project directly through their engagement with the project team and support with the research activities. This is covered in detail in Chapter 5. MF Rosemary conjectured on the effect of her interface with a body of clinicians. She described herself as "a kind of conduit" and "clinician with a raft of other clinicians behind me" (as mentioned earlier). Other CIs used the MFs' links to increase the credibility, and therefore, acceptability of the findings. CI Evelyn explained that as a research team without clinical backgrounds, the MF "gives us an opportunity...to check with... consultant colleagues, medical colleagues" which addressed this potential credibility issue.

There were other examples of strong and effective links between the LM and the MF. Where close working relationships were sustained between the Fellow and their home workplace organisation, this facilitated on-going exchange. MF Susan's line manager in Covington PCT, Rozlyn indicated considerable on-going informal exchange and both she and Sarah, another of the line managers spoke about effective communication and the value of what they were learning:

> *I recognise that it's still very early days, you know, there's obviously still a lot more of this to do, but I think at this stage, it feels like, we're certainly, getting the feedback if you like and the information in, and I think that it'll be particularly helpful when we move forward with GP commissioning, because of course, that's got a real focus on, on patient and public involvement, so I'm hoping it'll help us to be a bit ahead of the game there, and and have some thoughts in place when we actually do some of that. (LM Rozlyn)*

Not all MFs were so well placed within their organization. CI Sally remarked that it was unrealistic for MF Jocelyn to link with more senior colleagues:

> *From Jocelyn's position in the department actually it's quite hard … to just go and communicate with people higher up, so to expect Jocelyn to be able to do it on this project is unrealistic.*

And she added "but I didn't know that" which revealed something of her disappointment in the capacity for the MF to forge linkages and encourage engagement.

Research team engagement with the wider workplace via the MF

MF Susan was reported as having "links down through the organisation at a much deeper level than that which exists already between academics and NHS and academics and patients" (CI Martin). MF Susan explained how she had assisted in the recruitment for the workshops:

> *I helped recruit for and run workshops. Recruited via my own contacts at PCRN, PCT and CLRN.*

And co-applicant Hilary explained the benefit of MF Sue's network:

> *She's very good at recruitment because she knows the gatekeepers, she can open doors that we can't. Commissioners, service providers, service users and user representatives invited to all the workshops.*

CIs also reported that the MF assisted the projects through the MFs' existing links to access larger NHS networks which were new to the research teams. In some cases the MF brokered direct access for the team:

> *She'd been a gatekeeper, getting us access to other staff, helping to set up focus groups. I mean these are just things that we could have obviously done ourselves but it's been faster and easier working through with an insider. (CI Evelyn)*

MFs reported contributing to the research project by being able to link to people in practitioner roles. For example, they were able to access other networks and establish credibility with their own clinical or NHS credentials.

> *So I'm sort of just facilitating some of [the secondary data gathering] and chasing up the organisations and again people sometimes will get back to me because they know me. (MF Natalie)*

Workplace project specific engagement with the research team via the MF

Some of the MFs reported high levels of productive engagement with their workplace, giving examples of how they engaged their colleagues both as a conduit of knowledge and by enabling more active engagement with the research and knowledge process.

> *The reason why I'm involved, is to try and impact practice, this knowledge exchange and all that, so my role is to try and influence, look at the findings and influence the service delivery and development within a PCT. ...I've had the opportunity to go and see it in real life and … I will have the platform to say something and it will be backed up with research. So it's a double whammy. (MF Rosemary)*

MF Rosemary's comment is in part aspiration as she looks to the future when she hopes to be able to influence developments that "will be backed up with research". Nevertheless, the MFs increased engagement between the NHS and research projects by providing an ongoing backwards and forwards communication between the two. This is described further in a later section below ('Encouraging engagement'). The details of capacity building are covered in more detail in Chapter 6.

Elsewhere, LMs expressed frustration at the lack of effective engagement. For example, one LM, having taken on the line management responsibility for the Fellow had hoped it would help build up collaborative links between his organisation and the university. This had not happened for a number of reasons – including a lack of shared and articulated expectations – and had resulted in disappointment and frustration (see Chapter 4).

Workplace wider engagement with research the via the MF

A few MFs also facilitated wider engagement with research, attempting to engage people who would not have previously been exposed to research evidence. This is another example of the role of linkages and engagement in supporting the achievement of other objectives of the SDO Management Fellowships programme.

> *I spend a lot of time reading stuff at [University] that I think would be really useful at [workplace], so sending that on email and then reading stuff at [workplace] that I think would be really useful at [University], so in terms of that I guess in that respect it's kind of an information transfer/knowledge kind of…*

thing I don't know, probably not but you know that for me [that] has been the most useful thing. (MF Laura)

I've got responsibility to try and embed it [research] in my organisation … what I need to do is hit my management teams so that they actually build research into every clinical nurse manager's job, the sharing of knowledge into every clinical nurse manager's job. That's where I can make a change. [Debbie explains that she runs meetings where staff bring along articles to discuss]: it's hopefully to get them back in touch with learning and what's out there. What's up to date practice? What's good practice? (MF Debbie)

This may not have required new links, but potentially increased the level of engagement between existing links. There were also examples of the MFs reporting new opportunities for engagement which had come out of the Fellowships. Some related directly to undertaking research activities with the team, as reported earlier.

The MF developed new links as a result of the Fellowship. For example, spending time at the university meant they met researchers who were not part of the research team but whose expertise the manager found useful:

I learnt from some of those lecturers when I invited some of them here to run some workshops for us for the staff and just looking at things differently and how to deliver leadership in different ways which was great...We set up a workshop..to look at leadership in a different way...I just wanted fresh eyes, different insight really so that was good and they have an educational model and I asked [colleagues] to have a look at that because I felt that the Trust could really benefit from that. (MF Jenny)

Rozlyn at Covington PCT described how the organisation was trying to make more use of the research evidence in their improvement work and how they were trying to work more closely with their research colleagues:

Molly with her sort of research head on, has been pushing us very hard, actually to kind of use research sometimes as a way in, but also, to make sure that we've got the evidence that underpins all of the improvement work that we're trying to do. You know quite often if you've got a problem and you go to the evidence it can give you a way forward, can't it? So I mean it's, we probably haven't used the research team as much as we should have done but you know, are beginning to make those links and beginning to get better at it.

Rozlyn here is clearly expressing a view that gives recognition to the role and importance of research evidence usage and indicates that since involvement with the Fellowship they have got better at making links with researchers.

7.3.3 Encouraging exchange

The Canadian Health Services Research Foundation defines "linkage and exchange" as "the process of ongoing interactions, collaboration and exchange of ideas between researchers and decision-maker communities. In a specific collaboration, it involves working together before, during and after the research programme". In this sense exchange is a series of engagements.

There is clearly definite evidence that the SDO Management Fellowships supported the collaborative engagement of people with different skills and knowledge to address the research problem. The process of engagement between the MF and research project was characterised as ongoing and interactive, bringing in local context to help data collection, analysis and interpretation, and providing feedback to sites. However, few sites had the MF engaging in all the research activities as they were unable to do so unless the project had advanced through those stages. A good example of the process thus conceived is found in Debbie. She described the flow of communication between the research project and her workplace:

I've such an insight listening to patients … observ[ing] interactions between hospital staff and them … It's a huge insight for a manager…. I take that back to areas and I say 'What's coming out, certain themes'. ... certain things are coming out so I am feeding that back now … Certain things like, do you know, patients just saying, ... 'people talk over me', things that aren't probably new but I needed to hear it new as a manager... Because I never actually believed half the stuff if I hadn't sat and listened to it. ... I think that's been invaluable. …When I'm in a meeting and I come out and sometimes think 'Oh, that must have come from my research' and I say ' Oh we should be doing this, we should be doing that' and it's halfway through speaking that I think 'Oh, this is ideas I would never come out with before'.... I think the staff on the shop floor know the benefits and they're really enthused and keep going 'What's happening?'. My boss knows, she understands and she says there's a wealth of knowledge coming back. She's ... really happy with that…. So, but you do have to be quite vocal.

This is an example of ongoing interactions. Once established, the linkages lead to new case studies within projects, new projects and other

opportunities. As an example of the first, CI Evelyn explained that the MF had left the programme, but was continuing to engage with the project providing the research team with unique opportunities for study (see Chapter 5, section 5.3.4).

The definition of linkage and exchange used by the Canadian Health Services Research Foundation and implied in the SDO documents assumes exchange to be something "soft" where cooperation appears to be a good thing. This can be contrasted with the notion of exchange as expressed, indirectly, by a number of the LMs. They did not value engagement for its own sake. Typically, they had a more transactional idea of exchange and wanted payback for releasing their employee.

> *Well, I'd expect to see [learning] through...the way the individual is managing their own teams but also then to the learning of their peer group and to the division. Now, it may just be that [MF] didn't get far enough along the way to actually draw those skills back into her day-to-day or into the organisation as a whole. I recently sent one of my managers on a three-day 'women in leadership' course and I can instantly see in her in the way she manages me in meetings, the way she asks for feedback, the way she's managing her peer group, the way she's promoting herself...£3,000 well spent. (LM Liz)*

LM Liz was looking for direct benefit to practice from educational input, a return on the investment of money (and time) in training. Struck by the departure of the MF in the Dixon site, LM John recommended that Fellows should commit "to stay and develop something out of it". He argued that if the Fellowship was a development opportunity for the individual and that if the workplace organisation helped to "fund it or support it in some way" then "we should get something back".

> *I think if I'm going to do this again, I'd certainly want that kind of express commitment... Otherwise it's pointless doing it if they're going to get up and go somewhere else, we get nothing out of it.*

Workplace link Peter thought that they should give further thought to the MF's role post-Fellowship so that the experience can be better utilized, for example to a role that has research as part of it, or "something like service development and redesign and evaluation".

The third interpretation of exchange is the interaction between the researcher and MF and their colleagues to co-produce a different set of knowledge. This sort of exchange was uncommon in the programme, but is illustrated in the intentions of the project led by Professor Swan where the "approach is to treat evidence as being produced through (rather than independently of) the interacting practices of a range of professional and managerial groups - including commissioning managers, public health experts, finance managers and clinicians. 'Co-production of evidence' is the term we used to describe this pattern of knowledge utilization".[86]

7.4 Enablers and barriers

Barriers and enablers to the achievement of this third aim of the SDO Management Fellowship programme overlap with those reported in Chapters 5 and 6. This is unsurprising given the inter-connectedness of the aims.

7.4.1 Existing linkages

Existing linkages were an important source of recruitment for MFs to the project.

> *When SDO advertised the Fellowships we were able to get in touch with contacts in the Department of Health and ask if they could identify somebody who might be suitable...Laura was nominated. (CI Ashley)*

In some cases they appear to have been essential:

> *So we'd been through this open competition process but it didn't actually reveal or produce any names. (CI Kerry)*

The benefits of recruiting through existing networks included time savings, a sense of confidence in the Fellow on the part of the CI either because they already knew the Fellow personally or because they were recommended by someone whose judgement they trusted:

> *It meant that we were able to... there wasn't a huge amount of time that was needed to identify a potential candidate and work them up...We were in the situation where we could respond fairly rapidly and without a great deal of difficulty really....So yeah, it was pretty straightforward. (CI Ashley)*

There was perhaps particular advantage in the MF not being known personally to the CI but being known by someone they knew. This brought the benefit of expanded linkages but also recommendation engendered confidence in the individual, and saved time in recruitment processes.

7.4.2 Congruence

The potential drawback of this process, although this was not explicitly mentioned as a problem by any CI, was that recruiting someone through convenience meant that the role then had be fitted to the person rather than having to define the role in expectation of the Fellowship and recruiting someone appropriate for that role.

In the case of MF Lindsay and her role within the project, CI Priscilla spoke of how the project had played to the MF's strengths but matching her input to the project seemed to be an evolutionary process:

I think it just kind of comes.… I think there was an appetite there to be involved [in the action learning sets], which obviously was supported and I thought God, you've got a lot of experience, more thnt a lot of us, so we seized on that…. I came up with the idea that...I wanted one person to be consistent. I think it was me who triggered that – 'hold on a minute, we're missing a trick here, if we have different pairings, I'm not sure, this is crazy, we should have some continuity of individual'. And we talked about that and [Lindsay] said- there was no forcing, kind of just seemed to make sense really. It was emergent.

The MF, Lindsay also described how the role unfolded: "making up your role as you went along" although she added that "I think from the word go it was always assumed that I would have a bigger role in the action learning sets".

Related to the LM's expectations of getting something other than a personal development opportunity for staff, the perceived utility of the knowledge also seems to enable the development of engagement, linkage and exchange.

7.4.3 Line manager support

Support from the MF's LM was essential to their being able to engage with the project:

It's about getting the absolute commitment from the person and making sure their line manager is 100% on side...I work very, very closely with my line manager and she wants to be engaged in this project as much as I do and that makes a difference. It is about that, you've got to have big commitment. (MF Morgan)

Some of the barriers to engagement, linkage and exchange are simply the opposite of enablers – lack of LM support for example. In particular, some LMs expressed concern about releasing the MF on secondment. Some resolved this by recognising that the employee could leave anyway, and the organisation could have the benefit of the knowledge gained by the linkage and engagement in the meantime.

It is helpful for LMs to both understand and support the aims for the individual Fellowships. Ignorance of the programme, of what the MF was meant to be doing and how that was relevant to the workplace, was an impediment to impact. In the rare case, even those nominated by Fellows as good people to talk to in the workplace, revealed a lack of knowledge about the Fellowship.

7.4.4 Fellows' connections with their workplace

MF linkages and engagement with the NHS were perhaps limited from the beginning by the Fellow being on secondment from their employer or by their not being an NHS manager. Poor linkages within NHS organisations and lack of links with employers due to redundancy for example, were also barriers to engagement, linkage and exchange. Some of these factors were more manageable than others.

Good links and processes for engagement within the NHS organisation seem to be important enablers. One particular issue relates to mode of attendance. Most of the MFs undertook their Fellowship on part-time basis and this was seen to improve the opportunities for on-going engagement and exchange with the workplace.

7.4.5 Initiating engagement

LMs typically seemed to think that the impetus for engagement should come from the MF and in Chapter 6 we have seen the value of a proactive approach from the MF. Good linkages and opportunities for engagement appear to be a property of the MFs themselves. The MF's connectedness to workplace depends on who they are, for example, their position in the organisation, the size and content of their network both within and beyond

their organisation, their willingness to engage, and their credibility with colleagues.

However, in some cases the MF commented that they would have liked the *employer* to take more interest in their Fellowships and to have also initiated engagement. MF Jenny reflects on how she might have fed-back to the Trust more regularly but also to have had their "thoughts about things" would have been "good":

I think the only thing I would like to see [done differently]...was just to feedback to the Trust a little bit more regularly because I think I'd been doing the post about a year, a year-and-a-half and I don't think that I would've gone back to [the CEO and senior staff] to kind of say how things are going, 'these are the kind of lessons that we've been learning, what do you think?', how we could start impacting on the Trust rather than waiting till the end...Because you have gone and done the SDO Fellowship..you know it's quite a commitment so I think to have feedback and see how they thought about things would be good. (MF Jenny)

7.4.6 Funding

Additional barriers to MFs' ability to link and engage with the projects and research community included concerns by CIs about the lack of funds available from SDO to support MFs to undertake additional travel, conference expenses and so forth:

I think that the opportunity to go to the conferences is useful but again I think that, my impression is we haven't...thought through the additional costs when we've done the costing, so travelling and paying for conferences I think is an issue. (MF Natalie)

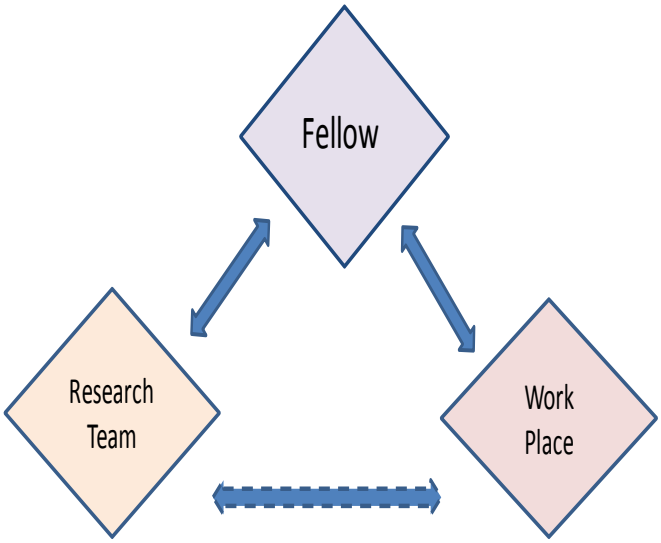
7.5 Lessons learned

The overlap between themes identified in relation to linkages, engagement and exchange and those identified in earlier chapters demonstrates how this third aim of the Management Fellowship programme supports the other two aims. The main areas of overlap relate to MF recruitment, how MFs contribute to the recruitment of research participants, how findings from the project are communicated to the workplace and the connections between the MF, their workplace and wider NHS management community.

