

Board of Directors

SUMMARY REPORT

Meeting Date:
Agenda Item:

23rd March 2022
19 (i)

Report Title:	Research, Innovation and Effectiveness Strategy	
Author(s):	Dr Michelle Horspool, Deputy Director: Research	
Accountable Director:	Dr Mike Hunter, Executive Medical Director	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier Group/Tier 3 Group	2 Board of Directors for contribution
	Date:	26 th January 2022
Key points/ recommendations from those meetings	<p>From 26th January 2022:</p> <ul style="list-style-type: none"> • Overall, very well presented, clear rationale, deliverables defined and measurable, milestones staircase is clearly articulated – include stepped plan to show year on year progression. • Emphasis on Clinical Effectiveness welcomed – Framework for Clinical Effectiveness to be included • Consideration on how we interpret, apply and use evidence/what this means – to enable the delivery of Clinical and Social Care Strategy evidence led workstream (definition of what it means to be evidence led is being developed through this workstream). • Consideration in use of language, particularly in reference to SHSC priorities • Acknowledgement that there would be resource requirements to support implementation of the strategy – include resource plan to fully understand the resource implications of the strategy and highlight resource requirements across years. • Recognition for integration of service user involvement and coproduction throughout 	

Summary of key points in report

- The Research, Innovation and Effectiveness strategy supports the aims of the Clinical and Social Care Strategy, to enable us to become an organisation which supports and uses research, innovation, and clinical effectiveness to fulfil our vision.
- Board of Directors received, discussed, and contributed to the development of the Research, Innovation and Effectiveness Strategy on 26th January 2022. The contributions from Board (as above), and feedback from additional service user consultation, has been incorporated into the final version.

- Board of Directors recommended that the revised Strategy be presented to the public section of the Board of Directors on 23rd March 2022 for approval.
- The Research, Innovation and Effectiveness Strategy is included as an appendix to this report.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	X	Assurance		Information	
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The Board of Directors is asked to consider the revised Research, Innovation and Effectiveness Strategy for approval.

Please identify which strategic priorities will be impacted by this report:

Covid-19 Getting through safely	Yes	✓	No	
CQC Getting Back to Good	Yes	✓	No	
Transformation – Changing things that will make a difference	Yes	✓	No	
Partnerships – working together to make a bigger impact	Yes	✓	No	

Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission Fundamental Standards	Yes	✓	No		<i>Research and Innovation within Well Led Inspection Framework. The Accelerating Improvement theme within CQC strategy 2021 includes 'Encouraging Innovation and Research'</i>
Data Security and Protection Toolkit	Yes		No	✓	
Any other specific standard?				✓	

Have these areas been considered ? YES/NO

If Yes, what are the implications or the impact?
If no, please explain why

Service User and Carer Safety and Experience	Yes	✓	No		The primary purpose of research, innovation and effectiveness is to improve patient care.
Financial (revenue & capital)	Yes	✓	No		Successful implementation of the Strategy depends on adequate resources to support the research, innovation and effectiveness infrastructure.
Organisational Development /Workforce	Yes	✓	No		Building workforce capacity and capability for research, innovation and effectiveness is a cornerstone of the Strategy.
Equality, Diversity & Inclusion	Yes	✓	No		See section 4.2
Legal	Yes	✓	No		This is intrinsic within the NHS constitution, and we have a statutory obligation to promote and provide access to research opportunities.

Name of Report

Research, Innovation and Effectiveness Strategy

Section 1: Analysis and supporting detail

Background

- 1.1 The purpose of our 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 our vision and values.
- 1.2 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 aims and priorities.

Section 2: Risks

- 2.1 There are no specific or significant risks identified at this stage, the development of the Strategy is on track.
- 2.2 A risk may develop if the resources required to facilitate the implementation of the Research, Innovation and Effectiveness Strategy are incomplete, which will subsequently impact on the ability to support and enable the Clinical and Social Care Strategy 2021 – 2026.

Section 3: Assurance

Triangulation

- 3.1 Feedback and data from all consultation events are being analysed to create themes that inform the aims and key priorities of the strategy.

Engagement

- 3.2 Engagement and partnership working is key to the development of the Strategy, and a priority within the Strategy. Creating a research-active and evidence-led culture must be done in partnership to ensure it meets the needs of people who use our services and our colleagues. Detail of the engagement and consultation is reported in the appendices of the draft Research, Innovation and Effectiveness Strategy.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

Covid – Recovering effectively
CQC – Getting back to Good
Transformation - Changing things that will make a difference

- 4.1 Research, Innovation and Effectiveness support our key strategic aims: deliver outstanding care, create a great place to work, improve our use of resources and reduce inequalities. Research, Innovation and Effectiveness will also be pivotal in supporting the Clinical and Social Care Strategy, particularly in enabling SHSC to be an evidence-led organisation.

Covid – Recovering effectively: SHSC has supported several Urgent Public Health studies (most notably the Oxford vaccine trial), which underpin the effort to get advances in research into practice rapidly to improve health outcomes. We are involved in other studies looking the impact of Covid-19 on mental health, social isolation and access to services. Nationally and locally, research is playing a central role in understanding the impacts of covid on health and wellbeing, and as an organisation we are responding quickly to calls to action for engagement with studies.

CQC – Getting back to Good: Research related questions form part of the CQC well-led inspection framework. The CQC is primarily interested in clinical staff's understanding of research and innovation at service level. The integration of research innovation and effectiveness at team level is an aim of the strategy.

Transformation: One of the key priorities of the Research, Innovation and Effectiveness Strategy is to promote the use of evidence for decision making, and monitoring of outcomes to ensure we are delivering effective services – this will be key to the development and implementation of all our transformation programmes.

Partnerships: Partnership working is integral to the Research, Innovation and Effectiveness Strategy, and essential for continued growth in this area and to implement our strategic vision at all levels. We have already established a growing number of strategic partnerships, which are key to the development and growth of research, innovation and effectiveness.

Equalities, diversity and inclusion

- 4.2 Supporting research and innovation that enables inclusion and diversity, and reduces health inequalities is a key priority within the Research, Innovation and Effectiveness Strategy. Generating evidence that is co-produced, locally led and supports the needs of our communities is central to the Strategy and is also a national research policy driver. We are already involved in programmes of work, with our partners, nationally, regionally, and locally to address some of these challenges. The SHSC anti-racism statement has been included within the framework underpinning this strategy.

Financial

- 4.3 The resource required to support the implementation of the strategy, over the next five years, is being identified via the strategy steering group and the Annual Integrated Planning / Business Planning processes.

Section 5: List of Appendices

Appendix A – Research, Innovation and Effectiveness Strategy



 **Research, Innovation and
Effectiveness Strategy**
2022 - 2026

Delivering our vision and strategic direction



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Strategy approval

Date ratified by Board of Directors:	
Name of responsible Committee:	Research, Innovation, Effectiveness and Improvement Group
Name of responsible Director:	Dr Mike Hunter
Name of author:	Dr Michelle Horspool
Date issued:	
Review date:	

Introduction to the strategy

Welcome to our Research, Innovation and Effectiveness Strategy 2022-2026. At SHSC, by 2025 we want to be 'The Best We Can Be', leading person-centred health and social care across Sheffield and supporting delivery of the Integrated Care System mental health and learning disability priorities.

Our Vision is to improve the mental, physical and social wellbeing of the people in our communities.

Our strategic aims are to

- Deliver outstanding care.
- Create a great place to work.
- Make effective use of resources.
- Ensure our services are inclusive.

Our **Clinical and Social Care strategy**¹ 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 our **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 Strategy¹ 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.

Our vision for Research, Innovation and Effectiveness

Our vision is for Sheffield Health and Social Care NHS Foundation Trust (SHSC) to be recognised as a organisation that excels in **research, innovation and effectiveness** and that this is acknowledged through our membership of the University Hospital Association.

SHSC strives to improve the mental health and wellbeing of the people who use our services and to always provide the best evidenced based care that we can. Without a strong commitment to being evidence-led and research active – to finding the best and most efficient, innovative and patient-centred ways of delivering care and demonstrating effectiveness - we cannot deliver on SHSC's vision and core values.

