Front sheet: Public Board of Directors
Item number: 10
Date: 26 March 2025

Private/public paper:	Public
Report Title:	**Research, innovation and effectiveness (RIE) group (REIG) and strategy progress**, including Quality Improvement Bi-Annual Progress report update
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Presented by:	Professor Helen Crimlisk, Executive medical director and interim MD
Vision and values:	**Improving Lives, Commitment to Quality, Working Together for Service Users, Everyone Counts**
Purpose and key actions:	The purpose of this paper is to report to the Board of Directors on the work of the REIG, its progress, purpose to improve the quality of care and reduce health inequalities. The report also contains a progress update and tracker of strategy delivery against each priority and metrics.
Executive summary:	**Quality Improvement (QI)** • **Waiting Less and Waiting Well Programme (Rehabilitation and Specialist)** – There are in the final month of the Trust's first QI collaborative Programme focussing on waiting less and waiting well. At least 5 teams have achieved significant and sustained improvement in their waiting times or non-attendances. • **QI Projects** - There are approximately 84 QI projects registered, of which 47 are active. • **Building QI Capability** – In the last 6 months, 96 people have had an "introduction to QI" through the Trust's induction. Eleven colleagues have completed "Improvement Learning South Yorkshire (ILSY). **Research** • **NIHR CRN National Performance Indicators** (also known as NIHR High Level Objectives) now focus on three key areas: **Efficient Study Delivery** (ESD) – 100% achieved for all closed studies **Participant Research Experience Survey** (PRES) – 6 completed against a target of 5 for Q1 & Q2. **Expanding Work with the Life Sciences Industry** (LSE) – Home Office Schedule 1 drugs licences were issued early July. One commercial study has since opened (COMP006), with recruitment and screening currently underway. Two commercial studies in set-up and due to open in Q3 2024. • **Serious Adverse Events (SAEs):** 3 SAEs, 11 Adverse Events (EAs) – no other safety events were recorded. The number and type of safety events reflects the type of studies we are currently delivering. • **Grant applications:** Five successful grants awarded with a value of **£1,480,667** Two bids pending outcomes with total value of **£2,032,071**. **Clinical Effectiveness** • The clinical effectiveness team is supporting SHSC's aim of being Evidence Led.

	• There are plans to make changes to the way in which learning from incidents and deaths occurs and the team are in conversation with patient safety colleagues about this in consultation with DoN and MD. • There are 3 national clinical audit reports. These reports are all currently going through their respective clinical areas and governance. The reports will also be shared with ICB colleagues. • The Clinical Audit Programme is on track with no significant issues to raise with the Group. Projects can be added to the programme 'in-year' and the RIEI Group considers whether there are clinical audit projects they feel should be added to the programme. • This report shows that the PROMs implementation project is progressing well, despite various challenges and risks to success. **Population Health** • Health Inequalities Statement 2023/24 – completed first draft of report to publish. • Fair and Healthy Sheffield Plan – approved by Sheffield Health and Wellbeing Board, and to agree SHSC response and commitments. Fair and Healthy Sheffield Plan | Health and Wellbeing Board • Health inequalities Board self-assessment – completed following Board development session in June 2024. • Trust draft inequity action plan – formed in response to the self-assessment, Fair and Healthy Sheffield Plan and to align to trust **Research innovation and effectives strategy 2022-2026 progress update** See appendix 1: slides attached which set out an update and progress against priorities.

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	*Yes*	✓	*No*		
Deliver Outstanding Care	*Yes*	✓	*No*		
Great Place to Work	*Yes*	✓	*No*		
Ensuring our services are inclusive	*Yes*	✓	*No*		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
The NHS Standard Contract ('SC26 Clinical Networks, National Audit Programmes and Approved Research Studies' specifically 26.1.2 and sub bullets 26.1.2.1 / 26.1.2.2 / 26.1.2.3') sets out the requirement to participate in: • any national programme within the National Clinical Audit and Patient Outcomes Programme (NCAPOP); • any other national clinical audit or outcome review programme managed or commissioned by HQIP; and • any national programme included in NHS England Quality Accounts List for the relevant Contract Year.	
BAF and corporate risk/s:	Risks related to capacity and partially addressed by teams in the RIEI group working together and supporting each other as well as with other teams across SHSC.
Any background papers/ items previously considered:	Previous papers relating to items form part of the Board work programme. This report has been received through Quality Committee February 2025.
Recommendation:	The Board of Directors is asked to: • **Receive** the **bi-annual report** from REIG. • **Note** examples of where research projects have changed practice. • **Note** new initiatives from the Clinical Effectiveness team to put learning into practice in areas such as incidents and deaths. • **Note** the **update on quality improvement** process. • **Note** the **REI strategy update and progress** against milestones.

Meeting Title: Public Board of Directors

Report title: Report from the Research, Innovation, Effectiveness and Improvement Group

Section 1: Analysis and supporting detail

Background

1.1 This report provides assurance that the Research, Innovation, Effectiveness and Improvement Group (RIEIG) is delivering its purpose. It was presented to the Quality assurance Committee in February 2025 and covers the period July 2024 – December 2024.

1.2 The objectives of the group are:

- To develop and oversee the integration of research, innovation, clinical effectiveness and improvement activities across the Trust.
- To lead the development of interconnections and links across the governance and operational structures to support the combined vision for research, innovation, clinical effectiveness and improvement.
- To ensure that these functions support the implementation of the Clinical and Social Care Strategy including the Evidence Based workstream.

1.3 Over the last six months much of the focus of the RIEIG has been on working across SHSC to increase the awareness of the offer around Research, Evidence, Effectiveness, Improvement and outcomes. In particular, encouraging transformation and quality improvement projects to ensure they are fully aware of the evidence base at the outset and have clearly defined outcomes, including plans for gathering outcomes and a baseline. The RIEIG and the Review Steering Group have been instrumental in the launch of the Evidence Hub.

1.4 The QI team has supported the two main Trust-wide QI programmes which are “The Waiting Less and Waiting Well QI Collaborative Programme” and “The Culture of Care Internal QI Programme”. This report will provide further detail on both of these, as well as highlight other improvement activity and achievements from across the organisation. The focus on achievements is particularly crucial as it aligns with the Trusts strategic direction of being ‘the best we can be’ by 2025, by celebrating and learning from the best.

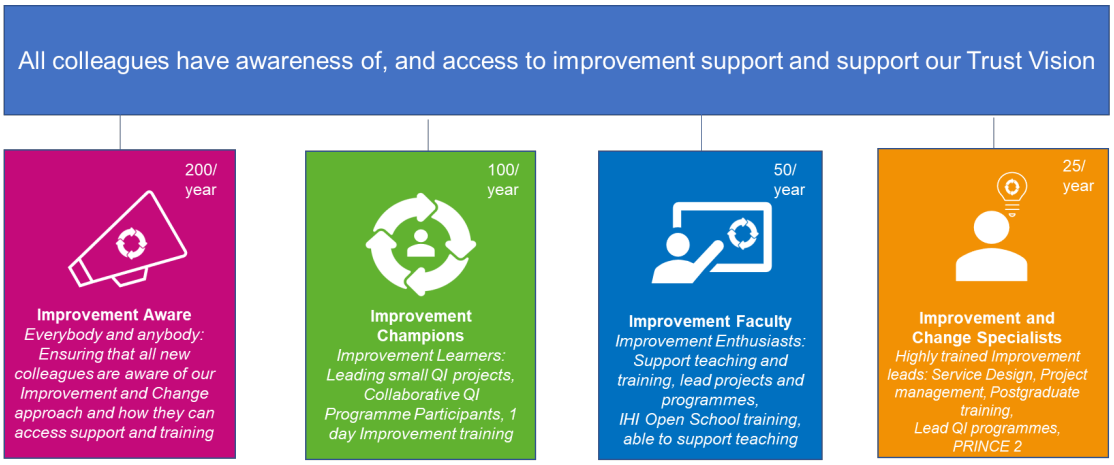
Building QI capability

1.5 Since May 2023, all new starters receive an “introduction to QI” when joining the Trust, which helps to ensure as many staff as possible are aware of QI training offers. We currently offer a one-day QI training workshop that anyone can book on, and also offer bespoke QI training as part of various internal courses such as the Developing as Leaders Course. In the last 6 months, 118 colleagues have had an “introduction to QI” through the Trust’s induction.

