

Embedding Research, Strategy and Culture in a Health and Care Setting

October 10th 2018 – Birmingham

The power of research for improving health outcomes

A CEO's perspective

Sarah-Jane Marsh



By your side

The first integrated women's and children's hospital in the UK

NHS

**Birmingham Women's
and Children's**
NHS Foundation Trust

Birmingham Children's Hospital

3,730 strong team with a reputation for excellence in many life-changing specialist services



281
inpatient beds

Every year...

Over **55,000** emergency dept visits

Over **43,000** inpatient admissions

Over **180,000** outpatient attendances

We treat **1 in 5** children from Birmingham and **1 in 8** from the wider West Midlands



13 theatres including our Hybrid and Laparoscopic theatres

22 wards

Providing expert care to more than **280,000** children and young people each year from across the UK

34 specialities including liver transplant surgery cardiac surgery, major trauma and child and adolescent mental health



Birmingham Women's Hospital

137 beds

41 neonatal cots

Every year... **50,000** patients
3,000 operations
8,300 babies delivered

140,000 outpatient attendances

950 neonatal babies per year

Strategic hub for regional clinical and laboratory genetics



One of the **largest Neonatal Units** in the country

1,500 fertility cycles through our Fertility Centre



A **Centre for Excellence** for complex heart conditions, chronic liver and kidney disease, rare diseases and undiagnosed conditions

Europe's **largest** single-site Children's Intensive Care Unit

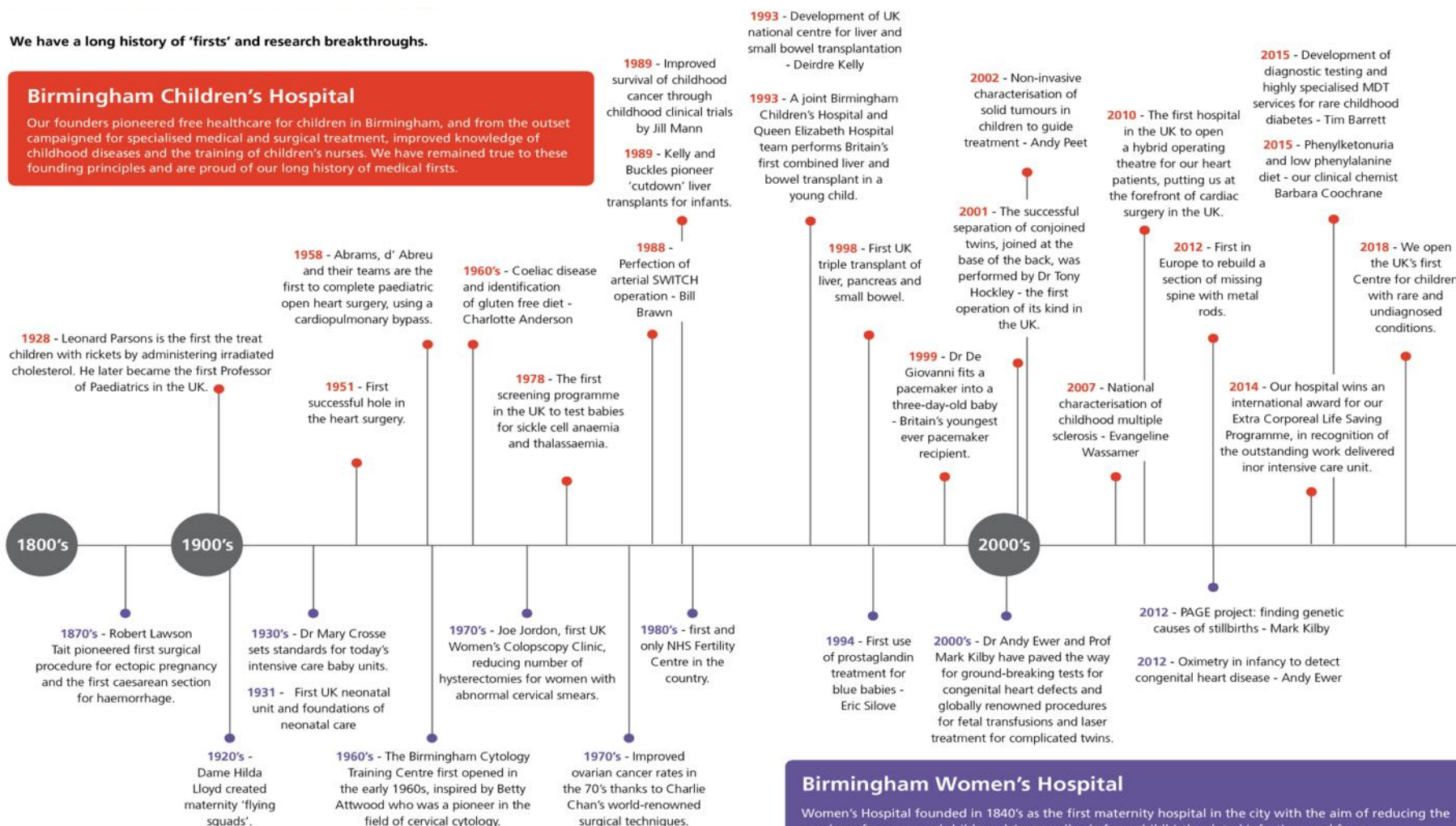


Our research journey

We have a long history of 'firsts' and research breakthroughs.

Birmingham Children's Hospital

Our founders pioneered free healthcare for children in Birmingham, and from the outset campaigned for specialised medical and surgical treatment, improved knowledge of childhood diseases and the training of children's nurses. We have remained true to these founding principles and are proud of our long history of medical firsts.



Birmingham Women's Hospital

Women's Hospital founded in 1840's as the first maternity hospital in the city with the aim of reducing the number of women and children dying needlessly from childbirth related infections and fever.

Why does it matter?



**Birmingham Women's
and Children's**
NHS Foundation Trust

In the youngest city in Europe where infant mortality is significantly higher and life expectancy is lower.



Birmingham

- Under 25 year olds account for 40% population
- 1 in 3 children experience poverty
- 1 in 4 children by the age of four are obese
- Infant mortality rate (7.6 per 1,000 births) significantly higher than England rate
- Life expectancy lower

At the heart of a nation where women have the second worst life expectancy in Europe and our children's health is falling behind that of many other European countries, with higher rates of cancer and obesity, mental health issues and suicide.



United Kingdom

- Despite some improvements in the health of UK children over the last decades, there is clear disparity with Europe, and major cause for concern
- Nearly 1 in 5 children in the UK is living in poverty and inequality is blighting their lives, with those from the most deprived backgrounds experiencing much worse health compared with the most affluent.
- Women have second worst life expectancy in Europe
- Worst survival rates for cancer in western Europe
- Higher rates of obesity - across England, Scotland and Wales more than one in five children in the first year of primary school are overweight or obese
- 1 in 10 children suffer a diagnosable mental health condition, yet only 1 in 4 receive treatment.
- The UK ranks 15th out of 19 Western European countries on infant (under one year of age) mortality and has one of the highest rates for children and young people

In a world where the right to health is not universal, barriers to women's health persist and infant and maternal mortality remain unacceptably high.

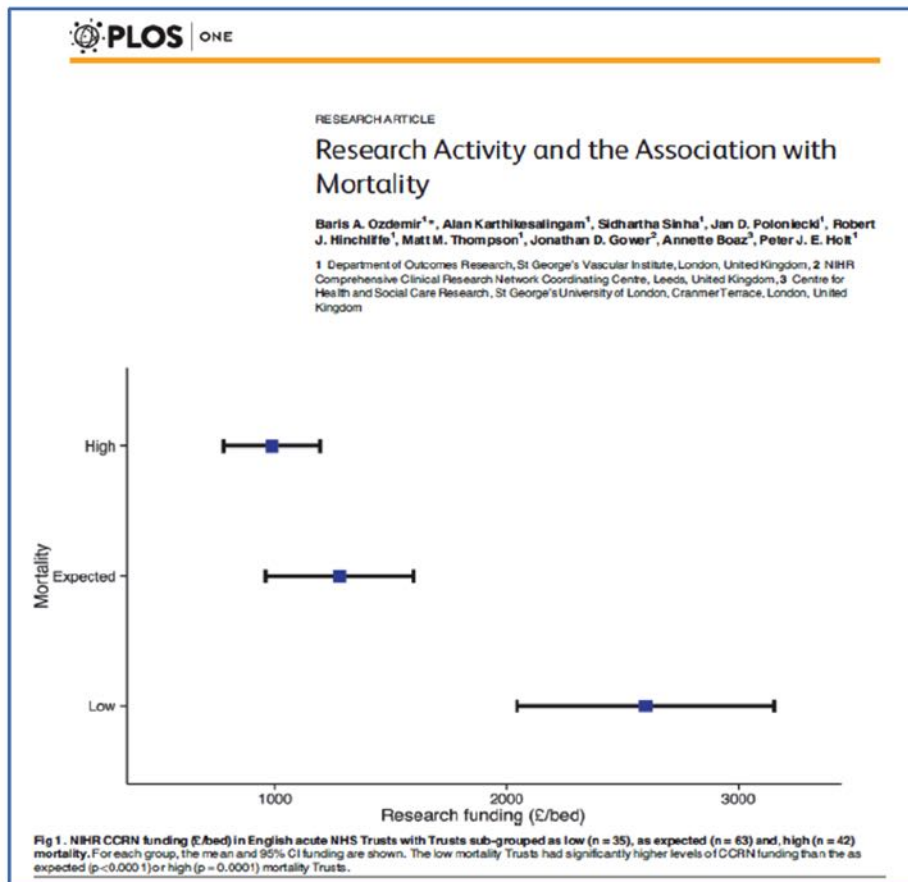


Globally

- Newborn deaths account for 45% of deaths among children under the age of five globally, resulting in 2.7 million lives lost each year
- 2.6 million babies die in the last 3 months of pregnancy or during childbirth (stillbirths)
- 303,000 maternal deaths occur each year



If you care about outcomes then you need to care about research

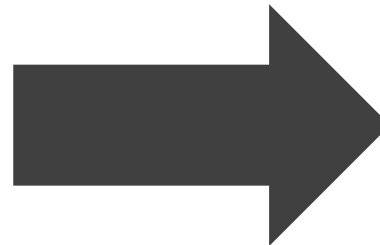


It is challenging in the current climate

Operational priorities

Workforce capacity

Financial constraints



“Demonstrating the benefit that research brings, clinically and financially, and being able to embed this into operational ‘business as usual’ has been key for addressing these often competing challenges.”



Creating the right culture is key- InSync



**Birmingham Women's
and Children's**
NHS Foundation Trust

Mission

To provide outstanding care and treatment, to share and spread new knowledge and practice, and to always be at the forefront of what is possible.



**Birmingham Women's
and Children's**
NHS Foundation Trust

Our vision

A world-leading team providing world-leading care.

Our goal

The best place to work and be cared for,
where research and innovation thrives, creating a global impact.

Our values

Ambitious, Brave and Compassionate.



Enabled by

Sustainable workforce, digital revolution, new buildings and effective use of resources.



Born in Brum: Pulse Ox Study



Birmingham Women's
and Children's
NHS Foundation Trust

BBC Sign in News Sport Weather iPlayer TV Radio

NEWS HEALTH

Home World UK England N. Ireland Scotland Wales Business Politics Health Education SciE

5 August 2011 Last updated at 00:01

Baby heart defect test 'could save lives'

By James Gallagher
Health reporter, BBC News

A quick and cheap test could save the lives of babies born with congenital heart defects, doctors say.

A study of 20,055 newborns, published in *The Lancet*, showed testing oxygen in the blood was more successful than other checks available.

The researchers have called for the oxygen test to be used in hospitals across the UK.

The British Heart Foundation said the test could "make a real difference" as cases go unnoticed.

Congenital heart defects - such as holes between chambers in the heart and valve defects - affect around one in every 145 babies.

They are detected by ultrasound during pregnancy or by listening to the heart after birth, however, the success rate is low.

Decades old

Doctors at six maternity hospitals in the UK used pulse oximeters - a piece of technology which has been around for 20 years - to detect levels of oxygen in the blood.

If the levels were too low, or varied between the hands and feet, more detailed examinations took place.

The test takes less than five minutes and it found 75% of the most serious abnormalities. In combination with traditional methods, 92% of cases were detected.

While some defects are inoperable, advances in surgery mean most can be corrected.

Dr Andrew Ewer, the lead researcher at the University of Birmingham, called for the test to be adopted by hospitals across the UK.

"It adds value to existing screening procedures and is likely to be useful for identification of cases of critical congenital heart defects," he said.