We aim to create a vibrant, engaged, improvement focused culture in which we use the best, and most up-to-date evidence to achieve the best outcomes for our service users.

Being evidence-led means generating, appraising, and using evidence, taking an evaluative approach to the services and care we deliver, and using data and digital innovation to support us in improving outcomes for service users. Research helps us find out what works best, when, where and for whom, and clinical effectiveness supports the use of evidence to improve the effectiveness of clinical practice and service delivery. Developing our workforce to ensure we use and generate evidence, and that we evaluate our services, will make us more critical and reflective about the way we practice, individually and collectively.



We want to enable staff to contribute to research, innovation and clinical effectiveness as part of their everyday jobs, to provide the highest quality evidence-based care, and drive forward the development of best practice. We want everyone who uses our services to have the opportunity to participate in research and service developments, should they wish.

Over the next 5 years, we will achieve a portfolio of research and innovation, that is locally led, focuses on the needs of the communities we serve and reflects SHSC’s priorities. We will embed clinical effectiveness, the use of evidence and timely evaluation across our services to improve outcomes for patient care.

We will go from being an organisation that is *research-friendly* to one that is truly **research ready, research active and evidence-led**.

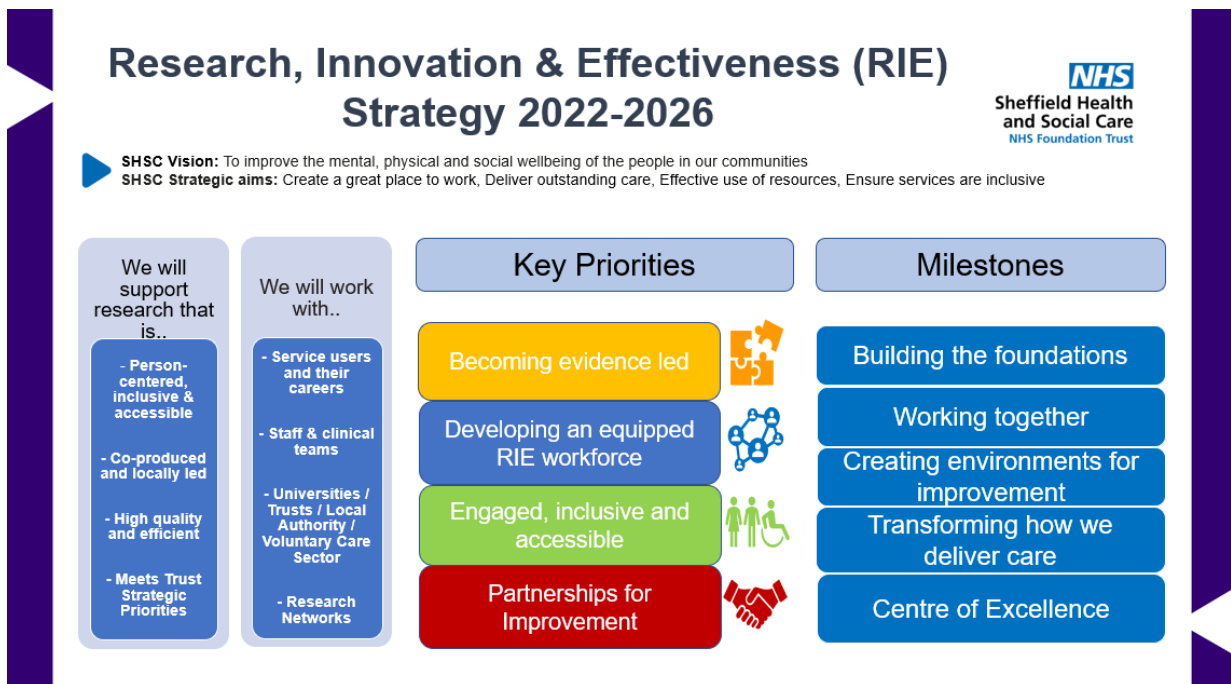
We have identified the following strategic aims that will drive the direction of the **Research, Innovation and Effectiveness strategy**.

Strategic Aims

- To establish SHSC as an evidence-led organisation and a centre of research excellence, contributing to the generation of new and transferrable evidence to improve clinical effectiveness.

- To ensure that everyone who uses our services, their carers, and staff can participate in research and innovation, should they wish.
- To embed a culture where our staff and teams are able to access and use all forms of evidence, to inform decision making, and to evaluate the effectiveness of the care they provide, to improve outcomes.
- To ensure that research, innovation and effectiveness are strategically and operationally integrated into core business and are fully aligned with SHSC's vision, values and strategies.

▶ Our Strategy on a page



▶ What has informed our strategy

Our **Research, Innovation and Effectiveness Strategy** sets out where we aim to be by 2026 and what we need to do to get there. Our strategy is shaped by the national

and local context, our current position and the views of service users, carers, our staff and our partners.

Policy context

National recognition of the importance of research and innovation in the NHS, and its contribution to delivery health outcomes is beyond dispute²⁻⁶.

We know that NHS organisations that participate in research have better performance outcomes, better patient outcomes and higher CQC ratings⁷⁻⁹. The Care Quality Commission (CQC)¹⁰ now requires NHS organisations to play an active part in research and innovation, assessed through its well-led inspection framework.

The CQC also requires providers to “assess, monitor and drive improvement in the quality and safety of the services provided”. The NHS standard contract includes requirements to utilise best practice guidance issued by NICE, and to participate in and act on the findings of local and national clinical audits.

Mental health has lagged behind many other health conditions in terms of priority and funding for research, which means that improvements in prevention and care are not progressing at the same speed as other areas¹¹. In response to this, national research policy drivers are highlighting the need for inclusive research and innovation and in bringing clinical and applied research to under-served regions and communities with the highest unmet health needs^{2,12}. There is also a national focus on improving innovation designs and digitally enabled research, making use of data, and new ways of working (i.e., remote working) to deliver improvements to the health and care of patients².

The Government’s budget review¹³ (2021) has recognised the contribution research makes to improving health care outcomes and will invest the “largest ever cash uplift for health R&D” (over the next 5 years). This new funding, of which a minimum of £30m has been committed by the National Institute for Health Research (NIHR) between 2021 and 2026 is targeting infrastructure and capacity building and has a strategic focus on reducing health inequalities and patient-centred research^{12,14}. A large share of this investment will be in underserved areas, particularly in the north of England.

..embedding clinical research at the heart of patient care, making participation as easy as possible (for patients) and ensuring all health and care staff feel empowered to support research as part of their job...Ministerial foreword (DHSC 2021).

Given the importance of research and innovation to the NHS, there is an emphasis nationally on workforce and skills development, with a focus on investment in research skills training to level up opportunities for underrepresented groups, particularly in nursing, midwifery, and the allied health professionals^{13,15}.

Our strategy recognises all these national drivers for research, innovation and effectiveness, including the imperative to demonstrate our use of evidence and

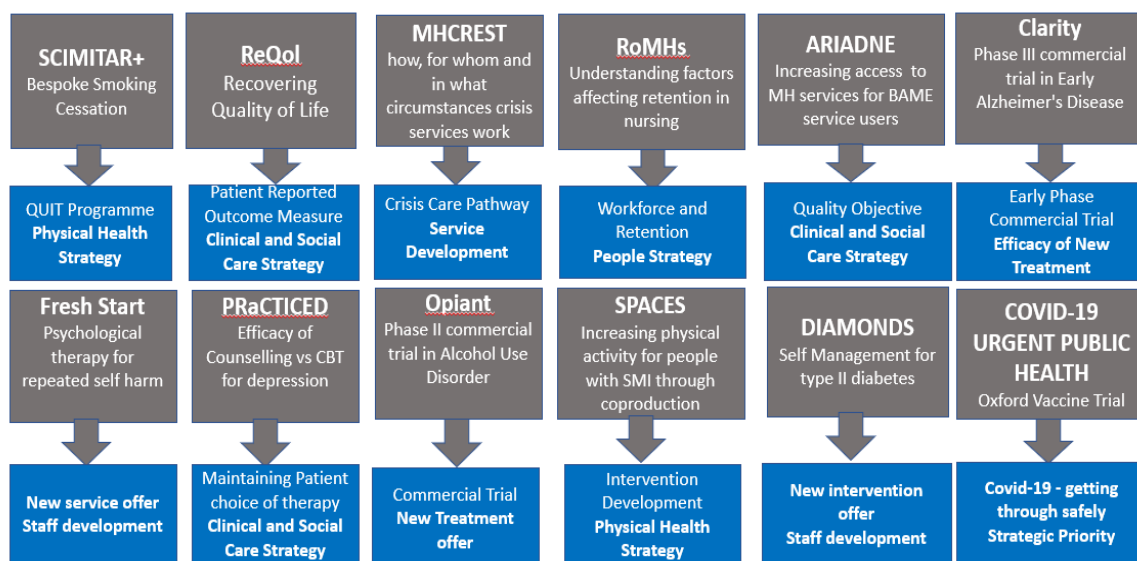
innovation, the need to upskill our workforce, and in addressing inequalities to improve care.

