**Research and Innovation Strategy, 2023**

**Introduction**

CNTW has a long history of involvement and leadership in research in collaboration with academic partners and is a highly innovative organisation. We aim to ensure that practice is evidence-based and driven by the latest research findings and that those who use our services have access to services which are based on the latest and best research into practice.

Involvement in research has many benefits for NHS originations beyond recruitment and retention and it is now recognised that both quality of care and outcomes are better in those organisations which are highly research active.

CNTW has launched its strategic direction from 2023 “With you in mind” and this promotes the idea of a vision and aims for what the organisation aspires to be in the future. Following the engagement and development process for the strategic approach for CNTW we have revised the CNTW Research and Innovation approach to align with the vision and ambitions of With you in mind.

In this context the blueprint for a step change in the way research is integrated into the practice and culture of the organisation is presented. Structured around the five key aims of with you in mind, the research and innovation strategy is designed to engage clinical practitioners across all levels and specialities, equip them with the skills and understanding to engage with research at a level appropriate to them, and empower those with particular interests in research and innovation to become more involved in research than ever before.

While the strategy promotes cultural change within the organisation, we also acknowledge the importance of the wider context, at a time when there is significant change within the health and care system, there is an opportunity to ensure CNTW sits at the heart of this. The development of significant regional research infrastructure should assist with the aims in the strategy so that membership of the Newcastle Health Innovation Partners (NHIP) and hosting role of the Applied Research Collaboration (ARC) will enable the growth of collaborations which will strengthen future research partnerships and enhance funding applications. CNTW is now an integral part of further infrastructure applications such as BRC and CRF while we are supported in research design and delivery by the Research Design service (RDS) and the Clinical Research Network (CRN) respectively. The strategy aims to promote further regional collaborations with academic partners.

**Ambition 1: Quality care, every day**

*We will aspire to deliver expert, compassionate, person-led care every day, in every team. We will value research and learning.*

Research and innovation are embedded into services, culture and practice in CNTW

* ***Research is embedded into services and practice as an everyday activity***
* ***Research Network within CNTW to engage staff and encourage embedding***
* ***Service developments are informed by the latest research***
* ***Increase research literacy and access to evidence and information***
* ***Routinely collected data can be used for research***

**Ambition 2: Person-led care, when and where it is needed**

*We will work with partners and communities to support the changing needs of people over their whole lives.*

Research in CNTW is co-produced and available to all users of CNTW services and the wider population within the CNTW footprint

* ***Our research is influenced by and as far as possible co-produced with those who provide and use our services***
* ***Research is available to all service users across the geographies and specialties, and access is equitable and fair.***

**Ambition 3: A great place to work**

*We want to be a great place to work. We will make sure that our workforce has the right values, skills, diversity and experience to meet the changing needs of our service users and carers.*

We support and enable our staff to be involved in research and innovation at all levels of the organisation

* ***All staff are empowered to support and participate in clinical research.***
* ***Staff at all levels of the organisation are given the opportunity for training and skills development for research where appropriate to their role***
* ***The workforce has opportunities to engage in research, from interest to delivery to leadership and are supported in this by our partnerships within the system and academia.***

**Ambition 4: Sustainable for the long term, innovating every day**

*We will be a sustainable, high performing organisation, use our resources well and be digitally enabled. We will be accountable for the money we spend; we will live within our means, and we will work in a way that is kind to the planet.*

We enable research through innovative approaches to using data and digital methods

* ***We are at the forefront of digital innovation in health research, leveraging our data and IG expertise to promote new and innovative ways of developing and delivering research***
* ***We have a clear culture of innovation to which all staff are able to contribute***

**Ambition 5: Working with and for our communities**

*We will create trusted, long-term partnerships that work well together to help people and communities.*

CNTW is a leader and an influencer in local, regional, national and international research networks and partnerships

* ***We will work with academic and clinical partners, regionally and nationally to develop and deliver the best and most relevant research for our population and use our influence on networks to promote our embedded and equitable approach.***
* ***We will utilise innovative study design to ensure our research is both efficient and effective in answering relevant clinical questions***

