

Board of Directors' - Open

Date: 11th March 2020

Item Ref: 06

TITLE OF PAPER	Research Strategy 2020-2024
TO BE PRESENTED BY	Dr Mike Hunter – Executive Medical Director
ACTION REQUIRED	To present the proposed Trust Research Strategy to the Trust Board of Directors

OUTCOME	Discussion and approval of the Trust Research Strategy
TIMETABLE FOR DECISION	March 2020 Trust Board of Directors' meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	Research activity is reported in the Trust Annual Report
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: 1. Quality and Safety Strategic Objective: 1.1 Effective Quality Assurance And Improvement Will Underpin All We Do Strategic Aim: 3. Future Services Strategic Objective: 3.2 Collaborate And Work With Partners To Support Shared Aims Of Delivering Quality Care And Support Strategic Aim: 4. Value for Money Strategic Objective: 4.1 We Will Improve The Productivity And Efficiency Of Our Services BAF Risk Number: A101 - Inability to provide assurance regarding improvement in the quality of patient care
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Health and Social Care Act (2012) - Statutory responsibility to promote health and social care research NHS Constitution – Service Users' right to be notified of relevant research HM Government revised mandate to NHS England (2017) – NHS objective to “support research, innovation and growth”
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Research supports quality and safety and establishes the knowledge base for evidenced based care. Research enables evaluation of quality and value for money.
CONSIDERATION OF LEGAL ISSUES	N/A

Author of Report	Nicholas Bell
Designation	Director of the Research Development Unit
Date of Report	24 th February 2020

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
✓						

2. Summary

NHS Trusts are required to carry out research by the Health and Social Care Act (2012) and are obliged under the NHS Constitution to offer service users the opportunity to participate in research studies.

This document briefly describes how research activity and engagement has grown in SHSC over duration of the last research strategy (2016-19). Success in research has enabled SHSC to successfully apply to join the University Hospital Association and SHSC has the opportunity to develop research further working in partnership with NHS partners, the Local Clinical Research Network, Higher Education, Primary and Community Care, Public Health & Local Authorities, the Voluntary and Community Sector and our service users.

An active research culture offers SHSC many benefits including:

- Delivery of evidence-based care
- Improved clinical outcomes
- Innovation to address Trust objectives
- Improvements to staff morale and job satisfaction
- Supporting recruitment and retention
- Building staff knowledge and skills
- Better overall care as represented by higher CQC ratings.

This strategy seeks the approval of the Trust Board of Directors for the following recommendations:

- Ensure research is integral to the objectives of the organisation and overseen at Trust Board of Directors' meetings
- Create a direct link between the Research Development Unit and the Executive Directors' Group
- Promote SHSC as a research active organisation and encourage service users to ask their care team about opportunities to be involved in research
- Integrate research into core clinical activity
- Work with partner academic institutions to create clinical academic posts to attract staff able to generate successful research projects aligned with trust objectives and services needs
- Protect time for research in clinicians work schedules (including, for medics, in the direct clinical care programmed activities in their job plans)
- Support staff who wish to develop their research skills
- Ensure the RDU is adequately staffed and funded, in a sustainable way, to provide leadership on the Trust research agenda and support and advice for clinical staff and service users and carers engaging in research
- Require the RDU to engage with clinical teams by attending clinical team meetings
- Ensure the RDU is supporting the translation of clinical research and innovation into practice
- Commit to working with partners to develop inclusive research across the wider health and

- social care economies
- Invest Research Capability Funding in a transparent way to develop the Trust sponsored research portfolio
- Showcase Trust research activity and success, including to service users and the public.

3 Next Steps

The Trust Board of Directors is asked to approve the proposed strategy and recommendations and task the Director of the RDU with working with colleagues to draw up plans and business cases to deliver them.

4 Required Actions

Discussion and approval at the Trust Board of Directors' meeting on 11th March 2020.

5 Monitoring Arrangements

Via EDG and annual Research Reports to the Trust Board of Directors.

