Board of Directors - Public

SUMMARY REPORT	Meeting Date:	27th March 2024
	Agenda Item:	25

Report Title:	**Research, Innovation and Effectiveness Strategy – Progress Update**	
Author(s):	Dr Michelle Horspool, Deputy Director: Research	
Accountable Director:	Dr Helen Crimlisk, Executive Medical Director	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	Quality Assurance Committee
	Date:	14th February 2024
Key points/ recommendations from those meetings	Recognition for the achievements in relation to research and overall delivery of the strategy. Lived Experience Research Partnership – consideration of the diversity of this group to ensure the group is representative particularly thinking about older adult engagement. How are we sharing the great work that we are doing? Need to improve our communications internally and externally to showcase what the organisation is achieving and to widen opportunities. Challenge around how we can provide assurance that services are evidence led and effective – action to be picked up through the Research, Innovation, Effectiveness and Improvement Group.	

Summary of key points in report

- The Clinical and Social Care Strategy has identified being evidence-led as one of the four pillars of care. The Research, Innovation and Effectiveness (RIE) strategy speaks directly to this ambition – with *becoming evidence led* identified as one of the key priorities.

- Progress has been made against the first 2-year key deliverables and milestones; prioritisation in areas where this can be delivered within current capacity and resource. Majority of objectives (16/23) have been met, others are in progress (4/23) and 3/23 objectives are yet to start or have been delayed.

- See appendix A (pdf slide set) for RIE full implementation plan and performance against objectives in the first 2-years.

Key progress on priority areas

Becoming Evidence Led

- Patient Recorded Outcome Measures (PROMS) training co-produced and co-facilitated with Experts by Experience and delivered to all community teams (dependency with RiO for

implementation) – details on slide 7

- Development of Research and Evidence Hub – see summary slide 8 with more detail in appendix B

Developing an equipped REI Workforce

- Increased access to information, evidence and training provided by Knowledge and Library Services – details on slide 11

- Opened Clinical Research Facility on Longley site (shared space with ECT suite) – details on slide 12

Engaged, Inclusive and Accessible

- Lived Experience Research Partnership – providing opportunities for people with lived experience to support and participate in research, including paid research roles – details on slide 15.

- Research Champions Network now has 234 members – spreading awareness, increasing engagement and partnership working across teams.

Partnerships for Improvement

- SHSC is in the top 17% of all Trusts in England for NIHR Research Capability Funding in 23/24 and in the top 5 of Mental Health Trust - reflecting successful NIHR research programme awards which have been developed in partnership.

- Increased number of research applications submitted, and successful, developed in partnership (all applications include people with lived experience as collaborators) – details in appendix C (confidential information Shared with Board of Directors only).

- SHSC success at NIHR Clinical Research Network Research Awards – details on slide 17

Identified risks and / or delays

- Future developments and sustainability of progress due to limited resources within teams which may impact on delivery of future strategy objectives. Limited capacity for growth in some areas (i.e. Innovation) due to lack of resource and leadership. Performance against delivery of future strategy objectives will be based on prioritisation and capacity.

- Implementation of PROMs against current timelines which has been delayed due to RiO roll-out

An updated implementation plan will be developed to identify objectives for the next 2-years.

Appendices attached:

- Appendix A - Research Innovation and Effectiveness Strategy: Year 2 progress update
- Appendix B - Research and Evidence Hub
- Appendix C – Research submissions (confidential - shared with the board via IBABs)

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	

This report is to provide assurance to Board on the progress made in the implementation of the Research, Innovation and Effectiveness Strategy.

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

Effective Use of Resources	*Yes*	✓	*No*	
Deliver Outstanding Care	*Yes*	✓	*No*	
Great Place to Work	*Yes*	✓	*No*	
Ensuring our services are inclusive	*Yes*	✓	*No*	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	✓	*No*		*Research and Innovation within Well Led Inspection Framework.* The Accelerating Improvement theme within *CQC strategy 2021* includes 'Encouraging Innovation and Research'
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, Engagement and Experience	*Yes*	✓	*No*		The primary purpose of research, innovation and effectiveness is to improve patient care. The Lived Experience Research Partnership supported the development of themes/priorities within the RIE strategy. Engagement and experience is a key feature and priority area identified throughout the strategy
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*		*Please complete section 4.3 in the content of your report*
Legal	*Yes*	✓	*No*		This is intrinsic within the NHS constitution, and we have a statutory obligation to promote and provide access to research opportunities.
Environmental sustainability	*Yes*	✓	*No*		We are identifying where environmental sustainability objectives can be incorporated to support delivery of the strategy

Research, Innovation and Effectiveness Strategy – Progress update

Section 1: Analysis and supporting detail

Background

1.1 The purpose of our Research, Innovation and Effectiveness (RIE) 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.

1.3 Through the implementation of the RIE strategy we will enable the objectives of the evidence-led workstream to be achieved.

1.4 Progress in delivery of the RIE strategy against first 2-year milestones and key deliverables is included in appendix A.

Governance

1.5 Oversight for delivery of the RIE strategy is through the Research, Evidence, Innovation and Effectiveness Workstream (REVIEW) steering group which reports back to Clinical and Social Care Strategy Board for evidence-led objectives and Research, Innovation, Effectiveness and Improvement group for the RIE strategy. A terms of reference for the REVIEW steering group has been approved. The REVIEW steering group meets bi-monthly.