1.6 The first cohort of a three-day QI training course called Improvement Learning South Yorkshire (ILSY) initiated in September 2024, and 11 SHSC staff, including lived experience colleagues, completed the course. The next cohort is due to start in April 2025.

1.7 Furthermore, the new dosing strategy for building improvement and change capability was published on Jarvis at the end of January 2025. This dosing strategy takes into account that staff need varying levels of QI and change management skills to fulfil their responsibilities depending on their roles. This also applies to the level of knowledge staff require depending on the complexity of improvement they are likely to be involved with. This concept was termed ‘dosing’ by Robert Lloyd from the Institute of Healthcare Improvement, inspired by the principles used to determine the

appropriate dose of medicine. Consequently, the dosing approach established targeted levels of QI knowledge and skill delivered through various channels, including virtual learning, independent study, face-to-face workshops and experiential learning.



National QI Programmes

1.8 **The Mental Health Act QI programme**
Executive Sponsor: Dr Helen Crimlisk (Executive Medical Director)
The first pilot phase of the national "Mental Health Act QI Collaborative" ended in May 2024, and Forest Lodge was one of the initial 15 pilot sites that completed this. Forest Lodge have been commended by the programme facilitators for their exemplary progress, and were invited as keynote speakers for the launch event of the second phase of the programme. They were also accepted for oral presentation at the national Royal College of Psychiatrists QI Conference. Furthermore, a board development session to share this learning was held on the 26th of June 2024.

Forest Close has been accepted to take part in the second phase of the programme which is running between July 2024 – March 2025, supported by the executive medical director and the Trust's QI Project Manager. They are currently in the planning and initial implementation stages of their QI work, focusing on neurodiversity.

1.9 **The Culture of Care National Programme**
Executive Sponsor: Dr Caroline Johnson (Executive Director of Nursing, Professions and Quality)
As mentioned in the last report, SHSC is partaking in the national Culture of Care programme – a key part of NHS England's Quality Transformation Programme. There is now a clearer structure for this programme, and we have successfully been accepted to various other strands of the programme, as well as the main programme. There are six strands of Culture of Care, allowing for system-wide change throughout the Trust. These strands are:

- Ward Level QI
- Staff Care and Development
- Ward Managers' Support
- Executive Coaching
- Developing a Personalised Approach to Risk
- Cross-Organisational QI support

Dovedale 1, Dovedale 2, Endcliffe, and Burbage have been selected for the ward-level QI programme. Burbage has temporarily paused its participation due to internal challenges, with plans to rejoin once issues are resolved, as agreed with the

executive sponsor. The participating wards are receiving regular QI coaching and are currently in the development and initial implementation stages.

Stanage and G1 are part of the staff care and development strand. Both are developing change ideas focused on staff support and care. Ryan Marsden is receiving ward manager coaching as part of this programme.

The personalised approach to risk strand is in the development phase. Stakeholder engagement has taken place, and the risk assessment process is undergoing iterations. Piloting of the risk assessment is currently taking place in D1 and D2, with further engagement ongoing to develop the guidance element of the assessment.

Within SHSC, the Culture of Care programme sits under the Home First Programme.

Trust QI Programmes

1.10 **The Waiting Less and Waiting Well QI Collaborative Programme**
Executive Sponsor: Neil Robertson (Executive Director of Operations)

The Trust's first internal QI collaborative, a two-year programme launched in July 2023, is now in its final stages. The focus of this programme has been on reducing waiting lists and waiting well, priorities that were agreed during priority sessions and based on Trust data.

Over the two-year period, nine teams have been attending learning sessions and receiving regular QI coaching to help service users to wait less and wait well. Each team has been working with their coach to use an evidence-based approach to improving their waiting lists and supporting their service users to "wait well" based on evidence from other Trusts, including the East London Foundation NHS Trust (ELFT) Guide to Improving Demand, Capacity, Backlogs and Waiting Times.[3] This guide suggests the use of five steps that should be taken to improve flow for any service.

At the penultimate learning session on 6th November 2024, teams considered the future of their projects. All teams learnt from each other, with support from A3 posters summarising their progress.

Teams had fed back in previous sessions that they would like to focus on what happens after following the ELFT framework, so the session was focused on sustainability. As well as considering sustainability in terms of the longevity of their improvements, Sarah Ellison, SHSC's sustainability lead, and Simon Wheatley, SHSC's SusQI lead, presented on ways to reduce the services' carbon footprint through their initiatives in line with SHSC's sustainability and green plan.

Two teams from the collaborative were accepted for poster presentation at the national NHS IMPACT event in September 2024. The following four teams have shared their QI journeys on Jarvis:

- Neurological Enablement Service works with Quality Improvement team to cut waiting times | JARVIS
- Specialist psychotherapy service praised by Royal College of Psychiatrists for QI work | JARVIS
- Gender identity team improves appointment rates | JARVIS
- Waiting less waiting well collaborative: Sheffield Community Brain Injury Rehabilitation Team share their work | JARVIS

More recently, we are seeing further improvements in team data, for example in Specialist Psychotherapy Service waiting times. This team have sustained a 20% reduction in referral to treatment times from 62 weeks to 49 weeks by testing various change ideas including reducing the number of MDT meetings in order to increase the number of appointments.

1.11 Due to resources available, the QI team cannot lead on any other Trust programmes or work currently. However, the team have started to develop the structure for the next collaborative set to start in July 2025. This will include all wards, be focussed on standardised ward processes, and will have length of stay as one of the main outcome measures.

The Integrated Change Framework

1.12 **The Integrated Change Framework Development**
Executive Sponsor: James Drury (Executive Director of Strategy)

The QI team are also working closely with the Project Management Office (PMO), and other teams involved with improvement and change to gradually implement a clear approach towards Improvement and Change. Three sessions were held with these teams in August, September and November 2024. Data from the sessions has been used, alongside evidence from the literature to develop our Trust approach and support offer for change at different levels, represented by our Integrated Change Framework. The implementation of this approach over the next few months is as follows:

- **Improvement and change content is available on Jarvis (the Trust intranet site):** This includes: an improvement and change landing page in the 'Teams that Support Me' section, links to content, tools and resources for each of the levels in the framework, the guide to improvement and change, an updated visual of the change framework, a new form for requests for support from the integrated improvement and change team, and contact information for a new 'Improvement and Change' mailbox that has been set up for anyone to get in touch.