Where are we now

What sets us apart from other similar NHS providers is our key strategic advantage resulting from our reputation¹⁶ as an excellent and reliable research partner. This is founded on collaboration, partnership working and our commitment to coproduction and service user engagement. As a result of our research activity, and excellence in education, SHSC is only one of the three mental health organisations to have achieved membership of the University Hospitals Association¹⁷.

Research: We have a dedicated Research Development Unit (RDU) that supports the development and delivery of high quality commercial and non-commercial research, and research capacity building. Figure 1 shows examples of how research contributes to our strategies, priorities, new services/models of care, workforce development and enables SHSC to offer new treatments and interventions that are only available through participation in research.

Figure 1 – How research contributes to SHSC’s priorities



We have produced significant outputs from research, but capacity-building resource is needed to achieve growth, to enable us to be fully research ready and to become research leaders.

Innovation: We have less of a track record within innovation and this is an area for growth within this strategy. We need to focus on developing our leadership and partnerships so that we can take up opportunities for innovation and new ways of working to improve outcomes.

Clinical Effectiveness:

Clinical effectiveness is best understood as a cycle of informing, changing, and monitoring clinical practice. It is defined as "the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients."¹⁸ (see Appendix A for Framework for Clinical Effectiveness).

Clinical effectiveness is often incorrectly considered to be simply undertaking clinical audit. Whilst we have a robust approach to undertaking clinical audits, we do not yet have the necessary systems and processes to truly support and embed a model of clinical effectiveness within our clinical services. This will be essential to deliver our ambition to be evidence-led.

What is going well

We have a growing research portfolio that reflects our excellent reputation as a research partner. The Research Development Unit supports the delivery of high-quality research across SHSC, enabling us year on year to achieve our research performance metrics and high-level objectives, set by the NIHR Clinical Research Network, which results in non-recurrent activity-based funding. Our portfolio of research contributes to delivering SHSC strategic priorities and the development of new evidence.

We have a smaller but excellent portfolio of studies which we host and lead as NHS Sponsor. This is the result of proactive engagement, strong collaborations with universities and partners and subsequent successful grant capture. We are proud of our reputation for commitment to co-production and service user engagement in research development.

SHSC is leading the way in creating innovative roles in research. We are one of the first Mental Health organisations to have pioneered a paid, dedicated, Patient Research Ambassador (PRA) role embedded within the RDU. This role combines the lived experience of mental illness, with knowledge of research and our services – to ensure that co-

"I was inspired when I realised you [Patient Ambassador] were someone actively living with mental health problems, it made me realise I can achieve my dreams of being a mental health researcher in the future" – (Service User)

production is at the forefront in research and innovation in SHSC. Our PRA networks with service users – supporting them to take a more active role in the co-production of research, championing and raising awareness of the benefits of research.

We have been successful in attracting funding for two new profession-specific capacity building posts, for nursing and allied health professionals (AHPs), which has resulted in improved engagement, provided access to training and development opportunities including successful applications for research internships and PhD programmes.

Success in research requires partnership working. We have developed strong links with a number of universities for research development (notably Sheffield, Sheffield Hallam, York, Leeds, Hull and Oxford Universities). We are active partners in regional and national initiatives, including the Association of University Hospitals (UHA), NIHR Yorkshire and Humber Applied Research Collaboration (YHARC), Yorkshire and Humber Clinical Research Network (YHCRN) and UK Research Directors Network (UKRD).

Locally, we are partners in the Sheffield Mental Health Collaborative and have strong links across the wider system, including with primary care, provider organisations, local authority (Sheffield City Council), Sheffield Clinical Commissioning Group (CCG) and voluntary sector organisations (including the Sheffield Mental Health Network). This reflects our ambitious and outward-facing ethos.

What do we need to improve?

Whilst we have a dedicated Research Development Unit our research infrastructure is wholly funded through non-recurrent external funding which poses a risk to long term sustainability and in achieving the growth and capacity required to meet the key priorities of this strategy.

We need to embed a clear framework for clinical effectiveness (see Appendix A) that describes what clinical effectiveness means for services in terms of delivering the best quality care. We do not have the capability at present to be fully evidence-led, and nor do we have the systems to determine whether we are making a difference.

We need to develop the resources and capabilities for clinical services to understand their evidence base and to develop the abilities to appraise, translate and implement evidence. It is notable that many service developments, transformation programmes and clinical delivery decisions are made without recourse to evidence and without embedded evaluation to assess outcomes and effectiveness.

We need to implement frameworks that ensure continual monitoring, via the use of data, audit, evaluation and outcome measurement, of the delivery of best practice and achievement of the best possible patient outcomes. Clinical services can become experts in the fidelity to their evidence base and the outcomes they are achieving for service users but need a supporting infrastructure to do so. Monitoring of evidence and outcomes is needed to underpin continuous improvement.

It is essential that we become adept at accessing and translating new knowledge and evidence into practice in a timely manner. All clinical services should be clear about their evidence base, have access to the most up to date evidence as it becomes available, and be supported to continuously evaluate outcomes when making changes to service provision. We are currently lacking access to knowledge and information services, and efficient digital technology/data to support this.

SHSC currently has limited capability and experience to lead research or innovation projects from within. Recruitment of experienced clinical academics with a track

record of successful grant capture would enable SHSC to develop “home-grown” research projects that address SHSC’s priorities and evidence needs.

We have limited experience across SHSC in respect to development of, or partnerships for, innovation including digital innovation and technology. We currently lack clinical leadership in this area, we need to identify staff with untapped skills and interests in innovation that we can develop as leaders.

Although we have developed our pioneering Patient Research Ambassador post we still have work to do in connecting directly with service users and carers. Service user awareness of research, innovation and clinical effectiveness is variable and access to participation in research or innovation relies on clinician signposting. Although there is a clear desire to coproduce research, this is currently limited.

To deliver our ambition for life sciences and commercial research activity we need to invest in estates, so that we have a suitable environment for clinical trial research activity to take place. We are currently not able to take advantage of opportunities for early phase drug trials and larger public health intervention and genomic / biobank trials.

We need to work strategically with academic and other partners in addressing these issues and in implementing change. We must also develop research, innovation and clinical effectiveness leadership roles and opportunities, and generate income through research and research capability funding.

What do we need to pay attention to?

To enable the delivery of the Clinical and Social Care Strategy, and develop the organisational capability needed to support the growth needed to meet the ambitions of this strategy, it will require focus on the development of appropriate resources and systems.

To become truly evidence-led and research active we must prioritise sustainable and integrated research, innovation and effectiveness (RI&E) infrastructure and leadership. This includes ensuring that core functions across all parts of RI&E are funded in a sustainable way. Delivery of this strategy will also require attention to, and development of, workforce and estates.

We need to understand training requirements and the needs of staff and service users as we develop a culture of readiness for research, innovation and embedding clinical effectiveness. We need to identify and support training requirements at service level to deliver this ambition.

To be generators of evidence, that really speak to the priorities of the organisation and people who use our services, and be successful in generating future research income, we need to develop service user and carer co-production, clinical and academic leadership and clinical academic roles.

