

Leadership as a health research policy intervention

An evaluation of the NIHR Leadership
programme (Phase 2)

Sonja Marjanovic, Gavin Cochrane, Catriona Manville, Emma Harte,
Joanna Chataway, Molly Morgan Jones

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Preface

High quality and high impact research requires both a highly skilled researcher base and a system of leadership supporting it. The National Institute for Health Research (NIHR) Leadership Programme was established in 2009, and can be thought of as a science policy intervention to develop the leadership skills and capabilities of current and future NIHR researchers. This is expected to contribute to research performance and impact, and ultimately to benefit patients. In early 2012, the National Institute for Health Research (NIHR) leadership programme was re-commissioned for a further three years following an evaluation by RAND Europe.

During this new phase of the programme, we conducted a real-time evaluation, the aim of which was to allow for reflection on and adjustment of the programme on an on-going basis as events unfold. This approach also allowed for participants on the programme to contribute to and positively engage in the evaluation. The study aimed to understand the outputs and impacts from the programme, and to test the underlying assumptions behind the NIHR Leadership Programme as a science policy intervention. Evidence on outputs and impacts of the programme were collected around the motivations and expectations of participants, programme design and individual-, institutional and system-level impacts.

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For more information about RAND Europe or this document, please contact:

Sonja Marjanovic
RAND Europe
Westbrook Centre
Milton Road
Cambridge CB4 1YG
United Kingdom
Tel. +44 (1223) 353 329
smarjano@rand.org

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Executive summary

Background and context

High quality and high impact research requires both a highly skilled researcher base and a system of leadership supporting it. The National Institute for Health Research (NIHR) Leadership Programme was established in 2009, and can be thought of as a science policy intervention to develop the leadership skills and capabilities of current and future NIHR researchers. This is expected to contribute to research performance and impact, and ultimately to benefit patients.

RAND Europe evaluated the first phase of the programme (2009–2011). We found it was well received and had a substantial impact on participants' personal approach to leadership. It had also helped build effective research teams, but had not had much impact at institutional and system levels at the time. The NIHR Leadership Programme was re-commissioned and the second phase of the programme began in 2012.

Through enhancing individual leadership skills and capabilities and building a connected 'community of practice' around applied and clinical researchers, the phase 2 programme (2012–2014) aimed to contribute to leadership capacity-strengthening at individual, institutional and system levels. The enhanced leadership capacity was, in turn, expected to facilitate a world-class research environment for better healthcare; help strengthen translational and applied research capacities; facilitate a greater degree of collaboration in the health research system; and help steer a social movement and foster a change in mindsets and attitudes about agenda-setting. The phase 2 programme included three main streams: NIHR Leaders, NIHR Trainees and R&D in Trusts. Continued engagement of alumni from previous cohorts was facilitated via the Leaders Stream.

Evaluation aims

RAND Europe evaluated the second phase of the programme. We aimed to assess the programme against its core objectives and to capture progress towards them (including impact at individual, institutional and system levels); examine associated enablers, challenges and causal mechanisms at play; and explore scope for learning from other leadership programmes.

Study design and methods

Our evaluation was rooted in a theory of change, realist approach. A theory of change sets out the building blocks needed to deliver on a programme goal, through a pathway of interventions, and based on a range of assumptions about the underlying logic and types of interventions which can lead to desired results. Theories of change tend to be valued in programme planning and evaluation because they help

create a shared view of what a programme's vision and strategy is; how it will be pursued; and what can be done to assist in identifying measures for capturing learning and reflecting on progress. As with the phase 1 evaluation, we referred to elements of the Kirkpatrick model of leadership evaluation in the process of developing the theory of change and evaluation framework. This model asks us to consider progress at four levels: basic reactions to programme, acquired learning and skills, behavioural change, and contributions to targeted outcomes.

The evaluation was implemented through a combination of workshop, survey and interview methods. The workshop helped develop the evaluation framework. The survey enabled breadth in the number of people who could contribute to the evaluation and in the diversity of issues we could explore. The interviews allowed us to explore emerging themes in more depth, and to investigate links between the programme design and its impacts, as well as associated enablers and challenges. We gathered evidence from multiple stakeholders to ensure a rounded evidence base and appropriate accountability. We also conducted a focused benchmarking exercise to examine how the NIHR Leadership Programme broadly compared to other leadership programmes across sectors.

It is important to note that the evidence presented in this report comes from interested parties – participants in the leadership programme and provider documentation. A detailed audit of the information is outside the scope of this project. Despite this caveat, the evaluation project team feels that an open and transparent rapport with programme stakeholders has been established and sustained. Triangulation across multiple sources of evidence, multiple methods and through time lends further confidence in the objectivity of the findings and recommendations.

Results

The evidence from our evaluation highlighted the following key outputs and impacts:

Motivations and expectations of participants: Across all streams, personal development opportunities were a key motivation for taking part in the programme. Prospects for networking, exchanging ideas and sharing experiences were also seen as important. Trainees and R&D in Trusts stream participants hoped to become more effective in establishing and managing research groups, and Leaders hoped to become more effective at an institutional level, for example in their influencing abilities.

Programme design: Overall, participants valued the activities that were undertaken as part of the second phase of the NIHR Leadership Programme, and felt that the design of the programme was generally appropriate. Action Learning Sets, networking opportunities and one-to-one coaching were seen as the most useful activities. Action Learning Sets enabled participants to seek advice from impartial peers on a diverse range of issues, and to exchange ideas from multidisciplinary experiences. The biggest benefits of one-to-one coaching were in helping develop individual confidence and in providing bespoke support around the challenges particular individuals faced.

Individual-level impacts: The programme helped develop a range of leadership skills important for individuals' career development and for wider organisational impacts. This includes skills that enable increased responsibility and career progression, the better management of research teams, enhanced self-awareness, reflective capacity and self-confidence. Strengthened collaboration skills were also seen as an important impact from the programme, and the programme's design created a vehicle for exposure to new

potential collaborators, the establishment of informal relationships, the strengthening of existing relationships and changes in ways of collaborating. There was limited impact on participant ability to manage physical and financial resources in research teams, and future phases of the programme may wish to reflect on this as part of the institutional leadership capacity-building agenda.

Institutional-level impacts: The leadership programme also contributed to the establishment of new or strengthened institutional-level relationships, had an impact on an individual's leadership approach to staff training and development, and increased participants' awareness of what leadership means in an institutional context. Participants also felt that the programme enhanced the role they play in their institution's capacity to respond to structural change. The improvement intention within the R&D in Trusts scheme has a particularly notable institutional impact. It allowed managers and directors to work together on a concrete improvement task, provided an opportunity to put the acquired leadership skills into practice, and helped raise the profile of R&D within the institution.

The R&D in Trusts Stream also highlighted a particularly strong impact on improved relationships of institutional value, including relationships with members of other NHS trusts, and specifically with R&D counterparts. Only a few respondents (across streams) felt the programme had reduced duplication between NIHR and NHS units or led to formal collaborations between NHS service providers or between other NIHR units. Perceived barriers included the relatively rigid and hierarchical structure of health systems and universities, and the absence individuals who might be most challenged by structural change on the programme.

Systems-level impacts: The key types of systems-level impacts identified through our evaluation include: strengthening relationships within the NIHR community, an enhanced profile of leadership and its importance within the NIHR, a greater understanding of the NIHR and of the wider health system by participants, and new collaboration prospects with a wider set of health system stakeholders. Survey respondents across streams agreed that leadership positions in the NIHR now command greater respect. Participants also felt that the programme contributed to their understanding of NIHR's role within the wider health system, its priorities, aspirations and ways of working. System's level impacts were the weakest for the trainees scheme as participants in this scheme had not really had a sufficient level of interaction and engagement yet (e.g. with policymakers and wider stakeholders), given their career stage.

Continued engagement: The majority of alumni from the Leaders Stream who completed the survey felt there is merit in continued engagement with the NIHR Leadership Programme and that more opportunities for engagement, more advance notice of events and somewhat more flexibility in programme delivery (location, relevance of sessions) would act as enablers.

Discussion

Our evaluation shed light on a diversity of factors which have influenced the second phase of the NIHR Leadership Programme, and its impacts.

Key enablers included:

- *Time and space to think*: The NIHR Leadership Programme created a unique opportunity for self-reflection and the ‘space to think’ away from the office, which were very important enablers of individual leadership skills development.
- *Networking opportunities to share experiences, ideas and explore new prospects*: The networking opportunities created by bringing together a broad range of participants and facilitating repeated interactions played an important role in raising awareness of the diversity of NIHR’s goals, priorities and activities. A better connected NIHR community was, in turn, said to be conducive to the sustainability of the NIHR as a health and science policy institution.
- *A concrete improvement task with expected organisational impact*: The improvement intention in the R&D stream of the programme has enabled participants to articulate their intentions for organisational change and has helped raise the profile of R&D in their Trusts.

Key challenges included:

- *Scope for further clarity on what the NIHR expected people to achieve* by virtue of participating in the programme was seen as an obstacle to maximising potential impacts.
- *Limited opportunities for sustaining engagement with the programme post-completion* of core training are thought to be a barrier to further enhancing and nurturing the leadership skills and capacity that the programme is helping establish.
- *Enhancing organisational and system-level impact*: While the programme has made a significant contribution to the personal development of NIHR Leaders and shown some impacts and prospects for further impact on institutions and the wider system, enhancing the scale and scope of such effects remains a challenge.

Our benchmarking exercise provides a range of cross-cutting insights on mechanisms used to facilitate different levels of impact in other leadership programmes in the UK and internationally. These may be helpful for the NIHR to consult when thinking about the next phase of the programme. For example:

- Some of the ways by which system-level leadership capacity building was pursued in our benchmark examples included impact groups and challenge projects focused on system-level issues in a sector. These created a practical and formal way of working as a leadership community.
- Institutional-level leadership capacity-strengthening in our comparator programmes was facilitated through a range of interventions, including: cross-departmental and cross-disciplinary team work between members of an institution; combining taught and experiential learning with the anchoring of newly acquired skills on the job (e.g. in clinical duties); projects to design, implement and evaluate organisational improvement intentions; and formal line-manager support and engagement with a leadership programme.
- Individual-level leadership capacity building tended to be pursued through diverse psychometric tools and topic-based training, and in one instance through the formalisation of training course completion as a prerequisite for career progression.

Conclusion and recommendations:

There are a number of areas for policy consideration that emerge from the evaluation evidence. These relate to NIHR Leadership Programme design, facilitating impacts, continued engagement and sustainability, and evaluation. We hope that these will be helpful in framing future phases of the programme and its delivery:

1. The NIHR and training provider should consider making the relationship between activities proposed for the next phase of the leadership programme and each dimension of leadership capacity (individual, institutional and system) more explicit.
2. The NIHR may wish to consider making the relationship between the NIHR Leadership Programme and wider NIHR programme goals more explicit to participants.
3. Training provider knowledge of the health research sector and the challenges leaders in this sector face was important for participants. The NIHR should bear this in mind when selecting suppliers.
4. There is a need to reflect on selection criteria to the programme. These could consider individual motivations and needs, prospects for organisation and system impact and the overall mix within a cohort and across them.
5. The NIHR and training provider may wish to consider the scope for additional interaction across cohorts, streams and disciplines as a value-added activity. This could help tackle leadership challenges relating to silos in the system (such as effective multidisciplinary working, working across hierarchies).
6. There is scope to think creatively about new ways of facilitating organisational-level impacts, drawing on the experience of the NIHR Leadership Programme and other leadership programmes in the system. For example, the NIHR may wish to consider what the most appropriate mix of participants in teams might be, and whether there is scope for some collective leadership training interventions that bring participants from the same organisation together. The organisational improvement intention might be valuable across programme streams. Ways to ensure line-manager engagement with the training programme, especially for trainee schemes, could also be worth considering.
7. The NIHR could consider new ways of facilitating systems-level impacts (e.g. some examples might include a leaders task force or working group on systems-level challenges, or improvement projects targeted at systems-wide issues, as part of the Strategic Collaboration Initiative).
8. The NIHR should consider ways to diffuse leadership skills into the wider research system (e.g. training the trainer approaches, where NIHR Leadership Programme alumni could facilitate leadership capacity building activities in the wider health research system, for example as facilitators of Action Learning Sets).
9. Consider ways to keep alumni engaged with leadership capacity-strengthening activities for their individual benefit and the benefit of the wider health research system (to ensure a connected community of empowered leaders).

10. Continue evaluating the programme so that adaptation and learning could feed into continual improvement, and ensure accountability. It may also be worth tracking organisational and systems-level impacts from alumni over time (as these can take time to materialise), through targeted and brief thematic evaluation.

In addition to the policy recommendations stemming from the evaluators analysis of evidence, there were some additional recommendations stemming directly from participants. These included: increasing the visibility of the programme across the NIHR; addressing operational challenges relating to the planning, location and timing of events; strengthening incentives for participation of R&D directors; considering scope for further exposure to leadership theory, and exploring prospects for a more structured approach to networking activities.

These reflections are also important to consider in the context of leadership programmes as science policy interventions. As we have shown through this evaluation, the following are important for informing policy decisions in this space: relationship building and networking; bespoke approaches to the needs of individuals and groups, at specific stages of their career pathways and across them; collaborative approaches to joint working; and evaluation mechanisms which can explore causation and relate the programme design and implementation to diverse desired impacts. As a policy intervention, the NIHR Leadership Programme has strong potential to identify and nurture outstanding leaders who can span the boundaries of their individual, organisational and systems-level professional identities, and consider their roles in the context of wider systems-level ambitions for pursuing research excellence, nurturing leadership and research capacity across the system, and helping their research to be disseminated, ultimately for patient benefit.

We hope that the contents of this report will be helpful to the NIHR, as it frames and implements the next phase of the NIHR Leadership Programme.

Abbreviations

DH	Department of Health
NHS	National Health Service
NIH	National Institutes of Health
NIHR	National Institute for Health Research
R&D	Research and Development

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1. Introduction

1.1. Leadership as a health and science policy intervention

The health research system is complex and has multiple interests and goals. These include efforts to ensure research excellence, to produce academically recognised outputs and to impact on improved healthcare practice. There is a growing recognition that pursuing these multiple goals is enabled by effective leadership across different levels in the system, and that leadership has a key role to play in shaping the behaviours and norms at stake (Grant et al. 2014).

Leadership is a multifaceted concept, and there is no single universally accepted definition of it. In general, attempts to define leadership have focused on its constituent features and characteristics. Influencing and enabling roles are common across the different conceptualisations. For example, Northouse (2004) highlights the process nature of leadership, the importance of influencing abilities, leadership as occurring in a group context, and the role of leadership in goal attainment. For Northouse, leadership is ‘a process whereby an individual influences a group of individuals to achieve a common goal’. Similarly, Moore and Diamond (2000) defines leadership as ‘the capacity to release and engage human potential in the pursuit of a common goal’ (Moore and Diamond 2000; cf Morgan Jones et al. 2012). Tamkin et al. (2010) identify outstanding leaders to have the following attributes: they think at the level of the system, see people as a route to good performance, are self-confident without being arrogant, and represent a conduit for goal attainment (Tamkin et al. 2010; cf Grant et al. 2014).

In general, theories of leadership tend to focus on five key themes: individual traits, leadership behaviours, situational leadership, the roles of power and influence in leadership, and leadership as a vehicle for transformation (Bolden 2004; cf Morgan Jones et al. 2012). In more recent times, we are witnessing a growing recognition of the importance of collective, as opposed to solely individual leadership (Bennis 1999; Edmonstone 2011). Edmonstone (2011) argues that the field of leadership development needs to rebalance from ‘an over-concentration on the development of individual leaders to an emphasis on context and relationships’.

Regardless of the conceptualisation of leadership, there is substantial evidence on the links between effective leadership and good organisational performance across sectors (e.g. Bassi and McMurrer 2007). In the health sector, research suggests that an absence of leadership is linked to poor performance, and that effective leadership can increase patient satisfaction and reduce adverse events (e.g. Ovretveit 2010; Wong and Cummings 2007). There is also evidence on the links between enlightened leadership and an efficient and effective organisational culture, and on the links between organisational culture and improved performance in healthcare environments (Bisognano and Kenney 2012; NICS 2003). As

highlighted in Grant et al (2014), in research and development (R&D) intensive sectors such as health, the potential benefits of improving leadership capability include network facilitation (Tamkin et al. 2010), enhancing team innovation capacities (Apekey et al. 2011), enabling knowledge sharing and absorptive capacities (Greenhalgh et al. 2005), and normalising the role of a researcher in health services (Yawn 2002).

In the past five years we have witnessed a growing focus on leadership at a policy-level in the United Kingdom. For example, The Darzi Fellowships scheme (Fellowships in Clinical Leadership) has supported leadership training and development for over 130 early career National Health Service (NHS) clinicians, and evaluation evidence suggests that they have had a strong impact on the personal development of individuals, but also on quality improvement at organisational levels (Stoll et al. 2010). The NHS Leadership Academy (established recently in 2013) has embraced leadership as a key driver of improvements in care quality and patient experience, and has embarked on ‘developing and delivering the largest and most comprehensive set of leadership development and training programme ever run in any sector’ (NHS Leadership Academy 2014a). Since 2009, the NIHR has been placing leadership training and development at the centre of its efforts to establish high quality clinical research, and the NIHR Leadership Programme targets individual, institutional and systems-level leadership capacity building.

Yet, despite a growing policy focus on leadership in health research and health care settings, there is very little evidence on the effectiveness of leadership as a health and science policy intervention. This report aims to help address this gap, through sharing insights from the evaluation of the NIHR Leadership Programme.

1.2. Evaluation of the NIHR Leadership Programme – history and context

High quality and high impact research requires not only a highly skilled researcher base, but also a system of leadership supporting it. There is evidence that leadership training can have a highly beneficial effect on an organisation (Grindle and Hilderbrand 2006), but research leaders are not often given the opportunity, nor do they have the time, to attend formal leadership or management training programmes.

The NIHR established its leadership programme in January 2009. It was commissioned against a backdrop of increasing emphasis on high quality clinical research in the academic research system and in the NHS, in the wake of *Best Research for Best Health* (DH 2006) and the *Cooksey Report* (Cooksey 2006). The DH identified a need and opportunity to develop the leadership skills and capabilities of current and future NIHR researchers, and to contribute to their research performance and impact, ultimately for patient benefit. In this context, the programme can be thought of as a ‘science policy intervention’.

The NIHR Leadership Programme was re-commissioned for a further three years following an evaluation by RAND Europe in 2011 (Morgan Jones et al. 2012). The programme was delivered by Ashridge Business School. The main purpose of the original (phase 1) evaluation was to assess the leadership programme against its three core objectives:

- Developing individuals as research leaders
- Building research team leadership capability
- Fostering leadership in the wider research community.

Overall, the phase 1 evaluation found that the leadership programme was well received by participants and that it filled an important gap in academic and clinical researchers' professional development. Many participants found the programme had a substantial impact on their personal approach to leadership. The phase 1 evaluation found that the second objective of building research team leadership was also being met, but there were some gaps in linking research team leadership to institutional leadership and improved research performance. The third objective – aimed at fostering leadership at a system-wide level – was, in participants' opinions, not yet being met to the extent that it could be, although progress was being made towards this end. The phase 1 evaluation concluded that adaptation in the programme, based on the evaluation's recommendations, could help facilitate wider institutional and systems-level impacts.

One of the recommendations was to put in place a continuous monitoring and evaluation function to enable the leadership programme to 'learn' in real time for the future.

1.3. Phase 2 evaluation of the NIHR Leadership Programme: aims and the conceptual approach

1.3.1. *Objectives of the NIHR Leadership Programme*

The second phase of the programme began in 2012. Based on the experiences from the first phase and recommendations from our phase 1 evaluation, a more structured approach was adopted, incorporating a clear beginning, middle and end to the programme. Through enhancing individual leadership skills and capabilities and building a connected 'community of practice' around applied and clinical researchers, the phase 2 NIHR Leadership Programme aimed to:¹

- Help enable world-class research for better healthcare, including strengthening translational and applied research capacities in researchers across the NIHR.
- Facilitate a greater degree of collaboration in the health research system by encouraging individual, organisational and systems-level awareness of the role of collaborative engagement enabled by strong leadership.
- Steer a social movement and foster a change in mindsets and attitudes about agenda-setting and the way the question 'what is the most important thing to research?' is asked.
- Build translational research capacity, through individual leadership interventions, but in a way which works through the individual, to the organisational and up to the system level.

These NIHR Leadership Programme goals are directly related to some of the core wider objectives of the NIHR, including efforts to: establish the NHS as an internationally recognised centre of research excellence; attract, develop and retain the best research professionals; drive faster translation of scientific discoveries into tangible benefits for patients; commission relevant research; develop effective and efficient research management practices; promote and protect the interests of patients and the public; and act as a sound custodian of public money (NIHR 2014b).

¹ These were the stated objectives of the programme when this phase of the evaluation started. The current website reflects a similar set of objectives, although it has been slightly amended for the upcoming phase of the Leadership Programme. See NIHR (2014a).

1.3.2. Key elements of the second phase of the NIHR Leadership Programme

In the phase 1 evaluation we recommended that the structure of the programme for each leadership cohort needed to be critically examined in order to ensure that the activities were being delivered in an integrated and coordinated fashion, which supports the wider learning objectives. In its second phase, the NIHR Leadership Programme retained some core features of the initial programme, but has also adopted new areas of activity. The second phase included three main streams:

- **NIHR Leaders:** In the previous phase of the NIHR Leadership Programme, a distinction was made between senior and development leaders, which was dropped in the second phase. The Leaders Stream was made up of three cohorts of approximately 35 leaders occupying senior leadership roles within NIHR, one cohort per annum. They received a combination of one-to-one work through coaching and personalised supported 360 degree feedback; Action Learning Sets; bespoke themed workshops; and twice-yearly meetings as a community of leaders. The programme was designed to run for 15 to 18 months for each cohort. Alumni from the previous phase of the programme had the opportunity to remain active in the programme through having access to elective, themed workshops as desired and attending the annual leadership forums, which are open to all streams of the programme. Within the Leaders Stream, there was also a programme for NIHR professors that offered individual tailor-made support, creating an NIHR professors interest group and NIHR professor-specific action learning. Many of the NIHR professors are alumni of the other streams of the NIHR Leadership Programme.
- **NIHR Trainees:** The stream was made up of four cohorts of approximately 18–21 trainee leaders over the three-year period. They received the same type of support which was given in the trainee programme in the previous phase of the leadership programme, including: themed residential workshops at Ashridge; annual, one day conferences at Ashridge for all active cohorts; participation in Action Learning Sets, meeting at least four times during the programme; one-to-one accompanying of the trainee for half a day; and two phone conversations to review progress and development.
- **R&D in Trusts:** This stream was a new area of work for the programme, introduced in 2012. It aims to foster collaborative work and a better understanding between NHS trust R&D managers and directors and the research community, in a way that can help build translational research capacity. It is different from the others streams, in that it requires both the R&D manager and director from a single trust to participate. The programme included an initial inception workshop to bring everyone together; ongoing, one-on-one support for trust managers and directors; interactive engagement with a quality or performance improvement intentions; and a final workshop to clarify learning and ensure sustainable transfer of knowledge.

In addition to the three streams, the programme also set up the Strategic Collaborations Initiative, which aimed to support individuals and teams to undertake projects of strategic significance to NIHR. Leaders were given the opportunity to ‘learn while doing’ – to implement the principles learned on the programme in practice. The strategic collaboration initiative supported projects on systems-level issues

and provided strategic support to individuals, through coaching and group sessions to work on the initiative.² Initiatives funded include systems-level issues and the provision of strategic support for key individuals. Applications were requested for a following round but to date none have been funded, although ongoing support is provided for those previously successful in receiving funding.

1.3.3. Objectives of the evaluation

The phase 2 evaluation was conducted in real time to enable reflection and adjustment of the programme as events unfolded, and to allow participants to contribute positively to the evaluation. It aimed to understand the outputs and impacts from the programme, and to test the underlying assumptions behind the NIHR Leadership Programme as a science policy intervention.

More specifically, the phase 2 evaluation objectives were to:

- Capture progress towards the shared success criteria and evaluation indicators
- Learn about enablers and challenges in the programme
- Explore the causal mechanisms at play
- Develop accompanying narratives which explain not only what is happening, but why and how
- Gather evidence from multiple stakeholders to ensure a rounded evidence base and appropriate accountability.

The evaluation was implemented through a combination of workshop, survey and interview methods (for more detail, please refer to Chapter 2). In addition, we also conducted a small benchmarking exercise to examine how the NIHR Leadership Programme broadly compared with other leadership programmes across sectors. The workshop helped develop the evaluation framework. The survey enabled us to include a broad variety of people who could contribute to the evaluation and in the diversity of issues we could explore. The interviews allowed us to explore emerging themes in more depth, and to investigate links between the programme design and its impacts, as well as associated enablers and challenges.

1.3.4. The conceptual approach and the evaluation framework: a theory of change, realist approach

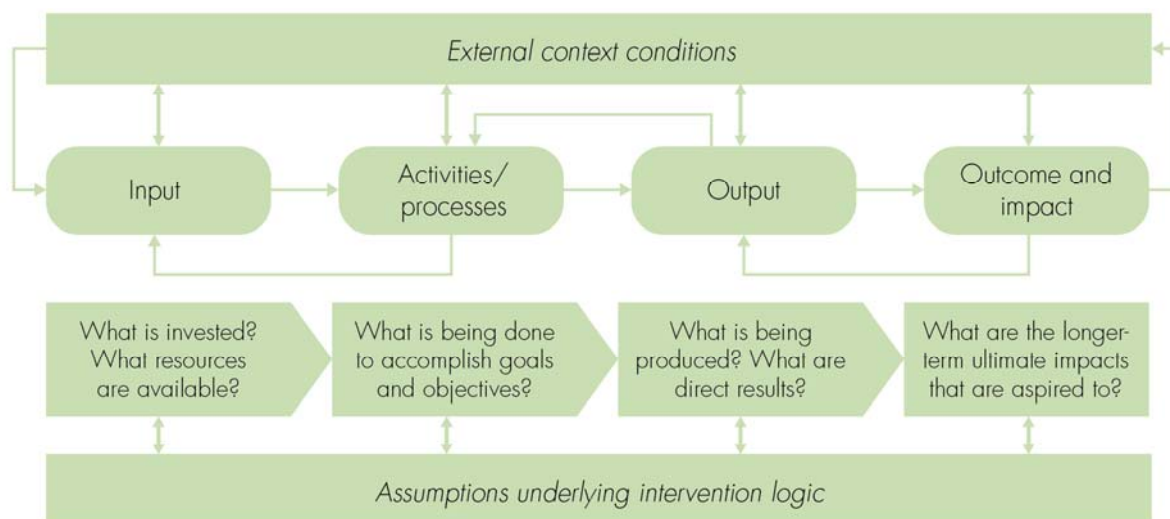
Our evaluation was rooted in a theory of change, realist approach (Connell and Kubish 1998; Weiss 1995). A theory of change sets out the building blocks needed to deliver on a programme goal, through a pathway of interventions, and based on a range of assumptions about the underlying logic and types of interventions which can lead to desired results (Connell and Kubish 1998; Weiss 1995). Theories of change tend to be valued in programme planning and evaluation because they help create a shared view of what a programme's vision and strategy is, how it will be pursued, and what can be done to assist in identifying measures to capture learning and reflecting on progress. Realist evaluation emphasises the importance of context – it asks not only what works, but for whom and under what circumstances (Pawson and Tilley 1997). Logic modelling provides a practical tool in theory-of-change-led evaluation

² These included getting research on the agenda of clinical commissioning groups and looking at systems to support patient participation in research as well as focusing on disease specific research areas.

approaches. As illustrated in Figure 1.1, logic models can help stakeholders identify, specify and organise thinking around:

- The expected *outcomes* (longer-term expected consequences) of activity
- Expected direct *outputs* from activities (shorter term achievements)
- Core interventions (*processes*) through which outputs and outcomes are being pursued
- The variety of *input* resources in place to pursue them (Proteous et al. 2002).

Figure 1.1 A general visualisation of a logic model approach



The logic models are accompanied by richer narrative accounts of the intervention logic and associated theories of change, explaining the implementation pathways and reasoning behind selected approaches, and potential changes through time. We used the logic models and their contextual narratives as a guiding structure for establishing relevant, measurable, achievable and time-bound evaluation indicators for the NIHR Leadership Programme’s performance. Articulating the theory of change and specifying the intervention logic for the NIHR Leadership Programme allowed us to examine expectations from the perspectives of multiple stakeholders, including the DH, programme participants and the Ashridge team, and wider NIHR R&D stakeholders. As a result, the evaluation framework reflected multiple interests and goals.

Conducting the evaluation in real time (during the programme’s life rather than only at the end) allowed for learning to occur alongside the implementation of the NIHR Leadership Programme, and for interim insights to be shared and acted on in a timely manner.

As with the phase 1 evaluation, we referred to elements of the Kirkpatrick model of leadership evaluation (Kirkpatrick Partners 2014) in the process of developing the theory of change and evaluation framework for the NIHR Leadership Programme. This model asks us to consider progress at four levels (cf Morgan Jones et al. 2012):

- Reaction: the degree to which participants react favourably to the training
- Learning: the degree to which participants acquire the intended knowledge and skills, attitudes, confidence and commitment based on their participation in a training event
- Behaviour: the degree to which participants apply what they have learned

- Results: the degree to which targeted outcomes occur as a result of the training event and subsequent reinforcement.

We considered these dimensions of a leadership programme's goals at individual, institutional and systems-capacity levels.

1.4. Structure of this report

The remainder of this report is structured as follows: Chapter 2 provides more detail on the evaluation methodology used in this project and an overview of the logic model developed for the programme. Chapter 3 presents the findings from the evaluation, based on evidence received from participants through the surveys and interviews. Chapter 4 presents the cross-cutting enablers and challenges identified across the programme from both the findings of the evaluation and insights from a benchmarking exercise. Chapter 5 presents the final recommendations and reflections, drawing on insights from phase 2 of the programme and in reflection of findings from the phase 1 evaluation. In addition, the report is supported by five Appendices. Appendices A to D contain the protocols used for data collection, through the survey and interviews. Appendix E contains details of other leadership programmes to which we compared the NIHR Leadership Programme.

2. Methodology

As introduced in Chapter 1, this evaluation was rooted in theory of change realist approaches, and combined workshop, survey, interview and benchmarking methodologies. We expand on each below.

2.1. Logic model development workshops

2.1.1. *The workshops purpose and process*

We held an initial theory of change workshop with three members of the Ashridge team in June 2012 to enable us to understand the logic behind the new NIHR Leadership Programme structure, from their perspective. We then held additional meetings with members of the Ashridge team leading each individual programme component to confirm and further develop the theory of change based on their insights and perspectives. These discussions resulted in the development of an initial logic model and underpinning theory of change for the programme. This formed the basis of three further workshops, which we held with participants from each of the main NIHR leadership groups: leaders, trainees and R&D directors and managers, in January, February and March 2013, respectively. The workshops began with a discussion of the methodology for the evaluation. We then moved into an open discussion aimed at drawing out shared ideas across streams related to NIHR Leadership Programme goals and participant expectations.

The workshop with Ashridge had a heavy focus on drawing out the inputs, processes, outputs and outcomes which were expected to contribute to the wider visions and the causal pathway. Due to time limitations for workshops with NIHR Leadership Programme participants, we pursued a validation and adaptation approach to identifying key building blocks and relationships in the theory of change. In other words, we shared the draft logic model resulting from the workshop with the programme supplier (Ashridge) and asked participants to reflect critically on the logic model and to challenge the preliminary set of associated evaluation of indicators. Participants identified missing inputs, processes, outputs or outcomes, and discussed those which were not clear and required additional information. This often led to useful discussions about the nature of the outputs and outcomes, and what it was realistic to expect from the programme.

The findings of the workshops fed directly into a refined logic model for each stream of leaders. This logic model, as shown in Section 2.1.2 below, presented the basis for the development of the survey and interview protocols (the key mechanisms for ‘operationalising’ the evaluation indicators).

2.1.2. *The logic model*

The detailed nature of the logic model reflects the variety integral to the programme, and across streams, and the desire of stakeholders for that diversity to be reflected. For example, some of the activities integral to the programme apply across streams, while others are stream specific.³ Similarly, while there were common outputs which were shared across all the streams, there were some that were specific to different programmes, such as the R&D in Trust, Leaders or Trainees streams.⁴ The points of convergence in the desired outputs, as well as unique elements, should serve as a useful guide for NIHR, the training provider and participants in considering where different elements of programmes can mutually support or complement each other in future, and where they should remain distinct:

- The inputs cover the main areas of resource inputs, such as people and finances, but also include the expertise of Ashridge, the bespoke approach to the design of the programme, and the wider body of evidence on which Ashridge designs its programmes.
- The processes are split by the different streams of the programme and the different elements that contribute to them. The outputs and outcomes are broken down by those which occur at an individual, organisational or institutional, or system level. For example, individual outputs are those experienced directly by the participants and include improved skills or self-confidence. Organisational outputs or outcomes include those for departments or universities, such as new partnerships or organisational change initiatives. Systems-level outputs and outcomes are those which apply to the wider NIHR research system.

³ For example, Action Learning Sets and one-to-one coaching were part of all streams, whereas activities such as the improvement intention were only part of the R&D in Trusts stream.

⁴ For example, increasing self-awareness and extending networks for individuals were common outputs in all streams, whereas specific skill development, such as LEAN methods, was again particular to the R&D in Trusts stream.

Table 2.1 The logic model

Inputs	Processes	Outputs	Outcomes and impacts
What resources are invested?	What are you doing to accomplish your goals and objectives?	What is produced? What are the (anticipated) direct outputs from the activities of the programme?	What are some medium and longer term expected impacts the programme might contribute?
<p>Financial resources for leadership and development programme</p> <p>People:</p> <ul style="list-style-type: none"> - Initial commitment, motivation, expertise and experience of participants - Represent broad range of disciplinary backgrounds, experience levels and functions - High priority given to programme at senior executive levels in NIHR - Multiple stakeholders <p>Expert training and skill development provider (Ashridge)</p> <p>Infrastructure and facilities</p> <p>Previous evidence on leadership programmes built into bespoke programme</p>	<p>CENTRAL FEATURE: combined taught elements, project-based experimental learning, and peer networking and reflection opportunities</p> <p>NIHR Leaders (£350k/annum) 3 cohorts of 35 leaders, 1 cohort/year</p> <p>Joining process: In this they discuss how the programme will help them improve personally, and their organisation. Used as a reference point throughout programme</p> <p>Inauguration workshop to discuss the philosophy of leadership, create peer groups and discuss expectations</p> <p>3 ‘combo’ workshops, spread out over the 18 months, to build core leadership skills and skills for implementing the learning in practice, with topics including: action learning; networking; themed sessions (difficult conversations, managing resource, groups, relationships with trusts)</p> <p>One-to-one coaching to provide individualised attention within the leaders work environment</p> <p>360 degree feedback to support reflective learning from all around the leader</p> <p>NIHR trainees (£147k/annum)</p> <p>Themed residential workshops at Ashridge to develop core leadership and management skills: Workshop 1: ‘From Expert to Expert and Leader’; Workshop 2: ‘Effective Collaborative Relationships’; Workshop 3: ‘Managing Relationships’; Workshop 4: ‘Leading Strategy and</p>	<p>Common outputs across all six elements of the leadership programme: NIHR leaders; NIHR trainees; NIHR strategic collaborations; NIHR leadership forums; NIHR alumni; NHS R&D trust managers</p> <p><i>Individual level</i></p> <p>Increased self-awareness by participants (strengths, weaknesses, impact on others)</p> <p>Recognising and valuing of leadership in their role</p> <p>Extended networks for individuals, including facilitating current networks and future work</p> <p>Increased understanding of the NIHR system as a whole</p> <p>Improved leadership skills, including relational, having difficult conversations, and running meetings</p> <p>Increased sensitivity to different settings, including agility, adaptability and flexibility</p> <p>Increased capacity for group, non-opinion led dialogue</p> <p><i>Organisational level</i></p> <p>Improved cooperation dynamics in existing networks (e.g. biomedical research centres and units), reflecting changes in organisational behaviours, as a result of changes in individual behaviours</p> <p>Cross stakeholder collaboration between academics and services improves and strengthens in scale and scope – there is a greater appreciation of the needs for NHS and researcher interaction as a result of the learning from the leadership programme</p> <p>Increased number of participants establish new organisational partnerships, building a critical mass like</p>	<p>Common outcomes across all six elements of the leadership programme: NIHR leaders; NIHR trainees; NIHR strategic collaborations; NIHR leadership forums; NIHR alumni; NHS R&D trust managers</p> <p><i>Individual</i></p> <p>Individuals are proud to be a leader</p> <p>Leadership is a respected position</p> <p>Be a strategic leader who influences a body of practice</p> <p>Strategic links are made between stakeholders in research, policy and practice</p> <p><i>Organisational</i></p> <p>Efficiency of translational research improved in organisations</p> <p>Psychological contract of networks of leaders is made between organisations</p> <p>Understanding and application of leadership development as a vehicle for change within an organisation</p> <p>Enhanced organisational sustainability by virtue of encouraging a model of distributed leadership</p> <p><i>System</i></p> <p>A more integrated NIHR emerges as a result of increased understanding of core system needs as communicated by and through engagement with programme participants and resulting communities</p> <p>Greater identification with the mission of NIHR enabling greater familiarity with NIHR in the research community (measured by increased number of people aware of the</p>

<p>Change’</p> <p>Annual, one day conferences at Ashridge for all active cohorts to promote group learning and reflection</p> <p>Participation in Action Learning Sets to embed leadership skills and insights into action and practice (meet 4x/programme)</p> <p>One-to-one accompanying of the trainee for half a day to support them in their work environment, and two phone conversations to review progress and development</p> <p>NIHR alumni (£50k/annum)</p> <p>Themed elective workshops continue skills building</p> <p>Twice yearly meetings at Ashridge to enable continued engagement with the group and foster a community of practice</p> <p>A few SL/DL Action Learning Sets are continuing into this year</p> <p>NIHR strategic collaborations (£62k/annum)</p> <p>Moving beyond the individual to support for groups</p> <p>Support for existing collaborations to promote the ‘lead in partnership’ philosophy</p> <p>Application-driven</p> <p>4 ‘pilots’ in year 1, in the future 6 per year (aspiration)⁵</p> <p>The specific nature of ‘support’ and coaching will be emergent and dependent upon need, but is likely to include tailored one-on-one support</p> <p>Occasional ‘clinics’ for collaborations</p> <p>30–60 minute conversations to give quick, targeted support that helps the collaboration move</p>	<p>in academic health science centres, so there is an enhancement of natural communities of collaboration</p> <p>Increased collaboration (reduced competition) and reduced duplication of research efforts across organisations</p> <p>Better group function due to improved interpersonal dynamics and more appropriate delegation</p> <p>Unique outputs across for specific elements of the leadership programme (<i>see below</i>)</p> <p style="text-align: center;">* * * * *</p> <p>NHS R&D managers</p> <p>Allow R&D managers and directors to ‘find their voice’</p> <p>Enhanced partnership and working relationship between R&D directors and their most senior managers</p> <p>Show the R&D management is not bureaucratic and is important, not a policeman, but a supporter and developer of research. Improving self-discovery, as well as how to communicate that within one’s organisation</p> <p>Articulate shared intentions and understanding how to work together to articulate what needs to be improved, why it is important, who needs to be engaged, and what the challenges are. Improving ability of people to work together to articulate this</p> <p>Empower individuals and organisations to understand how to work within the system to make the most of changes they can concentrate on locally</p> <p>Improve individuals’ ability to understand what is going on nationally so they can affect the greatest change locally</p> <p>Skills about delivering improvement initiatives, including methods like LEAN</p> <p>Improve intervention styles (directional vs. facilitative)</p> <p>Develop a ‘portrait’ of the trust to facilitate understanding</p>	<p>system and the mission)</p> <p>Developing the next level of leaders by putting trainees on the programme</p> <p>Reduced systemic barriers to translational research emerge and are sustained over time (translational research is more efficient, and there is a change in the metrics by which you measure efficacy of research)</p> <p>Increased technology and scientific pull function that is better articulated within NIHR</p> <p>NIHR affects the research politics, with clear evidence of agents of influence having increased influencing capacities by virtue of leadership programme</p> <p>Development of NIHR as an institution, NIHR becomes a sustainable organisation and leadership programme has contributed to this</p> <p>NIHR and NHS networks brought together to ensure evidence-based practice</p> <p>Shifting attitudes to pharma and industry</p> <p>Unique outcomes across for specific elements of the leadership programme (<i>see below</i>)</p> <p style="text-align: center;">* * * * *</p> <p>NHS R&D managers</p> <p>Better relations between R&D directors and managers as a result of improved understanding of each other’s functions</p> <p>Cultural shift is needed within the NHS side of research within trusts otherwise you are not treating the whole ‘system’</p> <p>Faster and easier research within the NHS, specific metrics here are those the DH uses and holds trusts to account through, including recruitment targets into clinical studies; time to target; shortened times between studies being conceived and delivered; etc.</p> <p>Wider engagement and interest in research within NHS trusts becomes a part of what the organisation does and is</p>
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⁵ This ended up not being pursued to this extent.