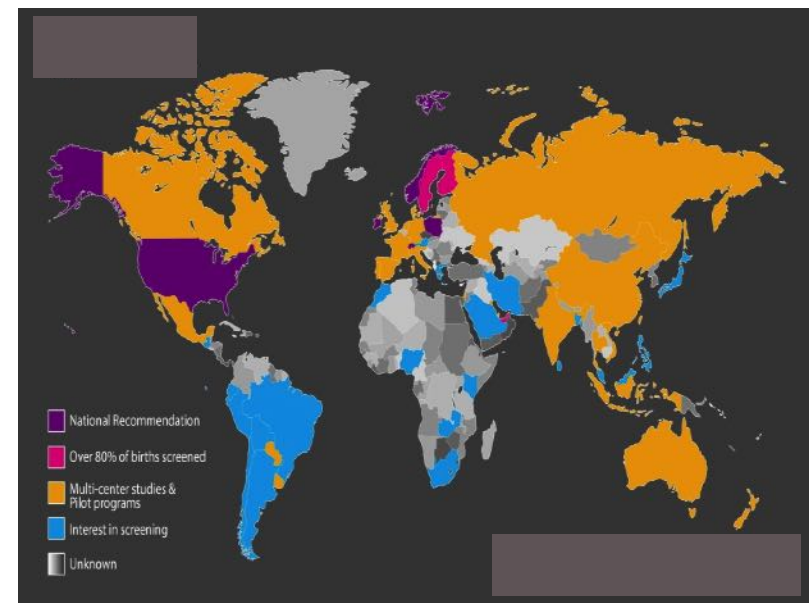
Dr David Elliman, from the UK National

The test that could spot heart defects in newborn babies

Related Stories

- Heart defect gene uncovered
- Ultrasound detects heart defects
- Warning over heart defect success

Oximeters have been used to monitor oxygen levels





Roger Leek

Patient Research Ambassador [PRA]
BCHC & NIHR PRA National Steering Group

Public Governor - Birmingham Community
Healthcare NHS Foundation Trust

Patient Public Involvement [PPI] representative
BCHC, SITraN, Sheffield BRC & NHS England

Jdr Champion - CRN West Midlands



Birmingham Community Healthcare

NHS Foundation Trust

The NHS R&D Forum encourages the inclusion of PPI's and PRA's
in R&D Teams. I am a member of BCHC R&I Team

A Governor has a number of statutory duties. Principle amongst
these is . . .

*“to hold non-executive directors to account for the performance of the
board and represent the interests of NHS foundation trust members
and the public.”*

My Governor role, PRA role and R&D role are complimentary

- I am involved with planning and strategies for growing PPI and PRA across the Trust . . .
All departments, divisions and clinic specialities
- As the trust PRA I can represent the trust in the CRN regionally and nationally



Not without difficulties



The **biggest** obstacles to the road map?

OBSTACLES EN ROUTE. . . .



NHS vertical management structures encourage a 'silo mentality' that hamper a cooperation and collaborative approach

A joined up approach

- PPI & PRA 'network' across the trust and CRN

Eg: PPI, PRA, patient groups, and PLACE all need to be aware of each other & their work

- PPI's encouraged and facilitated to work cooperatively and collaboratively across departments, divisions, clinical areas, partner trusts, local CRN, NIHR and invited relevant 3rd Sector interests

Two way traffic

- PPI's educate researchers on the lay, patient and Carers perspectives.
- Researchers educate PPI's on their research, their objectives, benefits and problems, and the science behind their research.
- PPI's critique & assist writing Lay Summaries and Plain English Abstracts
- PPI's equipped to collaborate effectively on research, trials and studies, support environment eg trials steering committees etc

Enable & equip

- Facilitate PPI's & PRA's to access trust & NHS infra-structures eg Wi-Fi
- Avoid personal e-mail. Provide NHS & NIHR accounts for non trust devices - with device security & data governance
- Access to IT support for using NHS systems on non trust devices & installing device security.



Research and Volunteers don't come free . . .
trust boards have to commit to invest in R&D

R&D NEED TO OWN PPI'S & PRA'S TRUST WIDE

- Simplify communications and administration
- Single point of access for information and support
- Unification and consistency of support and delivery
- Centralised expenses and time payments should be INVOLVE
compliant and paid promptly
- One department to fund, with single management structure, bringing all
PPI's and PRA's under one Director [& NED] who will require to collate and
report on PPI & PRA activities, trust wide, to the CQC as part of 'Well Led'
on Research Quality

Road Works Ahead



- How does the R&D Director convince a trust board to invest?
- What does his Business Case have to look like?
- How does the R&D department attract revenue generating research when it is not a teaching trust, or have a university/medical school attachment?



- involvement, commitment, engagement, co-operation, collaboration, support
- from boardroom to bedside
- CRN to Trust

“We’re all in this together”

Final Thought!

- Only about 20% of Trusts are 'research active' in any meaningful way. With CQC introducing monitoring and inspecting of the 'Quality of Research Involvement' later this year - that ***will*** change!
- Given that only Portfolio Research will be monitored and inspected, and Portfolio Research will only be funded when there is a PPI representation; the demand for PPI's & PRA's ***will*** mushroom.
- Boards need to provide for cost of PPI & PRA in research . . . and they need to address that now or sooner!

Thank you!

roger.leek@nihr.ac.uk

07962421036

0121 684 7777



Facilitated Discussion: What do we mean by well led?

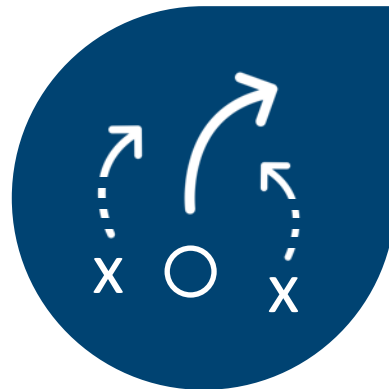
Chair: Roger Steel

Six words that can capture your Trust Board's attention

Christine McGrath, Director of R&D



Set the scene



Describe my approach



Share the result

Question

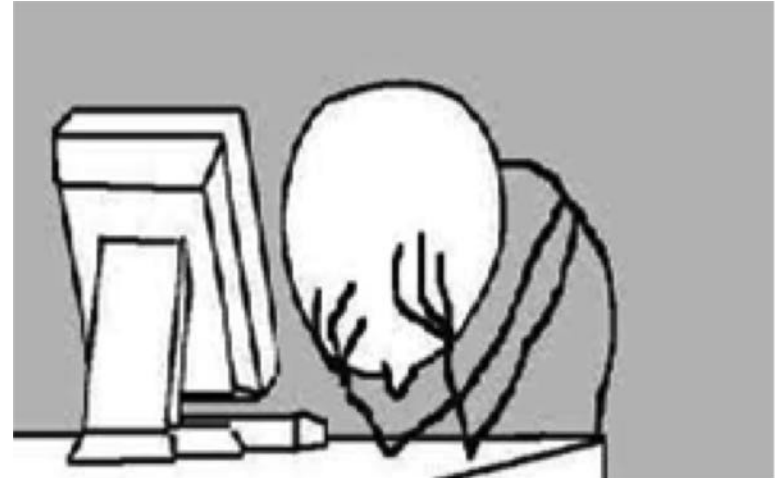
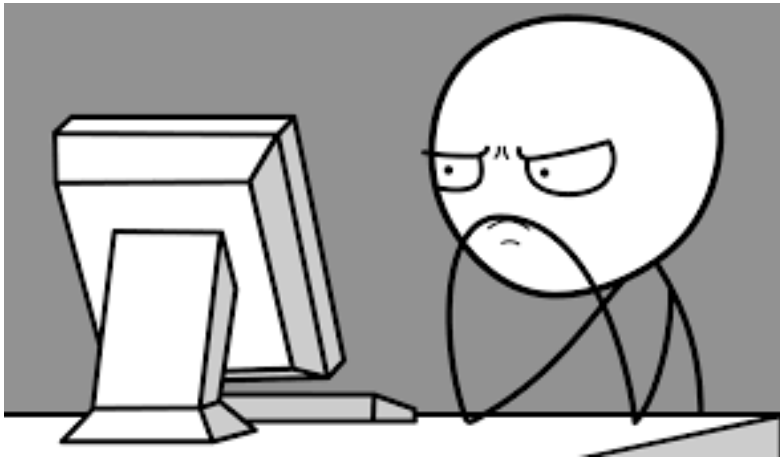
“

Trust Board don't understand R&D,
please could you come and explain.....

”



My approach



My NEW approach

TELL ME
and
I forget

TEACH ME
and
I remember

INVOLVE ME
and
I learn

- Benjamin Franklin

What worries Trust Board?



"I wouldn't go in there right now. He's just thrown his worry beads through the window."

Non-executive directors

Peter Hollins, chair



Simon Porter, senior independent director and deputy chair



Dr Mike Sadler



Jenni Douglas-Todd



Professor Cyrus Cooper



Jane Bailey



Catherine Mason



Executive directors

Paula Head, chief executive



David French, chief financial officer



Dr Caroline Marshall, chief operating officer



Gail Byrne, director of nursing and organisational development



Dr Derek Sandeman, medical director



Jane Hayward, director of transformation



Trust Board Study Session Research and Development

Christine McGrath, Director of R&D

Professor Saul Faust, Associate Medical Director for R&D

Emma Munro, R&D Head of Nursing, Midwifery and AHPs

October 2016

Purpose



Explain our work to you, to our reporting and interactions



Explain our contribution to UHS;

