University of the West of England
BRISTOL

North Bristol NHS
NHS Trust

Leadership course evaluation with patient and public involvement

Research team

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Executive Summary

1. This project had two components, the evaluation of a Developing and Enhancing Leadership and Management Skills programme delivered to 150 frontline supervisory and senior managers in North Bristol NHS Trust and the implementation of guidelines for Patient and Public Involvement (PPI) in research.

2. Evaluation data were collected through three knowledge café events engaging 36 staff. These events were used to facilitate and record meaningful conversations that were focused around five questions. Follow-up interviews were conducted with a further 15 staff.

3. The PPI guidelines were applied throughout the project and the experiences of the two service users involved were recorded through ongoing dialogue and review of guideline implementation.

4. Data from the events and interviews suggested the programme had benefits for staff. These included the development of **new insights** and better understanding of the roles and experiences of other leaders in the Trust. **Immediate and sustained outcomes** were also reported for the individuals and organisation. Staff felt that they moved forward professionally and had insight into the "bigger picture". They also welcomed delivery from external facilitators who had a refreshing approach.

5. Staff were also able to demonstrate new learning. In particular the programme had changed their **approach to handling leadership issues** and their use of **tools** and **skills**. Managers reported taking a different approach to the management of more challenging situations, planning responses rather than reacting and encouraging problem-solving and reflection in staff.

6. Staff reflected on a number of issues that affected their ability to apply learning in practice. They commented on the need for a **learning culture,** with a strategy to support the implementation of new learning. They felt senior managerial support with the implementation of change was crucial. Having the time to implement learning was important and access to ongoing support to implement change would also be helpful, through perhaps knowledge café events or supervision and coaching.

7. The service users found their involvement in this research to be largely positive, though there is a need to ensure all academics are attuned to the needs of service users engaged in projects.

8. A number of recommendations emerged, such as: continue to include a wide range of staff in the same programme to allow sharing of expertise; consider delivering to an even wider range of staff including team leaders; maintain external consultancy role in delivery; consider post-course follow-up and include this in the initial contracting. There was also a recommendation that the organisation undertake internal reflections that explore the current learning culture and identify ways of supporting staff to implement learning in practice.

9. The UWE guidelines for PPI in research were evaluated as being fit for purpose and could usefully guide service user and carer involvement in a range of evaluation and research projects.

1.0 Introduction

This report presents the results of a collaborative evaluation project undertaken between the University of the West of England, Bristol (UWE) and North Bristol NHS Trust (NBT). The project built on a previous Higher Education Innovation Fund (HEIF) project which developed guidelines for Patient and Public Involvement (PPI) in research (Pollard et al, 2010, see Appendix 9.1). These guidelines were applied in the evaluation of a Developing Leadership and Management Programme Skills programme delivered by the Bristol Business School , UWE (BBS) to leaders and managers in NBT. The BBS delivery team had undertaken a small scale evaluation of the programme, which included questions about support/enablers and barriers to implementing learning from the course in practice. The BBS team evaluation data suggested support from line managers was important to enable implementation of programme learning, something that was affected by issues such as a lack of resources. This report presents two sets of findings; the results of a more in-depth programme evaluation and the implementation of the PPI guidelines.

2.0 Background

The previous HEIF funded work (Pollard et al, 2010), undertaken collaboratively by UWE staff involved in Service User and Carer Involvement in Research (SUCIR) and the Severn Deanery, developed guidelines for PPI in research and knowledge exchange in health and social care https://eprints.uwe.ac.uk/cgi/users/home?screen=EPrint::View&eprintid=15246
The guidelines included detailed guidance about nine areas encompassing the entire research process, from initial choice of topic and design, through to dissemination of results/findings (Appendix 9.1). The guidelines were developed through a series of events with representatives from academics, practitioners and service users and carers. The impetus for this work reflected the previous Government's commitment (Department of Health, 2007) to create a truly people-led health and social care service, which valued genuine service user engagement in all areas of healthcare delivery, including related research and knowledge exchange. This is an agenda that remains current and is translated into the new coalition Government's Big Society Agenda (Cabinet Office, 2010).

This project offered an opportunity to implement the guidelines, involving two service users in the evaluation of a leadership and management development programme delivered to frontline, supervisory and senior managers. At the time of evaluation the programme had been delivered to 150 managers in total, each attending the course over a four day period. The programme commenced in 2009 and each course had recruited senior managers to learn together from different areas of service provision including for example; clinicians, domestic services, security and general management. The Trust was keen to conduct a formal evaluation of programme impact in order to plan future continuing professional development (CPD) requirements. Informal feedback had suggested managers felt they could change practice as a result of the newly gained knowledge and skills.

2.1 Project aims and objectives

The project aimed to evaluate the PPI guidelines through its implementation in the evaluation of the of the Developing and Enhancing Leadership and Management Skills programme.

Its core objectives were:

1. To build on the previous successfully completed HEIF project
2. To collaborate with NHS partners in the North Bristol NHS Trust in the evaluation of the Leadership and Management programme
3. To develop a methodology that includes perceived impact measures that might have wider potential for application in UWE and the NHS
4. To provide CPD events to access data, developed through dialogue and reflection
5. To engage service users in the evaluation of the perceived impact of CPD on service improvement.
6. To implement, evaluate and develop the framework for PPI involvement in research

3.0 Methodology

3.1 Evaluation of the programme

Ethics approval was sought, prior to data collection, and granted from the University of the West of England, Bristol, Faculty of Health and Life Sciences Ethics Committee. Research information sheets were provided for all participants and informed consent was gained prior to data collection.