<p>forward</p> <p>NIHR leadership forums (£120k/annum)</p> <p>Twice annual events bringing leaders across all levels together, as well as alumni, to foster a sense of community of practice among existing and past leaders and focus on systemic issues</p> <p>Emphasis on the concept of fostering 'strategic localism'</p> <p>NHS R&D managers (£320k/annum)</p> <p>Engagement with NHS R&D managers is required as the role is very critical to successful translational research</p> <p>The programme will be delivered to individuals, but aims at supporting organisational and systems-level change</p> <p>National Conference for R&D directors on how to make R&D management process better.</p> <p>Provide individual development throughout, through individual coaching, Action Learning and themed workshops</p> <p>Engagement with key stakeholders in each trust to identify how to support organisational change</p> <p>Initial workshop to 'kick-off' the programme, engage them with other NIHR Leaders and to introduce performance improvement methodologies which will be used as a vehicle for organisational and systems-level change (e.g. LEAN production or Quality Improvement methods)</p> <p>Continued support to deliver the improvement initiative</p> <p>Final workshop to clarify learning and share insights across NHS trusts as deemed appropriate</p> <p>Structured networking support</p>	<p>Bringing key national stakeholders together to facilitate 'networks of interest'</p> <p style="text-align: center;">* * * * *</p> <p>Strategic collaborations</p> <p>Improving the ability of local teams or groups of individuals to get engaged in strategy. Important distinction here in moving beyond support for individuals to support for groups</p> <p>Develop capacity and ability for strategic thinking</p> <p>Improved ability to identify the main problems, groups, challenges and stakeholders</p> <p>Improved awareness of relationships needed to get the job done (this might not be unique to this initiative) – how to look for and find critical friends and this orientation of relationship building seeps into natural way of thinking for NIHR (outcome)</p> <p>Improving ability to lead peers, or provide leadership in a vacuum of authority</p> <p>Challenging existing ways of thinking</p> <p>Providing energy, curiosity and self-validation for leaders</p> <p>Raising profile of the individual leader</p> <p>Learning benefits extending directly to the system level (outcome)</p> <p style="text-align: center;">* * * * *</p> <p>Trainees</p> <p>Reflection on how better to collaborate and understand group dynamics, including the concept of not needing to lead from the front all the time</p> <p>Develop a language of leadership, ability to articulate how they experience themselves and others. (Leaders come from rational disciplines, need to legitimise their emotional dynamic)</p> <p>Harness potential of other people on the programme</p> <p>Provide access to senior researchers</p>	<p>part of the mindset</p> <p>Improving the place of research within NHS trusts</p> <p>Better connected community of leadership across NHS R&D. Better connected network of R&D directors and R&D managers. Connecting to NIHR Leader community is really only a small part.</p> <p>Self-sustaining interest in supporting and valuing research</p> <p>Improving the collective awareness of the research community and the research management community that 'we're all in this together'</p> <p>Delivering improvement initiatives</p> <p style="text-align: center;">* * * * *</p> <p>Strategic collaborations</p> <p>Develop capacity and ability for strategic thinking within NIHR</p> <p>Improved awareness of relationships needed to get the job done – how to look for and find critical friends</p> <p>Learning benefits extending directly to the system level</p> <p>Improving ability of leaders in NIHR to lead in complex, messy ways and situations</p> <p>Making NIHR an irreversible organisation through cementing leadership and relationships, showing that NIHR is making a difference, providing quality strategy with good work and leadership behind it</p> <p style="text-align: center;">* * * * *</p> <p>Trainees</p> <p>Taking up positions at more senior levels (e.g. NIHR professorship)</p> <p>Think about stakeholders and incorporate into practice, broaden the concept of who is interested in their research and why</p> <p>Improve the network</p> <p>Provide a support system</p> <p>Provide clarity about what they are trying to achieve in their research and how they do it</p>
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2.1.3. Assumptions

Many key assumptions underpin the NIHR Leadership Programme's aims and theory of change. These are important to articulate, test and continually challenge as the intervention unfolds. The assumptions set out below were first articulated by Ashridge, in discussion with the evaluation team, and tested in discussions with programme participants during the evaluation framework development workshops. They guided our survey and interview design in later phases of the evaluation. The assumptions were also important for understanding the experiences and reflections of participants, as reported to us, and for interpreting the evaluation findings within the wider context of NIHR's overarching goals.⁶

The key assumptions underlying the NIHR Leadership Programme are:

- First, the programme focuses on a notion of leadership as an effort to enable and influence, rather than control. There is a distinction between 'leadership' and 'management', which is relevant, where leadership is about having influence over a wider field, while 'management' is about bringing something under control. This is not to suggest that management is not relevant to leadership, as indeed aspects of research management are important as part of a broader notion of research leadership.
- Second, the programme can only be effective if individuals are applying and 'living' the principles regularly. The benefits will be felt more acutely by participants in this way as the learning experience is 'co-created' between the participant and Ashridge. Therefore, participants are also involved in the production of the leadership programme experience. This enables buy-in and engagement of the programme, and a richer development process shared at individual, organisational and system levels.
- Third, the programme assumes a foundational notion of 'leadership in partnership', which is crucial to the effectiveness of the programme at all levels. Ashridge believes that learning in partnership is the most effective process for change because all who need to change are involved.
- Fourth, the leadership programme needs to be able to break down hierarchies in institutions, universities and laboratories, etc., and so the role of Ashridge in facilitating connectivity between people before silos form is important.
- Finally, in an era of change and uncertain economic climates, effective leaders must learn skills to enable them to respond to change and also to understand that change and adaptation are essential elements of good leadership. This relates to the importance of 'strategic localism', a term the DH uses to stress the importance of fostering local leadership within NIHR, which will support the wider NIHR strategy.

⁶ For example, the second assumption is highly relevant to the Strategic Collaborations Initiative, where the experience and expertise of the Ashridge team was very much co-created with participants as the initiative unfolded.

2.1.4. Enablers and challenges

The final part of building the NIHR Leadership Programme theory of change focused on identifying the potential enablers and barriers for the programme, as identified by Ashridge representatives. The extent to which these enablers and barriers were felt by participants was gauged through the surveys and interviews.

Table 2.2 Perceived enablers and barriers for the NIHR Leadership Programme

Perceived enabler	Perceived barrier
Strong team of highly competent and committed consultants at Ashridge with experience in delivering leadership programmes in the health research system	Participants cannot participate in the programme due to competing commitments
Strong support from senior management team in DH R&D Directorate and this is sustained	Too many changes and turmoil in the system disrupt the efforts of the programme
Reputation and word of mouth of programme	Pessimism or concerns about the implications of the spending review on investments relevant to the programme
Key figures within the DH and NIHR are champions	Scope of the programme changes: from DH, from Ashridge, from participants
Highly skilled and competent project coordinator at Ashridge	Lack of support from NHS management
Enabling and learning orientation of the programme	
Relationship with DH is strong and has a foundation of trust	
Strong welcome from R&D function in NHS	
Support from NHS management	

2.2. Survey of programme participants

2.2.1. Survey design

The survey design was informed by the theory-of-change logic model and indicators developed and discussed during the workshops (discussed in Section 2.1).⁷ Hence, each question, and associated indicator for the evaluation, is grounded in multiple stakeholder perspectives on the programme's goals and expectations for achievement. The survey protocols for each stream are presented in Appendices A–C.

The first section of each survey asked general overview questions, aimed at establishing a profile of the respondents. For example, the survey asked about their motivations for joining the programme, previous

⁷ The indicators measured different activities, outputs or outcomes which emerged from the logic model. They are thus quantitative and qualitative in nature, and are meant to be dynamic measures, which can shift over the course of the evaluation in order to remain responsive to the needs of the programme and its stakeholders.

experience of leadership development courses, and expectations, as well as background questions to establish their position and research areas.

The second section of the survey was focused on programme design and delivery. Questions examined the usefulness of the application process and of specific activities, as well as how responsive the programme was to the participants' emerging needs.

Remaining sections of the survey were structured around three impact levels:

- Developing individual leadership skills
- Effects of the NIHR Leadership Programme on immediate research networks and the participant's organisation (institutional impacts)
- Effects of the NIHR Leadership Programme on the wider NIHR community (system-level impact).

In the survey of leaders, additional questions explored the experiences of programme alumni: the specific activities for alumni and the impacts from their experience with the programme. Alumni who had completed the leadership programme more than one year ago only answered this 'additional' set of questions focusing more on the longer-term impacts of the programme, whereas alumni who had completed less than a year ago also answered the leaders' questions as well, asking for details of what types of activity were most beneficial etc.⁸

Prior to rolling out the interim survey round, we conducted a pilot in May 2013, with a sample of participants from each stream. This helped us to ensure the clarity of the questions and to test the logical flow of the survey. It also provided a forum for feedback on the survey's relevance for participants, and on issues of length and user-friendliness of the interface. In total, 42 participants were invited to pilot the survey. These participants were identified through either attending one of our initial workshops or expressing an interest in providing input to the evaluation process. Half the total (21 participants) completed the survey pilot and provided us with initial feedback, which we used to modify the final survey.⁹ Before rolling out the second round of survey we discussed potential changes to first survey with representatives from NIHR (February 2014).

The findings documented in Chapter 3 broadly match the results from our interim report. The significance of networking for participants and the improvements in self-confidence and self-awareness were noted as major benefits of the programme in both rounds of the survey. The similarities between both rounds were to be expected, given the short time frame between the interim and the final report (nine months).

The major difference between the two rounds was related to the R&D in Trusts Stream. At the time of the first survey, this stream was still in its early stages so many of the impacts were difficult to assess. These

⁸ More than two-thirds (71 per cent) of all respondents from the Leaders Stream have finished the Leadership Programme and form part of the alumni; 50 per cent of these respondents have finished more than a year ago.

⁹ The breakdown of pilot participants across the streams is as follows: invitations sent to 20 Leaders, 10 Trainees, 12 R&D in Trusts; surveys completed by 12 Leaders, 6 Trainees, 3 R&D in Trusts.

became more apparent in the second phase of the evaluation. However, it is important to note that the second phase of this evaluation was much more detailed, as many more participants were interviewed.

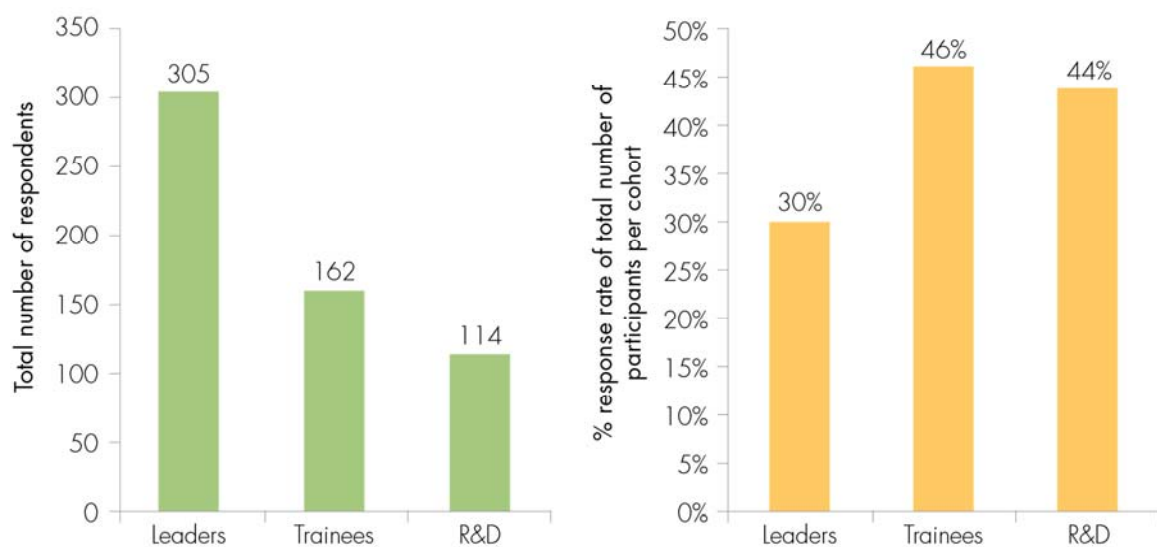
2.2.2. Survey participants

We conducted surveys each year (2013 and 2014) to solicit a broad range of views on the design, implementation and impacts of the programme. The two rounds of the survey (at an interim and final programme stage)¹⁰ enabled us to reflect on impacts over time, gauge changing expectations, and provided a forum for interim, formative learning.

The surveys were sent to all individuals who have participated in the programme, a total of 581 individuals in 2014, across each of the three programme streams (Leaders, Trainees and R&D in Trusts).¹¹

The survey included a mix of closed (e.g. Likert-scales, yes/no and option buttons) questions and a small number of open-ended questions used to draw out more in-depth explanation and/or examples. Overall we had 218 responses (38 per cent) in 2014 (final round), with varying response rates across each stream.¹² The Trainees Stream had the highest response rates in both rounds, whereas response rates for the Leaders Stream were consistently lower than the other streams. The breakdown of the respondents and response rates across the three streams of the programme can be seen in Figure 2.1.

Figure 2.1 The distribution of survey respondents in 2014 across the leadership cohorts



The data presented in this report are from the second survey, conducted in 2014 but where relevant we highlight major differences between the two data collections. The 2014 survey captures the overall experience of participants undertaking the programme spanning the duration of our evaluation. The results from the interim survey were used to inform the ongoing delivery of the programme by Ashridge,

¹⁰ The interim survey was live between June and August 2013 and the final survey between July and September 2014.

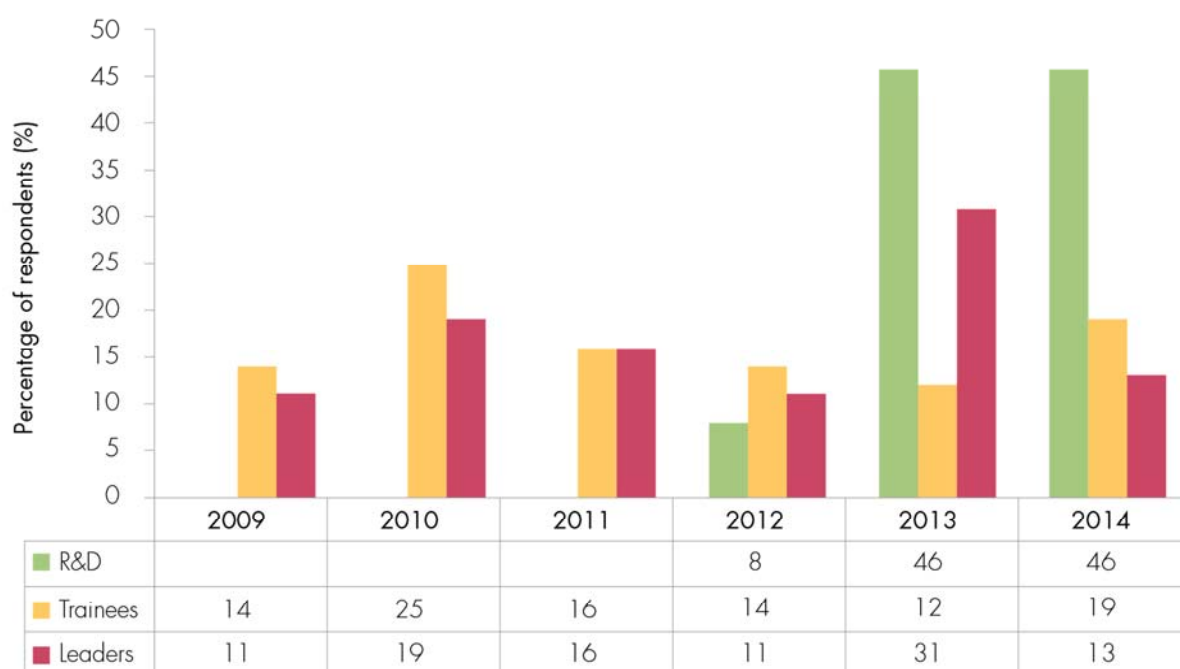
¹¹ This compared with 351 individuals in 2013.

¹² This compared with 163 responses (46 per cent) in the 2013 interim round.

to inform the design for the final stages of our evaluation, and to help inform the recommissioning of the programme.

The NIHR Leadership Programme caters for a range of professionals who are funded by and interact with the NIHR. Nearly three-quarters of respondents (73 per cent) from the Leaders Stream are professors and/or clinical professors, with an additional 21 per cent of respondents being directors and assistant directors. Of those who responded to our survey, there was coverage across the different cohorts (shown by year they started the programme) and the different streams which the programme caters for (Figure 2.2). Achieving a mix of backgrounds and cohorts was important to our data collection as having a variety of perspectives from different periods of time can allow for some of the wider impacts of the programme to be seen.

Figure 2.2 The date when respondents joined the NIHR Leadership Programme, by stream

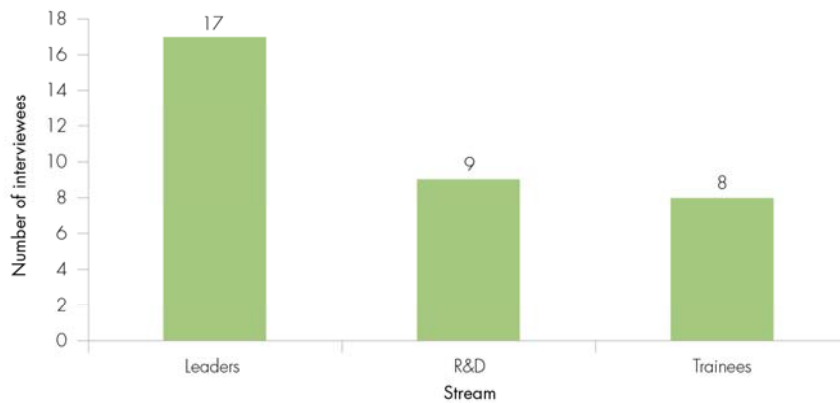


2.3. Semi-structured interviews

In addition to the survey, we conducted interviews with participants of each stream (across cohorts) to develop a deeper understanding of the specific impacts, enablers, challenges and wider experiences of the programme.

Interview protocols were developed for each stream around the indicators in the logic model and preliminary findings on the initiative from the interim report. The semi-structured nature of the interviews also allowed for us to explore specific areas of interest and individual experiences raised during the interview. We conducted interviews over the telephone for 30–60 minutes and recorded them for the purpose of transcription. All responses were anonymised and we assured participants that we would not directly attribute quotes and that only the evaluation team would have access to the unanonymised data. A full interview protocol is provided in Appendix D.

Figure 2.3 The number of interviewees across each stream



We conducted 34 interviews with participants from all streams of the programme; the breakdown is shown in Figure 2.3. Within the Leaders Stream, two of the interviewees were NIHR professors and four had been involved in the Strategic Collaborations Initiative. Within the R&D in Trusts Stream, five interviewees were directors and four were R&D managers. As with the survey it was important that we had a range of interviewees from different cohorts; 10 per cent of our interviewees had started in 2014 to ensure we had an ongoing perspective on the programme. The remaining 90 per cent were participants from cohorts starting in 2013 or earlier where a more in-depth discussion about specific impacts and outputs from the programme could be had.

It is important to note that both data collection methods – survey and interviews – are self-reported. Nevertheless we believe we established an honest rapport with the participants and that we have addressed this caveat by seeking evidence from multiple sources and through multiple methods to validate the themes presented in our analysis.

2.4. A targeted benchmarking exercise

The evaluation of the first phase of the NIHR Leadership Programme included a small benchmarking exercise, which examined how the NIHR Leadership Programme broadly compared with other leadership programmes across sectors (e.g. in design, goals, participants targeted and cost indications). We revisited this analysis, and complemented it with examples from 13 additional programmes, basing our selection of comparators on programmes that had similar goals to the NIHR Leadership Programme and covered comparable leadership levels. We focused on identifying interesting features of their design that related to the pursuit of individual, institutional and systems-level impacts. More detail is provided in Chapter 4 and Appendix E.

3. Results

The results discussed below draw primarily from survey data complemented with views from key informant interviews, conducted with a sample of interviewees from each stream in 2014. We present key findings on participant motivations for taking part in leadership training, their expectations of the NIHR Leadership Programme, the perceived usefulness of various aspects of the programme's design, and the programme's impacts at individual, institutional and system levels.

The overarching goals of the NIHR Leadership Programme were to:

- Help enable world-class research for better healthcare, including strengthening translational and applied research capacities in researchers across the NIHR.
- Facilitate a greater degree of collaboration in the health research system by encouraging individual, organisational and systems-level awareness of the role of collaborative engagement enabled by strong leadership.
- Steer a social movement and foster a change in mindsets and attitudes about agenda-setting and the way the question 'what is the most important thing to research?' is asked.
- Build translational research capacity, through individual leadership interventions, but in a way that works through the individual, to the organisational and up to the system level.

In order to achieve these overarching goals, a core component of the programme has been to build leadership capacity at the individual level through improved leadership skills, facilitating networks and increasing participant understanding of the NIHR system as a whole. Strengthened individual leadership skills, coupled with a receptive organisational environment and a more connected NIHR community of peers, are expected to help facilitate institutional and systems-level impacts over time.

Figure 3.1 provides a summary of the findings outlined in this chapter.

Figure 3.1 Summary of findings outlined in Chapter 3

Motivations and expectations

- Across all streams, personal development opportunities were a key motivation for taking part in the programme. Prospects for networking, exchanging ideas and sharing experiences were also seen as important. Trainees and R&D stream participants hoped to become more effective in establishing and managing research groups, and those in the Leaders Stream hoped to become more effective at an institutional level (e.g. in their influencing abilities and institutional leadership).

Programme design

- Overall, participants valued the activities that were undertaken as part of the Leadership Programme and felt that its design was generally appropriate. Action Learning Sets, networking opportunities and one-to-one coaching were considered to be the most useful activities.
- Action Learning Sets enabled participants to seek advice from impartial peers on a diverse range of issues, and to exchange ideas from multidisciplinary experiences.
- The biggest benefits of one-to-one coaching resided in the confidence it helped develop and its linkage to the bespoke leadership challenges of individuals.

Individual level impacts

- At an individual level, key impacts from the programme included: development of leadership skills important for career development and wider organisational impacts, including skills that enable increased responsibility and career progression; the better management of research teams; an increase in self-awareness, reflective capacity and self-confidence; and collaboration skills or opportunities.
- Our survey and interview data suggest that the key programme impacts on individual networks and relationships have included exposure to new potential collaborators, the establishment of informal relationships, the strengthening of existing relationships, and changes in ways of collaborating.
- There was limited impact on participants' ability to manage physical and financial resources in research teams, and future phases of the programme may wish to reflect on this as part of the institutional leadership capacity-building agenda.

Institution level

- The key types of institution level impacts from the programme were: impact on institutional level relationships, impact on an individual's leadership approach to staff training and development, an awareness of what leadership means in an institutional context, and the ability to respond to structural change.
- R&D in Trusts Stream participants felt the programme had significant impacts on improved relationships of institutional value. This included relationships with members of other NHS trusts, and specifically with R&D managers and directors.
- Local improvement initiatives carried out as part of the R&D in Trusts Stream allowed managers and directors to work together, provided an opportunity to put the acquired leadership skills into practice, and raised the profile of R&D within the institution.

System level

- The key types of system level impacts identified through our evaluation include: strengthening relationships within the NIHR community, enhanced profile of leadership and its importance within the NIHR community, understanding NIHR and the wider health system, and collaboration with other stakeholders.
- It was more difficult for survey respondents and interviewees to identify with system level impacts, not only as these take longer to occur, but because they are more remote from the individual.
- In interviews, this type of outcome was more difficult for Trainees Stream participants to relate to as they often hadn't had this level of interaction in their career yet. For example, exposure to policymakers and wider stakeholders was limited for members of this stream.

The role of continued engagement

- The majority of alumni from the Leaders Stream who completed the survey felt there is merit in continued engagement with the NIHR Leadership Programme and that more opportunities for engagement and more flexibility in programme delivery would incentivise further engagement.

3.1. Participants' motivations, expectations and programme design

Most survey respondents across leadership streams had an overall positive experience of the programme and would recommend it to their colleagues (96 per cent of those in the Leaders and Trainees streams, and 100 per cent of R&D in Trusts respondents).

3.1.1. Motivations for participating in the NIHR Leadership Programme

A number of reasons influenced participants' decisions to take part in the leadership programme (Figure 3.2 and Table 3.1). Across all streams, between 75 per cent and 90 per cent of survey respondents stated that personal development opportunities were a key motivation. In addition, participants in the Trainees and R&D in Trusts streams hoped that the programme would improve their effectiveness in managing or developing a successful research group, by virtue of strengthened individual leadership skills. Members of the Leaders Stream wanted to become more effective at an institutional level (e.g. in their ability to have influence), reflecting the differences in career stages of the streams. Nearly 50 per cent of leaders chose to participate in order to network within the NIHR. This was stated as an objective by 25 per cent of respondents in the R&D in Trusts Stream, and a smaller proportion in the Trainees Stream. In particular, both managers and directors in the R&D in Trusts Stream mentioned relationship building with their respective R&D manager or director to be a key motivation for participating in the leadership programme. The main themes of individual development as a leader and networking align closely with the NIHR goals for the scheme.

Figure 3.2 Participants' motivations for attending the NIHR Leadership Programme, by stream

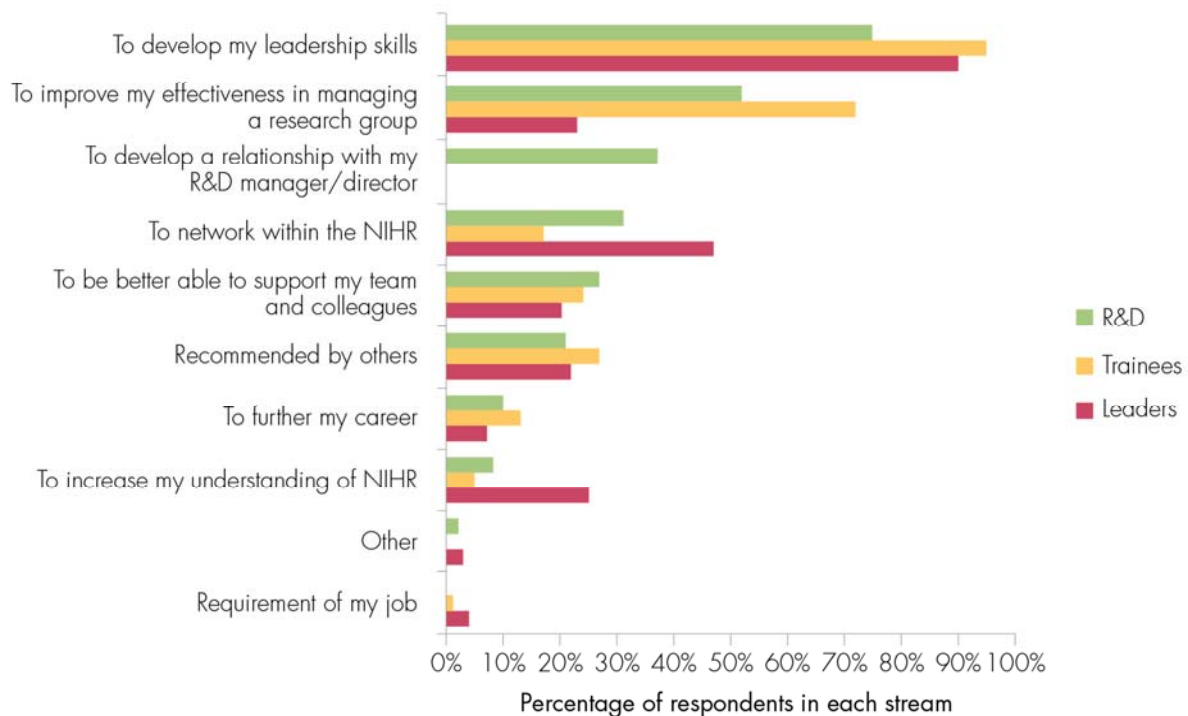


Table 3.1 The top three motivations for taking part in the programme, by stream

Leaders	Trainees	R&D in Trusts
Personal development of leadership skills	Personal development of leadership skills	Personal development of leadership skills
Network within NIHR	To improve effectiveness in managing a research group	To improve effectiveness in managing a research group
To be more effective within institution	To build a successful research group	Relationship development with R&D manager or director

3.1.2. Expectations going into the programme

Expectations of the course were mixed among those interviewed. Over 50 per cent of interviewees across the streams had positive expectations and felt these had been met. For example, individuals with colleagues who had previously taken part in the programme generally expected a particularly enriching experience. They expected that the programme would allow them to learn more about leadership theory and develop their leadership style. They also hoped that it would present an opportunity to meet colleagues in similar positions and to share experiences and perspectives on effective leadership, as well as present a good networking opportunity. A comment by one interviewee from the Leaders Stream demonstrates how some participants hoped to benefit from the multidisciplinary organisation of the training:

The multidisciplinary nature of the course appealed as it would contribute to developing a good network of people.

Many participants also hoped it would allow them to understand better the structure of the health system within which they operate. One trainee expected participants would be able to formalise their management and leadership responsibilities, as a result of the skills they would gain.

However, nearly half of the interviewees were more sceptical and had less ambitious expectations or did not know what to expect, the latter potentially related to a perceived lack of clarity on programme objectives. One interviewee from the Leaders Stream said:

I never really felt as though I knew what it was all about. The purpose was never really set out beyond bringing leaders together.

However, even those with less positive expectations at the outset were able to articulate benefits of the process in interviews with us later, and would recommend the course to others.

3.1.3. Comparison with other leadership programmes

Across survey respondents, approximately one-third of participants in the Leaders and R&D in Trusts streams and just over 50 per cent of those in the Trainees Stream had undertaken a previous course (Figure 3.3). Courses previously attended by participants of all streams were either university-based

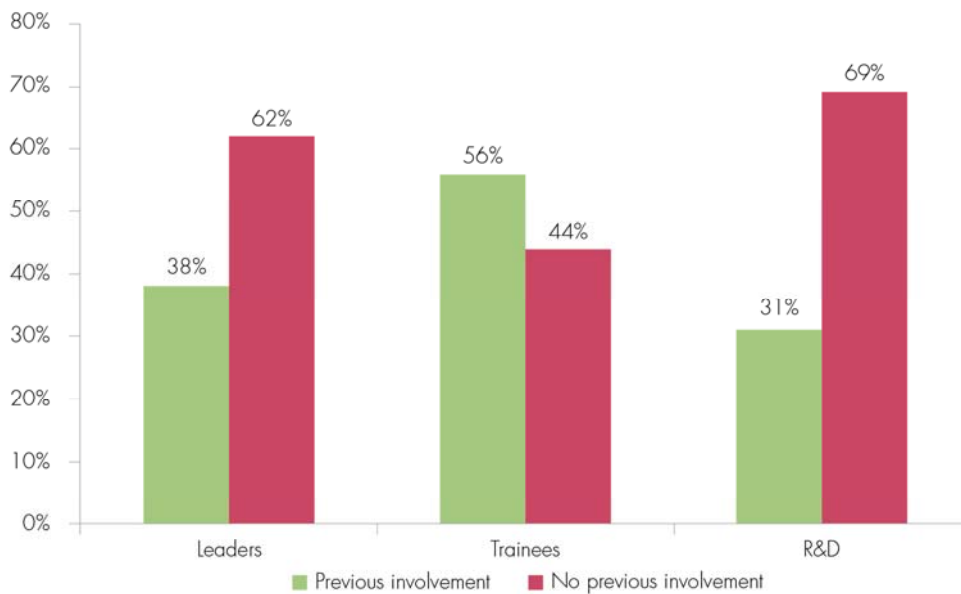
training programmes or those offered by external providers such as the King’s Fund or NHS trust programmes at a local level.

Many participants believed the NIHR Leadership Programme offered something different from other schemes in their level of commitment and interaction, and their generally practical focus. One interviewee from the R&D in Trusts Stream noted that while

other courses tend to be more theoretical, the style was very different at Ashridge... [The benefit was] the way they apply theory to practice, bringing personal analysis into the theory.

Participants also stated that other leadership programmes which they had personal experience of, especially through their organisations, tended to be more generic and were designed to encompass a wide range of people. The strength of the NIHR Leadership Programme was that it was directly related to the strategic challenges experienced by health researchers and bespoke to their day-to-day roles. In particular, interviewees from the R&D in Trusts Stream commented how the programme focused on the roles of an R&D manager and director and the relationships between these roles. Participants felt that these relationships are critical to R&D functions in the NHS.

Figure 3.3 Level of previous participation in a leadership development programme, fellowship or training course by NIHR Leadership Programme participants, by stream



3.1.4. Types of activities in the programme and their perceived usefulness

Overall, the majority of respondents to our survey across all streams saw value in the activities that were undertaken as part of the Leadership Programme (Figure 3.4). All streams highly valued the Action Learning Sets: 86 per cent of Leaders, 93 per cent of Trainees and 67 per cent of the R&D in Trusts Stream rated them as useful or very useful.

Evidence from our interviews supported the survey findings, with interviewees highlighting that Action Learning Sets were useful for a number of reasons, including the opportunity to seek advice from

impartial peers on a diverse range of issues, and to exchange ideas from multidisciplinary experiences. One interviewee from the Trainees Stream commented:

Action learning sets were one of the most useful aspects of the programme – as they act as a sounding board in which you get a lot of honest input from other people that do not have an agenda or bias.

Another participant from the Trainees Stream highlighted that the:

diversity [of participants] was very useful in terms of what I could learn from others, especially from those who were a few steps ahead in their academic careers.

Action Learning Sets were also seen to be particularly important for building up participant confidence, allowing them to feel that they ‘are in the same boat’.¹³ One trainee stated that the Action Learning Set

gives [participants] an opportunity to talk about what is relevant for them, so it is very self-directed in that sense.

Despite a generally positive view, some interviewees noted the dependence of Action Learning Set utility on the constitution of the learning groups. Although a mix of experiences was generally valued, there were some concerns from a minority of interviewees about potentially large variations in seniority in some groups or the pre-existence of relationships between individuals as an obstacle to open discussion.

