

**Board of Directors Meeting**

**Meeting Date:** 25 October 2017

**Title and Author of Paper:** Research and Development Strategy update  
Simon Douglas, Joint Director of Research Innovation and Clinical Effectiveness

**Executive Lead:** Rajesh Nadkarni

**Paper for Debate, Decision or Information:** Information

**Key Points to Note:**

If the Trust is to provide services that match the best in the world, a vibrant research culture is essential. Since the original Trust R&D strategy was approved in November 2012, there has been significant progress and some clear evidence of the impacts of the strategy. This updated strategy was approved by the Trust Board in June 2016 and has been slightly updated here to reflect the new Trust strategy and vision.

Research is generally recognised to be an important factor in high performing healthcare organisations, with a number of benefits accruing as a result of research involvement, from better outcomes for service users, more evidence of evidence-based treatment, evaluation and monitoring of outcomes, and improved staff recruitment and retention. The original NTW R&D strategy aimed to promote the awareness and embedding of research in the Trust and increase research activity and engagement.

The last three years have seen increases in research activity through increases in numbers of research projects, numbers of service user participants, numbers of staff involved and grant income received. By 2014/15 NTW was ranked as the second most research active mental health and disability Trust in terms of number of research studies and one of the best in the country for research approval times. Other developments have included a significant number of high profile national and international publications based on research in the Trust; significantly strengthened research collaborations across the region (notably the Newcastle Academic Health Partnership, as well as other university collaborations); the establishment of four Academic Clinical Collaborations (ACCs) within NTW and further progress in successful funding applications.

The same three objectives are carried forward from the original strategy while the aim has been revised to be more clearly focused on improving service user outcomes as well as achieving international recognition. Initiatives have been carried over from the original strategy where they had not been fully implemented or had not had sufficient impact. New initiatives include further development of the ACCs and university partnerships; service user research leadership; a fully multidisciplinary approach to developing research careers; and maximising use of Rio.

**Risks Highlighted:** None

**Does this affect any Board Assurance Framework/Corporate Risks:** No

**Equal Opportunities, Legal and Other Implications:** None

**Outcome Required / Recommendations:**

Strategy delivery – Simon Douglas, in liaison with relevant programmes

**Link to Policies and Strategies:**

LKS Development Framework,  
Clinical Effectiveness Strategy  
Innovations Strategy

## FINAL BOARD APPROVED VERSION V2.1

### RESEARCH & DEVELOPMENT (R&D) STRATEGY: THE NEXT FIVE YEARS

The Trust's **vision** is “to be a leader in the delivery of high quality care and a champion for those we serve”.

This will only be achieved through, among other things, an ambitious strategic approach to R&D within the Trust. So in 2012, we agreed that our **R&D mission** would be to support this vision by ensuring that NTW NHS FT contributes as much as possible to the generation of new knowledge for the benefit of all patients with mental health and disability problems, as well as rapidly implementing research-informed, evidence-based practice for the direct benefit of patients under its care.

Our first three year R&D strategy set a **ten year aim** to match the outputs of the mental health Trusts who were then top R&D performers in the UK and internationally, while ensuring that these outputs were also maximised locally. At the end of that first three years, the latest nationally published data (for 2014/15) ranked NTW as the second most research active Mental Health Trust on the basis of number of nationally funded studies. So we will continue to monitor our progress on this path towards the top in the UK but now with an increased focus on gaining international recognition (for example, in the Netherlands, Scandinavia, Australia and the US). We therefore **aim to be an internationally recognised Trust that is the best in the UK at improving knowledge and practice, and ultimately service user outcomes and experience, through R&D.**

To support us in this aim, this refreshed strategy focuses on the **objectives, goals and actions** for the next five years, up to May 2021. (The strategy should be read in conjunction with the Trust's new five-year strategy and its Clinical Effectiveness Strategy, which it supports and the developing Innovations Strategy to which it is linked).