6 Contact Details

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SHSC Research Strategy 2020-2024

The Case for Research in SHSC

Modern health and social care is built on research. Today's research is tomorrow's best care. Developing a research active culture in NHS Trusts benefits service users, our staff, the NHS and society as a whole. High quality research enables NHS trusts to improve quality and offer the best evidence-based services; it can help support the recruitment and retention of high quality staff and ensure that we use resources efficiently. The implementation of SHSCs Research Strategy throughout 2016-2019, has resulted in a consistent increase in research activity and staff engagement in research and all the objectives set-out in that strategy have been achieved. We now have the opportunity to build on this success and this updated research strategy sets out how we intend to do this.

Background and context

The NHS in England has a statutory responsibility to promote health and social care research (HM Government, 2012; Department of Health, 2013). The NHS Constitution states one of key roles of the NHS is "the promotion and conduct of research" and the Handbook to the NHS Constitution sets out the service users' right to be "notified of opportunities to join in relevant ethically approved research and be free to choose whether they wish to do so."(Department of Health, 2012) While the Department of Health's revised mandate to NHS England sets the objective to "support research, innovation and growth" (Department of Health, 2017).

Numerous studies have shown that clinical outcomes are better for service users participating in research studies, regardless of whether they receive the research intervention or standard care, even when they knowingly receive standard care, or the intervention proves to be no more effective than standard care. There is good evidence that participation in research improves health outcomes and improves healthcare processes (Hanney S et al., 2013). It has been shown in the NHS that patients cared for in research-active acute trusts have better outcomes (Ozdemir et al., 2015). Furthermore, a statistically significant correlation has been shown between clinical trials activity and Care Quality Commission (CQC) ratings with interventional studies being most linked to the higher ratings (Jonker & Fisher, 2018).

Research into mental healthcare is particularly needed, the National Institute of Health Research (NIHR) commissioned 'The Future of Health' report states that "more research into mental health [is needed] to develop a better understanding of, as well as treatments for, common mental disorders" (Corbett *et al*, 2018). To fully realise the of benefits mental health research and value to the NHS, involvement of NHS trusts is critical to ensure "greater coproduction among clinicians, patients and academics to reduce the disproportionate investment in research driven by academic interests rather than NHS needs" (Corbett *et al*, 2018).

Therefore, it is a key goal of the NHS for every willing patient to be a research patient. Health research improves the quality of diagnosis, treatments and other interventions (Department of Health, 2011). The greater the number of service users involved in research, the wider the public benefit. The NHS could and should do more to explain to service users and carers the benefits both to them, and to society at large, of their agreement to participate in research.

Opportunity for SHSC

The success of SHSC in the field of research and education has enabled the Trust to successfully apply to join the University Hospital Association (UHA). UHA membership is limited to trusts with “an important national teaching and research resource and helps [the Trust’s] ability to recruit and retain the best staff” (UHA, 2019). The UHA vision is of research and education being essential for the delivery of efficient, equitable and sustainable healthcare. The UHA is committed to innovation through research, knowledge transfer and the development, education and training of the workforce in partnership with universities to enable the delivery of better service user and organisational outcomes. Our membership of the UHA will support our work to deliver these objectives in collaboration with partner organisations.

The direction of travel in NHS research policy favours organisations like SHSC as the NIHR implements the principle of *research following patient need*. Traditionally, a large proportion of NHS research funding has gone to the large academic centres in Oxford, Cambridge and London. However the NIHR has decided that it will be directing funding toward areas where there is greater health need; this is likely to mean more funding flowing to Northern cities and rural areas. At the same time, the NIHR is looking to spend a greater proportion of its budget on research into prevention and particularly in mental health, public health, primary and community care. These changes mean that by working strategically and collaboratively with our academic partners SHSC can be well placed to increase our research activity and for our service users and staff to benefit from these opportunities.

Since our last research strategy, SHSC has significantly developed our relationship with a number of Higher Education Institutions. This includes the University of Sheffield (UoS) which now has representation on the Trust Board of Directors. In partnership with the UoS, SHSC is in the process of forming a Sheffield Mental Health Research Collaborative. This group will be fully inclusive of key stakeholders, particularly mental health service users and carers, and partners in the wider health and social care economies. The Collaborative will focus on developing ways to harness evidence, teaching and training, knowledge transfer and innovation to create a culture of coproduced continuous quality improvement in the delivery of mental health support and care in Sheffield.

