

### Research Strategy: 2019/24

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<b>Document Authors</b>	Samantha Whitby and Dr Jan Birtle
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#### Version History

Version	Circulation Date	Job Title of Person/Name of Group circulated to	Brief Summary of Change
1	20.06.12	Research and Development Group	Approved.
2	13.09.18	Research Strategy Group (see Appendix 1 for list)	General feedback/ amendments.
3	16.11.18	Research Strategy Group (as above)	General feedback/ amendments.
4	01.02.19	Research Strategy Group (as above)	No further amendments.
		Executive medical Director	Make reference to the Innovation Framework, add in introduction to the Trust, remove financial references.
5	27.02.19	Quality & Safety Committee	Approved with following amendments; include a

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			non-mental health case study. Emphasise patient participation, MDT involvement, career pathway enhancement, recruitment and retention, and research champion role. Note that move from Option 1 to Option 2 will be gradual. Include list of stakeholder workshop participants in the appendix.
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## Accessibility

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- Face to face interpreting;
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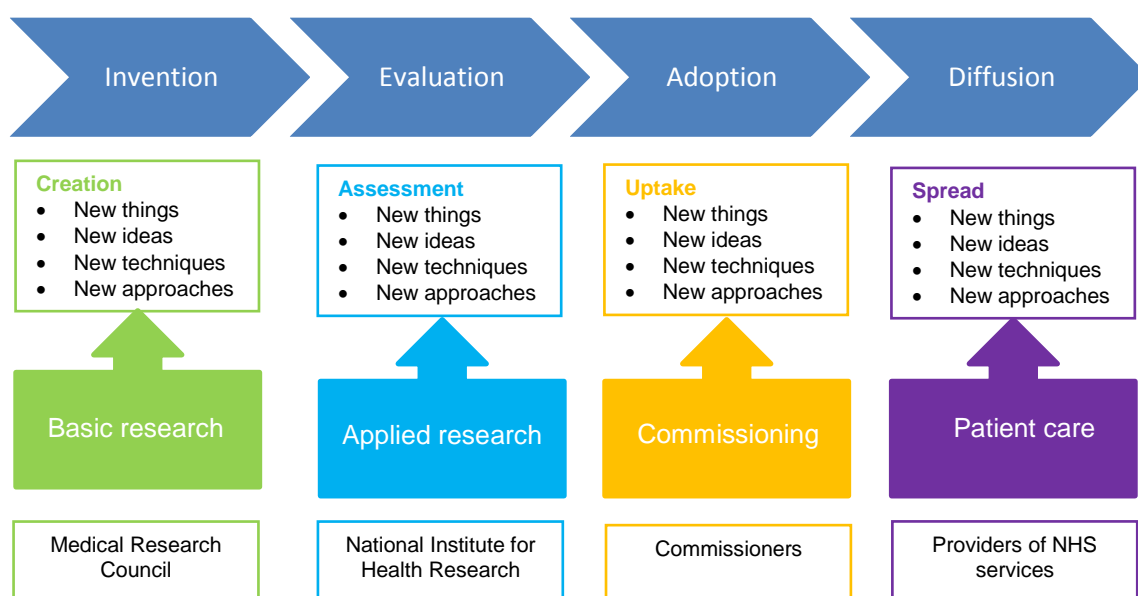
Please refer to the intranet page: <http://nww.hacw.nhs.uk/a-z/services/translation-services/> for full details of the service, how to book and associated costs.

## Training and Development

Worcestershire Health and Care NHS Trust recognises the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

**All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.**

## The Research Pathway (Research Design Service East Midlands)



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## Executive Summary

This Research Strategy: 2019/24 provides a significant re-examination of the Trust direction in designing and delivering research. The purpose is to refresh the Research Strategy, to ensure that this aligns with the NHS Long Term Plan (LTP) and with the strategic direction of Worcestershire Health & Care NHS Trust.

This strategy will ensure that across the Trust structures and processes are integrated in order that research is thoroughly embedded across all aspects of the work of the Trust.

The strategy will outline ways in which all areas of work across the Trust can benefit by developing a culture of enquiry, examining evidence-based practice, using information and evaluating changes in service provision.

As a result, the Trust will become a truly Research Active organisation which not only learns from the development of changes within the Trust but also extends the reputation of the Trust to become a leading player in the provision of high quality services in health care, working towards achieving the Care Quality Commission's (CQC) 'outstanding' rating.

Within the scope of the Research Strategy there will be strong partnership development, building on those already established with the Clinical Research Network West Midlands (CRN WM), the Herefordshire and Worcestershire Research Collaboration, the Institute of Mental Health at the University of Birmingham, the West Midlands Academic Health Sciences Network associated with the Sustainability and Transformation Partnership (STP), and Research Departments across the University of Worcester.

The strategic approach to research is strongly informed by a stakeholder workshop of internal staff and external partners (Appendix 1), by proposals to develop the Innovation Hub, by quality improvement methodologies across the Trust and by an intention to support staff in developing an enabling questioning culture that learns from experience. This culture will transform and improve the quality of care across all clinical services provided by the Trust.