- **Improvement and Change Delivery Group meeting:** These are bi-monthly, to review requests for support and agree how and when we will take the work forward. The first meeting focussed on agreeing the Terms of Reference and understanding the outputs thus far from the business planning and how we can support delivery.

- **Engagement Actions:** A Jarvis article was published and further communication will be shared via the Collective Leadership group cascade process. Multi-disciplinary members of the improvement and change group will support managers to disseminate the changes with their teams. We will learn and iterate the approach between February and April 2025, and in the new financial year we may have the ability to be able to arrange a bigger launch.

QI Projects

1.13 There are currently approximately 84 QI projects registered, of which 47 are active. These include a wide variety of topics including reducing one to one observations on older adult wards, improving digital literacy across the Trust and growing and improving the peer support worker offer. The QI project logging form has recently been reviewed and updated to align more closely with Trust values and our sustainability objectives. It is now also via Monday.com to make the logging of projects more efficient.

1.14 **The RCPsych QI Conference**
Four representatives from SHSC were accepted to present an oral presentation at this conference to summarise learning from the MHA Act QI work. The team received good feedback from delegates including the Head of Quality Improvement at Greater Manchester Mental Health Trust (GMMH) who said they were “brilliant” and Mark Hinchcliffe, Strategic Head of Quality Improvement at Berkshire Healthcare NHS who said he was “very impressed ".

1.15 **The HSJ Medicines Safety Forum**
The HSJ medicines forum provided an opportunity to present the innovative work done on the Decisions Unit regarding the initiation of clozapine. The work was presented by Claire Maguire and Radwan Ali. The conference also offered a valuable opportunity to network with colleagues from diverse backgrounds and highlighted some of the challenges the NHS faces, such as medication supply issues, and the pressures on secondary care, amongst other matters.

1.16 **The HSJ Patient Safety Awards 2024**
Teams from the Trust were shortlisted for three awards for the HSJ Patient Safety Awards 2024. One was in the “Mental Health Safety award category”: Unfortunately, none of these projects won in their categories. However, there was a particularly high calibre of competition, including NIHR funded regional projects, and therefore to even be shortlisted is a great achievement. Furthermore, there was interest in the projects as a result of the shortlisting, which led to colleagues being invited to present at other conferences, such as the HSJ Medicines Forum.

1.17 **Q Exchange**
Two QI project ideas from SHSC were successful in obtaining funding from the Q Community’s QExchange. This has now been received, and the projects started in November 2024. These are:

- **Improving the Psychiatric decisions Unit**
  Executive Director: Dr Helen Crimlisk
  (Improving the Psychiatric Decisions Unit (PDU) in Sheffield | Q Community (health.org.uk))

  The project aims to improve how our Decisions Unit (DU) is used to make sure people needing mental health care are seen by the right person, in the right place, at the right time. There are currently three main strands to this work:

1) **Better partnership working with South Yorkshire Police (SYP) and Yorkshire Ambulance Service (YAS):**
Meetings were held in January 2025 between the SYP Superintendent and Thematic Lead for Mental Health, the SYP Mental Health Coordinator, SYP Seargent for Mental Health and Vulnerabilities team, YAS Clinical Pathways Manager for Mental Health and SHSC’s DU Manager. We are working together to understand current police data in terms of S136 detentions, how much time is spent in A&E in relation to S136, and how many of these detentions could have been avoided. YAS have previously worked with the DU to develop a pathway to utilise their service instead of A&E where appropriate. YAS are supporting the development of a similar pathway for SYP.

This work aligns strongly with proposed update to legislation relating to Section 136: Amendment 158 to Mental Health Bill [HL] to Mental Health Bill [HL] - Parliamentary Bills - UK Parliament.

2) **Upgrading the physical environment:**

Contractors have visited the DU and have provided a quote for painting the area and installing new signage. When this work is completed, we will take photos and update the website to include frequently asked questions (FAQs) for service users and carers which will be coproduced with Experts by Experience. After reviewing these updates, we are considering recording a 'fly-through' video of the DU with the FAQs spoken as a voiceover.

3) Upskilling PDU staff in partnership with Sheffield Teaching Hospitals (STH):

The PDU identified a project around upskilling staff to be able to take bloods and ECG readings. This will prevent service users experiencing unnecessary transfers or lengthy waits. Historically, SHSC staff have experienced difficulties in obtaining the required competency checks and sign off from a supervisor when taking bloods due to the lower demand for this in SHSC services. The Blood Sciences Manager at STH has agreed in principle for DU staff to utilise the drive-through phlebotomy service, so they have access to a high number of patients and can obtain relevant competency checks. Details are being finalised before the identified staff members will trial this before rolling out further. In-house ECG training is being revised and planned to be delivered to DU staff in the new year.

- **QI4All**

Executive Director: James Drury
(https://q.health.org.uk/idea/2024/quality-improvement-for-all-qi4all/)

This project is all about improving access to QI by setting up a QI Academy for our partners to share skills and improve mental health across South Yorkshire. The first academy Learning Session took place in December 2024. Eleven participants have now started their QI journeys alongside their Postgraduate Certificate (PGCert) in Clinical Practice, Management & Education which is being delivered by the University of Central Lancashire (UCLan)

The participants are a diverse group that include colleagues from varied underrepresented groups including ethnically diverse colleagues, neurodiverse colleagues and LGBTQIA+ colleagues. They are also from a diverse range of teams in the Trust and two participants are from our partner voluntary sector groups, including a Patient Advocacy Lead from Sheffield African Caribbean Mental Health Association (SACMHA) and a Monitoring and Health Coordinator from Aspiring Communities Together (ACT). Coaching sessions with SACMHA and ACT have started and plans for how we will work together to improve services and health for our communities are being developed.

The first PGCert seminar was held on the 21st January by colleagues from UCLan medical school and was hosted by us at Centre Court.

1.18 **Northern Power Women Awards**

Two colleagues from SHSC who lead on improvement and change across the Trust have been shortlisted for awards in the following categories:

- **Agent of Change:** Melissa Simmonds (Health Equity Community Network Leader) has been shortlisted for this award for her exemplar contribution to building partnerships between the NHS and communities.
- **Person of Purpose:** Zoe Dodd (Peer Support Lead and Registered Mental Health Nurse) has been shortlisted for this award due to her dedication to improving service users experiences. Zoe uses her own lived experience and supports others to do the same, evidenced in her work leading on the development of our peer support worker programmes with exceptional achievements.

There were over 1600 nominations so their shortlisting is a remarkable achievement. The wards will take place in March 2025.

Research High Level Objective and Key Performance Indicators

1.19 **NIHR CRN National Performance Indicators** (also known as NIHR High Level Objectives) now focus on three key areas:

Efficient Study Delivery (ESD) – 4 measures;

Percentage of closed to recruitment commercial contract studies which have achieved their recruitment target (**site level target 80%)**
Percentage of closed to recruitment non-commercial studies which have achieved their recruitment target (**site level target 80%**)
Percentage of open to recruitment commercial contract studies which are predicted to achieve their recruitment target (**site level target 80%)**
Percentage of open to recruitment non-commercial studies which are predicted to achieve their recruitment target (**site level target 80%)**

Participant Research Experience Survey (PRES) – 1 measure
Number of NIHR CRN portfolio study participants responding to the Participant Research Experience Survey (**site level target n=5 for half year up to 30/09/2024**)

Expanding Work with the Life Sciences Industry to improve health and economic prosperity (LSE) – 1 measure
Number of new commercial contract studies (**CRN level target 75%)**

1.20 **Recruitment for 2024/2025**
Whilst recruitment is not a performance indicator we have agreed, with the CRN, a minimum recruitment target of 360 for 2024/25.
Recruitment to 30th December 2024 was 239.