SHSC is actively working with other organisations to develop research to benefit our service users and staff. These include the National Centre for Sports and Exercise Medication (NCSEM) and the Advanced Wellbeing Research Centre (AWRC) hosted within Sheffield Hallam University (SHU). These partnerships mean our research is better able to address SHSC strategic priorities such as improving the physical health of service users with severe mental illness and align with NIHR objectives to support research based in the communities which address the causes of ill-health.

SHSC has strong links with primary care and our Research Development Unit (RDU) provides a research management and governance service to Sheffield CCG. Sheffield CCG also fund a part-time post hosted by SHSC working on the strategic development of primary care research. This has supported Sheffield CCG in the development of their research strategy with ambitions and priorities for increasing research capability, capacity and opportunities over the next three years.

Delivery of high quality research in the NHS requires highly skilled staff and an organisational culture committed to research. SHSC clinical staff have been successful in securing support to develop research skills and culture amongst their colleagues. This includes a senior nurse who has been awarded funding through the NIHR 70@70 programme to develop research capability and capacity within the nursing workforce and an occupational therapist who has been selected by the UoS Clinical Research Academy to develop an application for an NIHR Doctoral Research Fellowship. Through the Collaboration for Leadership in Applied Health Research and Care (CLAHRC), as part of the ACORN group, our staff from the are working with colleagues across the Yorkshire and Humber region to develop research capacity in nursing and the health professions as they are critical to the effective and efficient delivery of research and innovation projects.

As stated above, the association between the delivery of clinical research and improved patient outcomes extends to improved CQC ratings in the high volume clinical research organisations (Jonker & Fisher, 2018). In response to this evidence, the CQC now includes research within its inspection framework as part of the 'Well Led' key line of enquiry. The CQC will seek evidence as to how well NHS organisations embed a research culture. This means undertaking research activity and clinicians from all professions and all grades should be supported to be involved in research.

Research funding in SHSC

The NIHR Yorkshire and Humber Clinical Research Network (CRN) provides support and funding for the delivery of portfolio research and agrees annual targets with Trusts. The primary KPI set by the NIHR is the number of recruits to portfolio research studies. In the SHSC Research Strategy 2016-19 we also set targets for recruiting service users into research studies. The targets and the actual numbers recruited are shown in the table below.

	Agreed CRN Target	SHSC Research Strategy Target	Actual recruitment
2015/16	500	700	855
2016/17	550	800	998
2017/18	600	900	1046
2018/19	600	1000	1110

It can be seen that the recruitment targets have been consistently exceeded. This is a testament to research active clinicians and the support they receive from the Research Development Unit (RDU), which is part funded by the CRN. Behind the headline figures, there are areas and teams which excel and show enthusiasm for research and other areas where engagement is variable. With the support of Trust leadership, the RDU should work with areas that are less active to ensure those staff with an interest in improvement through research are supported.

Another key source of funding for research in the Trust is NIHR Research Capability Funding (RCF). Over the last four years, the RCF awarded to SHSC has been higher than any other mental health Trust in the Yorkshire and Humber CRN, amounting to over £938K. RCF is awarded retrospectively based upon research income brought into the Trust through the hosting of NIHR funded research studies in the previous year. This level of funding shows the ability of SHSC to collaborate with partners in a number of universities on applications to the NIHR and to deliver research. In the past two years SHSC have been successful in collaborating with regional universities to secure funding for research projects worth over £3.5M. The majority of the RCF funding is invested in the development of further research projects, which align with Trusts priorities, and our ambition is to increase this income stream and, in doing so, ensure the sustainability of research activity in the Trust.