The methodology included two stages;

Stage 1 captured participants' views on the impact of the course through three knowledge café events

A knowledge café is an event used to encourage and record meaningful conversations that can be focused around key questions (Brown & Issacs 2005, Thunberg 2011 see Appendix 9.2 for further explanations). Recruitment was via online invitation using the data base of attendees held by BBS. From the original 150 recorded participants, 23 had left the Trust with a sample of 127 remaining. A total of 50 responded and confirmed attendance at the café events.

A final sample of 36 (28%) of staff took part in the events with a number of apologies being received on the day.

The café events were held at NBT. Café table conversations were guided around key questions starting with, "*What were your experiences of the performance management programme?*", and used photograph images to start the reflective process.

Further questions considered included:

"*What was your key learning from the programme?"*
"How have you used your learning from the programme in your role?"
"What affects how you apply your learning from the programme?"
"What other learning/education do you need to support your development as a manager?"
"What do you feel is the value of this type of education programme?"

The group responses to these questions were analysed by the participants, with the support of facilitators, identifying themes, impacts and issues. Finally, the participants identified four key messages from the event. The sessions ended with a presentation from BBS staff on *Coping with Change.* The research team undertook further thematic analysis using the data captured at each event and then from across the three. The events were evaluated.

Stage 2 captured individual data through telephone interviews

Participants in the knowledge café were asked to identify, on their consent forms, whether they would be prepared to take part in a telephone interview after the knowledge café event. In total 28 of the 36 participants consented. When contacted by email, 15 responded and were interviewed by three members of the research team. The interviews were conducted using a structured schedule comprised of questions designed to illicit more detailed accounts from individuals than had been recorded at the knowledge cafe. There was also an additional question which asked respondents about any feedback they had received on their leadership, since attending the programme.

The responses were collated and analysed. The data is presented here through the inclusion of quotations which illustrate how the themes developed from the knowledge cafe. There are also sample case stories to demonstrate the importance of the themes and to show variations resultin from the different roles, backgrounds and personalities of participants on the programme. Pseudonyms are used in presenting this data. The responses to the question on leadership feedback suggested most (n=12) had not received specific feedback, which they could attribute t their learning on the programme. The three who reported feedback all had received positive comments about their leadership and management skills which they related to their experience o the programme. Requests for feedback from colleagues would perhaps need to be built into the programme, for more rigorous assessment.

3.2 Evaluation of the PPI in research guidelines

Being aware of the tendency to 'play safe' with respect to PPI, we engaged CR and ML, two members from the Service User and Carers in Research (SUCIR) group, as we believed they could make a useful contribution to the project by providing a perspective uncoloured by a professional background in health or social care.

CR and ML are both stroke survivors. CR suffers from significant levels of fatigue, while ML has a severe degree of aphasia, which affects speech, reading and writing. They therefore challenged the research team to think of different ways of working and communicating, and thereby provided a more significant test of the guidelines.

The PPI guidelines developed previously (Pollard et al, 2010) was used to guide their engagement in the project (see Appendix 9.1). CR was involved in the initial proposal development and in the recruitment of ML. Both CR and ML attended all team meetings and were included in all team email communications. CR and ML were both involved in data collection and analysis, CR at the first and third knowledge café events, and ML at the first and second. Neither was able to able to participate in collecting interview data. Both were included in commenting on the draft report and will be part of the dissemination team, making contributions to written papers and conference presentations.

The learning from the implementation of the guidelines was captured on an ongoing basis by an academic team member (KP) for whom this was the main remit of work. Three meetings were held between ML, KP and CR to review the guidelines. The format of these meetings was informal; KP asked CR and ML for their opinions about their experiences as members of the research team; at

each of the meetings, their experiences were also mapped against specific PPI guidelines. KP took notes during each meeting and then produced a summary of discussion, which was agreed by CR and ML before being distributed to the wider team (see Appendix 9.3). This process included ML sending comments for particular points by e-mail. KP also observed ML and CR's role in data collection as part of a knowledge café session.

4.0 Findings

4.1 Evaluation of the Developing and Enhancing Leadership and Management Skills programme

Four themes were identified from the knowledge café and interview data to include; Impacts and benefits of the programme for self and organisation; New learning applied to practice; Issues ; Programme delivery.

Case study 1

Lynne is a non-clinical supervisor. She has worked in her present role for fifteen years but does not have a professional background. She feels the programme had a huge impact on her confidence as a manager. *'I was not good with people I don't know. I used to go all red in the face if I was asked a question. I couldn't do the role-play (on the programme), but people were very supportive and it was alright. Now when I go to meetings I am more comfortable. I used not to go to meetings, in case I had to say anything. I was frightened I would be asked a question.'* Lynne has changed the way she works with her teams as a result of her learning on the programme. *'When staff ask me a question, I put it back to them, give them more responsibility. I have done more discussion, saying 'you can do this, what would you do?' I get them to involve patients more ... I make them look at the environment – patients, carers, everyone on the site.'*

4.1.1 Impacts and Benefits

The programme had facilitated frontline, supervisory and senior managers in learning together. This meant staff were exposed to a wide range of new ideas and perspectives which helped with the development of **new insights**. Staff reported having a, "Better insight into other people's reality". They felt, "they were not alone" and that different leaders in the Trust had "similar problems". One participant suggested, "I learnt about myself and how I appear to others". Another commented that she had learnt to, "modify [my] behavior for different situations". The new insights were also informed by resources provided that included toolkits and structured tools for leaders, skills in reflection, coaching and problem-solving. Telephone respondents suggested:

'The training reinforced the things I did already and helped me understand how clinicians were working. I didn't feel alone. I have a managerial and a tracking role- it was helpful in learning how to balance the two roles. It was helpful to listen to others who also had two jobs.' (Clinical manager)

'(The programme) gives you a kind of push and shows you that your problems are not necessarily unique… It's about standing back when things are going wrong and thinking rather than rushing in.' (Clinical lead)

There was a feeling that the programme had a number of **immediate and sustained outcomes** for the individuals and the organisation. They talked of, “working with insight into the bigger picture”, feeling the course had broadened their understanding and appreciation of their leadership role in the Trust. They were, “moving forward professionally”, though this was still seen as a challenge.