1.21 **Efficient study delivery (Research to Time and Target RTT)**
Appendix 6 shows the current study status snapshot (to end September 2024).
Studies in set up n = 6 (→ 0)
Studies open n = 12 (↓ 2)
Red studies n = 1 (↑ 1)
Amber studies n = 2 ((→ 0)
Red studies are where we are not on track, at this point in time, to meet Efficient Study Delivery.
Amber studies are where we are unlikely to be on track, at this point in time, to meet Efficient Study Delivery.
Any studies that are unlikely to meet their recruitment targets continue to be closely monitored and where we feel we are unlikely to achieve our target that study will be brought to this group for reporting and to consider actions required

1.22 **Efficient Study Delivery (non-commercial)**
Studies closed in 2023/24 = 100%
Studies open = 83% (estimated based on year-to-date recruitment against targets)

1.23 **Efficient Study Delivery (commercial)**
There is currently one commercial study which has recently opened with no recruitment at the end Q2

1.24 **Patient Experience Survey (PRES)**
Our target of n=5 responses for the half year up to 30/09/2024 follows the trajectory of the number of participants recruited into studies during 2023/24.
The method of administering the surveys is remaining the same as 2023/24. We are continuing to preferentially personally hand out the surveys at the participant final

visit. Completed surveys are then handed back to the researcher for onward central analysis by the NIHR. Target n=5 (responses received = 6).

Safety Reporting

1.24 There were 3 Serious Adverse Events (SAE) reported during Q1 and Q2 quarter. There were 11 Adverse Events (AE).
No other incidents were recorded.

Trust Sponsored Studies

1.25 We currently host a research portfolio of over £13.5M from NIHR and UKRI funded research programmes developed through strong academic partnerships from across the region; including University of York, University of Sheffield, Sheffield Hallam University, University of Leeds, University College London, University of Bangor and Oxford Health Biomedical Research Centre.

There are currently seven active Trust sponsored studies: 1. SCEPTRE, 2. SPACES, 3. New Roles, 4. Co-SPACES, 5. Complex Emotions Hub (formerly known as UKRI Borderline Personality Disorder platform), 6. Evaluating a Standardised Post-diagnostic Strengths and Needs Assessment for Autistic Adults and 7. SMILE (good oral health). Four new studies were recently awarded funding and are in contracting.

Research Grant Applications

1.26 **Successful grant outcome**: Four successful grants, with SHSC as host organisation, were awarded within this reporting period with a value of £705,667.

Three of these projects were funded through the NIHR call for developing innovative, inclusive and diverse public partnerships

- Using participatory filmmaking to explore health and social care service harms – University College London in partnership with ADIRA.
- From consultation to co-production: delivering equity in type 2 diabetes research – University of Sheffield in partnership with SACMHA.
- Developing creative arts methods for participatory systems mapping with autistic adults – University of Sheffield in partnership with Disability Sheffield.

SHSC were also successful with submission to Mental Health Mission Mood Disorders Research Clinic led by Dr William Gann and Dr Michelle Horspool – value £775,000.

Total value of successful research grants this reporting period - £1,480,667.

There are currently two outstanding research applications submitted and awaiting outcome where SHSC is the host organisation/sponsor. The total value of these applications is £2,032,071.

In line with our Research, Innovation and Effectiveness Strategy priority for inclusion and service user co-production in research all applications included experts by experience (EbE) in the development of the projects and as co-applications or EbE consultants.

Research Outcomes and other highlights

1.26 The Bipolar At Risk Trial (BART II) is a multi-site randomised control trial, investigating the efficacy of a new type of cognitive behavioural therapy for young people at risk of developing bi-polar. Thanks to successful collaboration with colleagues, universities, primary/secondary care and 3rd sector agencies, we have now recruited and

randomised 60 young people to this trial (54 by the end of this Quarter). Sheffield is the 2nd highest recruiting site and randomisation has now been extended.

1.27 The DIAMONDS (Diabetes and Mental Illness, Improving 'Outcomes and Self-management) study is a large RCT investigating the effectiveness of 1:1 guided support for diabetes in people diagnosed with serious mental illnesses. The study closed to recruitment at the end of September 2024. SHSC provided 32 of the total 431 participants required for this study, making us the 4th highest recruiting Trust nationwide. This included participants from the Urdu speaking pathway in an effort to broaden the offer of research to under-served communities. Follow-ups are still underway.

1.28 COBALT – Combining Memantine and Cholinesterase inhibitors in Lewy Body dementia treatment trial. The recruitment target for this study was 4. We recruited 10, including 5 patients and 5 carer partnerships. We are no longer recruiting for this study.

1.29 The Service Configurations for Psychosis study is looking at what support and therapies can be useful for people with psychosis, to guide improvements in future care. The study asks service users, carers and clinicians to participate in co-production creative workshops, interviews and giving feedback on various stages of the project. Participants have commented that they have enjoyed the creative workshops and said that they have found them interesting and useful. At SHSC we have doubled our recruitment target, recruiting 20 participants so far (18 by the end of this Quarter).

1.30 The Fresh Start study examined psychological interventions for people who self-harm. This study closed at the end of September and overrecruited by 2, with 54 participants recruited overall. The liaison psychiatry team has also now incorporated learning from the study into clinical practice.
In addition, we have been maintaining close working relationships with 4 GP clusters in Sheffield to act as participant recruitment sites in support of commercial trials. One of these clusters recruited a new GP practice to be part of a cluster in the past quarter.

Clinical Audit Programme

1.31 The programme includes:

- National clinical audits that are due to take place in 2024/25, and due for reporting in annual Quality Reports. These audits are set out by a nationally published list and relevance of each audit is determined in collaboration with commissioner colleagues.
- Commissioner requests: ICB colleagues are involved in helping draft the Clinical Audit Programme and will identify particular topics for inclusion.
- Medicines audits
  This includes national POMH audits Prescribing Observatory for Mental Health, run by the Royal College of Psychiatrists) and supplemented by audit priorities as determined by Pharmacy.

1.32 **Trust clinical audit topics**
These are the priority topics the RIEI Group has agreed for inclusion on the Programme. The RIEI Group agreed to align this year's Clinical Audit Programme more closely with SHSC's strategic priorities and change programmes. The Clinical Audit Programme can be readily mapped to the Integrated Change Framework and can be an effective tool in helping direct activity and resources into ensuring our change priorities are evidence led.

- Topics will become 'active' on the Clinical Audit Programme when it is identified that Clinical Audit can be of use to the change programme and when that programme is ready to begin audit work.
- There will be a right time to undertake Clinical Audit – this will vary for each topic dependent on the intention for how to use Clinical Audit and the stage of the programme.
- Clinical Audit won't be a suitable method for every topic or programme

- The Clinical Audit Programme will therefore remain flexible throughout the year and the list will adapt to SHSC change work.
- In this way all SHSC strategic priorities and change programmes can be considered for inclusion in the Clinical Audit Programme.

