

Symposium

From the NHS Research & Development Forum



**Research and
Development Forum**

**Embedding research
through strategy,
leadership & culture**



North Bristol
NHS Trust

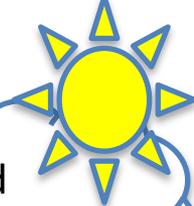
Influencing organisational culture to embed research

Dr Rebecca Smith

Why haven't we engaged the NHS already?

- Will we ever achieve it?
- What does an engaged NHS look like?





Research is on the leadership team

No one will approve ETCs

ETC approved

The board love my presentations

The board don't want research papers

The board don't understand the papers I send

Research on all media

R&I at the AGM

Posters every where

What?

No one knows research exists

No one understands

Research has no voice

Only medics lead research

Approved ETC for external follow on care

Relationship with Board

No clinic space for research

Clinical areas supporting NMAHP fellowships

If research is everyone's business
where do we start?

Why isn't research core business?

- The NHS is overloaded with priorities
- Separate funding
- Separate paperwork, regulations, processes
- Separate staff
- Metrics that no one can understand?
- Our own language, acronym city!
- Hidden behind emails

Simple things?

- How do you talk about research?
- Do you speak the same language?
- How accessible is your office?
- How often do you go out and meet with staff that aren't involved in research?
- How often does your team participate in normal Trust business that doesn't involve research?
- Does your team make decisions that impact other areas of the Trust?

Does your team fully engage as
part of the trust?





“When it comes to business success, it is all about people, people, people,”

Phil Barton

Make your department part of the organisation

- Get yourself and your department known
- Make friends with your peers
- Join in with leadership events
- Learn how to talk NHS language
- Engage with the system
- Use CQC to reach everyone!



Business as usual done differently

- Make better use of research KPI –think people
- Join in with “normal” KPI
- Attend core business meetings
- Support staff recruitment and retention
- Annual slot at the board
- Annual report





North Bristol NHS @NorthBristolNHS · Jan 30

The plastic breast reconstruction team is holding an Information evening at Southmead's Learning and Research Centre on Wednesday 6th March. The event is open to anybody wishing to find out more about breast reconstruction surgery.



Take Part Be Involved in research



Breast Care Research

Watch later Share



Friday 21 September 2018
Trust updates from your Executive Team
Christmas working
This year's festive season continues to be developed based on feedback we received from you. One key area of discussion at this week's Trust Management Team was about working over Christmas and New Year and the necessity to ensure that there are sufficient staff covered to progress care without delay throughout the festive period.

North Bristol NHS @NorthBristolNHS · May 30
Yesterday we held our first ever #Festival of Engagement in the atrium of our #Brunel building, to celebrate the building's 5th birthday! Here's a video montage showing off some of the amazing activities we had going on throughout the day #OneNBT



1:47 796 views

NHS North Bristol NHS Trust
Our Research Researcher Journey Research Policies & Forms Patient & Public
Research and Innovation
Our Research
We are committed to research and innovation that improves our patients health outcomes and their experience of our services
Related links
Current Research
NHS Academy
Bristol Health Partners
Contact Research & Innovation
Research & Innovation North Bristol NHS Trust
Floor 3 Learning & Research building Southmead Hospital Westbury-on-Trym Bristol, BS10 1NB
Telephone: 0117 41 49330
Fax: 0117 41 49329
Email: research@nbt.nhs.uk
Who to contact in Research and Innovation
13mb who can help Oct 2016 pdf indicates who the best person to contact is at various stages of your research project



