

# ARC Impact Fellows

## Seminar series 2025



**The following slides have been developed to provide a snapshot of the learning throughout the ARC Impact Fellow Seminar Series 2025.**

**Delivered by leading experts in their field, these sessions were designed to equip fellows with the knowledge, frameworks, and practical skills needed to translate evidence into meaningful impact across health and care systems.**

# Core Themes and Sessions:

- **Foundational Skills**

- Practical strategies for planning, executing, and monitoring projects effectively.
- Understanding why engagement matters, best practices, and managing relationships for successful implementation.

- **Implementation Science Frameworks**

- Explores taxonomy of Theories, Models, and Frameworks, logic models, and their role in guiding implementation and evaluating outcomes.
- Provide a roadmap for translating evidence into practice, emphasising the Knowledge to action framework cycle and implementation planning.

- **Evidence and Co-Production**

- Case studies on co-design principles and using evidence creatively in service development.
- Highlight methods for involving patients and the public in research and evaluation to ensure relevance and sustainability.

- **Behavioural Science and Change**

- Deep dive into behaviour change theory, focusing on capability, opportunity, and motivation as drivers of change.

- **Knowledge Mobilisation**

- Strategies for moving knowledge into practice, reducing common myths, and enabling fellows to maximise impact.

Workshop title	Lead
<a href="#">Project management in practice</a>	<a href="#">Ben Jackson</a> / <a href="#">Jyothika Kumar</a>
<a href="#">Theories, models and frameworks of imp science</a>	<a href="#">Per Nilsen</a>
<a href="#">Knowledge to Action Framework</a>	<a href="#">Ian Graham</a>
<a href="#">Playing with evidence</a>	<a href="#">Joe Langley</a>
<a href="#">COM-B – A Deeper Dive</a>	<a href="#">Angel Chater</a>
<a href="#">Stakeholder engagement</a>	<a href="#">Annette Boaz</a>
<a href="#">Patient and public involvement; coproduction in practice</a>	<a href="#">Louca-Mai Brady</a>
<a href="#">Knowledge Mobilisation</a>	<a href="#">Danielle Tucker</a>
<a href="#">Stakeholder management in practice</a>	<a href="#">Maxine Farmer</a>



## Dr Sarah Robinson - Implementation Lead

Sarah is Director of Health Partnerships and Insights at Health Innovation East and Implementation Lead for the NIHR ARC East of England.

**About:** I have completed a clinical doctorate 12 years ago but my passion is about improving clinical practice by embedding new ways of working. I use my background in psychology, programme management and implementation science to inform how i encourage successful impact.

**Research interests:** Mental health; workforce; children; older adults.

**Contact:** [sarah.robinson@healthinnovationeast.co.uk](mailto:sarah.robinson@healthinnovationeast.co.uk)

## Dr Danielle Tucker – Knowledge Mobilisation Lead

Reader, University of Essex and Academic Knowledge Mobilisation Lead, ARC East of England

**About:** I have undertaken a range of academic research projects, contracted evaluations, consultancy and knowledge transfer partnerships, working with local councils, social enterprises, healthcare charities and social care community interest groups across Essex and South Suffolk. I am a British Academy Innovation Fellow, where I have partnered with organisations to transfer knowledge from academic research to practice-based toolkits.

**Research interests:** Organisational change, policy implementation; human resource management practices; meaning making; collaboration; integrated care; trust; communication; creation of shared meaning.

**Contact:** [dtucker@essex.ac.uk](mailto:dtucker@essex.ac.uk)





# Ben Jackson

## Senior Advisor

Health and wellbeing project manager, delivering complex projects within local authority, NHS, civil service and the private sector for over 15 years.

Project management experience at local and national level, specialising in health and wellbeing projects enabling positive healthy lifestyle behaviour change.

Delivered a national, healthcare professional, peer to peer training programme while at Public Health England. The programme delivered an increase in knowledge and skills, while enhancing confidence to support populations to be more active.