There is a small amount of commercially funded research coming into the Trust. Currently this is exclusively in the Memory Service. Sheffield Memory Service has established a reputation for being able to deliver complex trials of experimental medicines to service users with dementia. As a result, our Memory Service has been approached and selected to run commercial trials which aim to recruit small numbers of service users who meet tightly specified criteria. SHSC is currently the only mental health trust in the Yorkshire and Humber CRN running commercial dementia trials. This demonstrates the ability of teams across the Trust to come together as setting up and running a commercial dementia trial will involve (at a minimum) the Memory Service, the RDU, Pharmacy, Contracting and Finance. There is the potential to generate income to develop research further through commercial activity but, at present, our activity is low and operating around financial break-even. Our ambition is to expand our commercial activity (particularly in the Memory Service, but also in wider mental health and substance misuse) to generate additional income and we are developing links with the Sheffield Institute for

Translational Neuroscience (SITraN) and the NIHR funded Sheffield Clinical Research Facilities (CRFs) to do this.

The role of research in delivering organisational objectives

Research can help SHSC to address Trust objectives and organisational strategic behaviour. The research supported by the RDU is primary pragmatic. It is developed through coproduction between clinicians, service users and academics. Our research addresses quality and safety; access; service user experience; staff wellbeing, recruitment and retention; and outcomes.

Quality and safety

One of the primary roles of research is quality improvement. It is through research that the evidence as to what services work, for whom and in what circumstances is gathered. Developing the culture of a research active Trust will help to ensure our service users receive the best, most up-to-date, evidence based care. By encouraging research in SHSC we can ensure that the research carried out is that which addresses our most pressing challenges and is applicable in our services. The skills in quality improvement and analysis, developed through research, can be applied in all aspects of clinical and quality improvement work meaning that the benefits from being a research-active organisation are not limited to specific research projects.

People

Trusts that are more research active have been shown to find it easier to recruit and retain staff (Royal College of Physicians, 2019). This is the case generally, in terms of reputational advantage, and specifically when clinicians are given the opportunity to actively participate in research and, in the case of medical staff, when research is included in job-plans. Rees & Bracewell (2019) showed that in geographical areas where the recruitment of medical consultant was challenging, applications went from one for every two posts to five per post when an academic component was added.

Staff morale and wellbeing is also boosted by engagement in research (GMC, 2018) and there is considerable enthusiasm in SHSC for research among our clinical staff. In June 2018, the RDU launched a Research Champions' Network for staff who are enthusiastic about research, who wanted to learn more, and who were prepared to be advocates for research in their services. The Research Champions' Network currently has 84 members, crosses most services and has representation from a broad range of professions and grades. This enables further outreach to our services users and provides additional research development opportunities for our staff. The RDU also has shared posts, with clinical services, which again support the career and personal development of staff.

Research can help the Trust understand its challenges and formulate evidence-based plans to address them. With regard to the NHS wide recruitment challenge,

The RDU has used our RCF to fund the development of a research project, in partnership with the UoS, to investigate variation in, and determinants of, mental health nurse retention. This aims to better understand how organisational contexts and the experiences of registered mental health nurses in the workplace influence staff retention, and how this is associated with patient outcomes. The evidence gained will be used to form the basis of recommendations and interventions to improve staff retention in mental health care across the NHS.

Value for money

In order to ensure value for money it is necessary to ensure the services delivered are effective. Research projects delivered in SHSC help to ensure that new services, implemented as a result of research projects, are clinically and cost effective. All high quality research, such as that on the NIHR portfolio, will include a health economics component (when relevant) to ensure that the interventions in question are not only clinically superior to standard care but that they also deliver value for money. Results that show an effect does not exist or is not cost effective are scientifically and strategically as useful as positive findings. Of course, research can allow cost-effectiveness to be delivered by recognising what is not working and supporting the decommissioning of ineffective or high cost interventions.

As with quality improvement work, the skills that clinicians and other staff develop through involvement with research evaluating services, and their cost effectiveness, will increase their ability to evaluate other aspects of their work. Therefore organisations with research active clinicians benefit from their skills across their entire practise, not only in their research.