### Links between innovation and research:

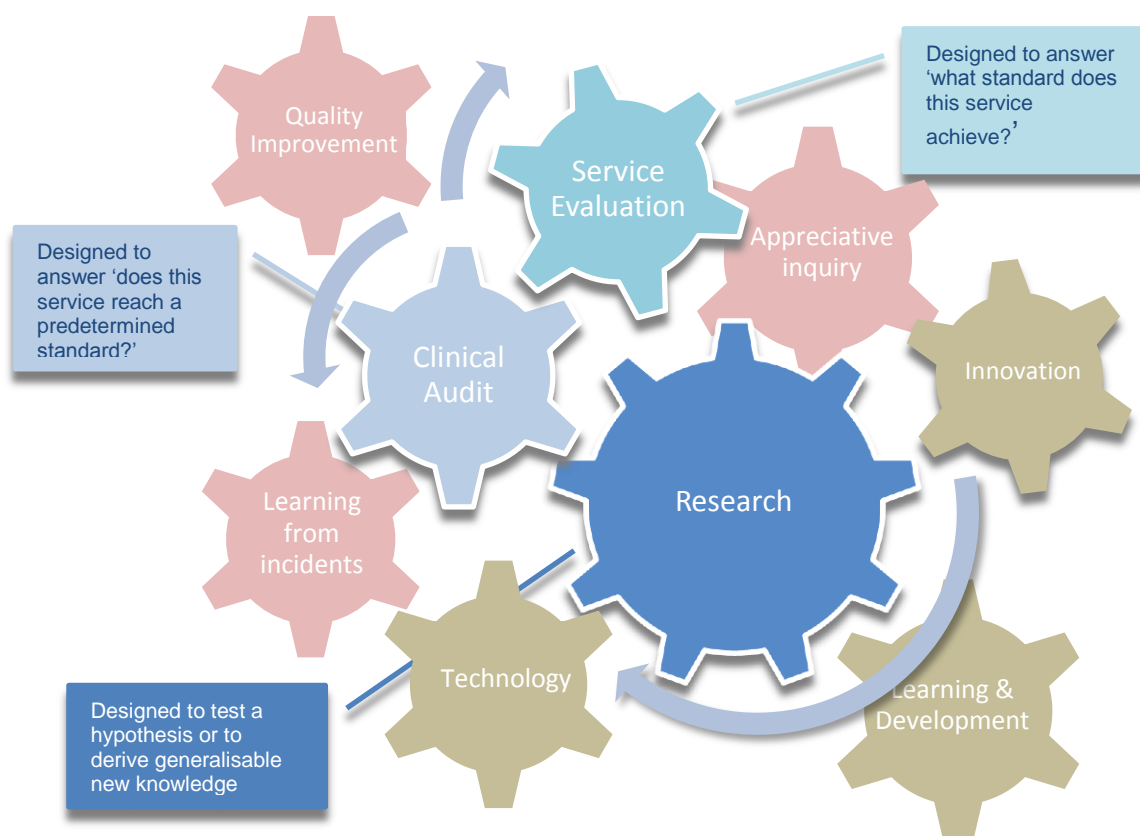
Any new products or services are innovations and it is a priority of clinical services that these are made available as soon as possible for patient benefit.

Innovations can be evaluated and may lead to further developments, for example a change of intervention which proves positive can lead to more formal research evaluation. This can lead to research funding applications for substantial investigations. Positive initial evaluation will strengthen the case for research funding.



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Research and innovation are essential to progressing advances in treatment. Most staff develop knowledge of research methodologies through their core professional trainings and as a result will have investigative and analytic skills. There is potential to harness these skills and refresh their use across the Trust.



Mechanics of Research and Innovation

Collaborative work alongside patients, service users and carers will be an important aspect of the Trust research programme, and this will be evidenced by an increase in the number of co-produced studies, and the development of a visible community of Patient Research Ambassadors across the Trust. By working in partnership with patients, service users and carers, local research is driven by the priorities identified by, and which reflect the clinical needs of the patient population. This recognises the valuable contribution they make and questions they bring regarding optimum interventions for the range of conditions they present.

Research and innovation methodologies can be applied in all clinical and corporate areas of the Trust and also in the wider system of health and social care delivery. Through an approach which becomes central to all our activities there are opportunities to question, learn, explore and improve health and social care. This may range from small scale projects, including undergraduate and postgraduate projects, nationally funded NIHR research and potentially international collaborative research studies. All of which contribute to supporting staff career pathway enhancement, assisting with recruitment and retention of staff. These activities feed into and support the wider Innovation Framework within the Trust.

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Through awareness-raising and a Research Champion Network within the Trust, we will share opportunities to engage in research with patients and service users, the public and our staff. We will articulate how the organisation proactively supports delivery of research, and how the Trust supports a programme of research activity across its services, supported by researchers from all profession backgrounds.

Within Worcestershire Health and Care NHS Trust we have a small and effective research team who support a number of NIHR Portfolio projects, although there is limited capacity to support staff across the Trust who wish to develop research, innovation and evaluations. Partnership with others strengthens this position, for example colleagues at the University of Worcester are interested in working together for mutual benefit, for example the University contributing research skill training and development to the Trust while we assist with access to patient groups where clinical impact can be studied.

Specific but limited assistance can be offered to support bids for research funding, setting up studies, research governance, developing local studies and supporting NIHR portfolio investigations. It is envisaged that additional funding to support the research team will lead to a developing culture of research, to internal improvements in services delivered, to robust evaluation of interventions and to raising the profile of the Trust in influencing excellent practice externally.

### Case study

#### **Antipsychotic treatment of very late-onset schizophrenia-like psychosis (ATLAS): a randomised, controlled, double-blind trial** Howard et al., 2018

Very late (aged  $\geq 60$  years) onset schizophrenia-like psychosis occurs frequently but no placebo-controlled, randomised trials have assessed the efficacy and risks of antipsychotic treatment. The study investigated whether low-dose amisulpride (100 mg daily) is superior to placebo in reducing psychosis symptoms over 12 weeks and whether any benefit is maintained by continuing treatment after 12 weeks.

*Findings:* Low-dose amisulpride is effective and well tolerated as a treatment for very late-onset schizophrenia-like psychosis, with benefits maintained by prolonging treatment.

### Supporting evidence based practice to drive clinical care

A recent conference on Open Dialogue, a new approach to mental healthcare, was organised by the Trust, with invited speakers from the Institute of Mental Health University of Birmingham, North East London Foundation Trust and the OD peer support training programme.

The conference aimed to raise awareness of the strong evidence base underpinning the OD approach, with WHCT trainees presenting different aspects of the research from Finland. Further details of the ODESSI research and its roll out in UK mental health services, were discussed, as well as the opportunities and challenges of implementing this.