## **The NTW Research and Development Strategy – Summary**

*This strategy is a plan of action for the next five years which aims to make NTW one of the best places for research into mental health, learning disability and neurorehabilitation in the UK and recognised internationally. Research is an important part of delivering NHS services as we need to know what the best ways of treating, managing and promoting recovery for our service users are. Research enables us to use treatments, approaches and deliver care which we know to be the most effective from what can be a large range of options. Being involved in research also makes the Trust a more attractive place to come to work for key clinical staff and helps to raise the profile of our services and staff through media coverage of research findings and publications.*

*When new treatments are developed they need to be measured against existing treatments to see if they are better or more effective and then if they are we can use them in NTW with confidence that we have evidence that they work. Of course research is only part of providing the best available services, part of a pathway that runs from innovation, through research and clinical effectiveness into measurement and providing evidence of the outcomes of the services we deliver.*

*The strategy includes three main objectives:*

- 1) Increasing the amount of large scale national and international research which has the potential to change treatments and outcomes for our service users, this means also fulfilling the pledge we made in the NHS Constitution to offer all of our service users the opportunity to take part in research which is relevant to them. To do this we need to develop even further our successful partnerships with Universities and other NHS organisations;*
- 2) Improving the way research is embedded into our services, so that clinical staff are aware of opportunities to refer service users to appropriate research studies, and also to ensure that the learning and knowledge from the research we are involved in is acted upon and we use it to improve and develop the services we offer to ensure they 'match the best in the world'. We also aim to ensure that we can answer important clinical questions that arise in the Trust through developing research questions and delivering research projects which address them;*
- 3) Improving the knowledge, understanding and skills of our staff to enable them to contribute more widely to research in general, and more specifically developing the next generation of key senior researchers and research leaders so that the research agenda of the Trust and collaborators is led from within and can be shaped by the clinical needs of the Trust.*

<u>Objectives</u> ('What will success look like?')  <b>By 2021 we will have:</b>	<u>Goals</u> ('How will we know we've arrived?' Success measures)	<u>Initiatives</u> ('What actions are we going to take to get there?', both as leaders and contributors)	<u>Milestones and monitoring</u> ('Timescales for actions and other implementation monitoring measures'.)
<p>1. Maximised opportunities for NIHR portfolio* investment in the Trust, by building on local, national and international research strengths, and supported by healthy university partnerships.</p> <p><i>*investment by the research arm of the NHS'</i></p>	<p>Year-on-year increase in R&amp;D income from a 2014/15 baseline.</p> <p>Increased number of NIHR portfolio studies (including industry studies); increased numbers of patients recruited to studies; and maintain % recruiting to time and target; from a 2014/15 baseline.</p> <p>Increasing the number of NTW-hosted NIHR studies or other well-funded studies in partnership with Universities (e.g. Wellcome, MRC ESRC, EU 2020, Health Foundation etc.)</p> <p>Specifically, increased research and impact in the areas of focus for the Newcastle Academic Health Partnership, new Academic Clinical Collaborations (ACCs) and other university partnerships.</p> <p>Position in NIHR league table for UK. International comparator metrics (TBC)</p>	<p><b>Develop more and stronger NTW grant applications</b> (e.g. via use of targeted Research Capability Funding (RCF), horizon scanning, build collaborations, use peer review and specialist expertise, exploit rare data/expertise in NTW – link to following item on improving data systems, use these enhanced systems and the figures generated to enhance grant applications). Explore wider range of funding sources (e.g. Health Foundation, ESRC)</p> <p><b>Set up systems so that clinical data feeds routinely into research, including the establishment of more population-wide databases</b> (e.g. maximize Rio as a research database, including the routine collection of 'gold standard' standardised diagnostic, assessment and outcome measures; sort out copyright issues; improved diagnosis completion; participation in 'UK CRIS' to enable searching of free text on Rio; data linkages to primary care data to support population-wide coverage, across the lifespan and across organizational boundaries).</p> <p><b>Enhance NTW's reputation as an R&amp;D centre of excellence through attracting senior R&amp;D leaders</b> (and Clinical Academics) as well as nurturing our own and as well as publications, wider sources of funding conferences etc., with a clear</p>	<p>External grant lists</p> <p>Publications (e.g. in higher impact journals) and conference lists</p> <p>Increased recruitment of the recognised leaders in priority areas of research focus</p> <p>Increased performance in commercial studies, including developing the capability to work into trials with paediatric cohorts</p> <p>Progress against ACC grant, publication and talent plans</p> <p>Increased (general) recruitment to NTW as a recognised centre of excellence.</p> <p>BY 2021 have developed new partnerships, nationally and internationally which help to achieve the strategy aim</p> <p>Service user and carer engagement and involvement group</p> <p>ACC, Group- and service –level targets</p> <p>GBM, CDT reports</p>

