

***Catalyst Event Report on***

***Leading Cultures of Research and Innovation in***

***Clinical teams***

Bolton Whites Hotel, Tuesday 8th July 2014

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## **Catalyst Event Report on**

# **Leading Cultures of Research and Innovation within clinical teams**

Bolton Whites Hotel, 8th July 2014



## **Purpose**



The event brought together prominent people from health and social care backgrounds across the North West of England who have an interest in developing a culture of research in clinical teams. It is hoped the event allowed attendees to think about how this might work across their organizations, with a view to developing some innovative ideas that could be implemented in the future.

The event was conducted using a forum known as 'Open Space'. The method is designed to enable people with mutual interests to meet and progress ideas in a short period of time. Participants have control over what is discussed and can choose to include themselves in various forums generated on the day. At the conclusion of the various forums, decisions are made about outcomes and further steps to progress them. Participants are expected to contribute further via the networks developed on the day.

A summary of the Open Space discussions, including the names of participants and those expressing an interest in being contacted at a later date, form the basis of this workshop summary.

The discussions are not presented in any particular order and do not reflect the popularity or the merit of the discussion themes. Some themes are closely interlinked and could be collated.

Visual minutes were made during the event by a team of artists and those minutes are also included in this report. The event was also recorded as a comic strip and this is available as a separate document.

## ***Workshop Summary***

### **Presentations**



Dr Stuart Eglin, Director of NHS Research and Development North West, introduced the day and went through the concept of the Catalyst event and how it is a highly participatory event. He stated that everybody attending the event had an interest in developing a culture of research and all would have something to contribute. Stuart introduced the next speaker Dr Liz Mears, Chief Executive of the North West Coast Academic Health Science Network.



### **Dr Liz Mear—North West Coast Academic Health Science Network**

Dr Mear talked about how a culture of research had impacted her through her career and how very important it is within clinical teams. She described research as “a state of mind” and gave an example of how research had directly impacted a patient she knew when working as Chief Executive of the Walton Centre.

Dr Mear described how research is all about impacting patient lives.



Visual Minute— Start of the day...

# Leading Cultures of Research & Innovation Catalyst Event

**DEVELOP IDEAS** Today

We want you to **DEVELOP IDEAS** Today

Dr Stuart Eglin

Dr Liz Mear

do we build a culture of research?

CULTURE → The way we do things around here

'Research is a state of mind'

We need **Strategy**

Research is for **EVERYONE**

Working together & thinking how we evaluate things has benefits

What can I do?

Share stories

Measure research

Impact

Imagination

What is the patient benefit?

Committees are groups that keep minutes but lose hours!

It's always good to get people to **TALK**

Why is Innovation Important to YOU?

Su Fowler Johnson

There are lots of LIKE MINDED **PASSIONATE** people here today

It is a great **OPPORTUNITY**

WELCOME to this Catalyst event

**FUN**

The **PROCESS** belongs to **YOU**

We support **Research & Innovation**

Research is for **EVERYONE**

What can I do?

Share stories

Measure research

Impact

Imagination

What is the patient benefit?

Committees are groups that keep minutes but lose hours!

"The NHS aspires to the highest standards of excellence and professionalism through its commitment to innovation and to the Promotion, Conduct and Use of Research to improve the current and future health and care of the population."

**The Challenge is how can we make this a reality within NHS clinical teams?**

**NHS R&D**  
Better Connected Research

#LCRI-2014

**CATALYST**

WWW.MORETHANMINUTES.CO.UK  
By Claire, Chris & Holly



## **Convenor reports**

### **Group 1: How do we encourage / enable 'front line staff to promote and use research in their practice?**

**Convenor** Anne Caress

#### **Participants**

Katie Glickman, Tina Robinson, Kirsty Pine, Robert Kennedy, Janet Suckley, Jane Pearson, Alison Cooke, Sue Wynne, Una Maye