One-to-one coaching was also deemed as important by most survey respondents and our interviewees, across streams. The biggest benefits of the coaching resided in the confidence it helped develop and was linked to the bespoke nature of the wider course. One interviewee from the Leaders Stream stated:

The one-to-one coaching support gave me the confidence that I was at a level to be judged as a leader.

Two interviewees mentioned that having finished the programme they are now paying for coaching sessions themselves as they see the ongoing value in this support.

In addition to programme elements which were seen as useful across the streams, there were some interventions which were particularly highly valued by a distinct stream (Table 3.2). For example:

- The Leaders Stream found the most useful activities to be the networking opportunities (94 per cent found them either useful or very useful). This mirrors their motivations for participating in the programme discussed above (see Section 3.1.2). The other streams also noted the use of networking through more formalised training, such as the trainees’ thematic workshop on effective collaborative relationships.
- The most useful activities to those completing the R&D in Trusts Stream were the improvement intention and the workshops; especially ‘So What’s Going on in Our Context and What Is My Part in It?’ and ‘Raising Our Game’.

It is important to note that despite the low levels of respondents who had participated in the annual one day conference for trainees and the master classes and one day national conference undertaken by the

¹³ Comment from one interviewee.

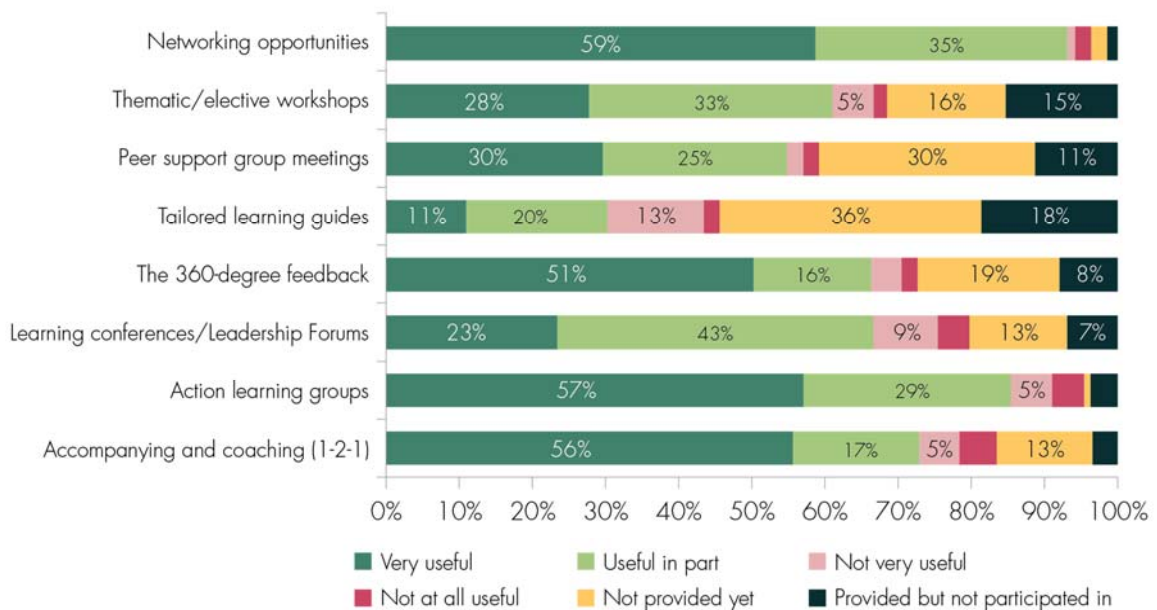
R&D in Trusts Stream, the majority of those involved thought it was either ‘very useful’ or ‘useful in part’ in improving their ability to undertake their role (Figure 3.4B&C). When discussed in the interviews, a small number of interviewees saw the conferences as the least satisfactory aspect of the programme, because of the lack of clarity about their purpose and value.

According to our survey findings, Leaders found tailored learning guides to be the least useful activity in the programme. However, it is important to highlight that approximately one-third of respondents were not exposed to tailored learning guides as they had been discontinued before they started the programme.

Overall, 58 per cent of the Leaders and 56 per cent of Trainees who responded to our survey found it useful to interact with other streams (Figure 3.5). The absolute proportion was lower for R&D in Trust respondents (49 per cent), though it is important to note that between 26 per cent and 44 per cent of respondents have not experienced interacting with other streams as part of the NIHR Leadership Programme. Of those who had the opportunity to interact with other streams of the programme, most respondents in all streams found this to be ‘very useful’ or ‘useful in part’.

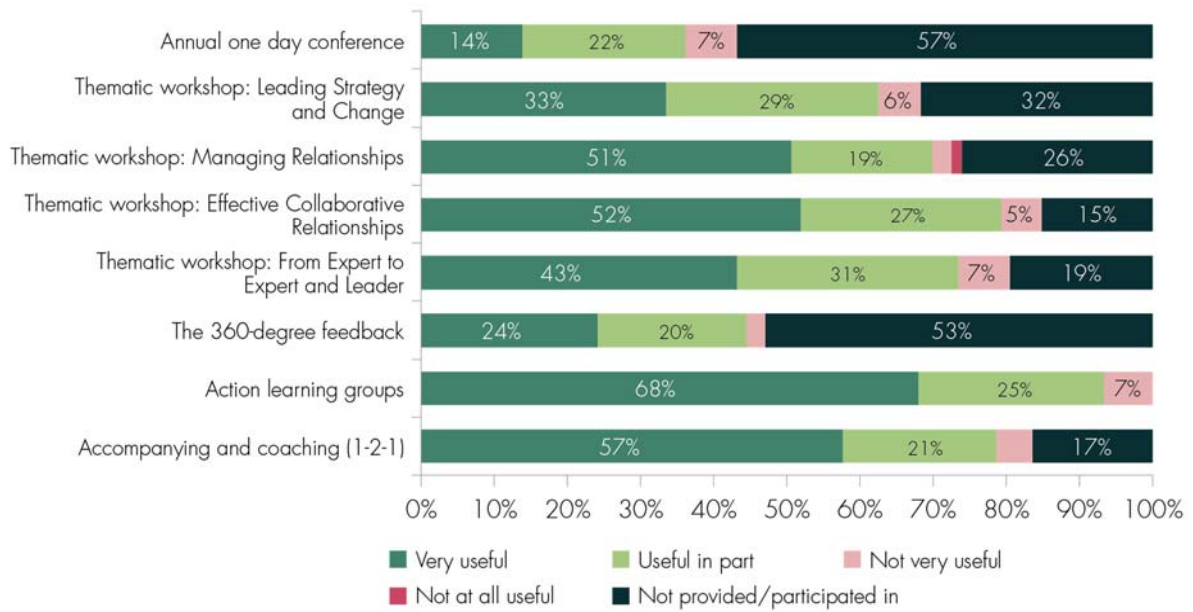
Figure 3.4 The usefulness of different activities provided by the NIHR Leadership Programme¹⁴

A. Leaders



¹⁴ The question asked: ‘How useful are the different activities of the NIHR Leadership Programme in relation to improving your ability to undertake your institutional role?’

B. Trainees



C. R&D in Trusts

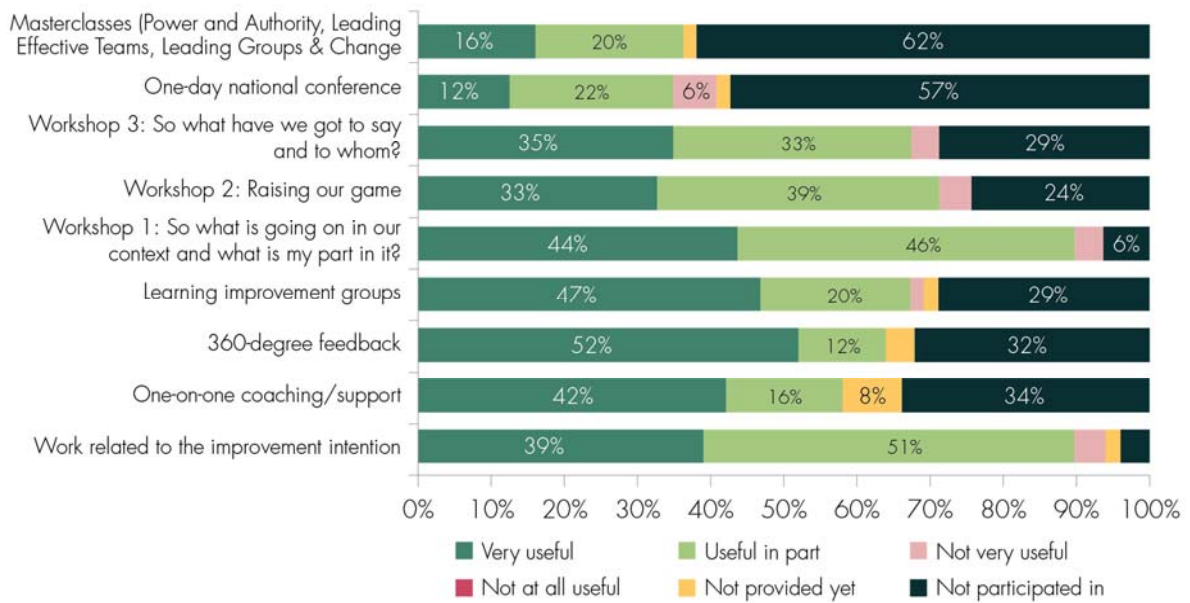


Table 3.2 The most useful activities identified by each stream

Leaders	Trainees	R&D in Trusts
Networking opportunities	Action Learning Sets	Work related to the improvement intention
Action Learning Sets	One-to-one coaching and accompanying	Workshops
One-to-one coaching and accompanying	Thematic workshop on effective collaborative relationships	Learning improvement ¹⁵ groups

Figure 3.5 How beneficial participants found it to interact with other streams



3.2. Individual-level impacts

The NIHR Leadership Programme aimed to build individual leadership capacity through a networked approach, assuming this to be conducive to institutional and systems-level impacts over time. At an individual level, key impacts included: development of leadership skills important for career development and wider organisational impacts, including skills that enable increased responsibility and career progression; better management of research teams; an increase in self-awareness, reflective capacity and self-confidence; and collaboration skills or opportunities. We discuss each below.

Overall, survey respondents across the streams of the leadership programme felt that the programme led to an enhancement of a variety of skills and personal attributes (Figure 3.6). Interestingly, the area that Trainees and R&D in Trusts Stream participants felt the programme had least effect was their ability to manage physical and financial resources for their research team. This should be remembered when the motivations of trainees for attending the course – such as to improve effectiveness in managing a research group and to build a successful research group (Section 3.1.2) – are analysed.

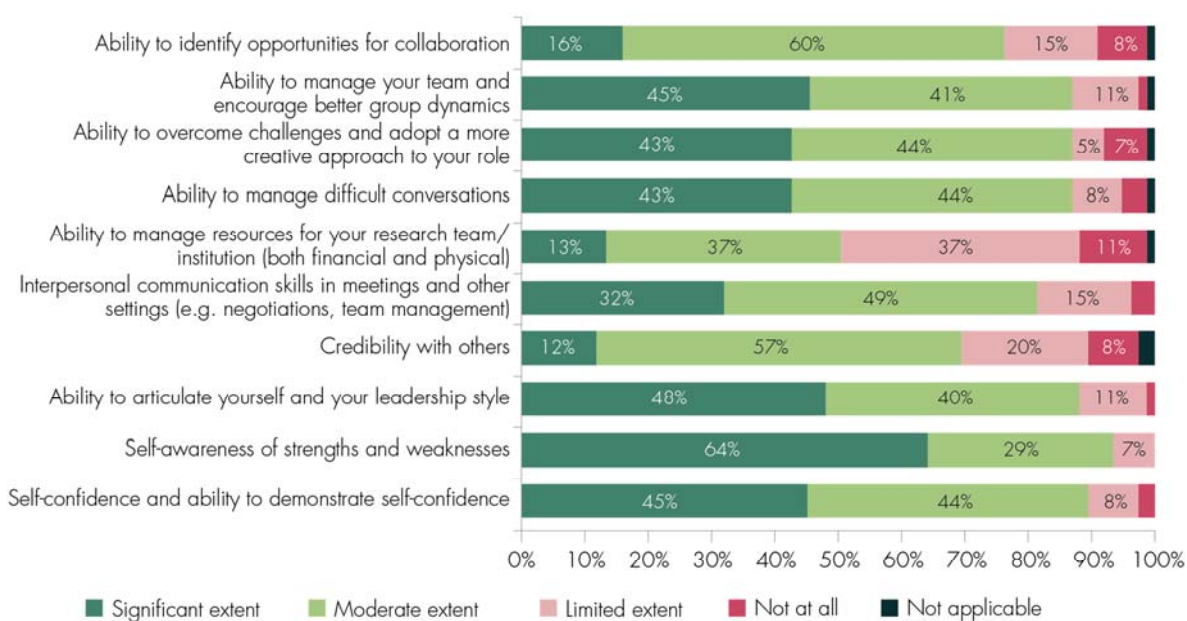
¹⁵ This is the equivalent of Action Learning Sets for the R&D in Trusts stream.

Figure 3.6 Individual impacts from participation in the NIHR Leadership Programme, by stream¹⁶

A. Leaders

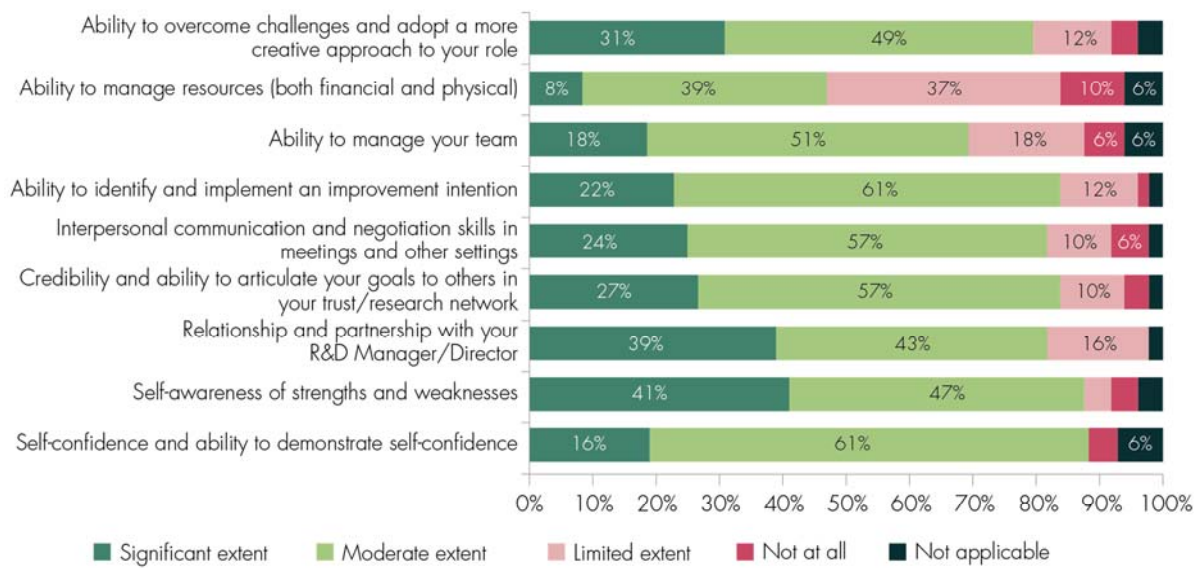


B. Trainees



¹⁶ Survey respondents were asked: ‘To what extent do you believe that your participation in the NIHR Leadership Programme has improved/increased the following: your...?’

C. R&D in Trusts



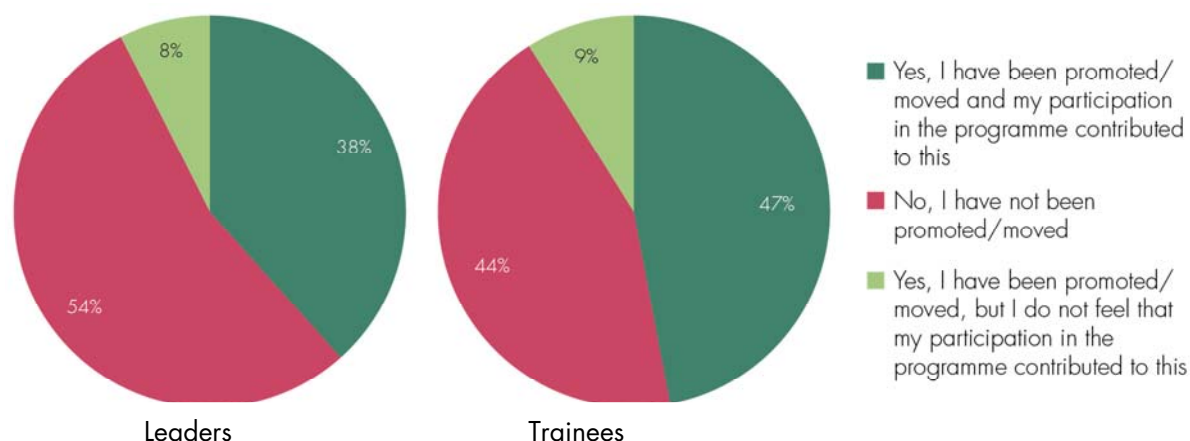
3.2.1. Development of leadership skills

The programme enabled participants to develop their leadership skills and provided some exposure to leadership theory and styles (although some participants noted that theory weighs less heavily in this programme than in some of the other programmes they have had exposure to). A number of interviewees noted that individual leadership skill development was enabled by the flexibility in the programme design, delivery and facilitation by Ashridge, which was built around the specific needs of the cohort; 59 per cent of survey respondents from the Leaders Stream and 76 per cent from the Trainees Stream thought the programme had increased their ability to manage research teams and projects (this applied to people and projects, but not necessarily physical and financial resources).

Related to this is career development and progression: in our survey 46 per cent of Leaders and 56 per cent of Trainees reported that they have been promoted or moved into new roles since undertaking the programme (Figure 3.7). A substantial proportion (38 per cent and 47 per cent respectively) attribute this in part to their participation in the programme. For example, one interviewee noted that the programme had ‘opened doors’ to career progression, as she now had the confidence to apply for other roles and opportunities, which she would not have applied for before starting the programme. A large majority (84 per cent) of respondents from the Trainees Stream felt the programme had encouraged them to take up positions at more senior levels (to a moderate or significant extent). For example, one interviewee reported that the programme was a contributing factor to his change of direction in joining a new institution while another felt encouraged by the programme to apply for and achieve a promotion.

Approximately one-quarter of respondents from the Leaders and Trainees Streams felt that their participation in the programme had increased their ability to win grants. Nearly half the trainees and a third of the Leaders emphasised that this impact may materialise in the future or that it was too early to tell the extent to which the programme will impact on grant-related impacts.

Figure 3.7 How attending the programme had affected the promotion status of survey respondents



3.2.2. Self-awareness, reflective capacity and self-confidence

The majority of survey respondents across the streams (83 per cent for Leaders, 93 per cent for Trainees and 88 per cent for those in the R&D in Trusts Stream) felt they had developed a greater self-awareness of their strengths and weaknesses as a result of joining the programme (Figure 3.6). This occurred alongside the development of greater self-confidence (71 per cent for Leaders, 89 per cent for Trainees and 77 per cent for R&D in Trusts Stream participants)

The interview data support the survey findings. Most interviewees across the streams confirmed that the programme had increased their self-awareness and self-confidence as a leader. The impact of this is at several levels. To illustrate, interviewees from the Leaders Stream said the programme:

made me more aware of my style and how I can contribute to my team

allowed me to develop skills around how to build on relationships and pay more attention to where other people are at.

3.2.3. Individual collaboration skills and network development

As described in Section 2.1, networking was a motivating factor to some participants to undertake the programme, particularly in the Leaders Stream (Table 3.1). Our survey and interview data suggest that the key programme impacts on individual networks and relationships have included exposure to new potential collaborators, the establishment of informal relationships, the strengthening of existing relationships, and changes in ways of collaborating. We expand on the strength of these impacts below.

Within the Leaders Stream, approximately half (52 per cent) of the respondents also observed changes in the way in which they collaborate, either within their research network or with other stakeholders, which they attributed to their participation in the programme.

In the survey, 85 per cent of respondents from the Trainees Stream felt the programme enhanced their ability to collaborate and understand group dynamics, and 68 per cent thought that the programme helped them improve their research network. Evidence from the interviews highlighted that beyond interactions with their own research group, reflection through the programme gave participants: ‘greater

confidence for dealing with other research groups within [their] institution’ or ‘it made [them] more aware of other research groups’ perspectives and the decisions on sharing and collaborating’. This perspective from the interviews is also mirrored in the survey data, where 63 per cent, 81 per cent and 81 per cent of Leaders, Trainees and R&D in Trust respondents respectively felt that the NIHR Leadership Programme had improved their interpersonal communication and negotiation skills to a moderate or significant extent. Interview evidence supports the survey findings. Participants had mixed opinions on the extent to which the programme had an impact on their research collaborations. Many interviewees felt that the programme had exposed them to potential collaborators and improved their informal networks, usually through the people they met in their Action Learning Sets, which enabled them to enhance link and build relationships with other senior leaders in NIHR.¹⁷ As one interviewee from the Leaders Stream commented:

Due to the nature of the NIHR, being geographically dispersed, we have never had an environment where leaders had the time to develop and build relationships or think about collaborations.

However, some participants did not see a particular benefit from the programme on the formation of new collaborations. This could in part be because participants within a single cohort and within an Action Learning Set are often from different fields, and not all participants need or want to engage in interdisciplinary collaborations. One interviewee from the Leaders Stream noted,

New collaborations [as a result of the programme] are dependent on who is in your Action Learning Set.

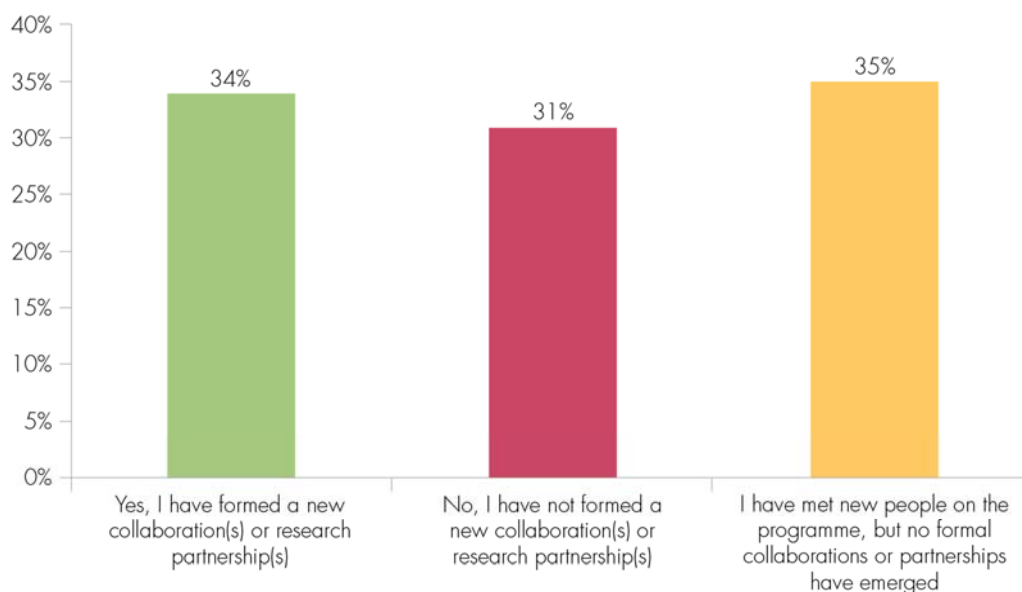
Many participants felt that the programme had also led them to reflect on existing collaborations, which in turn has helped strengthen these relationships. For example one interviewee from the Leaders Stream commented,

an existing collaboration had grown given the participation of both parties in the programme [as it helped to] see things together in a different way.

Alumni from the Leaders Stream were divided in their views on the programme’s impact on personal collaborations (Figure 3.8). Approximately one-third reported a programme impact on new collaborations, including research partnerships. Roughly the same proportion of alumni stated that they met new people on the programme but that this had not led to formal collaborations.

¹⁷ In interviews, Trainees emphasised the programme’s role in enabling the establishment of a peer-support system.

Figure 3.8 The extent to which alumni of the Leaders Stream have been involved in the formation of new collaborations or research partnerships for the NIHR Leadership Programme



In the R&D in Trusts Stream, the vast majority of survey respondents reported having improved personal relationships with their respective R&D manager (82 per cent felt this impact to a moderate or significant extent) (Figure 3.6). This was echoed in the interviews. One R&D director commented:

Having been through this process with them, I am much more confident to delegate to the R&D manager on negotiations and have increased confidence in [their] ability to manage research collaborations.

This was even the case where interviewees stressed they had a good working relationship prior to the course.

3.3. Institution-level impacts

The NIHR Leadership Programme also aimed to equip leaders with skills needed to navigate and contribute to vibrant, efficient and effective institutional environments effectively.

Institutional-level impacts were expected to be achieved mainly through changes in individual leadership behaviours and the establishment of new relationships which have concrete institutional benefit (e.g. formation of new institutional collaborations), as well as through building and strengthening translational research capacity. The R&D stream also included a concrete institutional improvement task.

The key types of institution-level impacts identified through survey or interview respondents were impact on, to a moderate or significant extent, were: institutional-level relationships, the ability to respond to structural change, impact on an individual's leadership approach to staff training and development, and an awareness of what leadership means in an institutional context.

Survey and interview evidence also provided support for the Leadership Programme's contribution to translational research capacity-strengthening and organisational change (e.g. through the improvement

intention). The latter was very important, but confined to the R&D in Trusts Stream. We elaborate on these impacts below.

3.3.1. Impacts on institutional-level relationships and their role in translational research capacity-strengthening and structural change

Participants generally felt that the NIHR Leadership Programme had served to improve or change things at an institution level to a moderate extent, to date (Figure 3.9). A notable exception would be the experiences of R&D in Trusts Stream participants, where the programme had significant impacts on improved relationships of institutional value. This included relationships with members of other NHS trusts, and specifically with R&D counterparts (Figure 3.9C). Interviewees from this stream highlighted a major strength of the programme being its impact on the ‘community of R&D directors and managers’. As one R&D manager commented:

The biggest benefit of the programme was having the opportunity to meet with other R&D directors and managers as you can feel quite isolated within your position.

The key institutional-level impacts reported in our survey by Leaders (54 per cent of respondents) and Trainees (74 per cent of respondents) were on the improvement in working relationships within institutional research networks and/or with other NIHR units (Figure 3.9). In addition, 52 per cent of respondents from the Leaders Stream highlighted an increasing capacity for organisational or structural change in their departments and networks (noted also in the R&D in Trusts Stream – 62 per cent of respondents). One interviewee from the Leaders Stream observed that the programme:

allowed for a better understanding of the process of change and increased capacity to support other people through it. The focus on ‘change as a way of being’ in the programme is quite helpful.

However, some interviewees felt that while they had been involved with structural changes at their institution, they did not attribute their ability to deal with these changes to the Leadership Programme, as they were already experienced in dealing with these issues.

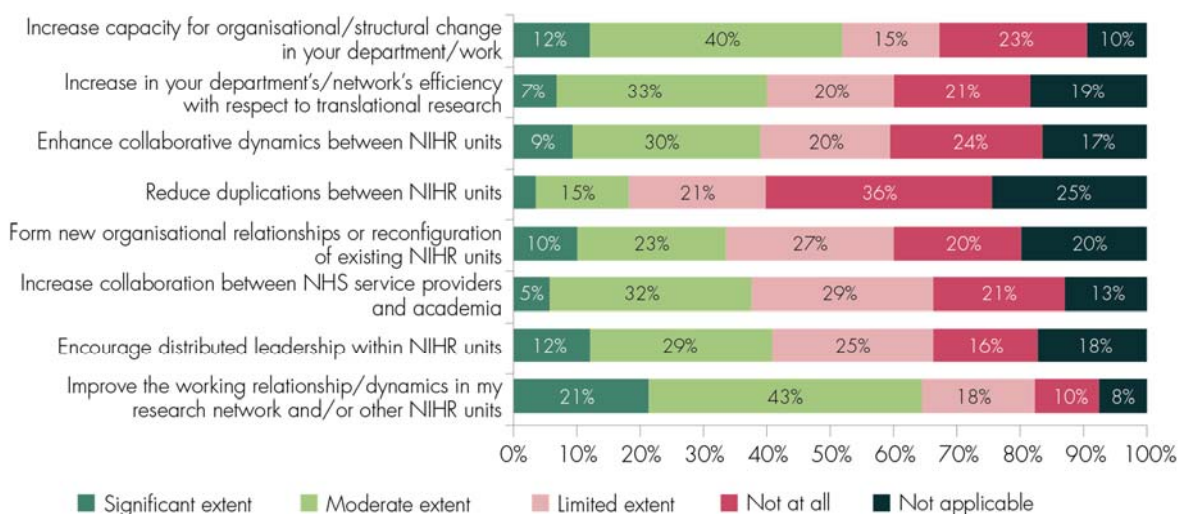
Somewhat more than a third of survey respondents in the Leaders Stream (39 per cent) also thought that their department’s or network’s efficiency in translational research has improved (Figure 3.9A). Survey questions to the R&D in Trusts Stream focused around the NHS, as the research offices sit within hospital trusts (Figure 3.9C). Other than improved relationships, highlighted above, survey respondents in the R&D in Trusts Stream noted the impact of the programme on the formation of new organisational relationships within existing trust research units and enhanced collaborative dynamics between NHS research units. It is important to note that the levels of consensus across the streams on the extent of institutional impact were much lower than for individual impacts.

Our interview evidence also shed light on potential barriers to institutional-level impacts from the programme. For example, some participants noted that the health systems and university structures in which they work are often quite rigid and hierarchical and that this can present an obstacle to the implementation of actions and interactions which they have been taught could be effective.

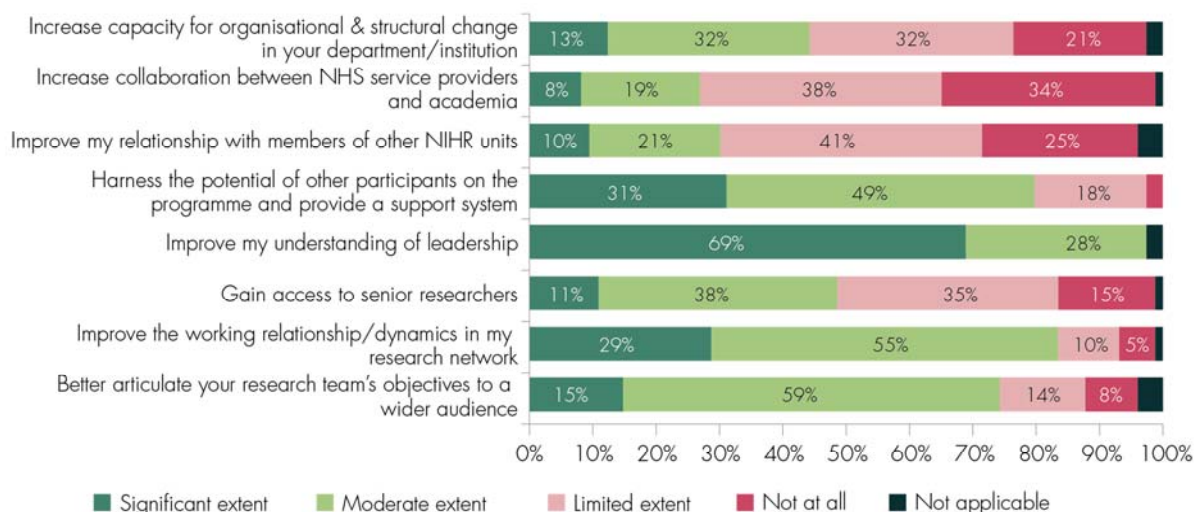
While this may be difficult for the leadership programme to address per se, a number of participants felt that increasing participation in the programme to include those who are most challenged by structural change could help to improve impacts, as it would equip people with the necessary skills to deal with the system in which they work rather than to look at the external factors that might facilitate maximising the impacts of the programme.

Figure 3.9 The contribution of NIHR Leadership Programme to institutional-level impacts, by stream

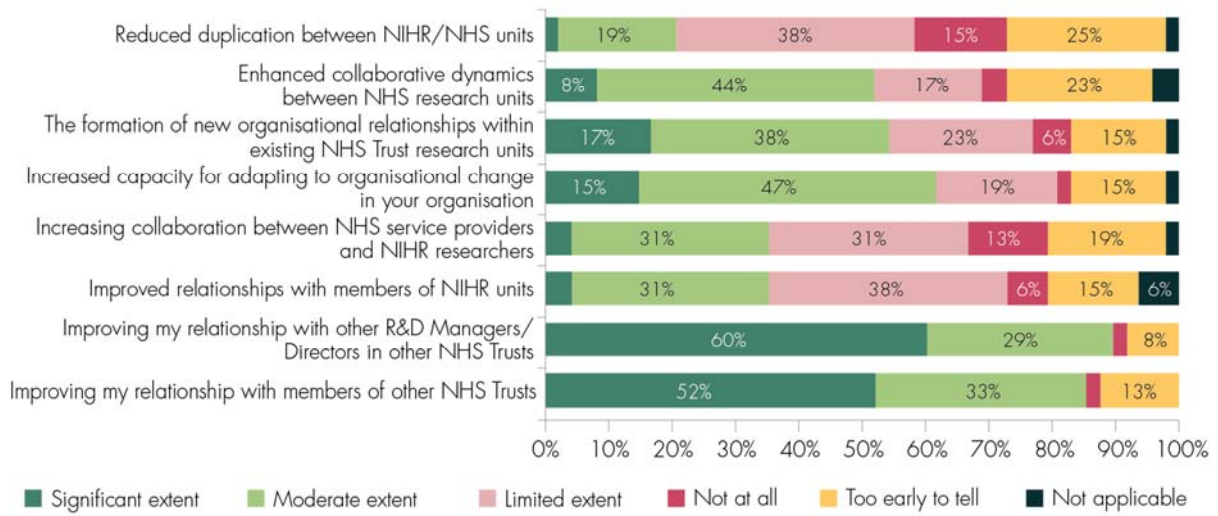
A. Leaders



B. Trainees



C. R&D in Trusts

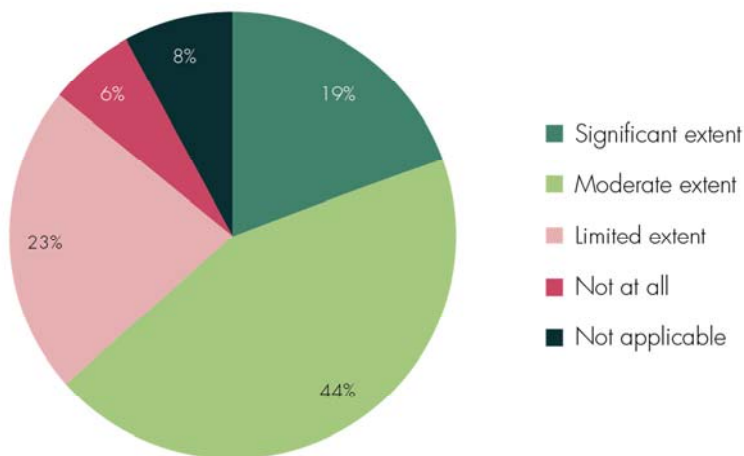


3.3.2. Impact on leadership approach to staff training and development: nurturing institutional capability.

About one-third (63 per cent) of survey respondents from the Leaders Stream reported that the Leadership Programme had changed their approach to the training and development of their staff (Figure 3.10). To illustrate with a supportive comment from one interviewee from the Leaders Stream:

The programme helped in advising junior researchers at my organisation on how to 'think NIHR' in terms of putting research together.

Figure 3.10 The extent to which the NIHR Leadership Programme has changed participants' approach to staff training and development programmes



3.3.3. The learning improvement intention as a vehicle for organisational improvements

As part of their participation in the NIHR Leadership Programme, R&D managers and directors had to undertake an improvement intention in their institutional context. The aim was to work together on an issue, with the support of others in the cohort and Ashridge’s facilitators. The participants developed a plan and targets, and then undertook the required steps to achieve change. Ashridge’s role provided space and a sounding board to practice, articulate and refine participant ideas. One interviewee from the R&D in Trusts Stream highlighted the importance of labelling this exercise as an improvement intention. This helped the participant and their institution prioritise it, enabling time and resource to be freed up to achieving their goals. The degree of progress varied across the survey responses. The largest proportion (43 per cent) of responses stated that their improvement intention was going to or had gone to plan bar some issues which can be addressed (Figure 3.11).

The improvement intention provided an opportunity to showcase the outputs of the NIHR Leadership Programme to others within the working environment of the hospital trust. According to our interviewees and survey respondents, it had three key impacts: on attitudes to research in NHS trusts, on institutional-level awareness of improvement needs and processes in NHS trusts, and on the profile of research among NHS trust leadership.

Nearly half (48 per cent) of R&D in Trusts Stream participants surveyed reported a moderate or significant impact on attitudes to research within their institution (Figure 3.12). Over 70 per cent felt the programme had drawn R&D into a new community of leadership within NHS research units (Figure 3.14).

Over half of the survey respondents (58 per cent) in this stream also reported a moderate or great impact from the programme on awareness of improvement processes across their NHS trust (Figure 3.13).

Most R&D in Trusts stream respondents (77 per cent) found it ‘relatively easy’ or ‘very easy’ to transfer the leadership development skills acquired in designing and implementing their improvement intention projects to other areas of their work.