For some, there was new found confidence and an appreciation that “we can do things, make changes”. Further evidence of this was discussed in the interviews.

‘(The programme) gave me more insight into my own management style, and also those of others, and enabled me to flex accordingly. Managers in other departments, for example in meetings I can understand why they are behaving a particular way. I can choose to modify my behaviour or I can stick with what I know. It has helped me deal with people, upwards and downwards.’ (Service improvement manager)

‘(The programme) has made me a better person because, prior to doing the course, I believed I could do the job myself without others. Now we sit with staff and get them involved.. ‘so how can we resolve the problem….who is going to be involved?’ (Non-clinical supervisor)

The participants identified a number of areas of **key learning**. Some of this learning was very personal and self-reflexive and included, “recognizing own strengths and weaknesses” and “importance of interpersonal skills”. There was also learning and skill development that clearly linked to the development of the leadership role, “performance management tools”, “coaching skills”, “how to manage self and others”, “use of support mechanisms” and “learning about emotional intelligence”. For others the programme helped them make sense of previous learning in management training.

In the telephone interviews participants gave specific examples of key learning;

‘We had a day looking at management styles, I hadn’t looked at it that way before. That maybe there are different ways of handling different situations. I don’t have to act the same way all the time. Sometime we need to have the whole team view on board, sometimes I say what we are going to do.’ (Clinical team leader)

Case study 2

Graham is a general manager with a science background. He has been in the role for six years, and is responsible for over two thousand staff in clinical services. He appreciated the variety of roles represented on the programme and hearing different perspectives on the hospital. His experience means he joined the programme with an existing high level of confidence. He feels he has acted differently as a result of his learning on the programme. *‘I was influenced by learning of research on mirroring behaviour. It changed the way I give bad news, for example sacking someone, I am not so glum and they seem to take it better. I am more detached from the situation – it is not the person I am sacking, but their behaviour. Also coaching was useful. Instead of giving my idea or opinion, I get them to work it out for themselves - knowing when to shut up.’*

4.1.2 New learning applied to practice

The participants talked about how they had applied their learning from the programme to their leadership roles, highlighting in particular the **approach to handling leadership issues** and use of **skills** and **tools**. A number of leaders reported taking a different approach in their management of more challenging situations, planning their responses rather than simply reacting. One said, *"today I gave back responsibility to a member of staff instead of doing things for him"*. This reflection showed a new and more confident way of working. The participant felt safe to reflect the issue back to the team member rather than reacting to solve the problem immediately. Three participants explained this more fully in their interviews:

> *'I looked back through my folder before the evaluation and there were a couple of things I really felt I had taken into my daily work. It gave me confidence, when I had an issue to deal with, to take time out to think what I wanted to get out of a meeting, what I wanted to achieve. I would actually write it out. It gave me the courage to deal with issues I might have avoided. And the outcome, although not completely what I wanted, was better than I expected.' (Clinical team leader)*
>
> *'I spent more time addressing issues. Before I went in head-long. Now I analyse the situation and weigh up options. Management is a big wide world, the course helped you gain strength and confidence. For example, with human resource issues, now I don't take things so personally. I realise people always think they are in the right, they need to realise they have to work within Trust policy.'(Clinical manager)*

> *'One of the things that came out on the course was a proactive approach to management: identify a problem, see what could be done, take action to resolve issues. It is easy to let a situation go, the hardest part of the role is managing people. Some people ignore situations rather than deal with them head on. There was a capability issue in the team, it was not an easy situation. It is not easy to confront someone who was unaware of the issues. I was dealing with it over a few months, not knowing which way it would go. It was very difficult. The course gave me the confidence to carry on. Now it is resolved and everyone is very happy, including myself and the individual involved.' (Non-clinical service manager)*

Other participants talked about being, "more flexible and [using] different ways of managing staff issues". The tools and skills developed in the programme were used to support this different way of working. There was reference to having, "improved interpersonal skills" and "having an easier relationship with staff". Whilst improved interpersonal skills were thought to aid working relationships, increased confidence on the part of the leader was also seen as important in this.