Section 2: Risks

2.1 Business case mandates for research and clinical effectiveness infrastructure, which have been approved through Annual Integrated Planning Group (AIPG) in 22/23 (and brought forward to 23/34), have yet to be agreed and secured through business planning. This has had an impact on the ability to deliver on some of the objectives identified within the RIE strategy which will subsequently impact on the ability to support and enable the Clinical and Social Care Strategy evidence-led objectives.

2.2 Minimal additional resource has been identified to support implementation of RIE strategy - only funding secured has been for 0.4wte Clinical Outcomes Lead to support implementation of PROMs, which is mandated through NHSE. Progress on implementation of the RIE strategy has been supported through current capacity and resources.

2.3 Delivery of PROMs to meet current timelines. RiO is a fundamental requirement for the successful roll out of PROMs within community mental health teams. The delays with RiO will have a direct impact on the delivery of PROMS objectives.

2.4 Leadership for Innovation is still to be progressed. The development that is needed, to build our Innovation capability, was identified as requiring additional resource and

engagement. Innovation objectives have not been proactively pursued due to limited resource and innovation bids to secure funding have been unsuccessful. However, partnerships and collaborations are starting to be identified so that we can consider objectives for years 3 onwards to enable some progress to be made.

2.5   We need to be realistic in what we are able to achieve, due to limited resource and capacity, and ensure that future objectives are balanced against priorities.

Section 3: Assurance

Benchmarking

3.1   Aims and objectives of RIE and Clinical and Social Care Strategy evidence-led workstream are being incorporated into one project initiation document (PID) for implementation and delivery.

3.2   Outcomes and outcome measures have been identified and documented within the PID and implementation plans to monitor performance and delivery.

Engagement

3.3   Engagement and partnership working is key to the implementation and is a priority theme within the RIE strategy. Creating a research active and evidence led culture has to be done in partnership to ensure it meets the needs of our staff, people who use our services and their families.

3.4   A Lived Experience Research Partnership (LERP) has been coproduced which will ensure that people who use our services, and have lived experience of mental health, will be involved as partners in the delivery of the strategies objectives and in identifying priority areas. The LERP meet monthly and there is a member, with lived experience of mental health, represented in the REVIEW steering group.

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

3.6   The Research Champions Network continues to grow with membership at n=234 which is an increase of 106 since last report. Increasing research awareness and engagement across SHSC teams and services.

3.6   SHSC 2nd **Research and Evidence Showcase** was on Wednesday 6th March 2024 at OEC Conference centre. Tickets for this event were sold out – originally booked for 120 we increased capacity to 170 due to interest.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Effective Use of Resources
2. Deliver Outstanding Care
3. Great Place to Work
4. Ensuring our services are inclusive

4.1 **Recover services and improve efficiency** – Research and the use of evidence, to inform service and clinical models, is fundamental to ensuring we deliver the best care for our service users. Generating evidence to assess impact of the services we deliver will provide assurance that we are delivering effective and efficient services that improve health outcomes and reduce inequalities.

Continuous Quality Improvement: Using the Clinical Effectiveness Framework within teams and services ensures that continuous quality improvement becomes a core part of service delivery and fundamental to providing the best patient care. By **informing,** making use of evidence and understanding what that is telling us, **changing** what we need to do based on the evidence and **monitoring** to provide assurance that what we are doing is effective.
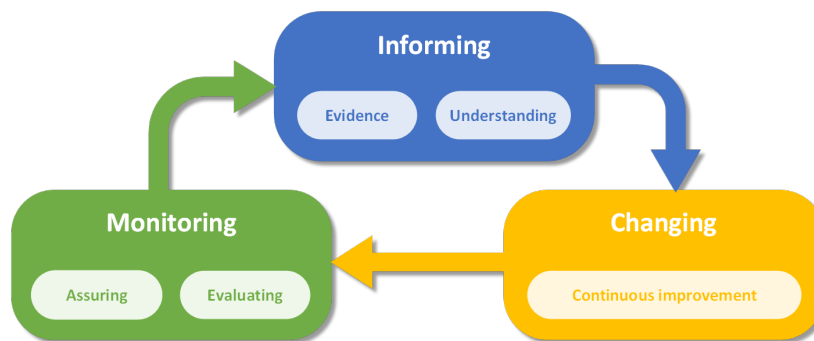
Transformation: One of the key priories of the research, innovation and effectiveness strategy it to promote the use of evidence, to inform decision making, and monitoring of outcomes to ensure we are delivering effective services – this will be key to the development and implementation of all our transformation programmes.

Partnerships: Partnership working is integral to the research, innovation and clinical 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 and innovation.

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 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 has been documented in the resource plan included within the RIE strategy.