The conference was supported by live technology in the form of a poll regarding whether the Trust should take forward this approach and audience questions through a 'Sli.do' app. The conference demonstrated a high quality of research presentations and 100% of respondents expressed the view that the Trust should adopt Open Dialogue as an approach to Mental Health crises, based on the very positive research evidence. There is an opportunity to develop evidence based practice through this approach, putting research findings to positive effect in driving forward services improvements.

### Case study

#### **Sudden unexplained death in psychiatric in-patients and the relationship with psychotropic drugs: National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)**

Windfuhr et al., 2010

*Analysis of these deaths since 1999 has highlighted:*

- Sudden unexplained death was often linked to physical health problems; most had a history of cardiovascular or respiratory disease.
- Polypharmacy with psychotropic drugs was relatively uncommon, occurring in around 9%.
- Around a quarter were aged under 45; in this group physical illness was less common; polypharmacy more common. This group were also more likely to be male, from a black and minority ethnic group, and to have a diagnosis of schizophrenia.
- In the study period, there were 32 deaths following restraint, 1-4 deaths per year. It is not possible to say if restraint was the cause.

### Case study

#### **Focus on Early Eating Drinking and Swallowing review (ongoing)**

After a year of gathering information from parents, carers and professionals, the study team aim to identify strategies that parents of young children with developmental difficulties can use at home to help improve children's eating, drinking and swallowing difficulties.

## Introduction and background

Worcestershire Health and Care NHS Trust serves a population of approximately 570,000, and delivers services across more than 100 sites including people's own homes, wards, community clinics, and schools. The Trust employs around 4,000 clinical and non-clinical staff, and over 26,000 patient contacts are made every week. The Trust's vision of Working Together for Outstanding Care has become its culture, evidenced through the values, strategic priorities and enabling principles of the organisation.

The organisation is committed to continuous quality improvement and innovation, and building and sustaining capacity and capability is essential. The Trust has a huge asset in the shape of its talented, experienced, and multi-skilled workforce, and it is committed to enabling the ambition, creativity and motivation of its staff at all levels to be actualised. Quality is everyone's business, and therefore quality improvement should be at the heart of all we do; working and improving together with the aim of becoming an 'Outstanding' organisation. Staff delivering services are best placed to lead on quality improvement for the benefit of patients, service users and carers. In partnership with these individuals and wider communities, the Trust can further strengthen its engagement with others so as to deliver co-produced strategies and projects which will further improve our services; this is central to the Trust's approach.

The Trust is committed to delivering on its four transformational priorities of the Sustainability and Transformation Partnership plan. Maximising efficiency and effectiveness, reshaping our approach to prevention, developing an improved out-of-hospital care model, and establishing sustainable services are key areas of focus for the coming period. Digital technologies and innovation will be key to achieving these, and the Trust's ambition and commitment to the digital future has been recognised nationally; we are now one of only seven Global Digital Exemplar (GDE) sites for Mental Health. Setting out a plan of robust evaluation of new products, and research and development of innovative ideas is an essential element of the GDE programme.

This strategy identifies the strategic and operational aims and objectives of the Trust with respect to developing and supporting an active research culture within the organisation for the next five years. Whilst this reflects the Trust's own strategic and quality objectives, and is itself included as a priority in the Trust's Business Plan 2019/20, it also reflects those of the CRN WM's High Level Objectives (Appendix 2), and those of the Herefordshire and Worcestershire Research Consortium in which it is a partner. It also reflects the ambitions and intentions of the LTP, plus the CQC new key lines of enquiry regarding research and improvement in a 'well-led' organisation (Appendix 3: CQC Next Phase methodology (2018) Well-Led: W8).

The NHS Long Term Plan (LTP) recognises the critical importance of research in driving future medical advancement, better care for patients plus economic growth for the UK economy. The LTP promises financial investment to support research in specific areas such as dementia, cancer and genomic testing, and is committed to increase the number of people registered to participate in health research to one million by 2023/24.

The number of NICE evaluations of health tech products is also set to increase, and products classed as 'ready to spread' will be supported enabling adoption to be rolled out across the NHS. This is underpinned by the Life Sciences Industrial Strategy (DHSC, 2017) which aims to create a healthcare system which is innovation-led. The LTP will monitor this and engagement in research by introducing core NHS performance metrics, assessment systems and benchmarking. This will clearly impact on how research is embedded into services' work plans.

The Department of Health (DHSC) defines research as 'the attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound methods' (DHSC, 2017: p.3). In 2015 the NHS Constitution made a commitment to the promotion, conduct and use of research to improve the health and care of the population (DHSC, 2015), and this is being woven into the NHS's plans to make significant improvements in how it provides care.

Via the NHS Standard Contract 2017/19, mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care, all Trusts are expected to actively facilitate recruitment of patients and staff into approved research studies.

The CQC have also developed new quality indicators for research which will focus on 'best practice' in the way organisations embed research in their strategic, internal governance, planning processes, as core business, and how they support staff and patient involvement in research (see indicators W8.1 and W8.5: Appendix 3).

The National Institute for Health Research (NIHR), funded by the DHSC, strives 'to improve the health and wealth of the nation through research'. The NIHR ensures the NHS is able to support research by funding research staff within organisations, providing training and support to health researchers, and providing world-class research facilities. At WHCT, the NIHR Clinical Research Network West Midlands (CRN WM) funds three posts equating to 1.8WTE to support the NIHR's Portfolio research.

The Trust is a Partner Organisation (PO) of the CRN WM, as well as a partner in the Herefordshire and Worcestershire Research Consortium (HWRC). The HWRC brings together three local NHS providers to provide strategic oversight, leadership, shared knowledge, process and resources with the view that collaborating on certain aspects of research delivery will improve performance as well as patient care, and this strategy reflects the Consortium's own strategy.