> *'Before I went on the course we never had regular meetings with the staff. What I do now is have monthly meetings with the Monday to Friday staff and also with those working the week end. I go through what is going on within the Trust, the department, audit scores and training opportunities... it's made a difference in that respect and helped solve problems. I have an action plan so I ensure that people have training and arrange to have a one to one with the staff.' (Non-clinical supervisor)*

As well as employing new strategies in leadership the participants also reported using new tools. In particular, they referred to using "coaching of self and others" and thinking about "motivational tools". Examples of this were provided in interview discussions:

'I have been able to use coaching techniques with people who work with me. I manage project teams. If I want to get someone to do something differently and they are finding it difficult, I can use a coaching style. I don't know that I would have done that before. Before I understood this, I was either telling people 'do this', or my instinct would be to do it myself. It doesn't help, they feel taken over. Now I can say 'how do you think you might do this?' or 'what is there in your experience that helps?' or 'what skills do you have?' It is then not that they think it is their idea, it is their idea. It helps people learn new skills, the motivation comes from them, it is a more useful way to get what I want. It is their idea, a more powerful motivator. I am a change manager, it is awful if someone makes changes to you, it is better to encourage them to want to change. It is a more successful way of teaching, I have found. I might have done it instinctively before, for example with my kids, but it wasn't a model I was familiar with.'
(Service improvement manager)

'I am more prepared for the team meeting. What do I hope the outcomes of the meeting will be? I think about what to take in. I make the meeting meaningful and make sure I listen and write things down.'(Non-clinical team leader)

Case study 3

Martin is head of one of the service areas covered by the facilities management team. He has a varied background outside the NHS, predominantly in training. He is already a confident manger and has qualifications in coaching. At the time of joining the programme, he had been in his role for one year. For Martin the programme boosted his confidence in the knowledge he had learned previously, and helped him take the use of existing skills further. He also appreciated the net-working opportunities resulting from the wide range of colleagues on the programme. *'A lot of it I already knew. I was still learning my role at that time and it developed me in terms of networking and my profile. I strongly believe in coaching and have qualifications in coaching. It re-invigorated me and I try now to use my coaching skills more in situations such as appraisals and one-to-ones. I have a tendency to be a control freak, I know what I want and how I want it done. But if I tell them, they don't make decisions for themselves and they wait for me. I need them to find their own solutions. I want my staff to be better when they leave me than when they arrived, and to be able to get answers for themselves.'*

4.1.3 Issues

A number of issues affected the participants' abilities to apply their learning to practice. In particular staff suggested the Trust needed a strategy to support the implementation of learning in the workplace, something that could be part of the development of a **learning culture** in the Trust. Had a strategy been in place, support to apply new learning might have come from senior managers or mentors. Currently the participants felt there was a "lack of senior management support" to help bring new ideas into the workplace and they suggested that peer support and ongoing mentorship should be set up as part of an initial contracting process to help participants to transfer learning to the workplace. They also felt that delivery of the programme to a wider group of staff, particularly

those in their teams, would help the Trust as more staff would have their level of insight and understanding. One interviewee suggested:

'(The effect on my confidence) was fantastic while I was there. Once I was back into the workplace, it is difficult to sustain the confidence if you are not encouraged in the new behaviours. We don't have time for the Action Learning Sets we started. If there is not protected time to continue with reflection it is hopeless.' (Service improvement manager)

Interestingly, the participants had viewed the knowledge café event as a useful way of revisiting their learning and of thinking about the application of new knowledge and skills into their work environments. They found the events a positive refresher and the events were "enjoyed". The café was, "thought provoking", "reassuring" and they hoped that the feedback to the Trust would, "produce results". More detailed comments were made in one interview:

'We all said at the cafe that we felt we needed follow-up. Something to continue. There is no time for reflection. The course enabled us to reflect on what we do, how we do it, what we could do better. Also it was a morale booster. To boost people we work with, we need to feel supported and to understand what is going on in the organisation. That is the biggest problem in the Trust ... People get tunnel vision, we need to step back and look at the bigger picture, you can't be effective as a manager if you don't. But a lot of people do have tunnel vision.' (Non-clinical service manager)

A further issue was reported as a, "**lack of time and resources to implement**". All of the participants were leaders in the Trust and felt that the pressure of the day-to-day work requirements made it difficult to take the time to think about the learning and how to use it to improve their practice. There was a feeling that the impact of this might have been lessened had a culture been in place that offered senior managerial /mentorship/ coaching support to help with the implementation of learning. The lack of support and time also affected **self-motivation**. One participant talked of having, "fluctuating levels of self-motivation/ energy in a time of change", which adversely affected their potential to make change.

'Some of the techniques taught have been difficult to do properly in the work environment. It is not easy to take a group and do some work because of staff shortages and cuts… my workload has increased, like this morning and there is not enough staff.' (Clinical lead)

Case study 4

Jenny has been a senior staff nurse for five years. She found it useful to be on a programme with a wide range of other staff from across the Trust, and to realise everyone had the same problems. She benefitted from gaining a 'better understanding of the theory behind leadership' and hearing about the techniques used by others on the programme. She enjoyed the role-plays and the opportunity to practice scenarios. Jenny feels she acts differently since the programme . One example is in providing more structured appraisals and also on a 'day-to-day basis being more accessible but not trying to be everyone's friend'. Asked about her development needs; *'I think it would be good to meet other people from the course. I get support from my manager, but it would be good to meet, six months after the course, to discuss different situations with course members- it's a type of support and to get feedback on what we have learned.' She is also interested in learning more about Human Resources policies within her Trust, but recognised this might be difficult to include when some course members come from other trusts.'* She is also interested in learning more about Human Resources policies within her Trust, but recognized this might be difficult to include when some course members come from other trusts.'

4.1.4 Programme delivery

Staff also reflected on the programme delivery, highlighting the **process of learning** as important. At times the course was, "emotionally challenging especially when sharing important experiences". One of the participants commented how the programme team had, "challenged [her] to be open and honest". The use of techniques, such as role play, provided staff with opportunities to practice skills and techniques, which despite the safe environment, were perceived as challenging. There was a view that these role plays and case studies used could have been developed with input from the human resources (HR) department in the Trust to enable closer links into the operation of local HR policy.