#### **Key points from the discussion:**

- Multi-disciplinary approach can be good – cross training and sharing of load
- Practitioners don't use evidence because they're too busy delivering care. Takes a lot of time, energy and effort to do this and innovate.
- Senior managers can be blockers – they don't like them to use something they haven't thought of themselves. Peers (colleagues) can also be a blocker – resistance to change, over worked and not pulling their weight if they are not doing research.
- Resistance to change – when doing something new want to fit it to current systems. Need to develop a culture of change- embracing of fearful.
- Need managers not to 'shut people down' and not be threatened by their team / innovation. People will always look for a reason not to do something.
- Time, funding and lack of confidence are main barriers but also about mind set.
- Engaging newest more junior staff can be a good strategy – enthusiastic, easier to back fill 'less on their plate'
- Not always about people doing research, things like 'best bets' can be very valuable.
- Having it written into job description might help, seen as part of the job.
- Needs to be seen as integral to providing good care – equal status to other elements of role.
- Need to get 'ownership' were talking about EBP 20 years ago so why is this not changing? Over worked, time, gate keeping, resistance to change, reluctance to admit don't know everything.
- NICE guidance can be implemented because it has to be.
- Need to encourage questioning (of practice/ decisions)
- Journal clubs can work but need staff to have opportunities to attend.
- Need to recognise that things are always changing and to embrace this.
- Have to recognise that there isn't evidence to underpin every aspect of practice
- Sharing of evidence / innovation is important
- Decision making /use of evidence may be out of the control of clinicians.
- Snapshot sessions to communicate research can help
- Unpredictability of work load can be a challenge.



## Next Steps:

- ⇒ Need to engage the workforce and ensure ownership / buy in
- ⇒ Need to get evidence ,use and promotion of research on equal footing with other aspects of activity
- ⇒ Leadership is important, as is training to increase confidence/skills
- ⇒ Create cultures which embrace change and allow people to admit that they don't know everything
- ⇒ Focus less on what we can't do and more on what we can.



### Group 2: Links between research and innovation

**Convenor:** Julia Reynolds

#### Participants

Maria Thornton, Paul Mansour, Sue Wynne, Karen Zaman, Phillip Bell, Andy Storbiski, Marga Perez Casal, Sally Spencer, Ruth Young

### Key Points from the discussion:

- What is innovation? What does it mean to different people, link to service improvement
- Terms research and innovation can turn people off, call it 'bright ideas' etc 'our council, our voice' 'Ivan Voice'
- Need to make sure innovations are evidence based. Seem to be being pushed forward – products with not enough evidence
- Audit – service improvement – service equal – research – invention, proof of concept – innovation runs across all of these.
- Does it need ethics? Not always a clear pathway. Each trust does something different, some need it, some don't.
- Framework needed
- Proportionate risk vs benefits approach to developing innovation working in partnership with organisations to support them



## **Group 3: How are clinical teams and organisations involving patients and the public in designing and carrying out research?**

**Convenor:** Melanie Chapman

### **Participants**

Irene McGill, Robert Kennedy, Gemma Sellors, Ruth Morgan, Michael Bryant, Jo Haworth, Gillian Southgate, Margaret Cooper, Shona Lewis, Rachel Georgiou

### **Key points from the discussion:**

- Developing a culture within organisations – individual level
- What are we measuring? What does the patient think about the journey?
- More research should be genuinely patient led
- Patients and user group RfPB grant. PI has identified 3 plus families that use childrens services. OT enhanced intervention, family representation on steering group. Still thinking around how it works
- How do I find out if there is a patient forum and work with them?
- It can be daunting for clinicians to get started in research and bureaucracy with research want to put ideas into action
- Patient and public user forum
- Want hubs where can go with ideas and be supported through
- Steering groups 2 or 3 representatives would comment on research progression
- RfPB funding board – if no PPI involvement proposal will be sent back and asked why not?
- Moving away from patients as guinea pigs to action participants
- How do you start the process? Identify patient organisations and groups in the area. University of Lancashire has research partners forum
- Finding out which universities /NIHR research structures to tap in to.
- Thinking about patient involvement early on and as active involvement rather than participants
- Appointing a specific PPI person
- The Walton Centre – PCPIE have look at research process and at what point should they be involved at one level
- Checking out initial ideas with patients
- Two keen governors UHSM lack of knowledge amongst staff and patients of research
- Patient presented at innovation award
- People are keen to engage with particular subject area and then move away
- Can apply for RDS PPI bursary
- Salford Royal and CCG – very active programme, outreach and community groups. Someone in post to look at PPI – kept list of people interested