Future services

As mentioned above, today's research is tomorrow's best care and research is a driver of innovation and service development. The recommendations in NICE guidelines or Cochrane reviews are informed by high quality research. By participating in research projects, SHSC is contributing to the knowledge-base about which treatments are effective. The involvement of NHS trusts in research studies has the advantage of ensuring that the evidence gathered is from the NHS and the findings are likely to be applicable in the NHS. There is a particular advantage for SHSC in developing the research culture in the Trust as our clinicians will ask questions relevant to their practice and which are most likely to be of benefit to our service users, staff and services.

The Future of Research in SHSC

The benefits of engaging in clinical research, coupled with the opportunity SHSC is presented with and the progress made over the period covered by the last research strategy (2016-19), provides a case for continuing to develop research in SHSC. The Trust should ensure that clinicians are supported in embedding research into clinical practice to deliver the best outcomes for our service users, our workforce the Trust as whole, the city and society at large. However, achieving the next level of research engagement and delivery will require further wide culture change, a rise in the profile of research among senior leaders and investment.

The advantages are clear. For service users, coproduced research delivers improved clinical outcomes; for many, a sense of value through taking part in research which has wider benefits to society; and better overall care as represented by higher CQC ratings. For the Trust, research can ease recruitment and retention challenges; contribute to meeting CQC inspections; and provide innovations to address Trust objectives and cost-effective translation of research into practice. For our staff, research can improve morale and job satisfaction; reduce levels of burnout and emotional exhaustion; and build transferable skills and develop new networks.

Strategically, achieving this will require placing clinical research at the heart of the organisation, explicitly within leadership and organisational structures - providing the foundation for a vibrant research culture. As a university hospital SHSC is committing to just this - to capitalise on this opportunity, and to continue to merit this distinction, SHSC should increase the influence of research and education in the Trust.

Practically, to reach the next level SHSC will need to ensure the sustainability, spread and growth of our research activity. Embedding research into the culture and leadership of the Trust can be achieved by including research leaders in organisational leadership groups where research is not currently represented and encouraging all those in leadership roles to engage and advocate for research. The Research Development Unit must continue their work to reach out to the clinical teams, including those where research is currently less established, and enable front-line clinical staff to use research and the evidence to develop their practice and skills, improve quality and safety and support their wellbeing. The Trust should commit to and state an aim to offer every service user, carer and member of staff the opportunity to take part in relevant research studies.

Aims	Timeframe
Ensure research is integral to the objectives of the organisation and overseen at Trust Board of Directors' meetings	Recommendations to be presented to Trust Board of Directors in October 2020
Create a direct link between the RDU and the EDG	To be agreed with EDG by August 2020
Promote SHSC as a research active organisation and encourage service users to ask their care team about opportunities to be involved in research	Research and innovation communication plan and updated section on Trust website by March 2021
Integrate research into core clinical activity	Evidence of research activity in core services across both care pathways by September 2021
Work with partner academic institutions to create clinical academic posts to attract staff able to generate successful research projects aligned with trust objectives and services needs	Evidence of recruitment to joint funded clinical research posts by December 2020
Protect time for research in clinicians work schedules (including, for medics, in the direct clinical care programed activities in their job plans)	Plans agreed with professional leads by March 2021
Support staff who wish to develop their research skills	Plans to deliver excellence in teaching and research within the SHSC Workforce and OD Strategy by March 2021
Ensure the RDU is adequately staffed and funded, in a sustainable way, to provide leadership on the Trust research agenda and support and advice for clinical staff and service users and carers engaging in research	Business case to fund the RDU to be presented to BPG by July 2020
Require the RDU to engage with clinical teams by attending clinical team meetings	Immediate - RDU to attend change and improvement meetings within the Clinical Directorate
Ensure the RDU is supporting the translation of clinical research and innovation into practice	Evidence of translating research findings into standard clinical practice by March 2023
Commit to working with partners to develop inclusive research across the wider health and social care economies	Immediate -Trust to support the development of the Sheffield Mental Health Collaborative.
Invest Research Capability Funding in a transparent way to develop the Trust sponsored research portfolio	Revised distribution model available for RCF distribution in May 2020
Showcase Trust research activity and success, including to service users and the public	RDU to arrange an annual event starting in Q3 2020/21

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