Figure 3.11 The progress of participants’ improvement intention to date

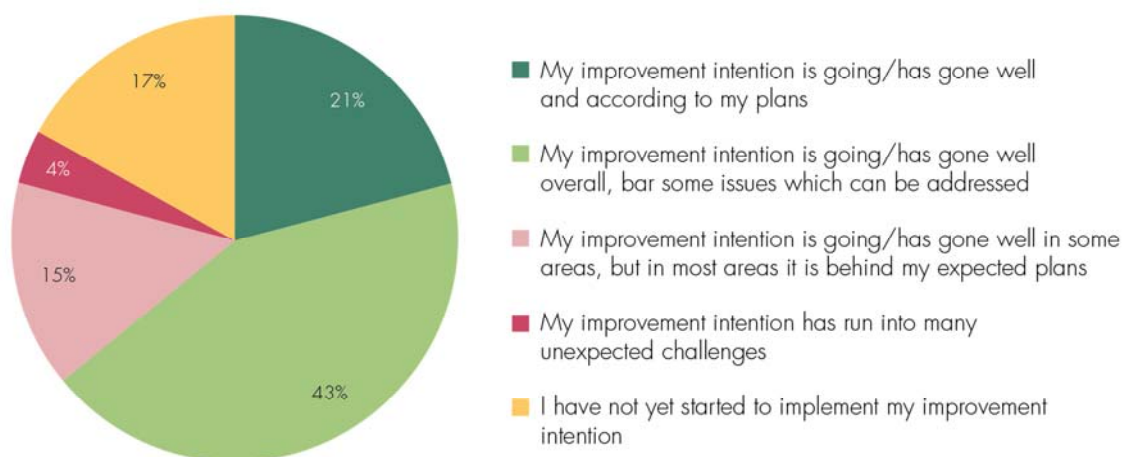


Figure 3.12 The extent to which participants believe that their participation in the NIHR and Ashridge development process contributed to an improved attitude towards research in their institution

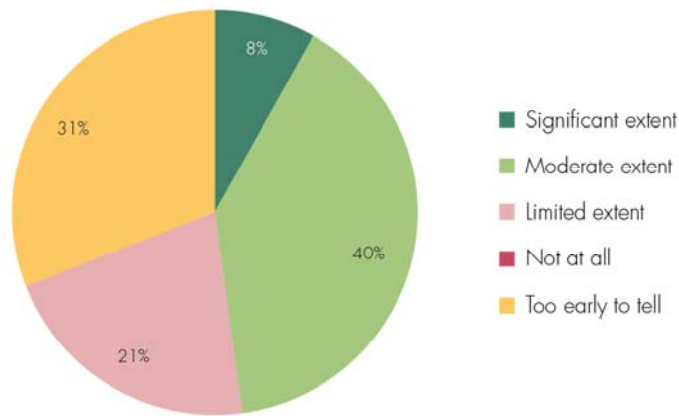


Figure 3.13 The contribution of the NIHR Leadership Programme to greater awareness of improvement processes across NHS trusts

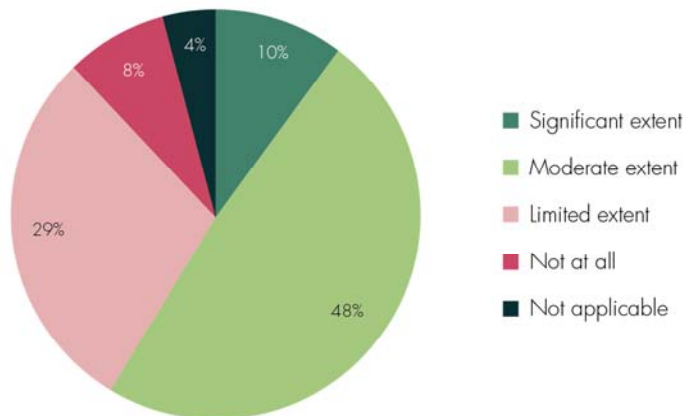
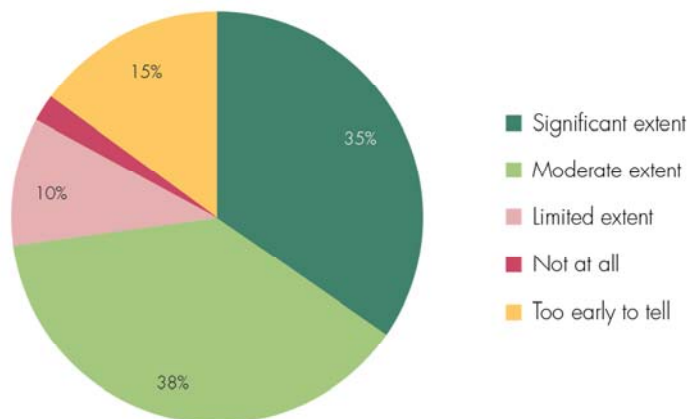


Figure 3.14 The contribution of the NIHR Leadership Programme to participants' belief that they are part of a new community of leadership within NHS research units



3.4. Systems-level impacts

The NIHR Leadership Programme also aimed to strengthen leadership capacity at a systemic level. Related to this is an overarching goal to sustain the NIHR community as a driver of world-class research for better healthcare, including through the strengthening of translational and applied research capacities in researchers across the NIHR. At a systemic level, the leadership programme aims to steer a social movement and foster a change in mindsets and attitudes about agenda-setting and the way the question ‘what is the most important thing to research?’ is asked.

The key types of systems-level impacts identified through our evaluation include: strengthening relationships within the NIHR community as a whole, enhanced profile of leadership and its importance within the NIHR community, understanding NIHR and the wider health system, and collaboration with other stakeholders. Each is discussed below.

A large number of trainees interviewed for this evaluation praised the opportunities for development afforded to them during their time at Ashridge. The programme helped many to reflect on leadership, how to act like a leader and to gain new skills to deal with ‘real-life situations’.¹⁸ However, some of the interviewed trainees commented that they found it hard to discuss how useful the programme was in its system-level impacts, as they felt that the right conditions had not existed for them to put their learning into practice at a systems level and on systemic challenges. However, a few interviewees argued that the programme, alongside the education and health system, is designed to focus on individuals’ development and performance and often lacked focus on collective and team leadership development. One participant from the Trainees Stream believed that:

there needs to be a more balanced focus on individual versus collective outputs.

3.4.1. Strengthened relationships within the NIHR community

Overall, 73 per cent of Leaders felt that the programme has enabled improved systems-level relationships (relationships between individuals within the wider NIHR research community) to a moderate or significant level (Figure 3.15A). Over 50 per cent noted that this has in turn allowed the exploration of new or strategic research areas across the NIHR.

Over half of the respondents from the Leaders Stream (58 per cent) thought the Leadership Programme contributes to a more sustainable NIHR (Figure 3.15A). Over half of respondents in the Leaders Stream (51 per cent) also stated that the programme has enabled cooperation between NIHR and NHS units, and 46 per cent that this has enabled NIHR to become more flexible to structural change.

In contrast, just over a third of survey respondents in the Leader’s stream felt that the programme helped increase the attractiveness of the UK health system to the pharmaceutical industry for the pharmaceutical industry (to a moderate or significant extent). However, 10 per cent of respondents predict this may be seen within the next five years. It is essential to highlight that any such impact would undoubtedly occur

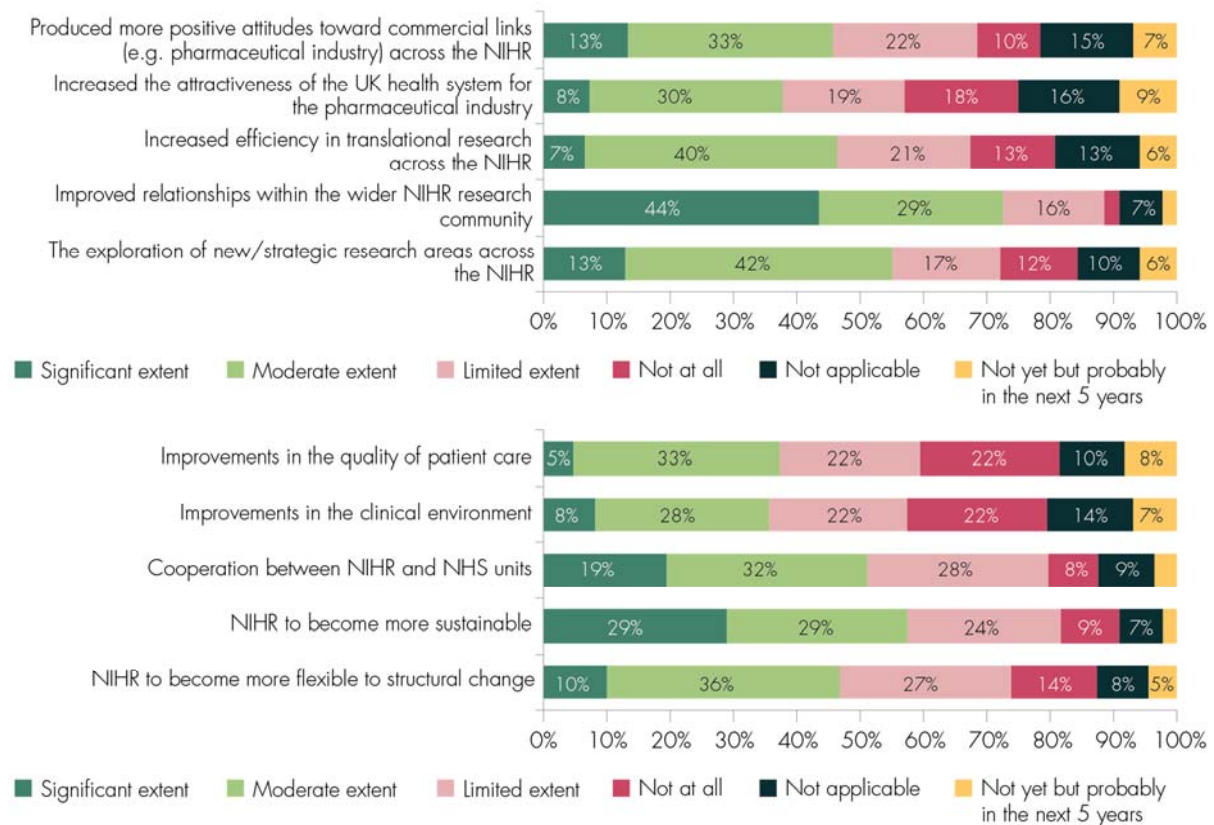
¹⁸ Comment from an interviewee in the Trainees Stream.

through a combination of interventions, and that any attribution to the Leadership Programme would need to be approached very cautiously.

Approximately half (51 per cent) of those surveyed within the R&D in Trusts Stream thought that the NIHR Leadership Programme increased their ability to identify new opportunities for research (Figure 3.15C). R&D in Trust participants also felt the programme had made NHS research more flexible and sustainable (41 per cent of respondents felt the programme had had an impact to a moderate or significant extent). In contrast, only 27 per cent of respondents felt the programme had improved the clinical environment and increased the quality of care, to date, although such contributions may take more time to unfold: between 25 per cent and 44 per cent of respondents in the R&D in Trusts Stream thought it was too early to be seeing this level of system-wide impact. This reflects the relatively recent start of this stream, as the range of respondents who thought it was too early to see systems-level impacts from the Leaders Stream was much lower (between 2 per cent and 9 per cent).

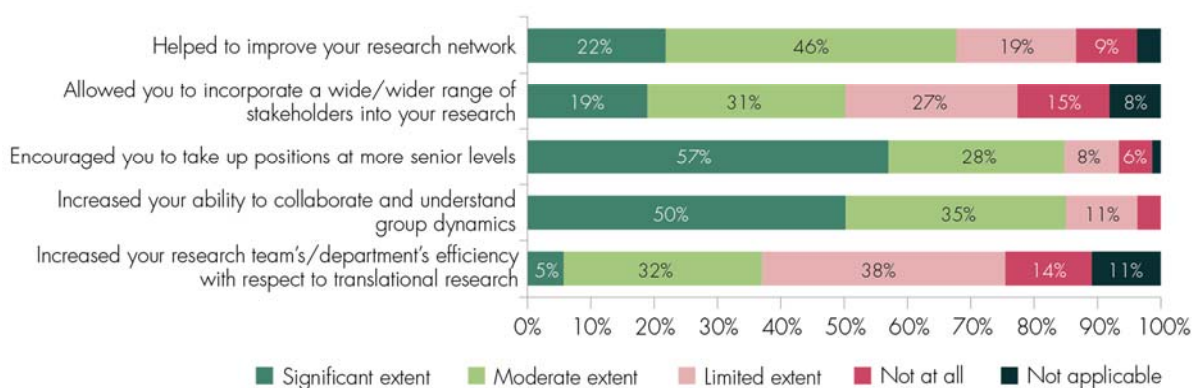
Figure 3.15 Systems-level impacts of the NIHR Leadership Programme, by stream¹⁹

A. Leaders

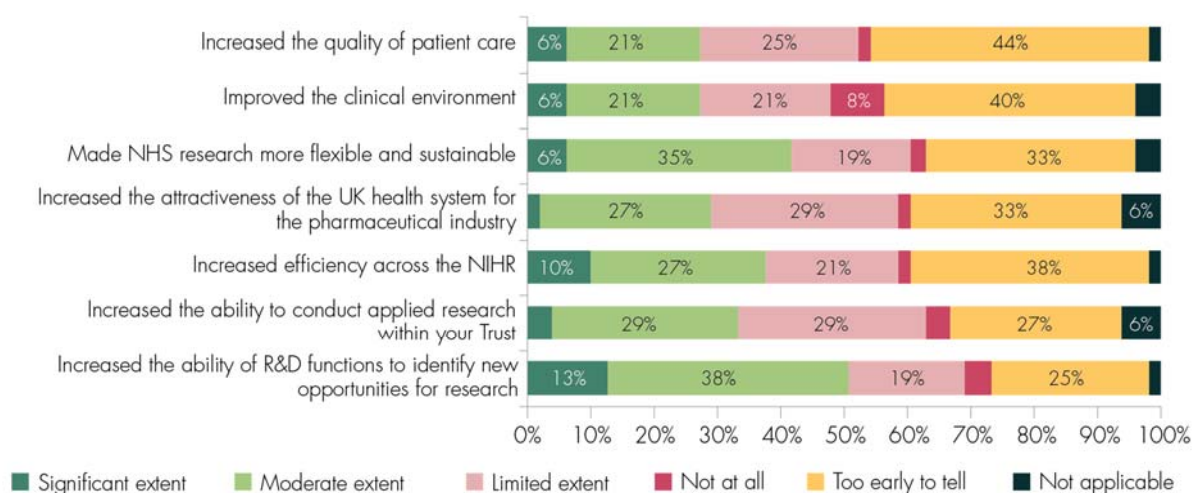


¹⁹ The question asked: ‘To what extent do you feel the NIHR Leadership Programme has enabled...’

B. Trainees



C: R&D in Trusts

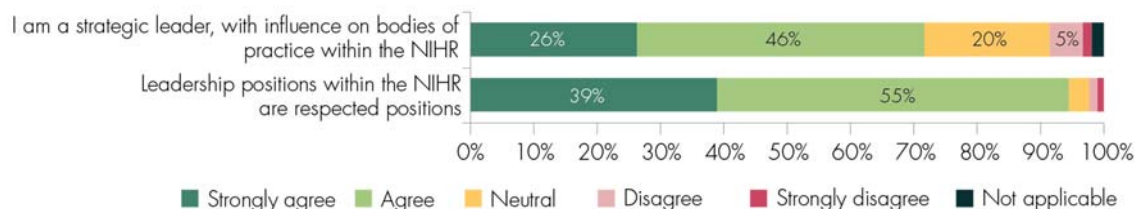


3.4.2. Enhanced profile of leadership and its importance, within the NIHR community

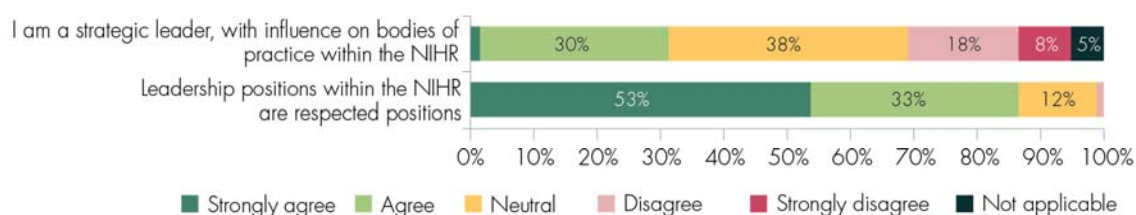
Across all streams, survey respondents agreed that there is respect for leadership positions in the NIHR (Figure 3.16) (94 per cent of Leaders, 86 per cent of Trainees, and 85 per cent of R&D in Trust respondents). In general, leaders and those on the R&D in Trusts Stream see themselves as strategic leaders, with influence on bodies of practice within the NIHR (Figure 3.16 A and C). The Trainees Stream participants paint a somewhat different picture – with only 31 per cent stating that they were a strategic leader with influence on the NIHR (Figure 3.16 B). This may be a result of them being at an earlier stage in their careers.

Figure 3.16 Participants' views on leadership within the NIHR, by stream²⁰

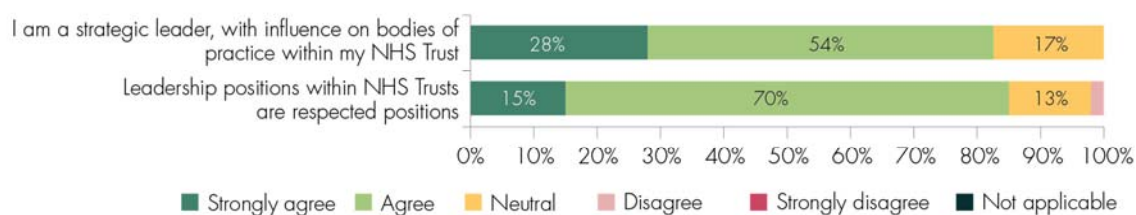
A. Leaders



B. Trainees



C. R&D in Trusts



3.4.3. Understanding of NIHR and the wider health system

Overall, participants across all streams felt that the Leadership Programme contributed to their understanding of the NIHR system, including its role within the wider health system, priorities, aspirations and ways of working: 73 per cent, 78 per cent and 44 per cent of respondents from the Leaders, Trainees and R&D in Trusts streams respectively felt their understanding of NIHR had improved to a moderate or significant extent. In each stream, there was less reported improvement in the understanding of the DH more widely. Evidence from the interviews suggests that the collaborative nature of the programme was a key facilitator of these impacts. Discussions with other participants in the cohort and insights into how they could influence NIHR, insights into the complexity of the NIHR environment, and evidence on the role of other stakeholders in the broader health system (such as the Health Regulatory Authority and industry) were deemed as particularly important.

²⁰ The question asked: 'How strongly do you agree with the following statements?'

Despite a general consensus on this impact based on survey data, there were some differences across the streams which the interviews shed light on. For example:

- **Leaders:** Many of the participants on the Leaders Stream stated that they had good awareness of the NIHR before joining the programme through receiving NIHR funding and engagement in other areas, but the programme helped to improve understanding of the various components of NIHR and how they interact with each other. One interview said:

[The programme] has given me a better understanding of the pressures that people are under and I now know who to contact when if needed. This is down to having a better understanding of the NIHR and NHS.

A minority of interviewees felt that the focus on NIHR detracted somewhat from the objectives of a programme aimed to improve leadership. To illustrate this point, one interviewee said she:

started to feel there was too much of an NIHR focus; it was trying to be a leadership course while also encouraging people to increase their interactions with the NIHR.

- **Trainees:** Some Trainees felt that their awareness of the NIHR and what it does had grown, while others felt that a lack of clarity on the NIHR's role within the wider health research system persisted. However, some Trainees felt that the programme was beneficial to increasing their awareness of the NIHR in different ways. First, the programme by its very existence promotes the importance of research. Second, the NIHR has raised its own profile in investing time and money in leadership skills. Third, the opportunity to network with a range of people funded by the NIHR explained a bit about its work as did participating in trainee meetings where they could discuss their goals and visions. Finally, it was noted that the facilitators from Ashridge brought knowledge of the NIHR to the programme, which was helpful for a number of people.
- **R&D in Trusts:** The survey data show this stream to have the lowest level of improved understanding and the least difference between improved understanding about NIHR and the DH (Figure 3.16). Those in this stream were also asked whether the programme resulted in improved understanding of the NHS R&D system. This was the areas of most improved understanding for the R&D in Trusts Stream, with 49 per cent reporting moderate or significant improvement in understanding as a result of undertaking the programme.

Figure 3.16 Participants' views on their improved understanding of NIHR and DH, by stream²¹



3.4.4. Collaboration with other stakeholders across the healthcare system

In addition to strengthening individual and institutional-level relationships (as discussed in Sections 3.2.3 and 3.3.1), the NIHR Leadership Programme aimed to help create a stakeholder-inclusive network of collaborators from research, policy and practice communities in the health system.

Between 53 per cent and 71 per cent of respondents from across streams (71 per cent of Leaders, 53 per cent of Trainees, 69 per cent of R&D managers) reported that the Leadership Programme enabled them to strengthen pre-existing relationships or to form new ones among stakeholders in research, policy and practice communities in the wider health system, and did so to a moderate or significant extent (Figure 3.17). One interviewee from the Leaders Stream described how

[we] now proactively work together. Even though in certain situations we are competitors there is now a desire to collaborate more in order to make the NIHR successful and feel more like a team.

The lowest level of impact on this front was seen among those in the Trainees Stream, who in interviews said they did not yet have the opportunities to engage with communities and stakeholders who were beyond their research networks.

Half of the Leaders Stream thought the programme allowed them to meet potential research collaborators. This was less of an impact for the other streams. The largest number of respondents from the R&D in Trusts Stream (60 per cent) reported that the programme allowed them to meet other members of the NHS research network. This interaction was not observed in either of the other two streams. The R&D in Trusts Stream had greater engagement with industry stakeholders and patients and patient groups than leaders or trainees. Approximately 40 per cent of trainees reported that they were able to meet funders,

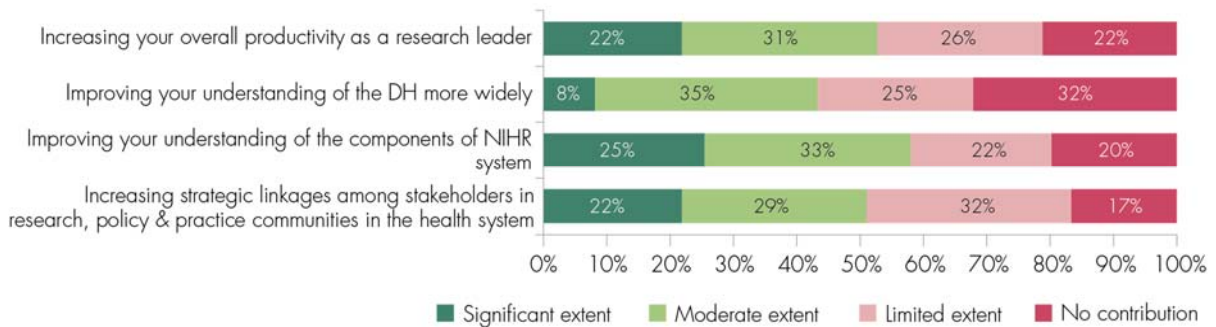
²¹ The question asked: 'To what extent do you think your participation has led you to have an improved understanding of the...?'

while fewer Leaders and R&D in Trust participants responded that they met funders they would not have otherwise met. Interactions with policymakers were greatest in the Leaders Stream, with approximately 35 per cent of respondents engaging with policymakers through the Programme.

Figure 3.17 Participants' views on the effect of the NIHR Leadership Programme on strengthening pre-existing and new relationships in the wider health system, by stream

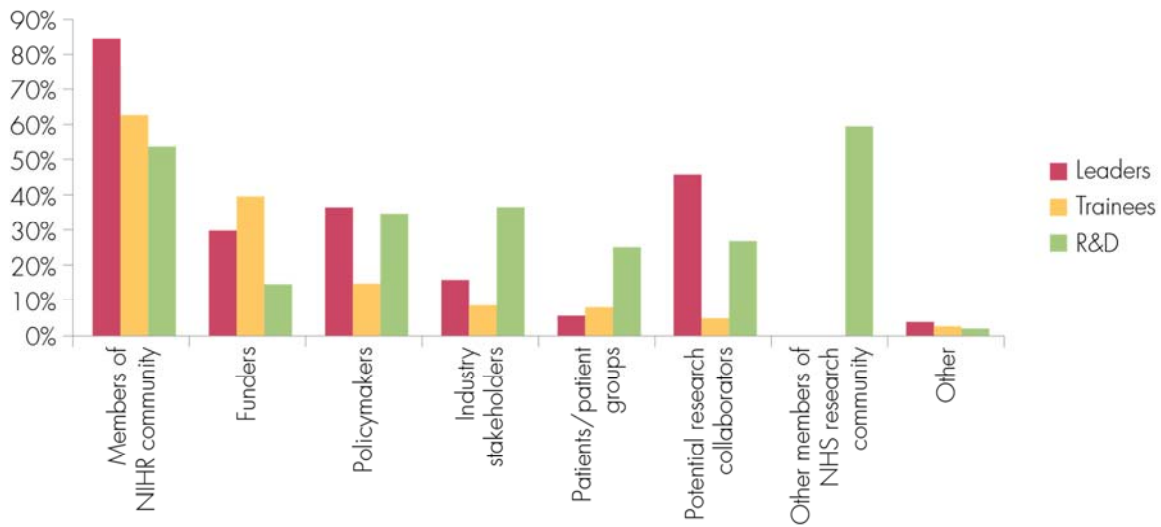


Figure 3.18 Views of alumni on the impact of the programme²²



²² The question asked: 'To what extent do you believe that your participation as an alumnus of the NIHR programme has led to...?'

Figure 3.19 The extent to which participants interacted with wider stakeholders during the NIHR Leadership Programme, by stream²³



3.5. The role of continued engagement as an alumnus of the NIHR Leadership Programme

Finally, we provide insights into the value and role of continued engagement of participants currently enrolled in the NIHR Leadership Programme and those who had completed the Leaders Stream and are classified as ‘alumni’.

The majority of alumni to the Leaders Stream (77 per cent of respondents to our survey) believed that there is moderate or significant merit in continued engagement with the NIHR Leadership Programme (Figure 3.20).²⁴

About two-thirds (65 per cent) of survey respondents representing alumni from the Leaders Stream felt that the programme contributed to their personal development as a leader to a moderate or significant extent (Figure 3.21), and this echoes views on the value of their continued engagement.

According to interview evidence, key motivating factors for continued engagement included networking, sharing experiences and receiving advice from colleagues, as well as a sense of loyalty to the programme. While most interviewees across all streams agreed that there would be merit in continued engagement with the programme, they also felt that the objectives of this engagement needed to be clearly stated and the value added demonstrated, because of the time constraints and geographical dispersion of participants. One interviewee from the Leaders Stream stated:

²³ The question asked: ‘During your participation in the NIHR Leadership Programme, have you had the opportunity to interact with any of the following groups of people, who you would not have met otherwise?’

²⁴ This sentiment was also echoed by interviewees. However, it is important to acknowledge that the sample may be biased towards those who see the benefits in ongoing engagement, as there may be a bias in those who responded to our survey and interview requests within the Alumni stream.

Having a clear agenda [would be beneficial] so you knew what you were going for so you could see what was relevant to you.

Another suggested that greater engagement from NIHR is required to ensure the focus of the alumni events:

These alumni events need to centre on the main questions the NIHR wishes for participants to address. Questions on how to use the workforce best and thinking about the research we could support are important. It is necessary to think about the operational aspects and about leadership and non-leadership.

Barriers to further engagement as alumni include time taken in travel and participants' busy agendas and therefore they need to be focused on relevant and worthwhile opportunities for those involved to keep them engaged.

When asked 'what would incentivise you to engage further in the NIHR Leadership Programme as an alumnus?', 43 per cent of the alumni reported that more opportunities for engagement would be a motivating factor, and nearly one-third felt that better coordination with other NIHR and NHS activities would encourage them to attend (Figure 3.22). Other suggestions mentioned in interviews included: more opportunities for one-to-one coaching, more emphasis on practical tasks and structure in the content provided, and providing a greater spread in geographical location of relevant meetings across the UK, as some interviewees said that distance often plays a deciding role in whether or not to attend follow-up meetings.

Some interviewees mentioned that despite finishing the official programme, they still meet biannually as an Action Learning Set and attempt to guide one another in their questions and provide a support network for their peers; others hold teleconferences with their Action Learning Set every two to three months. Others noted they find motivation in the prospect of seeing their Action Learning Set at alumni events as a reason to travel to an event.

Figure 3.20 The extent to which alumni felt there is merit in continued engagement with the NIHR Leadership Programme

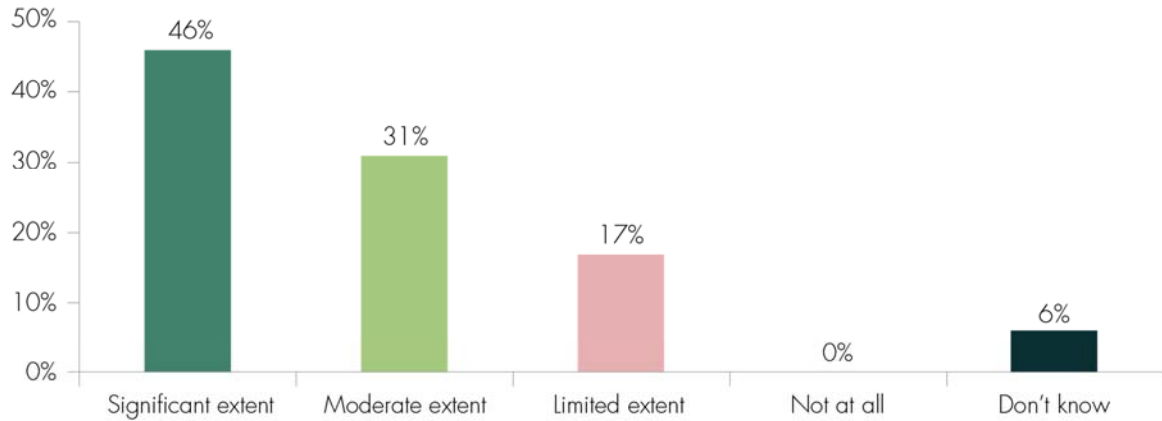


Figure 3.21 The extent to which alumni felt their participation in the NIHR Leadership Programme contributed to their personal development as a leader

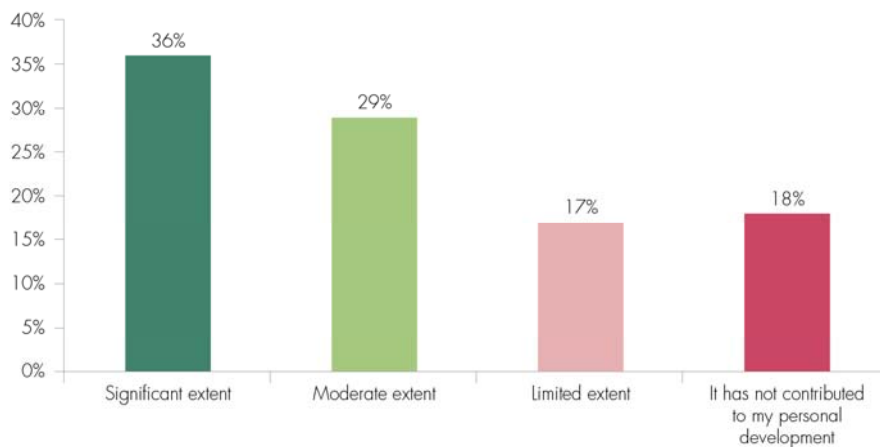
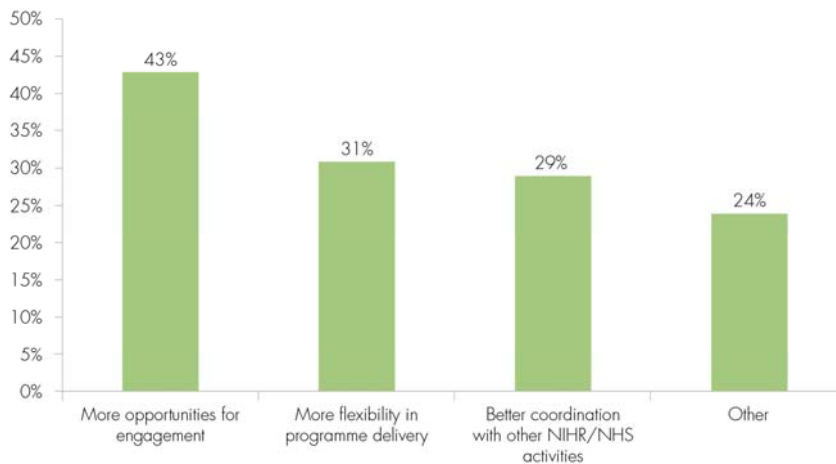


Figure 3.22 Changes that would incentivise participants to engage further in the NIHR Leadership Programme as alumni



3.6. The strategic collaborations initiative

As described above, the strategic collaborations element of the programme was an initiative which aimed to advance development for leaders and teams involved in strategic projects, support the success of strategic developments, and contribute towards a shared awareness of the leadership capability required for strategic development. A pilot was started in late 2012, when four initiatives were funded with the ambition of launching six per year in the future.

The pilots were led by alumni of the previous phase of the programme and part of the first few cohorts in the senior and development sections of the Leaders Stream:

- Professor Peng Khaw: the UK/US ocular immunology collaboration
- Professor Martin Rossor: the Prime Minister's challenge on dementia: a nationally consistent system to support patient participation
- Dr Peter Brindle (and others): getting research on the agenda of clinical commissioning groups and NHS commissioning boards
- Professor Mark Caulfield: London Cardiovascular was originally funded, but unable to take up the support offered and therefore the unused resources were transferred to the group led by Dr Brindle, detailed above. Funding was subsequently provided to Prof Caulfield.

To understand the impact that these specific projects have had to date, we conducted interviews with lead participants at two points during our evaluation, in October 2013 and August 2014.

All interviewees commented that their involvement in the Strategic Collaborations Initiative grew out of prior Ashridge meetings, in which several participants expressed an interest in a given topic. The initiative was considered a useful vehicle for raising awareness and achieving goals on a particular topic or issue.

Interviewees noted that the role of Ashridge in their strategic collaboration was multifaceted, but they primarily served as facilitators for meetings, helped to progress the collaboration and played an important role in 'legitimising' the topic. More specifically Ashridge were seen as:

- Providing a mutual space to discuss issues and offering a neutral perspective
- Helping to clarify thinking and views about an issue
- Acting as broker between organisations – helping to break down barriers between multiple stakeholders with conflicting interests or agendas
- Arranging meetings, drafting agendas and taking minutes
- Providing access to a large number of contacts from differing institutions and backgrounds and improving networking.

Interviewees also commented that an important element of the initiative was the prestige associated with being selected to take part in a strategic collaboration by the DH. Having the knowledge that your initiative was appreciated and seen as worth investing time and money in was very powerful for them.

The majority of interviewees stated that similar skills were attained from the initiative, as from the rest of the programme. These include:

- An increase in self-confidence and self-belief as a leader

- Improved access to a wider network of researchers – helping to break down barriers in accessing senior colleagues at the NIHR
- Improved understanding of the drivers behind different organisations and how interests can be aligned to overcome them.

A minority commented that the initiative felt more like a project than a personal development process, highlighting the importance of clarifying strategic initiative aims. One survey respondent noted,

[1] don't really think that personal development is the main aim of these collaborations. More about being a vehicle to getting something useful done.

Views on the impacts of the Strategic Collaborations Initiative were mixed. In general, there was strong agreement on the impact of the initiative on establishing relationships for future work and raising awareness of specific topics and themes of strategic importance. However, some of the initiative's leaders felt that further support from the NIHR and DH (e.g. direction, resources and prioritisation) would enable systems-level impacts from the initiatives on a wider scale.

Some interviewees identified clarifying the resources available to Ashridge for the Strategic Collaborations Initiative, and the level and nature of support Ashridge could offer, to be an important prospect for improvement. This included clarifying points of administrative contact and the scale of more strategic coaching available.

Additionally, some interviewees expressed a desire for strategic collaboration leaders to discuss progress directly with the DH rather than the Ashridge team.

4. Discussion

The findings from our surveys and interviews with NIHR Leadership Programme participants shed light on a diversity of factors which have influenced the evolution of the programme and its impacts. The contents below reflect on our findings: we discuss the key enablers and challenges to programme implementation and performance. Drawing on the learning from wider literature, we also provide cross-cutting insights from other leadership programmes. Figure 4.1 summarises the key insights.

Figure 4.1 Summary of key findings

Enablers of impact

- The networking opportunities created by bringing together a broad range of participants and facilitating repeated interactions (e.g. through Action Learning Sets) has enabled relationships across the NIHR to be strengthened. This in turn has helped raise awareness of the diversity of NIHR's goals, priorities and activities. A better connected NIHR community is thought to be conducive to the sustainability of the NIHR as a health and science policy institution.
- The opportunity for self-reflection and 'space to think' away from the office was seen to be a very important enabler of individual leadership skills development.
- The improvement intention in the R&D stream of the programme has enabled participants to articulate their intentions for organisational change and has helped raise the profile of R&D in their trusts.

Challenges to the programme's impact

- A perceived lack of clarity on what the NIHR expected people to achieve by virtue of participating in the programme was seen as an obstacle to maximising potential impacts.
- While the programme has made a significant contribution to the personal development of NIHR leaders, increasing the scale and scope of institutional and systems-level impacts remains a challenge. Identifying candidates who would be most likely to benefit from the programme and champion organisational and systems-level impacts through their leadership behaviours remains challenging.
- Limited opportunities for continued engagement with the programme post-completion of core training are a challenge to sustaining and further enhancing leadership skills and capacity that the programme is helping establish in the health research system.