A risk has been identified in this area (see section 2).
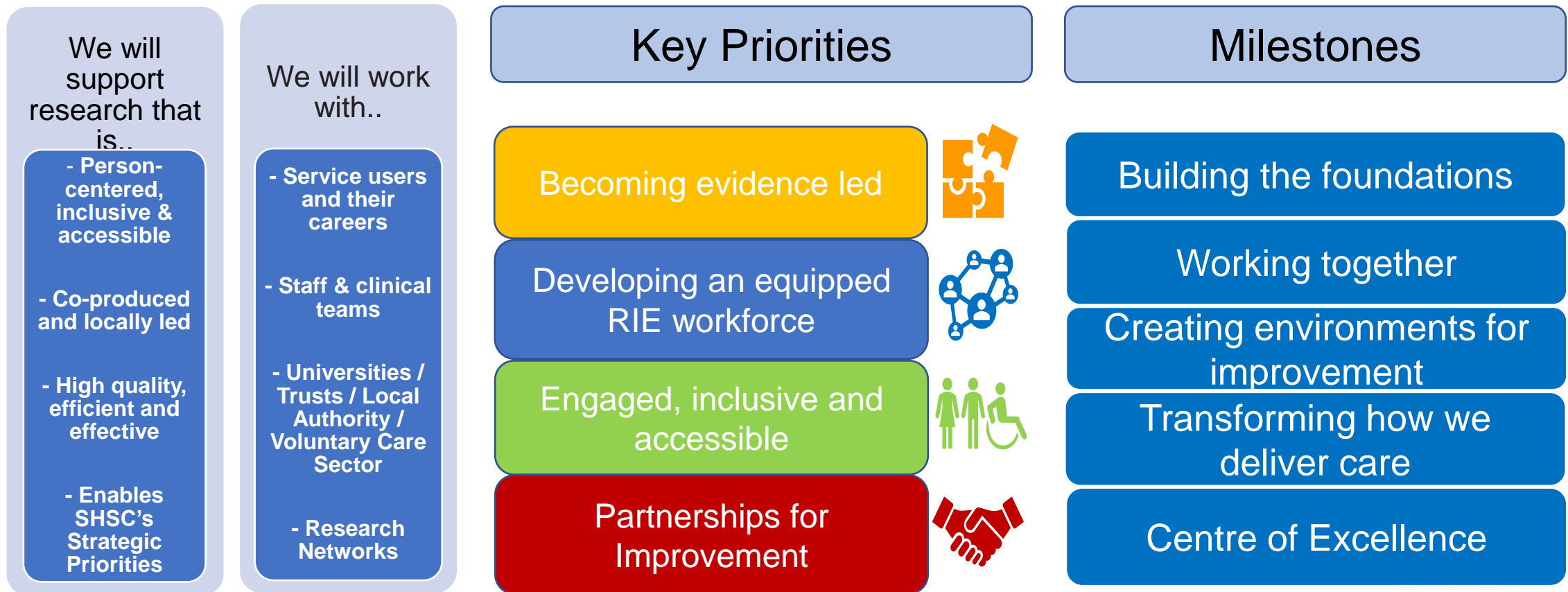
Section 5: List of Appendices

A.   Research Innovation and Effectiveness Strategy: Year 2 progress update

B.   Research and Evidence Hub

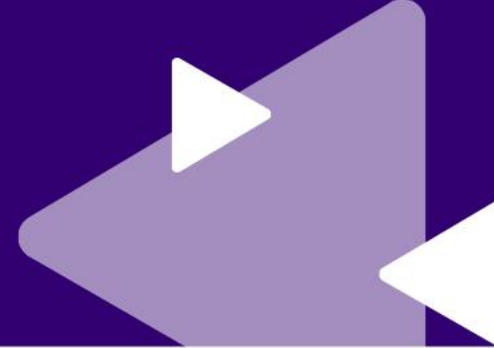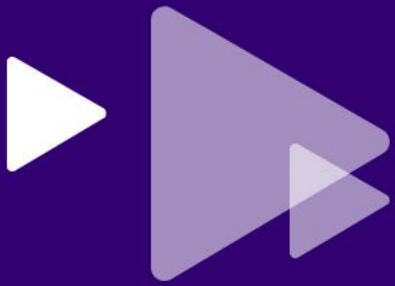C.   Research submissions (confidential - shared with the board via IBABs)

NHS
Sheffield Health and Social Care
NHS Foundation Trust

▶ **Research, Innovation & Effectiveness (RIE) Strategy 2022-2026 Progress Update**

Quality Assurance Committee 14th February 2024

University Hospital Association

Proud to care in Sheffield

SHSC: Proud to be a member of the University Hospital Association

Research, Innovation & Effectiveness (RIE) Strategy 2022-2026 – Plan on a Page

NHS Sheffield Health and Social Care
NHS Foundation Trust

SHSC Vision: To improve the mental, physical and social wellbeing of the people in our communities
SHSC Strategic aims: Create a great place to work, Deliver outstanding care, Effective use of resources, Ensure services are inclusive

We will support research that is..

- Person-centered, inclusive & accessible
- Co-produced and locally led
- High quality, efficient and effective
- Enables SHSC's Strategic Priorities

We will work with..

- Service users and their careers
- Staff & clinical teams
- Universities / Trusts / Local Authority / Voluntary Care Sector
- Research Networks

Key Priorities

- Becoming evidence led
- Developing an equipped RIE workforce
- Engaged, inclusive and accessible
- Partnerships for Improvement

Milestones

- Building the foundations
- Working together
- Creating environments for improvement
- Transforming how we deliver care
- Centre of Excellence

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.