The MF was the conduit for linkage and exchange; we have limited evidence of exchange between the research team and the workplace directly (see

Figure 5). Our data also suggest that research exchange between the MF and the research team was perhaps stronger than between the Fellow and the workplace.

Figure 5. Exchange flows



Most projects reported significant development of their engagement, linkage and exchange as a result of the Fellowships. However, the current design of the programme means that engagement throughout the programme, including identification of aims and objectives for the study is limited. A number of issues relating to the MF engagement, linkage and exchange with the workplace were identified. Links with the NHS organisation is the biggest challenge for the SDO Management Fellowship Programme; most CIs and MFs reported high levels of satisfaction, contribution and benefit. Some LMs, even if disappointed in this round of MFs saw value in the principle and would consider taking part in the programme again. It is important therefore to learn from the current experience.

7.5.1 The importance of careful selection

If there is an expectation that the Fellow will link well with their own and other NHS organisations, they need to be selected accordingly. They need to have links and be credible and persuasive to their NHS colleagues. However, much of the recruitment of Fellows was hurried and at times somewhat haphazard. As such the role had to be fitted to the individual MF. This worked out well in most cases (but not all) and enabled research teams to play to the Fellows' strengths. However, there would be benefit from

better definition of expectation of role and matching. The issue of "fit" is relevant to all three aims of the SDO Management Fellowship programme.

7.5.2 The need to manage expectations

Different participants had different expectations which could be better managed. In a sense, one of the difficulties the programme was designed to overcome is also an issue in its successful implementation. Developing more explicit aims agreed with all three parties could help employers benefit more from the programme.

It's going to become even more critical that whoever we invest in to learn, we're clear why we're doing it and what are the benefits to the organisation. (LM Liz)

7.5.3 The need to manage engagement

It appeared that MFs were expected to manage their engagement with their NHS colleagues, and few MFs reported formal support from their managers to help them do this. In discussion with each other the MFs spoke of the need to "market" themselves, to tell colleagues about relevant research papers or knowledge and how they had found this. Some MFs reported being proactive in pointing out to colleagues and to their organisation the benefits that the Fellowship brought. However, the employer might derive greater direct benefits from the Fellowship if a more formal engagement structure was put in place. For example, one LM reflected on the increasing formal structure he had imposed:

Yeah, it was literally we'd come by pre-arranged times, diary times and it was a two way communication. Part of it was making sure that Natalie was kept fully abreast of what was happening within Boxborough, because I think in order for her to be able to understand where she might be able to bring benefits she needs to be clear where we were with our developments and things were moving pretty fast .... So in part it was information giving from me to make sure that she was as aware of the current issue of the organisation and then on her part her sharing with me developments that she was at the heart of and organisations, individuals that she was linking in with that she thought might be of benefit to us. (LM Will)

7.5.4 The value of workplace support

The application for Fellowships is supported by the written statement from the Chief Executive of the organisation. However, it appears that once the Fellow is in place some organisations take little formal interest in the Fellows. Those projects where the Fellow was in a position to feedback, took it upon themselves to do so, and was supported by meeting structures, showed the value of better linkage and engagement.

7.5.5 The need for SDO support

There are a number of courses of action open to the SDO which might engender the achievement of this aim. Some of these are supportive actions and others are about instituting further requirements. In terms of the former, some Fellows would have liked the SDO to help them develop their role as intermediaries so that they might more effectively transfer knowledge and broker relationships. Some MFs and CIs would also have liked the SDO to have facilitated more formal opportunities for linkage and engagement with other SDO-funded projects:

I think that both the Fellowship programme and the research initiative would have benefited from more structured opportunities for meetings between the different research teams and SDO...just exchanging experience really. Finding out from other teams how they were utilising their research, their Management Fellows... what kinds of roles they were performing, are there opportunities that some other teams have identified that we've missed out on….confirming that everybody is doing exactly what we're doing would be reassuring.(CI Ashley)

Others suggested that future programmes could include more community and shared problem-solving:

The Fellowship part of it is missing ... maybe there's the potential for sort of action learning sets or something like that. (MF Natalie)

The issue of additional funding for the Fellows to attend conferences and meetings was a recurrent theme.

In terms of the specification of further requirements, the SDO could impose tighter selection criteria to ensure MF-NHS linkages and/or ask NHS employers to develop a plan for engagement within the organisation.

8 Implementation Issues and Overall Responses

This chapter is in two parts. In the first we turn our attention to implementation issues, notably the costs and risks of participation and challenges arising from change (in personnel, circumstances and NHS re-organisation). In the second part we report on overall responses to the programme and record the recommendations for the future of the programme as noted by our respondents.

8.1 Costs and risks of participation

8.1.1 Costs and risks to Fellows

Taking part in the Fellowships is not without costs. The costs for the Fellow were in terms of foregone opportunities, specifically for promoted posts which could not accommodate the Fellowship. This was true of MF Debbie whose 'dream' job became available during the Fellowship and to which she was asked to apply. After considerable thought, she decided not to pursue the opportunity. She explained:

When the post came up I actually got asked would I go for it?...[That was] really hard. [I asked] 'can I do it half time?' 'No, you'd have to give up your research'. Then I went away and thought there's no way I'm going to do that which was hard because it was...the next step up.

One MF was faced with a similar situation and decided to leave the Fellowship.

Concern was expressed by one Fellow who felt that having left the NHS to undertake her Fellowship she may have ceased to be an "insider" and that her knowledge and networks (her currency as a Fellow) were becoming outdated. Being on the Fellowship and out of the workplace had weakened her links with her NHS network and reduced her access to information from within the network – precisely those things that had made her attractive to the research project in the first place.

Three lots of consultation you know all on top of the job that you're trying to do and you don't get the sort of, you miss out on the sort of day-to-day informal

network, so you've got the stress of 'am I as up-to-date as I need to be to make some of the decisions I need to make?'. (MF Natalie)

Having so much to do and juggling both the Fellowship and their workplace commitments (in the case of part-time Fellowships, the typical model) was a particular concern where backfill was not instigated. Without backfill, there was a potential cost to the MFs in terms of managing their workload.

Another concern related to how secondment could endanger the return to the previous job. Both LMs and MFs expressed concerns that being out of the workplace increased the risk of the MF being made redundant or their post being abolished. Redundancy was seen as a barrier to encouraging engagement as the links to the employers was severed. In turn, this was expected to make it more difficult to recruit MFs in hard times. In one case where the Fellow was made redundant during their Fellowship, the CI hoped to employ the Fellow directly. In another case, the CI took the view that employing the Fellow directly "wouldn't fulfil the spirit of the Fellowship which was to have someone from the NHS seconded" so worked with the MF to try to find a new NHS employer.

8.1.2 Costs and risks to projects

The costs to the CIs were largely in terms of time. Many of the CIs reported the time associated with administering the Fellowship which included advertising and recruitment, chasing contracts and payments:

It's taken an enormous amount of our time to sort that out. (CI Priscilla)

When Fellows were made redundant by the employing organisation, or simply left, CI time was spent attempting to find ways to allow the Fellowship to continue.

Other time-costs were incurred by CIs and members of the project team in supporting and providing training for the MF. The questionnaire to the research team asked about time implications. In an open question respondents were invited to comment on the time implication of working with the MF noting additional time needed and/or saved time. Twenty-nine individuals provided responses. Respondents recognised that there were time costs associated with working with an MF (particularly in terms of monitoring, training, supporting, planning) but for most these were balanced by gains (for example, time saved in arranging access, additional

tasks undertaken by the MF). For others, time costs were greater than expected and not directly offset. Yet for others, the time balance was positive with the MF having overall saved the research team time. Extracts from the open comments are provided to illustrate these positions.

Where there was a perceived balance between the amounts of time lost and gained, comments included:

The activities in which our Fellow has been engaged have been a natural part of the project work. We have probably saved considerable amounts of time regarding the arrangement of access. Some additional time has been devoted to workload planning and review, and to the personal development of the Fellow.

Others corroborated this, explaining how working with the MF:

Required some extra time spent monitoring etc but also saved time as she was able to complete some additional tasks and added to the project in many different ways.

The Fellow brought an extra dimension to our project - which deepened our research project - in some ways this saved time, in others it meant we needed more time.

Balances out in the end - time spent mentoring is offset by time saved on gaining access – neutral.

Some referred to the time costs and these were noted particularly with respect to coaching: "Additional time has been required by her mentor (not me) to help her to get up to speed on the research process" and another noted the "additional time needed to redo their written work to make it useable". One respondent explained that the time cost was "something we had not anticipated. Training and explaining each step took time and because she completed the Fellowship a year before the project end we did not get full value for the effort we put in, in terms of taking on more of the research tasks". In a similar vein, because of the timing of the Fellowship, the MF "was not around at the times she might have been most valuable - analysis, interpretation and dissemination, so I think my experience is not a good measure of working with her. Her participation in discussion over data collection was very useful. I believe she facilitated access in some

instances". In a different site, the MF was identified as "another person to motivate and ensure effective contribution but a joy to do so". Another specifically referred to the additional time required being "time well spent": "some extra time required for discussion --time well spent". Another team member commented that the Fellowship:

Created opportunities -so required a re-prioritization of commitments, i.e. more time needed to benefit from the opportunities provided.

For a number of respondents, on balance having a MF on the team had saved time. Comments included:

Saved lots of time - having the MF on board has been very useful to us in almost all respects.

Tended to save time (avoid wasting time because of misunderstandings with research sites).

Saved time by indicating methods and techniques that would not be well received by some NHS staff.

For other respondents, time implications were not notable. Their comments included: "No impact", "No obvious time implications spring to mind", "No time implications above the norm" and "None".

Some research projects also reported that their Fellow's travel and conference attendance costs had had to be met from the original project grants and these had not been included in the Fellowship budget.

8.1.3 Costs and risks to the workplace

Backfill

A principal cost to the workplace related to the effort required to manage the MF's absence. Not all the MFs' workplaces used the funding from the Fellowship programme to pay for backfill to cover some of the work of the MF. LM John at Cottcrest NHS Trust stated simply: "I've not replaced her time with anybody else. It's very difficult to find someone to do two days a week". Although finding a capable replacement, typically on a part-time basis, could be a challenge, the benefits were two-fold: backfill could ensure

that some of the work of the Fellow could be maintained during their MF days (which was beneficial to the workplace organisation as well as the Fellow in terms of relieving them of some of their duties); secondly it could also provide a development opportunity for the staff member providing the backfill. Although MF Lesley was full-time on the Fellowship, workplace link Catherine saw some benefits to a part-time arrangement:

> *If she had have been doing it half-time, then that would have been a development opportunity for another person to have taken on the other part of her job, and that would have been... two people that would have been developed, instead of the one. And also, that would have been more of a support for Lesley in a sense, because she would have somebody back at base who she could then come and talk to about what was happening and what she was doing and so on.*

In terms of costs, it was noted that more than just the Management Fellowship days needed to be covered; there was a need to cover annual leave and sickness too. However, it was also evident that in cases where the staff member providing the backfill was on a lower grade than the MF, the SDO funding could buy more than just the Fellowship days.

The approach in Covington PCT seemed quite informal. LM Rozlyn spoke of how the appropriately skilled team assistant was able to provide some cover and how MF Susan retained responsibility for budget management:

> *Our team assistant has stepped up to quite a lot of it. We have been quite lucky to have somebody who has skills and interest who's taken some of that over. And there are other parts of, you know, Sue's job, in terms of managing the budget, she's managed to continue to do.*

Although the workplace had secured backfill, LM Demelza explained that it had been "somewhat of a nightmare". The principal reason for this related to MF Debbie's senior position: "she's in such an important post". They decided to use one of the senior charge nurses to provide the cover, initially thinking that half time would be sufficient to cover the days that were MF Debbie's Fellowship days. However, it transpired that this was insufficient: "in fact what it actually required is for the chosen senior charge nurse to come out virtually full-time... to cover holidays". In the event, they used an additional clinical nurse manager to help with the cover. Whilst challenging to organise, the line manager did not "regret it" although she added that "undoubtedly it's been bigger than we had anticipated... three days away from one of the busiest jobs, as you might imagine, leaves somewhat of a

gaping hole when the NHS requires everything done yesterday". Parting words of advice for others thinking of supporting a management fellow were to "think carefully about your cover arrangements if the post holder is someone who you are completely reliant on".

LM Wendy explained that to widen the appeal they provided permanent cover for the post, aware also that LM Lesley was not looking to return to her original position and expecting to redeploy her at the end of the Fellowship:

> *We did actually permanently cover the post.... It's unusual, because normally someone goes on secondment, you'd leave it open for them to return, you'd cover temporarily. We knew we didn't have anybody that would be able to do it or willing to do it, so ... we took the risk of completely doing a new recruitment with a view to redeploying at the end of her placement [Fellowship].*

LM Wendy also remarked that it would have been "extremely difficult" for someone to cover "a team manager/service manager level post" on a part-time basis. Thus there were a set of reasons why a full-time MF position was attractive, although it also had its drawbacks in terms of a lack of a workplace presence during the Fellowship.

LM Vivien reported that "the person who kind of acted up into her role to fill the other half of it, was somebody else who had been there a long time and was well respected as well, so from that point of view it's kind of worked quite well". He recognised that "this particular opportunity offered things to Hannah personally, to her team and to the organisation" but LM Vivien also noted a concern, adding that "nevertheless, in the short term I think those kinds of arrangements where people go out of the organisation on a part-time basis do have some operational downsides". Specifically, he explained how he "had a view that it might make things more difficult than it otherwise would have been to get the local agenda that I had, sort of delivered through that period". He referred to "the issues within the part-time secondment in how you protect the day job stuff".

Secondment creates gaps

Other LMs worried about the operational gap left by the secondment. The view of the LM was critical to whether the MF gets release in the first place and was needed to support workplace engagement with the project.

Despite these costs, the reactions to the Fellowship programme were broadly positive and it is to these responses that we next turn.

8.2 General reactions and issues

8.2.1 Overall views expressed in interviews

Within our evaluation framework, one aspect that the evaluation is concerned to consider is the reactions that the participants have toward the programme. In this section we report overall views as expressed by CIs, MFs and workplace line managers.

Without exception the CIs and MFs were supportive of the Fellowship programme, despite some of them encountering certain challenges.

Institutionally it's a little bit challenging, but in terms of the research team, it appears really good. I'd certainly, yeah, do something like that in the future if we get someone of that calibre. (CI Melanie)

In terms of the Fellowships, I'm really in favour of them. I think they're quite an innovative idea. I think ... they might look very different for different projects and that would be OK, and that, they have a specific purpose around knowledge mobilisation. All of those things I think are marvellous. (CI Sally)

MF Rosemary alluded to the individual nature of the Fellowships, adding that "I think they're great roles... There've been benefits all round".

Both CI Priscilla and CI Ruth felt that their experience had exceeded their expectations of the Fellowship programme.

It's been really good, very positive. Not just saying that. It's been really, really positive. Much better than I ever expected that it would be, partly because I didn't know what to expect. It's been enormously valuable and I think if I was going for bids in the future I would think very, very strongly about proposing something like this. (CI Priscilla)

I didn't have really high expectations of it, but I think it's probably exceeded what I thought it would do... and I think the things that its exceeded are not so much in the project itself, because I thought it would make a difference there, but in all

the spin-off stuff....I think for a relatively small investment it's actually been very productive. (CI Ruth)

Line managers tended to be somewhat more cautious in their praise. Although they were generally supportive of the Fellowships, they drew attention to caveats. For example, LM Vivien commented:

In general, I would support it [the Fellowship] if two things were the case. One is, was it something that was likely to bring benefits back into the organisation, and secondly, that we could come up with a practical plan for how to release the person's time that we were reasonably comfortable would work OK.