		<p>link in all outputs to NTW name and brand. (see also objective 3)</p> <p><b>Further develop, support and embed the new Academic Clinical Collaborations (ACC) in NTW</b> on: Autism and Learning Disabilities;/CYPS Affective (Mood) Disorders; Dementia and Psychosis. Support from Trust Management is key and each ACC has a linked Clinical Director to ensure this.</p> <p><b>Regularly review the status of ACCs</b> and be prepared to capitalise on internal strengths and interest as they develop in new areas not currently supported by ACCs with the aim of developing new ACCs in these areas.</p> <p><b>Where there are gaps identified in current research leadership for important areas of research (e.g. linked to ACC areas), recruit, attract and retain good quality multi-disciplinary staff</b> (including psychologists, nurse consultants, AHPs and others) into these areas in partnership with local universities.</p> <p><b>To explore opportunities and strengthen partnerships with existing infrastructure around clinical trials both within NTW and through negotiated access to local clinical academic resources (such as Campus for Aging and Vitality (CAV), Clinical Research Facility (CRF)/Clinical Trials Unit (CTU))</b> to do more clinical trials in mental health research across the lifespan. As this progresses aim to work with commercial partners to further</p>	
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		<p>develop own trials capability and capacity. Build on and develop the support from NTW Pharmacy in this.</p> <p><b>Regularly reassess the strategic approach to ensure opportunities for alignment with major DoH initiatives</b> on research – such as the PM Challenge on Dementia and related initiatives such as optimising use of databases e.g. Join Dementia Research</p> <p><b>Optimise our role in the Newcastle Academic Health Partnership.</b> Optimise partnerships and alliances with other local universities (Northumbria, Sunderland, Teesside and Durham) and to consider partnerships with other agencies (TEWV, Cumbria Partnership Trust, CCGs/primary care), further afield NHS partner (e.g. SLAM, Mersey Care) and internationally.</p> <p><b>Find creative ways to increase R&amp;D support capacity within NTW</b>, including around service user and carer involvement. Also utilise opportunities for non-NIHR funding (e.g. EU/ESRC, charitable funding) to develop. Also explore direct access to statistical support.</p> <p><b>Capitalise on national reputation for service user and carer involvement in research to become a national exemplar for research which is service user led</b> or co-produced, while also ensuring exceptional levels of user involvement in grant applications, funding bids etc.</p>	
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<p>2. Clear evidence that R&amp;D is an embedded, mainstream, substantial element of the Trust's core business producing demonstrable impacts.</p>	<p>Evidence of impacts, including: clinical outcomes, patient experience, activity, waste/cost.</p> <p>Evidence that R&amp;D is multi-professional and service user centred. To include evidence of service user participation in leading and carrying out research.</p> <p>Evidence that clinical services are aligned to allow rapid implementation of new research findings and maximise opportunities for securing further NIHR investment. Evidence of processes in place whereby every patient in contact with the Trust is offered the opportunity to take part in research studies.</p> <p>Evidence of support for local innovations, including appropriate evaluation and, where proven, rapid adoption and diffusion.</p>	<p><b>Service users to be central to the R&amp;D strategy, including setting priorities and providing research leadership.</b> Need to explore how to capitalise on the service user and carer led work which is a national exemplar of best practice – how can we sustain it and bring this to bear on enhancing R&amp;D.</p> <p><b>Utilise existing structures within the Trust for tapping into service user and carer expertise</b> (such as service user reference group) but also develop further bespoke solutions to enable a greater range of involvement at all levels and abilities.