**Appendix 1 - Operational plan - Actions to fulfil our strategic ambitions**

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| **STRATEGIC AIM ONE** |
| * Research and innovation are embedded into services and practice in CNTW (Links to DHSC theme: *Clinical research delivery embedded in the NHS*)
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| **WHERE ARE WE NOW?** |
| * Research and Innovation are recognised as an important part of NHS business but can be hard to realise this in hard pressed clinical services.
* Knowledge and understanding of research and research processes widespread amongst staff groups
* We do not systematically gather data for research purposes.
* Service and organisational change is evidence informed but we could do more to develop the link between CNTW influenced research and evaluation and innovative service and treatment implementation.
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| **WHERE WE WANT TO BE** | **HOW WE WILL GET THERE** | **PROPOSED TIMELINE** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| ***Research is embedded into services and practice;***  | 1 A “research link” individual is identified for all teams. The role of this link person will develop over time (influenced by training, aspiration and career plans) with time designated in job plans, and ring fenced, depending on nature of role undertaken.  | x |  |  |  |  |
| a) Act as CRN contact point for information about current research studies and flag potential opportunities for research participants for existing caseload of team and new cases (e.g. via allocations meetings / ward rounds etc)  | x | x |  |  |  |
| b) develop the role as research advocate to include being local training link, raising awareness, cultural champion and supervisor for junior staff (will require job planned /potentially funded research time)  |  |  | x | x |  |
| c) Act as a local collaborator or local lead for an appropriate NIHR portfolio research study  |  |  |  |  | x |
| d) Be a member of the CNTW Clinical Research Advocacy network and work with counterparts across the Trust to promote research opportunities | x | x | x | x | x |
| 2 Identify Research Link in each CBU Leadership Team (link into network) |  | x |  |  |  |
| 3 Identify research leads in professional groups  |  | x |  |  |  |
| 4 Business cases will be supported to develop specific clinical areas integrating research and innovation: These cases may include a range of different elements including the support for funding for HEI employed clinical academics. The principle for such individuals is that they their funding will be split on the relative balance of direct clinical vs research activity. However, it is recognised that research activity is not just to the benefit of the HEI and so flexibility in funding arrangements is encouraged. These business cases will consider commercial opportunities and the Trust’s innovation strategy, as well as considering the strategic importance of developing certain research area to optimise research & innovation opportunities. | x | x | x | x | x |
| 5 Develop research literacy via collaboration with Knowledge services: promote understanding of research, innovation and methodologies / seminars / training events / on line events / mini conferences / Annual Research Conference | x |  |  |  |  |
| 6 Group Director leadership representation on R&D committee structures | x |  |  |  |  |
| 7 Provide admin time to support the delivery and further development of this strategy | x |  |  |  |  |
| ***Service developments are informed by the latest research***  | 8 All clinical service developments occurring in the Trust will consider research and innovation as a matter of course. This includes 1. ensuring that developments are evidence-based as far as possible;
2. that local academic expertise is utilised where-ever possible;
3. that the impact of the service development on research is considered; d) opportunities for enhancing the integration of research into clinical practice with the development are considered.
 |  |  | x | x | x |
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| **STRATEGIC AIM TWO** |
| * Research in CNTW is co-produced and available to all users of CNTW services and the wider population within the CNTW footprint (Links to DHSC theme: *Patient-centred research*)
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| **WHERE ARE WE NOW?** |
| * Research is often concentrated in certain specialities and certain geographies. With our regional reach we are in a unique position to be able to offer equity of access where practical to our population to ensure anyone who wants to can access a suitable research study.
* We have an established history and process of co-production and involvement but we could be more systematic about how we engage with clinicians, service users and carers, communities and the public.
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| **WHERE WE WANT TO BE** | **HOW WE WILL GET THERE** | **PROPOSED TIMELINE** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| ***Research is available to all service users across the geographies and specialties, and access is equitable and fair.*** | 1 Work with CRN to ensure equity of access across the region for our service users: |  |  |  |  |  |
|  a) Scoping project underway to understand population of research participants within CNTW and address gaps |  | x |  |  |  |
|  b) Develop links with PPI groups, Patient groups, communities and 3rd Sector to offer wider opportunities for research  |  | x |  |  |  |
|  c) Engage with clinical services through Locality Directors to understand the opportunities, and barriers, for research across the whole geography of the organisation, and solutions identified. |  | x |  |  |  |
| 2 Institute “Care Pathway Enhancement (CaPE) Clinics” (e.g. for depression, psychosis, Lewy Body Dementia, ASD) to support clinical pathways and improve recruitment generally and specifically from underserved populations | x |  |  |  |  |
| ***Our research is influenced by and as far as possible co-produced with those who provide and use our services***  | 3 Create a PPI coordinator post to manage and deliver  a) strategy for involvement and coproduction in research,  b) lead on implementation of accredited training for service users and carers with Northumbria Uni;  c) link with broader relevant PPI ecosystem. | x |  |  |  |  |
| Undertake a scoping exercise to understand the broader ecosystem/network of PPIE activities across sectors for patient groups relevant to CNTW. |  |  |  |  |  |
| 4 Engage with partners to develop and link together PPI opportunities further e.g. opportunities from BRC and CRF bids but also 3rd sector e.g. VONNE | x |  |  |  |  |