*“Very good day has energised my quest for continuing my doctorate. Have got some details of people who I can network with”*





## Next Steps:

- ⇒ Act as a 'dating agency' list of people not very extensive (12 people) so went back to basics raising awareness of what research is about in community so engaged, research aware in local community LT task. Overarching programme that citizen scientist are part of web based citizen.scientist.org.uk / Publish outline of grant on the website so people can comment on it. Put calls out for people to take part in focus groups to feedback on design. Can let people be part of the steering group etc will email people who know have an interest.
- ⇒ People want more opportunities to take part.
- ⇒ Knee jerk reactions e.g. if putting grant in
- ⇒ UHSM cough and allergy team – have better PPI newsletter etc.
- ⇒ NWPIRF – link with Salford Royal / citizen scientist – can advertise opportunities to contribute to research wider than Salford
- ⇒ Register as member for NWPIRF
- ⇒ Look at information and resources on INVOLVE website
- ⇒ Consider RDS PPI bursaries and support to complete RfPB proposals.

## Group 4 : Who are the key people to network with?

**Convenor:** Gemma Sellors

### Participants

Katie Glickman, Margaret Cooper, Veronica Southern, Hazel Roddam, Tim Twelvetree, Anthony Rowbottom, Sue Louth, Lisa Butland, Alison Loftus, Janet Suckley

## Key points from the discussion:

- Link with clinical directors and cascade down into teams and run research events
- Drop in sessions, lunch and learning, research interest database to match studies
- External supports coming in to present research road show to get ideas
- How do we keep this sustainable - look across whole workforce to target new starters
- Joint working without just having little pockets of knowledge
- Resilience to keep pushing networks
- Succession planning
- Better links with IT to identify staff rather than fishing for information
- Best bets a & e, clinical bottom line. MRI database
- Network for funding, R&D, trust charitable funds, health hubs
- Linked – in a good resource for sharing information





## Group 5: Block busters : How to help reduce the barriers / blocks to research

**Convenor:** Jo Haworth

### Participants

Ruth Morgan, Seonaid Beddows, Ross Dachraoui, Rachel Georgiou, Jane Pearson, Una Maye, Alistair Graham, Gill Young, Steve Hoyle, Angela Douglas, Anne Caress, Stefan Verstralen

### Key points from the discussion:

- How can we create R & D flavoured sausages? R & D culture with frontline staff
- Language – improving outcomes
- Ideas
- Service, quality improvement (all at board level and junior staff level)
- Time, finances, resources – are they blocks or is it attitudes . Do something different
- Accessibility to funded/ protected / backfilled time
- Think outside the box – new graduates
- Private company model – invest in R & D to promote business
- Is there a lot going on but need to share more??
- Workforce organisation /re configuration
- Raise profile of innovation
- Partnership working – including university
- Culture of research – NHS constitution but research not measured or shut down
- Previous publishing / grants now impact – clinical academic
- Approvals process
- Project manager – HEI, Clinicians, money

*"Thank you for an excellent event – the open space concept worked really well with lots of opportunities for networking with likeminded people"*

### Next Steps:

- ⇒ Consider language
- ⇒ Access own R & D departments



## Group 6 — Can researchers be incentivised for leading and promoting research?

**Convenor:** Dr Marga Perez – Casal

### **Participants:**

Nessa Thomas, Rachel Georgiou, Lynne Goodacre, Margaret Cooper, Lisa Butland, Gil Young, Michael Smillie

### **Key points from the discussion:**

- Incentivisation has bought time back to develop research ideas and grants
- It could be possible to reward good performing research teams by giving awards that can be used for the benefit of the whole team, linking to education for example.
- Monetary incentivisation of patients is something that feels appropriate to the R & D community, as this cannot compete with incentivisation from private practice.