Workplace links, Peter and Catherine, both saw the value of the idea behind the programme: "building a group of managers that can transcend the research world and the operational world is... a very sensible idea" (Peter). In their particular case, they thought that perhaps more could have been made of the opportunity: "it could have been maximised much more" (Catherine).

8.2.2 Overall views expressed in questionnaire responses

General overviews were also provided in the survey to research team members. We report here responses to two questions. One was a request for reflections on what works well and the second enquired whether they would wish to work with a Fellow again.

In terms of their comments about what works well, a few team members had no suggestions saying that "from my perspective it appears to have worked very well"/ "it seems to be working very well at the moment". Others again reiterated its value in terms of improving access and linkages: "a very valuable aid to securing access to key informants/subjects in the NHS", "been a good and credible link with the NHS". Mutual benefits of such linkage were more fully expressed by some: "This interaction is crucial to putting evidence into practice, and producing evidence that is actually useful in practice", this linkage affords "NHS experience combined with insight to the research process".

An individual respondent expressed an enthusiastic response to the programme, drawing attention to a number of elements that in their opinion helped make the programme work well:

Embedding an 'end user' for project findings in the research team is extremely valuable. Providing the salary cost funding for this has been essential (particularly in the current economic climate). Also valuable that meetings for Fellows attached to different projects have been regularly held; excellent.

One respondent indicated a possible varied impact across the multi-site project by emphasising that "I think it worked very well for the site in which the Fellow was based".

Characteristics of the individuals themselves were referred to as a contributory factor to success: "It has been a pleasure to work with our MF. She has been highly organized, professional, and hardworking", "also commitment of the individual", "we have had a flexible Fellow who as a consultant can manage her days funded flexibly, that's been great".

In another question, to provide an indication of overall views on the MF programme, respondents were asked, given the opportunity, how likely would it be that they would want to work with an SDO MF again. Responses were given on a 10-point scale where one indicated 'very unlikely' and ten 'very likely'. Over three-quarters (24/31, 77%) gave a rating of at least nine. For 90% (28/31) the rating was at least seven.

They were asked to explain their rating and 26 provided a response. The open responses broadly related to the utility of the model, the particular MF and, caveats. First, the utility of the model: many revealed great confidence in the SDO programme itself in terms of enhancing research quality and relevance and, capacity building. Comments included:

I think it is an excellent model to keep the study grounded in the reality of the NHS managers' working lives and questions.

I believe that this model will provide a real opportunity to build capacity and understanding of research in the NHS and help to build bridges between researchers and the NHS. I also believe that dissemination of research findings into the NHS will be enhanced as a result of this model, although this is yet to be seen.

I feel that this does help research in practice and builds a much needed research culture in the NHS.

A more measured response was expressed by one of the respondents who recognised the "valuable contributions to securing access in the NHS, plus excellent knowledge of NHS systems and structures, but (understandably) less valuable contribution to data analysis and project reports".

Another respondent recognised reciprocity in the relationship: it is "very interesting to work with someone, doing what you are studying - a mutual learning process".

Lower ratings were also explained: "It has been fine but not a lot of use to the research I'm doing, although I've had some good conversations with the Fellow" and it "has not added value to the project and thus is not an efficient use of my time".

The particular Fellow was a second theme. Most wrote of a "very positive experience", again reiterating affirmative statements about the MF, referring to them as a "very capable and proactive individual" and their contribution to the project: "easy to work with, attends all of the project meetings, puts themself forward for working on aspects of the project, and contributes ideas and additional thinking", describing the MF as "essential to the smooth running of the project, and it has been a pleasure to work with her" and "I think having the MF on board was one of the most interesting aspects of this project".

Caveats about further involvement were also noted. One respondent would like to be involved in future but "on our terms and part-time. We would need a long lead time to be able to find the right person who could start with the project and see it through AND to negotiate a release". Another would welcome "some extra resource to fund training". A third simply added: "If we could have direct benefit".

8.2.3 General issues

The context of change

The SDO Management Fellowships took place against a backdrop of structural change and retrenchment in the NHS, where whole organisations faced abolition. Two Fellows were made redundant during the evaluation. Even without system-level change the NHS participants reported high levels of change. One Fellow was promoted, and several had changes of line manager. CI Valerie spoke of the "constant personnel change" and the

ramification of this: "the original CEO did see some value but nobody to follow through… unfortunate but I suspect not untypical". Research project teams remained relatively stable over the time period.

A number of our workplace interviewees, particularly those in primary care settings, noted how restructuring presented additional challenges arising from the extra work and the change in personnel. LM Rozlyn reflected that "The last few months have been very tricky" and added:

> *You know we're not even sure if , who our new line managers, who our new directors will be, what teams there'll be so I think really some of that has to emerge before we can work out our way forward.... We've got different leaders and that might pose a risk to us.*

"Another reorganisation" led LM Demelza to be reticent about supporting another MF should the opportunity arise in the future although she positively added that "once everything has settled down I wouldn't hesitate having another one".

Changes in personnel meant that in some cases the line manager 'inherited' the MF which could present a risk in terms of ongoing support as these individuals were not part of the original negotiations. It could also make it harder for the new line manager to establish working relationships. LM Vivien explained how he had inherited the situation, having become MF Hannah's line manager after the start of her Fellowship. He felt that having Hannah around on a part-time basis, "sort of diluted time" and made "it difficult establishing the relationship".

> *I think, from my point of view it's been, it's made it slightly more difficult. It's a strange environment because I took on a job in [month] 2009 ... and in the new organisation part of my responsibility was to take on the line management of a function and team where the team leader was out of the organisation two days a week, and I have found it difficult for that reason as well as others, to get a clear shared view and plan agreed of what we are trying to achieve and so on.*

LM Vivien also referred to moving into "a period of organisational turmoil" which could not have been predicted at the start of the Fellowship but which created additional challenges for the LM as Hannah was part-time on the Fellowship:

More recently the agenda has rather changed because of NHS organisational changes in commissioning with the advent in clusters and GP consortia and ... it's been kind of slightly more irritating for me to be trying to work with somebody who's only there half time and it's difficult to get anything done quickly just because of diaries and things like that.

Some of the case study sites also experienced changes in MF. In the Dixon site, MF Jocelyn left towards the end of our evaluation period, with about one year to run on her part-time Fellowship. Her line manager was surprised and disappointed at this. He was surprised at the direction she had chosen to take and disappointed about the outcome:

I'm realising that it isn't going to progress anywhere else. One of the fundamental reasons for that is the person who was in the post is leaving... Jocelyn's aspiration at the time that she went in to this was to pursue a career in research that was based both within a provider setting and a service organisation in an academic sense. That's why I thought it was an ideal, so it was a bit of a surprise to me when she's moved off in the direction she has... (LM John)

Whilst a stable situation could be seen as an enabling factor and a changeable one something that might impede the process of collaboration, in practice the impact of the change was not always predictable.

Sustainability

The focus of the evaluation was on Fellowships that were ongoing. However, two Fellows finished their Fellowships either just before or during the evaluation period. They provide some indication of what happens when the formal Fellowships comes to end. If getting release was difficult, can employers be persuaded to continue to release the Fellows on a part-time basis to exploit the linkages created as part of the Fellowships and to develop them further? Evidence of this is mixed. Across all Fellowships we found some indications of research involvement (actual or planned) beyond the Fellowship:

I've been put on the steering committee of two other projects. (MF Rosemary)

If we put a future bid in, I'm sure that we might ask Lindsay to be in, define the role as a MF, to try to put that in the bid – so not waiting for somebody to tell us what it is but to actually bid for it. (CI Priscilla)

In future, CIs with experience of Fellows might seek to build in similar arrangements as part of their initial funding applications in future. Sustainability will presumably depend on the workplace's willingness to release staff, which will be influenced by perceived payback. This requires evaluation in the future.

8.3 Recommendations suggested by participants

Our interviewees made specific recommendations for the future of the programme. At this stage we note their suggestions without further discussion. In the final section of this report we present the recommendations that arise from the evaluation. Here we give voice to the participants. We include recommendations that were suggested at the validation workshop.

8.3.1 Mainly for CIs

Where possible, work with managers at bid preparation stage and build them in. (CI without MF)

Ensure that expectations are clear, including expectations around formal training and qualifications. (MF Susan)

Give sufficient attention to Fellows' training and support needs as well as how they can contribute to the project. (Questionnaire response)

8.3.2 Mainly for MFs

Be clear about expected gains from the Fellowship. (Workshop)

Be clear about expectations of role in both the project team and workplace. (Workshop)

Engage with the workplace – "colleagues' views invaluable". (MF Hannah)

8.3.3 Mainly for workplaces

Confirm internal support (not just at chief executive level) and ensure understanding: "There needed to be better understanding of the potential of the role in the NHS institutions otherwise I guess it's just seen as personal development for someone". (Questionnaire response)

Use the funding to provide MF cover/backfill. (MF Hannah)

The workplace line manager should be expected to meet periodically with project team. (Workshop)

Find ways to maximise early impact of learning within own organisation. (LM Vivien)

Allow space (time and place) for the dissemination of the research findings and encouraging MF engagement with the broader NHS context, not just their immediate sections/departments. (Workshop)

Show commitment to research and plan to build on the MF experience post-Fellowship: will the Fellow "either come back into a management position, but have a research part to their role, or move into a slightly different area where they would be doing something like service development and redesign and evaluation?" (Workplace link Peter).

8.3.4 Mainly for the SDO

Provide clearer guidance on expectations and support but retain scope for unique responses. (Workplace link Catherine; CI Sally; MF Debbie; Co-A Harold; reiterated at workshop).

There is a kind of sense of we've got the money and now we're left to it, of which, you know, I accept and am grateful for the funding (laughs). Absolutely and I don't expect someone to have to tell me how to do things, but there's a kind of overall absence of dialogue there. So it seems in terms of spending your money on something that's very emerging, you might have wanted to have a bit of discussion.... Don't get too rigid in the way you organise those Fellowships. I thought one of the marvellous things about the current array was look how differently we organise them...[I]t will really depend on the nature of the study, the contacts the team already have, all sorts of things, so I think it would best that- keep that potential open. (CI Sally)

There is a responsibility from the SDO to...give it perhaps some more support.... It's all very well us meeting but it would actually be nice to have a wee bit more structure from the SDO and a wee bit more support, because I don't think anybody's, you know, been in touch and said, you know 'How's it going Debbie?' It would be nice to have a mentor from the SDO. (MF Debbie)

Specifically, provide more direction on dissemination and "knowledge mobilisation". (MF Jocelyn)

I think it would have been nice if SDO had played a much greater role in direction in terms of knowledge mobilisation... we've been left to our own devices to do it and I think a bit of direction would be good. (MF Jocelyn)

Provide guidance on costs available to support the non-staff costs of the Fellow, e.g. for conference attendance, travel. "Pay for transport to a few conferences" (CI Ian); "Debbie's come down to all our project meetings... and she's going to meetings at the SDO, but our project budget which doesn't have her in it, is paying for it"(Co-A Harold). (Reiterated at workshop)

Help with Fellows' contracts. (CI Priscilla)

Consider whether MF appointments should undergo a probationary period before the Fellowship is confirmed. (Workshop)

Facilitate more dialogue across project teams (joint activities/networking). (Workshop)

Make funding available post-Fellowship for a few days per year - to facilitate dissemination and knowledge exchange; and Fellows' alumni meetings (MF Rosemary; MF Debbie; Co-A Harold; CI Ian; CI Priscilla; Questionnaire responses; reiterated at Workshop). "I hope they've (SDO) got some kind of plan to invest in people enough to take some Management Fellows maybe have them work three hours a week supporting, advising" (Co-A Harold). It was suggested at the workshop that alumni activity might be facilitated by a website (which might include 'old' MFs sharing their experience with 'new' MFs) and include:

- debriefing seminars
- further training
- newsletters
- conferences, e.g. every few years

Consider past Fellows becoming mentors for future Fellows. (MF Debbie)

Consider developing a register of interested managers. (CI without MF)

8.3.5 For all

"Choos[e] a suitable candidate with the right expertise, seniority and clinical management background" (Questionnaire response). Aim for a good match between project and personal and service area of development (MF Hannah). Do it for the "right" reasons. (Workplace link Peter)

Ensure that all parties understanding what is expected and how it would work. Written documentation would help in the case of changing personnel. (LM Vivien)

Be aware of the benefits of a part-time (rather than full-time) Fellowship. (MF Hannah; MF Debbie; Workshop; Questionnaire responses)

Adopt a flexible approach to the Fellowships in terms of how time is divided between the workplace and the university, the balance flexibility and structure (MF Hannah) and timescales (Questionnaire response):

Rigid timescales don't work well with applied research that almost invariably runs up against problems caused by unrealistic expectations and plans. Flexibility is needed for resolving problems, grasping opportunities and making best use of resources: the SDO does not allow enough of this.

9 Discussion

This evaluation had shown that all the MFs and all the CIs and their research teams benefited from the SDO Management Fellowship programme. Perhaps most notably, MFs developed insight and understanding of research through the experience of working alongside researchers and project teams gained from the insider knowledge that Fellows contributed. This is not to say that gains were without cost. Costs were found principally in relation to MFs' opportunities foregone and to additional time and resource commitments for CIs. And this is not to say that gains were specifically or solely related to the programme's intentions: we have evidence of unintended benefits, the Fellows developing capabilities beyond the ability to assess, appraise and use research, for example. Without exception the CIs and MFs were supportive of the Fellowship programme. The outcomes for the workplace were more complex and in part, yet to be determined. Part of the complexity relates to change and uncertainty within the NHS. Wider contextual factors had a bearing on outcomes.

Despite acknowledging that "collaborative research is a journey without a clear destination"[73], we have identified factors that have served to enable or constrain the achievement of the programme's aims. Some of these were specific to particular aims but a number of them were relevant to all three aims – quality and relevance of research, capacity development and linkage, engagement and exchange – as well as to processes and dynamics (including set up arrangements). These pervasive factors include the importance of agreeing and managing expectations (it helped to have clear motivations which combined both personal and organisational agendas, which fitted well with the research topic), selection of Fellow, and support mechanisms. From our analysis we have been able to outline recommendations that can be used to inform the future development of the programme and we set these out in the final chapter.

In this chapter we begin by drawing attention to the strengths and limitations of the evaluation. This is followed by a discussion of the findings as a whole and in relation to our reading of the wider literature, although we recognise that many of the programmes reported aim to link *clinicians* with research projects rather than managers (that included some individuals with a clinical background).

9.1 Strengths and limitations of the evaluation

9.1.1 Strengths

This evaluation is based on a detailed analysis of the operation of the Management Fellowship programme in ten sites. By focusing on the individual-level processes and dynamics we have developed a fine-grained understanding of the execution of the initiative in action and insight into how it functions in practice. We offer detail which is often lacking from theoretical models of what works in practitioner-researcher collaborations. The SDO itself has funded a lot of work on existing literature[29], but there have been few attempts to integrate models that take account of the product, individual-level factors that influence learning and behaviour, and interactions with organisational factors and test them in practice. Currently, there is a tendency for authors to conduct reviews of frameworks or approaches (e.g. Estabrooks *et al*.[87]), but little attempt to synthesise or test them in practice. Hanbury *et al*.'s intervention within the Leeds, York and Bradford CLAHRC was "shaped by diffusion of innovation theory".[88] Ramsay *et al*. trialled a knowledge mobilisation approach based on the theory of planned behaviour.[89] We would argue that this is the first study that has looked in detail at processes: the nature of the contributions and the factors affecting that.

The study was designed with care. We were careful to seek data not only from the CIs and MFs but the range of participants in the programme, including the wider research team and importantly, the MFs' workplace colleagues (LMs and others). Our approach to questioning was informed by Kirkpatrick's model of programme evaluation although we were not restricted by it and a strength of our approach was to critique the model and offer a development that was more meaningful to this evaluation. We also engaged critically with the literature and sought to clarify terminology. Terminology was often ill-explained and interpreted differently. In our report, we have attempted to offer a clear exposition of our understanding.

Our study provides examples of practice from which to draw lessons. And that these messages are indicated by many voices and from a range of perspectives gives confidence in the recommendations. The consistency of views enhances the validity of the findings. Our methods included meetings with stakeholders at which preliminary findings were discussed. A notable event was a workshop held with members of research teams, 'old' and 'new' Fellows and others. It was unfortunate that representatives from NHS workplaces were unable to attend, an outcome that may reflect the circumstances of the times or the differential value they placed on the endeavour.