- National standing
- Happy patients
- Happy staff

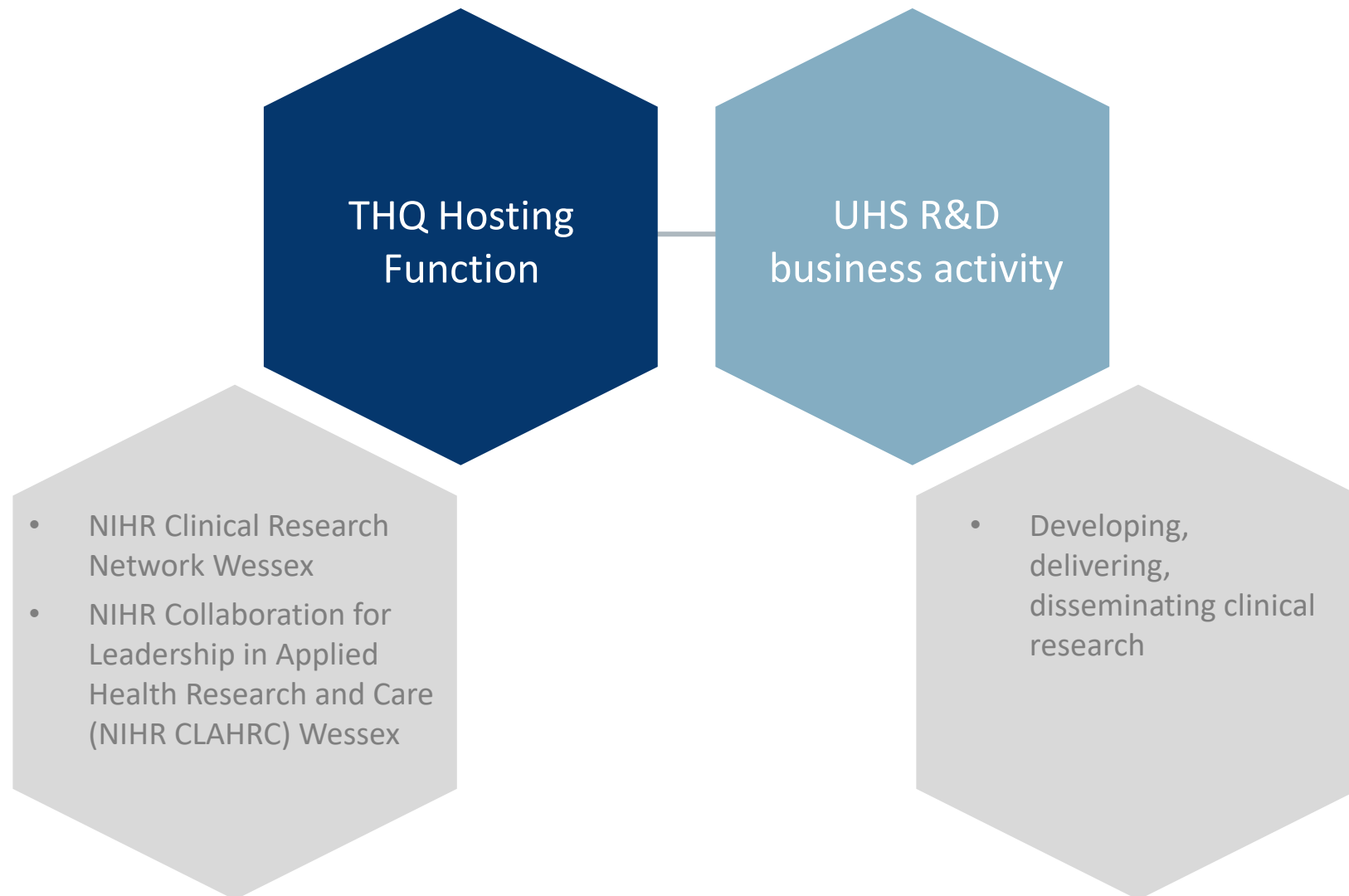


Exemplify research contributions to new knowledge

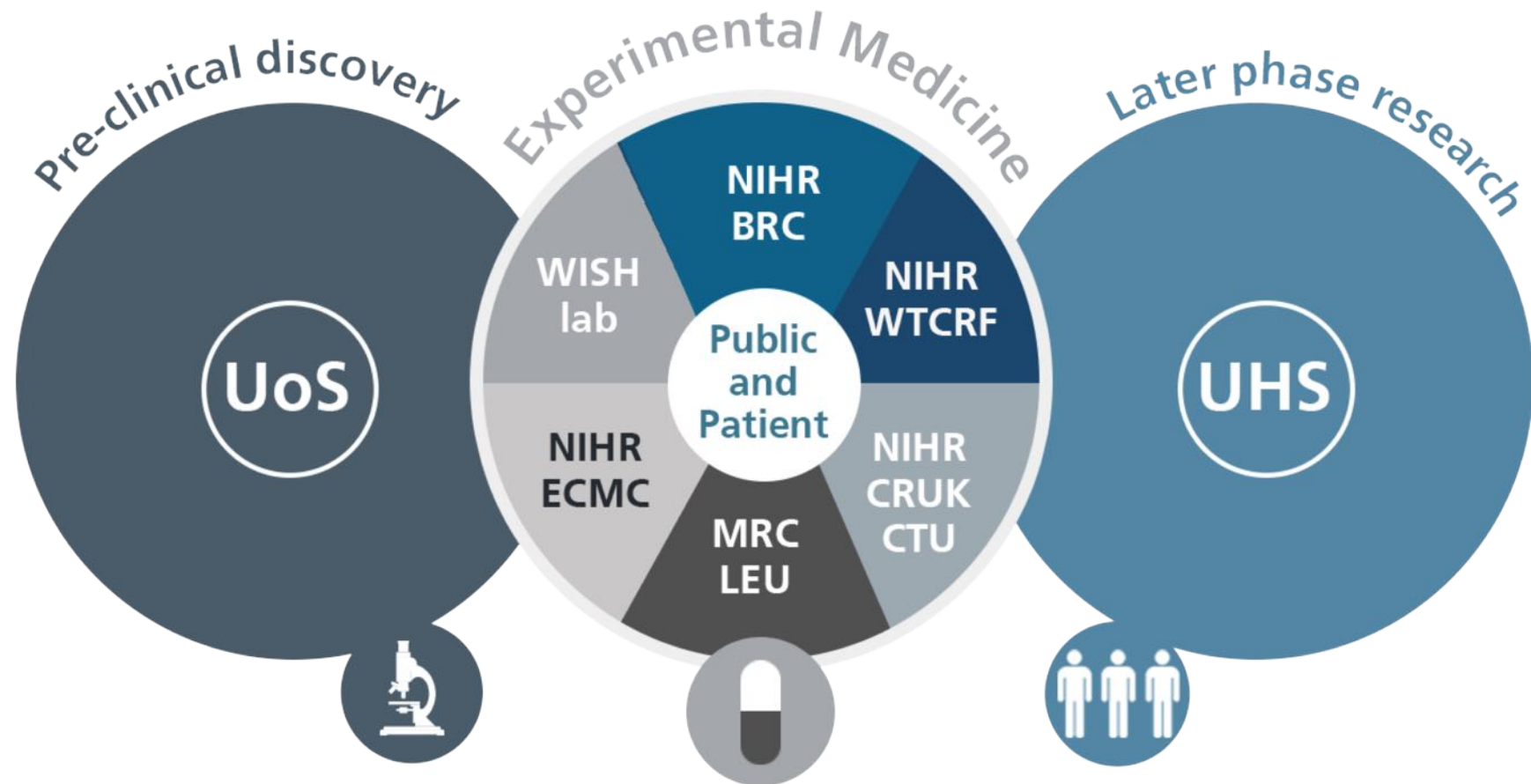


Start a discussion

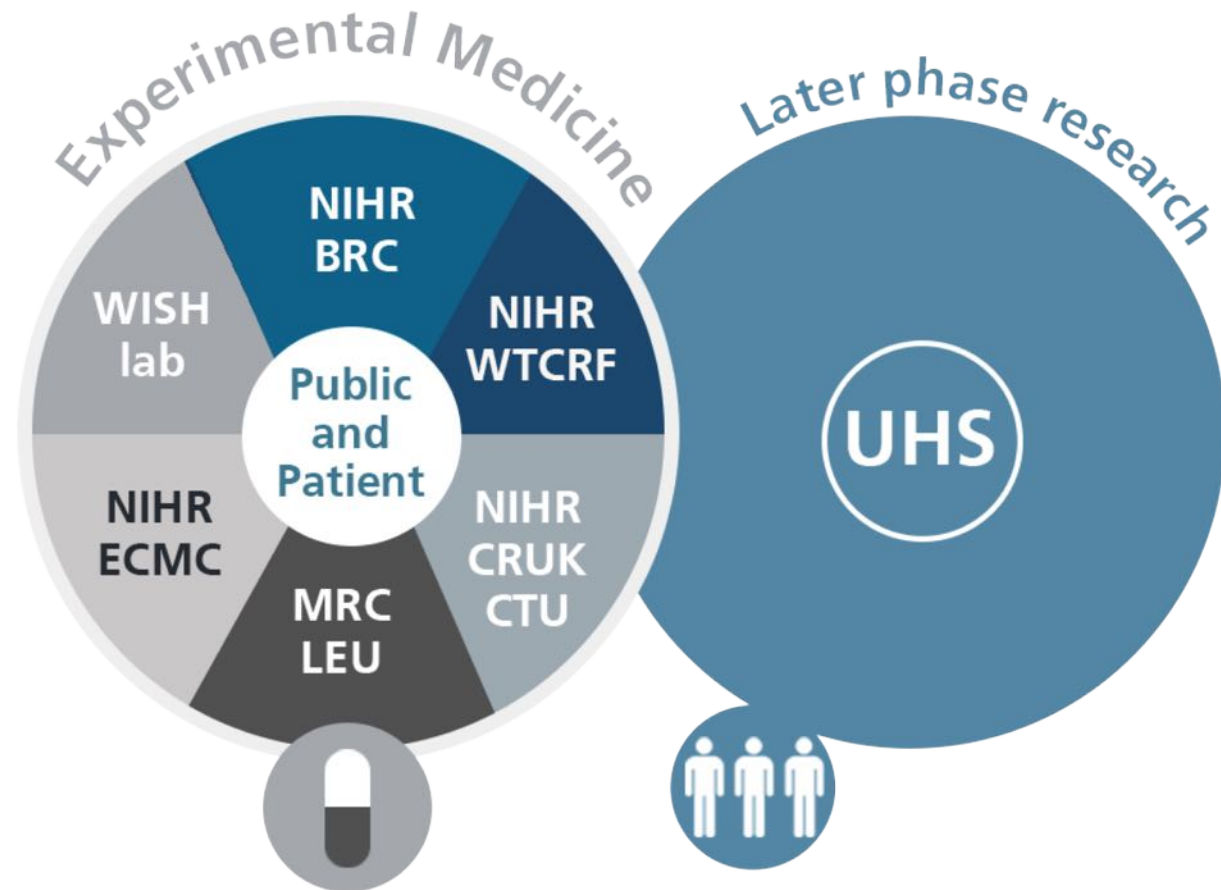
Role of UHS in Research



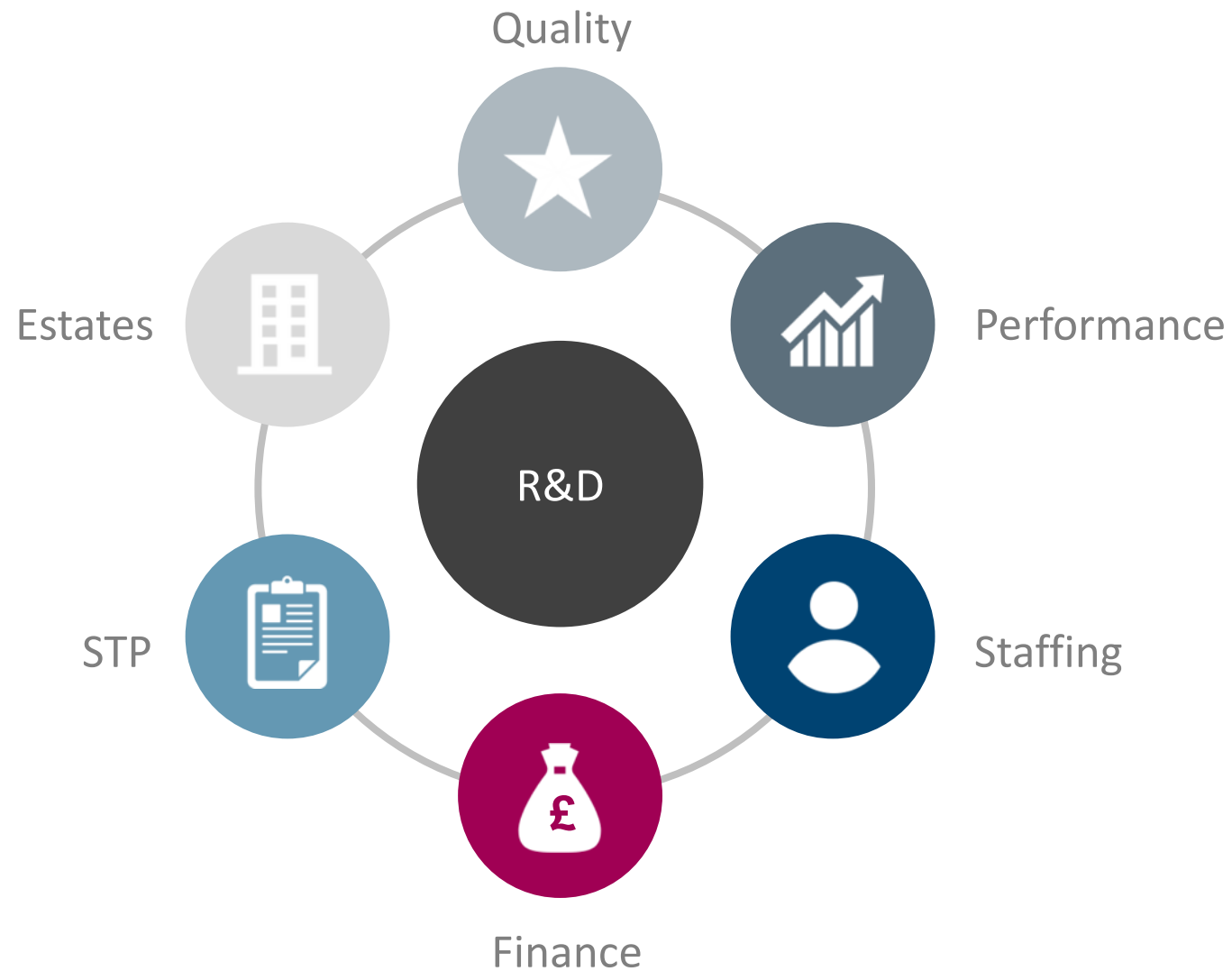
UoS UHS Clinical Research Partnership



UHS R&D Department

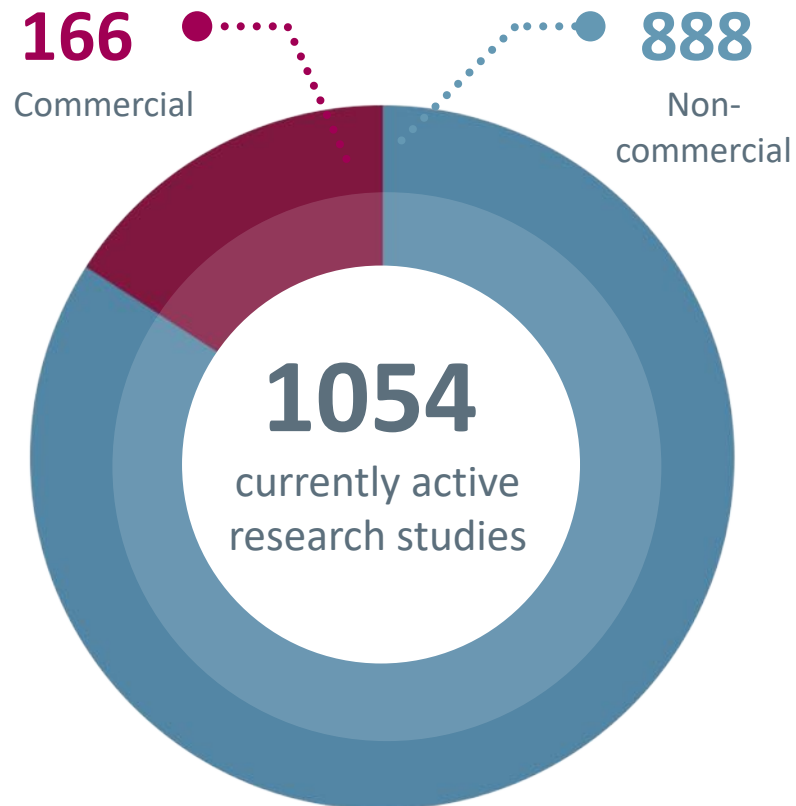


R&D contribution



Quality

Safe, effective, caring, responsive to needs



Clinical trials recruiting now:

- **Babelfish**
 - Developing a new headphone-like tool for measuring pressure on the brain, which can occur after a head injury or illness.
- **MICA II**
 - Why do some smokers develop chronic obstructive pulmonary disease (COPD) others do not?
- **SRB0013**
 - Developing a new microfluidic cell array technology to enable faster processing of patient samples.
- **GALATHEA**
 - Investigating a new drug to control COPD.
- **INEXAS**
 - Investigating a new drug to prevent asthma worsening after a cold or flu?