**Contact:** [ben.jackson@healthinnovationeast.co.uk](mailto:ben.jackson@healthinnovationeast.co.uk)

### What I do:

- Champion implementation discussions and share knowledge
- Connect the right people
- Identify opportunities
- Design and deliver change
- Project management advice and guidance





## Jyo Kumar

### Senior Advisor

Experienced researcher with a PhD in Psychiatry from the University of Nottingham, and post-doctoral research experience.

Experienced with facilitating the management and delivery of research within the NHS, primarily in mental health and community care settings.

Continued involvement in grant writing, peer reviews, academic publications and projects relating inclusive research practice. Voluntary role with Mental Health Research UK.

#### What I do:

- Champion research discussions and share knowledge
- Support with bridging the gap between research and implementation
- Connect the right people
- Identify opportunities
- Design and deliver change

**Contact:** [jyothika.kumar@healthinnovationeast.co.uk](mailto:jyothika.kumar@healthinnovationeast.co.uk)



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# **Foundational Skills**

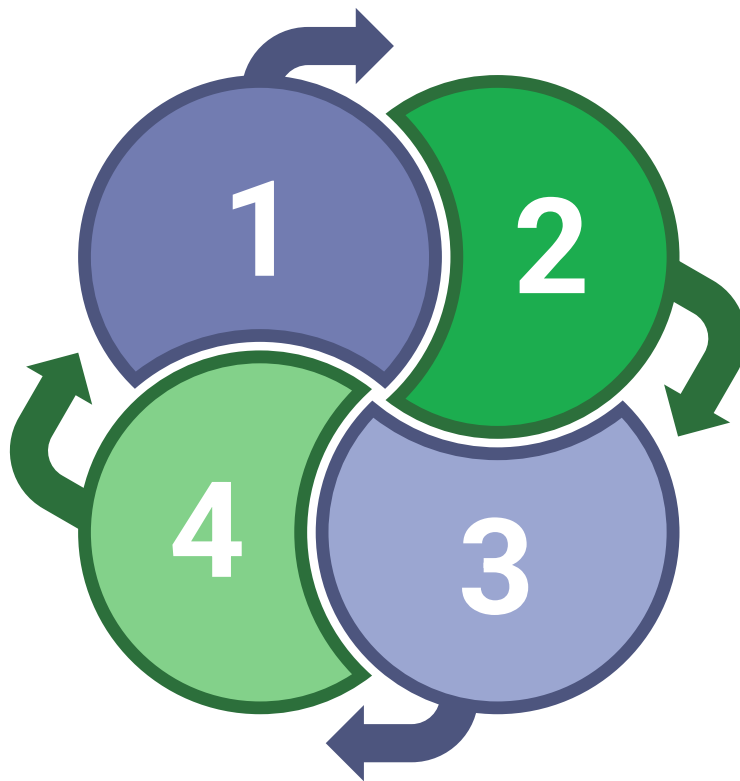
# Project Management in Practice

## Methodologies

Better understanding of the different types of project management methodologies

## Implementation pack

Able to identify and access resources that support your work effectively



## Guiding principles

Analyse and discuss guiding principles of effective project management

## Examples of tools in practice

Experience and awareness of some practical project management tools





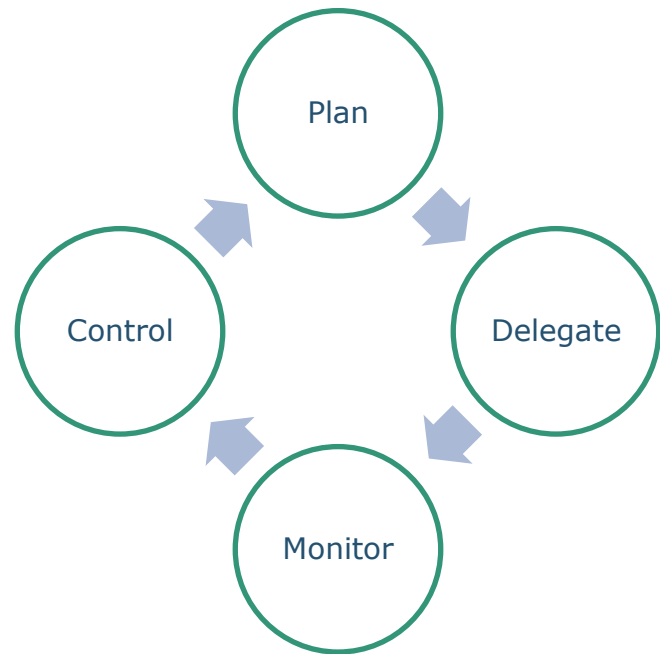
# Project Management in Practice

## What is a project?

PRINCE2 defines a project as: "A temporary organisation that is created for the purpose of delivering one or more business products according to an agreed business case".

The following characteristics of a project distinguish it from business as usual:

- Change – the organisation will be different after the project
- Temporary
- Cross-functional
- Unique
- Uncertainty



PRINCE2 areas of project management



# Stakeholder engagement

## Why is stakeholder engagement important?

Different rationales for engaging stakeholders in implementation:

- Practical (to improve implementation practice).
- Ethical (because they have a stake in the outcomes of implementation).
- Normative (because it is how we do things).
- Research funders increasingly require stakeholder engagement as a condition of funding for implementation support activity.



### **Annette Boaz**

This session will aim to outline why stakeholder engagement is important, share an approach to mapping stakeholders, understand best practices in stakeholder engagement and understand what are the challenges to stakeholder engagement



# Take home messages:

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1. Stakeholder engagement is often overlooked in implementation