As part of this formative evaluation, we provide a set of recommendations that are clearly rooted in the experience of those taking part in the programme. These are well evidenced and provide a means of enhancing the future success of the programme. The intention of the study is to present something useful for the SDO as the funder of this work. It does however need to be recognised that our findings reflect a particular period in time and we suggest that further study be conducted at a later date. Such study could better explore the longer term impact of the programme and issues of sustainability.

9.1.2 Limitations

There are limitations to our study. The evaluation did not aim to "test" capacity development or provide independent observation of a before-and-after nature of any reported impact on research quality and relevance, or on the development of linkages, engagement and exchange. Our findings within these ten case studies are not related to a baseline of what went before. Some of the programmes seem to build on existing relationships which may make it hard to isolate the influence of this partnership. For example, King *et al*. note that the partnerships they evaluated had been in existence for between 4-20 years.[76] We relied on self-report and triangulation of responses from colleagues.

The evaluation reflected a limited time period and respondents' views may alter over time. Our interviews with individuals took place at one point in time (although we did meet them on a number of occasions at events and conducted short follow up telephone interviews with a few MFs). Our report does not capture change within the project. This also means that we have been unable to explore events that had not yet happened, such as dissemination of final project outputs.

We were unable to talk to all those in the workplace that we had identified as important. While we have rich data from workplace colleagues it is not as complete as we had hoped. Although we were persistent in our approach, there were a few who remained elusive. And workplace representatives were absent from our consultation workshop event, despite funds being offered to facilitate their attendance. Similarly, the response rate to the on-line survey of members of the research team was lower than we had hoped, although reassuringly at least two responses were provided from each site. Reasons for this low response rate may relate to some members of multi-site project teams having little knowledge of the MF.

9.1.3 Discussion of outcomes

The evaluation of the SDO Management Fellowship programme indicates that such collaborations do impact on the quality and relevance of research resulting in clear benefits for the project and researchers. In contrast with studies reporting that payoffs may not occur in the short term[55], here there is evidence of significant early benefits arising from collaborations. In other respects our findings resonate with previous studies on collaborative research. These include improvements in research quality in terms of generating better insights and meaning and greater relevance[38] and improvements to the researchers' "practical and conceptual understanding of their fields".[3]

The Management Fellowship programme also developed the capacity of the NHS managers participating in the programme. Fellows clearly gained in terms of personal development which accords with Garland *et al*.[4]who noted "significant personal impact" and described capacity building in terms of learning a language and new skills.[4] Furthermore, the consequences were arguably wider than intended: the range of capabilities developed by the Fellows goes beyond their ability to assess, appraise and use research. These particular skills might be better developed through targeted training rather than direct involvement in primary research.

The formative evaluation of the programme sought to understand process and contextual issues that led to success. In line with some other studies, "soft" factors were found to be important, for example mutual respect.[4] Concerns about hostility were also found in earlier studies[4, 38], but not in the responses from SDO MFs about CIs. Contrasting with other studies, we did not find a lack of skills on the part of the researchers to engage, nor barriers arising from power differentials.[3] Some of the advice offered in the literature, such as academics being less arrogant[38] has limited relevance in this context. Commitment to equality and mutual respect were characteristic features of the CI/MF relationship.

Denis and Lomas suggest that trust develops from the interactions of the collaboration.[73] However, in these Fellowships trust in the people and belief in the benefit appear to have been an antecedent factor that facilitated interaction and commitment during more difficult phases of the collaboration. This perhaps supports the development of other factors which appear to assist success: a willingness on the part of the research team to accommodate the Fellow's aspirations, a readiness to adapt to changing

circumstances on both parts. We would agree that "the success of collaborative research depends as much or more on the people involved as the processes they put in place".[73] However, we would also argue that processes can be established that enable the most to be gained from the programme.

Getting the right "fit" between project, Fellow and workplace seems key to the success of the collaboration and this finding concords with the wider literature.[1, 2] Whilst not stated in these terms, ensuring the "right people" are selected as Fellows has implications for the validity and credibility of the research study. The evaluation suggests factors that CIs and Fellows should consider in achieving this match. In judging the suitability of an individual for a Fellowship, it is advisable for CIs to consider questions such as whether they have appropriate connections, fitting experience and role, credibility amongst colleagues, backing from senior colleagues. Potential Fellows need to consider how the Fellowship fits in with their career plans, what the role will entail, whether the project offers appropriate opportunities for skill development and whether they are likely to succeed in negotiating release for the secondment. How the project fits with an organisation's desire to improve in that area is an important consideration for the workplace. The timing of the individual Fellowships needs to be matched with the expectation of the role.

Bartunek *et al*. introduce Lave and Wenger's idea of "legitimate peripheral participation" which would be helpful in developing workplace capacity in future. This refers to the idea that "knowledge is passed on in a form of contextual practice that allows newcomers to gradually become full members of the community".[38] In the context of the SDO Management Fellowships this gives additional weight to some of the learning highlighted – making sure the Fellow is linked properly to the workplace, that systems are in place to link with the "right people", and a plan for engagement in increasingly widening circles.

Failure to articulate clearly the purpose of the programme is liable to impact negatively on its success. We highlighted an absence of definitions of quality, relevance and capacity and note that the use of the terms engagement, linkage and exchange are confused in the literature. We used participants' interpretations of contribution and drew on the notions of validity, utility and credibility to identify impact on research quality. When considering impact on capacity, rather than focusing specifically on accessing, appraising and using research evidence, we looked more broadly at how the Fellowship programme developed Fellows' own and their organisation's *understanding* of research processes and evidence. Fellows

and workplace colleagues seemed to take the quality of the work for granted and have a more uncritical understanding of evidence.[7] Our evidence of service providers learning to critically appraise knowledge is limited. For the third aim, we reviewed separately the impact of the Fellowship programme on linkage, exchange and engagement, accepting that the terms themselves are problematic.

Denis *et al*.'s evaluation of CQRS found differences in the distribution of involvement in the research process, compared with the SDO Fellowships.[25] In particular, all their respondents reported the highest levels of engagement around "defining research questions", followed by "dissemination activities" and these were also the two activities with the highest rating of "importance of practitioners influencing the research process". In the case of this SDO initiative, impact may be limited by project aims and methods predating the Fellows or the Fellowship ending prior to dissemination activity. That both dissemination activity and the topics are researcher-led because of the timing of the Fellowship challenges the notion that the programme is collaborative. This makes it more difficult to adopt a truly interactive model of exchange with a two-directional flow. The SDO Management Fellowships are currently designed such that the practitioner is not involved in defining the research questions, and this was not mentioned as an issue by participants. More participants mentioned the practitioners' role in dissemination strategies, but again few projects had timed their Fellowships to really support this process. MFs were cautious about passing on emergent findings from the project although often this is what LMs were looking for as part of an exchange process. They spoke of how early findings could help them "get ahead of the game". That such exchange was rare suggests that in many cases CIs were not operating with a concept of knowledge that recognised its co-produced and transient nature. Indeed in some cases, there was an indication that dissemination would happen only after findings from the research project had been confirmed.

One of the aims of the interactive or exchange model is to improve the timeliness of the research. Crosswaite and Curtis, for example, argue that: "policy-makers cannot always wait for the research results to be published. The key to promoting the exchange of information and addressing the issues of responsibility and ownership would appear to lie in establishing sustainable linkages between managers, researchers and research users".[90] However, the interactive model fits some research paradigms better than others and Bartunek notes that concerns about research rigour and violations to objectivity can be off-putting to some academics.[38] It might be relevant that all but one of the research projects in this study was primarily qualitative. What is also relevant in discussion of dissemination

and exchange is the question about the structure and opportunities available for Fellows to report back to their workplace and how workplace colleagues might contribute to data interpretation and validation processes. The evidence in this study suggests scope to further develop such exchange.

There is a vast literature on how to disseminate which could be usefully tested and developed by the Fellows if dissemination is seen as part of their role. For example, Lomas offers a list of skills and attributes of a good "knowledge broker" and a list of activities in which they could engage.[56] However, whilst plausible, the evidence-base is limited. Kramer *et al*. note that whilst interactive models of knowledge transfer are necessary for the effective transfer, they may not be sufficient.[91] And they do carry significant opportunity costs. This again points to the need to know how they work and how to ensure effort is put to best use. This may have implications for who is recruited as a Fellow, as well as what they do. It is also likely that there is not one best way for the MFs to communicate with their colleagues. There a number of papers that offer such guidance.[7, 26, 91-97]

Rather than look to opportunities to develop capacity within the MFs and the wider management community to access and appraise evidence beyond the specific project, there tended to be a discrete project-focus. That the Fellowships operated within these more narrowly confined remits raises issues of sustainability. Having said that, Fellows' broad understanding of research processes was developed and this did contribute to capacity development. But the extent to which it will be sustained beyond the end of the Fellowship will depend on whether opportunities are made available to the Fellows to utilise their new capacities. It seemed that little thought had been given to roles beyond the Fellowship. An obvious exception to this was the Fellow who, as part of the Fellowship, had enrolled to study for a doctorate on a part time basis through which she will retain contact with some members of the research team. It will take planning and support – from the workplace, the research community and the SDO - to capitalise on the Fellowship gains, not only in capacity but also in terms of linkages and engagement. We should be mindful that the programme is about changing behaviour for positive outcomes – improved organisational efficiency, improved patient care – not simply about knowledge mobilisation.

Benefits for the research team were clear. Denis *et al*. found that "exchanges seemed to be slightly more satisfying for researchers than for practitioners".[25] The flow of (insider) knowledge from the NHS, via the MF, to the project was good. This strand is not the usual focus within the

knowledge mobilisation literature which is more typically concerned with the flow from research to the workplace. Calling the activity 'knowledge mobilisation' is potentially misleading and distracts from the philosophical assumptions of the programme.

According to the literature the workplace environment needs to be adaptive or absorptive if it is to make use of knowledge.[58-60] Characteristic features of such an environment include readiness to change, trust and flexibility, such qualities as have been indicated within our findings.

The lack of clarity about the overall purpose of the programme was clearly confusing for some CIs in particular who felt they were finding their own way. We found difference in interpretation over what MFs were allowed to do within the research project, specifically around data collection. Some CIs did not appear to see adding capacity as part of their role. The programme would benefit from a clearer articulation by the SDO about expectations, with terminology defined. A clearer idea of what to strive for could assist project teams specify the sort of Fellow they need, the best timing of the Fellowship, the benefits to workplace organisations and, could help to better identify the kind of support and training needed by the Fellow. It is an open question whether the different objectives of the programme can be equally facilitated by a single Fellow or indeed whether a suitably outstanding individual needs a programme. All recommendations for the programme are detailed in the final chapter.

10 Conclusions and Recommendations

10.1 Conclusions

The SDO Management Fellowship Programme is a mechanism for bringing together and developing collaborative partnerships between those researching health service management and those who manage it. Clear benefits have been derived from the programme: Fellows enhanced the validity, efficiency and credibility of the research, improved their own knowledge and skills, and served as the conduit for linkage, engagement and exchange.

Improving research utilisation is a complex undertaking which requires greater understanding of what happens when practitioners and researchers are brought together and this report offers insight into the dynamics of collaboration. Focusing on contextual factors that enable or impede the process of collaboration provides a useful guide to enhance research quality, managers' capabilities, and linkages and exchange. Whilst consequences are not always predictable, and this evaluation does not point to a simple model for success, it is clear there are critical success factors around "fit", the articulation of purpose, and the provision of support. There is scope for greater alignment of expectations and outcomes, with the potential to leverage greater impact, and the opportunity for research teams to build more sustainable collaborative relationships with NHS colleagues.

Research improvements, personal development of Fellows, and enhanced exchange will make little difference if they are unable to affect change in the workplace and increase research utilisation. The application of research evidence in the workplace may contribute to better health services and improved patient outcomes. Our evidence of the impact of these collaborations on the wider manager community and beyond the specific project was limited. Successful engagement processes were related to MF qualities and their regular contact with the NHS organisation. We have limited indications of exchange between the research team and the workplace directly. Benefit to the wider NHS organisation arising from the Management Fellowship programme was not obvious in some cases. The extent to which this was a feature of timing (our contact with participants was usually prior to project dissemination activity) and wider circumstances (changes within the NHS) could be explored in a longitudinal study.

The key area for development is better integration of the MF and the workplace. Some lessons can be drawn from those MF and workplaces that did it well. Through the clear identification of lessons learnt, this report is a contribution to the evidence base on how to promote greater engagement between the research and management practitioner communities.

10.2 Recommendations

10.2.1 Primary recommendations

The primary recommendations arising from the evaluation concern all parties and relate to all three programme aims (research quality and relevance, improved capacity, and better linkages, engagement and exchange) and wider processes.

1. The expectations of the Fellowship need to be clearly articulated and agreed by *all* concerned, not only the Fellow and CI. The workplace line managers should be clear about the expected benefits of the Fellowship. Each party needs solid motives for taking part and these need to be made explicit: what does the Fellowship programme offer them and how does it fit with their wider goals? All should also be aware of the real and potential costs of taking part.

2. The selection of the Fellows is critical to the success of the programme. Careful thought should be given to the desired experience and interests and these should be well matched to the appointee and their ambitions.

3. To achieve the programme's aims, Fellows need support. The project team, the workplace and the SDO all have a role in this. Not only formal but informal support is also important.

4. An environment of mutual respect, trust and openness should be developed and maintained by all participants.

5. Review meetings provide opportunity for all parties to raise and discuss issues and these should be timetabled.

6. To support sustainability, thought should be given to what happens after the end of the Fellowship so that MFs can build on and utilise their experience and develop longer term relationships involving interactions with the research community over a longer period of time and beyond the specific Fellowship project.

In addition to these core recommendations, a number of more specific recommendations which concern mainly one party are suggested from the data. These are noted below.

10.2.2 Specific recommendations

SDO

- Provide clear guidance on the SDO's expectations of the programme and clarify terms used.
- Allow sufficient time for the Fellow recruitment process.
- Consider maintaining a database of interested managers.
- Continue to adopt a flexible approach to eligibility criteria for Fellows.
- Whilst maintaining a flexible approach to the timing of the Fellowship, encourage CIs to recognise the benefits of part-time Fellowships that continue into the dissemination phase of the project (and possibly beyond).
- Consider imposing selection criteria to ensure sound MF-NHS linkages and/or ask NHS employers to develop a plan for engagement within the organisation.
- Provide support for CIs who are struggling with MF contracts and payment.
- Encourage projects to include costs for MF travel and subsistence expenses related to attendance at MF related meetings and dissemination activity.
- Provide training for Fellows in knowledge transfer and brokering and opportunities for shared problem-solving.
- Consider instituting a (funded) mentoring scheme whereby former Fellows mentor new Fellows.
- Provide funding for former MFs to attend post-Fellowship meetings and support alumni activity (such as newsletters, seminars, meetings).

- Provide more opportunities for linkage and engagement with other SDO-funded projects.

- Appreciate that a small number of Fellows will not transform a service.

- To understand the longer term impact of the programme, invest in a future evaluation.

CI and project teams

- Recognise that it may take considerable time to identify and recruit the 'right' person for the Fellowship.

- Recognise the benefits of part-time Fellowships (concurrent workplace engagement) that continue into the dissemination phase of the project (and possibly beyond).

- Within the context of a broad plan, it is appropriate to allow the detail of the Fellow's contribution to evolve and respond to changing circumstances.

- Support the Fellow in reporting early findings from the project where appropriate, and help provide other opportunities to develop research understanding in the workplace (e.g. by sharing expertise in literature search techniques).

Fellows

- Recognise the benefits of part-time Fellowships (concurrent workplace engagement).

- Adopt a proactive approach to the Fellowship.

- Share early findings (where appropriate) and related literature with the workplace.

Workplace

- Look for congruence between the project focus and the development needs of the organisation.

- Share Fellowship plans and expectations widely within the organisation.

- Although difficult to arrange, backfill/cover should be used so that workplace demands on the Fellow are appropriately managed. Where possible, use backfill as a development opportunity.

- Facilitate engagement by organising regular meetings and events at which the Fellow can share their learning from the Fellowship and report on research findings that may be of interest.

- Plan for and develop a role of the Fellow post-Fellowship that builds on and utilises the experience.