What is happening that can help?

The Clinical and Social Care Strategy¹ 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.

Aligning our research, innovation, clinical effectiveness and continuous improvement portfolios will ensure that we are smarter about how we integrate and use research, innovation and clinical effectiveness to help support SHSC, and our teams, to be evidence-led.

The Research Champions' network has been a great success and provides a foundation to grow our research capacity. We know that where we have identified champions within service areas, engagement is strengthened and we have more active involvement and participation in research. The engagement we've achieved through this initiative will also enable further conversations about innovation, effectiveness, and the better use of evidence

Staff and service user engagement during consultation in the development of this strategy has raised the profile of existing research and development work within the organisation and generated further interest and enthusiasm to get involved.

SHSC is transitioning to a new electronic patient record system (EPR). This should provide opportunities for us to become better users of data. In particular, the use of electronic systems for use of outcome data and increased access to research opportunities. We need to work with our IMST teams to build this functionality into the implementation of this new system if we are to realise the ambition of the Research, Innovation and Effectiveness Strategy.

There are also important opportunities, through national investment in research and innovation which prioritises mental health, to address health inequalities, with a clear focus on inclusive research. There are national initiatives to invest in mental health research capacity in the north of England, and to increase research capacity among nursing, midwifery, and the allied health professionals^{13,15}. These opportunities, if seized, can support the continued professional development of our workforce and help attract and retain new staff.

The views of service users, carers, our staff and our partners

In developing our Research, Innovation and Effectiveness Strategy we engaged as widely as possible with service users, carers, staff and partners to listen to experiences, gather ideas about improvements and their priorities, and to start conversations about future engagement for the implementation of the strategy (see Appendix B).

Key emerging themes are presented below.

What is important to our service users?

- **Knowing about SHSC research:** Service users want to know about our Research and Innovation Department, what research is happening and the breadth of projects we are involved in.
- **Opportunities to participate in research:** Service users want to be informed about projects they can get involved in and want to make their own decisions about what research they join.
- **Sharing ideas on what could be researched:** Service users want to be involved at early stages of identifying what is important to be researched and in research development.
- **Having access to resources/skills to participate in research more actively and to understand it.**
- **A desire to get involved to ‘give something back’,** and to inform new ways to help people and improve care that we receive.
- **Being able to help other service users get involved in research and service improvement:** Service users have many roles helping SHSC promote research to other service users, encourage wide participation and help other service users to realise how important research is. For example, through a service user research champion network.
- **Knowing that the research department is influential,** and that research findings are acted upon.
- **Staff to be involved in research as well as service users.**

Service user feedback

“Research is part of everyday life...it’s a big part of life, it doesn’t get enough credit”

“I wasn’t aware of the kind of projects you run”; “It’s good to know about the research department... “I wished someone had asked me if I would have liked to participate in research.”

“...Should hear peoples’ voices right from the start...” “... some proper research that people are interested in would get more people volunteering... it’s a vital part of the trust that research is going on.”

“I want to know that all the research you professional and clinical guys are doing is getting listened to...if we are putting the input as service users, want to know it is being executed and listened to...”; “[Initiative x] it never saw the light of day”

What is important to our staff?

- **Encompass the whole spectrum of research and research activity:** Be clear about what we mean by 'research' and be mindful of language. Embrace the full range of research methodology, including action and practice-based research.
- **Recognise the interface between research, evidence, clinical effectiveness, audit and quality improvement:** Developing closer links between these; ensuring dissemination of learning and follow-up research where there are unanswered questions.
- **Create and embed an evidence-led, research active culture within day-to-day work of clinical and corporate teams** – spanning clinical teams and non-clinical areas/directorates, across all priority areas (for example, clinical interventions and models of care; patient and carer experience and outcomes; workforce, recruitment and retention; achieving a net zero NHS; business planning and service transformation).
- **Access to resources, at team level:** Staff identified that they don't always have to resources/skills needed to understand what it means to embed evidence-led or be research active. We need to identify key ingredients and enablers and think about training and development needs.
- **Make sure we reach out to every service user and maximize opportunities for service users and staff to participate in research:** Build on learning within SHSC of what already works well, incorporating strategies to minimise burden on clinical teams.
- **Focus on inclusion and reducing health inequalities:** This focus was well received; it raised questions as to what this means in practice and how we do this in a meaningful way.
- **Partnerships – who are our partners?** How can they help us/we help them? We need the capability in the organisation to lead this, for example, through joint clinical academic posts.
- **Commercial research growth:** We need support from medical leaders and protected time. Having appropriate environments is vital to this – local mental health organisations are investing and seeing growth due to this.
- **How do we grow capability?** Our staff want to see opportunities for all disciplines to be involved in research. Questions raised included - what resource is available at service level to do this? how can we release staff to support this? Alternative models of working across teams (i.e. rotational secondments).
- **Linking to recruitment and retention:** For example, through job plans, PDRs, training opportunities, protected time, professional practice requirements, revalidation.

Staff feedback

“Where services are under pressure, they get rid of research as part of ‘add-ons’...If we want to make it part of everyday, can we think of ways to make it more inspiring – about new ideas and things people are passionate about?”

“How do we access information and get the support we need to help with measuring outcomes, monitor what we are doing and show whether we are delivering best practice and what to do if we aren’t?”

“How do we evidence we are an evidence-led organisation?” “How do we properly evaluate quality improvement work and disseminate learning?”

*“How do we keep up to date in what seems like an ever-changing environment?”
“...ensure we embed the evidence we know about into practice?”*

“There are different kinds of research: performance research (looking at patient outcomes) and change research (how we deliver services).” “From MSc Dissertations to grant capture – all important.”

What is important to our partners?

- **Partnership working critical:** Partners confirmed the importance of a system-wide approach, informed by clinical, service user and carer priorities - working across SHSC, other Sheffield NHS organisations and local government and city region, VCFS, universities and other local, regional and national agencies.
- **Providing leadership and expertise/being proactive and responsive:** Stakeholders stressed the importance of evaluating and researching new mental and psychological health initiatives in the city. Many areas requiring attention were identified, including new clinical interventions, services, pathways and delivery models, including many cutting across clinical pathways and provider boundaries.
- **Scope includes social determinants of mental health:** Importance of attention to research to reduce health inequalities, racial discrimination and social exclusion, and address wider determinants such as employment, housing, neighbourhood deprivation.
- **Clinical/Academic partnerships for research development:** Recognising our strong commitment to service user engagement, at all stages of research development, including identification of need/intervention development to bridge gaps, is viewed as a real asset and enthusiastically received.

Partner feedback

"We are more than the sum of our parts."

"[Partnership working] provides an opportunity to collectively identify [research] questions we are really interested in."

"An excellent opportunity to work across the city – and collectively secure research grants we would be unable to capture on our own."

"It's great that we can work with you and engage early on with patients to think about what would work for them before we even start writing our bids".

How has this shaped our strategy?

The excellent engagement by stakeholders in the consultation, including the positive response, has reinforced the vision of a strategy that is ambitious, SHSC-wide and inclusive. Services and service users want to do research and be involved in developing, delivering and receiving the best care based on evidence.

Development of the strategy has been iterative. Examples of changes arising from feedback include:

- **Change to scope:** More emphasis has placed on effectiveness, and the Strategy name changed from 'Research and Innovation' to 'Research, Innovation and Effectiveness Strategy'
- **Clarity on scope:** the Strategy is now explicit that it:
 - a) includes both clinical and non-clinical research and is of relevance to corporate as well as clinical teams
 - b) encompasses the full range of research and related activities, including 'action orientated' research, audit, service evaluation and continuous improvement – which support the emphasis on Clinical Effectiveness
- **Explicit alignment between SHSC's strategic plans/clinical developments and research priorities:** We have highlighted where and how research, innovation and clinical effectiveness contribute to decision making and in meeting our commitment to being evidence-led in support of the Clinical and Social Care Strategy 2021 – 2026¹, and People Strategy 2020 -2023¹⁹.
- **Ensuring continued engagement** and embedding the engagement of service users, carers and staff throughout the development and implementation of this strategy.
- **Recognition of the full scope and breadth of the service user and carer contribution** to delivering the 'Research, Innovation and Effectiveness Strategy' and embedding genuine coproduction

The consultation and engagement process has elicited real excitement for the strategy and an enthusiasm to improve services and ensure we are delivering the best care we can. Those who took part were clear that this means using all available evidence, including service user, carer and staff experience, to do that.