## Group 7: The role of the clinical academic

**Convenor name:** Alison Cooke

### **Participants:**

Shona Lewis, Robert Kennedy, Jennifer Roche, Lynne Goodacre, Catherine Ricklesford,

### **Key points from the discussion:**

- Clinical staff should know the evidence but difficult to find the time to disseminate evidence to staff
- Need realistic expectations of how long it takes to change practice – can CLARHCs/ AHSNS/AQUA help?
- Need time – protected time for research /funding, dissemination, admin support, time to develop networks/collaborations. NHS need to buy in to 'own' time spent on research
- Need a career pathway which is NHS/HEI joint (revisit AFC) Separate role/ pathway needed for those who want to pursue evidence.
- The bit missing from the NIHR CAT pathway is the job between fellowships (you wouldn't buy a car with 3 wheels) – CAREER PATHWAY
- It is scary to lose a clinical substantive contract to pursue research / academia – need for a career pathway
- Ideal would be one contract / one post
- Challenge of long hours to fulfil 2 posts 1)clinical 2)academic but appreciate academia – long hours!

### **Next Steps:**

- ⇒ NHS / HEI career pathway for health professional who want to pursue research



## Group 8 : How can universities/ academia help support development of an NHS research culture?

**Convenor:** Sally Spencer

### **Participants:**

Alison Cooke, Ruth Young, Maria Flynne, Una Maye, Anthony Rowbottom, Ross Dachraoui, Tim Twelvetree, Helen Hurst, Marie Marshall, Jane Martindale, Sorrel Burden, Lynne Goodacre, Stephen Hoyle, Hazel Roddam

### **Key points from the discussion:**

- Research is perceived as only for the 'in crowd' but should be open to all tiers of the organisation, including clinical academics and those with a 'good idea'
- Training programmes need to offer NHS focused support e.g. around leadership, service implementation etc, not just research skill
- Clinical academics (those with post grad qualifications) need formal time and support to flourish
- Need to link with external research support structures for: multi-disciplinary partnering, co-authoring on publications, very early engagement in research processes.
- Honorary research appointments would help to support R & D recognition in the NHS



### **Next steps:**

- ⇒ Discuss development of tailoring training courses designed specifically for research in the NHS

*"Minutes were fantastic, connections made which would not have predicted. Ideas occurred which wouldn't of happened without the event providing the necessary food for thought. Good event with ample opportunity for networking, thank you"*

## Group 9: How can 'jobbing clinicians' do research when they are under pressure to get on the wards and see patients?



**Convenor:** Veronica Southern

### **Participants:**

Hazel Roddam, Ross Dachraoui, Jo Howarth, Alison Loftus, Jennifer Roche, Ruth Morgan, Shona Lewis, Stephen Hoyle, Jane Martindale, Elisa Wrightham

### **Key points from the discussion:**

- Negotiate research questions as a team, shared, then look at data already collected, share out the work to be done so share the workload and get expertise in e.g. R&D department
- Stop and pause as a team – ask 'are we doing effective work?' is there any evidence for effectiveness? Establish priorities, interrogate data, link in with appraisals. Generate questions
- Look at patient process from referral – discharge- identify waste (everyone contributes) research forward planning. Link in with R & D department for lead business case (more staff etc)
- Look at demand vs capacity in a graph – stark choice.
- How will it help the organisations – how will it help its strategic aims?

### **Next steps:**

- ⇒ Collect patient stories - risk of not getting help
- ⇒ Advantage of help
- ⇒ Audit of service data
- ⇒ Reinforce the good things experienced therapists are doing and encourage the embracing of newer ideas / bright ideas
- ⇒ Collect data as part of clinical jobs
- ⇒ Ideas shared by the team/owned by the team

*"Very well facilitated meeting, liked the 'catalyst' style of delivery, would be good to follow up or do a progress/ review in the future to see what worked. Although very diverse group all similar issues to solve, how ever would of like to see more healthcare scientists involvement of more discipline specific group so could make useful connections / networks"*