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Appendix 1 Description of the Management Fellowships

In this section we set out a brief description of the research projects to which the Fellows were seconded and provide information on the Fellowship and the Fellows' workplace and background. All this information is publicly available. In the main body of the report our informants have been anonymised.

Chief Investigator: Dr Paula Hyde at Manchester Business School

Management Fellow: Dr Charlotte Haynes, Stockport NHS Foundation Trust

The Project Team

This project, 'Roles and behaviours of middle and junior managers: managing new organizational forms of healthcare' was led by Dr Paula Hyde at Manchester Business School. Including the Chief Investigator and the Management Fellow, Dr Charlotte Haynes, the project team comprised: co-applicants Dr Leo McCann (Manchester Business School), Professor Jonathon Morris (Cardiff Business School) and Professor John Hassard (Manchester Business School), the project manager and a Research Fellow.

The Project

The aim of the 39-month project, funded at £427,035, was to understand middle and junior managers' working lives and how they contribute to wider organizational performance. The study explored and compared their roles, behaviours, interactions and effects on service delivery and organizational performance. The project came under SDO's Management Practice in Healthcare Organisations theme.

The study adopted an ethnographic approach focused on clusters of managers working under different organizational forms of governance. The sites were drawn from four types of healthcare organization (Acute Trust, Ambulance Trust, Mental Health Trust, Primary Care Trust). Multiple

methods of data collection were employed including observation, diaries, in-depth interviewing, organizational documents.

The team began project work in January 2009 and the Management Fellow was engaged in the April of that year. The project was extended by three months to coincide with the end of the Fellowship. The publication date of the project report is October 2012 (see website: http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1808-241#).

The Fellowship

Charlotte was engaged for a period of 36 months on a part-time basis (one day a week in the first year, increasing to two days a week from year two). With a DPhil and BSc in experimental psychology and experience of contributing to research studies, Charlotte came to the Fellowship with experience of quantitative research. The Fellowship provided training and experience in qualitative social sciences research methods (ethnography). During the Fellowship, Charlotte moved between the university and her workplace. At the Business School she shared an office with the Research Fellow.

Fellow's Workplace

Charlotte took up the Fellowship with six years experience as a manager and the Research and Projects Lead within the Clinical Effectiveness Unit at Stockport NHS Foundation Trust (SFT). Her secondment to the Fellowship had the backing of her line manager.

Notable Changes

Charlotte took up a post elsewhere and left the Fellowship programme about a year before the end of the Fellowship.

Chief Investigator: Professor David Buchanan at Cranfield University School of Management

Management Fellows: 1: Sue Lawrence, Addenbrooke's Hospital

2: Ciara Moore Addenbrooke's Hospital

The Project Team

The project, 'How do they manage? A Study of the realities of middle and front line manager work in healthcare' was led by Professor David Buchanan at Cranfield University. It was a collaborative research project between Cranfield School of Management and Cranfield Health, with all the team based at Cranfield but taking responsibility for the different NHS Trusts in the study. Two researchers were employed on the project.

The Project

The project was funded to run from January 2009 to December 2011, but has since been granted an extension. The project came under SDO's Management Practice in Healthcare Organisations theme. The value of the grant was around £4.7K. The study used mixed methods to understand the experience of middle and front line hospital managers, their role in change, and links between practice and performance; with particular focus on patient safety and serious incidents. The study was multi-site and used a range of data gathering methods: interviews, non-participant observation and a "60-40 survey" in which 40% of the questionnaire items are tailored to the specific trust. The study was described as "collaborative" and built in briefings and feedback to NHS study-site managers throughout the study. (See http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1808-238)

The Fellowship

This site had two Fellows as one left the programme early. The first Fellow, Sue Lawrence, joined the project in August 2009 for a year. Her commitment to the project was part-time, although a full-time secondment had been planned. The later Fellow, Ciara Moore, took up her post officially in April 2011. Her commitment to the Fellowship was for 10 months in total; eight full-time months followed by two additional months described as "'roving' project days". This was designed to engage the Fellow at different stages of the project, including dissemination.

Fellow's Workplace

Both Fellows worked at Addenbrooke's hospital. The first Fellow had a nursing background and had moved into management. The later Fellow, Ciara Moore, was a career manager, employed as Operations Manager, Medical Directorate. Both had the support of their line managers.

Notable changes

The notable change in this Fellowship was the early departure from the programme of the first Fellow and her replacement with another.

Chief Investigator: Professor Jacqueline Swan Warwick University Business School Management Fellow: Claudia Roginski, Coventry PCT

The Project Team

This project, 'Evidence on Management Decisions: advancing knowledge utilisation in healthcare management', was led by Professor Jacqueline Swan, based at Warwick University Business School. The research team comprised nine people in total, including two research fellows (one based in the Business School and the other in the Health Services Research Institute, Warwick Medical School which is located a short distance from the Business School). The IKON (Innovation, Knowledge and Organisational Networks) administrator, also based in the Business School, was considered an integral member of the project team.

The Project

The aim of the project, funded at £475,529, was to investigate the utilization of knowledge in management decisions, focusing in particular on PCT commissioning. The project viewed evidence as co-produced through the interaction of a range of professional and managerial groups, including commissioning managers, public health experts, finance managers and clinicians. The methodological approach included a mix of qualitative and quantitative methods, structured in stages. Activity included interviews, observations and case studies of commissioning decisions within four PCTs, a survey, user engagement and feedback, development of guidance and dissemination. A Scientific and Stakeholders Advisory Panel (SSAP) was used to guide the research and included representation from national agencies and key opinion leaders.

The team began work on the project in April 2009, three months later than anticipated, and the Management Fellow was engaged at the same time. The two year project was due to end in 31st March 2011 but an extension as granted and the report publication date is April 2012 (see website: http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1808-244#)

The Fellowship

Claudia was engaged for a period of 24 months on a part-time basis. She officially joined the other eight team members in April 2009. Claudia spent most of the initial few months in the Medical School although for the

majority of her Fellowship she was based in the Business School, where she shared an office with the qualitative research fellow.

Fellow's Workplace

She has extensive managerial experience and also a research background. In her home workplace, Coventry PCT, Claudia's role is 'Head of Information'. She took up the Fellowship with the full backing of her line manager, the Director of Strategy, Commissioning and Information at the Coventry PCT.

Notable Changes

During the course of the project Coventry PCT and Warwickshire PCT were combined under a single executive team known as the Arden NHS Cluster. As a result of the merger, Claudia's line manager changed; for the latter part of the Fellowship she was line-managed by the Chief Information Officer of the Arden Cluster.

Chief Investigator: Professor Sue Dopson, Saïd Business School, University of Oxford

Management Fellow: Janette McCulloch Camden PCT and freelance consultant

The Project Team

This project, 'Increasing the motivation and ability of healthcare managers to access and use management research' was led by the Professor Sue Dopson at Saïd Business School, University of Oxford. In addition to the Chief Investigator, the team included Professor Ewan Ferlie (Department of Management, King's College, University of London), Professor Louise Fitzgerald (Leicester Business School, de Montfort University), Dr. Gerry McGivern (Department of Management, King's College, University of London), a full-time Research Fellow (based at King's), a part-time researcher, a PhD student (also based at King's) and the Management Fellow Janette McCulloch.

The Project

The aim of the project, funded at £499,307 was to explore how managers (general and hybrid clinical-managers) access and use management

research-based knowledge in their decision-making and factors affecting this. The project started in July 2009 and the date of the report publication is October 2012 (later than initially planned) (see http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1808-242#).

The project was designed to be undertaken in three phases with data collected from interviews with 20-30 managers in the case study organisations and the formation of three action learning sets (for sharing and developing research-based learning). Research sites were diverse and were drawn from acute Trusts, PCTs, private organisations, management consultancy, translational research centres (e.g. CLAHRC), regulatory agencies, and the Department of Health.

The Fellowship

Janette was engaged for the duration of the project on a part-time basis (a day-and-a-half a week) which in practice was worked flexibly. For her Fellowship time Janette was based at the Department of Management, King's College, University of London. She connected with several different members of the research team.

Fellow's Workplace

Camden PCT was Janette's sponsoring organisation and in recent times she has worked on a number of freelance contracts with them (facilitating training and development). With an MSc in Organisational Behaviour, she works as an independent consultant on staff development, facilitating change in organisations and mediation. She also had research experience including past experience as a member of a research team led by one of this project's co-applicants.

Notable Changes

At the time of the study there was considerable change in NHS provision in North London.

Chief Investigator: Professor Christine Edwards, Kingston University Business School

Management Fellow: Chris Smith, SW London and St Georges NHS Trust

The Project Team

This project, 'Explaining health managers' information seeking behaviour and use' was led by Professor Christine Edwards based at Kingston University where she is the Director of the Institute of Leadership and Management. Co-applicants included Mary Chambers, Professor of Mental Health Nursing within the Faculty of Health and Social Care Sciences, which is a partnership between Kingston University and St Georges, University of London.

The project was run from Kingston University, where Christine worked with the core team, including: two full-time research fellows, one of the co-applicants Dr Jonathan Purchase and Dr Petula Levi. These five core team members were joined by the Management Fellow, Chris Smith, for one year. Four other co-applicants made up the full team: Professor Jonathan Price; Professor Vernon Kelly, Dr John Coles and Professor Catherine Connelly.

The Project

The aims of the project, funded at £315,286, were threefold: to analyse the information behaviour of health service managers in decision-making in innovative change projects; to identify the facilitators and barriers to the use of information; to develop guidelines for improving practice. The research design and analysis was informed by user/participant involvement. Mixed methods were adopted within a two phase design:

Phase 1 - four case studies in a range of settings (acute, mental health and PCT) Analysis focused on decision events, and managers' behaviours and attitudes. Data collected from critical incident interviews, documents, q-methodology and interviews.

Phase 2 - two surveys, one of managers (nationwide n=500 across 50 Trusts), and one of information intermediaries (n=50-100).

The project was granted an extension and the publication date for the report is September 2012 (see website http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1808-243#)

The Fellowship

Chris Smith was employed on the Fellowship full-time for 12 months. Although the Fellowship was granted in January 2009, the anticipated start date of the project, funding was not awarded until June 2009.

Fellow's Workplace

Chris's workplace role was as a front-line operational manager in SW London and St Georges NHS Trust, although as he was seconded to the Fellowship on a full-time basis, he had little contact with the workplace during the time on the Fellowship. A replacement was appointed for the duration of the secondment. In taking up the Fellowship Chris had the backing of his workplace, including the chief executive office, his line manager and the Service Development team.

Notable Changes

During the course of the Fellowship Chris's workplace underwent reorganisation. On return to work after the Fellowship there was a new CEO and Chris moved site to work under a new line manager.

Chief Investigator: Professor Roland Petchey at City University, School of Health Sciences

Management Fellow: Jo Partington, Imperial College Healthcare NHS Trust

The Project Team

The project, 'Allied Health Professionals (AHPs) and management' was led by Professor Roland Petchey at City University, originally with four co-applicants (Dr Justin Needle, Professor David Sims, also from City University, School of Health Sciences and Cass Business School and Dr Ruth Pinder and Dr Sara Shaw). The research team included two part-time researchers.

The Project

The project was scheduled to run from October 2009 to September 2011 and has since had an extension until April 2012. The value of the grant was £3.5K. The project came under SDO's Management Practice in Healthcare Organisations theme.

This qualitative study focused on how AHPs "make sense" of their roles and experience as managers. The study used interviews, structured observation and a Delphi approach to gather data. (See http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1808-237)

The Fellowship

The Fellow, Jo Partington, expected to engage with the project throughout its duration on a part-time basis. She was selected for the Fellowship in December 2008 and started the following autumn. Jo shared an office with the CI when at City and worked with one of the research fellows in particular.

Fellow's Workplace

Jo was employed by Imperial College Healthcare NHS Trust which had formed as part of a merger with two other organisations. She had been the Head of Therapy and Diabetes Services at one these. At the start of Fellowship Jo was on a secondment to the Department of Health as Project

Manager for the Inaugural Allied Health Professional Leadership Challenge Project. The Fellow reduced their secondment to the DH to half-time when the Fellowship opportunity arose. During the period of the evaluation, the Fellow remained connected to her secondment workplace, but less than with their substantive employer.

Notable changes

During the Fellowship Jo was made redundant by Imperial College Healthcare NHS Trust. The research team were keen to continue the Fellow's engagement with the project and explored options to employ her themselves.

Chief Investigator: Professor David Hunter, School of Medicine and Health, Durham University

Management Fellow: Allison Welsh, North East Strategic Health Authority on secondment from Middleborough, Redcar and Cleveland Community Services)

The Project Team

The project, 'An evaluation of transformational change in NHS North East' was led by Professor David Hunter, based at the Centre for Public Policy and Health (CPPH), within the School of Medicine and Health, Durham University. Other researchers included staff from the CPPH at Durham University, Newcastle University Business School, and the Institute for Health and Society, Newcastle University. The original application had nine co-applicants and included Professor Martin Eccles, Dr Nick Steen, Dr Paula Whitty, Mr Edward Lugsden, Dr Sharyn Maxwell, Mr Jonathan Erskine, Professor Christian Hicks, Dr Tom McGovern.

The Project

This three three-year study started in December 2009. The principal aim was to evaluate the implementation of the North East Transformation System's (NETS's) use of vision, compact, and method to bring about transformational change in NHS North East organisations. Mixed methods were used to assess both the processes involved in implementing the changes in working practices and their outcomes in terms of improved patient experience and care. The research aimed to identify what works well and where there may be barriers to change. The value of the grant was £5.8K. (http://www.phine.org.uk/an-evaluation-of-transformational-change-in-nhs-north-east/About%20the%20study)

The Fellowship

Allison Welsh was a nurse by background. She was recruited from North East Strategic Health Authority (NEHSA) where she was on secondment from Middleborough, Redcar and Cleveland Community Services (MRCCS) where she was Assistant Director of Adult Care. Immediately before taking up the Fellowship Allison had also been on secondment to the NHS Institute for Innovation and Improvement (NHSI). Whilst at the SHA, Allison had worked within the NETS/Patient Safety Team so had direct experience of

the intervention being evaluated and also had overlap between their Fellowship and NHSI work.

She took up her Fellowship post in April 2010, following around six months of negotiation with SDO and other partners over contracts. Her planned contribution was an average of half-time, but spread over the period of the project and used as the needed. Her contribution to the research project was expected to increase during the dissemination phase.

Fellow's Workplace

The Fellow had been out of her workplace, Middleborough, Redcar and Cleveland Community Services, since 2008 on secondments. Her NHS supporting statement came from the NESHA, yet her SDO contact was with Middleborough, Redcar and Cleveland Community Services and she was seconded from the NHSI. Her line manager at MRCCS was supportive of the secondment.

Notable Changes

During the Fellowship Allison was made redundant from her NHS organisation: her substantive employer was reorganised and her line manager moved to NHS Redcar and Cleveland, and MMCCS made her redundant. The research team were keen to keep the Fellow with the project, but thought that to employ the Fellow directly went against the spirit of the Management Fellowships. Instead they worked with the Fellow to organise a new NHS employer for the duration of the project.

Chief Investigator: Professor Scott Murray, The University of Edinburgh Medical School

Management Fellow: Anne Donaldson, Western General Hospital in Edinburgh

The Project Team

This project, 'Definition and evaluation of models of primary and secondary care collaborative working' was led by Professor Scott Murray from The University of Edinburgh Medical School. The research team comprised eleven individuals. In addition to the CI, the team included, from The University of Edinburgh Medical School, Dr Kirsty Boyd, honorary clinical Senior Lecturer, Dr Marilyn Kendall, Research Fellow, Dr Bruce Mason, Research Associate, Dr Allison Worth, Senior Research Fellow/Research Manager; from the School of Medicine, Kings College London, Professor Irene Higginson and Dr Catherine Shipman, Research Associate; from Warwick Medical School Dr Daniel Munday Associate Clinical Professor and Honorary Consultant, Coventry PCT and Coventry Myton Hospice; from University of Cambridge Dr Stephen Barclay Clinical Senior Lecturer, General Practitioner and Honorary Consultant Physician. The team also included Mrs Mareth Irvine, lay/patient representative and a member of Clinical Governance Public Panel, and Management Fellow, Anne Donaldson.