There was a feeling that the course team enabled staff to recognize that they had, "equally important roles and therefore issues". There was a focus on management skills which was helpful and staff were able to, "*meet people I wouldn't otherwise*" and staff welcomed the opportunity to, "network and socialise". There was a view that part of the value of the course was to, "develop skills for better performance that improves team management [and hopefully patient care]" and that if staff were able to apply their learning to practice the programme should, "uplift the quality of management in the Trust". Participants also commented on the benefits of attending groups of clinical and non-clinical staff and there was one example of a leadership team attending together which seemed to work well.

'There was a mixture (of staff attending the programme): some more senior management roles; some similar to my level; some IT; some from a clinical background; a couple of Sisters. The mixture was useful, we bonded very well. I had never studied anything like that. We thought confidentially about situations. It was an opportunity to work through real life situations, the problems weren't dissimilar. It was an opportunity to talk to someone removed from your immediate work area, to see how they had been able to deal with similar problems, to look objectively at the situation.' (Non-clinical service manager)

'All team leaders of the ... department went together, four of us. We decided to attend together. There were benefits of this which followed through into our work in the department. We supported each other, we understood each other better, and we were all of the same mindset. We could discuss issues together amongst us.' (Clinical team leader)

The course provided an opportunity for, "time away to share and reflect". **External facilitation** was seen as important, "generic course from BBS- neutral way of thinking". To have different values, experiences and input from non-NHS staff was refreshing. The four day structure was also felt to work well for staff and face-to-face contact in the delivery was seen as vital. Staff also valued the opportunity for personal development;

'It would be quite nice to get a formal qualification. And to have more investment in these sorts of areas. We are not given opportunities for that sort of personal development, that's why the take-up was massive when that course was offered. We need to do it, to meet the aims and mission of the new hospital. If we have management skills, we can help staff to be more customer service orientated.'
(Service improvement manager)

Case study 5

Cathy was a few months into a new role as a Matron when she joined the programme. She feels attending the programme increased her confidence and enabled her to be more proactive. She gives two examples of how the new confidence has translated into changes in practice. *'Last week I was told about behaviour within the department, so I took the bull by the horns and proactively managed the situation with support from HR. I have set dates, meetings and expectations.'* In another situation where there was a need for performance management 'I thought that I needed to have, and set clear expectations, what was expected and what would happen if the expectations were not met'. Cathy is one of the respondents who could describe improved feedback on her leadership since attending the programme. *'Last week I went for my 190 degree appraisal… we had to rate ourselves and other peers had to rate us as well. I was rated higher than I had rated myself. I also have two team leaders and one looks to me for leadership, she recently said to me 'I look at the way you manage and do things and I learn from you'.*
Cathy is engaged with other training on leadership and management and is able to take her learning on this programme into the current courses. She says of the programme; *'It is probably one of the better courses I have taken. Even though I did it ages ago, I still remember some parts well and re-visit my notes.'* Asked about her development needs, she says; *'I would like to have seen more on support through HR and to have action learning sets where we could bring problems and discuss ways of resolving them'.*

4.2 Evaluation of the guidelines for patient and public involvement (PPI) in research

Service users' experience

Both CR and ML found their experience as project team members to be positive, with a few reservations. In one project meeting it was felt that academic team members had not allowed enough time for ML to express her opinions; however, this was not the case in most other meetings. The meeting in question was larger than many of the other meetings, and this was felt to be a contributing factor. This circumstance notwithstanding, ML felt that she had always been in a position to make her opinions known, if she felt a strong need to do so.

It was felt important that all team members, including CR and ML, were copied into all e-mail communications relating to the project. In order to avoid ML having to read every e-mail that was sent, a format was developed so that all e-mails contained a header which informed ML whether or not it was important for her to read, and whether or not she needed to respond to it. This left her free to decide whether and when to read those e-mails which were sent to her for general information only.

CR does not have the energy to attend long meetings or events, or those taking place in the afternoon, so all project activity was scheduled for mornings, and was time-limited. This made it possible for her to take part in the full range of project activities, including the knowledge café events.

CR facilitated a group at two of these events, once jointly with ML, and once on her own. She enjoyed these experiences, and felt she gained confidence in her ability to facilitate groups. ML also co-facilitated a group with an academic member of the research team at one of the other knowledge café events. She and the academic in question met beforehand to discuss ML's role, which subsequently took the form of taking care of some of the physical tasks that were needed during the course of the group. This session was observed by KP, who noted that ML also participated in the group verbally, although at times she had to make quite an effort to do so, as other group members became engrossed in discussion and were not always aware that ML was trying to speak.

Administrative support for CR and ML was good. This mostly took the form of organisation of transport and sending e-mails. However, there was the occasional miscommunication when the administrator who generally provided support for the project was absent from the university. As the project progressed, it became apparent that better systems were required to ensure that appropriate resources were always available. For example, CR needs a large flat surface on which to write; at some meetings, such a surface was not provided.

Both CR and ML would have liked to have been involved in interviewing participants. However, the logistics involved would have been too tiring for CR; and due to her aphasia, ML would have found conducting telephone interviewing very challenging. Both CR and ML engaged with the analysis of the material which emerged from the knowledge café events. They both found this a positive experience, despite their lack of academic expertise in this area.