What patients think about us...

“

I'm so overwhelmed by it because I didn't think a drug could make such a difference to somebody's life.

”

Respiratory trial participant
NIHR BRU/ NIHR WTCRF

“

I feel so great knowing now I'm doing something that maybe somewhere, someday can save someone's life.

”

Respiratory trial participant
NIHR BRU/ NIHR WTCRF

“

The nurses are lovely. They treat me like the Queen of Shebe. This drug is like a miracle cure.

”

Research participant
NIHR WTCRF

“

The morning spent at the research clinic with the girls was a great outing for father's day and our wedding anniversary. Everyone is cheery and knowledgeable. I can see why mum and baby are so happy coming here.

”

Research participant
NIHR WTCRF

“

If someone is thinking of getting involved, I'd say "do it". You find out so many new things and hear about ideas and studies that could make a huge difference to people's daily lives and quality of life.

”

PPI group member
NIHR WTCRF/ NIHR BRC/ NIHR BRU

Performance



HSMR – “significant correlation between academic output and mortality rates”

Bennett W, Bird J, Burrows S, *et al.* Does academic output correlate with better mortality rates in NHS trusts in England? *Public Health* 2012;126:S40–3.



“Research active Trusts had lower risk-adjusted mortality for acute admissions, which persisted after adjustment for staffing and other structural factors.”

Ozdemir BA, Karthikesalingam A, Sinha S, *et al.* Research Activity and the Association with Mortality. *PLoS ONE* 2015;10(2):e0118253. doi:10.1371/journal.pone.0118253



“Organisations in which the research function is fully integrated into the organisational structure can out-perform other organisations that pay less heed to research and its outputs”

Boaz A, Hanney S, Jones T, Soper B. Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review? *BMJ Open* 2015;5:e009415
doi:10.1136/bmjopen-2015-009415



Staffing

Boaz et al 2015



Attract high quality staff



Change in attitudes and behaviour that research engagement can promote



Research-active staff may differ from their peers in non-research-active settings because of: personal characteristics, multidisciplinary collaboration, additional training and education or specialisation



Applying the processes and protocols developed in a specific study (not counting any impact from regimens in the intervention arm) to all patients with specific illness, irrespective of their involvement in the trial



Centres within networks build up a record of implementing research findings



Network membership increases the likelihood of physicians recommending guideline concordant treatment

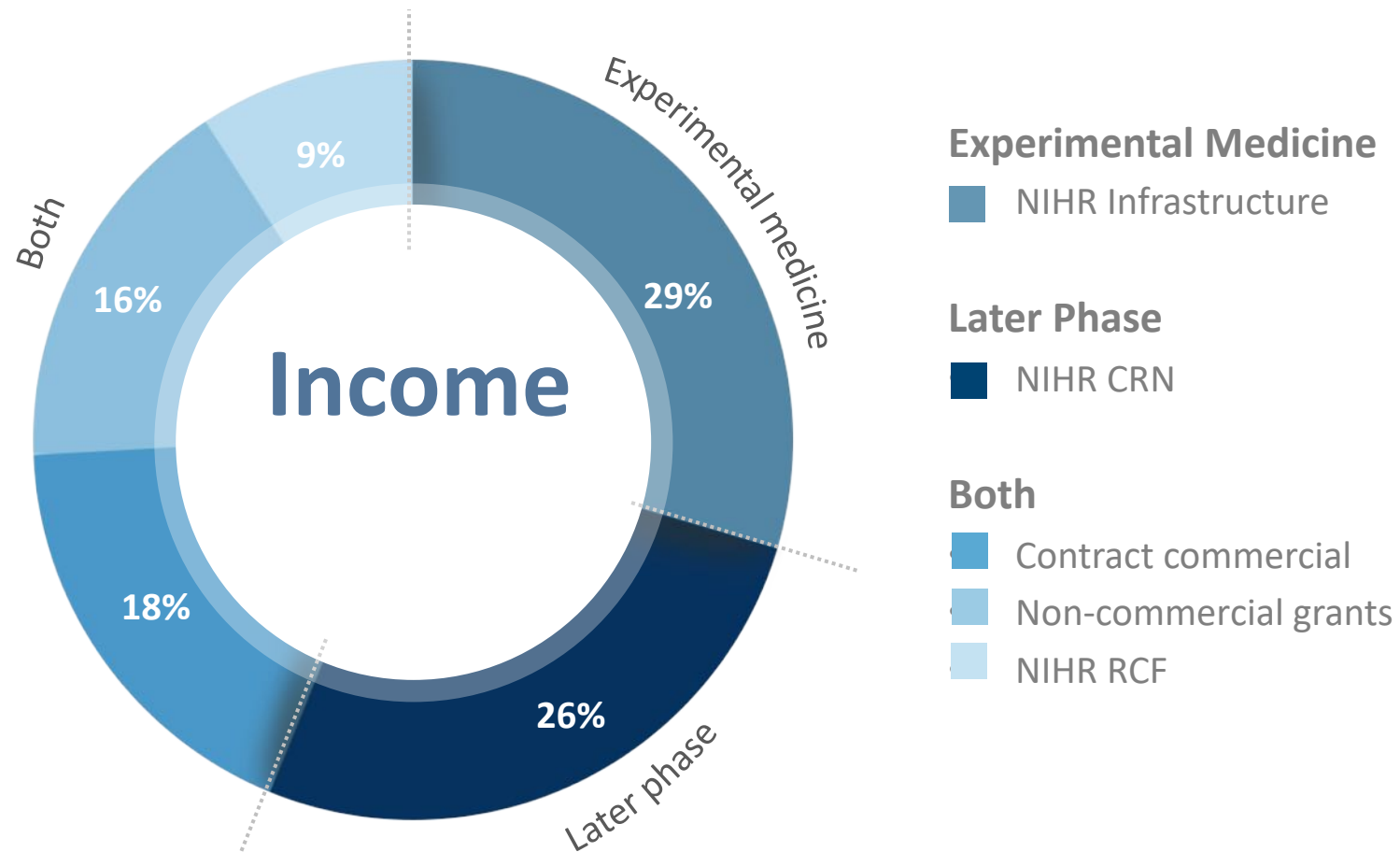


Use of the infrastructure created to support trials more widely, or for a longer period, to improve patient care

"Boaz A, Hanney S, Jones T, Soper B. Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review?" BMJ Open 2015;5:e009415 doi:10.1136/bmjopen-2015-009415



Finance



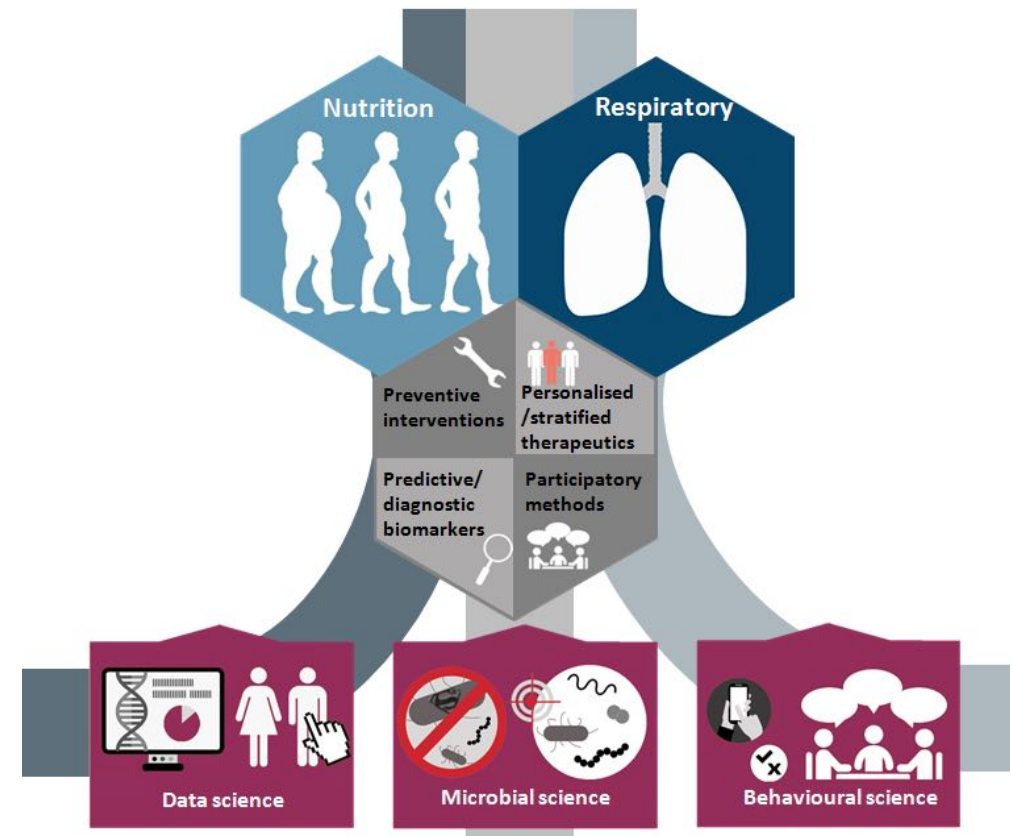
STP

Health and wellbeing, care and quality, financial

STP priorities

- Childhood obesity
- Liver disease & alcohol-related illness
- Cancer linked to obesity and health
- Independent ageing
- Asthma
- COPD
- Lung cancer
- Rare lung diseases
- Critical care

BRC priorities



STP

Health and wellbeing, care and quality, financial

**CLAHRC
Wessex**

NIHR CLAHRC Wessex

A five year research and implementation programme funded by the NIHR focussed on bringing benefits to people living in Wessex through better integration of pathways to care for people with long term conditions and reducing hospital admissions through more appropriate use of health care.

- Identify variation in outcomes
- Improve diagnosis
- Improve case management, self-management and rehabilitation



**INTEGRATED
RESPIRATORY
CARE**

**AGEING AND
DEMENTIA**



- Improve assessment
- Identify early cognitive impairment
- Implement volunteer mealtime and mobilisation assistance

- Identify deficiencies in fundamental care
- Test strategies physical needs, safety and relationships



**FUNDAMENTAL
CARE IN HOSPITAL**

**PUBLIC HEALTH
AND
PRIMARY CARE**



- Reduce antibiotic prescribing in respiratory care
- Early detection of chronic liver disease
- Reduce hospital admissions

- Identify deficiencies in fundamental care
- Test strategies physical needs, safety and relationships



**ENGAGEMENT WITH SELF
DIRECTED SUPPORT**

**COMPLEXITY AND
END OF LIFE CARE**

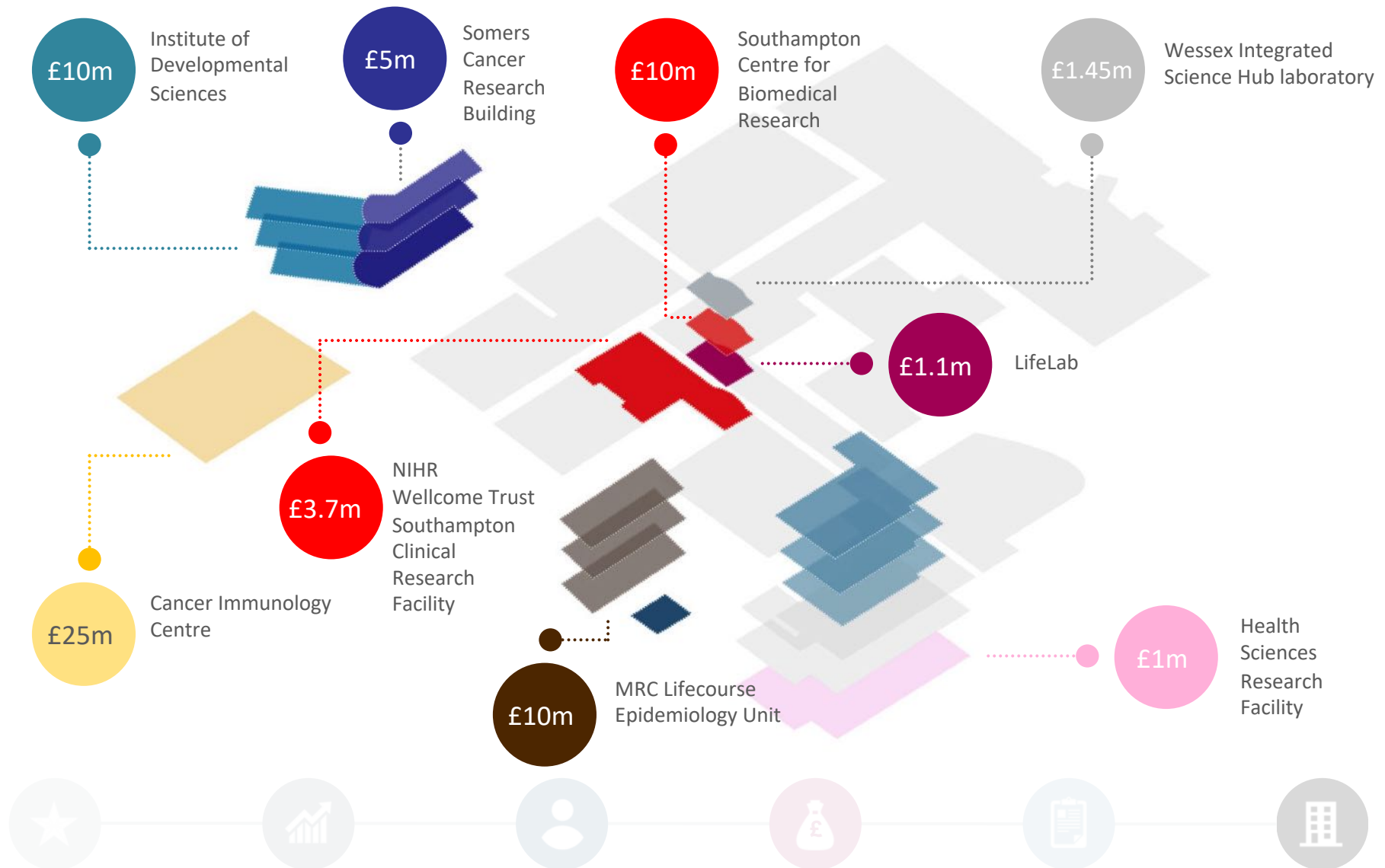


- Understand components that create complexity
- Develop and implement models of minimally disruptive health care