2. There are a number of potential advantages to stakeholder engagement, including improving implementation
3. Stakeholders should be seen as key implementation partners and be involved right from the start
4. Stakeholder mapping can help to identify who to involve and how
5. Good stakeholder engagement can be time and resource intensive for everyone involved
6. Capturing the outcomes of stakeholder engagement can help build the case for working with stakeholders in future implementation projects



## Principles for stakeholder engagement

1. Communicate – who, where and how? *Example Mexico, Kenya, Philippines versus pathology team from 1 trust in 4 different locations within one postcode.*
2. Consult, early and often – beginning of projects is often the messiest phase. *Example new hospitals, wards redevelopments and allocations.*
3. Remember, they're only human – rational, reasonable or consistent. *Example strategy video, the script and the cat.*
4. Plan it – deliberate approach map and use tools or dedicated software like kumu or CRM style system or excel. *Example MTFM Spectra Optia EOE regional service development.*
5. Relationships are key – developing trust helping to ease the challenges, speed decision making, or problem solving, reduce risks and increase credibility. *Example MTFM Spectra Optia EOE regional service development.*



### Maxine Farmer

This session will discuss stakeholder engagement in practice, including social network analysis and stakeholder mapping. The session will provide interactive opportunities to investigate the importance of stakeholder management, as well as the key principles of stakeholder management, enriched with real-life examples.

## Principles for stakeholder engagement

6. Simple, but not easy – over and above conventional planning. *Example HIE Event with Professor Adam Rutherford.*
7. Just part of managing risk – potential sources of challenge and risk. *Example new head of research at a trust appointed in the middle of an evaluation caused challenges to the delivery of a project. Income Management Project.*
8. Compromise – acceptable baseline *Example reunite the spice girls for a photo shoot for breast cancer awareness. Cherie Blair on the on the front page of the Times and Geri Halliwell in the Mail on Sunday.*
9. Understand what success is – different things to different people – joint agreement *Example primary care Feno rollout PCNs versus practices.*
10. Take responsibility - it's everyone's role in a project team. *Example Covid Medicines Delivery Unit at an acute site.*



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# **Implementation Science Frameworks**

# Theories, models and frameworks of imp science

## Implementation TMFs

Theories imply some *predictive capacity* and attempt to explain the *causal mechanisms* of implementation

Models are used to *describe/guide the process* of translating research into practice

Frameworks identify *factors believed/found to influence* implementation outcomes