# Session 2



## Group 10 : How to convince the trust board that the R & I is core business?

**Convenor:** Paul Mansour

### **Participants:**

Tina Robinson, Elisa Wrightham, Stefan Verstalenm, Philip Bell, Nessa Thomas, Angela Douglas, Sue Louth, Julia Reynolds, Jennifer Roche, Anne Caress, Alison Loftus, Gemma Sellors, Hazel Roddam

### **Key points from the discussion:**

- Use the right language.
- Talk to the board in terms of what is important to them at the moment – strategic objectives /CQC / Francis report
- No one wants to stand in the way of research – they just haven't heard it in the right story yet.
- Building a culture of research isn't just about high level multi site trials – build from bottom upwards and start small.
- Stress importance of attracting and retaining staff
- Build a stake holder group within the trust including support services. IT for example
- Vital importance of public and patient involvement and user led research
- Use of FT governors to spread the word and get involved
- Publicity – 'pride awards' to include R & D and innovation – springboard to national awards. Engage communications team
- A lot can be done without major funding which will help create a culture of research – don't look at it in isolation – all part of evidence based medicine and innovation
- Higher level research can take years to deliver service change but smaller projects can deliver more quickly as 'quick fix'

*'Super event – thank you for the opportunity to attend, extremely well organised and what could have been daunting was actually Really enjoyable''*



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**Group 11 : NIHR Clinical research network has come together to make one clinical research network: Greater Manchester, is there anything you'd like us to be doing (or not doing?)!**

**Convenor :** Seonaid Beddows

**Participants:**

Alistair Gray, Karen Zaman, Andy Storbiski, Philip Bell, Ruth Young, Gillian Southgate

**Key points from the discussion:**

- Research and samples don't map—Haematology pathway goes to Manchester but research network to NW coast
- Confusion about who we are and what we do – need to explain and promote, embed in culture
- Talk too much about statistics, real life examples would improve engagement and mean more
- Using PPI to help with recruitment e.g. mental health services using patient advocates, making outcomes more relevant and keeping patients in touch with outcomes
- Use of technology - remote meetings.

**Group 12: If we were looking at this through the perspective of Google, what would we say and do?**

**Convenor:** Claire Harris

**Participants:**

Marga Perez – Casal, Liz Hedgecock, Catherine Ricklesford, Seonaid Beddows, Kirsty Pine, Andy Storbiski, Claire Bagley

**Key points from the discussion:**

- Forums for people across trusts to come together and share 'ideas' rather than call it research.
- Piece of research to show if giving 20% of time or specified decided time enhances innovation, satisfaction, productivity e.g. teams trying out the Google model.
- Use of data in NHS – Google mines data and uses it for research purposes, how can the NHS use the data they have.
- No blame culture – no pressure for ideas to be implemented – learn from 'intelligent failure'
- Pump priming for research
- Monthly ideas meeting sparks ideas
- Engagement with L &D departments need to include research



## Group 13 : Where do I start?

**Convenor :** Michael Bryant

### **Participants:**

Liz Hedgecock, Michael Smillie, Kirsty Pine, Sorrel Burden

### **Key points from the discussion:**

- What is my research remit
- Engaging the teams – reflect
- Identity – what I want to do
- Self management of time
- Explore my funding options – clinical scholars scheme
- Utilise the current staff/ R & D department
- Turbo charge your writing
- Change my perspective on my role

*"Was a little scared / cynical about open space but I have really enjoyed it and think it will provide a good platform for future work. Have made lots of useful connections too"*

### **Next steps:**

- ⇒ Get on with it!
- ⇒ Identify time
- ⇒ Talk to the R & D team regularly
- ⇒ Discuss with head of therapy our research agenda



## Group 14 : AHP and nurses/ non medics as leaders in research

**Convenor:** Sorrel Burden

### **Participants:**

Sue Louth, Michael Bryant, Gillian Southgate, Marie Marshall, Helen Hurst, Liz Hedgecock