Despite reservations expressed, both CR and ML stated strongly that they had enjoyed being part of the project, that they appreciated the opportunity to contribute to it in a meaningful way, and that they had found it an enjoyable experience. They felt that they had both received adequate support in their role.

Evaluation of the UWE guidelines

At the first evaluation meeting it was agreed that Guidelines 1 and 2 were not appropriate for the project, so it was decided to map the experiences of CR and ML against Guidelines 3 to 9 (see Appendix 9.1). During this process and the general discussions at the three evaluation meetings, it became apparent that aspects and details of these experiences were adequately addressed by individual guidelines. The team agreed that the guidelines therefore appear to be fit for purpose. For details of the mapping of experience against the guidelines, please see Appendix 9.3.

5.0 Conclusions

Including service users in research projects

The inclusion of PPI in this project undoubtedly enhanced its conduct and findings, in that it allowed a broader grounding for consideration of the issues in question, by including CR and ML's perspectives and opinions. PPI also led to the academic team members developing a greater awareness of relevant factors, such as timing of meetings and events, and the effectiveness of communication mechanisms. However, it also revealed that the academic team members were not always attuned to the need to provide appropriate space and time for the service users, particularly ML, to participate actively. This is an important finding, as all the academics involved in the project actively support PPI in principle; it is therefore interesting to discover that they did not always facilitate it in practice. This observation is not meant as a criticism of the academics in question, but rather to highlight the need for appropriate on-going monitoring and support for any academics involved in PPI.

The review of the service user experience against individual guidelines helped to highlight where and how the project was meeting the desired standards for PPI; and where it was failing to do so. This allowed the identification of factors and/or processes which could be put in place to redress the situation. In this way, the project demonstrated how the guidelines can be of considerable practical use during the course of a project.

6.0 Recommendations for further development and practice

The following recommendations are drawn from the findings and relate to both the ongoing development of the programme and the PPI in research framework.

6.1 Developing and Enhancing Leadership Programme

- Maintain some external consultancy role/delivery of leadership and management training
- Include reference to local HR policy and procedures in delivery that could be part of action learning case studies
- Include a wide range of frontline, supervisory and senior managers in future leadership events to support shared understanding and expertise
- Review all areas of training/education provision that might benefit from the inclusion of staff from a wider professional/support/managerial base
- Consider delivery of the programme to a wider range of staff at an appropriate level, including team members
- Consider including peer support/ post course follow-up in the initial programme contracting
- Consider implementing formal evaluation of training provision and feeding this back to stakeholder groups
- Undertake internal reflections that explore the current learning culture and identify ways to support staff implementing learning into practice, such as coaching, mentoring and follow up evaluation/implementation knowledge café events
- Develop a strategy for the development of leadership and management training that articulates how you implement learning in practice- learning should be at the heart of the organisation

6.2 Guidelines of patient and public involvement in research

- Its is recommended that the PPI guidelines are used from project conception to support service user engagement
- All academic team members should be invited to review their own behaviour with respect to facilitating PPI at regular intervals during the course of a project. This process should include feedback from service user members of the team.
- Good administrative support for service user research team members is crucial. This should also involve appropriate back-up for key administrative personnel.
- Systems need to be established to ensure that appropriate practical resources are provided at meetings and events.
- Creative ways of supporting service users' participation in a range of project activities, such as different forms of data collection, need to be identified and considered.

7.0 Dissemination strategy

The dissemination strategy includes local and national intentions related to both the development of the programme and the PPI in research guidelines.

Forums for dissemination	Approach	Target audience
Developing and Enhancing Leadership Skills Programme		
Leadership and Management development team NBT	Power point presentation and discussion	NBT staff involved in developing local leaders and managers
Senior HR team NBT	Power point presentation and discussion related to future input into the programme	NBT staff involved with HR support
Learning and Development Committee NBT	Power point and questions	NBT staff responsible for developing training and supporting staff with implementation of learning
Workforce Strategic and Governance Committee	Power point and questions	Senior executives with responsibility for strategic planning to develop the workforce and provision of best patient care
Stakeholder representation group	Presentation key findings and the way forward	Stakeholders who gave their time to take part in the research
UWE and NBT websites	Executive summary	Staff in both organisations had an interest in the study
Facilitated BBS and UWE staff meeting	Executive summary and discussions to plan for future delivery/ marketing	Staff have a vested interest in developing curriculum and CPD delivery
Journal paper	2-3,000 word paper to international journal focussing on the PPI element and methodology	Health care staff and researchers
National/international conference presentation	Conference paper/ workshop	Researchers/healthcare staff
PPI in research		
Feedback into SUCIR and changes to PPI guidelines	Feedback into SUCIR meeting	Those involved in PPI

8.0 References

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9.0 Appendices

9.1 Patient and Public Involvement in Research Guidelines

1. Educate researchers about public* involvement in research

Introduce researchers **to the 'involvement continuum'** (from consultation to user-led research).

Highlight the **different roles** that people* can play in a project.

Raise awareness of relevant issues (including appropriate payment).

Highlight **potential ethical issues.**

Provide **examples of successful** public involvement in research.

Run **a joint workshop s**o that researchers and people involved **can increase their mutual understanding** of relevant issues.

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4. Involve people in the project as early as possible

Involve people **right at the beginning** of the project, or as soon as you possibly can.

Ensure **appropriate resources**, e.g. access to e-mail, websites, etc.

Offer **real opportunities** for so-called "hard to reach" groups to get involved at an early stage (you need to be aware of cultural and other sensibilities).

7. Make sure that there is clear communication between everyone involved in the project

Make sure that researchers and people involved **work together to decide appropriate lines of communication** for the project.