Staff as participants

- 795 staff took part in a survey about social attitudes to dementia

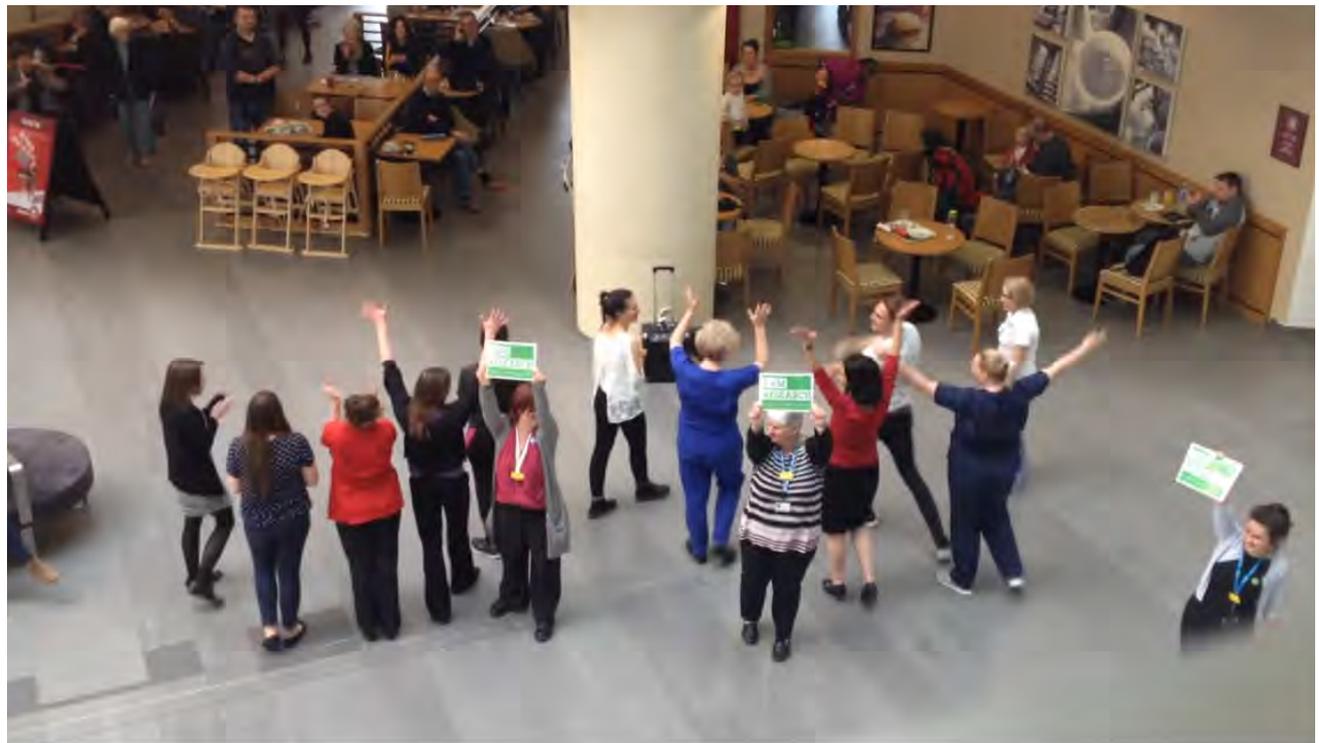


Is it all business?

- Get involved with Trust events
- Engage with awards programmes



If all else fails start dancing!



[flashmob](#)



North Bristol
NHS Trust

Any questions?

www.nbt.nhs.uk/research

Bringing Joy to Research

Sarah Williams

@sarahwresearch

@solentacademy



Who doesn't love a game?



www.slido.com

Event Code – RDF19

1. London
2. NHS
3. Research
4. Research - EMOJI

The **Academy** of
Research and Improvement

 @solentacademy

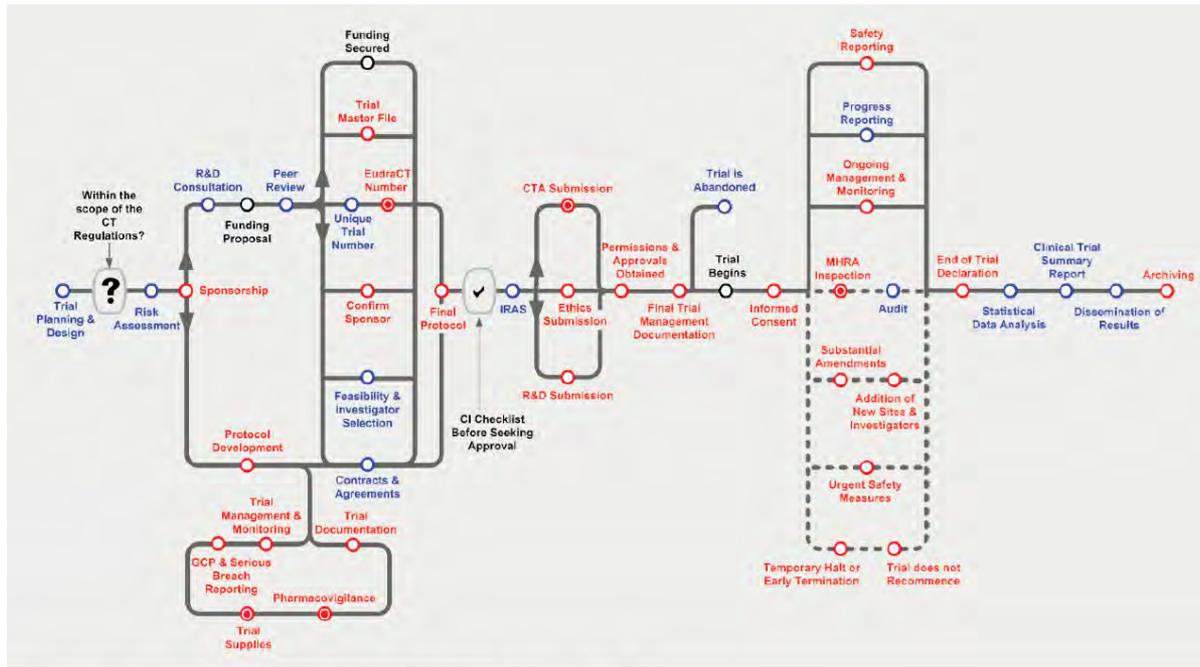
Is this what success looks like?