### **Key points from the discussion:**

- Challenges and local strategies
- Nurses and AHP confidence
- Structure, backfill, numbers, support, networking
- Under graduate background, pathway, expectation, main stream, language, culture
- Strong leadership, clinical or professional, nurture environment
- Career development pathway
- Time in pathway, consultant roles,
- Opportunity
- Leadership – either clinical or professional, key to developing leading in AHP/ nursing research
- Cultures – PI/CI can be AHP/ nurses – challenging systems from within and strategically
- Opportunities – integrating research into job plans PA sessions
- Integrating research into grading; interviews language issue to promote evidence based practice
- Support – mentoring /networking
- Start from understanding by nurturing expectations for clinical practitioners to engage in research
- Skills / knowledge lack of confidence in research
- More leaders in nursing / AHP research will lead to more engagement

### **Next steps:**

- ⇒ Mentoring/ networks
- ⇒ Strategic developments
- ⇒ Grading job plans /'PAS'
- ⇒ Equality in MDT

*'I wasn't sure what to expect but this as really interesting and well run event. I learnt lots about barriers to research but also some strategies to begin to address them''*

*'Excellent event, loads of ideas generated and new networks made. Everyone who is invited to a catalyst event should say 'yes' – thank you''*





## **Group 15 :How do we bring the psychological aspects of care into the research agenda and disseminate what we know already?**

**Convenor :** Clare Baguley

### **Participants:**

Claire Harris, Nessa Thomas, Irene McGill, Helen Hurst, Marie Marshall, Gillian Southgate

### **Key points from the discussion:**

- Use of language – need to be non stigmatising and revitalising for both patients and practitioners
- Informing and influencing commissioners to understand rationale for bio psycho social models of care and of multi-disciplinary research
- Research for patient benefit – look out for mental health calls – use guidelines to put forward a proposal that meets the criteria
- Idea – develop champions in clinical area – early intervention – building coping strategies and resilience – act early before problem starts – potential for collaborative research?
- Influence medical staff by disseminating and promoting evidence base – practice LTC'S and chronic conditions
- Encourage use of outcome measurement
- Engage service users / patients through patient groups to say if research qualifies
- Disseminate information on the improving access to psychological therapies programme (IAPT) to build connections between psychological and mental health services
- Use open space methodology for the PPN network ` how can psychological approaches be mainstreamed in health care?'

### **Next steps:**

- ⇒ Psychological professions network [www.nwppn.nhs.uk](http://www.nwppn.nhs.uk) develop dissemination strategy and promote research
- ⇒ Pharmacy connection – link in with community pharmacist e-referral project – possible fore runner fund application
- ⇒ Engage with patient groups
- ⇒ News item – E Win on physical and mental health opportunities for R & I



## Group 16 :How to help/ support managers to facilitate R & D on the shop floor? (balancing demand and capacity issues)

**Convenor:** Stefan Verstraelen

### **Participants:**

Maria Thornton, Tim Twelvetree, Gemma Sellors, Paul Mansour

### **Key points from the discussion:**

- Demonstrating an impact of research on day to day running of services e.g increased quality of care
- Aligning strategic vision with financial targets on generating income
- Language – cost reduction/ avoidance
- Meeting targets
- Effective work redeployment
- Demonstrating innovation
- Demonstrate return on investment
- Make them feel special / make them an ally
- Incorporate research as a recruitment strategy
- Caveat - 'backfill' the job might not be there when you come back? Important to have the discussion about what you will do when you come back?
- Leadership
- Mandatory training – helps managers to achieve what they need to achieve

*'Super day, stimulating, sexy, share  
knowledge, supportive, learned  
much so well done''*



## **Group 17 : How to fund a service evaluation / research into the outcomes of Refer to Pharmacy**

**Convenor:** Alistair Gray

### **Participants**

Jane Pearson, Karen Zaman

### **Key points from the discussion:**

- What is refer to pharmacy?
- Institute of health psychology? Alison Worden (University of Manchester researches into why people don't do things)
- Regional innovation fund (NHS) NHS England organise this – evaluation – what is the baseline
- RIF NHS England

## **Group 18 : Maintaining the passion at the beginning of the research journey and sustaining it to the end**

**Convenor:** Sue Wynne

*"A fantastic day, very useful to highlight key themes that are echoed throughout practice. Will take away the context to make changes in practice."*