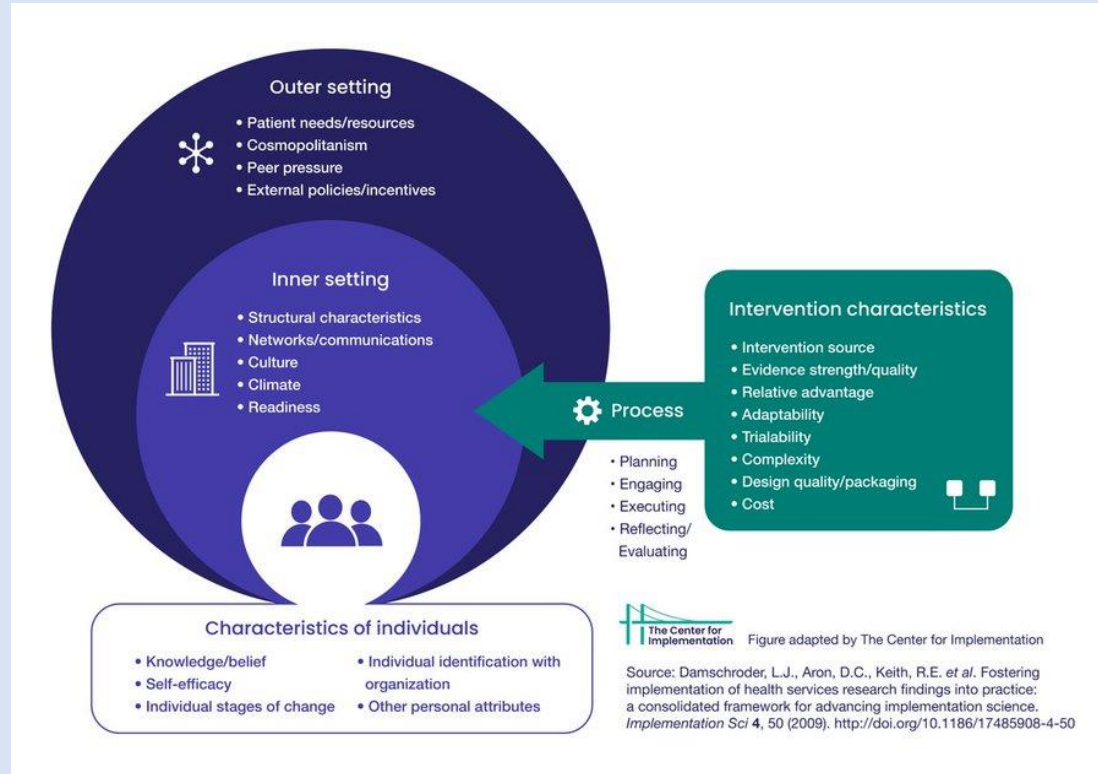
*Models and frameworks do not specify the mechanisms of change; they are typically more like checklists of relevant factors to various aspects of implementation*



### Per Nilsen

Theories, models and frameworks (TMFs) in implementation science. The session will delve into a taxonomy of TMFs, covering various examples such as process models, determinant frameworks, and classic and implementation theories. Emphasis will be placed on evaluation frameworks, particularly focusing on outcome evaluation. We will discuss the appropriate use of different TMFs in four common situations and explore the application of logic models.

# Theories, models and frameworks of imp science



Consolidated Framework for Implementation Research (CFIR)  
(Damschroder et al., 2009)





# The Knowledge to Action Framework



## The KTA framework

The framework takes a systems perspective:

- knowledge producers and users are situated within a social system or systems that are responsive and adaptive, although not always in predictable ways.
- the KTA process is considered iterative, dynamic, and complex, with the boundaries between the knowledge creation and action components fluid and permeable.
- falls within the social constructivist paradigm which privileges social interaction and adaptation of research/evidence and takes local evidence, context and culture into account
- designed to be used by a broad range of audiences
- at each phase of the cycle other theories can apply or be applied(e.g. psychological, sociological, organizational, educational ... theories)



### Ian Graham

The Knowledge to Action Cycle (KTA) and implementation roadmap. Exploring the origins of the KTA cycle, providing a comprehensive review of its development. Illustrate the practical application of the KTA Cycle through a specific example, demonstrating its effectiveness in real-world scenarios. Additionally, examining the relationship between the KTA Cycle and the Implementation Roadmap, highlighting how these frameworks complement each other in facilitating successful implementation processes.