## Environmental Assessment: Current State

The following points reflect the current state of research provision, activities and opportunities;

- Medical Director leads on research supported by the Associate Medical Director for Research and Development.
- Research Delivery Team (1.08WTE) is funded solely by the CRN WM to set up and recruit to NIHR Portfolio studies. It is managed by the Audit, Research and Clinical Effectiveness Manager whose role also covers clinical audit management and monitoring and implementation of NICE guidance, and which is substantive and jointly funded by the Quality and Safety budget (Quality Directorate) and the Research budget (Medical Directorate).
- Since 2014/15 our Research Delivery Team has recruited at least **544** participants to Portfolio studies.
- No internal, local research studies supported.
- No function within the Team to support service evaluation/ quality improvement projects.
- Since 2017, the Trust has worked collaboratively with Worcestershire Acute Hospitals NHS Trust (WAHT) and Wye valley NHS Trust (WVT) forming the Herefordshire and Worcestershire Research Consortium (HWRC).
- Electronic Patient Data systems include 'CareNotes' and 'Telecare' which are used to support recruitment to studies. The Research Delivery Team also uses the 'EDGE' database system to record all research activity. EDGE is a Local Performance Management System (LPMS) which captures the minimum dataset specified by the National CRN Coordinating Centre to enable timely sharing of information, and monitor recruitment and associated key performance indicators on which it reports to the DHSC.
- Limited access to analytical software. One user licence for Statistical Package for Social Analysis (SPSS) held on a laptop within the Research Team, with no trainer or support available. The Trust also does not have a contract with an external statistician although student-led studies often receive support from their university.
- The Trust's pharmacy provision is managed via a Service Level Agreement (SLA) with Lloyds Pharmacy and Worcestershire Acute Hospital NHS Trust.
- Contracting and financial management is provided within the organisation, and archiving of study documentation is managed via a SLA with the Trust's off-site archivists.
- Informal yet positive relationship between the University of Worcester and the Trust.
- Growing links with the Academic Health Science Network West Midlands (AHSN) STP Lead.
- Since April 2017, the Trust is one of only six Global Digital Exemplars in Mental Health, providing an opportunity to transform services over the next few years by the use of ground-breaking new IT and digital systems, with support from national.

## Future state: Proposed resource requirements

In order to deliver the Research Strategy's objectives, specific skills and resources need to be available within the Trust. A scoping exercise was undertaken, mapping current resources and skills against what would need to be in place in order to support and facilitate a fully resourced Research Support Service; two options are identified (Appendix 4).

**Option 1** addresses the immediate and urgent gap in service provision to support and facilitate service evaluation and non-portfolio research. Although there is a clear governance process supporting clinical audit across the Trust, and the CRN WM fund 1.08WTE research support for delivery of the Portfolio, the Trust does not have an infrastructure to support service evaluation and/or local non-portfolio research.

**Option 2** addresses what is required to fully support, facilitate and develop research at the strategic level. A growing number of trusts provide an extensive research function, and this is further driven by the direction of travel set by the LTP and the CQC.

It is envisaged that a gradual approach to proposed resource requirements, moving from Option 1 to Option 2, will be undertaken over the strategic period. This will include aligning the enablers of improvement in the Trust, reviewing workforce capacity and use of technology to drive innovation.

## Vision, Values and Strategic Intentions (Appendix 5)

It is the Trust's vision *to have a thriving culture of research at the heart of its clinical services which maximises opportunities for patients, carers and staff to participate in research.*

The vision is built on the Trust's values of seeking to be Courageous, Ambitious, Responsive, Empowering and Supportive. We will strive to embed research in our strategic and operational planning processes, making it part of our core business, and by supporting staff and patients to be involved in research, as per the Care Quality Commission's (CQC) indicators of best practice in a 'well-led' organisation.

The vision is woven through and supported by the Trust's '5 Enablers'; Quality Improvement, Co-production, Partnership with staff, Estates and Digital Innovation. By building the Strategy on the five pillars of enablement, achievement of these aims and objectives is secured. However, successful delivery does also strongly depend on the support of and engagement with leaders

### Case studies

**Birmingham and Solihull Mental Health Foundation Trust (BSHMFT)** appointed its 1<sup>st</sup> Head of Department in 2015, who then formally brought Innovation 'in' to the department. Oversight of service evaluation soon followed, and the R&I Team are currently self-funded bringing in an **average annual income of £2.5 million.**

**Solent NHS Trust** launched its **Academy of Research and Improvement** in 2018. The Academy supports research, quality improvement, clinical audit and effectiveness, service evaluation and patient involvement. The Academy consists of a core team of 33 staff, 5 side by side (PPI) staff, and 17 clinical academics.

at all levels, across the organisation. Solid collaborations with external partners such as the NIHR CRN WM, local universities and the Academic Health Science Network are paramount to being able to align our own local research priorities with those of the wider community and nationally.

The Strategic Intentions are;

- 1 Build **capacity** and **capability**
- 2 Develop our **workforce**
- 3 Develop a **research culture**
- 4 **Engage** and **communicate**
- 5 Be **Sustainable**

**Strategic intention 1: Build capacity and capability  
(Key enablers: QI, Co-production, Partnership with Staff, and Digital Innovation)**

To better support and contribute to the Trust’s corporate objectives and the NIHR CRN’s High Level Objectives, the Trust will focus on building capacity and capability to support research activity, be that NIHR Portfolio, commercial contract or local non-portfolio research. This will be achieved by;

Objectives		2019-20	2020-21	2021-22	2022-23	2023-24
1a	Establish training and educational support from within the organisation and via external partners to develop skills and confidence, e.g. support from Worcestershire Health Libraries.	*				
1b	Learn from projects set up to evaluate existing GDE-driven products in order to explore how these can support capacity and capability development which in turn supports a culture where research becomes everyday practice. For example, ‘Sli.do’ is an App which could be used in co-production settings; collecting anonymous questions and feedback from stakeholders.	*	*	*	*	*
1c	Maintaining a balance between commercial and portfolio research studies.					