Implementation Plan developed to focus on key deliverables for 2022/23-2023/24

becoming evidence led - developing an equipped 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**
Build a solid research, innovation and clinical effectiveness infrastructure though sustainable funding

Coproduce and deliver our communication (branding) and implementation plans

Develop training needs, workforce and leadership plan to support RIE capabilities

Contribute and support the evidence-led workstream enabling delivery of Clinical and Social Care Strategy 2022-2026

Identifying development opportunities for service users | Improve access to information and evidence through knowledge services

Implement RIE Training Plan & deliver Trust-wide training

Framework for clinical effectiveness in all services – including use of outcomes measures

Experts by Experience posts within RIE

Providing opportunities for CPD and student placements

Coproduction and partnership working to identify research and innovation priorities across the system | Evidence driven care (Clinical Effectiveness Framework) implemented into day-to-day practice

Developing our academic capability: joint clinical academic posts and supporting advanced academic career pathways

Improving access to research and innovation for all through efficient systems

Research and Effectiveness Champion in every service

Experts by Experience leading research priorities

RIE included in all job plans, recruitment and induction processes | Services able to demonstrate impact and quality of care - based on best available evidence and monitored though use of outcomes

Clinical outcomes routinely used to drive improvements in care

Locally led and co-produced research developed in collaboration with our partners

All service users able to access and get involved in research/innovation if they wish | All services have a clear evidence-led clinical and service model underpinning delivery

System wide partnerships - recognised as leaders in NHS research

A dedicated Clinical Research Facility established as part of our modernisation plans

Cutting-edge research – delivering interventions that are not available through mainstream care

Research, innovation and effectiveness integral to service development and recognised as core business |

Summary slide – key progress on priority areas

Becoming Evidence Led

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

- Development of Research and Evidence Hub (with more detail in appendix B)

Developing an equipped REI Workforce

- Increased access to information, evidence and training provided by Knowledge and Library Services – details on slide 11

- Opened Clinical Research Facility on Longley site (shared space with ECT suite)

Engaged, Inclusive and Accessible

- Lived Experience Research Partnership – providing opportunities for people with lived experience to support and participate in research, including paid research roles – more details on slide 15

- Research Champions Network now has 234 members – spreading awareness, increasing engagement and partnership working across teams

Partnerships for Improvement

- SHSC is in the top 17% of all Trusts in England for NIHR Research Capability Funding in 23/24 and in the top 5 of Mental Health Trust - reflecting successful NIHR research programme awards which have been developed in partnership.

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- SHSC success at NIHR Clinical Research Network Research Awards

Becoming evidence led

Key Priorities & Objectives	Progress / Impact	Rating
Define what we mean by becoming evidence led	• This has been developed, in consultation, and approved through the Clinical and Social Care Strategy Board	🟩
Embed CEF within emerging Quality Management System	• Dependency with Quality Strategy. Clinical Effectiveness / Research engaged in QMS development	🟧
Develop the clinical audit programme to provide assurance and generate evidence	• Clinical Audit Programme for 2023/24 will continue to focus on key priorities. Developments of Clinical Effectiveness Framework and Quality Management System will help ensure audit embedded in improvement processes.	🟧
Improve availability of evidence and best practice	• SHSC Knowledge and Library Service established. • Providing access to evidence, training, knowledge mobilisation and support for journal clubs and professional development • **Risk –** current level of demand will outweigh capacity based on access to service in 23/24 and minimum staff numbers needed (at least one qualified librarian/knowledge specialist per 1,250 WTE NHS staff, NHSE Library & Knowledge Services Staff Ratio Policy)	🟩
Embed routine use of PROMS in community services	• Permanent Clinical Outcome Lead post now established • PROMs training co-produced with experts by experience • Delivery of PROMs training to community teams complete - co-facilitated with experts by experience • PROMS roll out - dependency with Rio implementation. • Key requirements for community mental health services in 2023/24. Now behind schedule.	🟩 🟥
Ensure systems and processes can support realisation of outcomes	Further work required to ensure all 'support services' are enabling clinical services to become more evidence led.	🟧

Becoming evidence led

PROMs implementation progress/roadmap

Sheffield Health and Social Care — NHS Foundation Trust

Task 1 — Assess current use of PROMS
Meet with teams, build relationships with key individuals, gather information on current PROM use and readiness for ReQol, Dialog & GBO.

Task 2 — Develop action plan to implement PROM's
Address barriers, agree timepoints and order of measures, identify training needs and support required.

Task 3 — Provide Training and Deliver Plan
Who, how and when will this be delivered. Embed a culture of peer support and champions within teams.

Task 4 — Create legacy documents & implementation guidance
Lessons learnt, what has worked well in practice, create a guide to be shared with other teams.

Phase 1 — Build measures into RIO
Create list of outcome measures. Check copywrite, correct formatting and scoring system.

Phase 2 — Build automated prompts into system
Using agreed time points and pathway linkages across services.

Phase 3 — Presenting and interpreting results
Ensure that PROM's data can be viewed in graphical formats. Scores grouped into themes that are meaningful.