Cross-cutting insights from the benchmarking exercise:

- Individual level leadership capacity was pursued through diverse psychometric tools and topic-based training, as well as in one instance through the formalisation of training course completion as a prerequisite for career progression.
- Institutional level leadership capacity is facilitated in diverse ways across comparator programmes, including through team work across departmental and disciplinary boundaries; combining taught and experiential learning with on the job anchoring of newly acquired skills; projects to design, implement and evaluate organisational improvement intentions; and formal line-manager support and/or engagement with a leadership programme.
- Systems-level leadership capacity-building in our benchmark examples was enabled through impact groups and challenge projects focused on systems-level issues in a sector. These created a practical and formal way of working as a leadership community.

4.1. Enablers of success

- *The networking opportunities created by bringing together a broad range of participants and facilitating interactions through activities such as Action Learning Sets enabled relationships across the NIHR to be strengthened.* This includes the establishment of new relationships with researchers within cohorts but from different institutions, and the strengthening of existing working relationships within institutions, as a consequence of improved leadership skills. The opportunity to meet, communicate and exchange ideas with other NIHR Leaders was a strong motivation for joining the programme. While the programme has only contributed to a small number of formal research collaborations to date, most participants highly valued the programme's role in facilitating an informal support network of peers who are experiencing similar issues in different institutions.
- *The programme is contributing to the sustainability of the NIHR through raising awareness of NIHR's goals and objectives among participants and facilitating the creation of a better connected NIHR community.* The majority of participants now felt that they had a better awareness of both the NIHR and the wider health system. Through widening the scope and scale of contacts in the NIHR (by bringing together a wide range of NIHR researchers from different disciplines, seniority levels and geographies), participants have achieved a better understanding of the diversity of activities and priorities in the health research system. This was thought to be conducive to the sustainability of the NIHR.
- *The opportunity for self-reflection and 'space to think' away from the office was a very important enabler of individual leadership skills development, including for improved self-awareness and self-confidence.* Ensuring participants had a dedicated amount of time away from their respective institutions (residential at Ashridge) to reflect on their work with like-minded colleagues was widely seen to be beneficial; activities such as Action Learning Sets and one-to-one coaching also helped create space for self-reflection. One interviewee also noted that the residential nature of the programme was particularly helpful as it provided an opportunity to engage on sensitive issues. This finding has been consistent across both phases of the programme evaluation.
- *The improvement intention in the R&D in Trusts Stream of the programme was seen as beneficial in giving participants the opportunity to articulate their intentions for organisational change and in helping strengthen the profile of R&D at participants' organisations.* Most participants in the R&D in Trusts Stream valued the support they received from Ashridge in their improvement intention and felt that by being branded as an NIHR activity, through the programme, it legitimatised dedicated time and resource to it. While most improvement intentions are in their early stages, this example of an institutional-level impact is promising and should be encouraged in other streams of the programme. Some participants noted that their improvement intention has raised their profile within their organisation and that they have received buy-in from senior leaders in their organisation. This success may also have been enabled by the participation from most institutions of both the R&D director and manager.

4.2. Challenges to the programme

- *A perceived lack of clarity on what the NIHR expected people to achieve by virtue of participating in the programme was seen as an obstacle to maximising potential impacts.* Participants thought that a lack of clarity about expectations applied to the programme overall, to how expectations differed across streams, and to how the NIHR communicated the programme's objectives. Greater clarity on expectations could potentially be facilitated through improved initial communications with applicants, giving more detail on applicant needs and about what the programme offers, when and how. According to one participant, a needs assessment for individuals before entering the programme could shape an understanding of expectations by helping prioritise individuals' commitments and by allowing the NIHR to prioritise specific interventions in the programme. For example, senior delegates may benefit more from networking than training modules.
- *While the programme has made a significant contribution to the personal development of NIHR Leaders, increasing the institutional and system-wide impacts remains a challenge, despite some initial signs of change.* Many participants felt that the programme only had a limited institutional or systems-level impact. The reasons for this were said to include a lack of clearly communicated institution and systems-level objectives, difficulty in articulating such impacts and attributing them to the programme, or the need for more time to pass before such impacts could materialise. One interviewee noted that there is a need for the programme to complement individual leadership development with a focus also at some stage on collective or team leadership development. This challenge has been partly mitigated in the R&D in Trusts stream through the inclusion of R&D directors and managers, as well as the improvement intentions.
- *Identifying candidates who would be most likely to benefit from the programme and champion organisational and systems-level impacts through their leadership behaviours is not straightforward. Ensuring that selection criteria identify such applicants effectively is a challenge.* Many participants were unclear who was being targeted by the programme and at what stage in people's career should they join it. Some felt that the programme could involve a wider range of people, capitalising on the benefits of multi-disciplinarity and potentially helping to break professional silos across the wider health system. For example, one interviewee thought there would be value in opening up the programme to people who are at an even earlier stage of their career to the trainees. This would allow more people to build the skills necessary for a leadership role early on, and contribute to a critical mass of gradually built leadership capacity, by making leadership central to the entire career pathway, from the onset. Some people also felt that the programme needs to reach out more to the most senior actors, so that they could change mindsets and become more receptive to the leadership development processes more junior trainees go through. Some participants also noted that the programme did little to address issues such as gender or class, which they felt were subjects that should be discussed within the context of leadership as they could inhibit maximising the

impacts of the programme. This finding raises the question of where NIHR sees the training boundary for participants, which also relates to the wider objectives of the programme.

- *Limited opportunities for engagement with the programme post-completion can impede efforts to sustain and nurture the leadership skills and capacity that the programme contributes to developing.* Many of the survey and interview respondents felt that the programme would benefit from enhanced opportunities for engagement with leadership development post-programme completion. Those who sustained involvement (e.g. through informal peer support groups) highly valued these opportunities. There were mixed opinions on the use of alumni events so far and participants felt that the frequency and content of these events could be improved. This challenge relates to a wider issue around where the training boundary of the programme lies and what opportunities for engagement after the programme are worthwhile.

4.3. Cross-cutting insights from other leadership programmes

4.3.1. NIHR vis-à-vis other leadership programmes

The evaluation of the first phase of the NIHR Leadership Programme included a small benchmarking exercise, which examined how the NIHR Leadership Programme compared with other leadership programmes across sectors. Comparators were selected that had similar goals to the NIHR Leadership Programme and covered comparable leadership levels. We revisited this analysis, and complemented it with examples for 13 additional programmes (Figure 4.1). Details on each are provided in Appendix E, together with the examples from the phase 1 evaluation. It is important to note that many of the programmes of the NHS Leadership Academy are very new and have not been formally evaluated. This limited the level of detail we could obtain on some of the issues of interest. Despite this caveat, we think the programmes covered offer a range of interesting insights of relevance to the wider objectives of the NIHR Leadership Programme.

Table 4.1 Leadership programmes identified as comparators in the phase 1 and phase 2 evaluation

Phase 1 examples	Phase 2 examples
<ul style="list-style-type: none"> • Top Managers Programme – higher education (HE), equivalent to senior leaders • Higher Command and Staff Course – UK military, equivalent to senior leaders • NatlH Senior Leadership Program – biomedical research, equivalent to development leaders • The King’s Fund Top Managers Programme – health sector, equivalent to development leaders • Research Team Leadership – HE, equivalent to trainee leaders • Common Purpose Navigator – broad public and private sector, equivalent to trainee leaders 	<p>NHS Leadership Academy programmes:</p> <ul style="list-style-type: none"> • Frontline Nursing and Midwifery Programme • Senior Operational Leaders Programme • Top Leaders Programme • Professional leadership programmes • Mary Seacole Programme – Leading Care I • Elizabeth Garrett Anderson Programme – Leading Care II • Nye Bevan Programme – Leading Care III • Intersect Systems Leadership Programme • NHS Executive Fast-Track Programme • Action Learning Set Facilitator Programme <p>Barking, Havering and Redbridge NHS Trust Leadership Development Programme</p> <p>The Executive Training for Research Application (EXTRA) Programme</p> <p>Copenhagen Business School Research Management Course</p>

Some of the programmes from the phase 1 and phase 2 cases target individuals across different stages of career development, while others focus specifically on junior, mid-level or senior staff (see Table 4.2). There is a wide range of pedagogical processes applied across the programmes to enable the wider aims and objectives to be met, including taught courses and modules, experiential learning, psychologically and philosophically grounded theories of self-discovery, and action learning. Most of the courses tailor their modules, sessions and training for a specific sector. The Common Purpose Navigator Programme, Copenhagen Business School course and two of the NHS Leadership Training Academy programmes (Intersect Systems Leadership Programme and NHS Executive Fast-Track programme) are exceptions, and aim to harness the benefits of multi-sector leadership experiences and challenges into the process of strengthening individual leadership skills. For example, the Common Purpose Navigator Programme assumes that understanding the wider world within which individuals operate exposes such diversity of potential leadership scenarios, and in this way helps build capacity to deal with challenges in one’s own personal and institutional context.

There is also variety in the degrees of emphasis placed on individual, institutional and system-wide leadership capacity-strengthening (Table 4.2 provides an overview).

Programmes aimed at the most senior levels in a system generally pursue particularly integrated models of leadership development – they target leadership capacity-strengthening at individual, institutional and system-wide levels simultaneously. An exception would be the programme for the Higher Command and Staff Course, because military leadership is more ingrained in individuals and focused on personal leadership efficiency. The Executive Training for Research Application (EXTRA) Programme is also somewhat of an exception: it places a relatively small degree of emphasis on system-level leadership but is highly focused on organisational leadership and change and individual-level capacity. It is also unique in its model of pursuing organisational-level impact through team-based selection to the programme and team-based training.

The programmes aimed at more mid-level or junior leadership levels tend to place more emphasis on one or two dimensions of leadership, generally individual and institutional capacity, although they do this within an awareness of potential downstream effects on sectoral and national leadership (e.g. NIH Programme; King's Fund programmes; Research Team Leadership Programme; Common Purpose Navigator Programme; Barking, Havering and Redbridge University Hospitals NHS Trust; NHS Leadership Academy Frontline Nursing and Midwifery Programme, Copenhagen Business School Programme).

Drawing from the benchmarking examples, there are a range of interventions which seem to be perceived as particularly suited to the pursuit of individual, institutional and systems-level capacity-building goals, in their programme designs. Some examples are given below.

Systems-level leadership capacity building:

- The Top Management Programme for Higher Education includes a challenge activity in which participants are asked to collectively engage with a systems-level issue in their sector. This helps sow the seeds of system-level leadership activity in higher education, and can give rise to follow-up actions. It also provides practical experience of ways of working and leading as a community.
- Alumni networks (e.g. in the King's Fund Programme and Top Management Programme for Higher Education) focus on creating a systems-level community of leaders and a peer support group. In the Top Management Programme for Higher Education, over 50 per cent of participants stay connected on completion of the programme, through self-organised Action Learning Sets. There is also an annual event to which all cohorts are invited.

Institutional-level capacity-building:

- Multidisciplinary organisation and team work across departmental and disciplinary boundaries in the NIH programme is seen as a way of exposing participants to cross-organisational (as well as system-wide) issues and helping build an organisational-level leadership cadre.
- Combining taught training, improvement projects and the anchoring of leadership skills in clinical duties is seen as a way of maximising the chances of organisational impact through programme design in the Barking, Havering and Redbridge University Hospitals NHS Trust.

- The Canadian Health Services Research Foundation EXTRA Programme asks participants to design, implement and evaluate an improvement intervention for their institution. The training targets organisational teams of two to four people who apply to the programme. These two features are seen as enablers of organisational impact.
- Line-manager support for the participation of individuals in NHS Leadership Academy programmes and their engagement with the process is seen as an enabler of more sustainable individual leadership capacity development and a facilitator of organisational impact.

Individual-level capacity-building:

- Good performance in the Higher Command Staff Course (military) is seen as a prerequisite for career progression, and this represents a strong motivation for committing to the course and engaging within its contents.
- Most of the programmes focus on a combination of psychometric tools and topic-based training (e.g. having difficult conversations, negotiation, influencing, Action Learning Sets) as key vehicles for strengthening individual leadership skills.

It is outside the scope of this project to evaluate the comparator programmes. However, the examples of how they pursue common goals to those of the NIHR Leadership Programme may be helpful for the NIHR, as it considers mechanisms for sustaining or further enhancing impacts from the programme on individuals, institutions and the wider health research economy.

Table 4.2 Individual, institutional and systems leadership capacity-building across the different programmes

Programme	Level targeted	Emphasis on:			Interesting points to highlight on perceived enablers of different levels of leadership development
		Individual leadership	Institutional leadership	Systems-level leadership	
Top Management Programme for Higher Education	Senior leader	Medium	High	Medium	A day of training on systems-level leadership challenges and a 'system leadership challenge' exercise. Participants are asked to work collectively on a systems-level challenge. This helps them understand ways of working and leading as a community. Over 50% of participants stay connected on completion of the programme, through self-organised Action Learning Sets. There is also an annual Top Management Programme event to which all cohorts are invited.
Higher Command Staff Course	Senior	High	Low	Medium	Good performance on the course is strongly linked to career progression, and so leadership skills development is seen as a strong career-development incentive.
King's Fund Leadership Programme: Top Managers Programme	Senior	High	High	Medium	The alumni network is considered a fundamental vehicle for sustaining impact from the programme, enabling participants to continue connecting and learning.
NIH Senior Leadership Programme	Senior and mid-level (on track to senior)	High	High	Medium	<p>A philosophy of collaboration and integration is central to the programme, and reflects the organisation of the NIH. Individuals with responsibility within their specific programmes, within and across different programmes in their institution (NIH), and within the NIH and across government take part. They work together on the programme, and this helps establish a collective leadership mindset. There are specific sessions on the links between leadership and accountability. There are sessions on the dialectics of leadership (the 'Leadership Paradox') – e.g. to get things done organisationally, leaders need to be both diplomatic and tough, both caring and firm.</p> <p>There is a very strong focus on the practical applications of the programme in the participants' contexts to ensure relevance and buy-in.</p>
Research Team Leadership Programme	Mid-level	High	Medium	Low	There is a strong focus on team work, as well as self-reflection and joint-reflection (e.g. in pairs).

Common Purpose Navigator Programme	All levels	High	Medium	Medium	A cross-sector programme. Participants are deliberately asked to engage with situations outside their immediate context and environment. The assumption is that exposure to a wider range of challenges in the wider world will make participants more aware of diverse situations they could find themselves in, and better able to lead in their own contexts. The focus is almost entirely on experiential learning, rather than taught modules.
Barking, Havering and Redbridge NHS Trust Leadership Development Programme	Junior	High	Medium	Low	The combination of learning activities, clinical duties and quality improvement project work is seen as a way of anchoring the theoretical learning from leadership development programmes into daily medical practice and contributing to organisational-level improvements. The fellows are paired with senior staff in their organisation who act as mentors and are meant to support their quality improvement efforts in the organisation.
Frontline Nursing and Midwifery Programme	Mid-level and those on track to senior	high	Medium	Low	The programme is tailored to a specific stakeholder group (midwives and nurses). The need for a supportive line manager, as a route to enabling organisational-level impact and the sustainability of programme outputs, is emphasised. There is a combination of face-to-face contact and training and independent study time in the programme's design.
Copenhagen Business School Research Management	Mid to senior level	High	Medium/low	Low	The course has a strong focus on developing the leadership skills of people in research leadership and research management functions, and includes topics on leadership and research culture and norms.
The EXTRA Programme	Senior	Medium	High	Low	The participants work in small groups to design, implement and evaluate an improvement intervention for their institution. The training is targeted at teams – teams apply to the programme; this is seen as a route to impact at organisational level.

4.3.2. *Cost comparison*

We also aimed to get an indication of the costs of different leadership programmes, based on publicly available and readily accessible data (on a best effort scoping basis).

Table 4.3 summarises the cost data obtained. A more detailed analysis is outside the scope of this research, but would require a robust assessment of the time spent per participant on different core aspects of the programmes under analysis.

The overall costs of the NIHR Leadership Programme (phase 2) are approximately £11,356 excluding VAT (£13,628, including VAT) per participant. This is based on cost data for the programme and information on the overall number of participants in the key streams.²⁵ Although more granular information and analysis across programmes would be needed to allow for more detailed cost comparisons, these overall programme costs do not appear to be strikingly different from those of other leadership programmes with a similar scale of activity and/or timeframes. More detail on comparator programmes is available in Appendix E.

²⁵ We do not have data on the numbers of alumni specifically, but do not have reason to believe they would substantially influence the mean costs per participant.

Table 4.3 Cost comparison of different leadership programmes

Programme	Cost information ²⁶
Top Management Programme for Higher Education	<p>Cost depends on whether an institution is a member of the Leadership Foundation for Higher Education (LFHE)</p> <p>The general cost for members is £13,800</p> <p>Approximately £700/day/person (inclusive of meals and accommodation, exclusive of travel outside Europe for international experience options)</p> <p>On the basis of 19.5 days of direct contact time, over a 5–6-month period</p>
Higher Command Staff Course	<p>Direct cost is approximately £6,500 (with indirect costs £38,000 per person)</p> <p>£86/per person/per day for UK military and civilian attendees</p> <p>£506/per person/per day for overseas military attendees</p> <p>15 weeks, full time</p>
King’s Fund Leadership Programme: Top Managers Programme	<p>£9,000</p> <p>£360/day/person across residential and non-residential modules</p> <p>25 days over 6 months</p>
NIH Senior Leaders Programme	<p>£4,499 in total</p> <p>£449/per person/per day of delivery</p> <p>10 days over a 3-month period</p>
Research Team Leadership	<p>£400-500/per person/per day of delivery</p> <p>Over 2 days</p>
Common Purpose Navigator Programme	<p>Approximately £3,500 per course (depending on optional module inclusion)</p> <p>Approximately £450/per person/per day of delivery</p> <p>7.5-8 days of direct contact time</p>
Barking, Havering and Redbridge NHS Trust Leadership Development Programme	<p>The programme includes external and internal fellows. An external senior fellow in clinical leadership was offered £74,504 on a 1-year fixed term contract</p> <p>There are also costs associated with the training provider (data not known), central administrative costs and evaluation costs</p>
Frontline Nursing and Midwifery Programme	<p>£2,800 per participant, generally funded by the academy (unless participant leaves programme before completion)</p>
The EXTRA Programme	<p>£4,121 per individual paid by sponsoring organisation or ministry once a team is accepted into the programme</p>

²⁶ Conversion rates used are provided in Appendix E.

5. Conclusion

5.1. Recommendations

A number of areas for policy consideration emerge from the evaluation evidence relating to programme design, facilitating impacts, continued engagement and sustainability, and evaluation. We first present the recommendations and areas for action that emerge from our analyses, and supplement them with specific recommendations highlighted by survey and interview respondents.

Recommendations and areas for policy dialogue

1. The NIHR and training provider should make explicit how the activities proposed for the next phase of the NIHR Leadership Programme feed into each dimension of leadership capacity building that the NIHR aims to strengthen: individual, institutional and systemic.
2. Consider making the relationship between NIHR Leadership Programme and wider NIHR programme goals more explicit to participants.
3. Training provider knowledge of the health research sector and of the challenges leaders in this sector face was important for participants. The NIHR should bear this in mind when selecting suppliers.
4. Reflect on selection criteria to the programme. These could involve individual motivations and needs, prospects for organisation and system impact, and the overall mix within a cohort and across them.
5. Consider scope for additional interaction across cohorts, streams and disciplines as a value-added activity. This could help tackle leadership challenges relating to silos in the system (such as effective multidisciplinary working, working across hierarchies).
6. Consider new ways of facilitating organisational level impacts (appropriate mix of participants in teams, organisational improvement intention, line-manager engagement).
7. Consider new ways of facilitating system level impacts (e.g. leaders' task force or working group on a systems-level challenge, improvement projects as part of strategic collaborations).
8. Consider ways to diffuse leadership skills into the wider research system (e.g. training the trainer approaches, where leadership programme alumni could facilitate leadership-capacity building activities in the wider health research system, for example as facilitators of Action Learning Sets).
9. Consider ways to keep alumni engaged with leadership capacity-strengthening activities for their individual benefit and the benefit of the wider health research system (to ensure a connected community of empowered leaders).
10. Continue evaluating the programme so that adaptation and learning could feed into continual improvement, and for accountability. It may also be worth tracking organisational and systems-level impacts from alumni over time (as these can take time to materialise), through targeted and brief thematic evaluation.

Additional recommendations from participants

- Increase the visibility of the programme across the NIHR to raise awareness of what it means to be an NIHR leader and sustain buy-in for the training within organisations.
- Operational challenges relating to the planning, communication and timing of events, and their location should be addressed.
- Strengthen incentives for participation of R&D directors.
- Consider scope for further exposure to leadership theory (perhaps through an optional module?).
- Consider scope for more structured networking activities.

5.1.1. Recommendations from the analysis

Our analysis suggests several areas for action and policy dialogue, and we discuss ten key recommendations below.

Programme design and impacts:

- ***The supplier of leadership training needs to make explicit how the programme and package of activities proposed fits with each dimension of leadership capacity-building the NIHR is interested in enhancing: individual, institutional and systems-level leadership.*** The evaluation suggests that the major impacts are still related to individual development, despite some promising signals of the scope for organisational and system-wide impact.
- ***The NIHR could make more explicit how the leadership programme is aligned with overall NIHR objectives,*** so that the supplier can also make the links of their proposed programme and overall NIHR objectives clear in the programme's design. The programme should reflect the diverse leadership challenges NIHR researchers face as individuals, members of an organisation, and members of the wider health research system.
- ***The leadership training provider needs to have appropriate knowledge of the health (research) sector, especially to help nurture the impact of leadership skills on research performance.*** An understanding of the issues relevant to leadership in health research contexts specifically, by the provider, was considered important for the relevance of the programme.
- ***Reflect on selection criteria to the programme.*** For example, selection criteria could take into account individual development needs, prospects for organisational and systems-level impacts among the selected individuals, as well as the mix of people on the programme (e.g. across disciplines, seniority levels, fields).
- ***Consider scope for additional interaction across cohorts, streams and disciplinary boundaries.*** There was a diversity of views as to the mix of participants in the programme cohorts and streams. Some felt that more of a mix of staff across different levels in the career pathway would be beneficial in fostering learning and a mutual understanding of respective leadership needs and leadership challenges. Others appreciated the opportunity to relate to peers at their own level. There were also some participants who felt that additional opportunities for interaction across different professions would be helpful in exposing more diverse ways of dealing with common challenges. Although views varied, it may be worth considering some opportunities for interaction between different streams and across cohorts over the course of the programme, even if the general nature of the programme is stream and cohort-based. Although only tentative, this could potentially take the form of optional events or satellites at conferences.
- ***Further reflection on how the programme could lead to organisational-level impacts could be beneficial for a relevant and effective design.*** Although we saw some signs of these impacts, they only occurred in a minority of instances. Improvement intentions in the R&D in Trusts Stream were seen as particularly effective. Our benchmarking exercise also highlighted the importance of concrete improvement challenges and 'impact groups' in other leadership programmes. The NIHR could reflect on how both vertical and horizontal integration across

the programme can be facilitated further – a multidisciplinary mix within streams was generally seen as useful, and it may be worth considering the merit of activities that involve individuals from the same institutions working together – e.g. on an organisational challenge.

- *More focus on how the programme could lead to systems-level impacts could be beneficial in informing programme design.* Some examples may include task forces or working groups tackling specific systemic challenges, which the programme could help establish but which could continue beyond the life of the programme. Implementing interventions such as the Strategic Collaborations Initiative or the improvement intention across all streams, or considering the challenges and competing priorities faced by participants in their wider institutional environment, may help to facilitate broader impacts.
- *The programme has had limited impact on the diffusion of leadership into the wider research community, outside the NIHR.* The DH, NIHR and supplier of training may want to look at ways for doing this, such as the NHS Leadership Academy Facilitator Programme, which is essentially a ‘train the trainee’ intervention. Other relevant policy interventions might include building leadership development sections into grant applications and challenge projects which involve the wider research community.

Continued engagement:

- *The NIHR should consider ways to ensure that alumni remain integrated in the wider leadership community, so that the individual leadership skills they have developed continue to be nurtured, enhanced and challenged through time, and the wider health research system can benefit from a connected community of empowered leaders. The incentives for and benefits of continued engagement with the programme post-completion should be considered.* For example, this might be enabled through alumni events organised around a topical issue, short refresher modules and courses, and some support for self-organising peer support groups (e.g. support for teleconferencing costs). Participants felt that formalising ways to engage with NIHR and DH outside Ashridge would be very important, for example through a calendar of follow-up events with clear topics provided upfront. A clear agenda about what is on offer at specific events could help mitigate challenges to continued engagement that are posed by competing work commitments. Action Learning Sets were identified as an important activity for continued engagement.

Evaluation:

- *Consider how best to continue monitoring and evaluating the longer-term outcomes of the programme, and what the appropriate metrics are for understanding how participants’ experiences are transferring to the wider system.* The timeframe for long-term impacts from the programme meant that many participants found it challenging to articulate institutional and systems-level impacts at the time of this evaluation. Participants felt that many of the intended benefits of the programme (apart from acquiring personal leadership skills) would not be apparent for at least a few years after completing it. It may be worth revisiting the impacts at organisational and systems levels at a later stage. The NIHR could also consider

looking at changes in research performance of programme alumni over time (data which should be available in NIHR's annual reporting systems). Although any links to the NIHR Leadership Programme would be speculative, the findings could potentially inform targeted follow-on enquiries (for example with individuals showing the highest career progression) where causal links could be further explored.

5.1.2. Recommendations from participants

In addition to the recommendations emerging from our analysis of the survey and interview findings, participants were also asked to suggest specific recommendations for improving the programme. Many of the recommendations relate to providing 'more of the same', either through more coaching opportunities or increasing the duration of the course. Others relate to programme design adaptations. These are some of the key recommendations made by participants across the three streams:

- ***More interaction across the three streams of the programme:*** The extent to which different cohorts across different streams have the opportunity to meet on the programme is unclear. A number of interviewees expressed a desire for more interaction with other streams. They felt that trainees would benefit from meeting leaders further along the career pathway and that interaction between the Leaders and R&D in Trusts participants may help to reduce the siloed position of R&D directors and managers.
- ***Increase the visibility of the programme across the NIHR:*** Some participants believe that the programme is under advertised, and noted that they had received NIHR funding but were unaware of the programme's existence before being invited. It was widely felt that NIHR needs to promote the programme more actively, so that staff recognise and understand what it means to be an NIHR Leader and so that organisations continue to value and support the training.
- ***Consider areas where introducing more structured learning, either through more focused networking or leadership theory, could be beneficial:*** There may be scope to include optional modules in the future streams of the programme, which would offer such topics to those interested.
- ***Strengthen the incentives for active participation of R&D directors:*** Many of the R&D managers and directors noted that the benefits of the programme were much greater when there was institutional representation from both the R&D manager and director in the programme, as opposed to only the manager.
- ***Operational challenges relating to the planning and location of programme events require attention:*** Some operational challenges associated with the programme are to be expected, given its size and scope. Despite this, clearer communication and planning of event dates, with more advance notice, was widely mentioned as a low-intensity but high impact improvement opportunity. Others also noted that it was often difficult to engage with the programme if you were based further away from Ashridge (e.g. in Northern England or on the south coast), and suggested providing training or events across England.

5.2. Final reflections

The phase 2 NIHR Leadership Programme took on board many of the recommendations from the phase 1 evaluation and has refined its design and the organisation of streams in the programme. The phase 2 programme has had significant positive impacts on the personal leadership skills of participants, and shown some signals of organisational-level impacts, particularly in the R&D in Trusts Stream.

The NIHR Leadership Programme had four key goals, which have been met to varying degrees. The programme is undoubtedly facilitating a greater degree of collaboration in the health research system by encouraging individual, organisational and systems-level awareness of the role of collaborative engagement enabled by strong leadership. It has strong potential to contribute to world-class research for better healthcare and to build translational research capacity across the system, although this has only begun to happen in isolated instances and pockets of the system to date. The programme is also helping steer a social movement and foster a change in mindsets and attitudes, although this applies more to mindsets about leadership as a science policy intervention than changing mindsets to do with research agenda-setting (which was another key programme objective).

The activities identified in the previous evaluation as useful have continued to provide benefit to participants, in particular the one-to-one coaching and Action Learning Sets, which have contributed to the self-awareness and self-confidence of leaders across streams, and enabled a vibrant community of individuals who can learn from each other's experiences and exchange ideas. The networking value of the programme was widely recognised.

Nevertheless a number of challenges and recommendations mentioned above were also highlighted as issues in the first phase of the evaluation. These include factors related to continued engagement with the programme, interaction across streams, and enhancing institutional and systems-level impacts. There continues to be scope to address these challenges, to build on and expand the scale and scope of the benefits already being realised through the programme.

Many of the adaptations we have identified as areas of policy dialogue relate to the NIHR Leadership Programme's design and goals. When reflecting on these issues, it may be worth making explicit the links between the leadership programme and wider NIHR goals. We offer some thoughts on these wider policy links, for example:

- The NIHR aims to establish the NHS as an internationally recognised centre of research excellence. In this context, it is worth considering whether there are specific leadership skills that might be particularly important for research, which is often heavily focused on patients and patient benefit (e.g. skills for research involving patients and the public). For example, some of the NHS leadership programmes identify empathy as a required leadership skill. Similarly, it may be helpful to explore complementarities between the goals and designs of the NIHR Leadership Programme and the NHS Leadership Academy programmes.
- The NIHR aims to attract, develop and retain the best research professionals to conduct people-based research. In addition to reflecting on the selection criteria to the programme, it is worth considering how the programme can contribute to retention of the best research professionals

(e.g. sustained engagement, peer support networks of leaders, links between completion of training and progression in the career pathway).

- The NIHR aims to drive faster translation of scientific discoveries into tangible benefits for patients. With this in mind, the NIHR may wish to reflect on how what types of leadership skills are needed for individuals to contribute to and navigate research, translation, commercialisation and implementation boundaries effectively.

These reflections are also important to consider in the context of leadership programmes as health and science policy interventions, and for enriching the wider evidence base on this topic. As we have shown through this evaluation, the following factors are important for informing policy decisions in this space: relationship building and networking; bespoke approaches to the needs of individuals and groups, at specific stages of their career pathways and across them; collaborative approaches to joint working; and evaluation mechanisms which can explore causation and relate programme design and implementation to diverse desired impacts. The NIHR Leadership Programme as a policy intervention has strong potential to identify and nurture outstanding leaders who can span the boundaries of their individual, organisational and systems-level professional identities, and consider their roles in the context of wider systems-level ambitions for pursuing research excellence, nurturing leadership and research capacity across the system, and helping to enable translation of their research, ultimately for patient benefit.

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Appendix A: Leaders survey

Introduction

Thank you for taking the time to complete this survey, which is part of the ‘real-time’ evaluation of the NIHR Leadership Programme being conducted by RAND Europe. RAND Europe’s initial evaluation of the programme led to the programme being re-commissioned. <http://www.rand.org/randeurope/research/projects/nihr-leadership-programme.html>

A real-time evaluation enables reflection and adjustment of the programme as events unfold, and allows participants to contribute positively to the evaluation and programme development. Specifically, it will allow for:

- Contributions from participants across different stakeholder groups
- Deeper understanding of synergies across the programme and with the wider NIHR context
- Gaps in evidence on leadership as a health research policy intervention to be filled: what works, how and why?

In addition, we hope that the real-time evaluation will have the following benefits for you as a leader involved in the programme:

- Your views are reflected in a formative and summative way
- Complements learning and leadership development
- Enables reflection on your own role in realising programme goals

Some of you may have received a survey similar to this one approximately one year ago. We thank you very much for your participation in that survey. However, as part of our evaluation we need to receive updated information on an annual basis to see what new benefits, challenges or opportunities the programme has brought. Depending on how long it has been since you completed the programme, you may be asked a different set of questions this time than you answered previously.

This survey is designed for participants within the Leaders Stream of the NIHR Leadership Programme. The questions in this survey were developed based on feedback gained through several initial workshops with different groups of programme stakeholders, including the different groups of leaders. They are meant to enable meaningful reflection and feedback on your experiences, expectations and outcomes from the programme. There are no ‘right’ or ‘wrong’ answers; just respond as you see the programme from your perspective and experience.

Confidentiality and anonymity will be respected throughout this process: all answers will be aggregated into a database for further analysis. It will not be possible to identify individuals in the findings of the study and the raw data will not be shared with either Ashridge or the NIHR.

This questionnaire should take approximately 30 minutes to complete.

Should you wish to have any further information about this questionnaire, or the wider evaluation, please contact: Dr Molly Morgan Jones, mmjones@rand.org

Thank you very much in advance.

General overview questions

1. Please indicate your current position:
 - Professor/ Clinical Professor
 - Dean
 - Lecturer
 - Clinician
 - Director/ Assistant Director
 - Network manager
 - Other, please specify
2. How many years have you held an NIHR role/grant?
 - 0–3 years
 - 3–5 years
 - 5–7 years
 - 7–9 years
 - 9+ years
3. When did you join the NIHR Leadership Programme?
 - 2009
 - 2010
 - 2011
 - 2012
 - 2013
 - 2014
4. Please tick the top three reasons which influenced your decision to participate in the NIHR Leadership Programme.

Select no more than 3

- To develop my leadership skills and personal development
- To network within the NIHR
- To increase my knowledge and understanding of NIHR and become a better advocate for NIHR

- To be better able to support my team and colleagues
 - To be more effective institutionally
 - To improve my supervision and mentorship skills
 - To improve my effectiveness in managing a research group
 - To build a successful research group
 - Recommended by others
 - Requirement of my job
 - To further my career
 - Other, please specify
5. Have you ever participated in a leadership development programme, fellowship or training course before?
6. If so, which one(s)?
7. Which of the following options describes your status in the NIHR Leadership Programme?*
- I am actively participating in a leadership group cohort at present
 - I am an 'alumnus' of the programme, but have only completed the leadership programme within the last year
 - I am an 'alumnus' of the programme who completed the leadership programme more than one year ago

Programme delivery

8. How strongly do you agree with the following statements about the application process:

(Strongly Agree/Agree/Neutral /Disagree /Strongly Disagree /Not Applicable)

- It was useful in my preparation for the course
- It increased my awareness of what was possible from the NIHR Leadership Programme
- It increased my awareness of new areas of focus for personal development
- I refer back to the application process throughout the course

9. How useful are the different activities of the NIHR Leadership Programme in relation to improving your ability to undertake your institutional role? (Very useful/Useful in part/Not very useful/Not at all useful/Not provided yet/Provided but not participated in)

Accompanying and coaching (one-to-one)

- Action learning groups
- Learning conferences/leadership forums
- The 360-degree feedback
- Tailored learning guides
- Peer Support Group meetings
- Thematic/elective workshops
- Networking opportunities

10. How aware are you of the Strategic Collaborations Initiative within the programme?

- Yes, I am aware of the initiative and have participated in it
- Yes, I am aware of the initiative but I have not taken part
- No, I am not aware of the initiative

11. Have you had the opportunity to interact with leaders on the other streams of the NIHR Leadership Programme? Please tick all that apply.

- Alumni of the NIHR Leadership Programme
- NIHR Ashridge Development Process for NHS R&D directors and senior managers
- Trainee Leaders Programme

12. How useful are the opportunities to interact with other streams?

- Very useful
- Useful in part
- Neutral
- Not at all useful
- Not experienced

13. In terms of flexibility, do you feel that the Ashridge facilitators are responsive to the group's needs?

- Yes, I feel that the Ashridge facilitators are responsive to the group's needs
- At times I feel that the Ashridge facilitators are responsive to the group's needs
- No, I do not feel that the Ashridge facilitators are responsive to the group's needs

Individual elements of the leadership programme

14. To what extent do you believe that your participation in the NIHR Leadership Programme has improved/increased your... (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable)

- Self-confidence and ability to demonstrate self-confidence
- Self-awareness of strengths and weaknesses
- Credibility with others in your team/wider organisation
- Interpersonal communication and negotiation skills in meetings and other settings
- Ability to overcome challenges and adopt a more creative approach to your role
- Ability manage research teams/projects and increase your overall productivity as a manager of research activities
- Overall productivity as a researcher

15. During your participation in the NIHR Leadership Programme, have you had the opportunity to interact with any of the following groups of people, who you would not have met otherwise? (Please tick all that apply.)

- Funders
- Policymakers

- Industry stakeholders
- Patients/patient groups
- Potential research collaborators
- Members of the NIHR community
- Other, please specify

16. To what extent do you think the programme has enabled you to strengthen pre-existing/new relationships among stakeholders in research, policy and practice communities in the wider health system?

- Significant extent
- Moderate extent
- Limited extent
- It has not contributed to increasing my strategic linkages

17. To what extent do you think your participation has led you to have an improved understanding of the...? (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable)

- NIHR system
- DH more widely

18. Do you think that your participation in the NIHR Leadership Programme has increased your ability to win grants?

- Yes, I believe that the leadership programme has increased my ability to win grants
- No, I do not believe that the leadership programme has increased my ability to win grants
- Perhaps my ability to win grants will increase in the future as a result of my participation in the leadership programme
- It is too early to tell
- Not applicable

19. Since participating in the NIHR Leadership Programme, have you been promoted and/or moved to a more senior position in a new organisation, and do you feel that this has been attributable in part to the NIHR Leadership Programme?

- Yes, I have been promoted/moved and my participation in the programme contributed to this
- No, I have not been promoted/moved
- Yes, I have been promoted/moved, but I do not feel that my participation in the programme contributed to this

20. Since participating in the NIHR Leadership Programme, have you observed any changes in the way in which you collaborate, either within your research network or with other stakeholders, which you believe could be attributed to the NIHR Leadership Programme?