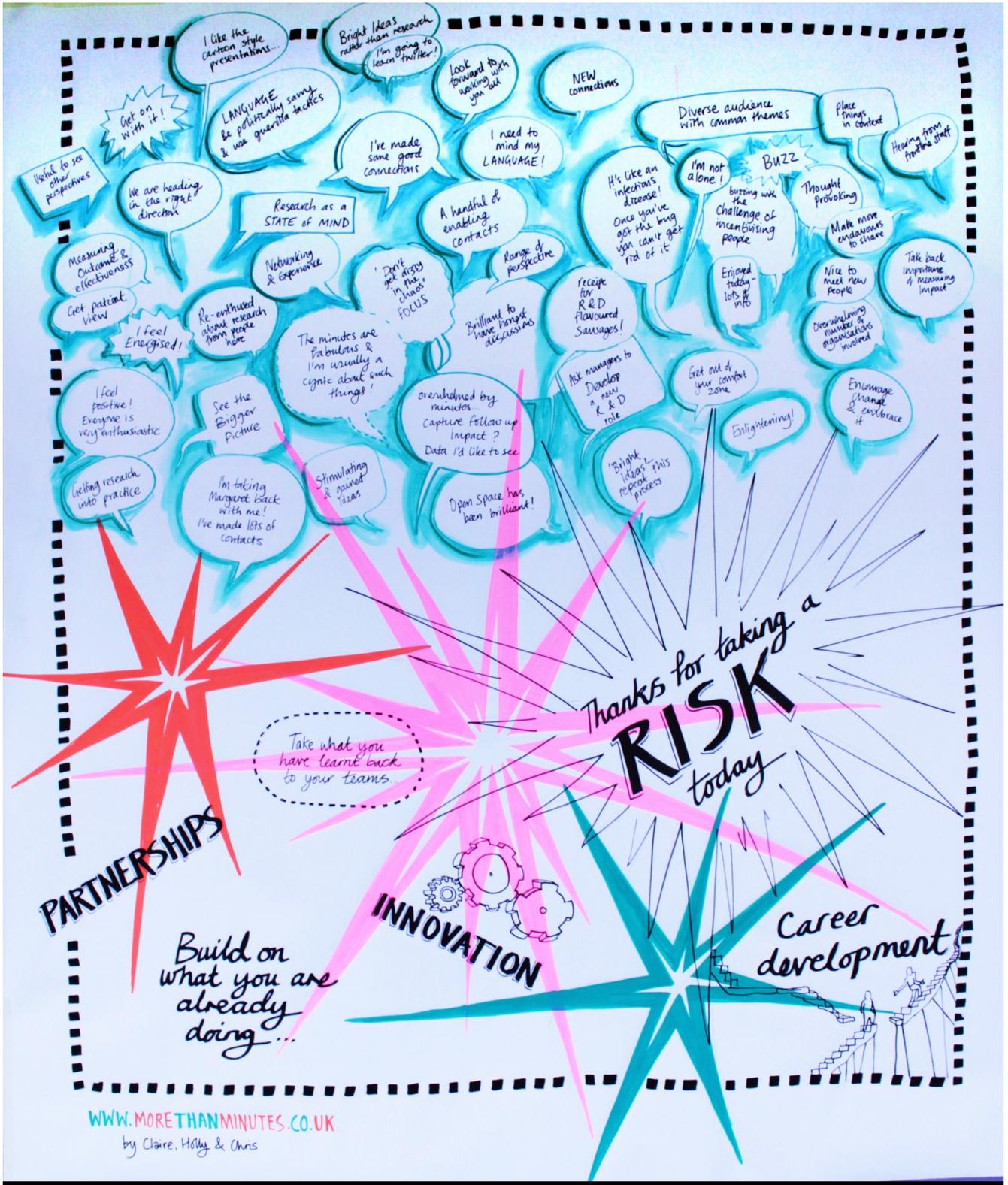
### **Key points from the discussion:**

- Inequality in how organisations view & support research
- Separating from clinical rotas roles – to consult on legacy
- Existing policies on study – check what it states around time
- PDRs sign off
- Investment of funding – don't forget they have invested in the programme
- Turn it into an opportunity – North West mentoring scheme – back to basics
- Investment in organisational intelligence
- Improving managerial support
- Retaining talent
- Chapter in thesis –to share experiences