Phase 4 — Create guidance documents
How to use RIO to present the data and how to interpret and use the results. Ensure that the process can be replicated and materials to do so are accessible on Jarvis.

Group A — CMHT's (Recovery Team North and South)
Including North and South Recovery and Older Adults.

Group B — Forensic & Rehab, City Wide Services & CLDT
CERT, Assertive Outreach, Forest Lodge, Forest Close, SCFT.

Group C — Specialist, Urgent & Crisis, Assessment Services
HAST, SPS, MAPPS, LP, DU, SEDS, CFS/ME, Home Treatment, LTNC, Gender Identity Clinic, Perinatal, SPA/EWS, SAANS, OA CMHT, Memory Service.

Group D — Acute and Inpatient wards
Burgage, Stanage, Endcliffe, Maple, Dovedale 1&2.

Coproduction
Training package
Training delivery
Information poster and leaflet
Sharing our journey

Rio & Digital
Working with the Rio build team to find digital solutions to collect, display and analyse PROMs data.

Evaluate and improve
Using training session feedback
Yorkshire Improvement Academy – Process evaluation and lightening reports

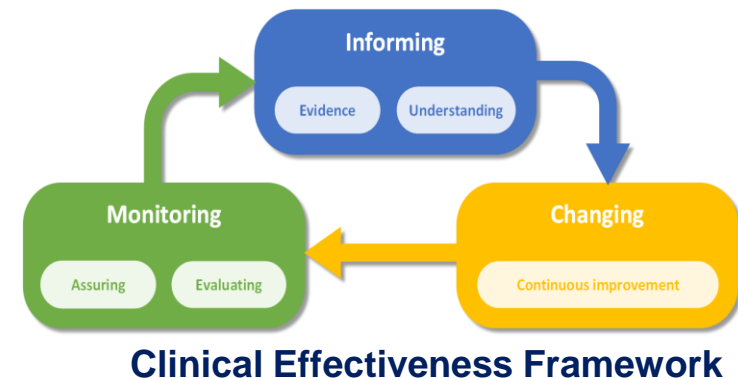Proud to care in Sheffield

Becoming evidence led

Research and Evidence Hub
Better Evidence, Better Care

A single point of access for evidence, information and knowledge services to support continuous improvement and improve health outcomes and reduce inequalities.

Alignment of services/teams that can support evidence-led practice

- Research
- Clinical Effectiveness
- Continuous Improvement
- Knowledge and Library Services
- Population Health and Inequalities
- Lived Experience Research Partnership

Clinical Effectiveness Framework

Enable you to access, appraise and apply evidence to make informed decisions about service/clinical improvements or changes

Support to monitor and evaluate service delivery/clinical models of care against clinical standards and outcomes

evidence@shsc.nhs.uk

Developing an equipped RIE workforce

Key Priorities & Objectives	Progress / Impact	Rating
Establish dedicated leadership roles in research, innovation and effectiveness– to build a solid infrastructure through sustainable funding	• Sustainable research infrastructure – Business case mandates approved through AIPG but not funded. • Business Case for Clinical Effectiveness Facilitators approved through AIPG but not funded • Mapping current capacity to support – prioritisation of limited resource (due to nonrecurrent fixed term/project contracts) • Innovation Leadership role – resources to be identified	RED
Provide training and development opportunities to ensure our workforce has the necessary skills to access, appraise, integrate, translate, and implement evidence.	• Knowledge and Library services training offer – finding evidence quickly, effective literature searching, critical appraisal • Research training offer – NIHR GCP, informed consent, PI essentials, Research fundamentals	GREEN
Provide RIE placements to trainees, students (including pre- and post-registration) and staff to support continued professional development	• Placement options currently available within RDU for medical and nursing students • Hybrid research/clinical placements established within 3rd year student nurse placements - research competencies embedded– pilot placement April '24 with memory service • Advanced practice research group established to support ACPs/Nurse Consultants to maintain research activity through research pillar	GREEN
	• Rotational secondments into research (for nurses/AHPs) not progressed due to limited resources	RED

Developing an equipped RIE workforce

Key Priorities & Objectives	Progress / Impact	Rating
To work with our academic partners to develop research applications based on local priorities and need	• Research Capability Funding scheme established to pump prime development of research hosted by SHSC • 7 projects supported led by HEIs in partnership (total value £82,873) with view to research application submissions within 24/25.	

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.	• RDU delivering and supporting 16 studies currently (with 10 in set up)
	• Large portfolio of interventional studies with SHSC currently linked to health priorities
	• Three new commercial trials In set up –
	    • 3 psychedelic medicine for treatment of treatment resistant depression and post partum depression. Regional leadership in this specialised research area – only regional Trust with schedule 1 license to dispense psychedelic medicines.
	
	• Examples of current research trials providing development opportunities for staff to deliver new treatment/interventions/services
	    • COMP006/GH-001 – increased number of medical staff and therapists trained to deliver psychedelic treatment/therapies
	    • BART II – CBT being offered to people at risk of bi-polar disorder
	    • FReSHSTART – CBT, ACT being provided to people who repeatedly self harm
	    • Diamonds – 12-week supported self management for diabetes
	    • SPACES – co-produced physical activity programme for people with severe mental health	

Developing an equipped RIE workforce

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First 15 months:
- 169 evidence searches & summaries,
- 295 colleagues trained over 56 sessions,
- 171 articles supplied,
- 21 evidence updates,
- support for AHP and nursing journal clubs, promoted online library of books, journals and research databases.