1.33 Clinical Audit can function well when used as a 'deep dive' methodology. Clinical Audits are not the same as routine assurance auditing; a clinical audit is a bespoke piece of work to examine specific issues. The methodology involves clinicians searching through clinical records, and the experience of 'putting a pair of eyes' on something can be extremely helpful in uncovering and understanding things that may remain hidden when only relying on data reporting. Clinical Audit is best used to support change rather than providing ongoing assurance.

1.34 The detail of the programme can be found in the accompanying Excel document. The Clinical Audit Programme is on track with no significant issues to raise.

1.35 There are 3 national clinical audit reports shared as appendices. These reports are all currently going through their respective clinical areas and governance. The reports will also be shared with ICB colleagues.

1.36 **National Clinical Audit of Psychosis (NCAP)**
The report contains commentary and an action plan from the service, who are currently taking this through their governance routes. As with previous years, the area identified as of greatest need for improvement is the completion of physical health reviews including relevant interventions. The Trust's overall score (a composite score across all the standards) is '**Needs improvement**'. This is unchanged from last year.

1.37 **National Audit of Inpatient Falls (NAIF)**
Due to scope of the audit, SHSC did not submit cases for this report, but the report is still relevant to SHSC. The Falls group are taking the report through governance routes. Many of the findings and recommendations are consistent with what the Falls group know or have audited locally, meaning the report further evidences improvements being made.
The recommendations in the report are:

1. Trusts and health boards (HBs) should review their policies and practice to ensure older hospital inpatients are enabled to be as active as possible.
2. NHS England and Welsh Government should implement national drivers to ensure that all older people are screened for delirium upon hospital admission using the 4AT and reviewed for changes suggestive of a new onset of delirium for the duration of their admission.
3. Trusts and health boards should ensure that there are robust governance processes in place to understand when post-fall checks fail to correctly identify a fall-related injury.
4. Trusts and health boards should have processes in place to hasten time to administration of analgesia after an injurious fall, to ensure patients who sustain a femoral fracture in hospital are given analgesia within 30 minutes of falling.
5. Trusts and health boards are encouraged to prepare for the audit expansion from January 2025.

1.38 **National Audit of Dementia**
This audit was undertaken within the Memory Service and the report has been shared with the team to consider for any actions and improvements. The report shows that SHCS waiting times for assessments are significantly higher than the national average, but this is not new information. Other findings do not appear to be markedly different to national averages. It should be noted that the previous audit took place in 2021 and service provision was affected by covid related issues.
The report contains two recommendations relevant for SHSC:

1. Memory Assessment Services should ensure provision and consistent recording of high-quality memory assessment, including brief assessment of: eyesight and hearing, alcohol consumption and falls. They should offer post-diagnostic follow

up and support through provision or facilitated access to a dementia advisor, Cognitive Stimulation Therapy, carer psychoeducation courses, and medication review as required.

2. Trusts should ensure monitoring at an appropriate senior level of the recommendations set out in the Dementia Care Pathway Implementation Guidance and work together within regions, involving people with lived experience and their carers, to identify barriers to access, including demographic factors and deprivation.

1.39 Other audits active on the programme:

Physical health care planning – This is a newly developed audit ready to begin.
POMH - Opioids in MH services – Currently in data collection phase.
POMH - Rapid Tranquillisation – Report recently published – to go to Medicines Optimisation Committee.
Delirium (CG103) – An ICB requested NICE topic. Baseline assessment completed and shared with ICB.
Eating Disorders (NG69) – An ICB requested NICE topic. To be a pathway audit along with Sheffield Teaching Hospitals. Currently in planning stage.
Transition from children's to adults' services (NG43) – An ICB requested NICE topic. To be pathway audit along with Sheffield Children's Hospital. Audit currently being developed with SCH.
STOMP (local) – Audit rounds progressing as planned.
STOMP (regional) – SY Provider Collaborative audit. First round of audit completed. Streamlined with local STOMP audit as much as possible. Some concerns remain around the scope of this work and overlap with pre-existing local STOMP work.
Falls – Audit rounds progressing as planned. Support provided to Falls group to make improvements.

Health Inequalities Statement

1.40 The Health Inequalities Statement is a legal requirement of all Trust/Foundation Trusts, and ICBs to complete on an annual basis. The statement required the reporting on several domains, cross referenced by ethnicity and deprivation. Going forward the characteristics required to report on will increase, further emphasising our need to improve out data collection and recording.

The domains related to our trust are:

- Rates of total Mental Health Act Detentions
- Rates of restrictive interventions
- NHS Talking Therapies recovery
- Proportion of adult acute inpatient settings offering smoking cessation services

Fair and Healthy Sheffield Plan

1.41 Sheffield Health and Wellbeing Board (HWB) has developed and created the Fair and Healthy Sheffield Plan, aimed to close the unfair gaps in length and quality of life by improving the health and wellbeing of those worst off the fastest. This plan was presented to and approved by the HWB in September.
The plan is made up of eight building blocks and four radical shifts. The building blocks are the foundations needed for everyone to live a long and happy life. They are:

- Tackle racism and discrimination
- Give every child the best start in life
- Enable everyone to fulfil their potential and have control over their lives
- Create good work for all
- Ensure a healthy standard of living for all
- Develop healthy places and communities
- Ensure fair access to quality NHS services and social care services
- Address the climate and environment crisis

The radical shifts are how everyone in the city need to do things differently to make Sheffield fairer and healthier. They are:

- Brave and compassionate leadership and a thriving workforce that can take action
- Working together across sectors and with communities
- Greater and fairer investment in creating health and wellbeing and preventing illness
- Measuring and reporting what matters and being answerable for our communities

All partners of the HWB have been asked to provide details of their commitment to the plan and action they can take to play our part in delivering it. Feedback from SHSC included.

- Build strong relationships in communities, and empower people to work together and take action through our work in Heely Plus PCN and in North East Neighbourhoods
- Provide good working conditions for everyone by focussing on workforce wellbeing, targeting our lowest paid colleagues, and exploring collaboration with the VCSE sector
- Listen to and involve groups of people who the most difficulty accessing NHS and Social Care services through co-production in all our transformation work, and advocacy for people with mental health learning disabilities and neurodiversity in City partnerships
- Plan NHS services and develop the workforce to meet current and future needs

Health Inequalities Board Self-Assessment

1.42 NHS providers produced a framework and associated self-assessment to support Trust Boards to focus on health inequalities and ensure it was part of their core business.

This was discussed and reviewed during the Board development session in June 2024 and the self-assessment subsequently completed. Based on answers given, a set of objectives are identified through the tool, which are in the process of being turned into smart targets.

The objectives are themed into four categories and given a maturing level. SHSC overview is below

Building public health capacity and capability	Developing
Data, insight, evidence and evaluation	Developing
Strategic leadership and accountability	Developing
Systems partnerships	Maturing

The objectives include ensuring training and development opportunities are available to all staff, including training in Making Every Contact Count (MECC), performance outcomes and data is reported to board by relevant characteristics, reviewing comms with patients in response to health and digital literacy levels of the patient population, support to address inequalities in the workforce, establish health inequalities oversight in the governance structure and establish pathways to engage with the VCSE sector.

SHSC are undertaking some great work to address health inequalities of the population we serve, which is becoming more joined up and strategic. There is still much more that we can do and this self-assessment provides a vehicle for that work.

Health inequalities action plan

1.43 The health inequalities statement, self-assessment and Fair and Healthy Sheffield Plan have all influenced the development and content of the health inequalities action plan.