Estate

Major capital projects

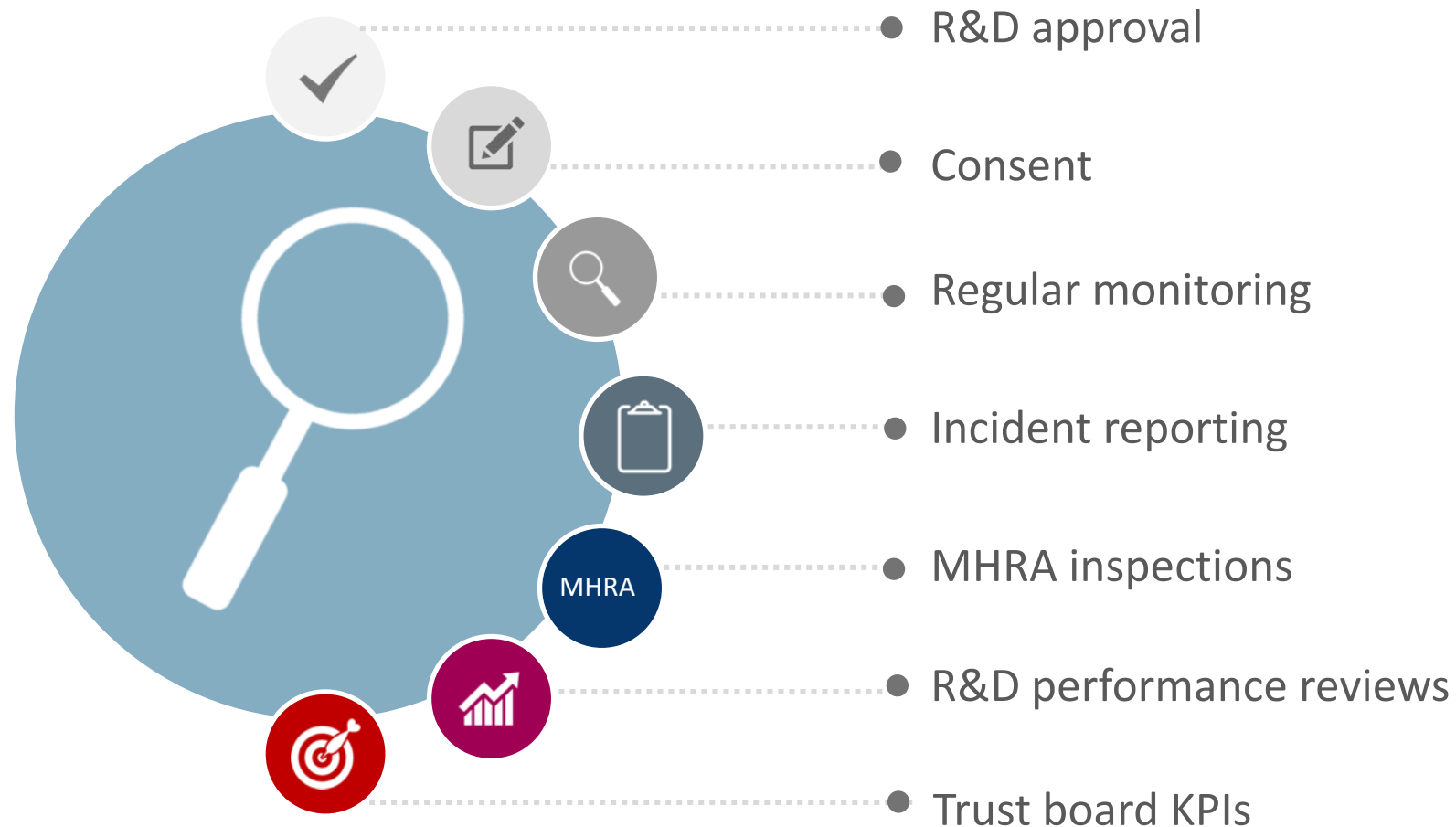


Governance



- **Standards** required for research are higher than clinical standards and *must be evidenced*
- **Performance expectations**
 - DH NIHR
 - Internal targets
 - REF

Governance



Highlights

2006

- £8m income
- Clinical Research Facility (CRF)
- ~30-40 Research NMAHPS and CTA
- R&D office

2016

- R&D Business Unit, ~£20m income
- NIHR Biomedical Research Centre, Biomedical Research Unit, CRF, NIHR CRUK Clinical Trials Unit
- >200 Research NMAHP and CTAs
- R&D Communications, Finance, Central office
- Southampton Academy of Research (SoAR)
- >20,000 new participants per annum
- >1000 research studies
- Capital projects: SCBR, LifeLab, WISH
- Awards
 - HSJ Award: Progressive Research Culture
 - PharmaTimes,
 - Nursing Times
 - NIHR

10 years of impact



- Lifelong and maternal health: Southampton research highlighting the impact of maternal diet before and during pregnancy on children's long term health and disease risk later in life has been key in formulating BMA, national, UN and WHO policies and guidelines.
- Children's bone health: Providing evidence on maternal diet and bone health in children that led to new guidance on vitamin D supplements in pregnancy, changing policy on dietary vitamin D deficiency in young children, and changing practice in infant swaddling, car seat and baby carrier design standards.
- Tackling malnutrition nationally: Developing the definitive malnutrition screening package for UK healthcare and care professionals, underpinning NICE quality standards and identifying potential annual NHS savings of £200 million.



- A decade of respiratory research and collaboration has delivered new vaccines, immunotherapies and drugs for managing asthma, COPD and allergies, including underpinning a \$220M asthma drug development deal between AstraZeneca and the University of Southampton spin-out company Synairgen.



- Killing cancer: Cancer research in Southampton has yielded treatments for 'untreatable' metastatic melanomas, cut cancer lymphoma chemotherapy treatment times from four hours to ten minutes through new injection techniques and improved outcomes in colorectal cancer through 'prehabilitation' exercise programmes.



- Saving sight through gene therapy in age related macular degeneration (AMD), and identifying 7-fold potential savings in AMD drug treatments.

Creating a culture of Research- one step at a time-until Board domination

Kelly Hard
Head of Research & Development



Then

- Newly appointed- 2009
- Disgruntled clinicians/academics
- Little faith
- No input into board
- Research=money
- Limited research activity
- No staff within department
- No grant income



- Team of 35+ wte
- Recruitment in excess of 4500 per year to portfolio projects alone
- Income from grants in excess of £8million
- Act as Sponsor on CTIMP multi-centre trials
- Regular KPIs to Board & bi-annual attendance
- Sub-board level committee developed & functioning
- Trust level goal “To be the best place to work and be cared for, where research and innovation thrive, creating a global impact.”
- Development of Research Strategy



How?



**Birmingham Women's
and Children's**
NHS Foundation Trust

- Didn't happen overnight
- Survey
- Showcase
- PPI involvement
- Support & Communication
- Training & Resources
- Feedback to staff of all levels
- THANK YOU
- Utilised skills not just medics
- Provided Ownership



Cyclical?



Birmingham Women's
and Children's
NHS Foundation Trust

- 2018 new post
- Newly approved Research Strategy
- Uniting 2 departments





In pursuit of a research and improvement culture: musings from the community

Dr Sarah Williams
Associate Director of Research & Improvement





2010

12
studies

Research
New post, new Trust

1
+ outsourced
governance

Quality team
not core business

Massive growth - 26 in core team
Clinical Academic pathway
Top of NIHR league tables

46
studies

2015

Growth in team: New structure, joint
vision, new roles, Quality / Safety role,
Comms role
QI programme (with 16 project teams)
Team development programme
Colin becomes a 'Dr'
CQC inspection
Christmas creche



2016

2011

Research

+ physios
+ Clinical
Academics



2014

HSJ Finalist

2017



Team: n40 (+35)
New strategy: learning hub
Expanded QI team & programme
Academy - dedicated Comms role
CQC report - area of outstanding practice

Patients
Included

2012

↑ Research team continues to grow
Office space at St James Hospital
and Adelaide Health Centre

More Clinical Academics

£ Own delivery budget

Research sessions (Solent PIs)
Clinical Audit / NICE



2013



Many babies start coming

37
studies

Integrated strategy
Established team
Formal team structure
Audit plan / NICE in order

NHS Appear
Solent in Trust
NHS Trust objectives

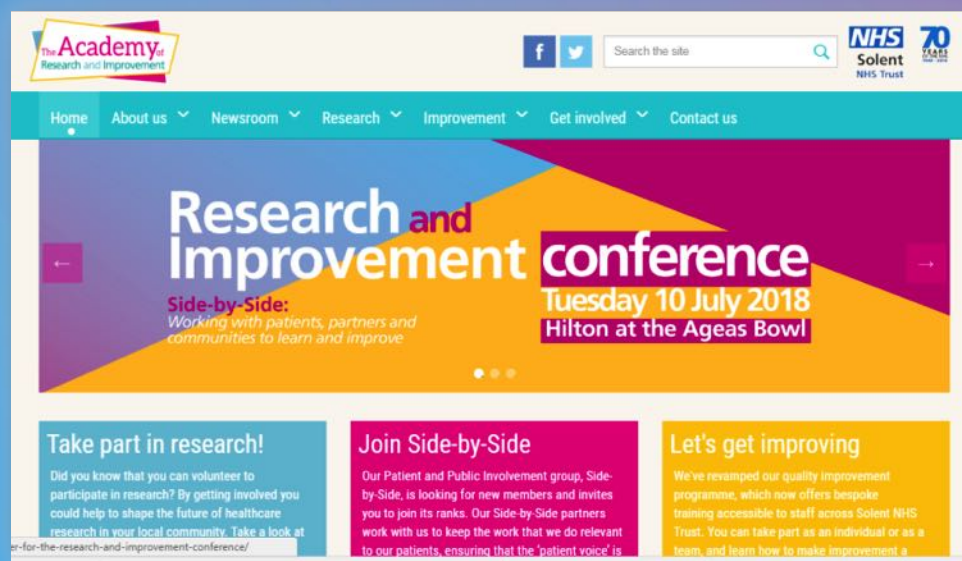


**Research and
Improvement**
conference 2018

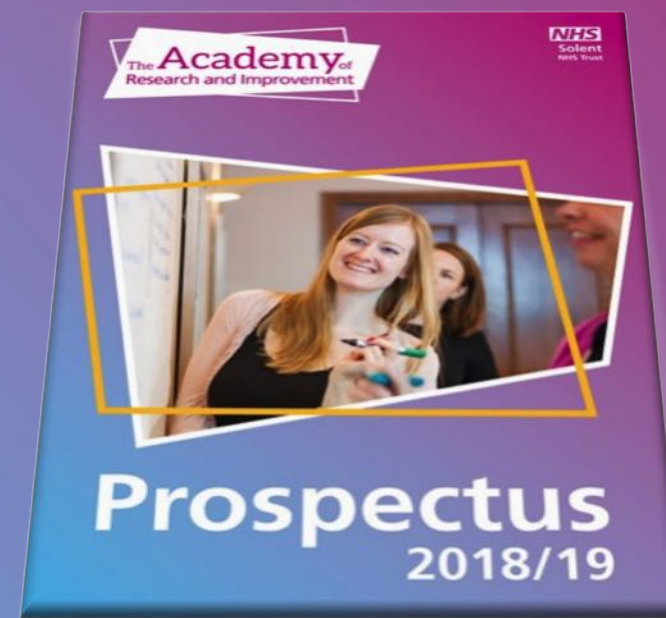
Opportunity
Joy in work
Challenge?