</p> <p><b>Enhance Group and Service-level R&amp;D structures and processes to ensure that R&amp;D is fully embedded:</b> for example, Representation on Effectiveness sub-groups of Group Q&amp;Ps; OMGs include R&amp;D as a key priority; 'R&amp;D special interest groups'; standing items on Group Business Meeting. ; professional research champions at all levels; outputs from those in receipt of research time e.g. nurse consultants</p> <p><b>Review clinical team/ Group structures and Professional roles/job descriptions to ensure R&amp;D is explicitly referenced and embedded,</b> and that staff have sufficient , protected, non-patient contact time to undertake reflection and R&amp;D related activities, supported by appraisal and supervision (see objective 3). Explore mandatory</p>	<p>Further evidence of mainstreaming R&amp;D into Trust structures and processes (e.g. Group strategies/leads;sub-groups of Q&amp;P; links to ACCs current CPD, training, induction programmes)</p> <p>Evidence of user involvement structures and processes</p> <p>Establishment of new structures (e.g. peer review network, evaluation network etc)</p> <p>Service evaluation database monitoring</p> <p>Clear end to end process for gathering ideas internally for research and evaluation and enabling student (Msc/Phd) access to these projects</p> <p>Training programmes</p> <p>Ability to identify that every clinical team has a research active person</p> <p>Trust nominated for awards; awards received</p> <p>Communications strategy which highlights ways for all staff to be involved in research, including R&amp;D and ACC leads easily accessible contact details / a 'menu of opportunities' for clinicians and other staff to become involved in research in a</p>
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		<p>requirements on numbers of days expected for research activity for professional groups.</p> <p><b>Ensure that Trust needs for service-orientated research are at least equal priority to the research led from Objective 1.</b></p> <p><b>Establish processes for quality assurance (peer review) of non-NIHR funded research</b>, using a network of internal peer reviewers and coordinated by R&amp;D office.</p> <p><b>Do better with what we already have (establish an internal evaluation network and enhance mechanisms to coordinate MSc/PhD projects by all disciplines across the Trust)</b> and take a strategic approach to having a range of potential projects for students to undertake on the trust's behalf.</p> <p><b>Mainstreaming R&amp;D into individual clinical encounters and in service user involvement</b> (systematic approach to user involvement in doing research). Ensure every service user has the opportunity to be part of clinical research (e.g. establish 'opt-out' for research, establish research registers).</p> <p><b>Enhance the visibility of lead academics within the Trust: e.g. as opinion leaders</b>, championing NICE guidance, providing expert opinions, mentoring. Enhance the visibility of expert clinicians in articulating research questions and priorities.</p>	<p>range of different ways across the trust.</p>
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		issues, service user input into topic and process.	
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<p>3. A workforce whose culture and behaviours demonstrate the value of R&amp;D to improving patient care, and which demonstrates the commitment to the promotion of new talent throughout the workforce.</p>	<p>Evidence of clear leadership, responsibility and accountability for research within the Trust.</p> <p>Evidence of a healthy research and innovation culture throughout the Trust.</p> <p>Evidence that all professional clinical directors/Leads are utilising their R&amp;D Leadership to maximise the R&amp;D Capacity within specific professional groups and strengthen links with academics in their field (aligned with relevant strategies).</p> <p>Appraisal / supervision policy to contain mandatory questions about research – expectation that research time can be accounted for on research activities</p> <p>Increased number of staff (e.g. Principal Investigators (PIs)) participating in the design and delivery of research.</p> <p>Evidence of a healthy 'pipeline' of developing researchers at all stages, and in all areas of importance to the Trust.</p>	<p><b>Maximise current strategies, programmes and processes (2015/16) to identify, support, develop and nurture potential research leaders, research active and research interested staff</b> (e.g. AHP and Nursing strategy; inclusion of R&amp;D in all clinical and managerial job descriptions (see AHP work as an exemplar); Leadership programmes; Trust induction; regular training programmes; JDR/consultant appraisals to include R&amp;D and in PDPs; (example of the levels of research involvement to be used in consultant appraisal) standard interview questions related to R&amp;D included for all clinical and managerial posts ). Link to mainstream 'skills assessments' (e.g. through Workforce planning). Develop case studies on the impact of research to use in training with all staff.