The action plan will link to the trust strategy refresh and ensure that health inequalities in embedded into everything that we do.

Section 2: Risks

2.1 **General Resources:** As with many supporting teams within the Trust, the Clinical Effectiveness, QI and Population Health teams are small with limited resource. There is a risk that the Trust is unable to improve the quality of patient care and fail to deliver the QI objectives and actions relating to CQC Well-led Key Line of Enquiry (KLOE) 8: "to ensure that there are robust and visible systems for learning & continuous improvement in place." Teams members currently at capacity with. To help to mitigate this risk teams are supporting each other and working with colleagues throughout SHSC. The QI team are asking colleagues to request QI support for particular meetings, rather than to attend all meetings. This will help to free up time for drop-in sessions and QI coaching. QI is being asked to support with other major Trust priorities, such as Improving Flow, for which the ask of QI support is currently unclear, but it is possible that we will need to further limit other work to be able to support.

2.2 **QI Data Analyst:** The lack of QI Data Analyst is also a risk and most NHS Trusts, including outstanding Mental Health NHS Trusts, have at least one full-time QI data analyst. However, the QI team are building stronger relationships with the Business Performance Team. Support from these teams may help to mitigate this risk. Furthermore, data analysis support has been costed into bids for external funding.

2.3 **Research Estates:** The RDU are leading the region on a number of commercial trials, which provides opportunities for people using our services to get involved in studies offering new and innovative treatments and interventions. This also provides wider opportunities for staff to develop skills and contributes to continued professional development. We are currently struggling to find appropriate space in which to delivery studies and we are reaching capacity within our current limited research space (shared with ECT). This will hinder our development and growth potential due to restraints within estates which will impact on our leadership in the region and growing reputation as a Trust. Conversations are in progress to source resource and appropriate estates in which to deliver our research portfolio.

2.4.1 **Data**: Data continues to be a risk, with a lack of consistent recording of protected characteristics, unable to analyse and accurately target support and/or services. A protected characteristics task and finish group was established in July 2024. The aim is to improve the capture and recording of protected characteristics and data related to inclusion health and vulnerable groups. Focus on shared learning and behaviour change to ensure sustainable change and understanding. Connected with Digital and Rio development teams to ensure the system can capture the data needed to easily report on and understand our services from a population health viewpoint.

Section 3: Assurance

Benchmarking

3.1 The impact of all QI work will be monitored through bespoke measurement plans. This includes outcome measures, but also process and balancing measures, recognising that measurement in QI does not take a one-size-fits-all approach. Whilst looking at other Trusts for benchmarking is not the QI way, looking at other Trusts data for learning purposes is encouraged when working with all teams participating in QI work.

3.2 Outcomes will be monitored over time using QI methodology.

3.3 The processes used with teams are improvement science based, and change ideas are developed with teams using a multi-disciplinary approach. Furthermore, data are monitored and plans are proactively updated based on outcomes.

3.4 In Research we are benchmarking against NIHR CRN portfolio activity and expected performance against NIHR National Performance Indicators / High Level Objectives.

3.5 The ICS level Public Health Network continues to develop, of which we are a member of. This offers an opportunity to link and learn from fellow public health colleagues within Yorkshire and Humber. SHSC are represented at the Yorkshire and Humber DASIY network, which is a space to link and learn to colleagues in relation to health inequalities data and analytics. SHSC are represented on the Health and Wellbeing Board, supporting the Sheffield Place based developments.

Triangulation

3.6 A range of data were reviewed to help guide the Trust improvement priorities. This included complaints data and incident data. Evidence and data from other organisations were also reviewed to ensure plans were realistic and achievable.

3.7 We monitor research delivery on a Local Portfolio Management System: EDGE and triangulate against the NIHR Central Portfolio Management System (Open Data Platform) so we can audit and track activity. We undertake regular data quality checks to monitor quality and amend any discrepancies between local and national reporting systems. Specific studies are routinely monitored by external sponsors and their feedback enables us to reflect and act on our overall quality system.

3.8 The Clinical and Social Care Strategy continues to focus on the reduction of health inequalities. The Outcome and benefits workstream is supporting the capture of success markers and encouraging these to be viewed through a health inequalities lens.

Engagement

3.8 Staff and service user engagement continues to be key to the development and delivery of research within the Trust. We are unable to deliver research and give service users the opportunity to get involved in research without the input of clinical teams.

3.9 The Lived Experience Research Partnership continues to meet monthly and members are actively supporting research delivery and have had opportunities to engage in research development and become co-applicants on research grant applications. Steps are being taken to make the group more visible via our usual media channels including content development for Jarvis and the Trust website.

3.10 Our Research Champions network which supports engagement by reaching out to clinical areas continues to grow. Currently we have 270 Research Champions across the Trust.

3.11 Co-production has been considered for much of the QI activity reported. For example, the Forest Lodge team have demonstrated a high standard of co-production in their work as part of the national MHA QI Collaborative; this has been commended by the national team. Their coach has suggested they have had the highest engagement nationally, as a wide multi-disciplinary team has attended meetings, but also the race equity officer, colleagues from supporting teams such as QI, and most importantly, experts by experience.

3.12 Ensuring engagement from frontline teams has also had substantive focus. For example, for the Waiting Less and Waiting Well QI collaborative, coaches have put in a lot of time and effort to understand the teams and overcome barriers to engagement. Feedback received at learning sessions suggested that the engagement from both has been strong. Furthermore, some of the learning sessions have been designed and delivered by colleagues with lived experience, and all teams have been encouraged to include a team member with lived experience.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Recover services and improve efficiency
2. Continuous quality improvement
3. Transformation – Changing things that will make a difference
4. Partnerships – Working together to have a bigger impact

4.1 QI activity supports the Trust Vision to improve the mental, physical and social wellbeing of the people in our communities as well as all strategic priorities. By using QI methodology efficiently, the Trust will be better able to demonstrate progress towards all of the above priorities.

- **Recover services and improve efficiency:** Much of the QI activity supports this priority – including the Trust wide programme that supports teams to help service users to wait less and wait well.

- **Continuous quality improvement***:* The Waiting Less and Waiting Well QI collaborative is a prime example of how QI activity is being set up to be continuous by starting with engagement, understanding systems and embedding and sustaining the changes.

- **Transformation***:* QI coaches have been involved in supporting areas of transformation work across the Trust, such as the Older Adult and Learning Disability transformations.

- **Partnerships***:* By working more closely with other organisations who are at the forefront of QI in mental health, we can learn from each other and ensure we are up to date with the latest evidence in this area. The DU work, aligning priorities with other organisations in the region, is an example of this.

4.2 A Population health approach is defined as ‘improving physical and mental health outcomes and wellbeing of a defined population, whilst reducing health inequalities’, by its very nature it will ensure our service are inclusive. Effective use of resources, and delivering outstanding care are benefits of this approach. When applied similarly to workforce, it ensures this is a great place to work.

Population health, prevention and health inequalities are integral to the trust strategy refresh discussions as a golden thread.

A health Inequalities action plan is under development in line with Board self-assessment outcomes and Fair and Healthy Sheffield Plan commitments. This will ensure that population health and inequalities are fully embedded into the work we do within the trust.

4.3 Research supports our key strategic aims and will be pivotal in supporting the Clinical and Social Care Strategy priorities, particularly in enabling SHSC to an evidence led organisation.