0.01%

1.4%

0.02%





“The effect this has had for patients is immeasurable”.

With kind permission from <http://www.ct-toolkit.ac.uk>



Clinical Research Network



National Institute for Health Research

5 good reasons to take part in NHS research

EVERY MINUTE,

one patient is recruited to participate in NHS research in England such as testing new drugs and devices. Research is vital to improve our health service and requires close working between patients, healthy volunteers, the NHS, universities and lifesciences companies.

ASK YOUR DOCTOR OR NURSE about research and see trials seeking volunteers at: www.ukctg.nihr.ac.uk



The Academy of Research and Improvement

@solentacademy

Change will not come if we wait
for some other person or some
other time. We are the ones
we've been waiting for.
We are the change that we seek.

— Barack Obama

AZ QUOTES

The **Academy** of
Research and Improvement

 @solentacademy



<https://youtu.be/qRgWttqFKu8>

Positive reinforcement and indirect suggestion can influence decision and actions



© Can Stock Photo - csp14614564

BULLS EYE

Nudge Theory really entered the mainstream with a news item back in 2009 that described how authorities at Amsterdam airport had installed small fly shape stickers in the urinals. Men now had something to aim for - even subconsciously - and spillages were reduced by 80%.



ORGAN DONATION

Countries where people have to opt in to donating organs generally see a maximum of 30% of the population registering to donate. In countries where people are automatically enrolled in organ donation schemes and have to actually opt out, only about 10 to 15% of people bother - providing a far larger pool of organ donors.



How does this translate?

Fun

Easy

Rewarding



What does it
feel like to be
on the
receiving end
of me?



PEOPLE

A sign you have a positive workplace culture is laughter. Just listen to how much laughter there is where you work. Laughter is a very good sign of positivity. You can work hard and still laugh and enjoy your workday more.