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1d	Build research time into service specifications, in order to free up 'headspace' to engage with research.	*	*			
1e	Involve patients, carers and staff in research by offering opportunities to lead on and/or drive research priorities for the local patient population.	*	*	*	*	*
1f	Forge solid links with the Higher Education Institutes (HEIs) and academic researchers to help develop research questions relevant to NHS patients.	*	*			
1g	Deploy the flexible CRN-funded R&D researchers to maximise support to studies open and in set up, such that Principal Investigators (PIs) receive the recruitment support when needed.	*	*	*	*	*

*Key Performance Indicators: SI1*

	<b>Target</b>	
<b>KPI</b>	<b>Option 1</b>	<b>Option 2</b>
Number of participants recruited to NIHR Portfolio research studies.	>10% increase year on year	>20% increase year on year
Number of Portfolio studies open in the Trust.	Yr1 – Yr5 = 20% increase year on year.  Stabilising approx. 25 studies open at any given time.	Yr1 – Yr5 = 25% increase year on year.  Stabilising approx. 30 studies open at any given time.
Number of 'home-grown' (Chief Investigator led) research, in which WHCT acts as the host for the research contract.	Yr1 = <1 Yr2 = <3 Yr3 – 5 = >5	Yr1 = <5 Yr2 = <10 Yr3 – 5 = >10+
Translation of research into practice: dissemination, diffusion and implementation; use of research outcomes to influence commissioners, improve	Citations evidenced in policies, clinical guidelines, service specifications and service redesign.	

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treatment pathways and provide best practice to our patients.		
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**Strategic intention 2: Develop our workforce**  
**(Key enablers: Co-production, and Partnership with Staff)**

A key element in developing a research-ready workforce is the need to provide relevant training and Continued Professional Development (CPD) opportunities, which meet the needs of the individual. Therefore, the Trust will;

Objectives		2019-20	2020-21	2021-22	2022-23	2023-24
2a	Establish an enabling research infrastructure; roles, facilities, equipment and information systems.	*	*	*		
2b	Establish mentoring networks by mapping out where research experience and/or transferrable skills can be accessed across the Trust and partner organisations.	*				
2c	Incentivise staff through recognition and rewards.	*	*	*	*	*
2d	Promote research career pathway development by offering excellent learning opportunities such as those provided by the NIHR Academy's training programmes, e.g. internships, fellowships, and wider CPD opportunities.	*	*	*	*	*
2e	Increase the number of Principal Investigators and Chief Investigators, both medic and professionals from across the health professions.	*	*	*	*	*
2f	Acknowledge, promote and publicise research outcomes, as well as support journal publication.	*	*	*	*	*

*Key Performance Indicators: SI2*

KPI	Target	
	Option 1	Option 2
Number of Principal	<25% increase year on year,	<50% increase year on year,

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Investigators and Chief Investigators, both medic and professionals from across the health professions (NIHR Portfolio).	to match the increase in Portfolio studies opened in the Trust.	to match the increase in Portfolio studies opened in the Trust.
Number of Research Champions.	Yr1 = 5. >Yr2 = <3 in each SDU.	Yr1 = 5. >Yr2 = <3 in each SDU.
Number of staff accessing research training opportunities.	TBC	
Number of research papers published, and poster presentations made at conferences.	Yr1 = 1. Yr2 = <3. Yr3+ = >5.	Yr1 = 3. Yr2 = <5. Yr3+ = >5+.

**Strategic intention 3: Develop a research culture  
(Key enablers: QI, Co-production, Partnership with Staff, and Digital Innovation)**

Building capacity and capability alongside developing our workforce lays the foundation from which we develop a culture of research-active and research-interested staff. The Trust will;

Objectives		2019-20	2020-21	2021-22	2022-23	2023-24
3a	Champion organisational leadership which values and promotes research activity. From Board to Ward to Maude.	*	*	*	*	*
3b	Raise the profile of research; exploiting communication avenues and social media opportunities in order to share findings and seek engagement.	*	*	*	*	*
3c	Support Service Delivery Units to report on engagement within their services. Activity and performance metric reports will be included in established reporting routes to Board, on a quarterly and annual basis.	*	*	*	*	*
3d	Establish a Research Champion Network made up of enthusiast individuals who are either 'research activity' or 'research interested', communicating the vision and helping to facilitate engagement both within clinical specialities and across the	*				

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	services.					
3e	Develop a clear communication strategy which links in with a Patient and Public Involvement and Engagement (PPIE)/Patient Research Ambassador (PRA) Strategy which truly reflects co-production in research.	*				
3f	Integration of research within clinical practice through the promotion of evidence-based practice and engagement with research in clinical decision making.	*	*	*	*	*

*Key Performance Indicators:SI3*

	Target	
KPI	Option 1	Option 2
Number of SDU reports to executive committees which contain research activity and outcomes.	1 per SDU per quarter (inc. service evaluation outcomes).	1 per SDU per quarter (inc. service evaluation and research outcomes).
Number of quality improvement projects/ service re-designs where research and best practice have been used to inform developments.	1 per SDU per year rising to 3 per SDU per year.	3 per SDU per year rising to 12 per SDU per year.
Number of Patient Research Ambassadors.	1 per SDU.	Patient-led Patient Research Ambassador Team.

**Strategic intention 4: Engage and communicate  
(Key enablers: QI, Co-production, Partnership with Staff, and Digital Innovation)**

One of the most important objectives of the organisation is to improve its communication strategy thus supporting engagement both within and outside of the Trust. The Trust will do this by;

Objectives	2019-20	2020-21	2021-22	2022-23	2023-24
4a. Effective mechanisms for dissemination of research findings	*	*	*	*	*

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	and engagement opportunities; social media e.g. Trust web site, Twitter, newsletters, 'Join Dementia Research' campaign, NIHR 'Discover Portal', AHSN, and events.					
4b.	Development of a central IT point, platform or App through which ideas, feedback, and general communication can be gathered in and communicated outwards reflecting research interest. For example, matching researchers with ideas (links with 4d).	*	*			
4c.	Working with Research Champions and Patient and Public Involvement Ambassadors (PPAs) to coordinate and co-produce focus groups, workshops, and events relating to research activity. This would also include PPAs as co-applicants and/or researchers, and key members of steering groups.	*	*	*	*	*
4d.	Bringing together the 'research-active' and the 'research-interested' from within and outside of the Trust with the aim to share knowledge and skills.	*	*	*	*	*