- Yes
- No

- It is difficult to tell
- Not applicable

21. To what extent has your participation in the NIHR Leadership Programme led to any changes in your approach to training and development programmes for your staff?

- Significant extent
- Moderate extent
- Limited extent
- Not at all
- Not applicable

Effect of the leadership programme on your immediate research network

22. To what extent do you believe your participation in the NIHR Leadership Programme has served to... (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable)

- Improve the working relationships/ dynamics in my research network and/or other NIHR units
- Encourage distributed leadership within NIHR units
- Increase collaboration between NHS service providers and academia
- Form new organisational relationships or reconfiguration of existing NIHR units
- Reduce duplications between NIHR units
- Enhance collaborative dynamics between NIHR units
- Increase your department's/network's efficiency with respect to translational research
- Increase capacity for organisational/structural change in your department/network

Effects of leadership programme on the wider NIHR community

23. To what extent do you feel the NIHR Leadership Programme has enabled... (Significant extent/Moderate extent/Limited extent/Not at all/Not Applicable/Not yet but probably in the next 5 years)

- The exploration of new/strategic research areas across the NIHR
- Improved relationships within the wider NIHR research community
- Increased efficiency in translational research across the NIHR
- Increased the attractiveness of the UK health system for the pharmaceutical industry
- Produced a more positive attitudes towards commercial links (e.g. pharmaceutical industry) across the NIHR

24. To what extent do you feel the NIHR Leadership Programme has enabled... (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable/Not yet but probably in the next 5 years)

- NIHR to become more flexible to structural change
- NIHR to become more sustainable

- Cooperation between NIHR and NHS units
- Improvements in the clinical environment
- Improvements in the quality of patient care

25. If you answered 'significant or moderate extent' to any of the questions above, please provide examples of how the NIHR Leadership Programme has enabled these changes in the NIHR community

Questions about your current experience with alumni activities of the programme

26. To what extent has your participation as an alumnus of NIHR Leadership Programme contributed to your continued personal development as a leader?

- Significant extent
- Moderate extent
- Limited extent
- It has not contributed to my personal development

27. To what extent do you believe that your participation as an alumnus of the NIHR programme has led to... (Significant extent/Moderate extent/Limited extent/No contribution)

- Increasing strategic linkages among stakeholders in research, policy and practice communities in the health system
- Improving your understanding of the components of NIHR system
- Improving your understanding of the DH more widely
- Increasing your overall productivity as a research leader

28. Has your continued participation in the NIHR Leadership Programme led to any new collaborations or research partnerships?

- Yes, I have formed a new collaboration(s) or research partnership(s)
- No, I have not formed a new collaboration(s) or research partnership(s)
- I have met new people on the programme, but no formal collaborations or partnerships have emerged

29. To what extent do you feel there is merit in continued engagement with the NIHR Leadership Programme?

- Significant extent
- Moderate extent
- Limited extent
- Not at all
- Don't know

30. What would incentivise you to engage further in the NIHR Leadership Programme as an alumnus?

- More opportunities for engagement
- More flexibility in programme delivery
- Better coordination with other NIHR/NHS activities

- Other, please specify

Final questions

31. How strongly do you agree with the following statements: (Strongly agree/Agree/Neutral/Disagree/Strongly disagree/Not applicable)

- Leadership positions within the NIHR are respected positions
- I am a strategic leader, with influence on bodies of practice within the NIHR

32. Would you recommend the NIHR Leadership Programme to other colleagues?

33. If you could change one thing about the NIHR Leadership Programme what would it be?

34. Do you have any other feedback about your experience with the NIHR Leadership Programme you would like to share with us?

Appendix B: Trainees survey

Introduction

Thank you for taking the time to complete this survey, which is part of the ‘real-time’ evaluation of the NIHR Leadership Programme being conducted by RAND Europe. RAND Europe’s initial evaluation of the programme led to the programme being re-commissioned. <http://www.rand.org/randeurope/research/projects/nihr-leadership-programme.html>

A real-time evaluation enables reflection and adjustment of the programme as events unfold, and allows participants to contribute positively to the evaluation and programme development. Specifically, it will allow for:

- Contributions from participants across different stakeholder groups
- Deeper understanding of synergies across the programme and with the wider NIHR context
- Gaps in evidence on leadership as a health research policy intervention to be filled: what works, how and why?

In addition, we hope that the real-time evaluation will have the following benefits for you as a leader involved in the programme:

- Your views are reflected in a formative and summative way
- Complements learning and leadership development
- Enables reflection on your own role in realising programme goals

Some of you may have received a survey similar to this one approximately one year ago. We thank you very much for your participation in that survey. However, as part of our evaluation we need to receive updated information on an annual basis to see what new benefits, challenges or opportunities the programme has brought. Depending on how long it has been since you completed the programme, you may be asked a different set of questions this time than you answered previously.

This survey is designed for participants within the ‘trainees stream’ of the NIHR Leadership Programme. The questions in this survey were developed based on feedback gained through several initial workshops with different groups of programme stakeholders, including the different groups of leaders. They are meant to enable meaningful reflection and feedback on your experiences, expectations and outcomes from the programme. There are no ‘right’ or ‘wrong’ answers; just respond as you see the programme from your perspective and experience.

Confidentiality and anonymity will be respected throughout this process: all answers will be aggregated into a database for further analysis. It will not be possible to identify individuals in the findings of the study and the raw data will not be shared with either Ashridge or the NIHR.

This questionnaire should take approximately 20 minutes to complete.

Should you wish to have any further information about this questionnaire, or the wider evaluation, please contact: Dr Molly Morgan Jones, mmjones@rand.org

Thank you very much in advance.

General overview questions

1. Please indicate your current position:

- Professor/Clinical Professor
- Dean
- Lecturer
- Clinician
- Network manager
- Research fellow
- Other, please specify

2. How many years have you held an NIHR role/grant?

- 0–2 years
- 2–4 years
- 4–6 years
- 6–8 years
- 8 + years

3. When did you join the NIHR Leadership Programme?

- 2009
- 2010
- 2011
- 2012
- 2013
- 2014

4. Which of the following reasons influenced your decision to participate in the NIHR Leadership Programme? *Select no more than 3.*

- To develop my leadership skills and personal development as a leader
- To improve my effectiveness in managing a research group and supporting my team and colleagues
- To be more effective within my institution
- To build a successful research group

- To network within the NIHR
- To become a better advocate for NIHR
- To increase my knowledge and understanding of NIHR
- Recommended by others
- Requirement of my job
- To further my career
- Other, please specify

5. Have you ever participated in a leadership development programme, fellowship or training course before?

6. If so, which one(s)?

Programme delivery

7. How strongly do you agree with the following statements about the application process: (Strongly agree/Agree/Neutral/Disagree/Strongly disagree/Not applicable)

- It was useful in my preparation for the course
- It increased my awareness of what was possible from the NIHR Leadership Programme
- It increased my awareness of new areas of focus for personal development
- I refer back to the application process throughout the course

8. How useful are the different activities of the NIHR Leadership Programme in relation to improving your ability to undertake your institutional role? (Very useful/Useful in part/Not very useful/Not at all useful/Not provided yet/Provided but not participated in)

- Accompanying and coaching (one-to-one)
- Action learning groups
- The 360-degree feedback
- Thematic workshop: From Expert to Expert and Leader
- Thematic workshop: Effective Collaborative Relationships
- Thematic workshop: Managing Relationships
- Thematic workshop: Leading Strategy and Change
- Annual one day conference

9. Have you had the opportunity to interact with leaders on other streams of the NIHR Leadership Programme? Please tick all that apply.

- Leaders on the NIHR Leadership Programme
- Alumni of the NIHR Leadership Programme
- R&D Managers/Directors Programme

10. How useful are the opportunities to interact with other streams?

- Very Useful
- Useful in part

- Neutral
- Not at all useful
- Not experienced

11. In terms of flexibility, do you feel that the Ashridge facilitators are responsive to the group's needs?

- Yes, I feel that the Ashridge facilitators are responsive to the group's needs
- At times I feel that the Ashridge facilitators are responsive to the group's needs
- No I do not feel that the Ashridge facilitators are responsive to the group's needs

Individual elements of the leadership programme

12. To what extent do you believe that your participation in the NIHR Leadership Programme has improved/increased your... (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable)

- Self-confidence and ability to demonstrate self-confidence
- Self-awareness of strengths and weaknesses
- Ability to articulate yourself and your leadership style
- Credibility with others
- Interpersonal communication skills in meetings and other settings (e.g. negotiations, team management)
- Ability to manage resources for your research team/institution (both financial and physical)
- Ability to manage difficult conversations
- Ability to overcome challenges and adopt a more creative approach to your role
- Ability to manage your team and encourage better group dynamics
- Ability to identify opportunities for collaboration

13. During your participation in the NIHR Leadership Programme, have you had the opportunity to interact with any of the following groups of people, who you would not have met otherwise?

- Senior researchers/members of the NIHR community
- Funders
- Policymakers
- Industry stakeholders
- Patients/Patient groups
- Potential research collaborators
- Other, please specify

14. To what extent has the programme led to strengthened relationships among new and pre-existing stakeholders in research, policy and practice communities in the wider health system?

- Significant extent
- Moderate extent
- Limited extent
- Not at all

15. To what extent do you think your participation has led you to have an improved understanding of the... (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable)

- NIHR system
- DH more widely

16. Do you think that your participation in the NIHR Leadership Programme has increased your ability to win grants?

- Yes, I believe that the leadership programme has increased my ability to win grants
- No, I do not believe that the leadership programme has increased my ability to win grants
- Perhaps my ability to win grants will increase in the future as a result of my participation in the leadership programme
- It is too early to tell
- Not applicable

17. Since participating in the NIHR Leadership Programme, have you been promoted and/or moved to a more senior position in a new organisation, and do you feel that this has been attributable in part to the NIHR Leadership Programme?

- Yes, I have been promoted/moved and my participation in the programme contributed to this
- No, I have not been promoted/moved
- Yes, I have been promoted/moved, but I do not feel that my participation in the programme contributed to this

Effect of the leadership programme on your immediate research network and the wider NIHR community

18. To what extent do you believe your participation in the NIHR Leadership Programme has enabled you to... (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable)

- Better articulate your research team's objectives to a wider audience
- Improve the working relationships/dynamics in my research network
- Gain access to senior researchers
- Improve my understanding of leadership
- Harness the potential of other participants on the programme and provide a support system
- Improve my relationship with members of other NIHR units
- Increase collaboration between NHS service providers and academia
- Increase capacity for organisational and structural change in your department/institution

19. To what extent do you feel the NIHR Leadership Programme has... (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable)

- Increased your research team's/department's efficiency with respect to translational research
- Increased your ability to collaborate and understand group dynamics

- Encouraged you to take up positions at more senior levels
- Allowed you to incorporate a wide/wider range of stakeholders into your research
- Helped to improve your research network

Final questions

20. How strongly do you agree with the following statements: (Strongly agree/Agree/Neutral/Disagree/Strongly disagree/Not applicable)

- Leadership positions within the NIHR are respected positions
- I am a strategic leader, with influence on bodies of practice within the NIHR

21. Would you recommend the NIHR Leadership Programme to other colleagues?

22. If you could change one thing about the NIHR Leadership Programme for trainees, what would it be?

23. Do you have any other feedback about your experience with the NIHR Leadership Programme you would like to share with us?

Appendix C: R&D in Trusts survey

Introduction

Thank you for taking the time to complete this survey, which is part of the ‘real-time’ evaluation of the NIHR Leadership Programme being conducted by RAND Europe. RAND Europe’s initial evaluation of the programme led to the programme being re-commissioned. <http://www.rand.org/randeurope/research/projects/nihr-leadership-programme.html>

A real-time evaluation enables reflection and adjustment of the programme as events unfold, and allows participants to contribute positively to the evaluation and programme development. Specifically, it will allow for:

- Contributions from participants across different stakeholder groups
- Deeper understanding of synergies across the programme and with the wider NIHR context
- Gaps in evidence on leadership as a health research policy intervention to be filled: what works, how and why?

In addition, we hope that the real-time evaluation will have the following benefits for you as a leader involved in the programme:

- Your views are reflected in a formative and summative way
- Complements learning and leadership development
- Enables reflection on your own role in realising programme goals

Some of you may have received a survey similar to this one approximately one year ago. We thank you very much for your participation in that survey. However, as part of our evaluation we need to receive updated information on an annual basis to see what new benefits, challenges or opportunities the programme has brought. Depending on how long it has been since you completed the programme, you may be asked a different set of questions this time than you answered previously.

This survey is designed for participants within the Leaders Stream of the NIHR Leadership Programme. The questions in this survey were developed based on feedback gained through several initial workshops with different groups of programme stakeholders, including the different groups of leaders. They are meant to enable meaningful reflection and feedback on your experiences, expectations and outcomes from the programme. There are no ‘right’ or ‘wrong’ answers; just respond as you see the programme from your perspective and experience.

Confidentiality and anonymity will be respected throughout this process: all answers will be aggregated into a database for further analysis. It will not be possible to identify individuals in the findings of the study and the raw data will not be shared with either Ashridge or the NIHR.

This questionnaire should take approximately 20 minutes to complete.

Should you wish to have any further information about this questionnaire, or the wider evaluation, please contact: Dr Molly Morgan Jones, mmjones@rand.org

Thank you very much in advance.

General overview questions

1. Are you an:

- R&D Director
- R&D manager
- Other, please specify

2. How many years have you held your role in R&D within an NHS trust?

- 0–3 years
- 3–5 years
- 5–7 years
- 7–9 years
- 9+ years

3. When did you join the R&D in Trusts stream of the NIHR/Ashridge Development Process Programme?

- 2012
- 2013
- 2014

4. Were you involved with any aspect of the NIHR Leadership Programme before joining the NIHR/Ashridge Development Process Programme for R&D managers/directors? If yes, please tick all that apply.

- I participated in the current NIHR Leaders Programme
- I participated in the NIHR Trainee Leaders Programme
- I participated in the previous NIHR Senior Leaders Programme
- I participated in the previous NIHR Development Leaders Programme
- I have not participated in any previous NIHR Leadership Programmes

5. Have you ever participated in a leadership development programme, fellowship or training course before?

6. If so, which one(s)?

7. Please indicate your top three reasons which influenced your decision to participate in the NIHR/Ashridge Development Process Programme. *Select no more than 3.*

- To develop my leadership skills and personal development
- To increase my knowledge and understanding of NIHR
- To develop a relationship with my R&D manager/director
- To be better able to support my team and colleagues (e.g. through supervision and mentorship skills)
- To improve my effectiveness in managing and building a successful research group
- To network within the NHS/NIHR
- To become a better advocate for research within the NHS/NIHR
- Recommended by others
- Requirement of my job
- To further my career
- Other, please specify

Programme delivery

8. How strongly do you agree with the following statements about the application process:

(Strongly agree/Agree/Neutral/Disagree/Strongly disagree/Not applicable)

- It was useful in my preparation for the course
- It increased my awareness of what was possible from the NIHR/Ashridge Development Process
- It increased my awareness of new areas of focus for personal development
- It improved my awareness of the potential of my role as an R&D manager/director within my NHS trust
- I refer back to the application process throughout the course

9. How useful were the different activities of the NIHR/Ashridge Development Process in relation to improving your ability to undertake your institutional role? (Very useful/Useful in part/Not very useful/Not at all useful/Not provided yet/Provided but not participated in)

- Work related to the improvement intention
- One-on-one coaching/support
- 360-degree feedback
- Learning improvement groups
- Workshop 1: So what is going on in our context and what is my part in it?
- Workshop 2: Raising our game
- Workshop 3: So what have we got to say and to whom?
- One day national conference
- Masterclasses (Power and Authority, Leading Effective Teams, Leading Groups and Change)

10. Have you had the opportunity to interact with leaders on other streams of the NIHR Leadership Programme? Please tick all that apply.

- Leaders on the NIHR Leadership Programme

- Alumni of the NIHR Leadership Programme
- Trainee Leaders Programme

11. How useful are the opportunities to interact with other streams?

- Very Useful
- Useful in part
- Neutral
- Not at all useful
- Not experienced

12. In terms of flexibility, do you feel that the Ashridge facilitators are responsive to the group's needs?

- Yes, I feel that the Ashridge facilitators are responsive to the group's needs
- At times I feel that the Ashridge facilitators are responsive to the group's needs
- No, I do not feel that the Ashridge facilitators are responsive to the group's needs

Individual elements of the leadership programme

13. To what extent do you believe that your participation in the NIHR/Ashridge Development Process has improved/increased your... (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable)

- Self-confidence and ability to demonstrate self-confidence
- Self-awareness of strengths and weaknesses
- Relationship and partnership with your R&D manager/director
- Credibility and ability to articulate your goals to others in your trust/research network
- Interpersonal communication and negotiation skills in meetings and other settings
- Ability to identify and implement an improvement intention
- Ability to manage your team
- Ability to manage resources (both financial and physical)
- Ability to overcome challenges and adopt a more creative approach to your role

14. How easy is it for you to transfer the leadership development skills in designing and implementing your improvement intention project(s) to other areas of your work?

- Very Easy
- Relatively easy
- Not particularly easy
- Not at all easy
- Not applicable

15. Is your organisation receptive and interested in the new skills you have gained as a result of being a participant in the programme?

- Yes
- No

- Don't know

16. During your participation in the NIHR/Ashridge Development Process, have you had the opportunity to interact with any of the following groups of people, who you would not have met otherwise?

- Funders
- Policymakers
- Industry stakeholders
- Patients/Patient Groups
- Potential research collaborators
- Members of the NIHR community
- Other members of the NHS research community
- Other, please specify

If you have answered yes to any of these, please give an indication of how many in the box below:

17. To what extent has the programme led to strengthened relationships among new and pre-existing stakeholders in research, policy and practice communities in the wider health system?

- Significant extent
- Moderate extent
- Limited extent
- Not at all
- Not applicable

18. To what extent do you think your participation has led you to have an improved understanding of the: (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable)

- NHS R&D System
- NIHR system
- DH (more widely)

Effect of the leadership programme on your immediate research network

19. To what extent do you think the NIHR/Ashridge Development Process is contributing to greater awareness of improvement processes across your NHS trust?

- Significant extent
- Moderate extent
- Limited extent
- Not at all
- Not applicable

20. To what extent do you believe your participation in the NIHR/Ashridge Development Process has contributed to... (Significant extent/Moderate extent/Limited extent/Not at all/Not applicable)

- Improving my relationship with members of other NHS trusts

- Improving my relationship with other R&D managers/directors in other NHS trusts
- Improved relationships with members of NIHR units
- Increasing collaboration between NHS service providers and NIHR researchers
- Increased capacity for adapting to organisational change in your organisation
- The formation of new organisational relationships within existing NHS trust research units
- Enhanced collaborative dynamics between NHS research units
- Reduced duplication between NIHR/NHS units

21. To what extent do you believe you are part of a new community of leadership within NHS research units as a result of your participation in the NIHR/Ashridge Development Process?

- Significant extent
- Moderate extent
- Limited extent
- Not at all
- Too early to tell

22. To what extent do you believe your participation in the NIHR/Ashridge Development Process contributed to an improved attitude towards research in your institution?

- Significant extent
- Moderate extent
- Limited extent
- Not at all
- Too early to tell

23. Please briefly describe your improvement intention (limit 100 words). (If there are confidentiality issues with your intention we do not need to know any Trust-specific details.)

24. Which statement best describes the progress of your improvement intention?

- My improvement intention is going/has gone well and according to my plans
- My improvement intention is going/has gone well overall, bar some issues which can be addressed
- My improvement intention is going/has gone well in some areas, but in most areas it is behind my expected plans
- My improvement intention has run into many unexpected challenges
- I have not yet started to implement my improvement intention

25. What outcomes have been achieved as a result of your improvement intention?

26. What outcomes do you still hope to achieve as a result of your improvement intention?

Effects of leadership programme on the wider NIHR community

27. To what extent do you feel the NIHR/Ashridge Development Process has... (Significant extent/Moderate extent/Limited extent/Not at all/Too early to tell/Not applicable) Increased the ability of R&D functions to identify new opportunities for research

- Increased the ability to conduct applied research within your Trust
- Increased efficiency in research across the NHS
- Increased the attractiveness of the UK health system for the pharmaceutical industry
- Made NHS research more flexible and sustainable
- Improved the clinical environment
- Increased the quality of patient care

Final questions

28. How strongly do you agree with the following statements: (Strongly agree/Agree/Neutral/Disagree/Strongly disagree/Not applicable)

- Leadership positions within NHS trusts are respected positions
- I am a strategic leader, with influence on bodies of practice within my NHS trust

29. Would you recommend the NIHR/Ashridge Development Process to other colleagues?

30. If you could change one thing about the NIHR Leadership Programme for R&D managers and directors, what would it be?

31. Do you have any other feedback about your experience with the NIHR/Ashridge Development Process you would like to share with us?

Appendix D: Interview protocols

NIHR leaders/alumni/professors interview protocol

Thank you for taking the time to speak with us today. RAND Europe are conducting a review which will inform delivery of the current leadership programme, and of future leadership support in NIHR. RAND Europe's initial evaluation of the programme led to it being re-commissioned.

The current phase of our evaluation will proceed in real-time, to enable reflection and adjustment of the programme as events unfold, and to allow participants themselves to contribute positively to the evaluation. As an NIHR Leader, you are well placed to help by sharing your views on the expected outputs and impacts from the programme. This will help shape the evaluation, and ensure the programme is useful to yourself, and to the NIHR community.

To date we have conducted workshops with all of the different leadership streams of the Ashridge programme. These workshops fed into the development of a set of indicators and associated survey questions which are being used to assess various aspects of the programme. You will have seen the survey running over Easter and now we are conducting a short series of follow-up interviews with those involved in each of the different streams in the programme.

We would like to record this interview for purposes of writing up our own notes from the interview. All recordings will be deleted as soon as we are finished with the project and we will not use any directly attributable quotes in the final report without seeking your express permission. Do we have your permission to record the interview?

Background information

1. Can you tell us a little bit about what you do and how you got involved with the Ashridge/NIHR leadership training programme?(Probe: role, discipline, where they work, NIHR initiatives they are involved in)
2. Have you been involved in other leadership programmes? How does the NIHR Leadership Programme differ? (e.g. what works better or what works worse)

General reactions to the programme

3. What were your expectations going into the programme about :
 - a. the types of knowledge and skills you would gain?
 - b. what did you expect to learn about leadership?

- c. any other expectations from the programme?
4. Have these expectations been met? If yes, how so? (i.e. can you clarify which specific expectations were met and what enabled this) And if not, why not in your opinion?

Individual level

5. In what *aspects* of your work have you gained new knowledge and skills, expected or unexpected? How did this happen and can you give examples?
 - a. Has the programme had any impact on your personal approach to and understanding of leadership (examples?)
 - b. And did any of the programme's activities lead you to reflect on your own work and working styles in new ways? Examples?
6. Have you experienced any spillovers from the leadership programme (or that are at least partially attributable to it)? That is, are there any wider benefits outside those areas we have already discussed that you have experienced or observed as a result of your participation in the programme, perhaps effects that you didn't necessarily envisage and/or aim for at the onset? Can you provide some examples?

Institution level

7. Has the leadership programme had any impact on your collaborations, more specifically:
 - a. on the scope and scale of collaborations (e.g. We can probe on whether they collaborate on new or different things, with new partners, more or less intensely with old partners)
 - b. on the establishment of new collaborations as a direct result of the leadership programme (e.g. perhaps someone met through the leadership conference or a link made through networking)?
 - c. on how you might collaborate (e.g. if we need to probe: ways of communicating, sharing benefits, managing collaborations etc...) with partners (individuals, teams/departments, other organisations).

Please give examples.

8. Has the leadership programme had any impact on how you deal with, influence and manage structural changes within your organisation and within the wider health system? If so, how? Please can you provide some examples.
9. More generally speaking, do you think you have been able to have an impact within your institution in a way you wouldn't have been able to before participating in the leadership programme? If so (and if we haven't already covered this), how and in what ways? Can you give some examples?

Systems-level

10. Has the leadership programme had any impact on how you might engage with policymakers, and on policy issues? Any examples? (For probing if needed: have you identified any new policy influencing opportunities and introduced them to the research team? Have you been involved in taking any action on this?)
11. Do you have a better awareness of NIHR after participating in the leadership programme? How has the leadership programme helped this, i.e. which activities have contributed to this greater understanding? And what aspects of the NIHR do you now better understand?
12. What types of changes would need to happen at the institutional and wider health (research) system levels, in order for you to be able to maximise the impacts from your experience of the leadership programme? [For probing: we would especially like to understand how the programme could have more impact on (i) translational research capacity and on (ii) the ways health research agendas are set; (iii) on the ability to live the principles of the program on a regular basis;

Final questions

13. If you were participating in the programme all over again and with the benefit of hindsight, would there be any recommendations you would give for improving it?
14. (Time permitting): Do you think that it would be useful to have some sort of engagement with the programme, after your official participation finishes? And if so, what type of engagement would you find most useful and worthwhile?

NIHR R&D managers interview protocol

Thank you for taking the time to speak with us today.

RAND Europe are conducting a review which will inform delivery of the current leadership programme, and of future leadership support in NIHR. RAND Europe's initial evaluation of the programme led to it being re-commissioned.

The current phase of our evaluation will proceed in real-time, to enable reflection and adjustment of the programme as events unfold, and to allow participants themselves to contribute positively to the evaluation. As an R&D manager/director, you are well placed to help by sharing your views on the expected outputs and impacts from the programme. This will help shape the evaluation, and ensure the programme is useful to yourself, and to the NIHR community.

To date we have conducted workshops with all of the different leadership streams of the Ashridge programme. These workshops fed into the development of a set of indicators and associated survey questions which are being used to assess various aspects of the programme. You will have seen the survey running over Easter and now we are conducting a short series of follow-up interviews with those involved in each of the different streams in the programme.

We would like to record this interview for purposes of writing up our own notes from the interview. All recordings will be deleted as soon as we are finished with the project and we will not use any directly

attributable quotes in the final report without seeking your express permission. Do we have your permission to record the interview?

Background information

1. Ask them to tell us a bit about what they do and how they got involved with the Ashridge training programme.
2. Questions about where they work, disciplines, NIHR initiatives involved in? [Relationship with R&D manager/director prior to the initiative?]
3. Did your R&D manager/director also participate in the programme?
4. Have you been involved in other leadership programmes? How does the NIHR Leadership Programme differ? (what works better or what works worse than in other programmes).

General reactions to the programme

5. What were your expectations going into the programme about the types of knowledge and skills you would gain? What did you expect to learn about leadership? (any other expectations from the initiative?)
6. Have these expectations about what you would learn, or wanted to learn, about leadership been met? In what ways and how? And if not, why not in your opinion?

Individual level

7. In what *aspects* of your work have you gained new knowledge and skills, expected or unexpected? How did this happen and can you give examples?
 - a. Has the programme had any impact on your personal approach to and understanding of leadership (examples?)
 - b. Engagement with manager/director
 - c. And did any of the programme's activities lead you to reflect on your own work and working styles in new ways? Examples?
8. Have you experienced any spillovers from the leadership programme (that are at least partially attributable to it) That is, are there any wider benefits outside those areas we have already discussed that you have experienced or observed as a result of your participation in the programme, perhaps effects that you didn't necessarily envisage and/or aim for at the onset? Can you provide some examples?

Institution level

9. Please can you describe your improvement intention
 - a. Have there been any challenges? How have they been mitigated/managed?
 - b. What are your expected outcomes? Have any been realised already?
 - c. Is there anything that worked particularly well?
 - d. Is there anything that can be improved?

10. Has the programme had any impact on how you might collaborate with partners (e.g. Individuals, teams/departments, other organisations)? Can you give examples?
11. Have collaborations increased in scope (and/or scale) since participating in the programme? Please explain how/examples) (Old or new collaborations)
12. Do you have any new collaborators as a direct result of the programme – perhaps someone met through the leadership conference or a link made through networking?
13. More generally speaking, do you think you have been able to have an impact within your institution in a way you wouldn't have been aware of before participating in the programme? If so, how and in what ways? Can you give some examples?
14. Do you think the programme has contributed to R&D activity in your organisation being regarded as: (i) valued more, and (ii) more efficient or more effective?

Systems-level

15. Has the leadership programme had any impact on how you might engage with policymakers and on policy issues? Any examples?
 - a. (Probing if needed) have you identified any new policy influencing opportunities and introduced them to the research team? Have you been involved in taking any action on this?
16. Has the programme provided you with an opportunity to engage with industry stakeholders? Can you give examples?
17. Do you have a better awareness of NIHR after participating in the leadership programme? How has the leadership programme helped this, i.e. which activities have contributed to this greater understanding? And what aspects of the NIHR do you now better understand?
18. Do you have a better awareness of the wider health system (e.g. other research settings, funders etc.) after participating in the leadership programme?

Final questions

19. If you were participating in the programme all over again, would there be any recommendations you would give for improving it (with hindsight)?

NIHR trainees interview protocol

Thank you for taking the time to speak with us today.

RAND Europe are conducting a review which will inform delivery of the current leadership programme, and of future leadership support in NIHR. RAND Europe's initial evaluation of the programme led to it being re-commissioned.

The current phase of our evaluation will proceed in real-time, to enable reflection and adjustment of the programme as events unfold, and to allow participants themselves to contribute positively to the evaluation. As an NIHR Leader, you are well placed to help by sharing your views on the expected outputs and impacts from

the programme. This will help shape the evaluation, and ensure the programme is useful to yourself, and to the NIHR community.

To date we have conducted workshops with all of the different leadership streams of the Ashridge programme. These workshops fed into the development of a set of indicators and associated survey questions which are being used to assess various aspects of the programme. You will have seen the survey running over Easter and now we are conducting a short series of follow-up interviews with those involved in each of the different streams in the programme.

We would like to record this interview for purposes of writing up our own notes from the interview. All recordings will be deleted as soon as we are finished with the project and we will not use any directly attributable quotes in the final report without seeking your express permission. Do we have your permission to record the interview?

Background information

1. Can you tell us a little bit about what you do and how you got involved with the Ashridge/NIHR leadership training programme?(Probe: role, discipline, where they work, NIHR initiatives they are involved in)
2. Have you been involved in other leadership programmes? How does the NIHR Leadership Programme differ? (e.g. what works better or what works worse)

General reactions to the programme

3. What were your expectations going into the programme about :
 - a. the types of knowledge and skills you would gain?
 - b. what did you expect to learn about leadership?
 - c. any other expectations from the programme?
4. Have these expectations been met? If yes, how so? (i.e. can you clarify which specific expectations were met and what enabled this) And if not, why not in your opinion?

Individual level

5. In what *aspects* of your work have you gained new knowledge and skills, expected or unexpected? How did this happen and can you give examples?
 - d. Has the programme had any impact on your personal approach to and understanding of leadership (examples?)
 - e. And did any of the programme's activities lead you to reflect on your own work and working styles in new ways? Examples?
6. Have you experienced any spillovers from the leadership programme (or that are at least partially attributable to it)? That is, are there any wider benefits outside those areas we have already discussed that you have experienced or observed as a result of your participation in the programme, perhaps effects that you didn't necessarily envisage and/or aim for at the onset? Can you provide some examples?

Institution level

7. Has the leadership programme had any impact on your collaborations, more specifically:
 - a. on the scope and scale of collaborations (e.g. We can probe on whether they collaborate on new or different things, with new partners, more or less intensely with old partners)
 - b. on the establishment of new collaborations as a direct result of the leadership programme (e.g. perhaps someone met through the leadership conference or a link made through networking)?
 - c. on how you might collaborate (e.g. if we need to probe: ways of communicating, sharing benefits, managing collaborations etc...) with partners (individuals, teams/departments, other organisations).

Please give examples.

8. Has the leadership programme had any impact on how you deal with, influence and manage structural changes within your organisation and within the wider health system? If so, how? Please can you provide some examples?
9. More generally speaking, do you think you have been able to have an impact within your institution in a way you wouldn't have been able to before participating in the leadership programme? If so (and if we haven't already covered this), how and in what ways? Can you give some examples?

Systems-level

10. Has the leadership programme had any impact on how you might engage with policymakers, and on policy issues? Any examples? (For probing if needed: have you identified any new policy influencing opportunities and introduced them to the research team? Have you been involved in taking any action on this?)
11. Do you have a better awareness of NIHR after participating in the leadership programme? How has the leadership programme helped this, i.e. which activities have contributed to this greater understanding? And what aspects of the NIHR do you now better understand?
12. What types of changes would need to happen at the institutional and wider health (research) system levels, in order for you to be able to maximise the impacts from your experience of the leadership programme? [For probing: we would especially like to understand how the programme could have more impact on (i) translational research capacity and on (ii) the ways health research agendas are set; (iii) on the ability to live the principles of the program on a regular basis;

Final questions

13. If you were participating in the programme all over again and with the benefit of hindsight, would there be any recommendations you would give for improving it?

14. (Time permitting): Do you think that it would be useful to have some sort of engagement with the programme, after your official participation finishes? And if so, what type of engagement would you find most useful and worthwhile?

Appendix E: Benchmarking tables

The following programmes and the corresponding sectors were reviewed as part of the benchmarking work-stream across two different evaluation phases. We include both the cases from the phase I evaluation (2009-2011) and the phase 2 evaluation (2012-2014). The short case studies written for each leadership programme are presented in this appendix.

Phase 1

- Top Managers Programme – HE, equivalent to senior leaders
- Higher Command and Staff Course – UK military, equivalent to senior leaders
- NIH Senior Leadership Program – biomedical research, equivalent to development leaders
- The King’s Fund Top Managers Programme – health sector, equivalent to development leaders
- Research Team Leadership – HE, equivalent to trainee leaders
- Common Purpose Navigator – broad public and private sector, equivalent to trainee leaders.

Phase 2

NHS Leadership Academy programmes:

- Frontline Nursing and Midwifery Programme
- Senior Operational Leaders Programme
 - Professional leadership programmes
 - Top Leaders Programme
 - Edward Jenner Programme
 - Mary Seacole Programme – Leading Care I
 - Elizabeth Garrett Anderson Programme – Leading Care II
 - Nye Bevan Programme – Leading Care III
- Intersect Systems Leadership Programme
- NHS Executive Fast-Track Programme
- Action Learning Set Facilitator Programme
- Barking, Havering and Redbridge NHS Trust Leadership Development Programme
- Copenhagen Business School Research Management Programme.

Top Management Programme case study: strategic level leadership at the senior level²⁷

Programme title	The Top Management Programme for Higher Education
Provider and brief history	The Leadership Foundation for Higher Education (LFHE; http://www.lfhe.ac.uk) The programme has been operating for 12 years and is now run three times per year. The current cohort of 21 participants is the 25th such group. More than 500 alumni of the programme exist across the UK HE system and beyond (with a few international participants in recent years). Approximately 15 per cent of the participants have taken up vice chancellor or chief executive roles in HE, or in other sectors internationally.
Level of participant (typically)	Senior strategic leaders in HE institutions. Typically at deputy or pro-vice chancellor level, executive dean of a large faculty, chief operating officer or registrar, or director of a professional service function and member of the senior management team.
Duration and time commitment	The programme consists of an initial one-day orientation event, three-week-long residential modules over a five–six-month period (15 days) plus action learning meetings (two days), 360-degree feedback and coaching (two sessions) and a further day on a ‘systems-level leadership’ challenge, equivalent to 19–20 days of group and facilitator contact.
Brief summary and key themes	<p>The programme is designed to develop the personal, institutional and wider sector-level leadership capacities of a cohort of already successful leaders. The focus of the programme is to broaden the participants’ horizons on five levels (personal, institutional, international, sector and about the wider political and economic context).</p> <p>The residential workshops are designed to focus on three specific themes.</p> <p>Workshop 1: ‘Strategic Leadership’</p> <p>Understanding the nature of:</p> <ul style="list-style-type: none"> • Strategic thinking and the wider context for HE in the medium to long term; strategic leadership and governance and changing practices • Oneself and the nature and role of a strategic leader • Influencing and implementing organisational change • ‘Systems-level’ leadership and leading ‘beyond authority’. <p>Workshop 2: ‘Power, Politics and the International Context’</p> <p>Understanding the nature of:</p> <ul style="list-style-type: none"> • Policymaking and the political context for HE • The different aspects of the external leadership role in HE • Negotiating, influencing and building collaborative relationships • Business–HE interactions • Developments in transnational education and research • Another HE system and the cross-cultural nature of leadership (achieved by a visit to another country: these have ranged from Belgium, Denmark, The Netherlands; the USA (Washington, DC) and the United Arab Emirates to other parts of the Middle East). <p>Workshop 3: ‘The Business of HE’</p> <p>Understanding the nature of:</p> <ul style="list-style-type: none"> • Funding and financial management (through the use of a computer-based simulation exercise)

²⁷ Information for this case study was obtained through direct facilitator experience of one of the report’s authors.