- Define what constitutes knowledge use so it can be measured (i.e., conceptual, instrumental, strategic).
- Determine the extent to which the interventions have been successful in bringing about intended change.



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## **Evidence and Co-Production**

# Playing with evidence

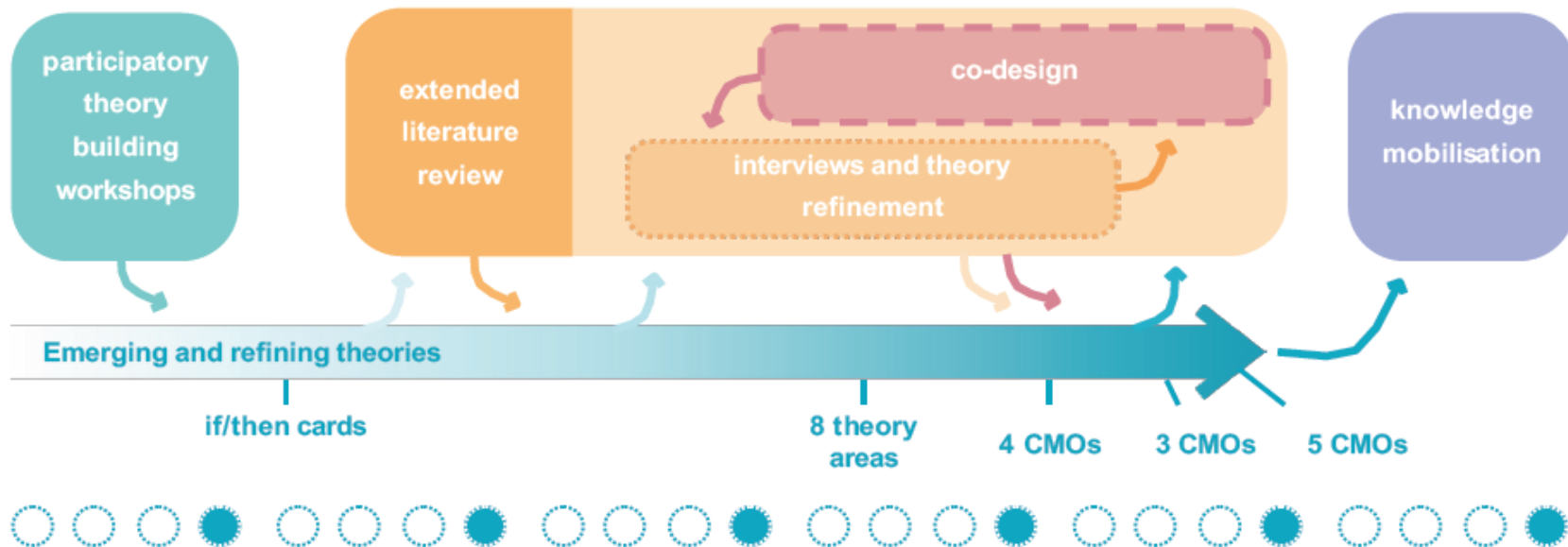
the (actual) process



monthly team meetings



project advisory group meetings



Lab 4 Living



## Joe Langley

Participants will explore two case examples: Function First and Serious Incident Investigations. They will have the opportunity to experience co-design games based on these examples, followed by sharing their insights and reflections from the game experiences. The session will conclude with a summary of how these games illustrate co-design principles.