The Project

The aim of the project, funded at £481,344 was to study the coordination of care at the end of life in generalist settings, gaining consensus on the service developments and educational requirements required to improve coordination of care at the end of life in generalist settings. This multi-site research was based in three 'typical' locations in England and Scotland, with in-depth case studies in a primary care team, hospital ward and outpatient clinic. The study included service user consultation. An ethnographic approach was adopted which involved collecting data from interviews with staff, patients and families and included following patients with advanced illness over an extended period. A final stage included consensus methods (Delphi technique). The project started in October 2009 with a due publication date July 2012 (see http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1813-258).

The Fellowship

Anne Donaldson was seconded for a two year period on a half time basis (working two days/three days). Her mentor was Dr Bruce Mason. When not on research site, she was based in The University of Edinburgh.

Fellow's Workplace

Anne has a background in nursing and extensive experience as a manager. Currently employed as a clinical nurse manager for Acute medicine at the Western General Hospital in Edinburgh, Anne had recent experience as a clinical nurse manager on all three acute sites in Lothian. In taking up the Fellowship, she had the full support of her line manager.

Notable Changes

No notable changes that had a direct impact on the Fellowship, although there was organisational change in the wider NHS environment.

Chief Investigator: Dr Fliss Murtagh, Cicely Saunders Institute, King's College London

Management Fellow: Penny Hansford, St Christopher's Hospice

The Project Team

This project, 'Understanding place of death for patients with non malignant conditions – a systematic literature review' was led by Dr Fliss Murtagh from the Cicely Saunders Institute, King's College London. In addition to the CI, the team included Professor Sube Banerjee, Institute of Psychiatry, Dr Marjolein Gysels, Senior Research Fellow Dr Claudia Bausewein Senior Clinical Research Fellow and Ms Barbara Gomes, Research Training Fellow from the Cicely Saunders Institute, Professor Irene Higginson and Dr Catherine Shipman, Research Associate from the School of Medicine; Professor Scott Murray from The University of Edinburgh Medical School; Dr Bridget Johnston, Senior Research Fellow, School of Nursing and Midwifery, University of Dundee. The Management Fellow was Penny Hansford Director of Nursing at St Christopher's Hospice.

The Project

This project, funded at £113,944, was a systematic literature review of preferences and factors influencing place of death for patients with non malignant conditions. The review focused on six conditions: chronic cardiac failure, chronic obstructive pulmonary disease, dementia, stroke, end-stage kidney disease, and long-term neurological conditions.

With a start date of January 2010, the study was initially designed to be completed in 12 months. An extension was granted and the due publication date was October 2011 (see http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1813-257)

The Fellowship

The Fellowship for Penny was funded for approximately 35 days, flexibly organised. Penny's engagement with the Fellowship was fully supported by the Chief Executive (her line manager).

Fellow's Workplace

Penny has a wealth of management experience. When she took up the Fellowship she had eight year experience as the Director of Nursing at St Christopher's Hospice. She has held wider roles including working with five local PCTs on the implementation of the National Strategy and roles on national bodies. Penny has a Masters degree and St Christopher's has a strong track record of undertaking research and teaching.

Notable Changes

No notable changes that had a direct impact on the Fellowship, although there was organisational change in the wider NHS environment.

Chief Investigator: Professor Stephen Peckham, London School of Hygiene & Tropical Medicine

Management Fellow: Joanne Reay, West Essex PCT

The Project Team

This project, 'Commissioning for Long Term Conditions: hearing the voice of and engaging users' was led by Professor Stephen Peckham, based at London School of Hygiene & Tropical Medicine. Responsibility for the project was shared with the co-applicant Professor Sally Kendall, based at the University of Hertfordshire and the Centre for Research in Primary and Community Care. At the London School of Hygiene & Tropical Medicine, Stephen worked with one of the two research fellows. The remaining five team members, out of a total of seven, included: one other Professor, two doctors, one full-time research fellow and the Management Fellow, Joanne Reay, all of whom were based at Hertfordshire University. The CI met Joanne at the periodic team meetings. Joanne's mentor was Dr Patricia Wilson.

The Project

The aim of the project, funded at £532,124, was to identify how commissioners support and engage with people with long term conditions and explore the impact of this on commissioning processes and service provision. After reviewing UK practice, the study focused on three sites (two PCTs and an NHS Trust) and three groups of patients/conditions - rheumatoid arthritis, diabetes and neurological conditions. Within these sites the practice of commissioning and purchasing healthcare for people with long term conditions is examined, tracking processes and developments over two years to identify what impact patient involvement has on patterns of services and patients with long term conditions. Methods of data collection included documentary analysis, participant workshops, observation of meetings, focus groups, interviews and the collection of data on service use and patterns of service in the three localities.

The core team began project work at the start of November 2009. The three year project was originally due to end 31st October 2012 but an extension was granted and the publication date for the report is May 2013. (See http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1806-261#)

The Fellowship

Joanne Reay was engaged as the Management Fellow for a period of 36 months on a part-time basis. She officially joined the other seven team members in April 2010. For the Fellowship role she was located at the University of Hertfordshire, which has long established links with her place of work, West Essex PCT.

Fellow's Workplace

Joanne has considerable NHS managerial experience and some research experience. At West Essex PCT, Joanne's role was 'Service Development Manager for Carers and Cancer (end of life) within the Long Term Conditions team'. She took up the Fellowship with the backing of her line manager (the Senior Manager in Service Development of Long Term Conditions and End of Life Care) and the Assistant Director.

Notable Changes

During the course of the project three PCTs, including West Essex, were combined under a single executive team (the North Essex Cluster). After her line manager departed (and was not replaced), Joanne was line managed by the departmental Assistant Director.

Appendix 2 Research Instruments

Interview Schedule for Fellows and CIs

Fellow: _____ CI: _____ Date: _____

AIM: To describe the processes and dynamics of the Fellowships

Why take part?

CI: Why did you respond to the opportunity to apply for a Management Fellowship?

Fellow: Why did you put yourself forward (intrinsic and extrinsic motivations)?

Is the Fellow good for the role? Explore desirable Fellow characteristics. Query what's the value added if the Fellow is an already experienced researcher.

Views on research/practice gap?

What does the Fellow do? What is the nature of their contribution?

Who does the Fellow connect with? How often does the Fellow meet (members of) the research team? Where?

How does the Fellow contribute to project objectives? What kind of tasks do they do? (request specific examples).

How is the involvement of the Fellow negotiated and established?

How and in what ways is the Fellow supported?

What were your expectations and how have these been met so far?

Expectations for the next stage of the project and post fellowship?

AIM: To explore the impact of the Fellowships from the view of all participants.

In your opinion, what impact has the Fellowship had on the

(a) Fellow

- gains in individual knowledge, skills, attitudes (the language of research)? What are you learning?

- impact on workplace practice – impact on research-practice gap? E.g. more use of research in management decision making (personal level); linkages with researchers beyond the specific projects.

- main benefits (sustainability) and challenges (how to overcome?)

- training needs?

(b)CI and research team

- gains in knowledge, skills, attitudes (the language of NHS management)?

- practice change – impact on research-practice gap?

- main benefits (sustainability) and challenges (how to overcome?)

(c) Fellow's home healthcare organisation and patient outcomes

- gains in the organisation's knowledge, skills, attitudes?

- practice change – impact on research-practice gap? Have the Fellows been enabled to build research active organisations?

- main benefits (sustainability) and challenges (how to overcome?)

(d) wider local healthcare economy

AIM: To identify recommendations for improvement.

What are the main lessons learned?

How might the scheme be improved for the future?

Interview Schedule for no-Fellow CIs

CI: _____ Date: _____

AIM: To understand why research teams chose not to take up the opportunity to apply for a Management Fellow

When did you learn about the MF opportunity?
Did you know of the programme before the grant application?

***Did you <u>consider</u> applying for a MF*?**
- If not, why not?
- If yes, how far did you get and what was your rationale? What prevented your application in the end?

***What <u>issues</u> or potential <u>benefits</u>** did you identify with (a) the programme in principle and (b) the process?*
- fit with your project?
- availability of individual or knowledge of likely candidates?
- equity issues around not advertising? concerns about bias?
- issues related to contracts/ability to secure a secondment?
- vulnerability of secondees
- current climate issues?
- issues re revision to ethics?
- time available to put case together and identify individual an secure their 'release'?

What might have made you change your mind and put in an application for a MF?

Do you have any comments on the kinds of projects you think this programme best suits?

Do you have any comments on the kinds of candidate you think the programme best suits (MF characteristics)?

What do you think about applying for a fellow <u>at the same time</u> as making the full application? How would this compare to the current process?

Do you have any suggestions for how the programme might be improved in the future?
-timing and time taken
-availability
- eligibility etc

Do you any comments on the basic idea of the SDO Fellowships?
Any ideas about alternatives?

Interview Schedule for Line Managers

Name: _____ MF: _____ Date: _____

How involvement came about

How did you get involved with the Fellowships scheme?
Who made the initial approach (to the organisation and to the specific fellow): Did you/your organisation approach the research team or did the team approach you? Did the Fellow approach the research team or did they approach the Fellow?

What's your/the organisation's role in the research project? (e.g. is it a study site?)

Did the involvement build on existing links between you/the organisation and the Research team or create new links?

Does the scheme fit into the ethos of the organisation? In what way?
To what extent is your organisation research-friendly?

Why take part? Expectations

Expectations of benefits – for the organisation? - for the Fellow?
Does the fellowship relate to any particular organisational needs about which you have concerns?
How did you expect the fellowship might address these needs or help your organisation?
How important was this in deciding to release the manager for the Fellowship?

To what extent is the fellowship linked to employee objectives – e.g. in staff development plan?

Cost considerations. Any reluctance to take part/release manager?

Set-up

How was the Fellowship organised/negotiated?
Who led/was involved in discussions about the practicalities of the fellowship?
Who was involved-in/managed the advertising and selection process– needed?
Were there any issues around advertising and selection?

To what extent is the (ease of) release of the employee (from the organisation) related to their position or role (e.g. seniority), i.e. compare manager to less senior employee?

What contract pattern works – e.g. full/part-time, lumpy?

Any particular concerns or issues -e.g. contract issues, back-fill?

Experience of the Fellowship as identified at the workplace

Feedback
Does the Fellow report/talk at work about what they do as part of the Fellowship? Informally? Formally – e.g. at team meetings?

Support
Any issues/learning about getting the most out of the opportunity?
What kind of support has the organization offered the Fellow to help them make the most of the role? [This might just be releasing them, back fill].
Are there things the research team and/or project did, or could do, to help your organisation get the most of the Fellowship?
Are there things SDO could have done differently to assist you?

Impact

What has the organisation gained from the Fellowship (direct, indirect)?
developed links with HEIs etc ?
better access to research findings from the project, more generally?
more accessible and timely dissemination - gains in the organisation's knowledge, skills, attitudes?
more evidence-based practice?
research more relevant or useful
increased the organisation's research capability, doing or using more research?
changed management practice– does the fellow now do anything different at work?
impact on wider local healthcare economy?

Have expectations been fulfilled?
Has anything changed since the Fellowship was agreed that would make you make a different decision now?

Any issues?
Any concerns with the scheme at this point?

Future

How would you feel about supporting another fellow in future? …and why?

What have been the main challenges? What are the main lessons learned?

What, if anything would you like see changed?

FORMATIVE EVALUATION OF THE SDO MANAGEMENT FELLOWSHIP PROGRAMME
Research Team Survey

Welcome

Introduction

This survey is part of a formative evaluation of the SDO's Management Fellow Programme. We are evaluating the programme and not individual fellows or projects. As the programme is new, SDO are keen to learn how it worked in practice and to identify any issues or scope for improvement. As a member of the research project team who has worked with a Management Fellow, you have unique experience and perspectives on the programme which we would like you to share with us as part of the evaluation.

We would be grateful if you would take the time to complete all the questions. No-one other than the evaluators will see your responses. All responses will be aggregated and anonymised for analysis and reporting. There are no correct answers.

The survey should take about 15 minutes to complete.

The survey is open until **16th May 2011**

Data Protection

For the purposes of this survey Cardiff University is the data controller. All data collected in this survey will be held securely by the survey software provider (Bristol University) under contract and then retained by the Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE), Cardiff University in accordance with the Data Protection Act (1998). Data from the survey, including answers to questions where personal details are requested, will only be used by the Research Team for reporting purposes.

Cookies, personal data stored by your Web browser, are not used in this survey.

Continue >

About You

1. What is your role in the research project?

Select an answer

If you selected Other, please specify:

2. Which SDO Management Fellow is/was attached to your project?

Select an answer

Your experience of working with this Management Fellow

3. Did you know the Fellow before they joined your project?

- Yes
- No

4. How many months did/have you and the Management Fellow worked together on the project?

5. On average, how much time did/do you spend with the Fellow working on this project? *(select all that apply)*

- Full-time during particular tasks
- Uneven amounts of time dependent on the contribution of the Fellow to the task
- Project meetings
- Advisory Group meetings
- I have/had very little contact with the Fellow
- Other *(please specify)*:

6. Do/did you share an office with the Management Fellow?

- Yes
- No

7. Have you worked or plan to work with the Management Fellow on any of the following activities? (please tick all that apply)

	Yes	No	Planned
a. Preparing ethics applications	☐	☐	☐
b. Literature reviewing	☐	☐	☐
c. Research design	☐	☐	☐
d. Planning, discussing, arranging access	☐	☐	☐
e. Preparing data collection instruments	☐	☐	☐
f. Data collection, fieldwork	☐	☐	☐
g. Data analysis	☐	☐	☐
h. Data interpretation	☐	☐	☐
i. Giving feedback to the research sites	☐	☐	☐
j. Research publications for NHS audiences	☐	☐	☐
k. Co-authoring research papers	☐	☐	☐
l. Co-authoring presentations	☐	☐	☐
m. Co-presenting research at events	☐	☐	☐
n. As their mentor	☐	☐	☐
o. As their trainer	☐	☐	☐

8. Please give details of any further activities (not listed in Question 7) that you have worked on with the Management Fellow.

9. Based on your experience where, if anywhere, was the Fellow's contribution most valuable?

10. Please comment on the time implications of working with the Management Fellow (i.e. additional time needed and/or saved time).

11. Please indicate how strongly you agree or disagree with each of the following statements about the impact the Management Fellow has had on you personally (where 1 = strongly disagree, 6 = strongly agree).

Working with the Management Fellow has...	**1**	**2**	**3**	**4**	**5**	**6**
a. Increased my own knowledge and understanding of the NHS	○	○	○	○	○	○
b. Increased my own knowledge and understanding of the subject under study	○	○	○	○	○	○
c. Changed my views about the subject, e.g. its importance	○	○	○	○	○	○
d. Changed my views about management in the NHS	○	○	○	○	○	○
e. Improved my communication with practitioners	○	○	○	○	○	○
f. Extended my contacts/networks	○	○	○	○	○	○
g. Improved my access to research sites, data and/or resources	○	○	○	○	○	○
h. Improved my research design skills	○	○	○	○	○	○

i. Improved my interpretation skills	○	○	○	○	○	○
j. Increased opportunities for funded work in future	○	○	○	○	○	○
k. Other	○	○	○	○	○	○

12. If you selected **Other** in Question 11, please specify.

13. From the items listed in Question 11 which, if any, would you say are the most important outcomes to you.

Wider Impact

14. Please indicate how strongly you agree or disagree with each of the following statements about the impact the Management Fellow has had on your research project (where 1 = strongly disagree, 6 = strongly agree).

Working with the Management Fellow has...	**1**	**2**	**3**	**4**	**5**	**6**
a. Improved links and networks beyond the project and its duration	○	○	○	○	○	○
b. Increased the reputation of our institution (University)	○	○	○	○	○	○
c. Provided opportunities for future funding development	○	○	○	○	○	○
d. Supported our mission/ethos for research	○	○	○	○	○	○

e. Improved our profile with NHS staff	○	○	○	○	○	○

Your views on the Fellowship programme

15. Please indicate how strongly you agree or disagree with each of the following statements about the impact the Management Fellow will have on the NHS (where 1 = strongly disagree, 6 = strongly agree).