*Key Performance Indicators:SI4*

	Target	
KPI	Option 1	Option 2
Number jointly funded posts (Trust and HEIs)	Yr1 – 5 = 1 post.	Yr1 = 1 post. Yr2-5 = 3+ posts.
% of 'job plans' with protected time set aside to think about research priorities.	Yr1 = <5%. Yr2 – 5 = <10%	Yr1 = <8% Yr2 – 5 = rising to 20%
Number of studies co-produced with patients, carers and/or staff.	Yr1 = <1 Yr2 – 5 = <2	Yr1 = <3 Yr2 = 3+ Yr3 – 5 = >5+

**Strategic intention 5: Be sustainable**

**(Key enablers: QI, Co-production, Partnership with Staff, Estates, and Digital Innovation)**

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Sustainability - the ability to maintain at a certain rate or level. This is dependent on resources, and a diversity of ideas which requires robust retention and engagement strategies. The Trust will ensure sustainability by;

Objectives		2019-20	2020-21	2021-22	2022-23	2023-24
5a.	Increasing income generated from participation in commercial contract research to reinvest by increasing the number of commercial studies open at the Trust.	*	*	*	*	*
5b.	Increasing the number of research funding applications made by staff either individually or in partnership with academic colleagues.	*	*	*	*	*
5.c	Ensuring a robust Research Management and Governance Framework remains in place.	*	*	*	*	*
5.d	Continuing to build on capacity and capability, by ensuring research and evaluation are in pace with and a part of operational delivery.	*	*	*	*	*

*Key Performance Indicators:SI5*

	Target	
KPI	Option 1	Option 2
Number of commercial contract industry studies.	Yr1 = <1 Yr2 = <2 Yr3 – 5 = <3	Yr1 = <3 Yr2 = <5 Yr3 – 5 = >5+
Number of research grant applications made.	Yr1 = <1 grant application Yr2 = <2 grant applications Yr3 – 5 = <20% increase in grant applications year on year.	Yr1 = <5 grant applications Yr2 = <7 grant applications Yr3 – 5 = >20% increase in grant applications year on year.
Number of WTE Trust research support and delivery staff.	Yr1 = <2 Yr2 = <3 Yr3 – 5 = <4	Yr1 = <5 Yr2 = <7 Yr3 – 5 = >10+

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## Summary

The Research Strategy 2019/24 sets a clear path towards establishing a thriving culture of research at the heart of clinical services maximising opportunities for patients and service users, carers and staff to participate in research. Although this does require a certain level of investment, there is a clear drive and appetite to develop local research and seek out additional resources to support the strategy from across the services and professional groups. Over the lifetime of this strategy not only will benefits to patients, service users and staff be realised, a financial return on investment will be seen. This generation of income will be employed to sustain and build on research delivery for the next five years.

## Appendix 1: Research Strategy Group Stakeholder Workshop held on 19 September 2019

Name	Clinical Area/ Speciality/ Function
Jan Birtle	AMH psychiatry
Eleanor Bradley	University of Worcester/ psychology
Andy Down	Pharmacy
Juliet Goodban	Paediatric occupational therapy and physiotherapy
Sue Harris	Strategy and Partnerships
Rachel Hinton-Jones	Finance
Lisa Jones	University of Worcester/ psychological medicine
Katie Major	Occupational Therapy (LD)
Dhan Marrie	OAMH psychiatry
Fiona McKellar	Dietetics and nutrition
Gary Morgan	Communications
Sam Munday	Global Digital Exemplar Scheme
Jackie Murphy	Speech and Language Therapy
Kalai Periannan	Nursing/ Learning & Development
Linda Porter	Clinical Research Network: West Midlands (CRN WM)
Emma Rowan	Herefordshire & Worcestershire Research Collaboration
Darren Skinner	Stroke
Deborah Taylor	Physiotherapy/ Stroke
Sam Whitby	Audit, Research & Clinical Effectiveness

## Appendix 2: CRN WM High Level Objectives

*HLOs up until 1 April 2019*

HLO1: Increase the number of participants recruited into NIHR Portfolio studies

HLO2a: Recruitment to Time and Target: Commercial Studies

HLO2b: Recruitment to Time and Target: Non-commercial Studies

HLO3: Increase the number of Commercial Studies on the NIHR Portfolio

HLO4: Reduce the time taken for sites to be confirmed

HLO5: Reduce the time taken to recruit first participant into studies

HLO6a, b and c: NHS Trusts recruited into NIHR CRN Portfolio studies and commercial contract studies, and GP Practices recruiting one or more participants

HLO7: participants are recruited into DeNDRoN studies.