# Playing with evidence

## Principles of co-\* and how to enact them

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### Variations on frameworks of co-production principles:

#### NIHR CLAHRC YH (2010)

*Engagement in user-centred healthcare design*

1. Design **with** people not for people
2. **People** not patients
3. Design for **innovation**

#### NIHR & INVOLVE (2018)

*Research co-production*

1. Sharing of **power**
2. Including **all perspective** & skills
3. **Respecting** & valuing all knowledge
4. **Reciprocity**
5. **Building & maintaining** relationships

#### Langley et al (2022)

*Creative practices in co-production...*

1. enables people to **contribute**
2. enables shared **sense-making**
3. transforms **evidence into action**



Lab 4 Living



# Patient and public involvement; coproduction in practice

## What is public involvement?

*Research being carried out ‘**with**’ or ‘**by**’ members of the public rather than ‘**to**’, ‘**about**’ or ‘**for**’ them (NIHR) “an active partnership”*

<https://www.nihr.ac.uk/documents/briefing-notes-for-researchers-public-involvement-in-nhs-health-and-social-care-research/27371>

*The ways in which the research community works together with people including patients, carers, advocates, service users and members of the community ([HRA 2023](#))*



### **Louca Mai-Brady**

Involving patients and the public in research, evaluation and implementation ensures that they address the priorities of those who use services, in ways that work for them and inform longer-term impact to improve practice. This session will outline key principles of patient and public involvement (PPI) with diverse populations, alongside practical real-life examples and an opportunity for Fellows to reflect on how to incorporate PPI into their work.

# Patient and public involvement; coproduction in practice

## Key elements for success

- Flexibility and inclusion - adapt the model/approach to fit the people you want to involve, not the other way around
- Involve people as early as possible and throughout the research process
- Allow time to develop trust and rapport
- Be clear regarding roles & expectations (for all)
- Ensure that you are paying people appropriately for their time and expertise (see NIHR CED guidance to payment)
- Offer training and support
- Feedback & reciprocal relationships
- Document and evaluate public involvement, and involve public contributors in this
- GENUINE COMMITMENT (NOT tokenistic/box ticking)
- Remember that people also have a right not to be involved

~~JARGON~~



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# **Behavioural Science and Change**



# COM-B – A Deeper Dive

@DrAngelChater

What we do (Behaviour) is influenced by COM – e.g. whether we:

C - are **able** to do it (Capability),

O - have the **chance** to do it (Opportunity)

M - **want** to do it (Motivation)

Interventions can help most if we understand what helps and what hinders behaviour based on a COM-B analysis (behavioural diagnosis) – and use relevant behaviour change strategies to bring about change

These are the key considerations of the COM-B model and the Behaviour Change Wheel Approach (Michie et al., 2011; 2014)