"Really helpful in providing evidence base that informed a best interest decision. The information provided was thorough and Helen was part of the professionals meeting and presented her findings which was really helpful for the overall decision making."

Knowledge and Library Service

"This service is essential and should be being used across the Trust to help us shape and develop services that are based on current thinking and research."

Impact evaluation
- 30/32 gained new knowledge
- 28 immediate or probable future contribution to service development/delivery
- 26 contribution to quality of patient care
- 27 saved time

"The literature search has enabled us to gather baseline data about autism community of practices that we would like to develop within SHSC. The literature search has given us information that we can use to begin to develop our own. As a consequence we can now move into the next step of data gathering. This saved me endless hours of time and has been presented in an easy to read and systematic fashion, this also included a summary which was very helpful."

Developing an equipped RIE workforce

Clinical Research Facility

- Shared space established within ECT suite to **enable delivery of clinical trials**
- Services users can **access new and innovative treatments**
- Provides **opportunities for commercial growth**
- Opportunities for **medical / nursing/psychological therapist professional development** and leadership
- **Generates income**
- **Builds SHSC reputation** as system leader in research and **supports UHA membership**

- **Risk** - Potential to outgrow current capacity very quickly

Engaged, inclusive and accessible

Key Priorities & Objectives	Progress / Impact	Rating
Develop a service user and carer network: guiding us about what they want from research, innovation, and effectiveness within SHSC	• Lived Experience Research Partnership established and meeting regularly • Details of LERP included on SHSC website to raise awareness Research | Sheffield Health and Social Care (shsc.nhs.uk)	
Provide opportunities to service users to access training and ensure all research developed in partnership with SHSC is coproduced and has experts by experience at its core	• Research skills training co-produced - pilot in Feb 24 • Journal paper on co-production work in SPACES accepted with experts by experience (and SHSC staff) as co-authors • All research hosted by SHSC has been developed in collaboration with experts by experience (currently 5 hosted/sponsored studies, funded through NIHR) with study specific EbE groups established for ongoing engagement throughout the duration of the studies. • Lived Experience co-applicants on all SHSC research applications submitted in 23/24 as paid roles	
Grow the Research Champions Network: identify gaps and ensure we have an active research, innovation, and effectiveness champion within each service to promote research activity within their service areas.	• Increase in number of research champions by since April 2023 currently n= 234 growth of 106 since last report • Supporting increased engagement and partnerships across our services • To extend network and to rename Research and Evidence Champions	

Engaged, inclusive and accessible

Key Priorities & Objectives	Progress / Impact	Rating
Support research and innovation that enables inclusion and diversity, reduces health inequalities and does not reinforce or exacerbate existing health and social inequities.	• Working with partners to ensure, where possible, research opportunities are accessible to all – reducing exclusion of non-English speaking participants though access to interpreters • Working in partnership with NIHR CRN Ethnic Minority Research Inclusion (EMRI) group regionally • Supporting and working with the Sheffield Deep End Research Alliance community engagement project (funded through Sheffield Place) • EQIA embedded into all research applications supported by SHSC	
Develop a communication strategy to increase the visibility of research, innovation, and effectiveness across SHSC and to those people who use our services	• 2nd Research and Evidence Showcase 6th March 2024 – to focus on our main priorities *Evidence, Inclusion and Partnerships* • Development of Research and Evidence Hub – Jarvis page and bi-monthly newsletter • Research and Evidence Roadshows launched – 7 taken place across SHSC sites so far (Argyll House, Forest Close, Grenoside Grange, Michael Carlisle Centre, Northlands, attendance at RESPECT training) • Drop In on Research and Evidence monthly sessions	

LERP achievements

LERP members have taken part in

- Pre-application focus groups (paid) = 12 members

- Study specific patient and public involvement groups (supporting study development and delivery – paid roles) = 8 members

- Research co-applicants (paid) = 6 (some for more than 1 study)

- Lived Experience Researcher roles (paid) = 3 (New Roles project)

- Co-authors = 3

https://www.tandfonline.com/doi/full/10.1080/2159676X.2022.2161610

- In development - Lived Experience Research Partner B4 bank roles

Lived experience | Sheffield Health and Social Care (shsc.nhs.uk)