Sam Glenn

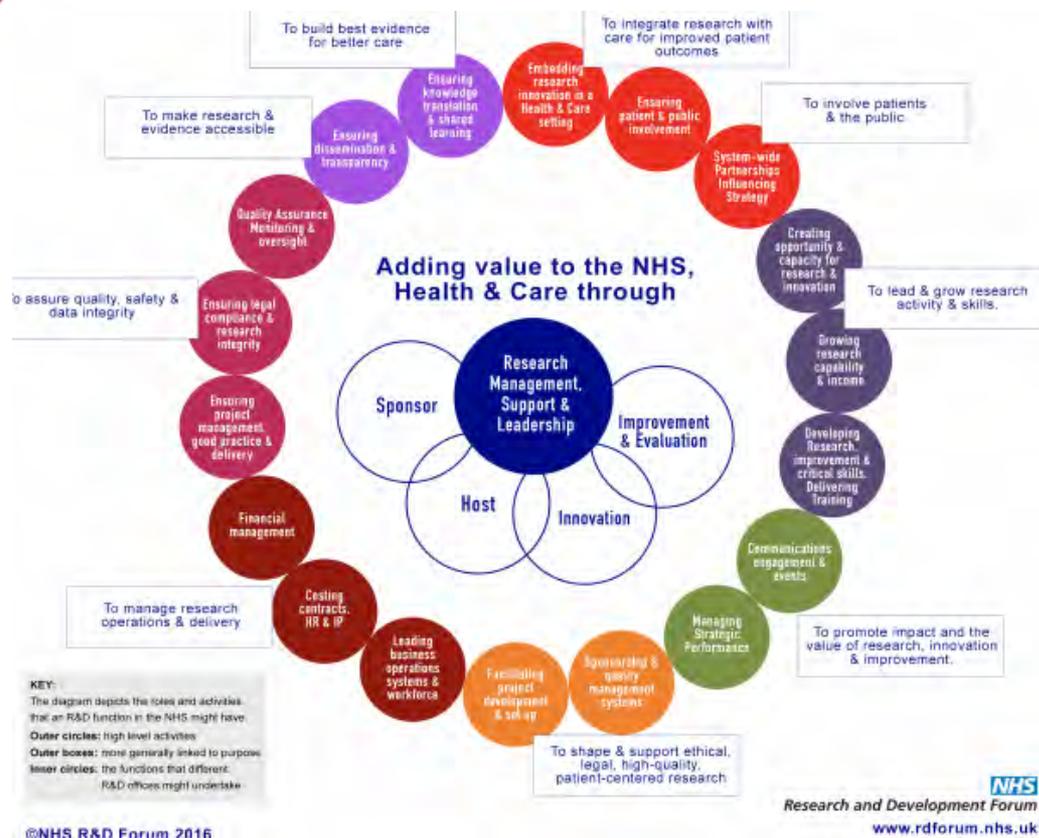
And beyond...

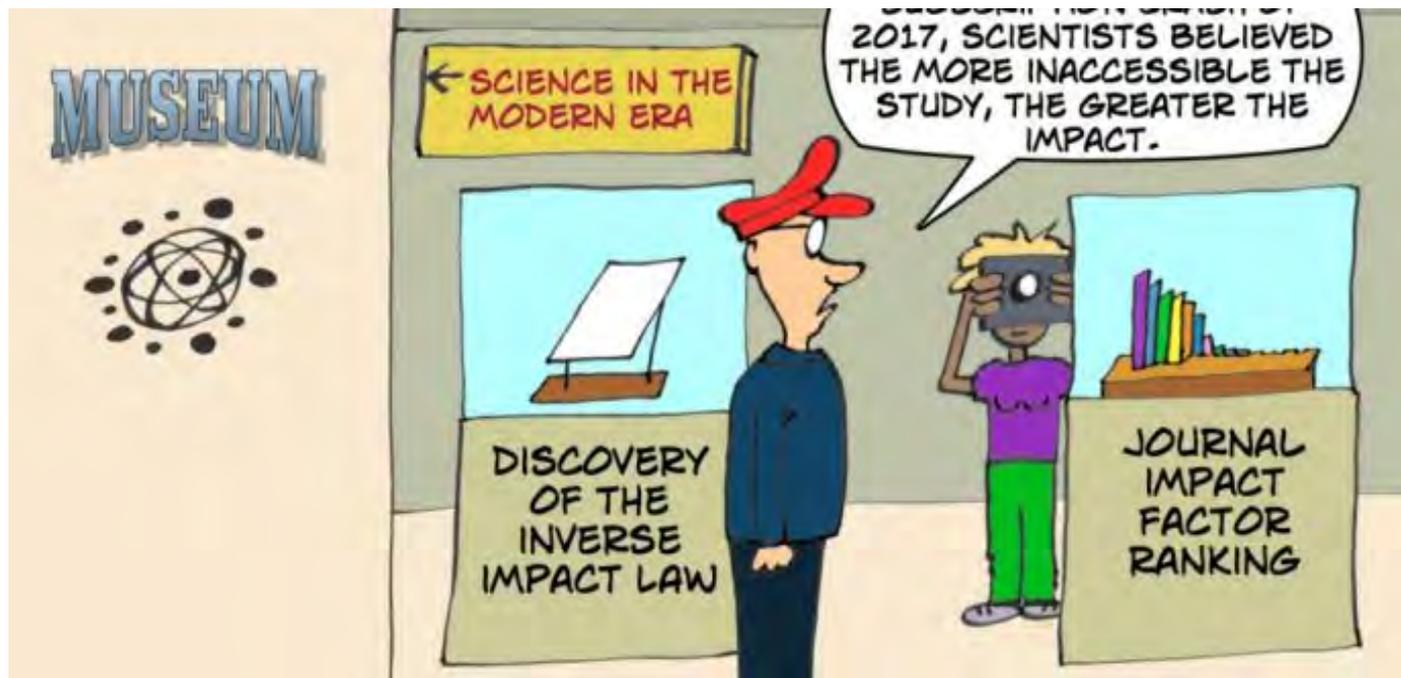


<https://learningfromexcellence.com/>

Outside the box

- Transferrable skills
- Trade?
- Advise?
- Link?