The SDO Management Fellowship scheme will...	**1**	**2**	**3**	**4**	**5**	**6**
a. Help make NHS management more evidence-based	○	○	○	○	○	○
b. Make research more relevant to the NHS	○	○	○	○	○	○
c. Increase research capability within the NHS	○	○	○	○	○	○
d. Prove to be too great a cost to the NHS	○	○	○	○	○	○
e. Other	○	○	○	○	○	○

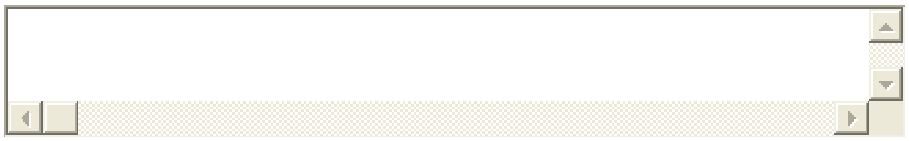
16. If you selected **Other** in Question 14, please specify.

Improvements for the SDO Management Fellowship Programme

SDO are interested in participants' views on how the Management Fellowship Programme has worked in practice.

17. Based on your experience, please comment on any features of the SDO Fellowship programme that you think make it work well.

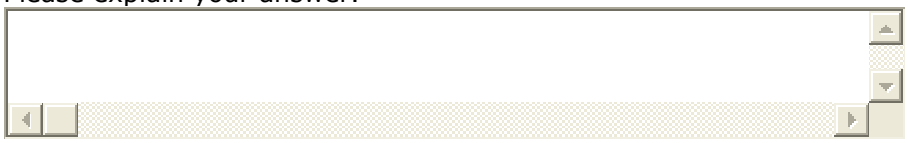
18. Do you have suggestions for what, if anything, could have be done to improve the programme?



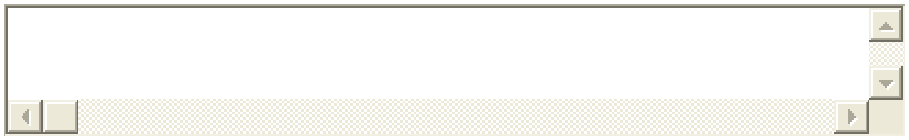
19. If you had the opportunity, how likely is it that you would want to work with an SDO Management Fellow again? (1 = very unlikely, 10 = very likely)

1 2 3 4 5 6 7 8 9 10

Please explain your answer.



20. Please make any other comments or suggestions regarding the Fellowship scheme.



This is the end of the questionnaire.

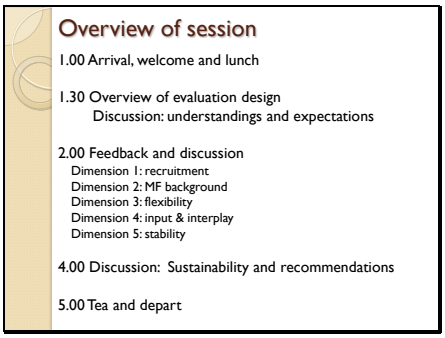
Please note that when you click the continue button your completed questionnaire will be submitted.

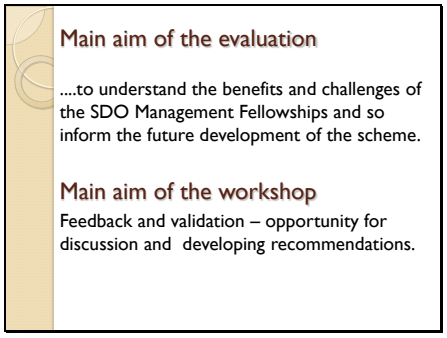
Continue >

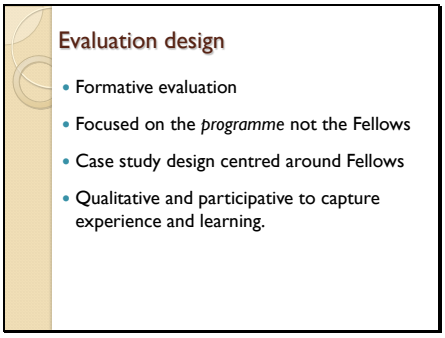
Thank you for completing this survey. Your answers are now submitted.

***If you have any queries about this survey or want more information, please contact*: Zoe Morris *at* zsm20@cam.ac.uk**

Consultation workshop slides







Method

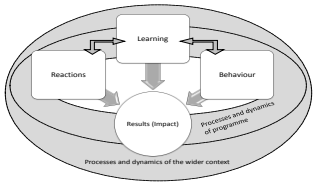
- Interviews
  Fellows (11),
  CIs (10 + 2 co-applicants)
  NHS line-managers/links (15)
  CIs outside the MF programme (3)
- On-line questionnaire to members of research teams (30 responses)

Discussion: understanding and expectations

What are/were your understanding and expectations of the Management Fellowship programme?

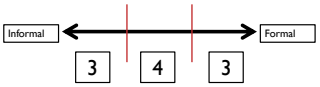
Time: 10+10 mins

A programme evaluation model



Dimension 1: Recruitment process

- Informal vs formal; new relationships vs existing



3 4 3

Illustrative comments/quotes

Formal *{The post was} advertised internally as a secondment...{There was an} application form, interview, the usual...I had a discussion with the link, the research team {in the trust, and} I did go and speak to {the CI}.* (MF Jenny)

Informal *{A co-applicant} emailed me to say s/he'd seen the call for fellows … and was I interested. … I had worked with the co-applicant … on a couple of research projects – that's how we knew each other.* (MF Lindsay)

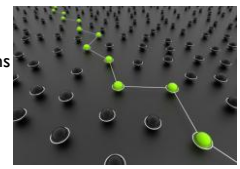
I know CI Sally socially and {my friend}… had a discussion where CI Sally was saying she was having difficulties finding a manager in the NHS to participate and so {my friend} suggested talking to me … and then CI Sally came to me to tell me about the work … It looked like a really good opportunity …and I spoke to my manager and he was happy for me to participate (MF Jocelyn)

Discussion: recruitment processes

What would work for you?

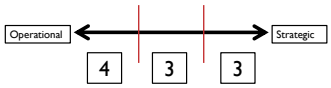
- Why? (benefits)
- Risks?

Time: 10+10 mins



Dimension 2: MF background

- Operational vs strategic



Illustrative comments/quotes

Operational

Jocelyn's much more junior in the organisation, so the sway in the organisation … opportunities to help us co-ordinate things is stymied a little bit. (CI Sally)

We needed [a fellow] from the operational clinical area. [That's] exactly the group being considered by the research…They have a real understanding of realities, pressures and what might help…They are the jam in the sandwich. (LM Mary)

We are really a good resource for them to have and certainly when we were kind of discussing things with the focus groups and the surveys, to understand that work pressure. (MF Jenny)

Illustrative comments/quotes

Mid-way

I think, because I'm a middle manager I can hit both areas. I can hit the shop floor and have influence with the senior management team.... I think somebody too junior couldn't spread the research further than their own local area and think somebody too senior wouldn't have the time and commitment and ... they would get moved on. (MF Debbie)

Strategic

I think it's helped having the level of experience that Rosemary has got… her experience working with, not just within the organisation that she's in, but…the commissioners and providers and policy makers..... (CI Ruth)

Discussion: MF background

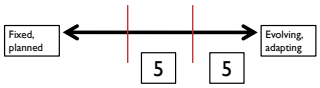
What do different backgrounds offer?

- Benefits?
- Limitations or challenges?

Time:10+10 mins

Dimension 3: Flexibility – what MFs do

- Fixed, planned vs evolving, adapting



Illustrative comments/quotes

Mid-Point

I think it certainly developed and changed from what it probably was... But also I've got a learning framework.... So what I did was basically take the learning objectives from the application we put in and added a few.... (MF Debbie)

First, based on {earlier} experience, we hope to be able to identify a Fellow whose commitment to the project in general, and to a period of full-time secondment to the project team in particular, will be clear and agreed from the outset. This is made easier by the attenuated timescale over which we are now operating. (CI Evelyn, Report to SDO) NB: within this, the Fellow was expected to negotiate work with the project team to reflect their interest.

Illustrative comments/quotes

Evolving, adapting

It was emergent…. It was very much in those monthly meetings that we have which is where most of the decision making about who does what happens. (CI Priscilla)

I was meant to do more of the original fieldwork and that's kind of slipped because of the ethics problem. (MF Lindsay)

Discussion: flexibility

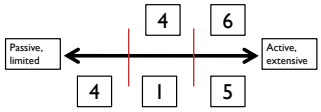
What would work for you?

- Why? (benefits)
- Risks?

Time: 10+10 mins

Dimension 4: MFs' project input & Interplay with workplace

- Project input



- Interplay with workplace

Illustrative comments/quotes

Project input – passive

Jocelyn has done some interviews and…a small amount of observation, but the analysis .. would come back to me. … In a way it's as if I've taken on a novice research associate sometimes. (CI Sally)

Project input – (pro)active

….My engagement with their development of the study, particularly around the model…that's been helpful… I have meetings back here with staff and say, '…these are the things that we think contribute…. do you agree?'. So there's been a lot of input from here that's channelled via me…. I go to the consultants' meetings and say 'I want 20 mins, this is the model, what'd you think?' (MF Rosemary)

Illustrative comments/quotes

Workplace interplay - limited

I think it's probably a bit early for me to say, partly because we're only looking at .. emerging themes form the data, but equally because … I've not been a member of staff there before …I've got some thoughts, … I shall have to keep it very light. (MF Lindsay)

I got very little back from her directly really (LM John)

Illustrative comments/quotes

Workplace interplay - extensive

Raising the profile of research "I can put the whole ethos of research back in… (MF Debbie)

One of her personal aims in taking up the role is to bring knowledge, ideas, and techniques from the project back into her service…and to {hospital} as a whole. (CI Evelyn)

We're going to put a bid for some money to do some academic research, around some of our carers' issues ….and I think that is probably something that we wouldn't have considered doing previously. (LM Rozlyn)

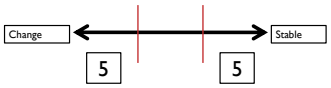
Discussion: knowledge exchange

Knowledge exchange mechanisms that work for you?

Time: 10+10 mins

Dimension 5: Stability – MF circumstances

- Change vs stable



Illustrative comments/quotes

Impact of change is unpredictable

Second, as we expect {MF} to continue to contribute to the study in an informal role, we will be drawing on the experience of two middle managers from {the Trust}, thus increasing the advisory resource to the project.

The ex-Fellow will work with the research team on a case-study were the ex-Fellow is *the investigation lead. This will involve infrequent interviews, as the investigation unfolds, the provision of related documentation, brokering meetings with other relevant staff, and commenting on the written case.* (CI Evelyn)

Discussion: stability

How can changing circumstances be best managed?

Time: 10+10 mins

Discussion: sustainability

What can happen post-Fellowship that will support enduring change? What change?

- From the Management Fellowship perspective
- From the CI and Project Team perspective
- From the workplace and line manager perspective

Time: 10+10 mins

Discussion: recommendations

What works well and what needs improving?

Recommendations for:

- The SDO
- Management Fellowships
- CIs and Project Teams
- Workplace managers

Time: 20 mins

Appendix 3 Project Team Questionnaire: Summary of Results

Background

The online questionnaire was distributed to 69 members of project teams via the CI in nine sites. Recipients were defined as including all the applicants, researchers and others working on the research but not people who are only members a project's advisory group. Distribution took place in April 2011.

Most questions were closed which enabled the questionnaire to be completed in little time. However, open questions were included and allowed respondents to elaborate or explain their responses to some of the closed questions.

Overview of replies

A total of 32 replies were received (although one of these did not answer most questions) giving a response rate of 46%. At least two responses were received from each site (Table 1).

Table 1: Questionnaire returns by MF

MF	Number of returns
Jocelyn	5
Hannah	4
Susan	4
Lesley	4
Lindsay	4
Debbie	3
Laura	3
Morgan	2
Natalie	2

Of the total responses, six were from CIs, 14 from co-applicants, 11 from research staff and one from a project manager. Only four of these respondents knew the MF before they joined the project.

Time with MF

The projects had started at various points in the last three years approximately and the duration of the Fellowships varied. The amount of time the respondents had worked with the MF on the project ranged from two to 36 months. Most had worked with the MF for between one and two years (Table 2). [Note, it is possible that some respondents interpreted this as the number of months they *expected* to work with the MF rather than number of months they had *actually* worked with the MF].

Table 2: Number of months respondents have worked with the MF on the project

Months	Number
2-6	5
9-12	8
15-18	7
24	7
More	2
Missing	3

Most commonly these respondents reported spending time with the MF in project and/or advisory group meetings and uneven amounts of time depending on task.

Table 3: How time is spent with the MF on the project

Time spent	Number
Project meetings	25
Uneven amounts of time depending on task	20
Advisory Group meetings	13
Full-time during particular tasks	3
Other	2

Only one of these respondents shared an office with the MF.

Activity

The questionnaire explored the activities that the respondent had worked or planned to work on with the MF. Common activities included planning, discussing and/or arranging access and data interpretation. Dissemination

activities (for example publishing and presenting) were more often planned activities. Table 4 presents the responses to the given list of activities.

Table 4: Activities that respondents have/ planned to work on with the MF

Activity	Yes	Planned
Preparing ethics applications	4	1
Literature reviewing	8	1
Research design	16	0
Planning, discussing, arranging access	25	0
Preparing data collection instruments	16	2
Data collection, fieldwork	19	1
Data analysis	18	5
Data interpretation	23	5
Giving feedback to the research sites	12	12
Research publications for NHS audiences	6	16
Co-authoring research papers	4	16
Co-authoring presentations	8	17
Co-presenting research at events	7	18
As their mentor	8	0
As their trainer	0	0

An open question asked where the Fellow's contribution was thought to be most valuable. Twenty-nine individuals provided responses. The two main themes related to access and NHS insight.

Access

Enabling access was cited by almost all project team members responding to the survey as a key contribution of the MFs. Their "relationships with clinical staff" and their "motivation of key clinicians and research participants" facilitated the development of "informal contacts" and "facilitate(ed) recruitment".

MFs' "local knowledge of the research setting"/ "understanding of the context"/"knowledge of how NHS politics operates"/"ability to navigate systems" and, in some cases, "good established nursing and management perspective" were also considered to be invaluable for the progress of the project.

NHS Insight

MFs were often "very important and helpful member(s) of the team, particularly during team meetings", "applying insight from front line employees of the NHS". MFs acted as an "interface with the NHS managers and the world of NHS management", "keeping us down to earth and help us seeing the world from a NHS perspective" and "providing an 'insider's' perspective on a number of issues". They were able to give "advice and information on local NHS practice" and to help "the rest of us to see what would be valuable to it [the NHS], and help us to understand some blockages to access".

Their "practical" and "intimate knowledge of the NHS and structures and processes" and of "roles within PCTs", enabled the MFs "to evaluate our ideas from that perspective". This "was really useful when approaching participants and assessing the relevance of the role of potential participants". MFs were helpful "in giving a deeper understanding of the NHS structures and helping us construct relevant research questions. Also making us question our academic assumptions" and "having to justify every aspect of the study to a practitioner – (is) an excellent discipline for experienced researchers".

A couple of team members identified their "dissemination" activity as important.

Time implications

Respondents were asked in an open question to comment on the time implication of working with the MF noting additional time needed and/or saved time. Twenty-nine individuals provided responses.

In some cases, it was felt that there was a balance between the amounts of time lost and gained:

The activities in which our Fellow has been engaged have been a natural part of the project work. We have probably saved considerable amounts of time regarding the arrangement of access. Some additional time has been devoted to workload planning and review, and to the personal development of the Fellow.

Others corroborated this, explaining how working with the MF:

Required some extra time spent monitoring etc but also saved time as she was able to complete some additional tasks and added to the project in many different ways.

The Fellow brought an extra dimension to our project - which deepened our research project - in some ways this saved time, in others it meant we needed more time.

Not very burdensome and she was a delightful colleague to have within the research team who worked hard, learned a range of new skills of benefit to her PPD and the project.

50/50. Most time was in preparing the application and then resubmitting with more details as requested.

Working with the Fellow (from my perspective) has neither saved, nor required, additional time.

Balances out in the end - time spent mentoring is offset by time saved on gaining access – neutral.

Some referred to the time costs and these were noted particularly with respect to coaching: "Additional time has been required by her mentor (not me) to help her to get up to speed on the research process" and another noted the "additional time needed to redo their written work to make it useable". One respondent explained that the time cost was "something we had not anticipated. Training and explaining each step took time and because she completed the Fellowship a year before the project end we did not get full value for the effort we put in, in terms of taking on more of the research tasks". In a similar vein, because of the timing of the Fellowship, the MF "was not around at the times she might have been most valuable - analysis, interpretation and dissemination, so I think my experience is not a good measure of working with her. Her participation in discussion over data collection was very useful. I believe she facilitated access in some instances". In a different site, the MF was identified as "another person to motivate and ensure effective contribution but a joy to do so". Another specifically referred to the additional time required being "time well spent": "some extra time required for discussion --time well spent". Another team member commented that the Fellowship:

Created opportunities -so required a re-prioritization of commitments, i.e. more time needed to benefit from the opportunities provided.