2018





www.academy.solent.nhs.uk



Organisations

Methods

Value

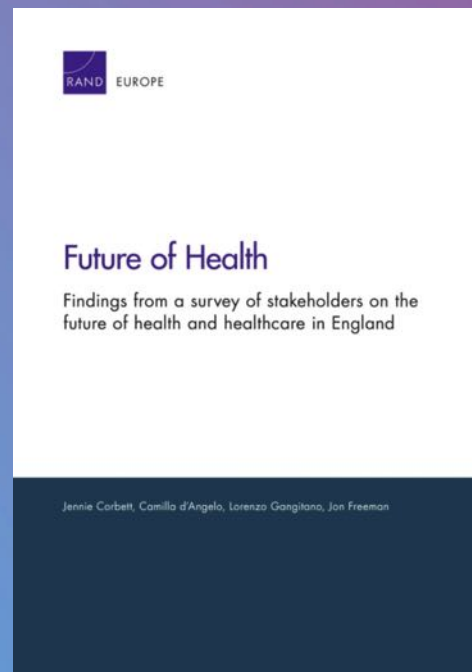
People

Organisational structure



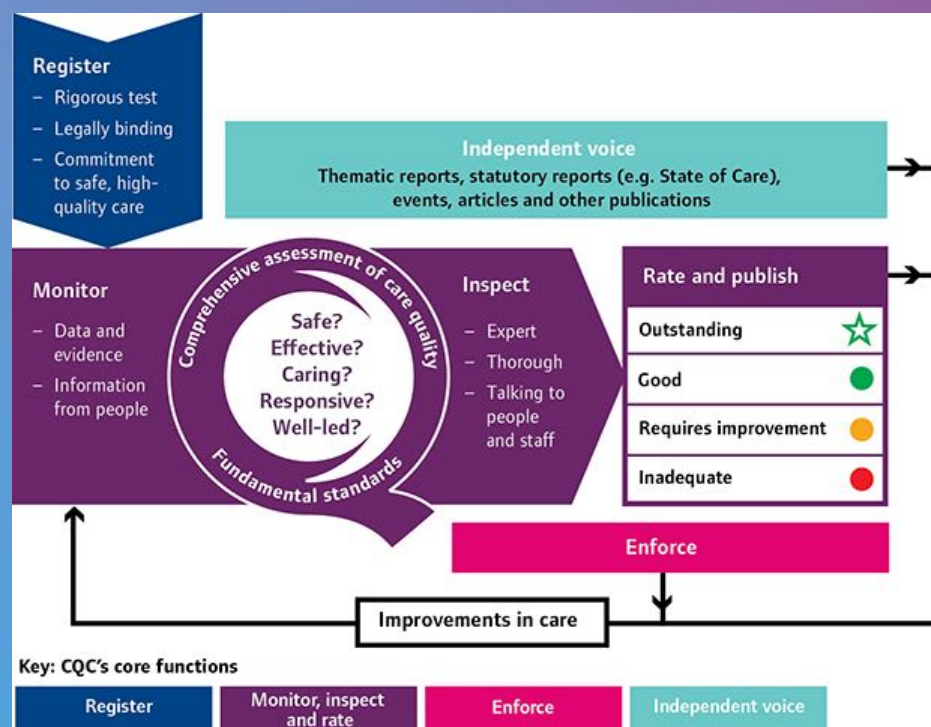
THE NHS
CONSTITUTION
the NHS belongs to us all



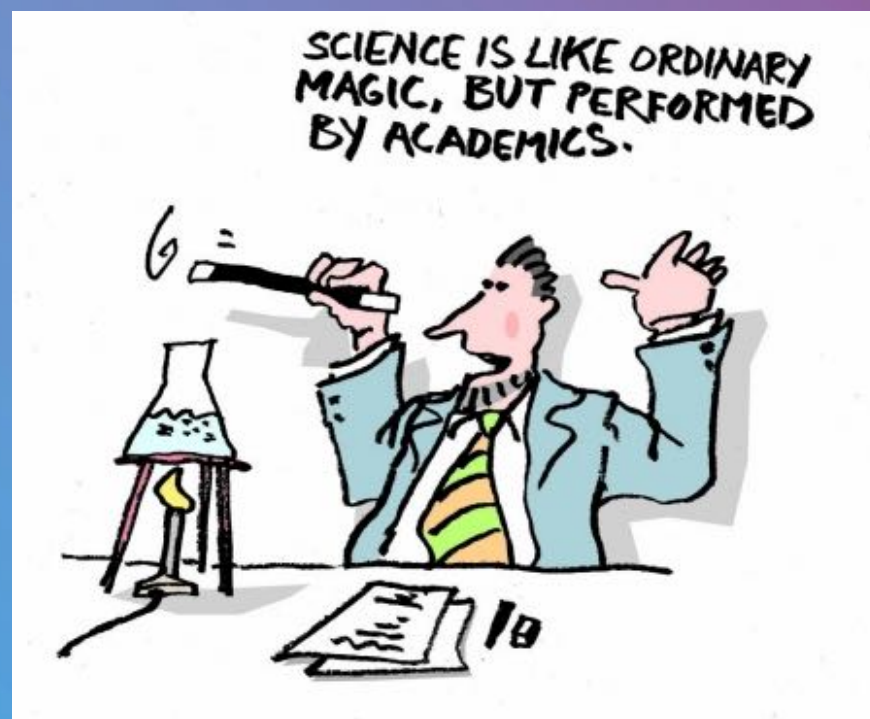


Value & impact



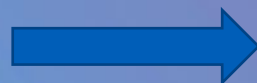


Methods



Theory

A



B



Reality

A



XYZ



People are messy;
therefore, relationships will
be messy. Don't be
surprised by messiness.

Timothy Keller

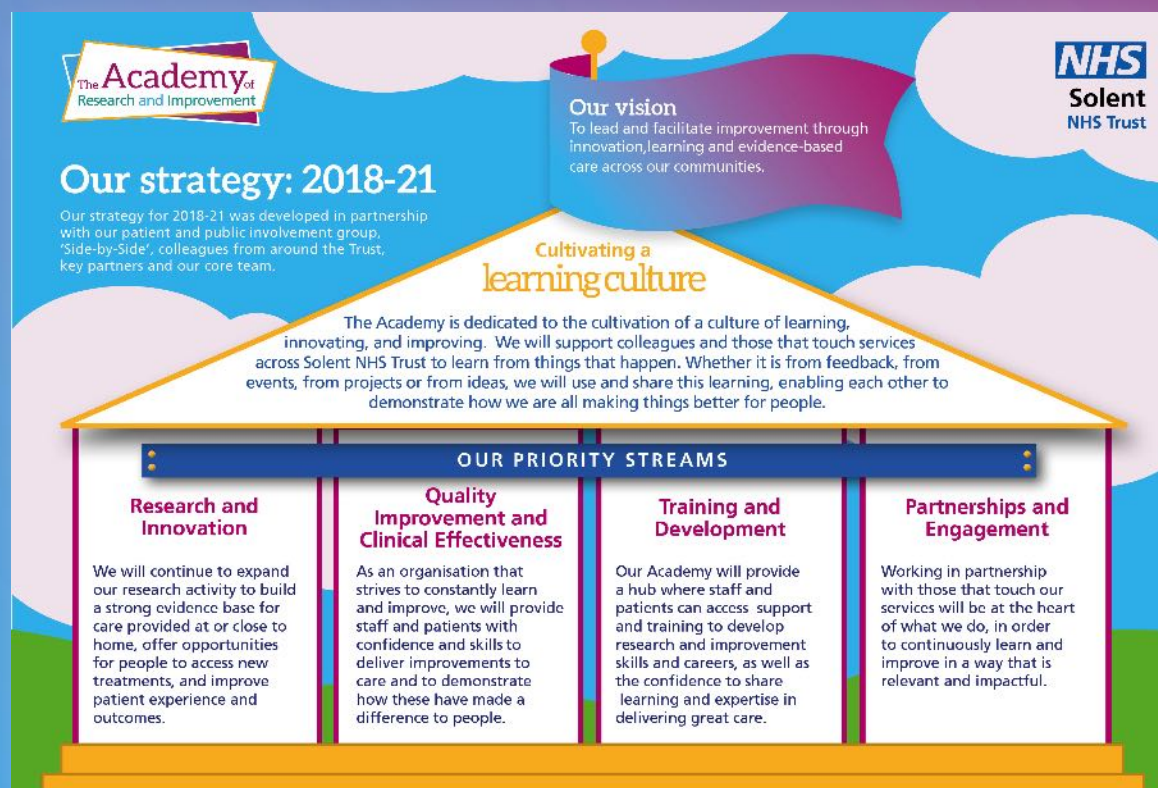
PICTUREQUOTES.COM

PICTUREQUOTES

Methods that..

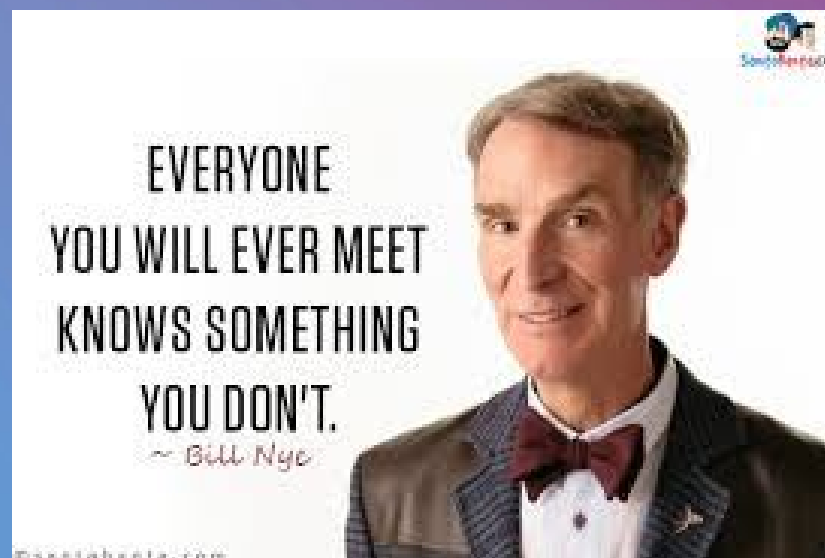
1. Clinical engagement
2. Systematic measurement
3. Collaborative
4. It works – impact quickly
5. It can be research





People







Sarah.williams@solent.nhs.uk

www.academy.solent.nhs.uk

[@clinressolent](#)

[@sarahwresearch](#)



Embedding a culture of Research in the NHS:

How the R&E team can ‘bridge the gap’ between Academia and NHS Practice

What is a culture of Research?

Hosting research?

Supporting recruitment to research?

Participating as co-applicants?

Using research evidence?

Creating research from identified gaps in evidence?

All of the above...



...Not just Research

Evidence Informed Commissioning

Ensuring that commissioning decisions are based on robust research and evaluation evidence.

Ensuring that an evaluation phase is built into new commissioning cycles at the outset.

“Researchers define evidence as research while commissioners have a much broader definition of ‘evidence’” Wye et al, presentation at HSRN conference 1-2 July 2015

“policy-makers’ judgements about the usefulness of research were flexible, according to shifting circumstances, and based on far broader criteria than academic hierarchies of evidence, e.g.

“Research is only as useful as potential users perceive it to be, irrespective of its methodological rigour or its findings’ power”

Haynes et al 2018

Shaping better health



Bridging the gap - what gap?

Write short, and write backwards

Language

Elevator pitch, make your point within a minute

We think in VALUE (Cost x Quality = Value)

Different cultures (“autonomous/relaxed vs the complete opposite”)

Different values (e.g. what constitutes evidence & What is important in evidence)

Timescales (an example of 8 months or 3 days)

Academic research is not influencing CCG decision making much (Wye et al 2015)

CCG perspective: what benefit?

Better decisions

(de)commissioning based on robust evidence

Increased need while financial restraint: Doing the right thing at the right time saves money.

Research can be focussed on NHS problems

RCF posts can benefit the CCG

“A research friendly culture can be established so that research and evaluation become central to all our activities. Commissioning then becomes more effective and services better evaluated.

As a CCG we become more attractive to staff who want to work in such a forward thinking organisation and positive environment.

Ultimately we can provide effective, evidence based services to our patients, delivering the outcomes considered to be important by the CCG.”