Equalities, diversity and inclusion

4.4 Health inequalities now form an element of the QEIA process. The Head of Population Health and Inequalities sits on the panel and the paperwork is being reviewed to better include health inequalities considerations.

There are strong links and frequent joint working with the EDI team to ensure there is no duplication and that our work compliments and supports, for example, Health inequalities will be included within the annual Equality and Human Rights Report.

4.5 The QI plans for the last 18 months have greatly focussed on equality of opportunity for all. The Trust have moved towards more equitable ways of providing QI support to all staff regardless of roles to ensure that QI support is **accessible to all**. Much of the QI activity is helping to standardise processes, e.g., the use of standardised tools for reviewing waiting lists, and this will help to support **equitable outcomes and experience.** By tracking all QI projects and requests for QI support, we can better ensure this equality of opportunity and ensure all people **are empowered, engaged and well supported to do QI** within the resources available. The Trust also has QI support for various leadership programmes such as Developing as Leaders and Qi4All.

Quality & Equality Impact Assessment (QEIA) is not required for the change ideas developed in QI projects as they start on a small scale, however, if they develop into major service improvements teams will be signposted to the QEIA policy.

4.6 We monitor our research portfolio to ensure access to inclusive research. We are constrained, at times, to the inclusion / exclusion criteria of the research protocol that that might exclude people who are unable to speak or understand English language from participation. Not only are steps are being taken nationally to address this but we are actively ensuring funding is included in research bids for additional inclusion requirements where we are able to influence this. Where possible, and where collected as part of the study we continue to map ethnicity against eligibility criteria.

Culture and People

4.7 Leaders will be supported to emphasise and promote a culture of openness, learning and trust. The SHSC approach to Improvement and Change, including the Integrated Change Framework, will support this.

4.8 There are strong links between Population Health and many teams in SHSC including the People Directorate to support people to gain and retain meaningful employment, to ensure that the workforce reflects our population and to improve the wellbeing of our workforce who themselves can be experiencing health inequalities, all making this a great place to work.

4.9 The Population Health manager now line manages the Healthy Hospital Team Manager and Sustainability Lead where there is clear and evidenced overlap of priorities. An Associate Medical Director of Quality is now in post, who has expertise and strong interest in Public Mental Health. The Business and Performance Management team are starting to include ethnicity and deprivation data within team governance reports, as standard.

Integration and system thinking

4.10 SHSC has committed to Sheffield Place Fair and Healthy Sheffield Plan, aimed to address health inequalities through a population health approach. This plan was presented and approved by the Health and Wellbeing Board (HWB) in September 2024.

4.11 The QI team are learning from other mental health Trusts and the evidence base related to QI. The QI team are also working with a range of system partners to deliver improvement together, such as the Yorkshire Improvement Academy which is supporting the HUSH huddles work which has reduced falls.

Financial

4.12 Continuous QI is a key driver of effective service delivery. Although investment may be required to support scaling up of capacity and capability to ensure sustainability in an approach, there is significant evidence that improvement increases productivity and efficiency. Although robust evaluation has not occurred, staff have reported QI projects that have supported in cost efficiencies. One example of this is a reduction in agency staff through reduced incidents and one-to-one observations.

Compliance - Legal/Regulatory

4.13 There is now a legal requirement to publish the Trust Health Inequalities statement, reporting on four domains, cross referenced by ethnicity and deprivation. The four domains are:

- Proportion of adult acute inpatient settings offering Smoking cessations services
- Rates of total MH Act detentions
- Rates of restrictive interventions
- NHS Talking Therapies recovery

Going forward this will be included within the annual report.

Environmental sustainability

4.14 Sustainability is encouraged for all QI activity, and projects are recommended to consider balancing measures to support this. A member of the QI team has recently completed Sustainable Quality Improvement (SusQI) training, and is leading on the implementation of sustainable outcomes in line with the Trust's Green Plan.

4.15 There are close links between population health, inequalities and environmental sustainability. Sessions for Developing as Leaders have been co-produced and delivered to the last two cohorts and continues to be an integral part of the programme.

Sheffield Health and Social Care NHS Foundation Trust

Research, Innovation and Effectiveness Strategy 2022 – 2026 update

March 2025

Proud to care in Sheffield

About the strategy

Sheffield Health and Social Care NHS Foundation Trust

The **Clinical and Social Care strategy** sits at the heart of all our delivery plans. It is focussed on reducing health inequalities, and delivering care that is Person-Centred, Trauma-Informed, Evidence-Led and Strengths-Based.

The purpose of the **Research, Innovation and Effectiveness strategy** is to support the aims of the Clinical and Social Care Strategy and to enable us to become an organisation which recognises the value of research, innovation and clinical effectiveness in fulfilling SHSC's visions, and values.

The Clinical and Social Care Strategy has identified **being evidence-led as one of the four pillars of care.** The Research, Innovation and Effectiveness strategy speaks directly to this ambition, and through implementation of this strategy we will **support SHSC in meeting its strategic priorities.**

Proud to care in Sheffield

A reminder of the milestones

Sheffield Health and Social Care NHS Foundation Trust

Milestones

Research, Innovation and Effectiveness Strategy

Deliver Research Innovation & Effectiveness that is:	Person-centred, inclusive, accessible	Co-produced & locally led	High quality, efficient and effective	Enables SHSC's Priorities
In Partnership with:	Service users and carers	Staff and teams	The wider system and sectors	Research and Innovation Networks

Consultation and Engagement

Building the Foundations

- Listening to our partners
- Integration of research, innovation and effectiveness
- Identify training and resource needed for growth
- Establishing a service user and carer network

Working together

- Engagement for implementation
- Prioritising what matters to SHSC and our partners
- Enabling the use of evidence through a trained workforce
- Growing our networks to improve inclusion and access

Creating environments for improvement

- Developing our academic capability
- Being users of evidence in decision making
- Improving access to research and innovation for all through efficient systems

Transforming how we deliver care

- Use of evidence underpinning service transformation
- An equipped and enquiring workforce
- Efficient use of resources to improve services

Centre of excellence

- Recognised as leaders in NHS research developed through strong system partnerships
- Culture of Improvement and innovation
- Providing suitable environments for research

2022 - 2026

Key Deliverables on a Page – Stepped Plan

…ing evidence led - developing a capable REI workforce - engaged, inclusive and accessible - partnerships for Improvement

Year 1 – 2022 …g the Foundations	Year 2 – 2023 Working together	Year 3 – 2024 Creating environments for improvement	Year 4 – 2025 Transforming how we deliver care	Year 5 – 2026 Centre of excellence
…stainable research, …on and clinical …eness infrastructure …sustainable funding …ce and deliver our …nication (branding) …lementation plans … training needs, …ce and leadership plan …rt RIE capabilities …te and support the …e-led workstream …g delivery of Clinical …ial Care Strategy …26 …ng development …portunities for service users	Improve access to information and evidence through knowledge services Implement RIE Training Plan & deliver Trust-wide training Embed a model of clinical effectiveness in all services – including use of outcomes measures Experts by Experience posts within RIE Providing opportunities for CPD and student placements Coproduction and partnership working to identify research and innovation priorities across the system	Evidence driven care and clinical effectiveness implemented into day-to-day practice Developing our academic capability: joint clinical academic posts and supporting advanced academic career pathways Improving access to research and innovation for all through efficient systems Research and Effectiveness Champion in every service Experts by Experience leading research priorities RIE included in all job plans, recruitment and induction processes	Services able to demonstrate impact and quality of care - based on best available evidence and monitored though use of outcomes Clinical outcomes routinely used to drive improvements in care Locally led and co-produced research developed in collaboration with our partners All service users able to access and get involved in research/innovation if they wish	All services have a clear evidence-led clinical and service model underpinning delivery System wide partnerships - recognised as leaders in NHS research A dedicated Clinical Research Facility established as part of our modernisation plans Cutting-edge research – delivering interventions that are not available through mainstream care Research, innovation and effectiveness integral to service development and recognised as core business