## Appendix 3: CQC Next Phase Methodology (2018) Well-led

NEXT PHASE METHODOLOGY (2018)  
 WELL-LED

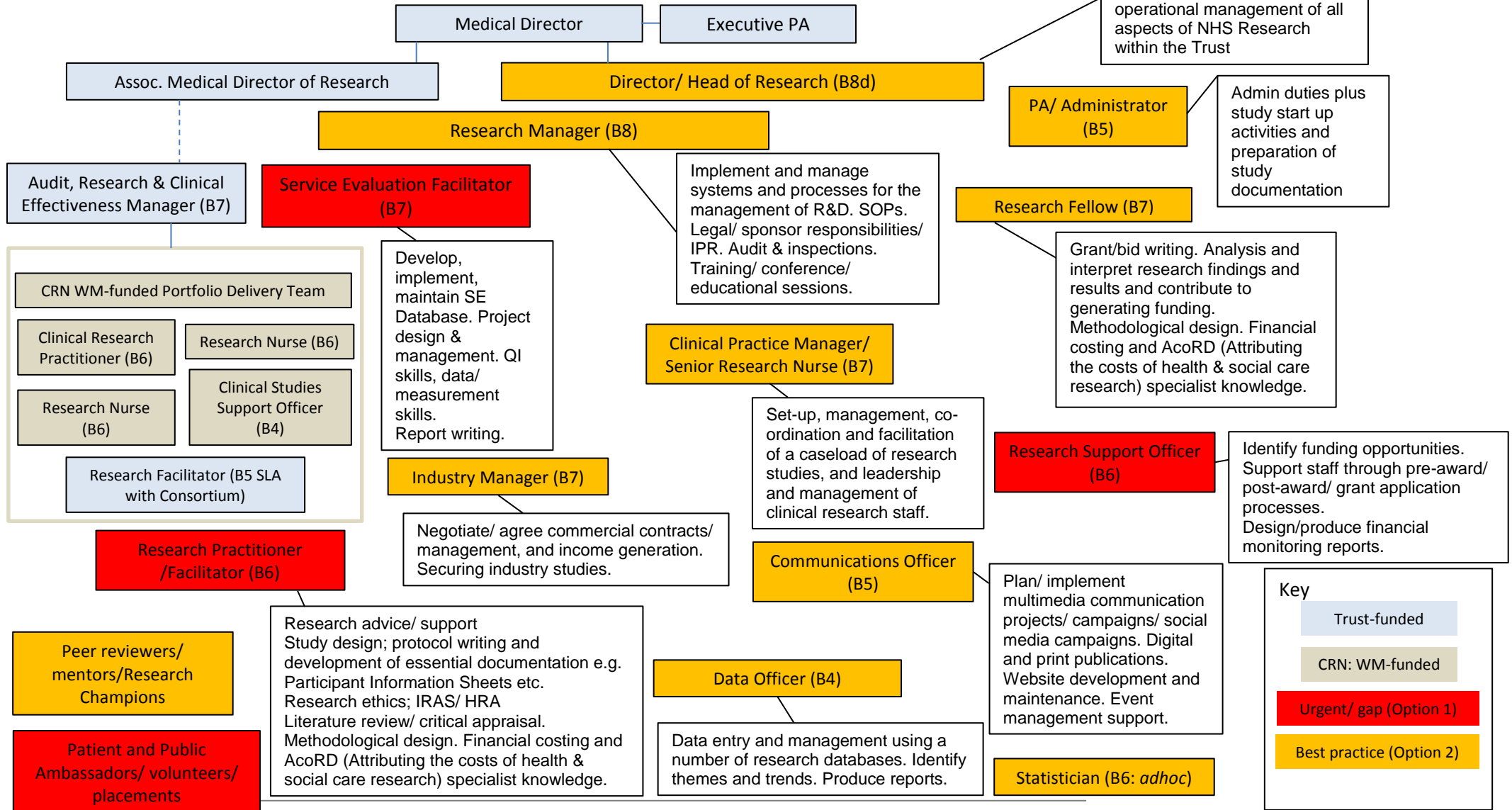
Key line of enquiry: <b>W8</b>		
Are there robust systems and processes for learning, continuous improvement and innovation?		
Generic prompts	Trust-level guidance	Key evidence
Report sub-heading: <b>Learning, continuous improvement and innovation</b>		
<p><b>W8.1</b> In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?</p> <p><b>W8.2</b> Are there standardised improvement tools and methods, and do staff have the skills to use them?</p> <p><b>W8.3</b> How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements?</p> <p><b>W8.4</b> Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation?</p>	<ul style="list-style-type: none"> <li>Does the service move beyond single models for understanding the improvement process, and the need to draw on a wide range of kinds of evidence for making the case for improvement?</li> <li>Are divisional staff aware of research undertaken in and through the Trust, how it contributes to improvement and the service level needed across departments to support it?</li> <li>Do leaders test out their service delivery processes, encourage innovation and new practices?</li> <li>How do senior leaders support internal investigators initiating and managing clinical studies?</li> <li>Does the vision and strategy</li> </ul>	<ul style="list-style-type: none"> <li>✓ Interviews with senior management and Board members</li> <li>✓ Interviews/focus groups with staff (including particular equality groups)</li> <li>✓ Quality improvement strategy/plans</li> <li>✓ Evidence of innovative projects/programmes</li> <li>✓ Participation in accreditation schemes</li> <li>✓ Evidence of participation in research projects</li> <li>✓ Organisation-wide training and development programmes focused on quality improvement</li> <li>✓ Review strategic monitoring and evaluation systems</li> <li>✓ SUI/Never events/incident reporting</li> </ul>

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<p><b>W8.5</b> Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?</p>	<p>incorporate plans for supporting clinical research activity as a key contributor to best patient care?</p> <ul style="list-style-type: none"> <li>Does the Trust have clear internal reporting systems for its research range, volume, activity, safety and performance?</li> <li>How are patients and carers given the opportunity to participate in or become actively involved in clinical research studies in the trust?</li> <li>Are improvements sustained?</li> <li>Can leaders provide evidence of improvements made following learning?</li> <li>Is there learning from other trusts?</li> <li>Is service improvement resourced such that it can realistically have an impact?</li> <li>What do staff/the trust think they are doing better this year in relation to meeting the needs of patients with mental health, learning disabilities, autism or dementia diagnoses? Is</li> </ul>	<p>policy and procedure</p> <ul style="list-style-type: none"> <li>✓ Learning from internal and external reviews, and action taken and learning. For example external developmental reviews of leadership and governance using the well-led framework every three to five years.</li> <li>✓ EDS2 assessment for evidence on learning and continuous improvement around equality</li> </ul>
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### Appendix 4: Skills and resource requirements



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Working together for outstanding care