	<ul style="list-style-type: none"> • Top team working (in theory and practice) • Strategic people management • Understanding oneself through exploring a range of leadership archetypes. <p>The other aspects of the programme include the use of Action Learning Sets to explore a major personal challenge, and one-to-one coaching using 360-degree feedback to inform the sessions.</p>
<p>Underpinning philosophy and theory of change</p>	<p>The current programme intentionally provides a range of models and frameworks and does not advocate <i>per se</i> a specific model of leadership. However, broadly speaking, the programme offers two modes of leadership support that will support leaders in effecting change in the HE sector: one mode is aimed at building strategic organisational leadership, the other is aimed at building academic leadership.</p> <p>These modes are reflected through the participant’s selection of a 360-degree feedback tool. As with other programmes, the choice of which 360-degree tool in itself introduces a view about the nature of leadership. For the past seven years (with various refinements along the way) two frameworks have been developed, which are intended to reflect leadership in a HE context. The one used by most participants focuses on the strategic organisational leadership domains perceived to be of particular importance (the ‘five Cs’ framework, based on the themes of credibility, capability, character, collaborative management and cultural sensitivity), and more recently a second framework has been offered for those who remain and wish to gain feedback on their academic leadership. This has a different set of components, although it shares several similar domains with the previously mentioned framework.</p>
<p>Interesting processes to highlight</p>	<p>Since its inception more than 12 years ago, the programme has created a highly influential and potentially powerful community of leaders in and of the HE sector. Very recently it was considered that this collective resource could be of even greater value to the HE sector.</p> <p>In order to be of such value, the programme designers have recently introduced a new learning experience built around a ‘systems-level leadership challenge’.</p> <p>The objective of this process is not necessarily to ‘solve’ a problem, but to expose participants to the challenges of operating ‘beyond authority’ at a higher and wider level than they might have had access to in the past. It is intended that the learning from such an experience would help strengthen their capacity to understand the complexity of working at this level, how to simplify and communicate a complex agenda, how to navigate through the political, organisational and cultural demands of many conflicting priorities, and how to build alliances and work collaboratively to influence an agenda. As a side benefit it will demand that the group works as a collective community as well as in three facilitated working groups. Each challenge also involves working with relevant national bodies such as Universities UK, the Higher Education Academy, national funding councils, and officials within the Department for Business Innovation and Skills.</p> <p>In order to be suitable as a systems-level leadership challenge, the issue is characterised by the following features:</p> <ul style="list-style-type: none"> • It requires addressing across the whole spectrum of the HE system, transcending organisational boundaries. • It is of strategic importance to many stakeholders over the short to medium term and possibly longer-term time horizon. • It is characterised as being of the ‘wicked’ type: is complex and often intractable; is novel with no apparent solution; often generates more problems; often has no obvious right or wrong answer, just better or worse alternatives; is subject to a high level of uncertainty. <p>The process is currently being piloted and early indications suggest that it is adding a very important new dimension to the work of a strategic leader.</p> <p>As mentioned earlier, the programme includes exposure to an international context: this has been recently offered as a flexible option (in the past it was integrated into the</p>

	<p>whole programme). In reality, currently more than 95 per cent of participants are including the international aspect of the programme in their selection. This exposure to leaders and other contexts has proved to be a significant feature of the programme.</p> <p>A final feature to highlight is the development of a self-organising and structured means to maintain the connections between individual participants after the end of the programme. Members of more than 50 per cent of the Action Learning Sets continue to meet after the end of the programme (self-organising meetings). In recent years about one-third of the cohorts also arrange annual or biannual workshop sessions (again self-organising and self-funding them). To encourage links across cohorts, an annual fellows event takes place (over 24 hours), to which all alumni are invited. This typically attracts around 30–50 participants each year.</p>
Approach to evaluation and impact	<p>Evaluation takes place at three levels. In common with all programmes an end of workshop evaluation takes place (using an online questionnaire) about two weeks after the end of the relevant workshop. A second-level evaluation then takes place around four to five months after the end of the programme. This focuses more on the impact of the programme at the personal, unit and institutional levels. The third-level evaluation is through an independent review by a third party. These typically take place at three-year intervals and provide a similar level of external scrutiny to the programme’s evaluation.</p> <p>Furthermore, a series of planning and innovation workshop events (two per year) are convened to bring together the delivery team with the funders to discuss the design and shape of the programme, and to review evaluation and impact evidence.</p>
Cost and cost comparison	<p>The cost of the programme varies according to whether the institution is a member of the LFHE. More than 95 per cent of institutions are in this state. Using the fee rate for the last integrated model (including the international week), the cost was £13,800. On the basis of 19.5 days of direct contact time this equates in round terms to £700 per day per person of delivery. This is inclusive of accommodation and meals, but exclusive of travel to venues outside Europe.</p>

Higher Command and Staff Course case study: senior leadership in the UK military²⁸

Programme title	Higher Command and Staff Course
Provider and brief description	<p>Joint Service Command and Staff Course, Defence Academy, UK Ministry of Defence</p> <p>This course directly influences students’ likelihood of promotion to the highest of military ranks. The long-term aim of the course is to enable students to become excellent war-fighting commanders, able to return from the theatre where war is being fought to a staff job in the home country, all the while continuing to develop personally. In order to achieve this aim, the course has two objectives that it hopes to meet during its 15-week period: to further students’ knowledge and understanding of strategy in military operations, and to develop students’ reflection and learning skills. An indirect long-term aim of the course is to develop such a self-learning and development culture in the military.</p>
Level of participant (typically)	<p>The course includes 33 students at ‘senior management’ level (a one-star²⁹ military rank, ready for promotion to two-star), which represent the top 3 per cent of their peer group.</p> <p>Of these 33 students, 24 are British officers. Each service can send a number that is proportionate to the size of the service (the quota system); there are 11 Army, seven Air Force and six Navy officers.</p> <p>The remaining nine students are included in the course to get cross-government and</p>

²⁸ Sources: interview with the course director during phase I evaluation.

²⁹ This is a way of designating a military rank without having to refer to the three different names used by the services: a one-star corresponds in the Army to the level just above colonel, and four-star is a general. In other words they are senior managers, but not yet the top senior managers who would be the generals.

	<p>international representation: one civil servant each from the Ministry of Defence, Foreign & Commonwealth Office, Secret Intelligence Service (MI6 – international secret service), GCHQ (intelligence), and the Department for International Development; one US Marine; one US Army officer; one French Army officer who has attended the Royal College of Defence Studies leadership course (which is more focused on grand strategy – military and security policy – than military operational strategy); and one officer from an additional key partner country (Austria, Germany, etc.), selected in rotation and in consultation with the Ministry of Defence).</p>
<p>Duration and time commitment</p>	<p>The course lasts 15 weeks full time and is residential. Prior to 2000 it was delivered individually by each service, but following budget cuts it was decided these strategic courses would be delivered in a joint institution.</p>
<p>Brief summary and key themes</p>	<p><i>Putting the senior course in context</i></p> <p>It is important to understand that all military personnel receive a highly institutionalised education. Unlike health researchers, who may have studied in a range of universities and countries, military personnel have all been educated in the institution of their service (Army, Navy or Air Force). The residential and unit-based structure of the military also ensures that these graduates develop strong team spirit with others in their unit.</p> <p>Thus by the time that officers reach middle management, their personal and joint service leadership skills are weaker than their team and institutional leadership skills.</p> <p>The first course that provides officers with joint service and personal leadership training is the Advanced Command and Staff Course. Only the top 25 per cent of officers are selected to take this residential one-year course when they reach the rank of, for example, lieutenant-colonel. The course focuses on operational skills and understanding, and enables officers to be promoted to other ranks, for example, to the rank of colonel.</p> <p>Of the officers in the top 25 per cent, the top 3 per cent are selected after another promotion round (to one-star, which follows the rank of colonel) to take the course. The course that is the topic of this case study addresses strategic skills and understanding in operations.</p> <p>An alternative course available to officers of a one-star rank and above is the one provided by the Royal College of Defence Studies, which addresses grand strategy: military strategy in policy and politics.</p> <p>Officers may attend both senior courses or just one of them, depending on their main interest and ability. Attending these courses increases the likelihood of promotion into the highest of military ranks, so significantly it has been termed ‘necessary for promotion’.</p> <p><i>Description of the course</i></p> <p>Weeks 1 to 5.5 of the course focus on introducing students to the strategic operational context (strategy, security and military thinking). This mainly involves developing students’ theoretical knowledge.</p> <p>Weeks 5.5 to 10 introduce students to operational art and campaigning through a mix of theoretical knowledge and practice. Two of the five and a half weeks are spent specifically on multi-agency operations.</p> <p>Week 11 is intended to gain alternate views on operational warfare. Mentors play a leading role during this week in challenging student thinking, alongside guest speakers, by suggesting alternative ways of addressing operational issues.</p> <p>Weeks 12 and 13 are spent war-gaming a scenario. This same scenario will have been used throughout the course for students to apply their learning. This is to ensure that students do not spend time learning unnecessary scenarios.</p> <p>Weeks 14 and 15 are spent on a trip to Normandy during which they write their final essay, engage in small war exercises (explained in more detail in the next section), and provide and receive performance feedback.</p>

<p>Underpinning philosophy and theory of change</p>	<p>The long-term aim of the course is threefold: to enable students to become excellent war-fighting commanders; be able to return from the theatre where war is being fought to a staff job in the home country; to form an excellent war-fighting commander.</p> <p>In order to achieve these aims, the course has two objectives that it hopes to meet during its 15-week period: to further students' knowledge and understanding of strategy in military operations, and to develop students' reflection and learning skills. Because of this, the course invests relatively strongly in the course's third aim, of promoting personal development, relatively to the second aim, to develop staff job skills.</p> <p>An indirect long-term aim of the course is to develop such a self-learning and development culture in the military.</p> <p>Six key pedagogical processes are used throughout the course to meet its two objectives. Although all processes contribute to both objectives, the processes that contribute mostly to the knowledge component of the course include:</p> <ul style="list-style-type: none"> • Teaching that takes the form of lectures and aims to develop students' knowledge • Writing short papers at the end of weeks 1 and 7, and a long paper of 5,000 words at the end of week 14, which students present to fellow students. This is to enhance students' communication skills and as a tool to assess their theoretical knowledge. <p>Four other processes contribute mostly to the reflection and learning component of the course.</p> <p>The students work in small groups of 11 throughout the course to discuss teachings, engage in exercises, provide and receive feedback, etc. Smaller groups are thought to favour relationship and trust-building, and to strengthen reflection and learning among students. This group is changed once over the course of the 16-week period.</p> <p>Hands-on exercises are interspersed with classroom learning through specific exercise modules, which are also carried out in small groups. These exercises are thought to enhance learning on the job and to clarify the students' ability to apply the teachings. One realistic scenario provides the basis for all exercises in order to reduce the time spent learning unnecessary facts.</p> <p>These exercises include a ten-day trip at the end of the course, typically in Normandy, during which students experience the 'emotion of warfare': they have to engage in exercises, live full time alongside colleagues, and to evaluate them.</p> <p>The course makes extensive use of mentors who also act as role models. The ratio is one mentor to six students. The mentors include retired officers who have commanded cornerstone battles, and a civilian who is typically be a high-profile senior diplomat.</p>
<p>Interesting processes to highlight</p>	<p>The course is a 'career maker or breaker'. Taking it is a necessary step to reach the highest echelons of the hierarchy, with very few exceptions (note that it is unclear whether this is due to selection bias, the cachet that course attendance provides or the actual skills and knowledge developed). Bad performance on the course can reduce prospects for the students – this guarantees student commitment.</p> <p>Performance assessment within the services can be mediated by subjective elements, such as one's standing among one's peers (patronage). This course takes students out of this context, providing an opportunity to make their performance assessment more objective and benchmarked across the services.</p> <p>Although the course does not have any follow-on, its coordinators have set up an alumni 'experts' group, which is invited to comment on security and defence policy as appropriate by writing letters to the UK Chief of Defence Staff, for example.</p> <p>There are two points at which the student receives feedback:</p> <ul style="list-style-type: none"> • The first formal feedback is at the end of week 8 when students receive a debrief from their mentor. This usually serves the purpose of helping to steer students towards better performance (e.g. engage more in a given area, address a given element more, adopt a different perspective).

	<ul style="list-style-type: none"> At the end of the course, a report is sent back to the individual services and used to assess the officers' performance in their career. <p>Methods to gather insight for feedback include psychometric testing, 360-degree feedback and knowledge-testing via written work.</p>
Approach to evaluation and impact	<p>The course is evaluated annually through a five-step process involving student feedback, sponsor feedback, expert analysis and executive decision-making.</p> <p>Students provide feedback on their courses, teachers and mentors daily.</p> <p>The team in charge of the course meets annually with the sponsors of the course (each service, plus some Civil Service units) to ask about outcomes and impacts for the staff they have sent. This happens within one month of the end of the course, but the feedback covers students from previous years as well.</p> <p>An expert panel helps make sense of student and sponsor feedback.</p> <p>Sponsors meet in autumn as an executive board to formulate suggestions for change, based on the expert panel conclusions.</p> <p>A report suggesting changes to the course structure is delivered to the Vice-Chief of Defence Staff.</p> <p>One of the challenges is that some of the feedback (e.g. from sponsors) can relate to previous years without this being made clear. As a result, changes to the course can be implemented based on a course structure that is not necessarily relevant to the comment.</p>
Cost for comparison	<p>The direct cost of the course is £6,500, and including indirect costs, its total cost is £38,000. UK military and civilian staff are charged only the direct cost for participation. Last year, international students were charged £23,000 rather than the total cost of the course; the Academy will be increasing the cost of attending the course for international students yearly, until these students pay for the total cost of their course.</p> <p>The cost works out at £86 per person per day for UK military and civilian attendees, and £506 per person per day for overseas military attendees.</p>

The King's Fund Leadership Programme case study: developing leaders in the health/public sector

Programme title	Top Managers Programme
Provider	<p>The King's Fund (http://www.kingsfund.org.uk)</p> <p>The King's Fund is a charity which seeks to understand how the health system in England can be improved. It works with individuals and organisations to help shape policy, transform services and bring about behaviour change. As part of its wider programme of activity, The King's Fund has been running leadership programmes for more than 30 years. A range of programmes are offered for all levels of leaders, or future leaders, within the NHS and the wider public health sector.</p>
Level of participant (typically)	<p>This programme is for those already holding senior positions in public organisations. Individuals are likely to be at director level, or about to move up from deputy director level or from clinical to managerial roles. Most participants come from the NHS, although individuals from other sectors are welcome.</p>
Duration and time commitment	<p>The programme begins with a ten-day module run at the King's Fund in London. The remaining three modules run for five days over a six-month period. In total, the programme involves a 25-day commitment over six months.</p>
Brief summary and key themes	<p>The programme provides leaders with the time, space and support to reflect on their own leadership style and take stock of their impact on others and their organisations. It assumes that all people on the programme are already effective leaders, so it does not focus on providing basic tools of leadership; rather, it allows participants to reflect on a range of multi-layered leadership and management issues. It moves from allowing participants to reflect on themselves and their impact on others, to the implications and</p>

	<p>application of national policy in their organisations.</p> <p>The core learning approach of the programme is group-based, in order to enable participants to experience how they are seen and interpreted by others. The scope of the programme is wide-ranging and draws on humanistic and psychodynamic theory. Personal resilience and the development and use of political and emotional intelligence are key themes. These are applied and analysed in the context of issues of power, authority, difference, change and transition.</p>
Underpinning philosophy and theory of change	<p>The programme aims to enhance an individual leader’s capacity and capability to lead the public sector in an effective and committed way by enabling them to interact with other leaders outside their own ‘goldfish bowl’, and to see the world from different perspectives. The underpinning philosophy is heavily centred on the psychological development and strength of the individual.</p> <p>With psychological intelligence, participants will have the capability needed to manage change, integrate effectively and be alert to new and innovative opportunities for partnering and delivering services. These are seen as crucial to success in the current economic and political climate.</p> <p>Leadership development in the programme is a multi-layered learning approach where group work is the core learning mode. In this way, participants can experience how they are seen and interpreted by others and apply this to their own leadership and management challenges.</p> <p>In the long term the programme aims to develop an individual’s emotional and political intelligence, so they can become more effective at leading and managing change in their senior positions. In addition, by linking participants with key players in health service policy and other fields, participants are able to gain different perspectives and make career-long connections. Learning continues beyond the programme and is reinforced through annual events and networking opportunities.</p>
Interesting processes to highlight	<p>The alumni network is highlighted as a key feature of the programme as it enables participants to continue learning and connecting with key leaders across the service sector.</p> <p>The application process includes a detailed set of questions about the type of role that participants currently undertake, their personal and career development to date and in the future, and understanding of the challenges they face in their career. An example question is: ‘Human services organisations and health care are facing unprecedented changes. What do you think will help managers to perform better under these circumstances?’</p>
Approach to evaluation and impact	<p>Feedback from participants. Annual reviews every few years.</p>
Cost comparison	<p>The total cost is £9,000 for 25 days of programme time. The first ten-day module is non-residential and takes place at the King’s Fund, but we can assume that the £9,000 includes some lodging and subsistence fees for the remaining three five-day modules. In total, the cost for comparison is £360 per person per day.</p>

Source: King’s Fund³⁰

NIH Senior Leadership Program case study: development leaders in the biomedical research sector³¹

Programme title	NIH Senior Leadership Program
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³⁰ Source: King’s Fund (2014) and interview with the programme director during phase I evaluation.

³¹ Source: OHR at NIH (2014) and interview with the programme director during phase I. http://trainingcenter.nih.gov/senior_leadership_program.html

<p>Provider and brief history</p>	<p>NIH and Office of Human Resources, together with the University of Maryland, USA</p> <p>The NIH Senior Leadership Program provides senior NIH scientific and administrative leaders with the opportunity to work as individuals and together with a select peer group to develop their leadership skills and capabilities. It has been a part of the core training services provided by NIH for the past 12 years. NIH stands out from other government departments in the USA in that it runs dedicated training and leadership programmes such as this for its staff. It believes the challenges of scientific leadership are such that tailored leadership programmes and approaches are needed to enable NIH to deliver its mission of delivering and supporting the highest quality medical research.</p>
<p>Level of participant (typically)</p>	<p>The programme is aimed at individuals who have organisational or programme-level responsibilities, but also have, or will have, cross-institutional leadership responsibilities which require them to think more strategically and horizontally across NIH. This includes the following range of individuals:</p> <ul style="list-style-type: none"> • Scientific, executive or division directors • Extramural programme managers • Senior administrative staff • Executive committee members • Senior executive staff or US Civil Service grade 14/15 staff.
<p>Duration and time commitment</p>	<p>The course runs over three months, during which ten days of dedicated programme time are offered. This includes three days at a residential retreat and a half-day orientation session before the first full days of programme time.</p> <p>In addition, participants are offered a few hours of individual coaching time outside the programme sessions as part of the course fee. We have (generously) assumed that a half-day is spent with coaches.</p>
<p>Brief summary and key themes</p>	<p>The programme provides senior NIH scientific and administrative leaders who have responsibility for working both horizontally (across institutions) and vertically (within their institution) within NIH and across government. The programme focuses on individual and peer-group supported learning, as well as incorporating hands-on problem-solving and implementing practical outputs.</p> <p>The main learning modes of the programme include case study work, interactive discussions, work with executive coaches, experiential learning, assessment of performance data and individual development planning.</p> <p>The foundation of the programme is self-exploration as a leader. The programme builds on this foundation and participants experience a series of application-based learning activities on how to understand one's environment and be a more effective leader. Core themes include results-based accountability, organisational capacity, negotiation and leading organisational change, and the role of a leader within the NIH, particularly the 'leadership paradox'.</p> <p>The final phase of the programme is an integrated application of leadership principles to organisational challenges within NIH. All of the activities are designed around common public health and scientific challenges that the specific group of leaders in a given session face in their roles, so the discussions might change but the core principles remain the same.</p> <p>Specifically, the programme has the following objectives:</p> <ul style="list-style-type: none"> • To support the assessment of individual leadership skills • To design and implement a personal development plan • To enhance capacity for scientific leadership • To understand how to assess organisational capacities and issues • To develop an approach to negotiation and cross-organisational change • To enhance capacity to analyse and operate effectively and efficiently.

	<p>The programme aligns with the following leadership competencies necessary for qualifying for Senior Executive Service in the US Government: leading change, leading people, results driven and building coalitions and communications.</p>
<p>Underpinning philosophy and theory of change</p>	<p>The programme aims to increase the ability of NIH scientific and administrative leaders to execute the scientific goals of the organisation.</p> <p>Within NIH there are 27 different research institutes. Collaboration across and within them is key to scientific success and excellence. A philosophy of collaboration and integration underpins the entire organisation, and the programme is geared towards supporting this.</p> <p>NIH has always been very strong on leadership. Unlike other government departments in the US, NIH has always run its own leadership programme and does not outsource its programmes – it feels that its context and work environment is unique, and so its programmes need to reflect this.</p>
<p>Interesting processes to highlight</p>	<p>The nine- to ten-day structure of the course is broken up as follows.</p> <p>Orientation (Day 0) – an orientation session starts the programme. Participants are asked to write a personal and professional biography prior to the session, so that the facilitator and coaches can get a sense of the individuals and the issues that they face. At the orientation, the group is asked to express their leadership challenges and these are discussed. The facilitator plays an active role in this process, and this is where their background in science and ability to speak the ‘language’ of science comes into play. The orientation is where personal exploration of oneself as a leader is encouraged. It lays the foundation for the rest of the programme.</p> <p>360-degree feedback (Day 0) – after orientation, the participants have about six weeks to organise their 360-degree feedback and reflect on the orientation.</p> <p>Individual exploration and development at the residential retreat (Days 1–3) – the retreat provides an opportunity for the participants to get away from the office and focus on their development. This is seen as the core of the programme. Participants participate in a range of activities aimed at leadership growth and self-understanding, including a Myers-Briggs assessment, creating personal and executive development plans and role-playing, so that the coach can see areas where the individual needs to grow. The activities at the retreat are customised in order to reflect what would be of most use to the individuals present and the challenges that they face, areas in which they need to grow, etc.</p> <p>Results-based accountability (Days 4–5) – these sessions focus on participants learning how to handle accountability at NIH and how to implement strategies for managing decisionmaking, fostering accountability and using performance measures to one’s advantage. They talk about accelerated decisionmaking, identifying strategic priorities and deriving action plans from them. They also apply results-based accountability to individual development plans.</p> <p>Assessing negotiation style and leading organisational change (Days 6–7) – these sessions focus on bi-party negotiation with coaching. Participants learn a framework for negotiation and apply this framework to a situation at NIH. They also focus on how to understand, lead and achieve organisational change.</p> <p>Leaders and organisational dynamics (Days 8–9) – the final session is about tying everything together and applying leadership principles. These sessions try to cater directly to the teams of individuals and focus on the art of persuasion. They give the participants real case studies to work with, in order to apply leadership principles to NIH challenges. A strong focus of these closing sessions is around the concept of the ‘leadership paradox’. Leaders need to be diplomatic but tough, and caring but firm, in order to get things done. The sessions encourage the participants to think about these issues and apply them to real situations without clear answers, pulling them apart and then finding a way forward.</p> <p>The programme organisers report experiencing some resistance to leadership training initially, mostly out of delegates’ reluctance to leave their labs or workplace and take time out. They address this by ‘speaking the language of scientists’ and making sure</p>

	<p>that the course is grounded in a very practical application of the principles that people are learning to the public health and scientific issues or challenges that they face. For example, the course facilitator is very well versed in scientific issues and keeps up with the literature and scientific press. He seeks out scientific issues that are going on, as well as soliciting input from participants, and then uses them as case studies during the programme to help everyone think about how leadership helps to address the challenges. The organisers feel that the programme caters well to 'leadership sceptics'.</p> <p>The programme organisers were quick to point out that action learning is not used on the Senior Leadership Program and this was a deliberate decision. They feel that action learning projects can create artificial situations, which are not really of use to individuals.</p> <p>There is no open application for the programme across NIH: leaders are nominated by the executive officer of their institute. However, there may be an application process specific to each institute. The nominees' supervisors have to write an essay outlining why they think an applicant should go on the course, so there is commitment from management about participation at the outset. Recruitment for the programme is application-based and takes place once a year. Over the course of a year four sessions of 28 leaders are run. These aim to include four to six people per institute on each course, although not necessarily people who work together. In this way networks can be built within and across institutes.</p>
Approach to evaluation and impact	<p>The methods of evaluating the programme are not as extensive as the programme administrators would like them to be. The organisers carry out an end-of-programme and end-of-course session evaluation using 'happy sheets', but this is pretty basic.</p> <p>The programme administrators are thinking about how to make evaluation more robust, including a six-month follow-up with individuals. They have not performed an extensive evaluation of the whole programme or value for money.</p>
Cost and cost comparison	<p>The cost is \$7,060 for ten days' worth of programme time over a three-month period (approximately £4,499 based on recent conversion rates). This equates to about \$706 per person per day of delivery (approximately £449 based on recent conversion rates).³² Three days of the course are spent in a retreat setting, and this is included in the cost of the course. It also includes an assumption that each participant spends a half-day with their coach outside the programme sessions.</p> <p>This cost does not include time that the participants spend organising their 360-degree feedback assessments.</p> <p>Costs are covered by each institution within NIH out of its core training funds. Over the course of a year 112 leaders participate in the programme.</p>

Research Team Leadership case study: trainee and team level leadership³³

Programme title	Research Team Leadership
Provider	Leadership Foundation for Higher Education (LFHE; http://www.lfhe.ac.uk)
Level of participant (typically)	The participants are typically lecturers, senior lecturers or readers who have recently been appointed as principal investigators, or who are currently leading small research teams (up to six researchers), with responsibility for leading contract research staff and postgraduate research students as well as technical and administrative support staff.
Duration and time commitment	Two days
Brief summary and key themes	<i>Pre-course</i> The course starts with the preparation of a personal research vision. Each delegate

³² Conversion rate: US \$1 = £0.637404 (conversion rate from xe.com on 20 November 2014).

³³ Information for this case study was obtained through direct facilitator experience of one of the report's authors.

	<p>also completes a team leadership questionnaire that is used to produce a team leader report and profile for each delegate, based on John Adair's 'action-centred leadership'.</p> <p><i>Day 1</i></p> <p>Improving listening skills</p> <p>Team working, team building, team roles and team dynamics</p> <p>Understanding different approaches to leadership</p> <p>The leader's role and responsibilities</p> <p>What research leaders do</p> <p>Thinking session on what research leaders do</p> <p>Team and leadership exercises</p> <p><i>Day 2</i></p> <p>Running effective team meetings</p> <p>Demonstration meeting on conflicting demands for academic researchers</p> <p>Research team leadership case study</p> <p>Personal vision and action planning</p> <p>Mini-coaching session on leadership profiling report or other delegate-specific issues</p> <p>Further team and leadership exercises</p> <p><i>Post-course</i></p> <p>Ideas and output are generated during the plenary sessions on listening and what leadership is, along with output from the thinking sessions on what research leaders do, and output from the demonstration meeting on conflicting demands for academic researchers. All of these are compiled and presented to the delegates in the form of a course-specific interactive PowerPoint presentation.</p>
<p>Underpinning philosophy and theory of change</p>	<p>The programme is based broadly around two well-established leadership principles: John Adair's 'action-centred leadership' and Nancy Kline's 'thinking environment', and also draws on other ideas, particularly in team working. Case studies are used to illustrate parts of the programme.</p> <p>The programme advocates a pragmatic approach to research team leadership, encouraging delegates to develop and experiment with practical ideas and approaches.</p>
<p>Interesting processes to highlight</p>	<p>A leadership report and profile provides a basis for in-course discussion and a starting point for ongoing leadership development.</p> <p>Thinking pairs are used in a number of the activities to increase the depth of each delegate's reflections and comments.</p> <p>The demonstration meeting is a particularly well-received element of the programme, combining training in meeting processes with useful output for the delegates.</p>
<p>Approach to evaluation and impact</p>	<p>Post-course evaluation is through a delegate questionnaire.</p>
<p>Cost and cost comparison</p>	<p>The cost of the course varies according to whether it is delivered in-house or as an open programme. The cost per head is approximately £400–500 per person per day.</p>

Common Purpose Navigator case study: trainee level (future leaders)³⁴

³⁴ Information for this case study was obtained from direct participant experience of one of the project team members and through the programme's website: <http://www.commonpurpose.org.uk/>.

Programme title	Common Purpose Navigator
Provider and brief history	<p>Common Purpose is an international, not-for-profit organisation that has been running leadership courses and workshops for more than 20 years. Beginning in the UK and with charitable status it has expanded internationally since its inception and now has more than 30,000 alumni across the government, not-for-profit and private sectors.</p> <p>The mission of Common Purpose is to provide participants with the inspiration, knowledge and connections to help them develop leadership skills for their organisations and to become more actively engaged in wider society. Common Purpose runs a range of leadership development programmes for young people, early career, established career and advanced career. All learning interventions are targeted at future leaders or established leaders but the scope is wide, drawing in participants from all sectors.</p>
Level of participant (typically)	The focus of this case study is on the Navigator Programme, which is aimed at future leaders in their early careers. Typically these are graduate entrants with four to eight years' professional experience who have been identified as future leaders. These people may be on accelerated promotion schemes within large organisations, or already in management positions within smaller organisations.
Duration and time commitment	The programme consists of three 'core days' with the whole group (typically around 20 participants), plus additional modules that offer more experiential and/or practical learning opportunities. The total time commitment is between 50 and 60 hours, depending on the modules selected.
Brief summary and key themes	<p>The 'core days' are designed to provide participants with the opportunity to explore the role that power, courage and resonance play in effective leadership. The core modules are delivered with the whole group and comprise a mix of seminars (delivered by internal and guest speakers) and facilitated learning from other participants.</p> <p>This core component has both internally focused elements (which encourage participants to examine their personal values and reflect on their professional leadership skills) and more externally focused elements (which explore leadership challenges in various workplaces and communities). Speakers may be drawn from community action groups, large charitable organisations and blue chip companies.</p> <p>In addition to the core days, Navigator provides a number of modules from which participants are invited to select in order to design their own learning opportunities, although all participants are required to select some elements within the 'Raids and 'Forums' modules. The modules are summarised below.</p> <p>'Raids' involve a real-life change management challenge within a public, private or voluntary sector organisation. This is intended to provide practical experience to try out new ideas or frameworks and to broaden participants' scope to learn from practice in other organisations.</p> <p>'Forums' involve a more conceptual or reflective learning experience, in order to hear from experienced leaders about the failures and successes that they have experienced. They facilitate group learning through sharing leadership challenges and peer-to-peer coaching, whereby participants explore and consider solutions to individual issues.</p> <p>'Quests' are an optional part of the course designed to explore social, economic, political and business leadership challenges in a different town, city or country. The range of 'quests' is very diverse and may involve visits to a prison, hospital, shopping precinct, manufacturing plant or transport hub.</p> <p>In addition participants are encouraged to join a virtual network (Net.Connect), which links them online with options to offer, share and ask for advice and opportunities, in order to gain exposure to each other's worlds.</p>
Underpinning philosophy and theory of change	Navigator seeks to change the way that participants view themselves and the world around them through a range of challenging experiences. Participants are taken out of

	<p>their familiar environment to examine why, when and how to lead. The Navigator vision of leadership is one that is adaptable, distributed and networked, rather than centralised command-and-control.</p> <p>The focus is on experiential learning and facilitated peer-to-peer learning. There is almost no taught component. Seminars are primarily designed to expose participants to practical leadership in action, and to reflect on how these may change their own paradigm or resonate with their previous experiences.</p> <p>In the longer term, Common Purpose believes that by linking individuals together, it can create the right conditions for ongoing accountability to other participants, and a network of potential coaches who can assist with future challenges.</p>
Interesting processes to highlight	<p>Navigator is one component of the Common Purpose portfolio of learning interventions, although the interventions are all discrete elements rather than a sequential package.</p> <p>The experience of participants (based on a sample drawn from the course attended by the author of this case study) can be an intense one through being confronted by a rapid succession of new information and challenging scenarios. For relatively inexperienced professionals the course is deliberately unsettling in order to expose participants to a wider context and the challenges of leadership.</p> <p>The focus on experiential learning requires participants to interpret and process the series of components described earlier in this case study. While there are facilitated sessions to assist participants to make sense of the information received, Navigator relies on participants' ability to adapt what works in one situation to their own context.</p>
Approach to evaluation and impact	<p>Evaluation is primarily through an end-of-course evaluation. There is some accountability to implement the learning derived from the programme through the network to other participants, although as far as we know, there is no evaluation of this process.</p> <p>It is likely that many of the organisations that send people on the Navigator programme conduct three to six-month evaluations.</p>
Cost and cost comparison	<p>The cost of attending Navigator is £3,500, although a small number of places are discounted for particular organisations. Assuming there are seven to eight days of direct contact time, this equates in round terms to £450 per person per day of delivery. This includes some accommodation and meals.</p>

Phase 2

NHS Leadership Academy Frontline Nursing and Midwifery Programme

Programme title	NHS Leadership Academy Frontline Nursing and Midwifery Programme
Provider and brief history	<p>The programmes are co-created by healthcare, business and academic leaders. The NHS Leadership Academy is the key delivery body, but actively welcomes support from local delivery partners in recruitment, communications and logistical support for delivery. There are plans for a frontline programme coordinator to be appointed, as a point of contact for third party organisations (e.g. local delivery partners).</p> <p>The NHS Leadership Academy aims to be a centre of excellence in leadership development.</p>
Level of participant (typically)	Frontline nurses and midwives at all levels who provide care in NHS-funded settings. They must be nominated to apply by their line manager. Generally levels 5, 6, 7 but open to all. There is support for up to 62 participants per cohort.
Duration and time commitment	<p>A small amount of preparation time pre-induction; a half-day induction, two two-day residential workshops, five online modules</p> <p>Approximately 11 hours of online interactive study time</p> <p>Generally spread over six months</p>
Brief summary and key themes	<p>The programme helps participants reflect on their roles, strengths, areas for further development, and abilities to make a difference to patient lives. It aims to strengthen participant confidence and capabilities to influence care, to develop new skills and implement them in practice, and to better understand how their behaviour influences others – be they patients or colleagues. There is a combination of induction, workshops and independent online learning. Learning modules in interactive workshops include a module:</p> <ul style="list-style-type: none"> • Focused on developing greater self-understanding (skills, attributes, how others perceive a person, areas for development, thinking differently, understanding leadership) • Focused on the workplace environment (systems, culture, scope for influence) • Bringing together modules 1 and 2 ('me and the world') focusing on how individuals can be more effective in their workplace and how they can increase their ability to influence, hold difficult conversations, give and receive feedback, develop resilience • Focused on collective power and establishing a political mindset, understanding how patients can be empowered, and how staff can be more entrepreneurial • About sustainability ('continuing the journey') and ongoing leadership development (e.g. support in developing a professional development plan).
Underpinning philosophy and theory of change	The development programme follows a blended learning approach – participants are expected to study independently in addition to the face-to-face contact and training that is facilitated by a tutor during workshops. They are also expected to apply learning in their jobs to drive workplace improvements, so managerial support and commitment is needed.
Interesting processes to highlight	<p>The programme is largely focused on individual and institutional-level impacts. The need for a supportive line manager is highlighted – someone who will actively encourage participation in the programme, be interested in participant progress and celebrate their successes.</p> <p>The programme is tailored to a specific professional group – midwives and nurses.</p>

Approach to evaluation and impact	<p>There is no formal assessment of participants, apart from an exercise where they can demonstrate their learning.</p> <p>Plans for wider scale assessment of NHS Leadership Academy work exist, but further detail was not available at the time of this review.</p>
Cost and cost comparison	<p>Fully funded by NHS Leadership Academy, as part of a wider strategy of leadership professionalisation. However, potential for retrospective cost to be incurred if a participant withdraws from the course before completion.</p> <p>There are plans for evaluation post-programme completion, and during the programme.</p>

Senior Operational Leaders Programme

Programme title	Senior Operational Leaders Programme(NHS Leadership Academy 2014b, Senior Operational Leaders Programme)
Provider and brief history	<p>This programme is provided by the NHS Leadership Academy, which is owned by the NHS and focuses on working with those in NHS-funded care. The NHS Leadership Academy was set up in response to the competing challenges facing the NHS (e.g. health and ageing concerns, economic constraints). The Academy works to develop leadership qualities and skills in individuals by examining behaviours, establishing peer and support networks, and encouraging innovation in order to have system-wide impacts (NHS Leadership Academy (2014a).</p>
Level of participant (typically)	<p>This programme is open to nursing and midwifery staff operating at Agenda for Change Band 8. Usually these people are senior clinicians, nurse commissioners and those looking at nurse directorship roles. These are senior-level participants and on occasion mid- to senior-level participants.</p>
Duration and time commitment	<p>Each cohort runs for approximately four months, with a minimum time commitment of five days. The programme includes a four-day residential component, followed by another day-long meeting a few weeks later.</p> <p>Learning sets meet independently of the general cohort meetings and these times are decided by the set facilitator.</p>
Brief summary and key themes	<p>The programme focuses 'on areas current to nurse and midwifery leadership'. By March 2014, 600 people are estimated to have gone through the process (NHS Leadership Academy 2014b).</p> <p>Each cohort has approximately 40 participants, who are expected to create a personal development plan as part of the core programme. Content related to the delivery of this programme has not been outlined although specific outcomes include the creation of networks, an awareness of leadership styles and improvements in patient care (NHS Leadership Academy 2014b).</p> <p>Participants are divided into learning sets of roughly eight people. The learning sets meet outside of normal cohort time. The content and themes of these sets are not specified on the programme information pages.</p>
Underpinning philosophy and theory of change	<p>The programme's overarching aim is to improve the delivery of care by strengthening the leadership skills of individuals, through understanding their leadership styles and the creation of networks. Participants also take responsibility for their learning needs through the creation of a development plan. This programme offers a collaborative and reflective approach towards developing and enhancing leadership skills.</p>
Interesting processes to	<p>The programme is for nurses and midwives. It combines opportunities to network,</p>

highlight	collaborate and share experiences through the residential element and the learning sets.
Approach to evaluation and impact	There is no information to suggest that there has been an evaluation of this programme.
Cost and cost comparison	The NHS Leadership Academy covers the costs of the programme; a cancellation fee applies to those who do not attend. Travel and other expenses are not covered by the programme except for accommodation costs for residential dates. The actual cost of the programme is not known.