Proud to care in Sheffield

Summary slide – key progress on priority areas

Sheffield Health and Social Care NHS Foundation Trust

Becoming Evidence Led

- PROMS training co-produced and co-facilitated with Experts by Experience and delivered to all community teams (dependency with RiO for implementation)
- Implementation of Research and Evidence Hub

Developing an equipped REI Workforce

- Increased access to information, evidence and training provided by Knowledge and Library
- Clinical Research Facility on Longley site (fully utilised and requirement for more space needed for commercial growth - risk)
- x3 Successful NIHR research internships awarded, and regional partnerships developed for capacity building and clinical academic development

Engaged, Inclusive and Accessible

- Lived Experience Research Bank developed – providing opportunities for people with lived experience to support and participate in research
- Research Champions Network now has 234 members – representation across all clinical teams

Partnerships for Improvement

- SHSC is in the top 16% of all Trusts in England for NIHR Research Capability Funding in 24/25 and in the top 5 of Mental Health Trust - reflecting successful NIHR research programme awards which have been developed in partnership.
- Increased number of research applications submitted, and successful, developed in partnership (all applications include people with lived experience as collaborators) – current research contracts with SHSC as host/sponsor ~£13.5m
- Partnerships with NIHR Mental Health Mission for development of Mood Disorders Research Clinic

Priority 1

Becoming evidence-led

2024-2026 objectives

Sheffield Health and Social Care NHS Foundation Trust

Objective 1 - Becoming Evidence Led: Sustainable funding for research and Innovation	
Activity 1 - Business case: funding requirements to provide foundation on which to build infrastructure to support growth (no funding identified / business case not funded)	
Objective 2 - Becoming Evidence Led: Implement Research and evidence Hub	
Activity 1 - Launch Hub on Jarvis and via comms	
Activity 2 - Quarterly newsletter	
Activity - 3 Develop templates / guidance for audit etc	
Activity 4 - Idenfity outcomes for R&E Hub	
Activity 5 - development of checklist - how and when to access Evidence Hub (link to Integrated Change Framework)	
Activity 6 - Assessment of 'being evidence led' across clinical services	
Sub Activity 1 - Clinical Effectiveness Framework implemented into day to day practice	
Sub Activity 2 - Development of evidence led self assessment	
Sub Activity 3 - Circulate EL self assessment to clinical teams (pending development of above)	
Activity 7 - Develop Knowledge and Library Service Plan	
Sub Activity 1 - Optimise effective sharing of knowledge and evidence to inform decision making	
Sub Activity 2 - Monitor uptake of training, in finding and appraising research, and journal clubs	
Sub Activity 3 - submission to NHSE on progress against QIOF	
Objective 3 - Becoming Evidence Led: Implementation of PROMs in Community Services	
Activity 1 - Digital functionality of PROMs to be built into EPR system (Insight and Rio) and enhanced functionality developed using EBO software solution in Rio.	
Activity 2 - Coproduced PROMs Training package to be delivered to wider teams trustwide	
Activity 3 - PROMs Refresher Training developed and guidance provided to support community teams experiencing implementaion delay due to Rio.	
Activity 4 - Monitor use of PROMs in Community Services	

Priority 2

Developing an equipped research, innovation and effectiveness workforce

2024-2026 objectives

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Objective 1 - Developing an RIE capable workforce: development of joint clinical academic roles	
Activity 1 - development of JD and PS	
Activity 2 - dependency linked to University of Sheffield (resource not yet identified)	
Activity 3 - development of networks to support NMAHP academic pathways	
Objective 2 - Developing an RIE capable workforce: development of RIE opportunities including training and CPD	
Activity 1 - RIE included in all job plans, recruitment and induction programmes	
Sub Activity 1 - Medical staffing	
Sub Activity 2 - Other workforce groups (not started)	
Activity 2 - Provide opportunities for CPD and student placements	
Sub Activity 1 - Supporting the professional plans - identify areas for RIE involvement	
Sub Activity 2 - support student placements	
Sub Activity 3 - offer secondments and rotational placements for staff (of all professions) (resource not yet identified)	
Sub Activity 5 - monitor uptake of training offers across Research and Evidence Hub teams	
Objective 3 - Developing an RIE capable workforce: Development of Clinical Research Facility	
Activity 1 - Identify oppourtunitites for further development inc admin space	
Activity 2 - ensure current estates are GCP compliant (inc CRF/Distington House) (issues with storage of regulatory documents due to lack of space)	
Activity 3 - monitor commercial growth and income generation	
Activity 4 - monitor no. of commercial partnerships and oppourtunities	
Activity 5 - map no. of medical PIs and capacity development over time	

Priority 3

Engaged, inclusive and accessible

2024-2026 objectives

Sheffield Health and Social Care NHS Foundation Trust

Objective 1 - Being engaged, inclusive and accessible: R&E champions in every service	
Activity 1 - identify gaps in clinical service representation in RIE	
Activity 2 - identify champions in all clinical services considering EDI and professional cross representation	
Activity 2 - update role of Research champions to include Evidence	
Objective 2 - Being engaged, inclusive and accessible: providing RIE opportunities for Experts by Experience (EbE)	
Activity 1 - providing opportunities for EbE in paid roles	
Sub Activity 1 - establish Lived Experience research bank and enusre easily accessible for EbEs to apply	
Sub Activity 2 - EbEs as co-applicants on all SHSC hosted/sponsored studies (where applicable)	
Sub Activity 3 - Communication strategy to share learning in relation to EbE participation in research	
Activity 2 - Increased access to R&I for service users	
Sub Activity 1 - Research opt out embedded RiO	
Sub Activity 2 - Explore ways for the LERP to raise awareness of research activities across the Trust to increase participation (delays due to staff absences)	
Sub Activity 2 - EbE contributing to study feasibility and EQIA	
Activity 3 - Access to research training for EbEs	
Sub Activity 1 - Roll out research skills for lived experience course	
Sub Activity 2 - more EbE attending NIHR research skills courses i.e. GCP and informed consent	

Priority 4

Partnerships for improvement

2024-2026 objectives

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Objective 1 - Building partnerships for improvement: SHSC and EbE leading research priorities	
Activity 1 - Research priority setting sessions / workshops to include EbE and wider stakeholders	
Activity 2 - Research capability funding scheme	
Activity 3 – Developing Partnerships for research grant applications to maintain and grow research portfolio	
Objective 2 - Building partnerships for improvement: Innovation	
Activity 1 - Identify Innovation lead	
Activity 2 - Local definition of Innovation (not started due to no innovation lead identified)	
Activity 3 - Mapping current Innovation activity / assets & areas of interest / priorities (not started due to no innovation lead identified)	
Activity 4 - Position paper to EMT - where do we want to be - benefits/opportunities (not started due to no innovation lead identified)	
Activity 5 - Horizon scan for calls / resources to enable progression (not started due to no innovation lead identified)	