▶ Our Priorities and Key Deliverables

Through engagement and consultation, we have identified four key priorities and workstreams that will enable the **Research, Innovation and Effectiveness Strategy** to make lasting improvements to the care we provide and facilitate delivery of SHSC's Clinical and Social Care Strategy (2021-2026)¹.



▶ Priority 1

Becoming evidence-led



Becoming an evidence-led organisation is central to the Clinical and Social Care Strategy (2021-2026)¹. We cannot be evidence-led, and deliver on our commitment, without research, innovation and clinical effectiveness being an integral part of the services we deliver.

We need to create information resources, including knowledge brokerage, and provide our workforce and teams with the skills to access, appraise, integrate, translate and implement evidence.

This will require investment in clinical effectiveness so that we can determine whether we are making a difference. Through continual monitoring, audit, evaluation, and the use of outcome measures, services will be able to demonstrate that they are using the best available evidence to deliver best practice, to improve quality and achieve the best health and wellbeing outcomes for service users.

We will develop and deliver research, innovation and effectiveness that supports the clinical priorities of SHSC and the needs of our service users and contributes to the generation of future evidence.

We need to ensure that we effectively disseminate and support the implementation of research, innovation and evaluation outputs into practice, including where this has provided evidence for more cost effective, efficient use of resources.

Key Deliverables

- **Define what we mean by being research ready and ‘evidence-led’** to enable the delivery of the Clinical and Social Care Strategy.
- **Embed a framework for clinical effectiveness** that will support teams to inform, change and monitor to ensure that we are delivering the most effective clinical interventions and up to date care.
- **Support service-level ‘action’ research**, including clinical audit, service evaluation and continuous improvement, as an effective way for services to collaborate with service users to develop learning and improve outcomes.
- Work with teams to **monitor service outcomes** through evaluation and continuous improvement, to evidence the benefits and impact associated with clinical service delivery. This may in turn lead to the identification of future research questions



Case Study:-

The SCIMITAR Plus Trial^R

SHSC was a collaborating site researching whether a bespoke smoking cessation intervention for people with severe mental illness worked better than usual care.

Being part of this trial has helped us in so many ways:

- Our staff were trained to deliver the intervention
- Our patients had the opportunity to join the trial
- Involvement enhanced our research capability
- We continue to contribute to dissemination
- Findings provided the evidence base for inclusion of mental health organisation in ICS QUIT Programme, and funding for our new SHSC QUIT team
- SCIMITAR+ informed NICE Tobacco Guidance (NG209, 2021) and national roll-out.

Ref: Gilbody S et al. Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomized controlled trial. *The Lancet Psychiatry* 2019.
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- To be able to access the most up to date evidence we need to **invest in knowledge and information services and availability of data** which is essential to inform our decision making and help improve clinical outcomes.
- **Embed the use of routine clinical outcome measurement** in all of our services so that we can assess what is working well, demonstrate impact or make adjustments to continuously monitor and improve on the services and care we deliver.
- Invest in resources, including posts and creating data visualisation and reporting tools, to make better **use of data in informing service development, management and delivery**, at all levels of the organisation.
- Promote **active SHSC involvement in all aspects of relevant NICE Guideline development**, from commenting on draft scopes and draft guidance through to representation on Guideline Development Groups.

Priority 2

Developing an equipped research, innovation and effectiveness workforce



To develop a workforce culture where we are evidence-led and research active we need to invest in our staff. We need to provide the information, resources, support and time needed to identify and make use of the best available evidence to support service planning and delivery through clinical effectiveness.

We need to provide and deliver training and other development opportunities to ensure our workforce has the necessary skills, and are able to access, appraise, integrate and translate evidence into practice, and to enable continual evaluation and assessment of the quality and effectiveness of our services and their delivery of care.

NHS organisations that are more research active find it easier to recruit and retain staff^{20,21}. We need to be assertive in our research and education offer as a member of the University Hospital Association. Providing access to these opportunities are critical to enable growth and can contribute to delivery of our People Strategy.

We need to provide the opportunity for people who use our services to access and participate in research and innovation. The most up to date treatments, evidence-based interventions and innovations are often only available to those who participate in clinical trials and other types of applied research and innovation.

We need to increase our capability to lead and develop locally led research through development of academic pathways and research training in collaboration with our academic partners.

Key Deliverables

- **Increase access to training and development** opportunities to ensure our workforce has the necessary skills to access, appraise, integrate, translate and implement evidence. To enable continual evaluation and assessment of the quality and effectiveness of our services and their delivery of care.
- **Build a portfolio of research and innovation** that offers increased access to new treatments and innovation, provides development opportunities for our staff, supports organisational priorities, and generates new evidence-based care.
- **Establish a dedicated Clinical Research Facility (CRF)** to be included as part of SHSC's hospital modernisation plans. A CRF will increase our research capability, organisational reputation and provide opportunity for income generation through commercial trials, and ensure we are well placed to support the NIHR national strategic ambition to expand research in life sciences¹².
- Provide placements to trainees and students (including pre- and post-registration) to **identify future talent** and support for course-related projects linked to organisational and service priorities.
- Working with our People Directorate to develop a **workforce and leadership plan** which includes 'action' research, audit, service evaluation and provides opportunities for more advanced research training (MClinRes and PhD training), and clinical academic career opportunities for staff who want to progress a clinical academic pathway.

Case Study: Leadership for capacity building

SHSC were successful in receiving funding from NIHR for two clinical research leadership posts to support capacity building in nursing and AHPs

This has resulted in

- Increased numbers of nurse/AHP research champions
- Successful research internships, scholarships and PhDs
- More nurses and AHPs undertaking NIHR research training programmes
- Research being included in SHSC induction programme
- Development of 'Drop in to Research' sessions
- Profession specific peer groups for research
- Support for development of a nurse journal club
- Contribution to an AHP research priority setting workshop through Yorkshire and Humber Applied Research Collaboration

- **Joint clinical academic, honorary, and shared appointments** with universities to fully enable staff academic development by providing access to mentoring, training and knowledge services hosted by the University.
- We will work with our **academic partners to develop research applications**, and to generate research income, based on local priorities and need, as well as offering development opportunities for staff and service users.
- Establish dedicated **leadership roles in research, innovation and effectiveness** including service user leadership roles.

Priority 3

Engaged, inclusive and accessible



Developing a research active and evidence-led culture will help to ensure that the people who access our services receive the best quality, most up-to-date, evidence-based care.

We need to embed research and continuous improvement within all clinical services, supporting leaders to promote research, innovation and effectiveness as core business and for these to be seen as integral to service delivery and new service models and pathways.

Case Study: Memory Service research 'opt out'

Service users attending the Memory Service are informed, at assessment, that it is a research active service and that they will be notified of research opportunities that might be of interest unless they wish to opt out.

- The research team identify potential participants based on eligibility criteria
- Service users and carers are contacted directly, by the research team, to invite them to participate
- This ensures that everyone attending the service has equal access to research opportunities
- Makes recruitment into research faster and more efficient.

We are committed to supporting research, innovation and effectiveness that enables inclusion and reduces health inequalities, and which focuses on improving access for underserved populations and communities with the most need. We will prioritise research, innovation and effectiveness which are co-produced with service users and carers to support the needs of our local populations.

We know, through evidence, that patients who participate in research, or receive care from research active organisations (irrespective of whether they have participated in research themselves) benefit from improved health outcomes^{22,23}. We must give

every eligible staff member, service user, and their carers, the opportunity to participate in research that is relevant to them.

We need to reduce the delays incurred by having to go via clinical teams to reach out to service users and enable a streamlined process which allows the people who use our services to make their own informed decisions on whether to participate in research that's relevant to them.