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| **STRATEGIC AIM THREE** |
| * We support and enable our staff to be involved in research and innovation at all levels of the organisation (Links to DHSC theme: *A sustainable and supported research delivery workforce*)
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| **WHERE ARE WE NOW?** |
| * A small number of staff have research as part of their job roles but often this is squeezed out by clinical pressures.
* We have a range of opportunities for researchers to engage in research, training and development but the numbers accessing these are small.
* We have developing engagement with academic partners to offer joint clinical academic roles but this needs to be developed cross regionally and cross professionally.
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| **WHERE WE WANT TO BE** | **HOW WE WILL GET THERE** | **PROPOSED TIMELINE** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| ***All staff are empowered to support and participate in clinical research.*** | 1 All new clinical staff job descriptions to include up to date information about the Trust’s research activity and the importance that the organisation places on this. | x | x | x | x | x |
| 2 The importance of research and innovation to the organisation and day to day clinical practice included in all staff induction programmes in appropriate ways for different professional groups |  |  |  |  |  |
| a) record short video to be part of induction | x |  |  |  |  |
| b) presentation for Consultant/SAS induction  | x |  |  |  |  |
| c) Specific engagement for other professional groups eg DClinPsy |  | x |  |  |  |
| 3 All clinical staff discuss research in their annual job plan reviews and appraisals. Staff identified as:Research aware (minimum baseline)facilitatory e.g. identifying potential participants for research, engaging in local research initiatives etc.Research active e.g. leading a research project, PI on trial1. Research leader e.g. substantive or honorary University contracts, submitting or grant applications, sitting on national panels/boards etc.
 |  |  | x |  |  |
| 4 Scope current level of research knowledge and understanding – complete gap analysis and use this intelligence to design training programme for all professions (links to working with Universities/NHIP re NMAHP+ developments). To establish baseline, repeat and re measure in year 3  | x |  |  |  |  |
| 5. Research and innovation included in criteria used around awarding of performance payments or other rewards where such mechanisms exist. This may be non-financial eg protected time / conference attendance /  | x |  |  |  |  |
| ***The workforce has opportunities to engage in research, from interest to delivery to leadership and are supported in this by our partnerships within the system and academia.*** | 6 A broad level of research and innovation training to be provided for all clinical staff from all professional groups. On basis of survey work in point 4 Identify any gaps in regional provision  |  | x |  |  |  |
| 7 To support recruitment and retention and drive local research leadership and delivery of studies, and to act as a potential conduit for the development of individuals to become national/international level research leaders, the Trust will support the inclusion of research time specifically for this purpose in a number of individual’s job plans. The principles of this are that it will be* 1. awarded competitively
	2. performance managed
	3. time limited with the opportunity for renewal based on performance
	4. available to all professional groups.
	5. Ideally with support from local HEIs

To include joint clinical academic appointments across professional groups  |  | x |  |  |  |
| 8 Create a cadre of high quality, motivated Research Assistants/Assistant Psychologists/research practitioners to facilitate research delivery, linked with services and explore other opportunities across other professions eg data analysis etc  |  |  | x |  |  |
| 9 Measure and report numbers of individuals in professional groups involved in research and training and report by research engagement level (5.3). Will be uses as an annual measure of research engagement  | x | x | x | x | x |

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| **STRATEGIC AIM FOUR** |
| * We enable research through innovative approaches to using data and digital methods (Links to Sustainable for the long term, innovating every day)
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| **WHERE ARE WE NOW?** |
| * We have developing expertise in using the CRIS system to access the research and evaluation potential of the data within the CNTW clinical records and have navigated the IG complexities around this. We are refining our approach to view this more strategically.
* We are still to fully realise the ability to utilise digital tools and data to facilitate patient participation in research and navigate the IG processes required.
* There are regional opportunities based upon the strategic importance given to big data analysis and use of digital tools by the NHIP partners, and the development of the research element of the GNCR.
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| **WHERE WE WANT TO BE** | **HOW WE WILL GET THERE** | **PROPOSED TIMELINE** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| ***#We are at the forefront of digital innovation in health research, leveraging our data and IG expertise to promote new and innovative ways of developing and delivering research*** | 1 Strategic CRIS group which identifies need for CRIS and scopes future research opportunities/possibilities | x |  |  |  |  |
| 1. Link with other organisations using, or planning on using, CRIS to both develop inhouse expertise and potential collaborative networks.
 |  |  |  |  |  |
| 1. Develop a catalogue of search routines for identification of key patient groups (e.g. with a specific diagnosis or on a specific treatment)
 |  |  |  |  |  |
| 1. Develop skills and expertise in the use of Natural Language programming to facilitate improved accuracy of searches of free text fields in RiO
 |  |  |  |  |  |
| 3. Support development of “digital literacy” amongst CNTW staff to facilitate recognition of the digital opportunities available to us, and generation of research ideas and plans |  |  |  |  |  |
| 4 Involvement in regional initiatives such as GNCR and ensuring access for research  |  | x |  |  |  |
| 5 A key partner in cross speciality research and evaluation using data linkage across organisations  |  | x |  |  |  |
| ***We have a clear culture of innovation to which all staff are able to contribute*** | 9 Linking to the CNTW Innovation Strategy and Process (approved in 2021) staff are empowered to propose innovative ideas and solutions and are supported to develop these where appropriate via:a) portal/process for submission of ideas/innovationsb) Creation of “Innovation and Investment Group” and Innovation Fund to support the development of innovative ideas/IP and provide feedback to innovatorsc) Utilising research expertise to evaluate innovations and ideasd) Fully explore the income-generating potential of innovations/ideas/IP | x | x | x | x | x |