**Appendix 5: Strategic Intentions**

Build <b>capacity</b> and <b>capability</b>	Develop our <b>workforce</b>	Develop a <b>research culture</b>	<b>Engage</b> and <b>communicate</b>	<b>Be sustainable</b>
<b>Our aim: To maximise opportunities for patients, carers and staff to participate in research</b>				
<p>Training and educational support.</p> <p>Awareness of research opportunities for patients, service users and staff.</p> <p>IT and the Global Digital Exemplar Programme (GDE) support.</p> <p>Engaging with patients, service users, staff, and other partners.</p> <p>Maintaining a balance between commercial and portfolio research studies.</p> <p>Build research time into service specifications.</p>	<p>Mentoring networks.</p> <p>Incentivising via CPD opportunities or other rewards.</p> <p>Research career pathway development.</p> <p>Increase the number of Principal Investigators and Chief Investigators, both medic and non-medic.</p> <p>Acknowledge and reward.</p>	<p>Raise the profile of research via a robust, co-produced Communication Strategy linking with a Patient and Public Involvement/ Ambassador Strategy.</p> <p>Service Delivery Units reporting on engagement within their services.</p> <p>Research Champion Network.</p> <p>Research in everyone's job descriptions.</p>	<p>Exploit communication channels including social media; web site, Twitter, newsletters, Join Dementia Research campaign, AHSN and events.</p> <p>Digital central point or platform through which ideas, feedback, and general communication can be gathered in and communicated outwards.</p> <p>Co-producing focus groups, workshops, and events relating to research activity.</p> <p>Bringing together the 'research-active' and the 'research-interested' from within and outside of the Trust.</p>	<p>Research Champion Network.</p> <p>Exploit existing partnerships and collaborations.</p> <p>Increase income generated from participation in commercial contract research to reinvest/ pump-prime local research.</p> <p>Increase the number of research funding bids made.</p> <p>Ensure a robust Research Management and Governance Framework, and research infrastructure remains in place.</p> <p>Continue to build on capacity and capability.</p>

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## Equality Impact Analysis Screening Form

<b>Title of Activity</b>	Research Strategy 2019/24		
<b>Date form completed</b>	01.02.2019	<b>Name of lead for this activity</b>	Sam Whitby

<b>Analysis undertaken by:</b>			
<b>Name(s)</b>	<b>Job role</b>	<b>Department</b>	<b>Contact email</b>
<b>Dr John Devapriam</b>	<i>Executive Medical Director</i>	<i>Corporate</i>	<i>john.devipriam1@nhs.net</i>
<b>Dr Jan Birtle</b>	<i>Associate Medical Director Research and Development</i>	<i>Adult Mental Health &amp; LD SDU</i>	<i>janbirtle@nhs.net</i>
<b>Sam Whitby</b>	<i>Audit, Research and Clinical Effectiveness Manager</i>	<i>Quality and Safety</i>	<i>samanthawhitby@nhs.net</i>

<b>What is the aim or objective of this activity?</b>	<i>This strategy identifies the strategic and operational aims and objectives of the Trust with respect to developing and supporting an active research culture within the organisation for the next five years.</i>
<b>Who will this activity impact on? E.g. staff, patients, carers, visitors etc...</b>	<i>Patients, service users, carers, staff and Public and Patient Ambassadors, CRN WM, HEIs and other NHS trusts.</i>

### Potential impacts on different equality groups:

<b>Equality Group</b>	<b>Potential for positive impact</b>	<b>Neutral impact</b>	<b>Potential for negative impact</b>	<b>Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)</b>
<b>Age</b>	√	<input type="checkbox"/>	<input type="checkbox"/>	<i>Potential for positive impact on all ages as research opportunities will be made available to all age groups, where there are relevant studies.</i>
<b>Disability</b>	<input type="checkbox"/>	√	<input type="checkbox"/>	<i>No identified positive or negative impact in relation to disability unless there were specific research studies identifying this</i>

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Equality Group	Potential for positive impact	Neutral impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
				<i>group as participants.</i>
<b>Gender Reassignment</b>	<input type="checkbox"/>	√	<input type="checkbox"/>	<i>No identified positive or negative impact in relation to gender reassignment.</i>
<b>Marriage &amp; civil partnerships</b>	<input type="checkbox"/>	√	<input type="checkbox"/>	<i>No identified positive or negative impact in relation to marriage and civil partnerships.</i>
<b>Pregnancy &amp; maternity</b>	<input type="checkbox"/>	√	<input type="checkbox"/>	<i>No identified positive or negative impact in relation to pregnancy and maternity.</i>
<b>Race</b>	<input type="checkbox"/>	√	<input type="checkbox"/>	<i>No identified positive or negative impact in relation to race unless there is a specific study which positively discriminates in order to identify the desired cohort which in turn may negatively impact those purposely excluded.</i>
<b>Religion &amp; belief</b>	<input type="checkbox"/>	√	<input type="checkbox"/>	<i>No identified positive or negative impact in relation to religion and belief unless there is a specific study which positively discriminates in order to identify the desired cohort which in turn may negatively impact those purposely excluded.</i>
<b>Sex</b>	<input type="checkbox"/>	√	<input type="checkbox"/>	<i>No identified positive or negative impact in relation to sex unless there is a specific study which positively discriminates in order to identify the desired cohort which in turn may negatively impact those purposely excluded.</i>
<b>Sexual Orientation</b>	<input type="checkbox"/>	√	<input type="checkbox"/>	<i>No identified positive or negative impact in relation to sexual orientation unless there is a specific study which positively discriminates in order to identify the desired cohort which in turn may negatively impact those purposely excluded.</i>

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Equality Group	Potential for positive impact	Neutral impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
<b>Additional Impacts</b> <i>(What other groups might this activity impact on? e.g. carers, homeless, travelling communities etc.)</i>	√	<input type="checkbox"/>	<input type="checkbox"/>	<i>Potential for positive impact on carers as this strategy identifies them as a key stakeholder in both co-production of research, and in the participation of research.</i>

**Level of impact**

If a potential negative or disproportionate impact has been identified from this activity:

	Yes	No
<b>Could this impact be considered direct or indirect discrimination?</b>		√
<b>If yes, how will you address this?</b>	N/a	

*If the impact could be discriminatory, please contact the Inclusion Team to discuss actions*

	High	Medium	Low
<b>What level do you consider the potential negative impact to be?</b>			√

*If the negative impact is high, a full equality impact analysis will be required*

**Action Plan**

<b>How could you minimise or remove any negative impact identified, even if this is rated low?</b>
<b>How will you monitor this impact or planned actions?</b>
<b>Future Review Date:</b>