Adjust communication methods to suit people's available resources, e.g. e-mail, phone, etc.

Schedule regular meetings of all involved so that all can be updated on progress.

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2. Consult the community before setting the research agenda

Create **real opportunities** for people to influence what is being researched.

Go into the community/use existing networks to find the 'right' people* to consult.

Use community contact, networks, etc., **to reach 'hard-to-reach' groups** (need to be aware of cultural and other sensibilities).

Create **a database of people** with details of interest and availability.

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5. Be clear about what is required from people involved in the project

Draw up **clear person specifications** for people involved in the project.

Define/negotiate people's roles, allowing for flexibility when appropriate/possible.

Ensure that people know relevant details about the start, process and completion of their involvement in the project.

Make sure that researchers and people involved jointly decide the terms of reference and membership of any Advisory Panel.

Ensure and share **clear processes for planning and design**.

Avoid the **use of jargon and acronyms** when explaining plans and processes.

Explain that people **may have to make an effort** to learn some of the language of research.

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8. Make sure that all materials, namely, research documents, communications and outputs, are accessible.

Avoid the use of jargon and acronyms but also **educate those concerned** to avoid any "dumbing down" effect.

Ensure that the **design of research materials suits people's needs**, e.g. pictures, language, font, colours.

Work with people involved in the project to ensure that the design of any outputs suits the needs of the community concerned.

3. Build enough time into the project for meaningful public involvement

Take time to understand **people's motivation for involvement**, as this will encourage commitment.

Adjust the pace and way of conducting the project where necessary/ possible to suit the people involved.

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6. Provide on-going support for people involved in the project

Have **a named person at the centre of the project** who will be accessible to people and sensitive to potential issues.

Negotiate appropriate payment and expenses for people involved.

Run a joint workshop so that researchers and people involved **can increase their mutual understanding of relevant issues.**

Set up an Advisory Panel to have a 'watching brief' on the conduct of the project.

Be aware of the need to make accommodation for **different kinds of diversity**.

Identify **the training needs of people involved in the project**.

Provide appropriate funded **training opportunities/mentorship.**

Give **feedback on a regular basis** to let people know that their contribution is valued.

Ensure that all those involved are aware of **what has been achieved in the project,** and of any possible next steps.

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9. Involve everyone in dissemination of the project results or findings

Invite and support people involved to **contribute to disseminating the project results/findings**: presentations, writing of academic and other publications as co-author, design of project outputs, etc.

in any presentations/publications from the project.

Acknowledge people's involvement

* Public/people: may be service users, carers or other members of the public

9.2 Explanation of Knowledge Café methodology

The knowledge café or world café was originally conceived by Juanita Brown and David Issacs (2005) as a way of engaging staff in conversations whose views would not normally be listened to thereby revealing tacit organisational knowledge that could be used for reflexive organisation learning. The process ensures a group come together with a common interest in a convivial setting to generate creative ideas through informal dialogue or conversations. This process reduces groups working in isolation and thus develops shared knowledge across the whole organisation. A key feature of the knowledge café recognises that creating a hospitable space, as might occur in the informal space in organisations such as the coffee rooms, can encourage reflective conversations, decision-making and problem-solving to inform organisational change. Staff explore questions that matter to them in a process where everyone's contribution is valued. Cross pollination of ideas and creating collective discoveries are essential strategies to generate future creative possibilities for action or learning. A further key tenet of this approach is that participants also identify patterns, new insights and deeper questions that are further explored creating collaborative working and ownership for change.

In this research project, students from a variety of student cohorts engaged in small group café style conversations to share their experiences and reflections about their course. They worked on key questions and chose significant photographs creating flipcharts to represent their experiences. The flipcharts generated were used to cross pollinate further experiences and ideas creating deeper insights, patterns and shared knowledge across the larger group.

9.3 Mapping of the service user experience in the project against the UWE guidelines for developing good practice in PPI in research

It was agreed that guidelines 1 and 2 are not appropriate for review in the case of this project.

3. Build in enough time to the project for meaningful public involvement	Take time to understand people's motivation for involvement, as this will encourage commitment. Adjust the pace and way of conducting the project where necessary/possible to suit the people involved.	As CR and ML were known to the project team members before the project started, this guideline did not really apply to this project. This happened to a large extent. Timing and duration of meetings in view of CR's requirements, and building in space for communication with ML. ML's comment: I'm happy with my experience as a member of the project and feel that I'm able to communicate and express myself satisfactorily, because I'm given the opportunity to do so and the other members are patient.
4. Involve people in the project as early as possible	Involve people right at the beginning of the project, or as soon as you possibly can. Ensure appropriate resources, e.g. access to e-mail, websites, etc.	CR was recruited to the project at the design stage, and was a co-applicant on the funding bid. She contributed to discussions about appropriate guidelines of public involvement for the project. ML was recruited as soon as the funding was in place – there was some discussion with her at the funding stage. ML's comment: I feel that I got involved at the right time. Communication mechanisms, eg. e-mail worked well. Format was devised to make e-mail communication as straightforward as possible for ML. Some work still needed around other resources, e.g. making sure that a big table is available for all project meetings, to make it easier for CR and ML to write. Planned to develop a checklist for all team members, to consult when booking facilities, etc.