Partnerships for Improvement

Key Priorities & Objectives	Progress / Impact	Rating
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.	• Regular meetings of Lived Experience Research Partnership to consider research priorities • Links to local community groups through partnerships with Deep End Research Alliance (Primary Care) – focussing on underserved populations to widen engagement and inclusivity	🟩
Investing in paid roles for service user and carer involvement supporting development and delivery of RIE and to promote wider engagement with the people who use our services	• Lived Experience Research Ambassador post advertised but not currently recruited to • Development of Lived Experience Research Partnership bank (b4 posts) • New Lived Experience Researcher posts developed to support New Roles project • Lived Experience co-applicants on all SHSC research bids as paid roles	🟧🟩
Work with universities, research networks and mental health partnerships, to attract high quality research and innovation into Sheffield and SHSC.	• Top 17% of all Trusts in England for NIHR Research Capability Funding in 23/24 (reflecting successful NIHR research programme awards) and in the top 5 of Mental Health Trusts. • Within Y&H SHSC have highest grant capture and RCF income of all the MH Trusts – after the 4 big Teaching Hospitals and higher than other acute Trusts • Research Sponsor / host organisation for 5 NIHR studies (enables generation of additional Research Capability Funding) and one UKRI Research programme • Total value of all sponsored studies over £10million moving into 24/25 • Total value of research applications submitted in 23/24 - £12,181,178 – see appendix C for details (confidential report for internal sharing only)	🟩
Development of co-produced research training programme for people with lived experience	• Training programme has been co-produced with experts by experience - pilot in Feb 24 with embedded evaluation • Train the trainer development model - so service users who undertake the training can then progress to co-facilitate future programmes • Developed in collaboration with University of Sheffield and Y&H Applied Research Collaboration (ARC)	🟩

Partnerships for Improvement

Y&H CRN Research Awards 2023

4 shortlisted (from 5)
- Including PI of the year – Dr William Gann

2 wins
- Best patient experience – Dementia Research Team
- AHP of the Year – Catherine Kerr

1 highly commended
- Research Practitioner of the year – Tracey Fidler

SHSC won the most awards of all Y&H Trusts !!

Areas for development / current risks moving into 2024/2025

	What is required to support ongoing delivery of our strategy into 24/25
Sustainability	• The only additional resource received to support delivery of the RIE strategy has been funding for the Clinical Outcome Lead (0.4wte) to support implementation of PROMs (which is mandated by NHSE) • Performance against delivery of future strategy objectives will be based on prioritisation and capacity • Limited resource, fixed term contacts and external funding sources do not provide sufficient capacity to progress all identified objectives
Research and Evidence Hub	• Collaboration across Hub teams to support ongoing development and implementation • Supporting teams to access information, use and generate evidence to assess effectiveness of service and clinical models of care
Digital /RiO	• Fundamental requirement for successful implementation of PROMs • SHSH initially ahead of the game with development and roll-out of PROMs training but progress now delayed – this will impact reporting of data to NSHE • Use of electronic records and patient reported outcomes measures to evaluate and monitor service delivery and effectiveness i.e. ReQoL. • Reporting and data visualisation capabilities and availability of tools within RiO to support an Evidence-Led approach
Innovation	• No identified leadership for Innovation, scoping required to understand current position and priority setting for direction of travel • Partnership working to identify future opportunities for collaboration
Clinical Engagement / Workforce	• Required for successful roll out of PROMs and understanding of requirement for data collection to support evaluation of outcomes (dependency with RiO rate limiting factor) • Data literacy and understanding of outcomes to support service improvement
Finance	• Sustainable funding for research, innovation and effectiveness infrastructure including lived experience posts (resource plan included in appendix) • currently all income external, non-recurrent and time limited project-based income – does not support internal capacity building
Clinical Research Facility	• Likely to outgrown current capacity • Identification of additional estate to support clinical trials or risk growth potential
Clinical academic posts	• Joint funding required from University partner – dependency identified

Appendix: Resource Plan

To note: the only additional resource received to support delivery of the RIE strategy has been funding for the Clinical Outcome Lead (0.4wte) to support implementation of PROMs

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

| Year 1 – 2022 **Building the Foundations**	Year 2 – 2023 **Working together**	Year 3 – 2024 **Creating environments for improvement**	Year 4 – 2025 **Transforming how we deliver care**	Year 5 – 2026 **Centre of excellence**
Sustainable Infrastructure: • Research Management core team • Clinical Effectiveness core team including Knowledge Manager (Business plans / mandates submitted via Annual Integrated Planning Group) Experts by Experience Leadership Launch of the strategy and branding Mapping of internal capacity and identify opportunities for external funding for capacity building	Clinical Leadership posts • Research • Innovation • Clinical Effectiveness Roll-out of clinical effectiveness model • investment within clinical teams Rotational secondments into RIE to increase workforce skills and capability • supports development opportunities and retention RIE time in job plans – identified via PDRs • developing capacity and capability - embedding into core business • Supporting recruitment	Clinical Academic posts – in partnership with University • Nursing and AHPs • Medical • Psychology Income generation through successful grant capture and partnership working – building our capability	Estates – hospital modernisation development plans • Clinical Research Facility Income generation through successful grant capture and partnership working – building our capability	Established Clinical Research Facility Income generation through successful grant capture and partnership working Income generation through increased commercial research as result of Clinical Research Facility
SITS WITHIN RESEARCH, INNOVATION AND EFFECTIVENESS	**SITS ACROSS RIE, CLINICAL AND CORPORATE SERVICES**	**SITS ACROSS RESEARCH AND CLINCAL SERVICES**	**SITS ACROSS ESTATES, RESEARCH & INNOVATION**	**SITS ACROSS ESTATES, RESEARCH & INNOVATION**

Supporting SHSC to become Evidence-Led

Evidence-Led Definition

Being evidence-led means generating, appraising, and using evidence, taking an evaluative approach to the services and care we deliver.