Bristol CCG board paper

Shaping better health

Evidence

Haynes et al. *Health Research Policy and Systems* (2018) 16:31
DOI 10.1186/s12961-018-0277-1

Health Research Policy
and Systems

REVIEW

Open Access



What can we learn from interventions that aim to increase policy-makers' capacity to use research? A realist scoping review


Abby Haynes^{1,2*} , Samantha J. Rowbotham^{3,4}, Sally Redman¹, Sue Brennan⁵, Anna Williamson¹

Table 2 Research utilisation domains and strategies used within the reviewed studies

Research utilisation domain	Intervention strategies (and number of studies that used it)
Access to research	<ol style="list-style-type: none"> 1. Providing access to research articles or syntheses via an online database (5) 2. Disseminating tailored syntheses summaries or reports, including policy briefs (7) 3. Commissioning research and reviews (2) 4. Seminars or other forums in which research findings are presented (4) 5. Facilitated access using a knowledge broker or other intermediary (3)
Skills improvement	<ol style="list-style-type: none"> 6. Skills development workshops (10) 7. Intensive skills training programs (4) 8. Training or support for managers in championing and modelling research use (4) 9. Mentoring (includes using knowledge brokers to build skills) (7) 10. Goal-orientated mentoring (with presentations or assessment) (4)
Systems improvement	<ol style="list-style-type: none"> 11. Improving infrastructure, e.g. library, new research portals, data sharing software (5) 12. Improving organisational tools, resources and processes, e.g. procedures, toolkits, knowledge management protocols, funds for commissioning research (2) 13. Workforce development, e.g. research-related positions and incentives (1) 14. Establishing internal research support bodies, e.g. research units and committees (3)
Interaction	<ol style="list-style-type: none"> 15. One-off or periodic interactive forums, e.g. roundtables, cross-sector retreats, policy dialogues (4) 16. Platforms for ongoing interactivity, e.g. community of practice, cross-sector committees (4) 17. Collaboration in the development of a research report or policy brief/dialogue (2) 18. Partnership projects: research co-production (3)

Evidence we based our strategy on

Evidence shows that the most influential source of information for commissioners was interpersonal relationships

Commissioners predisposed to using research evidence, but found it difficult to access, interpret, and apply (e.g. context-free)

CCGs value evaluations.

The CCG desire more resource/expertise to plan and undertake evaluations.

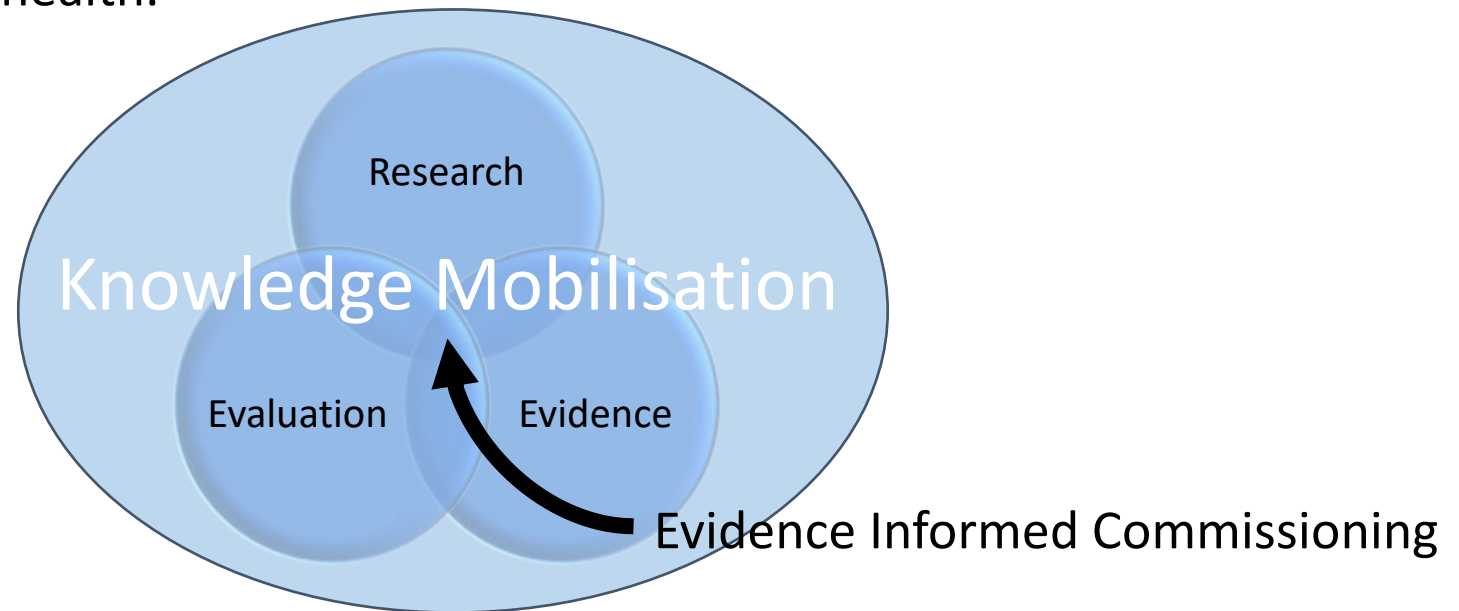
Wye L, Brangan E, Cameron A, Gabbay J, Klein J, Pope C. Knowledge exchange in health-care commissioning: case studies of the use of commercial, not-for-profit and public sector agencies, 2011–14. *Health Serv Deliv Res* 2015;3(19).

Wye, L, Brangan E, Cameron A, Gabbay J, Klein J, Anthwal R, Pope C. What do external consultants from private and not-for-profit companies offer healthcare commissioners? A qualitative study of knowledge exchange. *BMJ Open* 2015: 5: e006558



BNSSG Research & Evidence Team Vision:

Commissioners in Bristol, North Somerset and South Gloucestershire will achieve excellence in supporting research and in routinely using the best available evidence to commission the highest quality services and deliver better health.



This goes both ways

Co creation of research ideas – relevant research more likely to be used

Better for academics = higher impact = increased REF value

Researchers who want to **use** commissioners and/or do research **on** the NHS vs Researchers who want to **work with** commissioners and/or do research **with** the NHS (e.g. “you join my research team and I’ll work on your evaluation”)



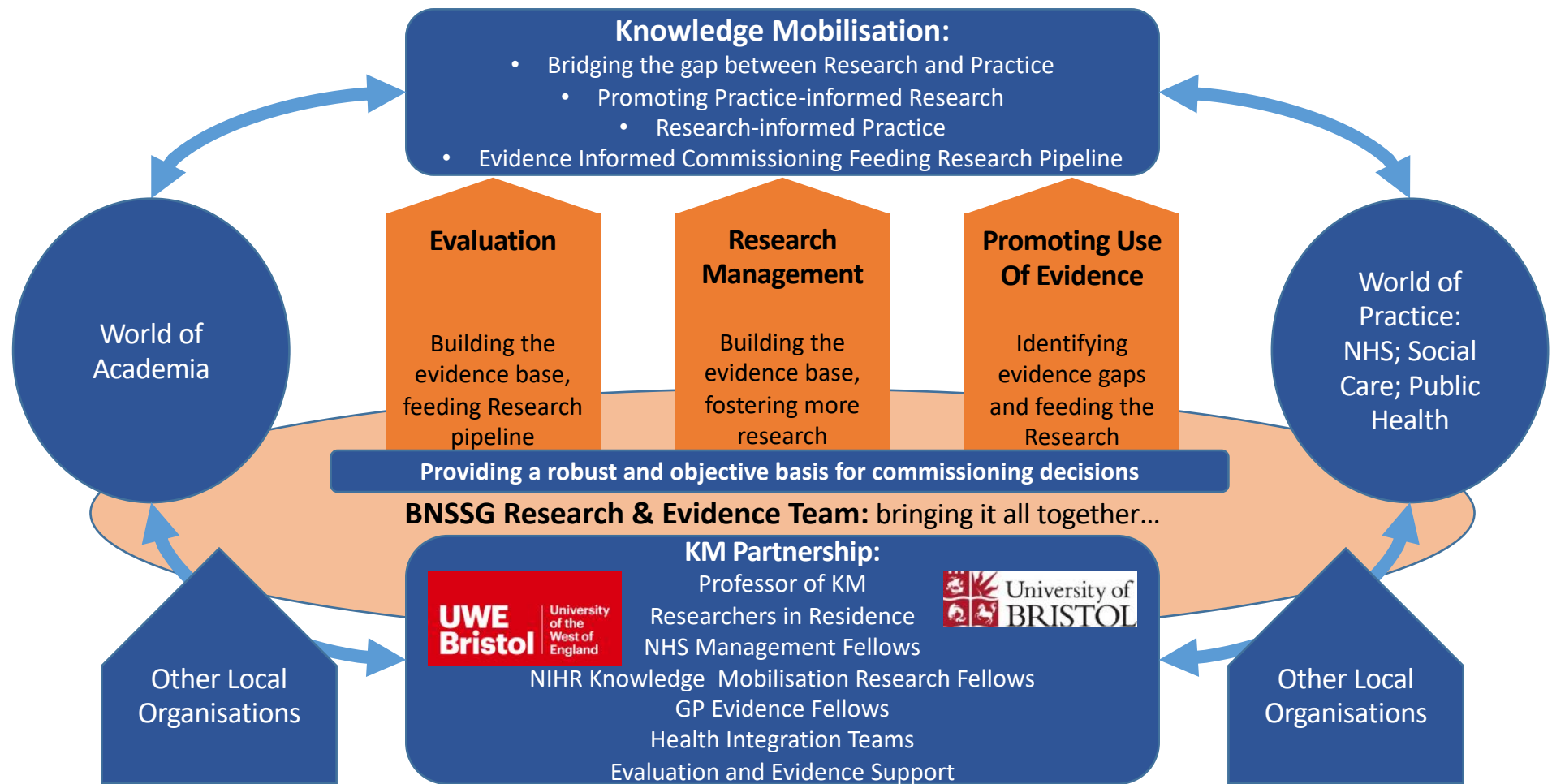
Shaping better health

Strategy true partnership

Strategy reasonably easy -
creating culture is difficult.

We realised that creating a
culture here is not possible
without the help and support of
our academic colleagues.





Practical (small) steps R&E

Buy in from some Directors
(Champions)

AMRC Research charter

Evidence included as a
standard section in a CCG
business case planning
process

Evidence given equal weighting
to other factors in CCG
Business Case review

Training for staff for accessing,
analysing and appraising
evidence

Our Research Pipeline

Our Research Charter for NHS England and Clinical Commissioning Groups

NHS England and Clinical Commissioning Groups have a duty to promote research and the use of research evidence

To achieve this duty they should:

- Appoint an individual at board level with responsibility for research
- Include participation in NHS research in provider contracts
- Develop a balanced scorecard of measures to assess research and the use of research evidence in delivering care and report on these quarterly at board meetings
- Take part in research prioritisation exercises – with NIHR NETSCC, local HEIs and other relevant bodies
- Consider relevant research findings and evaluations when commissioning services
 - Develop structures to routinely access relevant evidence and inform the redesign of services and commissioning policy
 - Routinely evaluate services and consider how quality can be improved
 - Engage with NICE, Public Health Observatories, CLAHRCs, The Cochrane Library, NIHR NETSCC, local HEIs and other relevant bodies
- Promote best practice in the handling, use and sharing of data by providers when commissioning services
- Develop a process and earmark a recurring budget to ensure excess treatment costs are managed without causing delays to research.

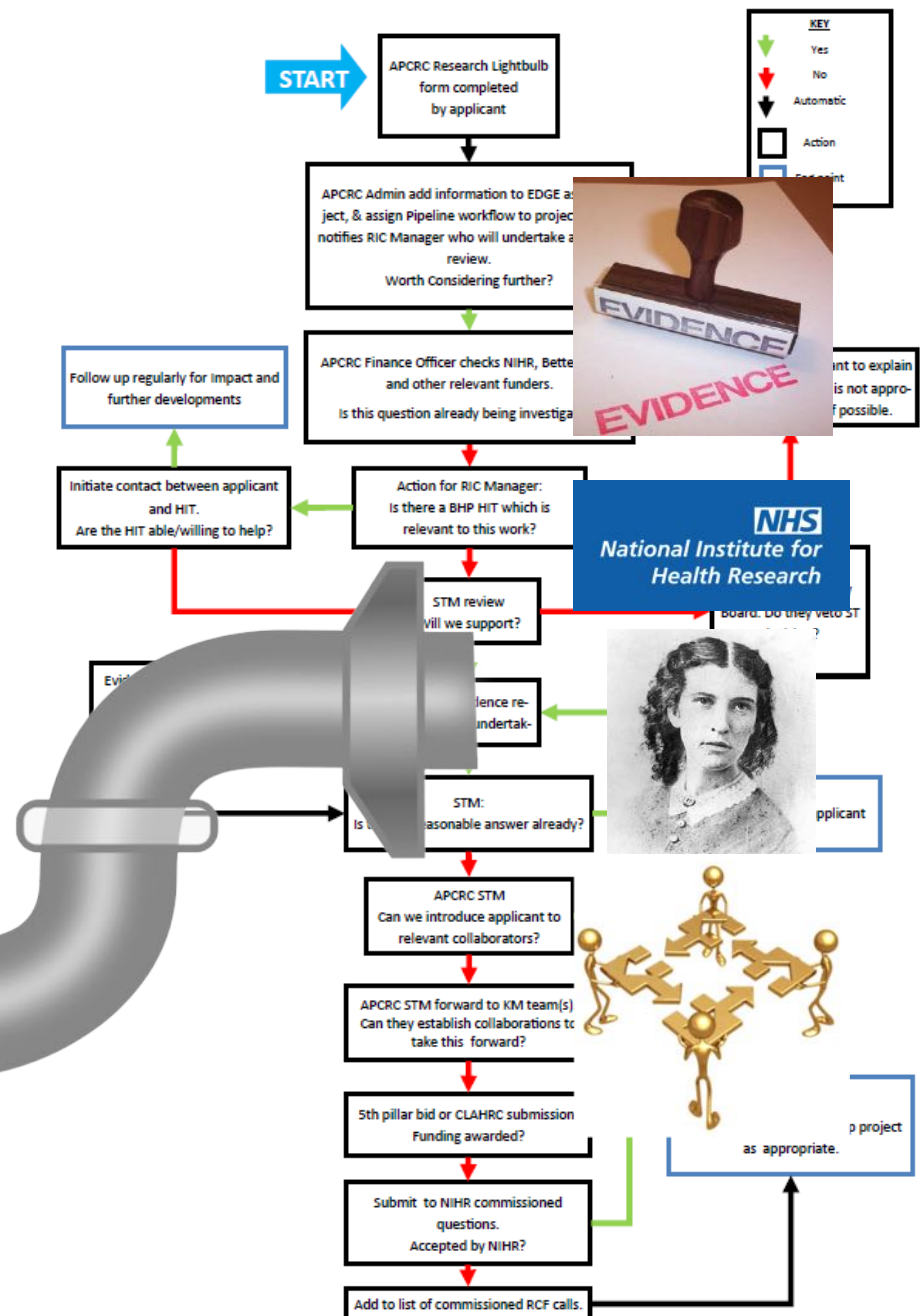


Research Capability Funding
Pipeline support for
Health Service
Initiated Projects