Professional leadership programmes: Top Leaders Programme

Programme title	Professional leadership programmes(NHS Leadership Academy 2014b): Top Leaders Programme(NHS Leadership Academy 2014b, Top Leaders Programme)
Provider and brief history	<p>The NHS Leadership Academy provides this programme with contributions from the Hay Group, which runs a diagnostic tool with participants that examines capabilities, skills and needs. The Hay Group is a management consultancy whose mission is to help improve organisations' performance (Hay Group n.d.).</p> <p>The NHS offers five professional leadership programmes, which are unique as they attempt to streamline a 'national approach to leadership development looking to support the next generation of leaders' (NHS Leadership Academy 2014b). The programmes draw lessons from leadership strategies from a range of stakeholders (academic, health and private stakeholders).</p> <p>This table focuses on the Top Leaders Programme.</p>
Level of participant (typically)	The programme draws in senior executive leaders from within the governing structures of healthcare organisations (e.g. clinical commissioning groups). Participants must have a strategic leadership role and have influence within their organisation.
Duration and time commitment	<p>Participants must complete an online diagnostic (approximately two hours) and a face-to-face profiling session before the programme begins. This part lasts half a day in total (NHS Leadership Academy 2014b, Top Leaders Programme).</p> <p>The programme runs for one year and has two mandatory residential components, each of which is held in Leeds (the first residential component lasts four days and the second one lasts for two days).</p> <p>Participation in impact group meetings (up to six a year) is also a compulsory aspect of the programme. These impact groups are made up of small numbers (one source mentioned seven people per group) and provide an opportunity for top leaders to discuss work-related issues including ongoing plans and leadership approaches (Trueland 2014). There are up to four coaching sessions, which last two hours (eight hours in total).</p>
Brief summary and key themes	Participation in the programme requires individuals to undertake a diagnostic and a profiling session with the Hay Group so the provider gets a gauge of individuals' 'capabilities, development needs and career aspirations' (NHS Leadership Academy 2014b, Top Leaders Programme). The diagnostic tool is used to help understand the needs of the individual and to inform the programme based on the collected data (NHS Leadership Academy 2014b, Top Leaders Programme). The aim of the programme is to leverage the participants' existing leadership skills and to encourage innovation in the health system. The impact group is designed to be a forum in which leaders can discuss their work as well as aspects of their leadership (NHS Leadership Academy 2014b, Top Leaders Programme). This component offers a collaborative and reflective element to the programme.

	<p>Participants are assigned to impact groups, made up of approximately six senior executive leaders from across disciplines and specialities, who work together over the course of the year.</p> <p>Individuals can also engage in four one-to-one coaching sessions.</p> <p>The 17th iteration of the programme began in September 2014.</p>
Underpinning philosophy and theory of change	<p>The programme engages with participants through online media, face-to-face meetings, and residential workshops and up to four coaching sessions. The overarching principle behind this programme is to foster innovation in the healthcare system and make the leadership 'representative of the communities it serves' (NHS Leadership Academy 2014b), through creating channels for team-based discussion and multidisciplinary exchanges of ideas and experiences for tackling organisational and systems-level challenges.</p>
Interesting processes to highlight	<p>Before starting the programme, participants must undergo a diagnostic with The Hay Group which is 'intended to support both the programme, and the individual' (NHS Leadership Academy 2014b, Top Leaders Programme) through understanding individual's skills and needs, although it is unclear exactly how this informs the programme.</p> <p>The programme focuses greatly on developing individuals' leadership skills with the ultimate aim of creating a more innovative and effective healthcare system. Participants are encouraged to create partnerships in order to achieve this. The programme aims to allow the leadership to be more representative of the communities they serve while creating partnerships across the participants' organisations.</p> <p>The programme is geared towards senior executive leaders who have at least two years of experience at board or director level depending on where they come from. The senior leaders must also be looking to harness their skills for development and support roles.</p>
Approach to evaluation and impact	<p>It is not clear how the programme or the participants are evaluated.</p>
Cost and cost comparison	<p>The programme costs £3,000 (the subsidised rate) to administer and is paid by the participant's organisation.</p> <p>This cost is distributed among the different components – the residential sessions, the coaching sessions and the work with the Hay Group.</p>

Professional leadership programmes: Edward Jenner Programme

Programme title	<p>Professional leadership programmes (NHS Leadership Academy 2014b): Edward Jenner Programme (NHS Leadership Academy 2014b, Edward Jenner Programme)</p>
Provider and brief history	<p>NHS Leadership Academy is the providing body.</p> <p>The NHS offers five professional leadership programmes, which are unique as they attempt to streamline a 'national approach to leadership development looking to support the next generation of leaders' (NHS Leadership Academy 2014b). The programmes draw lessons from leadership strategies from a range of stakeholders (academic, health and private stakeholders).</p> <p>This table focuses on the Edward Jenner Programme. This online programme is provided by the NHS Leadership Academy.</p>
Level of participant (typically)	<p>This is open to all people of all levels in the healthcare system.</p>

Duration and time commitment	This is an online programme comprising 21 sessions, which last between 30 and 40 minutes.
Brief summary and key themes	The Edward Jenner Programme has 21 sessions across five themes: self-awareness, networks, planning, patient safety and contexts for change (evidence, impact and decisionmaking) (NHS Leadership Academy 2014b, Edward Jenner programme). These are all administered online.
Underpinning philosophy and theory of change	There appears to be no underlying theory of change; rather the programme aims to be a resource to increase confidence, help people in the healthcare system to develop professionally and apply their professional experience to the learning process (NHS Leadership Academy 2014b).
Interesting processes to highlight	The programme was created by healthcare clinicians. Individuals who follow the programme receive an award in Leadership Foundations (NHS Leadership Academy 2014b).
Approach to evaluation and impact	No information regarding an evaluation of the programme was found on the webpage.
Cost and cost comparison	The programme is accessible free of charge (NHS Leadership Academy 2014b).

Professional leadership programmes: Mary Seacole Programme – Leading Care I

Programme title	Professional leadership programmes: Mary Seacole Programme – Leading Care I (NHS Leadership Academy 2014, Mary Seacole Programme)
Provider and brief history	The NHS offers five professional leadership programmes, which are unique as they attempt to streamline a 'national approach to leadership development looking to support the next generation of leaders' (NHS Leadership Academy 2014b). The programmes draw lessons from leadership strategies from a range of stakeholders (academic, health and private stakeholders). This table focuses on the Mary Seacole Programme. This programme was created by the Open University and the Hay Group.
Level of participant (typically)	This is aimed at those who are preparing or planning on entering into a leadership or management position (clinical or non-clinical) in the foreseeable future. Participants do not necessarily need a degree on entry. From the information provided, it seems as though this programme is for a junior- to mid-level participant.
Duration and time commitment	According to the information provided, the programme appears to run for a year (with an approximate total of 84 days across the year) (NHS Leadership Academy 2014b, Mary Seacole Programme). The programme mandates that participants attend six workshops (one day per workshop) and an unspecified number of sessions with a tutor (some travel may be required). This programme requires ten to 12 hours of studying per week (or 78 days across the year assuming individuals engage in 12 hours of study a week).
Brief summary and key themes	This programme combines multi-media online learning with physical contact hours (face-to-face workshops, meetings with tutor and discussions). The programme's nine units aim to enhance leadership skills (decisionmaking, integrating NHS values into the professional environment and a focus on patients and delivery of care) and empathy in participants (NHS Leadership Academy 2014b, Mary Seacole programme). However, the topical areas covered in these units have not been specifically outlined in available

	sources. It is also unclear how these nine units fit with the six workshop sessions.
Underpinning philosophy and theory of change	Participants are expected to apply their learning within their organisations. The programme encourages participants to integrate their capacity for empathy into their leadership style (NHS Leadership Academy 2014b, Mary Seacole programme).
Interesting processes to highlight	There is an assessment of individual participants (four assignments and one final assessment). Those who complete the course with satisfactory results obtain a Postgraduate Certificate in Healthcare Leadership. Individuals who complete this programme do not need to engage in the first seven months of the Elizabeth Garrett Anderson Programme and proceed to the rest of the course.
Approach to evaluation and impact	We did not find information on evaluation of the actual programme.
Cost and cost comparison	The programme cost is £5,000 per participant, which is waived in most cases (although the criteria for exemption from payment are unclear). Should a participant not complete the programme, their organisation would be liable to cover the costs of the programme (NHS Leadership Academy 2014b, Mary Seacole programme). This cost includes the training towards the Postgraduate Certificate in Healthcare Leadership and the physical contact hours.

Professional leadership programmes: Elizabeth Garrett Anderson Programme – Leading Care II

Programme title	Professional leadership programmes (NHS Leadership Academy 2014b): Elizabeth Garrett Anderson Programme – Leading Care II (NHS Leadership Academy 2014b, Elizabeth Garrett Anderson Programme)
Provider and brief history	The NHS offers five professional leadership programmes, which are unique as they attempt to streamline a 'national approach to leadership development looking to support the next generation of leaders' (NHS Leadership Academy 2014b, Elizabeth Garrett Anderson programme) The programmes draw lessons from leadership strategies from a range of stakeholders (academic, health and private stakeholders). This case study focuses on the Elizabeth Garrett Anderson Programme, which was created by the Manchester Business School, KPMG, the Health Services Management Centre at the University of Birmingham and National Voices. National Voices is a third sector organisation that advocates for service users and voluntary organisations in the context of health and social care (National Voices n.d.).
Level of participant (typically)	This programme is open to those in clinical and non-clinical roles and those in clinical leadership positions who have not yet had any leadership development or training. Participants do not necessarily need a degree on entry. As the programme aims to train people to cope with senior leadership, participants appear to be drawn from mid-level posts.
Duration and time commitment	This programme runs for 21 days over two years. It comprises eight modules, four residential workshops (the number of days per workshop is not provided) in Leeds and eleven Action Learning Set sessions. It requires approximately 15 hours of study a week, which amounts to 195 days of study across the two years. In total, individuals can expect to commit at least 216 days to this programme.
Brief summary and key themes	This programme envisages 11 cohorts, each with 48 participants, starting on a rolling basis throughout the latter half of 2014. The programme combines contact hours with online learning. The main themes of the programme focus on improving patient care and patients' experiences at departmental and functional level. Seven themes are outlined in the available source (NHS Leadership Academy 2014b, Elizabeth Garrett Anderson programme):

	<ul style="list-style-type: none"> • Ensuring that patients have good quality and safe experiences • Understanding how participants, as leaders, make a difference to improving patient experience • Enabling others to give their best to improve the patient experience • Embedding behaviours that improve the patient experience • Making person-centred coordinated care happen • Making decisions based on the best available evidence to improve the patient experience • Creating value for patients and the public. <p>It is unclear from the available source how the learning modules deal with these themes.</p>
Underpinning philosophy and theory of change	As the programme is designed to train individuals in senior leadership skills, individuals are eventually expected to apply their learning in a professional context to improve the quality of service delivered to patients (NHS Leadership Academy 2014b, Elizabeth Garrett Anderson programme). The programme focuses on individuals' development of skills, which work towards achieving the main themes and expected outcomes outlined above. Participants are expected to apply their learning in their organisational settings and in leadership positions to encourage and foster a higher quality of care.
Interesting processes to highlight	This programme requires that participants engage in face-to-face study hours as well as participating in the residential workshops. Those who complete the programme gain an MSc in Healthcare Leadership and an NHS Leadership Academy award in Senior Healthcare Leadership. Although all elements of assessment are not clearly outlined, a level of flexibility is granted for individuals. Participants are evaluated on their attendance and this feeds into their pass mark.
Approach to evaluation and impact	We did not find information on evaluation of the programme from the available source.
Cost and cost comparison	Some individuals are eligible for funding but others (e.g. those from the private sector) need employer support (NHS Leadership Academy 2014b). In principle, the total cost of the programme is £13,000 per participant. This cost includes training towards the MSc in Healthcare Leadership and the 21 days of contact time with the programme administrators.

Professional leadership programmes: Nye Bevan Programme – Leading Care III

Programme title	Professional leadership programmes (NHS Leadership Academy 2014b): Nye Bevan Programme – Leading Care III (NHS Leadership Academy 2014b, Nye Bevan Programme)
Provider and brief history	<p>The NHS offers five professional leadership programmes, which are unique as they attempt to streamline a 'national approach to leadership development looking to support the next generation of leaders' (NHS Leadership Academy 2014b). The programmes draw lessons from leadership strategies from a range of stakeholders (academic, health and private stakeholders).</p> <p>This case study focuses on the Nye Bevan Programme, which was created by National Voices, KPMG, Manchester Business School and the University of Birmingham.</p>
Level of participant	The professional leadership programmes cater to all levels, disciplines and

(typically)	backgrounds in the healthcare system. The Nye Bevan Programme is geared towards senior leaders.
Duration and time commitment	The course requires 17 face-to-face days over a one-year period; participants need to commit to four residential workshops (which add up to 13 days in total) although it is not clear if this is part of the overall 17 days. The programme requires that participants spend approximately eight hours a week in study (NHS Leadership Academy 2014b, Nye Bevan Programme).
Brief summary and key themes	The programme is structured around the following themes for leadership development: <ul style="list-style-type: none"> • Knowing yourself and looking after yourself and others • Leading change • Broadening horizons • Evidence-based management, governance, policy and practice • Influencing upwards and outwards.
Underpinning philosophy and theory of change	One of the desired outcomes of the programme is to have influence ‘upwards and outwards’ (NHS Leadership Academy 2014b, Nye Bevan Programme), the programme focuses on developing skills in senior leadership with a scope to have impact at the regional, national and organisational levels (NHS Leadership Academy 2014b, Nye Bevan Programme).
Interesting processes to highlight	This programme has a varied approach towards learning – participants engage with the programme through face-to-face activities, peer assessment, their own study, and participation in learning sets. They are assessed across the five themes of the programme on entry to gauge their qualities and skills in order to judge their ‘leadership potential’ and practices (NHS Leadership Academy 2014b, Nye Bevan Programme). All participants are required to complete and attend the study days and this is integral to obtaining a pass mark and their qualification. However, it is unclear exactly what the qualification is.
Approach to evaluation and impact	No information was found on the evaluation of the programme from available sources.
Cost and cost comparison	The programme is funded by the Academy; however, the value of the programme is £16,000, which is payable should an individual not complete their time on the programme) (NHS Leadership Academy 2014b, Nye Bevan Programme).

Intersect Systems Leadership Programme

Programme title	Intersect Systems Leadership Programme (NHS Leadership Academy 2014b, Intersect Systems Leadership Programme)
Provider and brief history	<p>NHS Leadership Academy is the providing body.</p> <p>This programme is part of the Leadership for Change initiative (NHS Leadership Academy 2014b). The Leadership for Change Programme is a collaborative initiative from a number of public bodies (Public Health England, NHS Leadership Academy, the Virtual Staff College, the National Skills Academy for Social Care, and The Leadership Centre), which aims to work on system leadership development (NHS Leadership Academy 2014b). The programme builds on the concept of ‘systems leadership’ whereby, regardless of position or status, all people in the system must cooperate in order achieve a common objective.</p> <p>The 2014 cohort is the first group to follow the Intersect Programme. Intersect may only run once; further iterations are subject to available funding and the outcome of the first</p>

	cohort (NHS Leadership Academy 2014b, FAQs section).
Level of participant (typically)	<p>According to the NHS Leadership Academy website: 'Intersect is for leaders already in or close to executive roles across public services who face complex issues and changing landscapes' (NHS Leadership Academy 2014b, Intersect Leadership Programme).</p> <p>The programme is interested in drawing in top leaders from across the public and third sector (health, education, emergency services, social services, among others) particularly those who have cross-sector experience (NHS Leadership Academy 2014b, Intersect Leadership Programme).</p>
Duration and time commitment	The Intersect Programme lasts for one year and consists of six compulsory residential components (two week-long ones, and four three-day residential components) (NHS Leadership Academy 2014b, Intersect Leadership Programme FAQs).
Brief summary and key themes	<p>The programme selects 40 of England's most 'impressive leaders' from the public and third sector. It creates opportunities for participants to engage with a wide variety of stakeholders, to share experiences, and build interdisciplinary networks and relationships. The programme focuses on encouraging deep self-reflection and building confidence in individuals to champion systems-level change (NHS Leadership Academy 2014b, Intersect Leadership Programme).</p> <p>During the residential modules participants focus on (NHS Leadership Academy 2014b, Intersect Leadership Programme):</p> <ul style="list-style-type: none"> • 'Increased confidence to be able to establish meaningful and productive relationships • Explore the nature of yourself, other people and external organisations • A deeper understanding of cross-sector dynamics • Engage with participants from other sectors to gain a deeper understanding of behaviours, practices and processes outside your organisation • Exposure to leading edge thinking and collaboration • Increased emotional intelligence and self-awareness.'
Underpinning philosophy and theory of change	The overall aim of the programme is to link network leaders from the public and third sector (charities, not-for-profits, etc.) to share their practice and exchange ideas (NHS Leadership Academy 2014b, Intersect Leadership Programme). The programme is based on the principle that systems leadership is collaborative in nature. The programme aims to improve the skills and confidence of leaders, so that they are more able to apply their new knowledge to their role to effect change in the public sector (NHS Leadership Academy 2014b, Intersect Systems Leadership Programme). This is done through the modules (for which no information was found from the available sources) and by joining together leaders from a number of backgrounds within the public and third sector. It is unclear how the teaching will achieve this as no information has been found on the programme's content.
Interesting processes to highlight	The desired impact of the programme is to establish a collaborative and reflective approach towards change in the public sector, while being aware of the available resources and what participants can achieve.
Approach to evaluation and impact	The Intersect Programme began in July 2014 and has not undergone any formal evaluation.
Cost and cost comparison	The cost of the programme is £5,000 (this includes accommodation if necessary). The NHS Leadership Academy funds participants' places on the programme, but it is unclear if participants need to reimburse the costs if they do not finish it (NHS Leadership Academy 2014b, FAQs).

NHS Executive Fast-Track Programme

Programme title	NHS Executive Fast-Track Programme (NHS Leadership Academy 2014b, NHS Executive Fast-Track Programme)
Provider and brief history	<p>The NHS Leadership Academy coordinates the programme – it appears that the Academy oversees the delivery of the various components.</p> <p>Participants spend time at the Harvard Kennedy School and Harvard School of Public Health.</p> <p>The programme was designed to reinforce selection for senior leadership in the NHS and was created from a project run by the DH. The aim is to encourage fresh thinking in a new generation of potential leaders who will train alongside leaders already working within the NHS. Therefore, the NHS is also trying to draw in people from outside the healthcare system. The programme accepts 50 individuals – 70 per cent of whom come from a clinical background, while 30 per cent are managers.</p>
Level of participant (typically)	This programme is targeted towards high-level clinicians from the NHS and NHS-funded organisations and business leaders from outside the NHS.
Duration and time commitment	<p>The programme takes place over ten months; 12 weeks is spent in training and development (six weeks of which is spent at the Harvard Kennedy School and Harvard School of Public Health). Participants are expected to participate in a six-month work placement in an NHS setting.</p> <p>Furthermore, participants are expected to commit themselves to working with the NHS for two years after the completion of the programme (NHS Leadership Academy 2014b, NHS Executive Fast-Track Programme).</p>
Brief summary and key themes	The programme offers study, training and development components and includes a work placement in both a corporate and a healthcare environment, which allows participants to enhance their skills in the UK and to learn from leadership environments abroad, for the wider benefit of the UK healthcare system. Although the exact modules have not been outlined in the available sources, participants deal with topics relating to ‘patient engagement, new technologies in healthcare, inequality, and media management’ (NHS Leadership Academy 2014b, NHS Executive Fast-Track Programme).
Underpinning philosophy and theory of change	The programme has a clear two-prong approach to learning: a study and training element and a work experience component. Those who come from inside the NHS structure continue their work alongside their studies and perhaps apply their learning to their work. The programme focuses on the development of leadership through training, study and work experience. It draws in those with clinical experience and those from outside health who can develop leadership skills from within the NHS structure. The driving philosophy behind this programme is to prepare participants to take on strategic leadership roles, which could allow them to have an impact within the healthcare system.
Interesting processes to highlight	The programme draws in a potential new generation of leaders to ‘strengthen the NHS’ exceptional senior leadership talent pool’ (NHS Leadership Academy 2014b, NHS Executive Fast-Track Programme). Specifically, it allows individuals to develop their leadership skills through gaining local and international experience (studying at Harvard and getting experience in international leadership through working on existing projects) (NHS Leadership Academy 2014b, NHS Executive Fast-Track Programme), undertaking a six-month placement to an NHS Executive team, receiving mentorship from NHS chief executives and earning a salary throughout the duration of the programme (NHS Leadership Academy 2014b, NHS Executive Fast-Track

	<p>Programme).</p> <p>Those with a clinical background who already work within the NHS are seconded to another NHS organisation and placed in an executive team (NHS Leadership Academy 2014b, NHS Executive Fast-Track Programme). Individuals coming from outside the NHS receive between £90,000 and £110,000 per year pro rata for their involvement in the programme (NHS Leadership Academy 2014b, NHS Executive Fast-Track Programme).</p> <p>As the NHS invests highly in individuals to complete the programme, participants must commit to spending two years in an NHS role once they have completed their training (NHS Leadership Academy 2014b, NHS Executive Fast-Track Programme).</p> <p>Aside from the salary band of those individuals coming from outside the NHS, the total cost of how much it costs to run the programme is unknown.</p>
Approach to evaluation and impact	It is understood that participants must complete their training and work placements; other forms of evaluation and assessment are unclear.
Cost and cost comparison	<p>On top of their current salary, NHS clinicians participating in the fast-track programme can receive support from the NHS Leadership Academy.</p> <p>Those from outside the NHS can earn between £90,000 and £110,000 pro rata for their time on the programme. Participants from the NHS are paid their current salary to participate in the project (NHS Leadership Academy 2014b, NHS Executive Fast-Track Programme).</p>

Action Learning Set Facilitator Programme

Programme title	Action Learning Set Facilitator Programme ³⁵
Provider and brief history	<p>The NHS Leadership Academy administers the programme.</p> <p>The NHS Leadership Academy started this programme as a means of recruiting 'in-house' facilitators from the Academy's alumni rather than seeking external candidates.</p>
Level of participant (typically)	According to the programme website, Action Learning Set facilitators are typically drawn from the NHS Leadership Academy alumni or other qualified individuals.
Duration and time commitment	The overall commitment of an Action Learning Set facilitator is 32 days over a two-year period. The training itself consists of a three-day programme delivered by the NHS Leadership Academy followed by other follow-up practice supervision sessions. A buddy system is in place whereby new people are paired with more experienced facilitators and individuals eventually graduate to buddy with a new starter.
Brief summary and key themes	<p>The programme aims to train those within the NHS to become Action Learning Set facilitators to trainees involved in leadership programmes.</p> <p>All facilitators are drawn from the alumni of the Academy. In this respect, the idea of the programme is to bring in-house experience to the Action Learning Set groups rather than to outsource the tasks to a third party facilitator.</p>
Underpinning philosophy and theory of change	The Action Learning Set Facilitator Programme is designed to train people into positions where they can have an impact on colleagues' work and progress within the NHS, by providing leadership training. It is essentially a train the trainer approach, based on the assumption that peers from the same professional community could

³⁵ NHS Leadership Academy 2014b; <http://www.leadershipacademy.nhs.uk/grow/action-learning-set-facilitators/how-to-apply/> (accessed 27 October 2014).

	provide the most relevant and bespoke leadership capacity training and development. This programme aims to contribute to a critical mass of skilled individuals who can share and promote leadership skills in the NHS.
Interesting processes to highlight	Participants receive an Academy Certificate in Action Learning Set facilitation. This programme aims to have impact in developing skills among trainees as they work towards developing leadership skills (NHS Leadership Academy 2014c).
Approach to evaluation and impact	Information on formal assessment associated with this programme was not outlined on the programme webpage.
Cost and cost comparison	The NHS Leadership Academy shoulders the costs of administering the programme, including an unspecified sum of expenses. There are no further details about the costs associated with the programme on the webpage for the programme.

The Executive Training for Research Application (EXTRA) Programme

Programme title	The Executive Training for Research Application (EXTRA) Programme (Denis et al. 2008)
Provider and brief history	The Canadian Health Services Research Foundation (CHSRF) manages the programme. The CHSRF is a not-for-profit, government-funded organisation, which works with hospitals, provincial and territorial health ministries, and public health bodies across Canada (CFHI 2014a). Health Canada, a Canadian federal department dealing with health affairs (Health Canada 2014), provides grants to fund the programme. This bilingual programme was established in 2004 with the rationale that 'evidence-informed management is a key element in the renewal of leadership in health care organizations and systems' (Denis et al. 2008).
Level of participant (typically)	Participants must hold a position of leadership and have completed training in a health discipline. Typically, they are health service professionals drawn from senior management positions.
Duration and time commitment	The programme lasts for 14 months. The programme is administered online and in three residency sessions (the first of which can last for approximately two weeks, the second of which lasts roughly one week and the third of which lasts for three days) (CFHI 2014c). Participants are also involved in a half-day orientation session which is run online (CFHI 2014c). Further, participants should be in a position to take one day from their working week over the course of the programme to engage in education and training activities (CFHI 2014d).
Brief summary and key themes	The main theme of the programme is to make the most of evidence-based research in the health system (CFHI 2014f). The programme is broken into six modules as follows (CFHI 2014b): <ul style="list-style-type: none"> • 'Module 1 Understanding health information uses for management, health evidence literacy, research methods, numeracy, and improvement evaluation • Module 2 Using and supporting the use of research-based evidence in healthcare organisations and systems • Module 3 Leadership for improving performance and quality • Module 4 Understanding health information uses for management, health evidence literacy, research methods, numeracy, and improvement evaluation • Module 5 Refining, accelerating and sustaining change • Module 6 Improvement project results presented to expert panels at the June residency session.'

	<p>The overarching aim of the programme is to undertake an improvement project within the participants' organisation which demonstrates 'assessment and application of evidence' (CFHI 2014e). Participants are organised into groups of two to four people in order to work on this project. It is unclear from the available sources if these health leaders forming the teams come from the same institution.</p> <p>Over the 14-month duration of the programme, participants must work individually, online and in group residency sessions. Some of the key themes of this programme include evidence-based management, evaluation and skills building.</p>
Underpinning philosophy and theory of change	<p>The purpose of the EXTRA programme is to harness skills in health system managers to allow them to make 'evidence-informed decisionmaking' in the health system (CFHI 2014f). A requirement for following the programme is to undertake an improvement project so that individuals can apply what they have learned from the programme to their work within their organisations.</p>
Interesting processes to highlight	<p>This programme is recognised by the University of Montréal and the University of Toronto. Those who follow the programme qualify for credits across a broad range of courses, most notably towards gaining an MSc in Health Services Research from the University of Toronto or a <i>diplôme d'études supérieures spécialisées</i> (DESS) in health services administration or an MSc at the University of Montreal. Added to this, individuals also gain the following (CFHI 2014f):</p> <ul style="list-style-type: none"> • 'Continuing Medical Education Credits offered by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada • Maintenance of Certification (MOC) Level 1 credits by the Canadian College of Health Leaders (CCHL) • CCHL Certified Health Executive (CHE) designation • CCHL Fellowship Program — as a partner, CCHL offers the EXTRA team members who meet the prerequisites for admission as determined by CCHL, the opportunity to obtain a CCHL fellowship designation taking into account the EXTRA program work • Certification levels will apply to competency-based e-learning curriculum • Linkages with LEADS in <i>A Caring Environment</i> capabilities framework that has been adopted by CCHL.' <p>Although the programme is designed to have impacts at individual, organisational and systems level, Denis et al. (2008) found that the programme had more of an impact at individual level than organisational level. At the time of this review only two cohorts had completed the programme – the authors believe that the programme had not yet had an opportunity to have an impact at a wider organisational level (Denis et al. 2008).</p>
Approach to evaluation and impact	<p>A review of this programme undertaken by Denis et al. (2008) determined that individual-level impacts were stronger than organisational-level impacts. No formal assessment of participants of this programme was highlighted in the publicly available data sources.</p>
Cost and cost comparison	<p>The cost per participant is Canadian Dollars \$7,500 (approximately £4,121).³⁶ This fee is payable by the participant's sponsoring organisation pending the approval of their application. The programme runs for 14 months and the fee is distributed among the learning modules, the online platform and the residency sessions.</p>

Copenhagen Business School (CBS) Research Management Course

³⁶ Conversion rate: Canada \$1 = £0.549 (conversion rate from xe.com on 6 November 2014).

Programme title	Copenhagen Business School (CBS) Research Management Course (Aalborg University 2014)
Provider and brief history	The CBS runs the CBS Management Course. The CBS is the second largest business school in Europe (with 20,000 students). It focuses on management disciplines and is conscious that it is important to place business in a 'social, political and cultural context' (Coursera 2014). To date, there have been 16 cohorts, made up of approximately 40 participants.
Level of participant (typically)	Participants can come from a range of backgrounds (public, private, health and academic). The programme is geared towards research leaders and future research managers (CBS Executive 2014). This suggests that participants are usually in a middle-level to senior role within their institutions.
Duration and time commitment	The course is made up of three three-day modules within a six-month period. On finishing the programme, participants can continue to engage with the programme through alumni activities.
Brief summary and key themes	The programme recognises that there have been shifts in organisational structures over the years which have had an effect on leadership and management. Leaders can no longer rely on 'command structures' but instead they rely on their communication skills and react to the needs of important stakeholders (Aalborg University 2014). This leadership style promoted by the programme is known as ' <i>mulighedsledelse</i> ' (opportunity leadership) (Grant et al. 2014). The programme aims to give leaders a skill set to deal with diverse leadership challenges. It deals with building analytical, collaborative and negotiation skills, among others (Aalborg University 2014). It appears to only have taught modules, which deal with the following themes (Grant et al. 2014): <ul style="list-style-type: none"> • Module 1: conceptions of leadership, examining the development and organisation of the research environment and group work • Module 2: reflexive leadership, time management and cultural aspects of research, norms and authority • Module 3: change management, the strategic development of research leadership and portfolio leadership, creating communities and wider perspectives for universities.
Underpinning philosophy and theory of change	The programme requires a high level of commitment from participants for each of the three three-day module sessions. The themes and subject matter used in the programme can be applied to the work environment. The programme aims to allow people to understand different theoretical perspectives in research management to cope with the broader role of the modern manager (e.g. balancing projects with increased collaborations, financing obligations) (CBS Executive 2014). In this respect, the programme can be seen to have an impact at the individual level, which can contribute to changes at the organisational level.
Interesting processes to highlight	This programme has a multidisciplinary approach – a number of university departments are involved in this project (the Department of Learning and Philosophy, the Faculty of Social Studies, the Centre for Learning in Organisations, among others) (Aalborg University 2014). The programme organisers expect participants to benefit from networking opportunities, management skills and understanding how to use them, and using these tools in one's own research management role (CBS Executive 2014). Participants are encouraged to network and join alumni networks (Grant et al. 2014).
Approach to evaluation and impact	We did not have information on evaluation of the wider programme.

Cost and cost comparison	The programme costs DKK 44,900 per participant (approximately £4,748 based on recent conversion rates) without VAT; this figure covers the modules, course materials, food and accommodation.
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Barking, Havering and Redbridge University Hospitals NHS Trust (BHRT) Fellowships in Clinical Leadership Programme

Programme title	Barking, Havering and Redbridge University Hospitals NHS Trust (BHRT) Fellowships in Clinical Leadership Programme
Provider and brief history	<p>The provider is QFI Consulting, a management consultancy focused on developing solutions based on the underpinning principles of the theory of constraints. As explained on their website: http://www.qficonsulting.com/Home/qfi-solutions-leadership-development:</p> <ul style="list-style-type: none"> • The QFI leadership development approach is based on a behavioural and thinking process which stimulates, supports and helps staff to develop and sustain change in paradigm for themselves and in their relationships with individuals, groups and the organisation, and an understanding of the necessary theory of constraints content to lead the delivery of unprecedented improvements in performance (QFI Consulting 2012b). • The theory of constraints is a management paradigm, which assumes that any manageable system is hindered in achieving its goals by a very small number of constraints. The approach adopts a focusing process to identify the issue (constraint) and organise and restructure and organisation or initiative around it. • The approach typically includes workshops that explain the QFI approach, why it works and the theory of constraints principles on which it is based. • Leadership programmes are designed to meet the needs of each group and to help staff deliver continuous and sustainable improvements across the organisation. The QFI leadership programmes are supported by action learning and solution-based focus groups (QFI Consulting 2012a). Their programmes also offer personal coaching; senior team support that includes the facilitation of discussions; and large group events that improve communication and joint working.
Level of participant (typically)	<p>Newly qualified consultants (doctors, nurses, midwives) who have been recruited on a one-year contract with the Trust, (similar to senior Darzi fellows level)</p> <p>External fellows, tend to come from high –performing environments</p> <p>Internal BHRT fellows</p> <p>Fellows participate in the programme while continuing with clinical duties. External fellows are expected to relieve internal fellows from some clinical duties, so the latter can participate in the programme.</p> <p>Clinical fellows are paired with established senior staff (clinical leads or clinical directors), who act as mentors to support implementation of some aspects of the programme (QI projects).</p> <p>Some managerial, administrative and Allied Health Professional support provided by BHRT to aid implementation of QI projects</p>
Duration and time commitment	12 months (not full time, as external fellows have clinical tasks two days a week, internal fellows four days a week). The rest of the time is spread between the personal and professional development support programme and QI projects.

<p>Brief summary and key themes</p>	<p>The first phase of the programme combined leadership development training with fellows leading quality improvement projects, while continuing their clinical duties. The focus was on applying formally taught learning in the QI projects (in various clinical areas, including surgery, paediatrics, anaesthetics and general medicine, as well as maternity) and in normal clinical activities. Overall, 60 clinical fellows and senior staff participated in the programme.</p> <p>Clinical fellows from outside the Trust (external fellows) were joined by clinical fellows from within the Trust (internal fellows). As part of the scheme, clinical fellows were paired with established senior staff (clinical leads or clinical directors), some of whom acted as mentors to support the implementation of fellows' projects. There was some administrative and management support provided by BHRT.</p> <p>The programme comprised two schemes: Scheme A (10 external fellows, 20 senior clinicians) involved clinicians from a variety of specialties; Scheme B (four external fellows, eight internal fellows, six neonatal nurses, 12 senior clinicians) focused on maternity services in particular and involved mainly midwives and nurses.</p> <p><u>Training themes for developing leadership skills:</u> critical thinking, resilience, solutions-driven and lateral thinking, team work and interpersonal skills, influencing skills, project management, business planning and financial management, interpersonal communication, confidence in yourself and your ideas, improved self-understanding and awareness, understanding of the organisation and system context of change, specialised service improvement skills, negotiation skills.</p> <p><u>Training activities for anchoring leadership skills in clinical practice:</u> in addition to taught modules, activities included psychometrics (psychological measurements including tests such as personality assessments, questionnaires); 360 degree feedback; action learning sessions; feedback and evaluation modules; business planning, project management and finance (including skills to improve individual financial behaviours); strategy and organisational development; leading and managing continual change; dedicated project support by QFI consultants; QI projects.</p>
<p>Underpinning philosophy and theory of change</p>	<p>The combination of learning activities, clinical duties and QI project work sought to enable participants to transfer and manifest new competencies in their QI projects, and improve the quality of care within the Trust. <i>The key assumption was that this combination was needed to anchor the theoretical learning from leadership development programmes into daily medical practice.</i> Overall, the Programme aimed to enable the Trust to rapidly improve and exceed quality care requirements; develop internal capabilities and foster a culture of quality improvement; and develop a group of NHS consultants who could lead improvement-oriented change elsewhere.</p> <p>A number of associated assumptions were central to the programme:</p> <ul style="list-style-type: none"> • Leadership development is more efficient when linked to organisational development; therefore, combining taught modules with quality improvement projects and clinical activity is important. • Empowered individuals could act as champions of change organisationally. • Combining external and internal fellows in the same programme helps share perspectives from people with different professional backgrounds and experiences, and enables cross-fertilisation. • Ring-fenced time for participation in the programme is needed for it to deliver its goals. • Dedicated management time and support from administrative functions in the Trust are needed for the programme to deliver its goals. • There was an expectation that the scheme would leave the Trust with a legacy of well-developed projects, 60 staff acting as champions for change and leading work to address poor care and attitudes in the organisation. It was also anticipated that if the scheme was successful it could be rolled out to other trusts.

<p>Interesting processes to highlight</p>	<p>Combination of external and internal fellows to facilitate knowledge exchange. It was important to create sufficient time and space for networking within the programme's design, and to ensure equal treatment of external and internal fellows</p> <p>Combination of taught learning elements and quality improvement projects, as well as continued clinical duties to anchor the learning from leadership development into daily clinical activity, so linking learning more effectively to organisational development</p> <p>Ring-fenced time for participation in the programme</p> <p>Admin and management support from the Trust, particularly important in the context of a dedicated programme manager, IT support for QI projects</p> <p>External real-time evaluation</p>
<p>Approach to evaluation and impact</p>	<p>External evaluation by RAND Europe, commissioned to take place during the life of the programme (real time)</p> <p>Combined participatory workshops with participants in the programme for evaluation framework development</p> <p>Implemented through a combination of workshops, survey and interview approaches</p> <p>QFI provider also asked for feedback on some of their activities (but this was less formal)</p>
<p>Cost and cost comparison</p>	<p>A senior fellow in clinical leadership was offered £74,504 on a one-year fixed-term contract (ten posts, based on job advert)</p> <p>Support programme (QFI) costs</p> <p>Central administrative support costs</p> <p>External evaluation (low cost, perceptions and audit-based review) (c £50,000)</p> <p>It is not clear how much it cost for internal participants to be part of the programme but presumably it would be part of their salary costs</p> <p>Other cost data not available</p>