The power of stories....



Your ideas and tips?

www.slido.com

Event Code – RDF19

The **Academy** of
Research and Improvement

 @solentacademy

Symposium

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**Embedding research
through strategy,
leadership & culture**

Building a sustainable community of embedded researchers - our journey so far at Leicestershire Partnership NHS Trust

Prof Susan Corr
Head of Research and Development

@LPTresearch
@SusanCorr1



Outline

- Why
- Our journey
- Different roles
- Impact on services
- Onwards and upwards

Research & its benefits

Research is the
'zone of hope' (LPT
carer)



Our journey

- May 2013 – New Head of R&D (occupational therapy background & own experience)
- Awareness of type of organisation – 5,500 staff, community, mental and learning disability services, 120 odd locations, 4% staff = medics, very limited research activity, mainly medics and clinical psychology,
- Established NIHR portfolio recruitment activity
- Minimal Chief Investigators.

LPT R&D Strategy 2018-2023

1. To identify, develop, support and promote the beacons of research excellence in the Trust
2. To be the regional lead community and mental health services partner organisation in recruiting and delivering against the NIHR portfolio
3. To enhance the utilisation of evidence and Trust data to drive improvements in care
4. To attract, develop and retain research leadership and skills

Innovative roles

- **Research Envoy**
- **Clinical Research Associates**

Clinical Research Network
East Midlands

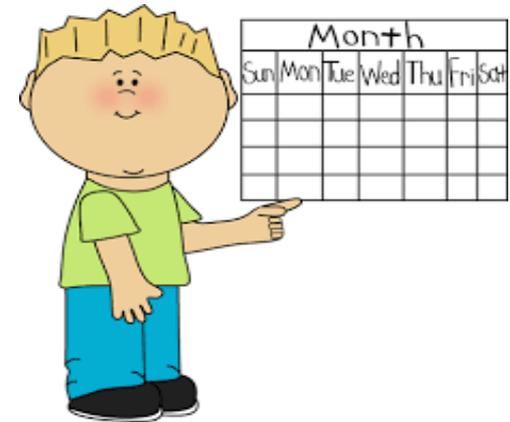
Leicestershire Partnership 
NHS Trust

University Hospitals
of Leicester 
NHS Trust

Research Envoy Internship Programme:

Gail Melvin *Former Research Manager* Leicestershire Partnership NHS Trust
Rekha Patel *Research Nurse* University Hospitals of Leicester NHS Trust

Programme content



- 20 day internship over 6 months
- Funded by CRN EM - back fill

The internship comprised:

- 5 educational days
- 10 days of placement - shadowing research staff
- 4 days self-directed study - for own project & learning
- 1 day project presentation and graduation
- Monthly mentoring by experienced research professional

Envoy projects

1. Promotional displays/leaflets for service users
2. Research notice boards/displays
3. Team presentations
4. Research awareness campaigns
5. Lunchtime research forum series
6. Blogs and publications
7. Research pages on service website
8. Added research onto agenda templates
9. Created guidance documents on research for staff
10. Developed research links with local universities



Clinical Research Associate



Two year secondments;
50% Research/50%
Clinical
Academic and Trust
mentors

Open to Allied Health
Professionals and
Nurses

Opportunity to access
modules/PhD

Promoting research in
practice

Independent study:

Paula Otter



“Best thing I’ve ever done in my career”

LPT Role: Occupational Therapist lead/Stroke Unit

Research Envoy: Research Noticeboard

OTNews article: Published

CRA Project: Visitors experiences using touch screen

Winner: LPT 2019 Excellence in Research award.

Portfolio study to LPT: RETAKE

Twitter: @PaulaOtter1

Impact on services

Quote from Paula's colleague:

With Paula's enthusiasm around research and current practice I now come to work asking what do I need to do better? how can I change the way I work? are we providing the best care we can for our patients? I now come into work with more drive and leave with a feeling of job satisfaction.