</p> <p><b>Develop an internal NTW research development training pathway ( e.g. for MSc students or trainees on the Doctorate Clinical psychology training programme) to successfully achieve senior researcher status.</b> Ensure it is sufficiently granular for the main professions (nursing, psychology, AHPs, management) building on the work already done in psychiatry. Develop mentoring and supervision from more experienced academic staff across the disciplines for research development.</p> <p><b>Targeted further development of individuals and teams through a</b></p>	<p>Evidence gathered from job description reviews, curricular for Leadership Programme, training programmes, etc</p> <p>Workforce planning papers</p> <p>Case studies</p> <p>Maps of expertise, talent pool etc</p> <p>Fellowships won and take-up/success of bespoke Fellowship scheme run through RCF</p> <p>Engagement events and involvement opportunities offered to service users and carers to become involved in research training for trust staff/academics</p> <p>Staff feedback</p> <p>Recruitment and retention figures for key groups of staff (linked to Objective 1), including 'research leaders'.</p>
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		<p><b>Talent Management approach</b> (e.g. identify 'talent pool', including recent students; continue 'bespoke' Trust Fellowship scheme through RCF; expand the coaching/mentoring of potential PIs; create 'space' for developing researchers to plan their development; explore full range of opportunities for full pathway, from early fellowships to professorial appointments, and ensure NTW exploits these opportunities; extend academics on appointment panels beyond psychiatry; training needs analysis for all requirements, from audit upwards - new training in response; journal clubs; mechanisms for follow-up of innovations)</p> <p><b>Extend the work done on establishing clear joint appointment processes with universities beyond psychiatry</b> where relevant, including 'joined up' discussions on succession planning and recruitment (which are now established for psychiatry).</p> <p><b>Enable opportunities for developing researchers to engage with service users and carers</b>, particularly around the development of their research ideas at an early stage.</p> <p><b>Ensure junior researchers can take opportunities to work with senior colleagues and academics</b> to "buddy" up as co-applicants on smaller or elsewhere-led NIHR funding bids to gain experience and reputation for future bids of their own</p>	
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		<b>Communications materials and communications strategy; information on how to access research which includes everyone</b>	Communications success metrics (eg website hits)
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Risk Assessment

Risk	Assessment (Low / Medium / High)	Rationale
Strategic	Low  Medium	The strategy supports the achievement of the Trust's vision and strategic objectives  Failure to implement this R&D strategy may impact on the Trust's aspiration to deliver services which match the best in the world
Financial	Low  Medium	The successful implementation of the strategy would promote NTW as a suitable NHS partner for commercial research, potentially providing an alternative income stream.  Failure to increase research activity on large scale NIHR Projects may lead to a reduction in funding received from NIHR via (LCRN-NENC) and Research Capability Funding potentially leading to redundancies of research staff.
Reputational	Medium  Medium	The strategy aims to make NTW one of the best places to do research in mental health and learning disabilities, success will enhance NTW's reputation and attract excellent staff  Research expertise and opportunity is a key factor in recruitment, being able to 'sell' NTW as a research leader is an important factor in this
National Policy	Medium	The NHS Constitution acknowledges the key role research should play in service delivery and the Trust has signed up to this pledge to offer all service users the opportunity to be part of research relevant to them
Operational	Medium	Although research is key to NHS delivery clinicians do not always feel they have enough clinical time to engage with research, particularly in terms of informing service users about potential research projects, we need to balance this with our responsibilities