Evidence can help us think about what works best, when, where and for whom, in order to improve the effectiveness of clinical practice and service delivery.

Research and Evidence Hub
Better Evidence, Better Care
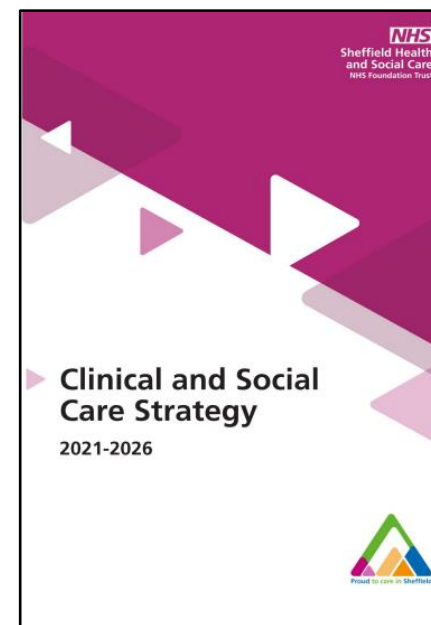
What is Evidence?

Evidence is
- information
- collected in different ways and from different sources
- used for different purposes

Need to use the right evidence for the right purpose

Why use evidence?
- to help inform decision making
- help understand what is working well – and what isn't
- so we know that what we are doing is having an impact
- to ensure our services and care are the best they can be

Research and Evidence Hub
Better Evidence, Better Care

What is the Research and Evidence Hub?

A single point of access for evidence, information and knowledge services to support continuous improvement and improve health outcomes and reduce inequalities

Alignment of services/teams that can support evidence-led practice

- Research
- Clinical Effectiveness
- Continuous Improvement
- Knowledge and Library Services
- Population Health and Inequalities
- Lived Experience Research Partnership

Hub teams will be working more collaboratively, whilst continuing to deliver their respective support services

Hosting shared events such as the Research & Evidence Showcase will provide opportunities for networking and collaboration

Research and Evidence Hub
Better Evidence, Better Care

Why are we creating the Research and Evidence Hub?

- Provide support to enable you/your team/service to become *evidence led* and to understand what that means

- To help individuals/teams to use and generate evidence in their services/areas to assess whether what they are delivering is having any real impact.

- So access to evidence and information is easier to navigate and you get the right support at the right time

- Hub services/teams will become more streamlined and efficient – shared processes and communication

- More collaboration, less duplication and increased awareness of all evidence led practice across the organisation (and help identify gaps)

So we're all talking the same language

Research and Evidence Hub
Better Evidence, Better Care

What will the Research and Evidence Hub offer?

- Provide support for; research, audit, evaluation, innovation, improvement and access to information and data (from different sources).

- Enable you to access, appraise and apply evidence to make informed decisions about service/clinical improvements or changes

- Support; so you can monitor and evaluate service delivery/clinical models of care against clinical standards

- Help you understand the importance of outcome measures (including PROMS) and why we use them

- Support teams to describe how clinical models are informed by evidence, to identify appropriate outcomes and using the right outcomes measures to assess impact i.e. development of service specifications, clinical pathways and transformation programmes

- Provide training and supporting development needs within these areas.

- Resources, guides, and templates

- Evidence alerts and dissemination of information (knowledge mobilisation)

- Dedicated Jarvis page and hub email for ease of access evidence@shsc.nhs.uk

Clinical Effectiveness Framework

Research and Evidence Hub
Better Evidence, Better Care
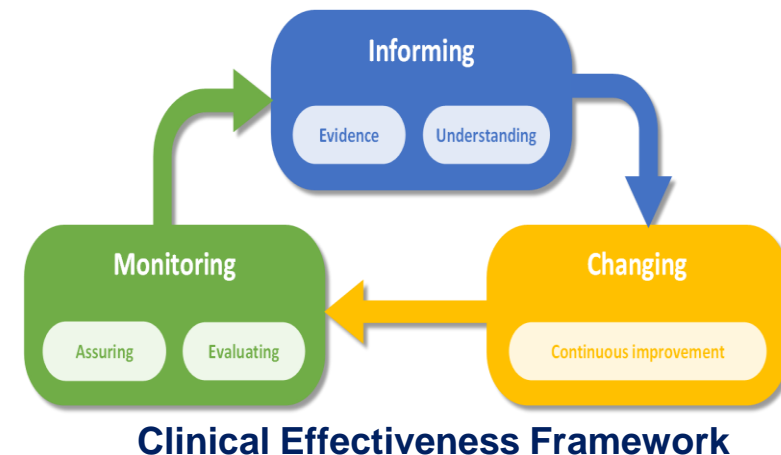
Wider Impact

- Supporting people who use our services to contribute to research and identify service improvements through engagement and coproduction

- Supports our membership to University Hospitals Association to provide excellence in research and education – *"shaping the future of healthcare in the UK"*

- System leadership for research and evidence–led practice

- Generate partnerships and collaborations to improve outcomes and reduce health inequalities

- Able to identify and focus our priorities on evidence gaps and improving care in areas that matter the most

University Hospital Association

Research and Evidence Hub
Better Evidence, Better Care

Welcome to The University Hospital Association Website (universityhospitals.org.uk)