It is wonderful to see the enthusiasm that is generated by having research based conversations in our clinical areas. Whether that is using research to inform practice or encouraging staff and patients to be involved in research, the discussions focus on what is best for patients and the buzz and energy that this creates, gives confidence that our staff are focused on providing quality patient centred care.

Head of Service, Adult Community Services

Opportunities to connect about research / being visible

- Community of practice - PhD staff
- Research Forum
- Research Support Group
- Special interest groups – dementia/occupational therapy/ Huntington's Disease
- Preceptorship group sessions
- Stalls eg at:
 - AGM;
 - Nurses conference
 - AHP conference
 - QI conference
- Buddying/mentoring
- Twitter
- Trust closed Facebook page

Using resources to maximum

Charitable funds:

- Pump priming projects including PPI
- Support for conferences
- Support for equipment

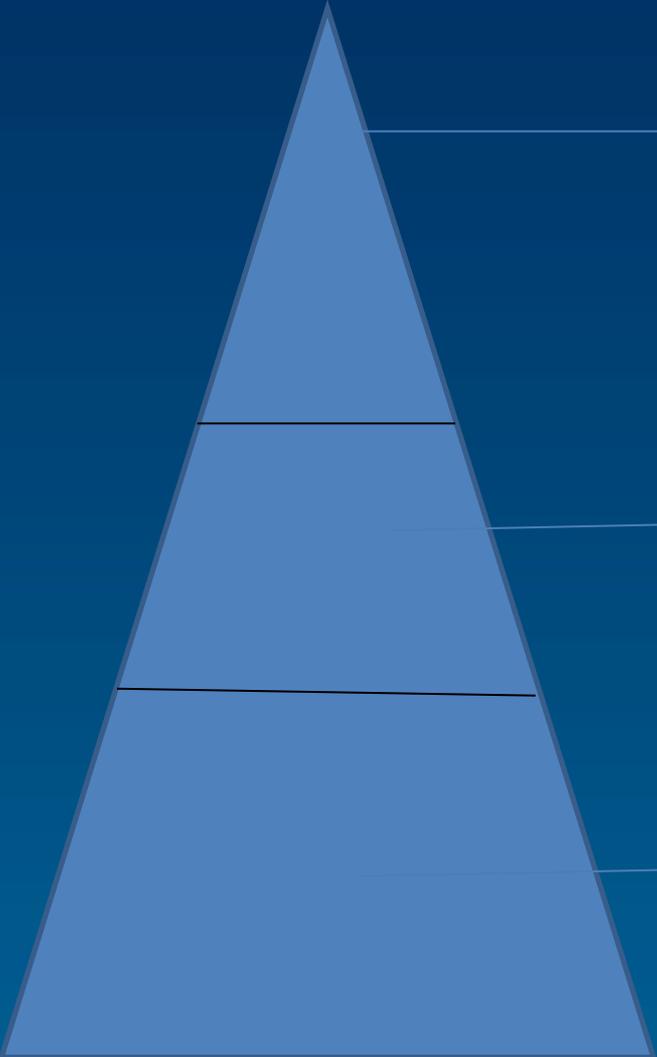
Sharing expertise:

- What successful applications look like
- Mock interviews
- Buddying

Growing partnerships

- **Leicester Academic Health partnership**
- **Leicester, Leicestershire & Rutland Research and Innovation Alliance**
- **Applied Research Collaboration: East Midlands**
- **Leicester Centre for Mental Health Research**
- **Clinical Academic Roles Implementation Network**

- Strategic target for LPT :