Key Deliverables

- **Communication strategy:** We will develop and improve communication and branding to increase the visibility of research, innovation and effectiveness across SHSC and to those people who use our services. A communication plan will create innovative ways of connecting eligible service users and carers, and staff, with opportunities to participate in research and innovation that is relevant to them.
- Develop a **service user and carer network:** starting with a bottom-up and co-produced approach, with service users guiding us about what they want from research, innovation, and effectiveness within SHSC.
- Provide **opportunities for service users to access training and get involved in research and innovation at all levels.** Including opportunities to get involved in research development, identifying priorities, and as service user researchers.
- Ensure that all research developed in partnership with SHSC is **coproduced and has service user engagement at its heart** to ensure that it is relevant and accessible.
- Engagement with teams: We will **raise the profile of research, innovation and effectiveness within teams** to demonstrate how the implementation of best evidence into practice has an impact on the health outcomes of the people who use our services. We want all our services to contribute to the identification of gaps that could generate future research enquiry.
- Research Champions Network: We need to identify gaps and ensure we have an **active research, innovation and effectiveness champion within each service,** supported with protected time, to promote research activity within their service areas.
- Use SHSC's anti-racist statement as a framework to ensure that we **promote race equality,** and **support research and innovation that enables inclusion and diversity,** reduces health inequalities and does not reinforce or exacerbate existing health and social inequities²⁴.
- We will work collaboratively with NHS, voluntary care sector partners and service user groups to **identify ways to increase access to research and innovation for all.**
- Review our processes for recruitment, and involvement in research, so that we can identify and directly approach service users who are eligible to participate in

research. Making use the new electronic patient record (EPR) system to identify methods for **improved access and engagement with research and innovation.**

Priority 4

Partnerships for improvement



We need to grow our strategic partnerships and collaborations, building on what we have already achieved, to ensure that we develop innovation and applied research that supports local need and is locally led. We will work with our key University partners to develop research and secure further research grant income. We will also look for strategic partnerships and joint funding opportunities to build research, innovation and effectiveness capacity through new posts as well as infrastructure investment opportunities.

We need partnerships that enable us to translate evidence into practice (innovation) and which ensures that we make best use of all our resources (effectiveness). Enhanced partnership working is key to improving the speed at which evidence is translated and adopted into practice to improve outcomes for our service users²¹.

We need to engage with and support service users and carers to co-produce evidence-led services, as partners. This means supporting individuals to become confident in understanding and using evidence. We also need to ensure that service users and carers are given opportunities to participate in developments that matter to them by involving them in setting priorities for research, innovation and service improvements.

We will work with our partners to identify research and innovation opportunities that arise through transformation workstreams, and work alongside SHSC staff to embed clinical effectiveness to ensure services are being delivered based on best evidence and to best effect.

Key Deliverables

- **System-wide partnerships:** We will take a system-wide approach, working with our partners, including service users and local communities, to recognise the needs of our populations, understand what will make a difference, and reduce health inequalities.
- **Working in partnership with our teams** to understand their needs and the needs of the services to embed best practice, supported through clinical effectiveness to ensure continuous improvement.

- **Research ambassadors with lived experience as partners;** investing in paid roles for service user and carer involvement; supporting development and delivery of research, innovation and effectiveness and to promote wider engagement with the people who use our services. We want these roles to create a network of service users with a passion for research and put SHSC on the map as a centre of excellence for co-production in research and innovation.
- Align research development, innovation and the translation of evidence into practice, **building partnerships to generate research income** through collaboration and successful grant capture focused on our strategic direction and priorities.
- **Attract high quality research and innovation:** We will work with universities, research networks and mental health partnerships, including the Yorkshire and Humber Applied Research Collaboration (YHARC) and Clinical Research Network (YHCRN) and ICS Innovation Hub to attract high quality research and innovation into Sheffield and SHSC.
- Develop key partnerships and **collaborations for development and adoption of innovation**, including digital, artificial intelligence (AI) and data enabled innovation.

“Having someone with that shared experience contacting me about research makes me feel less afraid to say if I don’t understand or if I can’t do something, because I know that they won’t judge” (Service User)

Case Study: Partnership working - The Head Injuries and Homelessness Research Group (HIHRG)

HIHRG is a research collective of service users, carers, clinicians, academics and third sector organisations from SHSC's Sheffield Community Brain Injury Rehab Team (SCBIRT) and beyond. The HIHRG's partnerships extend beyond SHSC, other NHS providers, across SCC departments and farther than Sheffield. The HIHRG are part of a contributing national and international network of stakeholders who are interested in brain injury and homelessness, and a transferable approach to other social issues which may benefit from a methodological approach.

We have co-produced primary research with "Experiences of brain injury and homelessness" (Grant, et al, 2016); we review existing and new research literature; we are providers of education into brain injury awareness; we deliver workshops into methodology to academic and other organisations; we conduct service evaluations into service provider interventions; we work closely with other service user led groups and much more, at a local, national and international level. (HIHRG)

What will be different

By 2026 we want to be 'The Best We Can Be': leading person-centred, inclusive research, innovation and effectiveness that is accessible to all. We will have created a culture where research, innovation and effectiveness can flourish and where staff, service users and carers feel empowered to contribute and work together to help make change happen, improve quality and reduce health inequalities.

We will have implemented our strategy which will have resulted in:

- Delivery of the Clinical and Social Care Strategy, particularly in enabling SHSC to be an evidence led organisation.
- Understanding what it means to be evidence led and delivering evidence-led care across SHSC. Demonstrating, by monitoring and evaluating outcomes, that our services are making a difference.
- Supporting SHSC to be a “great place to work” through opportunities created as a result of our research and innovation offer.
- Having more experts by experience in paid roles leading and supporting service user and carer engagement in all aspects of research, innovation and effectiveness.
- Using our electronic patient record (EPR) to ensure we are enabling access to research and innovation for everyone who uses our services.
- Establishing a locally led portfolio of research and an established clinical research facility which will have generated opportunities for growth and income generation.
- Development of strong partnerships and collaborations for innovation and research development.
- Opportunities for our workforce through training and development of new skills including support for academic pathways.
- Leadership roles for research, innovation and effectiveness: clinical and service user leadership.
- Effective use of our resources, including data, and using digital innovation and technology to support outcomes.

“Research is such a valuable resource and important part of improving services that is provided to people and it’s such a meaningful experience to be involved in” (Service User)

SHSC strategic aims	Intended benefits
Deliver outstanding care	<ul style="list-style-type: none"> • Using best evidence is critical to delivering best practice and improving outcomes for patient care • Delivering the best services that we can based on the best available evidence • Offering the opportunity to participate in innovative and cutting-edge interventions that are not available through mainstream care • Co-producing research, innovation and services changes that matter to the people who use our services
Create a great place to work	<ul style="list-style-type: none"> • Where staff and service users can work together to improve health outcomes • Creating an enquiring and improvement focused environment • Attract and retain staff by providing development opportunities including clinical academic pathways and skill development through research and innovation • Offer training opportunities for personal development and to support improved job satisfaction
Make effective use of resources	<ul style="list-style-type: none"> • Use of outcome measures to monitor the effectiveness of our services to ensure we are delivering quality care • Providing evidence-based care means providing more effective care and therefore more effective use of resources • Cost effectiveness and health economic analysis assessed as part of research • Income generation through research that can be re-invested to support growth and ambition
Ensure our services are inclusive	<ul style="list-style-type: none"> • Investment in experts by experience to support engagement and identify areas for

	<p>improvement / evaluation / research engagement</p> <ul style="list-style-type: none"> • Ensuring service users are contributing to the evidence base which we build our services on • Co-produced research and improvement projects • Ensure access to research and innovation opportunities for all • Promote race equality, diversity and inclusion in our research, and through active engagement with all our communities and stakeholders
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Our delivery plan

The changes we will implement need to follow the key deliverables outlined within the strategy, and meet the needs of service users and carers, commissioners and partners to deliver on the goal of improving quality and reducing health inequalities. We will focus on incremental change, progressively strengthening our partnerships and delivering tangible improvements in health and wellbeing.