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| **STRATEGIC AIM FIVE** |
| * CNTW is a leader and an influencer in local, regional, national and international research networks and partnerships (Links to Working with and for our communities)
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| **WHERE ARE WE NOW?** |
| * CNTW is a key player in regional networks such as NIHP and ARC and this puts us in an advantageous position to lead and influence.
* We have significant areas of research strength which we must concentrate on strategically to ensure succession-planning and developing the critical mass to ensure we have the resources both academically and clinically to compete nationally and internationally.
* We have gained experience of using innovative study design during the pandemic that has the potential to make studies more efficient.
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| **WHERE WE WANT TO BE** | **HOW WE WILL GET THERE** | **PROPOSED TIMELINE** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| ***We will ensure that research undertaken and in and with CNTW recognises the Trust’s role.*** | 1. Ensure that all research work conducted in and with CNTW is appropriately recognised in all outputs, such as any publications.
 | **x** | **x** | **x** | **x** | **x** |
| ***We will work with academic and clinical partners, regionally and nationally to develop and deliver the best and most relevant research for our population and use our influence on networks to promote our embedded and equitable approach.******.*** | 2. Develop influence in NHIP through involvement and engagement with the full range of working groups / boards / workshops etc. Ensure coordination and dissemination of plans, decisions and activities of the various NHIP committees to all relevant parties within CNTW. |  |  |  |  |  |
| 3. Support inclusion of dementia and mental health elements in Newcastle CRF and BRC applications | x |  |  |  |  |
| 3 Formalise links with other regional universities:To include Durham / Cumbria  |  |  |  |  |  |
| 1. Sunderland University – partnership on nursing development and evaluation in particular
 | x |  |  |  |  |
| 1. Northumbria University – criminal justice / AHP development / involvement and engagement/ coproduction
 |  | x |  |  |  |
| 4 Develop proposals to engage with students in training across professions / institutions to offer opportunities for early engagement in research / raise research awareness / develop opportunities for placements / projects / dissertations etc  |  | x |  |  |  |
| 5 Develop and exploit links with industry to help drive research and innovation generally:CNTW Commercial Lead will:1.
 |  |  |  |  |  |
|  a) Develop relationships with named pharma companies | x | x | x | x | x |
|  b) Develop and refine working processes and collaborations with CRF/CARU etc |  | x |  |  |  |
|  c) Develop robust operating procedures for set up and management of industry research  | x |  |  |  |  |
|  d) Develop business case for commercially funded nurse posts to support further new commercial studies, line manage posts within new structure |  | x |  |  |  |
|  e) Set up at least 3 new studies per year | x | x | x | x | x |
| ***We will utilise innovative study design to ensure our research is both efficient and effective in answering relevant clinical questions***  | 6 CNTW will continue to provide research sponsorship for large scale grant applications led from the north east and from CNTW research partners, and in particular will be a leader in mental health Trusts for sponsoring CTIMPS. We aim to provide robust governance, simple processes and exemplary support for researchers at all stages of the research process.  | x |  |  |  |  |
| 7 Learning from the pandemic we will enable a range of recruitment and assessment methods to ensure we can cater for the preferences of those on research projects while extending the opportunity to be involved to a wider geographical range of participants. We will do this through:1. enabling on line consultation / assessment and recruitment

remote meetings and working practices  | x |  |  |  |  |
| 8 Innovation in research design and development through partnerships with non-traditional non-health disciplines eg architecture (autism / dementia developments in particular) – and explore others (eg OXEhealth) linking with the developing Innovations Strategy  |  |  | x |  |  |