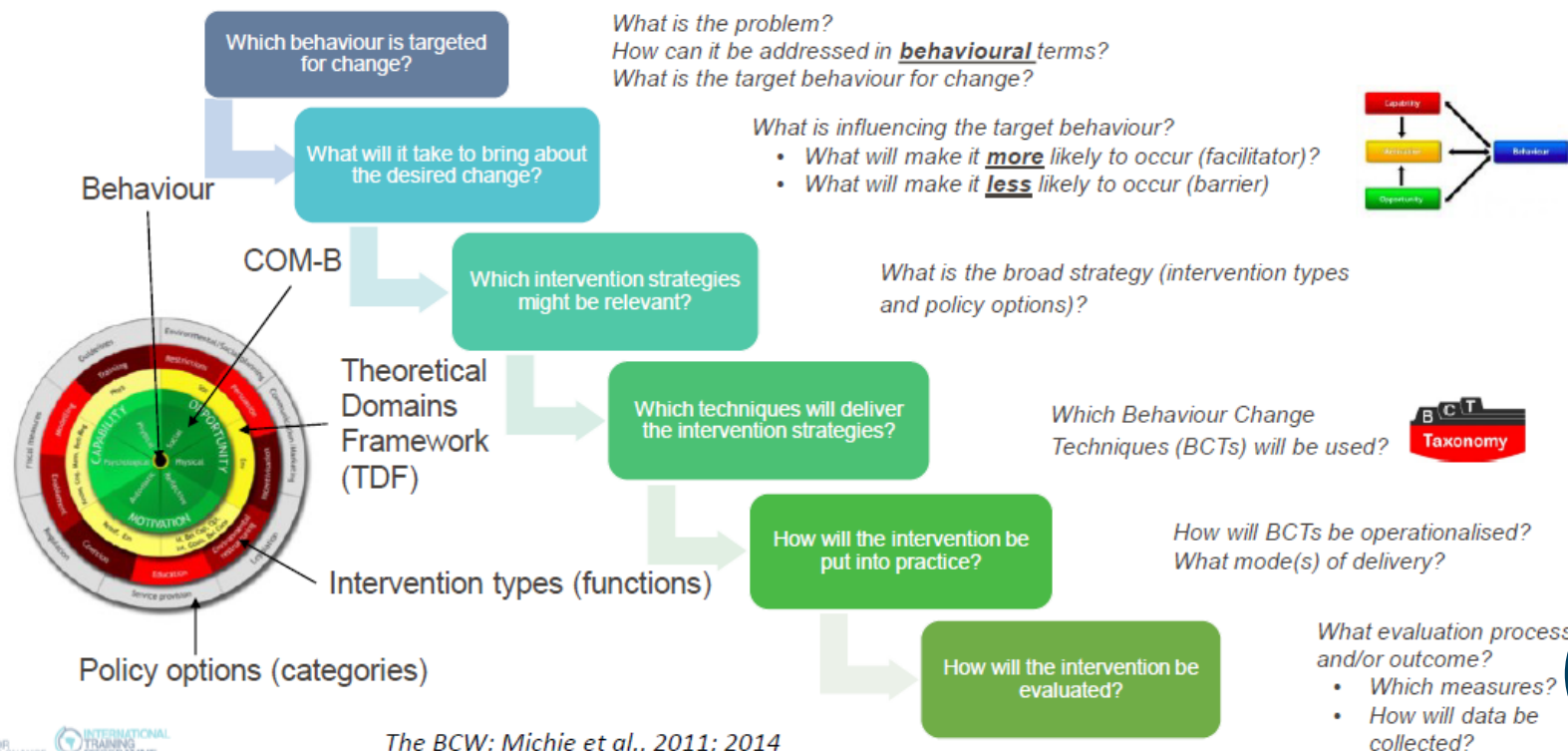
## Angel Chater

This session will focus on the COM-B model, which is used to understand behaviour. The model explains that our actions (Behaviour) are influenced by three factors: Capability (C) – our ability to perform the behaviour, Opportunity (O) – the chance to perform it, and Motivation (M) – our desire to perform it.

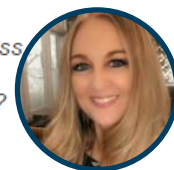
# COM-B – A Deeper Dive

@DrAngelChater

## The Behaviour Change Wheel (BCW) Approach



The BCW: Michie et al., 2011; 2014



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# **Knowledge Mobilisation**

# Why does knowledge mobilisation matter?

- Knowledge mobilisation supports creation of new knowledge, effective sharing of research findings (dissemination) and delivering impact (the demonstrable benefit of research).
- Good knowledge mobilisation contributes to:
  - study design; research questions are relevant to practice and everyday life
  - dissemination; answers are shared with the people who need to know
  - implementation; findings drive changes to policy and practice



### Danielle Tucker

This session will explore what Knowledge Mobilisation (KM) is, why it's essential, and debunk common myths. Attendees will have the opportunity to create a personalised action plan. Perfect for fellows looking to effectively apply KM in their work and make a meaningful impact within their impact project.

# Final Thoughts

- Knowledge mobilization doesn't just happen, we need a targeted and strategic approach to getting the right information to the right people at the right time.
- People use a wide range of types of knowledge in their work practice, much of which includes experiential and informal knowledge.
- Include other people in your campaigns and work as much as possible – create a movement
- You can't do everything, prioritise the actions that are likely to have the most impact.



**Thank you for listening!**

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