The delivery of this strategy will require substantive support if we are to achieve the ambition and growth set out within our key priorities and in enabling the delivery of the Clinical and Social Care Strategy¹.

Resource plan

Some of the areas which will require support, and developments linked to SHSC's other enabling strategies, are as follows (and see Appendix C):

Resources	What is required to support delivery of our strategy
Finance plan	<ul style="list-style-type: none"> • Sustainable funding for our research, innovation and effectiveness infrastructure. • Patient Ambassador posts to support increased engagement with service users and carers.

	<ul style="list-style-type: none"> • Develop resources at service level, for training and leadership, to enable the organisation to become research ready and evidence-led. • Support for leadership (including clinical and service user leadership) to promote growth, development of strategic partnerships, capacity building and to enable an RIE-equipped workforce (years 2 onwards). • Development of clinical academic posts to support locally led and organisational priority driven research and innovation (year 3).
Workforce plan	<ul style="list-style-type: none"> • Support for training and workforce development. • Research, innovation and effectiveness leadership and competencies included in job descriptions, job plans and PDRs. • Promote SHSC as a member of the University Hospital Association and the development opportunities this provides to support recruitment and retention. • Development and support for academic pathways to grow our internal capability. • Develop innovative ways of working and secondment opportunities to support continued professional development.
Digital plan	<ul style="list-style-type: none"> • Use of EPR to ensure we reach out and provide the opportunity to participate in research and innovation to everyone who uses our services. • Use of electronic records and patient reported outcomes measures to evaluate and monitor service delivery and effectiveness. • Prompts/flags for research participation and research 'opt out' to ensure every eligible service user has the opportunity to participate if they wish. • Use of data for research and innovation contributing to digital designs and access to population data.
Estate plan	<ul style="list-style-type: none"> • Development of suitable accommodation for research with access to treatment and consultation rooms.

	<ul style="list-style-type: none"> • Clinical Research Facility to be included and established within our hospital modernisation plans.
Quality plan	<ul style="list-style-type: none"> • Working effectively and efficiently with teams to produce high quality standards of care based on measured outcomes. • Supporting the evidence base for the generation of future policy and strategy. • Supporting continuous improvement through clinical effectiveness and use of outcomes.
Service User Experience and Engagement Plan	<ul style="list-style-type: none"> • Ensuring inclusion and increased access for all. • Supporting co-production and engagement with service user and carers. • Supporting the development of a research, innovation and effectiveness service user and carer group. • Supporting service users to access training and development opportunities and paid roles.

Milestones



▶ Key Deliverables on a Page – Stepped Plan

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

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

Monitoring progress

Monitoring progress

We will review our performance in delivering this Strategy against our implementation plan. We will monitor the implementation of our delivery plan through continuous evaluation to assess the impact this has and adjust our plans when necessary as we move forward. We will work with our newly developed service user and carer network to ensure that we remain relevant, are inclusive and focused on the needs of people using our services.

We will ensure that our program of strategy implementation is triangulated, aligned and embedded in our annual operational planning process and linked to regular performance reviews. Effective governance arrangements will be important to our success. The delivery and success of our Research, Innovation and Effectiveness Strategy will be reviewed by the Research, Innovation, Effectiveness, and Improvement Group, and reported through to Quality Assurance Committee.

Each year we will set out in our Annual Operational Plan those activities that we will be delivering as part of our strategy delivery. The Annual Operational Plan is monitored through our governance arrangements and progress reports are provided to our Finance and Performance Committee, each quarter.

Any risks relating to the delivery of our Strategic Direction will be escalated from our Corporate Risk Register to our Board Assurance Framework and discussed at Board subcommittees and the Board.

Continuing to develop our plans with our service users, carers and staff

We know that understanding the experiences of our services users, carers and staff provides essential insights and helps to identify the gaps that might exist between care as intended and care as experienced. We will engage with our service user and carer network to help provide focus and direction.

We will engage with our partners, through critical inquiry and qualitative methodology, to evaluate and understand the impact of our research, innovation, and effectiveness strategy over time.

From listening to our service users, carers, our staff, and key partners, through our engagement and consultation process, we are clear about the benefits we aim to achieve from this strategy.

"I support research knowing the importance my engagement is to further development for the better and I would support research studies as much as I can"
(Service User)

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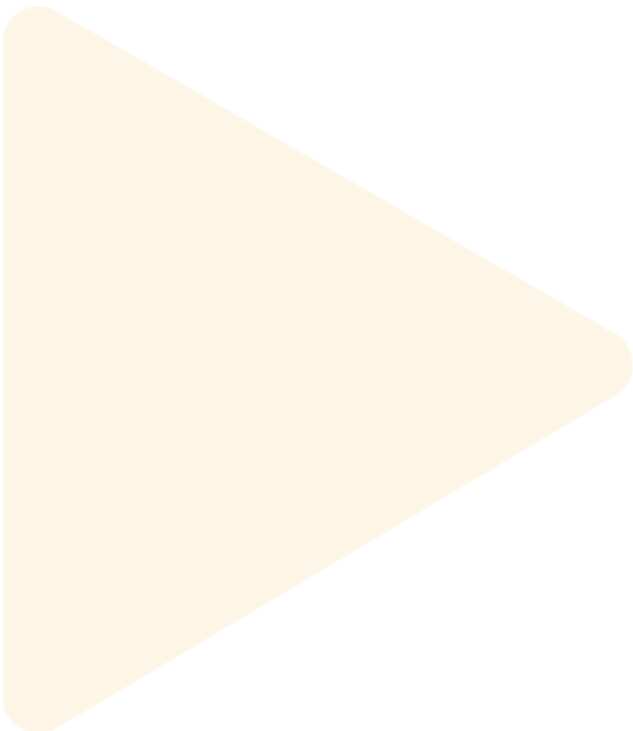
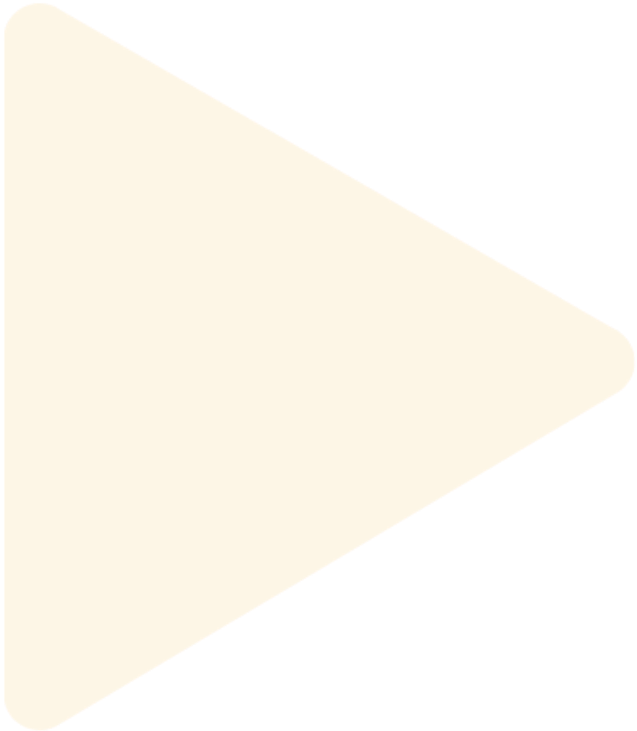