For a number of respondents, on balance having a MF on the team had saved time. Comments included:

Saved lots of time - having the MF on board has been very useful to us in almost all respects.

Some time saved as research objectives can be shared within the research team.

Tended to save time (avoid wasting time because of misunderstandings with research sites).

Saved time by indicating methods and techniques that would not be well received by some NHS staff

Saved time I think- an invaluable asset to the research!

Probably saved time, and her presence is very encouraging.

For a number of respondents, time implications were not notable. Their comments included: "No impact", "No additional time implications and we got a very fine contribution from Lindsay to team meetings", "Improved quality - no time implications", "No obvious time implications spring to mind", "No time implications above the norm" and "None".

Views on gains for the individual

The questionnaire presented a series of statements to which respondents were invited to indicate their strength of agreement using a scale ranging from one to six where one indicated strong disagree and six indicated strong agreement. The final column in the following tables presents overall ratings which have been calculated by summating all the multiples of rating and number of responses. For example if 30 responses were evenly distributed across the six points on the scale such that five people selected each of the six scale points, the sum total would be calculated as:

(5 [respondents] x 1) plus (5 x 2) plus (5 x 3) plus (5 x 4) plus (5 x 5) plus (5 x 6) = 5 + 10 + 15 + 20 + 25 + 30 = 105

For 31 respondents, total scores could range from 31 (31x1) to 186 (31 x 6). If all ratings were in the middle as indicated by ratings of three or four, total scores would be 93 (16 x 3) + (15 x 4). The higher the score, the more positive the response and scores over 93 can be interpreted as clearly positive.

Table 5: How MFs have impacted on respondents personally

Statement	**1**	**2**	**3**	**4**	**5**	**6**	**tot**
Working with the Management Fellow has...							
Improved my access to research sites, data and/or resources	1	3	3	8	7	9	137
Extended my contacts/networks	1	4	5	6	11	4	127
Increased my own knowledge and understanding of the NHS	3	2	8	3	9	5	118
Improved my communication with practitioners	7	0	5	4	14	1	114
Increased my own knowledge and understanding of the subject under study	11	0	1	9	6	4	104
Improved my interpretation skills	2	8	6	7	8	0	104
Changed my views about management in the NHS	3	7	2	6	9	2	104
Changed my views about the subject, e.g. its importance	2	11	4	5	7	2	103
Increased opportunities for funded work in future	3	9	6	7	4	2	99
Improved my research design skills	4	10	5	7	5	0	92

Responses to these statements indicate that working with the MF benefited most of these members of project teams notably in terms of improved access to sites/data and extended their contacts. The majority did not feel that had gained personally in terms of improved research design skills.

The responses to the statements were elaborated in responses to an open question which asked which items from the list individuals identified as the most important outcomes for them. Twenty-two individuals provided a reply. Frequent reference was made to "access": "access to research sites and data", "improved access to research sites/participants", "improved my

access to research sites, data and/or resources". One respondent commented more specifically about the value of local NHS access:

I think having someone on the research team working in NHS management helps most for local NHS access - I already have knowledge of NHS systems and practice but in a different context.

Some comments referred both to the access and extended contacts: "access and creation of networks/contacts were hugely beneficial", "she used networks to find contacts that have been important points of entry into NHS organisations". Another noted specifically how the MF had "extended my contacts/networks".

Team members also wrote of how important it was to them that the MF: "increased my own knowledge and understanding of the NHS". The importance of this was elaborated by one who commented how the MF had "generated insights into 'inside' aspects of NHS functioning, usually not available to more 'casual' observers or external researchers". Sometimes this was with respect specifically to either "NHS management"/ "constraints in the current management field" or "the subject under study" or "relevant research questions" or "perspective on NHS within [the MF's] area of work".

A few comments were made about how the MF had "improved my interpretation skills" or had "improved my communication with practitioners". One mentioned "increased opportunities for funded work in the future" and another that the MF had changed their personal views about "the subject, e.g. its importance".

Respondents were offered the opportunity to suggest other statements about the impact the MF has had on them personally. Six made a suggestion and the responses were quite diverse. One team member made comment about the high value she placed on her MF a colleague:

[She] has often made useful input into the (generally very sloppy) management of the research project - organising meetings, setting targets and asking for clarity about decisions. Her support with this has been much appreciated by me, although traditional 'project management' skills aren't entirely applicable to this type of research.

Others wrote of the MF providing: "a different perspective and also a lot of personal support" and "support and sharing experiences".

Another felt that there may be variable need for an MF's input but recognised their personal value:

Hope to continue working with the Fellow when she returns to her clinical management role. I am an NHS clinician myself so perhaps had less need of the Fellow's expertise and understanding of the setting than some other team members.

Views on gains for the project

The questionnaire presented five statements about how the MF might have impacted on the research project. Responses indicate that MFs have positively contributed to supporting missions/ethos for research, improving the team's profile with NHS staff and improving links and networks.

Table 6: How MFs have impacted on research projects

Statement *Working with the Management Fellow has...*	**1**	**2**	**3**	**4**	**5**	**6**	**tot**
Supported our mission/ethos for research	1	3	3	5	15	4	135
Improved our profile with NHS staff	1	2	4	12	9	3	128
Improved links and networks beyond the project and its duration	2	3	5	9	7	5	124
Increased the reputation of our institution (University)	1	4	5	8	10	2	118
Provided opportunities for future funding development	2	5	7	8	5	2	102

Views on the Fellowship programme

To gain views of the wider impact of the Fellowship programme, respondents were presented with statements related to the potential impact on the NHS (Table 7). Responses indicate that the scheme was thought to lead to increased relevance of research to the NHS, increased research capability within the NHS and was helping to make NHS management more evidenced based.

Table 7: Impact of the Fellowship programme

Statement	**1**	**2**	**3**	**4**	**5**	**6**	**tot**
The SDO Management Fellowship scheme will...							
Make research more relevant to the NHS	1	2	3	7	12	6	138
Increase research capability within the NHS	1	2	3	8	12	5	136
Help make NHS management more evidence-based	1	1	5	8	13	3	133
Prove to be too great a cost to the NHS	6	11	9	2	1	2	80

Improvements for the Fellowship programme

Open-ended questions invited respondents to comment on features of the Fellowship programme that make it work well (twenty-five provided a response) and suggestions for improvement (seventeen responses).

Reflections on what works well

A few team members had no suggestions saying that "from my perspective it appears to have worked very well"/ "it seems to be working very well at the moment". Others again reiterated its value in terms of improving access and linkages: "a very valuable aid to securing access to key informants/subjects in the NHS", "been a good and credible link with the NHS" and "having one foot in both camps i.e. management and research. Research is an area that can be underestimated by NHS management", "was very good having a manager on the team. Helped a lot with contacts in his trust which have been very useful throughout the project and with user involvement etc". Mutual benefits of such linkage were more fully expressed by some: "This interaction is crucial to putting evidence into practice, and producing evidence that is actually useful in practice", this linkage affords "NHS experience combined with insight to the research process".

It provides a direct link with our local Trust which strengthens our collaboration. It encourages reflective learning on the part of the research term in terms of relevance to practice. The Fellow developed and learnt a great deal from the experience.

It's useful to be able to spend protected time with someone working in the NHS enabling an exchange of ideas.

The value of 'insider knowledge' was reiterated: "it has been hugely helpful to have an NHS insider working alongside us", "having someone who has

local knowledge and experience of primary care working and long term conditions has been particularly useful", "bringing in additional and current operational knowledge of the NHS to a project", "grounding of the research programme in the reality of the world for which it is being conducted" or, simply, being "in close contact with NHS nurse manager".

An individual respondent expressed an enthusiastic response to the programme, drawing attention to a number of elements that in their option help make the programme work well:

Embedding an 'end user' for project findings in the research team is extremely valuable. Providing the salary cost funding for this has been essential (particularly in the current economic climate). Also valuable that meetings for Fellows attached to different projects have been regularly held; excellent.

"Proper funded time" was noted by another. In the words of another respondent, "the whole concept of lifting a manager out of the workplace and being part of the research team for a few days per week" is what makes the programme work well. In contrast, a doubt about the value of the Fellowships was cautiously raised "networks of outstanding people are always a good thing - but generally they can make their own. I don't really know enough to comment".

One respondent indicated a possible varied impact across the multi-site project by emphasising that "I think it worked very well for the site in which the Fellow was based".

Characteristics of the individuals themselves were referred to as a contributory factor to success: "It has been a pleasure to work with our MF. She has been highly organized, professional, and hardworking", "also commitment of the individual", "we knew Lindsay before so knew we could work very well together", "we have had a flexible Fellow who as a consultant can manage her days funded flexibly that's been great".

Suggestions for improvement

Specific recommendations centre on the 'fit', workplace understanding and support, and training.

- Fit (including active workplace engagement): "Choosing a suitable candidate with the right expertise, seniority and clinical management

background ...". "Secondment of a current manager who continues to work, research or engage in knowledge transfer between the study and the management community". "The ability to recruit a manager directly from the NHS to the project to enable good 'fit' and local involvement". "A part-time person would have been better... Having someone full-time was not good re knowledge dissemination, participation in the research and so on".

- Workplace understanding and support: "Choosing a suitable candidate.... who is well supported by her own manager". "There needed to be better understanding of the potential of the role in the NHS institutions otherwise I guess it's just seen as personal development for someone".

- Training: "Significant 'immersion' in all aspects of the execution of the project". "Ability to provide a training programme for the Fellow".

Working with a MF again?

To provide an indication of overall views on the MF programme, respondents were asked, given the opportunity, how likely would it be that they would want to work with an SDO Management Fellow again. Responses were given on a 10-point scale were one indicated very unlikely and 10 very likely. Over three-quarters (24/31, 77%) gave a rating of at least nine. For 90% (28/31) the rating was at least seven.

They were asked to explain their rating and twenty-six provided a response. The open responses broadly related to the utility of the model, the particular MF and, caveats.

The utility of the model

Many have great confidence in the SDO programme itself in terms of enhancing research quality and relevance and, capacity building. Comments included:

I think it is an excellent model to keep the study grounded in the reality of the NHS managers working lives and questions.

I think there is a real gain to the quality and reality of what can be done.

I believe that this model will provide a real opportunity to build capacity and understanding of research in the NHS and help to build bridges between researchers and the NHS. I also believe that dissemination of research findings into the NHS will be enhanced as a result of this model, although this is yet to be seen.

I feel that this does help research in practice and builds a much needed research culture in the NHS.

A more measured response was expressed by one of the respondents who recognised the "valuable contributions to securing access in the NHS, plus excellent knowledge of NHS systems and structures, but (understandably) less valuable contribution to data analysis and project reports".

Another respondent wrote of "very valuable links and networks and resource". It was suggested by one respondent that the team "thrives on multiple perspectives, and values diversity". Another respondent recognised reciprocity in the relationship: it is "very interesting to work with someone, doing what you are studying - a mutual learning process".

Lower ratings were also explained: "It has been fine but not a lot of use to the research I'm doing, although I've had some good conversations with the Fellow" and it "has not added value to the project and thus is not an efficient use of my time".

The particular MF

Most wrote of a "very positive experience", again reiterating affirmative statements about the MF, referring to them as a "very capable and proactive individual" and their contribute to the project: "easy to work with, attends all of the project meetings, puts them self forward for working on aspects of the project, and contributes ideas and additional thinking", describing the MF as "essential to the smooth running of the project, and it has been a pleasure to work with her" and "I think having the MF on board was one of the most interesting aspects of this project".

Some caveats about future involvement

Caveats about further involvement were also noted. One respondent would like to be involved in future but "on our terms and part-time. We would need a long time lead to be able to find the right person who could start with the project and see it through AND to negotiate a release". Another would welcome "some extra resource to fund training". A third simply added: "If we could have direct benefit".

Further comments

A final question invited respondents to make any other comments or suggestions regarding the Fellowship scheme and thirteen made comment. A number made very general positive comments about the programme: "Should definitely be continued if at all possible!" "Thank you for it – it's been really great".

Others noted how the success of the programme was contingent on a number of factors related to the commitment of the MF and the workplace, the need to support and train the MF, flexibility and sustainability.

Commitment

The commitment of the Fellow and the support of the workplace was identified in two comments. One noted that the programme is dependent on a non-accountable "commitment of the Fellow, and the organisation for whom they work, as to whether meaningful engagement can be achieved". The other respondent described how "our previous Fellow did not have the full support of her line manager, in spite of top management backing. Our new Fellow does have that line management support. We need to make sure in future (should the opportunity arise again) to confirm internal support".

Support

Programme objectives are not realised automatically by having an MF: they need support and training and it seemed to one respondent that "the Fellow is accorded 'trophy' status by the University department, sometimes to the extent that simply having her there is enough, and insufficient attention has been given to creating value for her and how she can make a contribution to the research project". An MF's senior status is not automatically facilitative either: "Fellow's seniority in NHS management but relative lack of research expertise is a problem".

Flexibility

Rigid timescales don't work well with applied research that almost invariably runs up against problems caused by unrealistic expectations and plans. Flexibility is needed for resolving problems, grasping opportunities and making best use of resources: the SDO does not allow enough of this.

Sustainability

Two made observations pertinent to the sustainability of the MF programme:

It should continue and be strengthened. Fellows should not just develop their skills over the course of the project, but experienced Fellows should work with projects to make sure that the research-management interface is thoroughly explored.

A step-down follow on project, where the Management Fellow continues as a Fellow at 10% for 2 more years, retaining a role in facilitating research and knowledge transfer of the research group. This will provide further evidence of the positive outcomes of this scheme.

Summary comment

A disappointing number of responses to the questionnaire were received although reassuringly at least two responses were provided from each site. Reasons for this low response rate may relate to some members of multi-site project teams having little knowledge of the MF.

Overall, responses were broadly positive as indicated by responses which showed that most of the project team members responding to this survey would be keen to work with a MF in the future. For most, working with the MF supported their research mission or ethos. The results also provide some data triangulation in that they broadly confirm our interview findings. MFs were seen as improving access to sites/data, providing NHS insight and contributing to data interpretation although not research design which is unsurprising given that Fellows joined existing projects which were in post-design stages. They also extended team members' networks and profile with NHS staff. Dissemination activities (for example presenting and publishing) were more often planned activities. This was corroborated in our

interviews with MFs themselves and the CIs who in a number of cases explained that their project was yet to reach the main dissemination stage.

Improved access, the value of insider knowledge and enhanced linkages were identified as features of the programme that worked well. A few identified more specific features, in particular the provision of funding to cover the salary costs of the MF. Characteristics of individual MFs were seen as a contributory factor to the success of the programme. Other factors facilitating success (identified as suggestions for improvement) related to MF 'fit' and their active workplace engagement, workplace understanding and support, and training.

Respondents recognised that there were time costs associated with working with an MF (particularly in terms of monitoring, training, supporting, planning) but for most these were balanced by gains (for example, time saved in arranging access, additional tasks undertaken by the MF). For others, time costs were greater than expected and not directly offset. Yet for others, the time balance was positive with the MF having overall saved the research team time.

These respondents had high expectations of the MF programme. They expected that the programme would not only lead to research being more relevant to the NHS but also increase research capability within the NHS and in addition, help make NHS management more evidenced based. Given the opportunity, the great majority of respondents indicated that they would work with a Fellow again. They expressed confidence in the utility of the model to enhance the quality and relevance of research and capacity development. Some noted caveats (part-time matched to the project duration and funding for training). In final comments it was noted that the success of the programme was contingent on a number of factors related to the commitment of the MF and the workplace, the need to support and train the MF, flexibility and sustainability.

Addendum

This project was commissioned by the NIHR Service Delivery and Organisation (NIHR SDO) programme under the management of the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. The final report resulting from this project was reviewed and published by NETSCC. From January 2012, the NIHR SDO programme merged with the NIHR Health Services Research (NIHR HSR) programme to establish the new NIHR Health Services and Delivery Research (NIHR HS&DR) programme.