*"Great day, lots of stimulating ideas and discussions, good open space methodology techniques"*



**Visual Minute End of the Day...**



## Summary

This summary is for the purposes outlined at the outset; that is to make notes of the dialogue and to circulate this to the participants as a reminder of discussions and to locate individuals who were involved or who have since expressed an interest to be kept informed.

There are several themes common across different groups. These included finding the time to do research alongside a busy full time clinical role, the challenge of AHPs and nurses leading research and the language used to describe research and how it can influence people to do or not to do research.

It is hoped that this report will encourage any new or on-going work in the field of developing a culture of research in clinical teams and that these projects can continue to be shared with the delegates from the day.

## Next steps

The Event Report will be circulated to participants and other interested parties. It will also be available to the general public on our website. Contact details will be circulated to Discussion Convenors on request to facilitate the further development of the proposals outlined. NHS R & D North West may contact Discussion Convenors to ascertain what additional support is required to maintain momentum and track progress of new ideas and thinking generated on the day.

NHS R&D North West would appreciate on going feedback with regards to of any of the issues raised on the day from any of the people who attended the event even if they were not a convenor.

Thank you to everyone who attended on the day and contributed to all the discussions detailed in this report and a big thank you too all convenors for raising their question.



## ***Postcard feedback from the day***

- A fantastic day, very useful to highlight key themes that are echoed throughout practice. Will take away the context to make changes in practice.
- Great day, lots of stimulating ideas and discussions, good open space methodology techniques
- A very enjoyable day lots of great ideas and thoughts to take back
- Thanks for organising the day, excellent management and stimulating context, well done!
- Super event – thank you for the opportunity to attend, extremely well organised and what could have been daunting was actually really enjoyable
- Great day – really enjoy the open space methodology and will be looking to use within our service back at work, thank you
- Excellent day, well run and organised very valuable experience and networking forum
- Very well facilitated meeting, liked the 'catalyst' style of delivery, would be good to follow up or do a progress/ review in the future to see what worked. Although very diverse group all similar issues to solve, however would of like to see more healthcare scientists involvement of more discipline specific group so could make useful connections / networks
- I would appreciate being able to contact the participants today – we have an instant network/mentoring database here and it would be good to keep in touch. Perhaps people could identify themselves and their roles so we can link in to the appropriate people. Thank you for a wonderful day
- Been having a lovely time visiting lots of interesting sights and made new friends (or work contacts anyway!) Loved the staff and format really encourage useful conversations and will take lots of souvenirs home (to the office)
- Excellent event, made possible by the design team and attendees
- Minutes were fantastic, connections made which would not have predicted. Ideas occurred which wouldn't of happened without the event providing the necessary food for thought.
- Good event with ample opportunity for networking, thank you
- Was a little scare / cynical about open space but I have really enjoyed it and think it will provide a good platform for future work. Have made lots of useful connections too.
- Good event, very useful, very well facilitated – thanks for all the hard work. I'll be interested to see how the proposed 'next steps' are taken forward, thank you for inviting me
- Excellent event, loads of ideas generated and new networks made. Everyone who is invited to a catalyst event should say 'yes' – thank you
- I wasn't sure what to expect but this as really interesting and well run event. I learnt lots about barriers to research but also some strategies to begin to address them
- This has been an excellent event. The format elicited good discussion and innovative ideas
- Really enjoyed open space, I'll use it with my team back at work
- Some great ideas to stimulate honest conversations
- Super day, stimulating, sexy, share knowledge, supportive, learned so much so well done
- Thank you for an excellent event – the open space concept worked really well with lots of opportunities for networking with likeminded people
- Excellent event, look forward to working with you on this agenda, keep up the good work, the patients need you
- Very good day has energised my quest for continuing my doctorate. Have got some details of people who I can network with