Appendices

Appendix A – Framework for Clinical Effectiveness

Appendix B – Consultation and Engagement Events, and *Governance

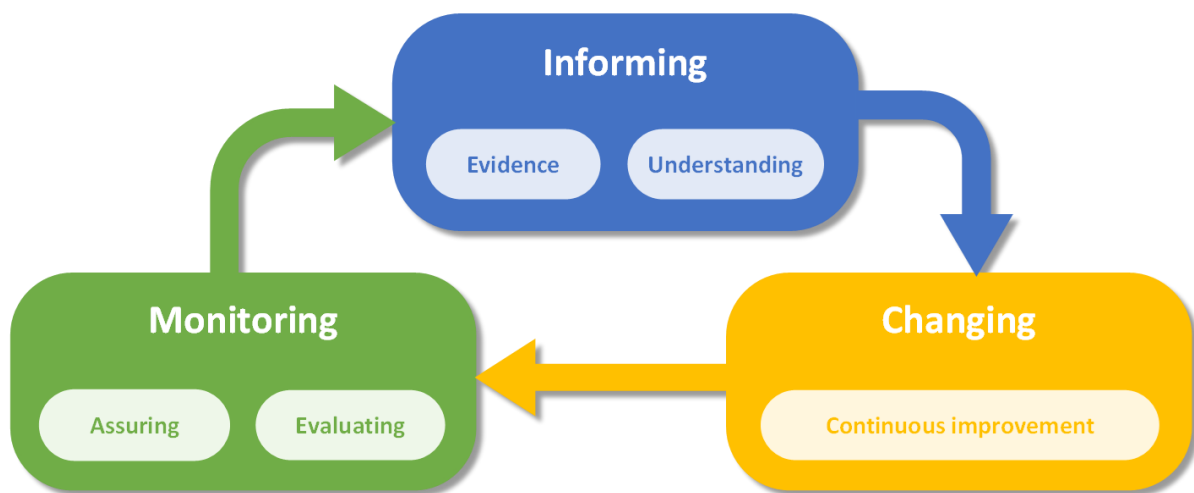
Appendix C – Resource Plan



▶ Appendix A – Framework for Clinical Effectiveness

Clinical effectiveness is defined as "the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing, and monitoring practice." (Department of Health, 1996).

Clinical effectiveness aims to use evidence to improve the effectiveness of clinical practice and service delivery.



Informing

- Evidence
What evidence is there?
Research; evaluation; data; local knowledge; service user views; guidance...
- Understanding
What is the evidence telling us we need to do?
Synthesise and translate evidence to understand the actions/standards required.

Changing

- Continuous improvement
How do we do it?
Making the changes the evidence informs us to make. Putting knowledge into practice.

Monitoring

- Assuring
Are we doing what we said we'd do?
Assess if we are doing what we understood the evidence to tell us to do.
- Evaluating
Is it effective? Are we getting the results the evidence is telling us we should expect?
Is it working for service users?
Evaluate the outcomes.
This then provides more evidence to Inform change

Embedding a Clinical Effectiveness Framework

A team utilising this model of clinical effectiveness would:

- Be experts in what the evidence base for their clinical model and what it tells them about clinical practice
- Constantly monitor whether they are implementing the evidence-based clinical model and how well they are doing it
- Constantly evaluate the outcomes for service users
- Be able to provide assurance as to the delivery and quality of care
- Use their monitoring to inform continuous improvement
- Engage with the evidence and generate new evidence



Appendix B – Consultation, Engagement Events, and *Governance

Steering Group:

MH Michelle Horspool – Deputy Director: Research, Strategy Lead

NB Nicholas Bell – Director of Research and Innovation

JB Jonathan Burleigh – Clinical Effectiveness Manager

ML Moira Leahy – Consultant Clinical Psychologist

SW Scott Weich – Professor of Mental Health and Consultant Psychiatrist.

EW Ellie Wildbore – Patient Research Ambassador

Research, Innovation and Effectiveness Strategy		
Date	Focus	Facilitators
22.09.2021	What does Evidence-Led Look Like?	SW, MH, NB, WG
30.09.2021	Research Development Unit	MH, NB
October 2021		
04.10.2021	Medical Leadership Group	MH, NB
06.10.2021	RDU follow up	MH
07.10.2021	Research Champions	MH, ML
12.10.2021	Open Consultation - advertised in Connect	NB, ML
14.10.2021	Open Consultation - advertised in Connect	NB, ML
14.10.2021	Stakeholders – Enabling Strategy and Transformation Project Senior Leaders	MH, NB, ML
November 2021		
01.12.2021	Sheffield Psychology Board (including mental health commissioners)	MH, ML
02.11.2021	Nurse Council (deferred to 7.12.21)	MH
02.11.2021	Nurse Council attendees – ad hoc	MH
06.12.2021	IAPT Governance Meeting	MH, ML

15.11.2021	Medical Staffing Committee	NB, ML
15.11.2021	Rehabilitation & Specialist Services	MH, NB
16.11.2021	Open Consultation – Continuous Improvement Month	MH
17.11.2021	Psychology Heads of Service	MH, ML
18.11.2021	Acute and Community Briefing	MH
22.11.2021	Recruitment and Retention Group	MH, ML
24.11.2021	Service User Event	MH, ML, EW
25.11.2021	Heads of Nursing	MH
30.11.2021	One-to-one Service User Consultation	EW
December 2021		
01.12.2021	Sheffield Psychology Board	MH, ML
01.12.2021	One-to-one Service User Consultation	EW
06.12.2021	IAPT Governance Meeting	MH, ML
07.12.2021	Nurse Council	MH
08.12.2021	*Quality Assurance Committee	MH, Mike Hunter
14.12.2021	AHP Heads of Service	MH
15.12.2021	One-to-one Service User Consultation	EW
16.12.2021	Quality Team	MH, ML
16.12.2021	Retention and Recruitment committee	MH, ML
21.12.2021	Head Injuries in Homelessness Research Group	EW
January 2022		
05.01.2021	Research Development Unit	MH
12.01.2022	*Quality Assurance Committee – Draft Strategy	MH, Mike Hunter
18.01.2022	Service user and carer event	MH, EW, ML
26.01.2022	*Board of Directors – Draft Strategy	MH, Mike Hunter

February 2022		
22.02.2022	Sheffield Mental Health, Learning Disabilities, Dementia and Autism Board	MH
23.02.2022	Service User and carer event	MH, EW, ML
March 2022		
23.03.2022	*Public Board of Directors – Final Strategy	MH, Mike Hunter

Appendix C - Resource Plan

Research, Innovation and Effectiveness (RIE) Strategy – Resource Plan

Year 1 – 2022	Year 2 – 2023	Year 3 – 2024	Year 4 – 2025	Year 5 – 2026
Building the Foundations	Working together	Creating environments for improvement	Transforming how we deliver care	Centre of excellence
<p>Sustainable Infrastructure:</p> <ul style="list-style-type: none"> • Research Management core team • Clinical Effectiveness core team including Knowledge Manager <p>(Business plans / mandates submitted via Annual Integrated Planning Group)</p> <p>Experts by Experience Leadership</p> <p>Launch of the strategy and branding</p> <p>Mapping of internal capacity and identify opportunities for external funding for capacity building</p> <p>SITS WITHIN RESEARCH, INNOVATION AND EFFECTIVENESS</p>	<p>Clinical Leadership posts</p> <ul style="list-style-type: none"> • Research • Innovation • Clinical Effectiveness <p>Roll-out of clinical effectiveness model</p> <ul style="list-style-type: none"> • investment within clinical teams <p>Rotational secondments into RIE to increase workforce skills and capability</p> <ul style="list-style-type: none"> • supports development opportunities and retention <p>RIE time in job plans – identified via PDRs</p> <ul style="list-style-type: none"> • developing capacity and capability - embedding into core business • Supporting recruitment <p>SITS ACROSS RIE, CLINICAL AND CORPORATE SERVICES</p>	<p>Clinical Academic posts – in partnership with University</p> <ul style="list-style-type: none"> • Nursing and AHPs • Medical • Psychology <p style="text-align: center;">↓</p> <p>Income generation through successful grant capture and partnership working – building our capability</p> <p>SITS ACROSS RESEARCH AND CLINICAL SERVICES</p>	<p>Estates – hospital modernisation development plans</p> <ul style="list-style-type: none"> • Clinical Research Facility <p style="text-align: center;">↓</p> <p>Income generation through successful grant capture and partnership working – building our capability</p> <p>SITS ACROSS ESTATES, RESEARCH & INNOVATION</p>	<p>Established Clinical Research Facility</p> <p style="text-align: center;">↓</p> <p>Income generation through successful grant capture and partnership working</p> <p>Income generation through increased commercial research as result of Clinical Research Facility</p> <p>SITS ACROSS ESTATES, RESEARCH & INNOVATION</p>