		ML's comment: I also feel that the way we exchange information via e-mail has helped me feel part of the project and is working well. I'm very happy that this is the case, because I wasn't sure that I'd be able to follow the bits of information involved.
	Offer real opportunities for so-called "hard to reach" groups to get involved at an early stage (you need to be aware of cultural and other sensibilities).	Not applicable to this project.
5. Be clear about what is required from people involved in the project	Draw up clear person specifications for people involved in the project.	This was not done for this project. In discussion, we identified that CR and ML had been recruited mainly for personal qualities, e.g. flexibility, that they brought to the project. As their role in the project was exploratory by nature, it was considered important that they both appeared to demonstrate a positive attitude and a willingness to try things out in a somewhat ad hoc and organic manner. Not sure that a clearer person spec would have been possible/desirable.
	Define/negotiate people's roles clearly but allow for flexibility when appropriate/ possible.	Both CR and ML felt that this was an on-going feature of the project. There was always the opportunity to try new things, e.g. facilitating a KC group, but no pressure to do so.
	Ensure that people know the details, including dates, about the start, process and completion of their involvement in the project.	ML's comment: I'm happy with my responsibilities but I'm open to exploring and trying other things if people find that it would improve or help the project. This was not done systematically, and could have been improved.
	Make sure that researchers and people involved work together to decide the terms of reference and	ML's comment: I also agree that there is a certain lack of detail about dates, etc. for this project. But it's something

	membership of any Advisory Panel.	that can be sorted out in due course.
	Ensure and share clear processes for planning and design.	Not applicable to this project.
	Avoid the use of jargon and acronyms when explaining plans and processes.	This happened to an extent, but could have been more streamlined. As PM, PY and KP were working on other projects, they were used to 'jumping' between them. Something more substantial might have improved processes for CR and ML, but it is not clear what form this could have taken.
	Explain that people may have to make an effort to learn some of the language of research.	General awareness among project team members, with occasional lapses. This appeared to be appropriate, and did not present any problems to either CR or ML. ML's comment: Regarding jargon, acronyms and the language of research, so far no complaints from me as I've been able to understand most of what is discussed and if I don't understand I ask for clarification and usually people are patient and tell me what they mean.
6. **Provide on-going support for people involved in the project**	Have a named person at the centre of the project who will be accessible to people and sensitive to potential issues.	Both CR and ML both felt that they received sufficient support in the project. However, there was no named person as such, probably because of the small size of the team, and the history of individuals working together to varying degrees. Earlier in the project, this resulted in CR having to take on the task of sorting out a problem with ML's taxis when the administrator was on leave, which was not appropriate. CR and ML agreed that they would take problems either to KP or to PM.

	Negotiate appropriate payment and expenses for people involved.	There were no problems in this regard.
	Run a joint workshop so that researchers and people involved can increase their mutual understanding of relevant issues.	Not applicable in this project, as all the individuals had worked together previously.
	Set up an Advisory Panel to have a 'watching brief' on the conduct of the project.	Not applicable in this project, due to its size and the fact that individuals knew one another before it started. The 'watching brief' occurred through the regular evaluation meetings held between CR, ML and KP.
	Be aware of the need to make accommodation for different kinds of diversity.	CR and ML feel that this aspect of the project was excellent. Meetings were always scheduled in the mornings to allow for CR's issues with fatigue; communication was tailored to suit ML's needs, in terms of receiving information, expressing opinions and taking part in discussion. Some tweaking of the e-mail system was occasionally needed, but it generally worked well.
	Identify the training needs of people involved in the project.	Ad hoc training was provided, for example, preparation for participation in the knowledge café events and involvement in data analysis.
	Provide appropriate funded training opportunities/mentorship.	This was not required in the project.
	Give feedback on a regular basis to let people know that their contribution is valued.	This worked well in the project.
	Ensure that all those involved are aware of what has been achieved in the project, and of any possible next steps.	CR and ML were involved in all planning for the project, and in the process of reviewing and analysing findings.
7. Make sure that there is clear communication between everyone involved	Make sure that researchers and people involved work together to decide appropriate lines of communication for the project.	This was done effectively in the project, with regards to a range of lines of communication.

in the project	Adjust communication methods to suit people's available resources, e.g. e-mail, phone, etc. Schedule regular meetings of all involved so that all can be updated on progress.	This was not an issue, as all team members had access to e-mail and phone. The e-mail format was developed to aid ML's participation in e-mail communication. CR and ML felt that there were sufficient meetings and communication to ensure that they knew what was happening with the project.
8. Make sure that all materials, namely, research documents, communications and outputs, are accessible.	Avoid the use of jargon and acronyms but also educate those concerned to avoid any "dumbing down" effect. Ensure that the design of research materials suits people's needs, e.g. pictures, language, font, colours. Work with people involved in the project to ensure that the design of any outputs suits the needs of the community concerned.	There was no change in this regard between the evaluation meetings - general awareness among project team members, with occasional lapses. CR and ML felt that this was adequate. This was not applicable in the project to date, as neither CR nor ML had particular needs in this respect. CR and ML were involved in writing the project report.
9. Involve everyone in dissemination of the project results or findings.	Invite and support people involved to contribute to disseminating the project results/findings: presentations, writing of academic and other publications as co-author, design of project outputs, etc. Acknowledge people's involvement in any presentations/publications from the project.	CR and ML were involved in writing the project report. They will be invited to join team members who are presenting at conferences. The terms of their doing so, e.g. extent of involvement, payment, will need to be negotiated beforehand. It may be possible to record CR and ML expressing their opinions for a presentation. CR and ML will be acknowledged as contributors/co-authors on all material arising from the project, in accordance with the normal conventions regarding authorship.