Information for applicants

APCRC Pipeline for Commissioner initiated research questions



Bridging the gap – the R&E Team

Hosting NIHR grants = RCF, the engine/mechanism/lever

Work with Universities to build and maintain true Partnership

Facilitation & Knowledge Brokering

Translation (from 30 pages to 3 sentences)

Evaluation experts in-house, to advise and assist commissioning colleagues

Seminars

...People embodying the bridge



Bridging the gap with RCF

Research Portfolio Managers

Researchers in Residence

(NHS) Management Fellows

Evidence and Evaluation Support (previously graduate posts)

GP Clinical Evidence Fellows

Mini Researcher in Residence in Health Economics

Clinical Academic Fellowships

Professor of Knowledge Mobilisation



Embedding Research, Strategy and Culture in a Health & Care Setting: How to be a well-led research active organisation



Public Involvement at Sheffield – reflections on piloting the National Standards

#PPIStandards
@Shef_Research



Overview

- Introduction
- Background
- Public Involvement at Sheffield Teaching Hospitals
- Public Involvement Standards
- Reflections on being a test bed
- Engagement

Introduction

- Who we are
- What we do
 - *public involvement and engagement*
 - *staff engagement and awareness*
 - *opportunities to promote research*
- Who we work with
 - *patients and the public*
 - *researchers*
 - *local patient involvement groups*
 - *colleagues at local universities*
 - *staff at Sheffield Teaching Hospitals*

Involving Patients & the Public



Background

- Providing patients and the public with opportunities to get involved in clinical research is a key strategic objective
- To ensure our research is patient focussed, researchers at Sheffield Teaching Hospitals have been involving the public in our research for some years, but it is really evolving and changing
- Nationally there is a greater commitment to involving the public, and greater value place on the difference their contributions make to research

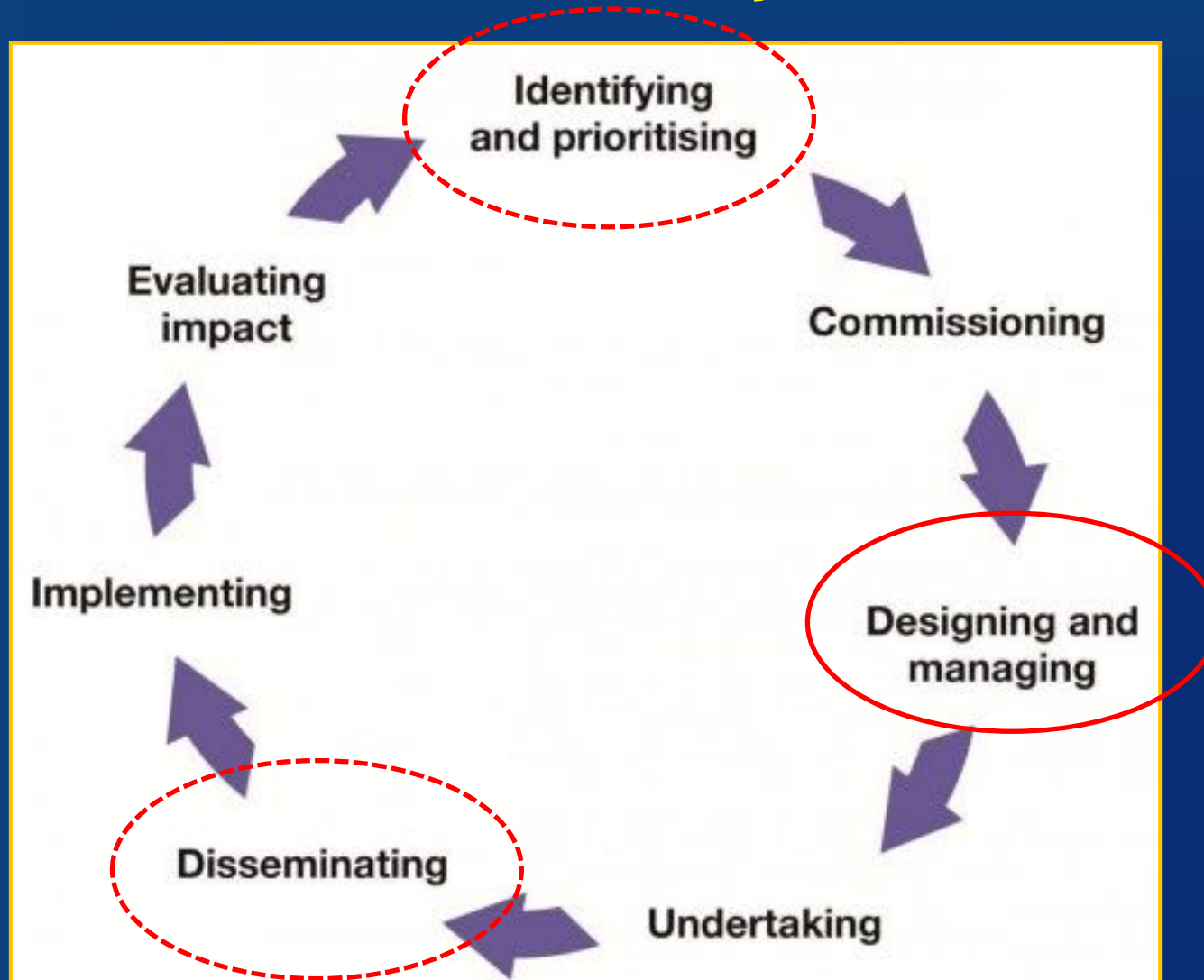
Patient & Public Involvement at STH

- 20 panels/advisory groups (~180 people involved) – several new set up in 2018
- Different disease areas
- Online Advisory Panel
- Community Elders Panel
- Patient Research Ambassadors
- Chairs/Coordinators

What they do

- **Review** grant applications/lay summaries/patient information sheets
- **Co-author** journal articles
- **Co-applicants** on grant applications
- **Work with us** to deliver training to other PPI members/staff
- Sit on steering groups
- **Champion research** across the Trust and Sheffield
- Research prioritisation
- Numerous other things outside of STH! Sit on RECs, other patient advocacy groups

Public Involvement within the Research Cycle



Our role within PPIE at STH

Researchers/staff

- **Advise** researchers about involving the public in their research
- **Guide** them on the best ways that they can do this throughout the research process
- **Link** them with resources or organisations that can help them achieve this
- **Work with them** to involve the patient and public involvement groups at STH
- Offer **training** and **support**
- **Signpost** them towards relevant funding opportunities

Our role continued...

Patients and the public

- Offer public involvement **training** and **support** - work with them to design & deliver this training; work in progress – linking with newly formed Stroke research advisory group
- **Feedback** on their involvement
- **Coordinate** meetings and provide administrative support
- Encourage researchers to **feedback**
- **Share** good practice
- **Listen to**, and act upon their feedback

National Standards for Public Involvement in Research

Improve quality and consistency of public involvement in research

The standards are:

- a description of what good public involvement in research looks like
- designed to encourage self reflection and learning, including where lessons have been learned when public involvement has failed to lead to expected outcomes.
- a tool to help people and organisations identify what they are doing well, and what needs improving
- intended to be used with any method or approach to public involvement in research
- adaptable to your own situation and can be used alongside other resources such as case studies, public involvement checklists, and toolkits.

National Standards for Public Involvement in Research

Standard 1: INCLUSIVE OPPORTUNITIES

We offer public involvement opportunities that are accessible and that reach people and groups according to research needs.

Standard 2: WORKING TOGETHER

We work together in a way that values all contributions, and that builds and sustains mutually respectful and productive relationships.

Standard 3: SUPPORT & LEARNING

We offer and promote support and learning that builds confidence and skills for public involvement in research.

Standard 4: COMMUNICATIONS

We use plain language for timely, two way and targeted communications, as part of involvement plans and activities.

Standard 5: IMPACT

To drive improvement, we capture and share the difference that public involvement makes to research.

Standard 6: GOVERNANCE

We involve the public in our governance and leadership so that our decisions promote and protect the public interest.

Test Bed project

Early 2018 – advert to apply to be one of 10 test beds who would trial these standards in practice

Feb 2018 – applied to test one standard – “Communications”

- 1) *Involve individuals that are harder to reach*
- 2) *Ensure regular feedback from researchers to PPI panels about their involvement activities*
- 3) *Co-design the section of the Sheffield Clinical Research website that is targeted at a public audience*

March 2018 – outcome



April 2018 – kick off meeting, met other Test Bed projects

Reflections

What have the public involvement standards helped us do?

- Opened up dialogue with Public Involvement panel members
 - *re-emphasised the considerable knowledge, passion and commitment shown by our volunteers.*
- Reflect on what we are currently doing and appreciate the infrastructure & support in place to conduct meaningful Public Involvement
- Reveal the areas we need to build and strengthen
- Realise we don't need to, and shouldn't be doing this alone
- How can we increase diversity – need new panels, others to join existing ones? Can't do this without identifying those seldom heard groups

Training

We host a Public Involvement training day for members of our panels 2-3 times a year:

- Based on **feedback**, re-designing the package
- **Working with patients/public** to ensure it is more appropriate for people with communication difficulties such as aphasia.
- Links with the Royal College of Speech and Language Therapists, who are also a Test Bed site.

Events

NHS 70 Tea Party

- Hosted a tea party for Public Involvement members to celebrate NHS70 (Invited ~180, 40 on the day)
- **Feedback** to panel members on the Test Bed project and invite comments and future contribution
- **Consultation** on how to increase diversity of our panels
- Informed the Public Involvement section of the NIHR Applied Research Collaborations (ARC) funding application for Yorkshire & Humber
- Established a new meeting/group for **sharing best practice** between panel members and Public Involvement support staff.

Events

STH NHS70 celebration/I Am Research campaign

- Public involvement members had stalls – Sheffield Emergency Care Forum
- Many attended event
- Made **new links** with other Trust groups such as Volunteer Service

STH Research & Innovation Conference

- **Co-designed and delivered** a Public Involvement breakout sessions with Patient Research Ambassadors

Importance of Staff Engagement

- There are some elements of becoming a Public Involvement Test Bed that are unexpected. How to evaluate?
- As we are testing the 'Communications' standard, it has made us think about how we engage with and involve staff within STH

Staff Engagement

- Several outcomes have occurred indirectly:
- Hosted the inaugural STH Research & Innovation Conference in September; Public Involvement was an important element
- With Trust Research Matron, building up a network of Research Cafes within Trust departments to raise awareness of Research and importance of involving the public



Next Steps

- 6 months remaining of the Test Bed project
- Utilise **links** made with Healthwatch Sheffield
- **Raise awareness** of research in different communities across Sheffield (move out of the Hospitals and University environment!)
- Form a working group of Public representatives/Staff to **co-design** the Public Involvement section of website (*planning meeting Oct 2018*)
- Follow up conference with an **impact evaluation**
- **Feedback**, act on feedback!
- Public Involvement **newsletter**

Lessons Learned

- Using the National Standards for Public Involvement is a good catalyst for organisations to **evaluate current involvement activities**, and assessing how to take things forward.
- **Managing expectations** can be a challenge:
 - No extra resource or money to achieve new goals
 - Be realistic!
 - *Changes in Public Involvement practice takes **time***
 - ***Make marginal gains***, and the sum of their parts will lead to meaningful Public Involvement

Lessons Learned cont...

- **Share** good practice – lots of other resources and examples of what good public involvement looks like
- **Staff Engagement** is intertwined with Public Involvement.

Thank You