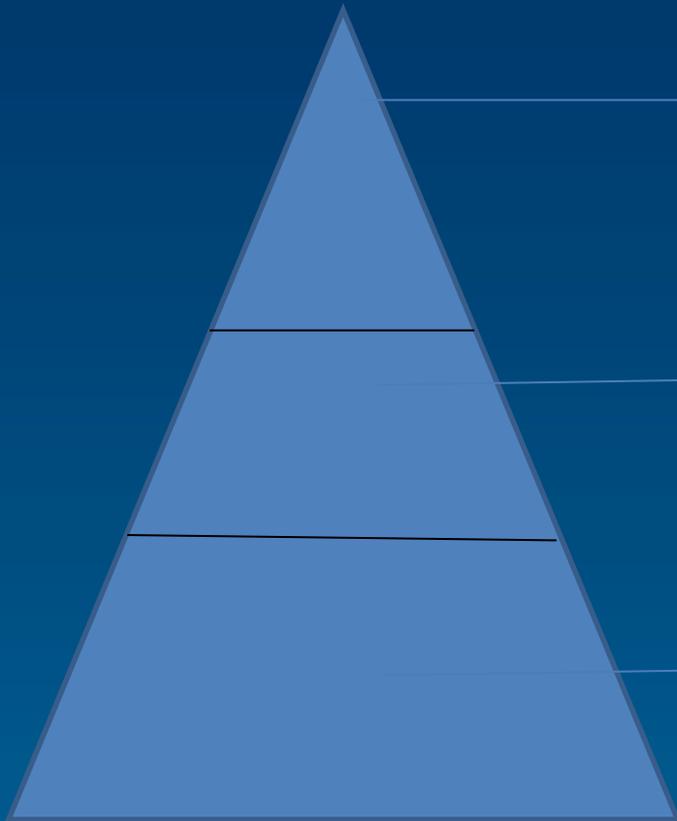


Conducting 'Clinical Academics' - nationally= 3% of medics, if 3% in LPT = 48 nurses, 15 AHPS, 6 medics

Facilitating – line manager support, signposting for patients, helping with recruitment to studies, feeding ideas/questions to researchers, PI roles

Implementing – using best evidence, within policies

- Currently in LPT



Conducting 'Clinical Academics' - 4 medics & 1AHP & 1nurse, 8 staff doing PhDs (2 nurses, 2 medic, 1 pharmacist, 1 SALT, 2 OTs,)), 2 staff doing Research Masters, 1 nurse on EM Intern (old Bronze) Scheme

Facilitating – 500-1,000 LPT services users on studies annually, 25- 30 studies per year, clinical staff taking on 'Principal Investigator ' role, R&D 'delivery' staff team expanded to support

Implementing – EQUIP, SAFE WARDS, NICE guidelines,

So far

- 4 x Research Envoys (+12-16 in Jan2020)
- 9 x Bronze Scholars (+1 x shortlisted)
- 4 x MSc Applied Research Methods
- 1 x Silver Scholar
- 1 x Pre-Doctoral Clinical Academic Fellowship
- 4 x Clinical Research Associate (DMU)
- 3 x External PhD Bursary (+1 x shortlisted NIHR)
- 3 x Internal PhD Bursary
- 1 x 70@70 Senior Nurse Research leader

Equals ~£700k worth of CPD secured by Trust staff

Our next steps

- Keep building our community;
- Supporting managers as well as staff;
- Focusing on challenges & priorities of the organisation – attracting and **retention**, delivering excellent care;
- Raising visibility of research improving care and the staff who deliver on that;
- Building on opportunities including CQC.

Thank you and questions

Contact: research@leicspart.nhs.uk

Head of R&D: susan.corr@leicspart.nhs.uk

Twitter: @LPTresearch @SusanCorr1

Symposium

From the NHS Research & Development Forum



**Research and
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leadership & culture**

Panel Discussion:

Making the case for research & routes to the board/governing body

Dr Kate Blake, Director of R&D Strategy
Guy's and St Thomas' NHS Foundation Trust

Embedding research through strategy, leadership & culture
London 9th October 2019

Guy's & St Thomas' facts and figures

Facts and figures	Infrastructure
17,100 staff	Hospital and community services for Lambeth and Southwark
Annual turnover of £1.6billion	Specialist services: cancer, cardiovascular, women & children, renal, orthopaedic
2.6 million patient contacts pa	Evelina Children's Hospital Dental Hospital
	One of busiest A&E in London One of largest critical care units in UK
	Academic Health Sciences Centre: King's Health Partners
~£25 million NIHR budget pa	NIHR infrastructures: Biomedical Research Centre, Clinical Research Facility, South London CRN, In Vitro Diagnostic Cooperative (Cardiovascular)
	NIHR Clinical Research Network Coordinating Centre: jointly with University of Leeds

R&D departmental structure and governance

Executive Director; Chief Executive Officer

R&D Department Management Structure:

Director of R&D
Director of NIHR Biomedical Research Centre
Director of NIHR Clinical Research Facility
Director of Research Delivery
Director of Research Strategy
Deputy Director of R&D Operations
Deputy Director of BRC Operations
Associate Director of Finance

Management Teams:

Research Governance (incl contracts)
Research Performance/Data
BRC Research Programmes Management
CRF Operations Management
BRC Research Platforms
Research Matrons & Managers
Research Communications
Research Finance
Business/Administration

King's Health Partners Clinical Trials Office
(joint function with King's College Hospital,
King's College London and South London &
Maudsley Hospital)

Trust Management Executive,
Board of Directors, Council of
Governors

Research &
Development
Board

R&D Leads Committee
Research Governance & Risk Committee
NIHR Biomedical Research Centre Executive Committee
NIHR Clinical Research Facilities Review Board
Cellular, Genomic & Regenerative Medicine Board
MedTech Hub Board
Population Health Sciences Board
NIHR Clinical Research Network Coordinating Centre
NIHR Local Clinical Research Network
King's Health Partners' Clinical Trials Office

Once embedded ...

Challenges	Benefits
Focus is on clinical delivery/business	Real experts in R&D management
Time for R&D on Trust's agenda	Deliver our own strategy/control own destiny
Exposure to R&D issues creates "experts"	Ring-fenced budgets
Renewing knowledge continually	Dedicated and knowledgeable workforce
Lack of involvement in Trust wide activities eg CQC, EHR	Large and diverse study portfolio
Circumvention by senior colleagues	
Research in a silo re NHS systems: operational expertise	

Scenarios: Strategic versus Operational

Research Management Partnership

Issue:

- Senior colleagues circumventing processes to “get own way”
- Escalations from “above” down to R&D to resolve
- Threat of more senior posts introduced to “sort out” issues

Solution:

- Discussions in partnership to agree how to handle
- Workshops involving managers
- Programme of Task & Finish Groups to tackle pinch points
- Operational managers working strategically

Strategic, Operational or Strategic Operational management?

Issue:

- Large research function – too large to handle!
- Strong NHS operational management skills required – GMs? Research Managers?

Solution:

Established Director of Strategy & Deputy Directors of Operations

To deliver high level operations need strategic thinking – strategic operational management!

Question

- How can you utilise your operational management skills to the benefit of the strategic direction of R&D in your organisation?



In 2018/19 Guy's and St Thomas had over 550 studies running across a range of medical conditions, the highest of any NHS Trust in England. During 2018/19 over 19,500 people took part in research studies at the Trust.

Our R&D Department incorporates the National Institute for Health Research (NIHR) Biomedical Research Centre at Guy's and St Thomas' NHS Foundation Trust and King's College London.

We are a part of the Department of Health and Social Care accredited King's Health Partners Academic Health Science Centre.



Making the case for research and evidence to CCG Governing Bodies

Rachel Illingworth
Head of Research and Evidence – Nottingham and
Nottinghamshire CCGs
and
Chair of R&D Forum Evidence for Commissioning Group

My local context / environment

- Research, evaluation and evidence lead. An evolving role over past 6 years
- Now working across 6 CCGs which are aiming for full merger into 1 CCG from April 2020
- New CCG will be strategic commissioner for Nottingham and Nottinghamshire Integrated Care System (ICS)
- Changing landscape and terminology – system, place and neighbourhood
- <https://www.england.nhs.uk/publication/designing-integrated-care-systems-icss-in-england/>

National context / framework for research

CCG Statutory Duties:

- Duty to promote research
- Duty to promote use of evidence obtained from research
- Duty to follow DHSC policy on ETCs

NHS Long Term Plan (2019)

- Emphasises the importance of research and innovation in driving future outcomes improvement

5 Year Framework for GP Contract Reform (2019)

- Importance of Primary Care Networks in increasing general practice research participation levels and supporting the increase in the number of people participating in research

PCN Contract specification (2019/20)

- Clinical Director has responsibility to facilitate participation by practices in the PCN in research studies and to act as a link to local primary care research networks and research institutions

Context, Priorities and Challenges for your Governing Body

- Firstly understand the Governing Body's world – keep informed and updated
- Understand the strategic direction / system context in which your organisation is operating
- And the key priorities / challenges facing your Governing Body
 - Improving patient outcomes and quality of services
 - Reducing health inequalities and unwarranted clinical variation
 - Achieving QIPP targets
- Read Governing Body papers regularly / attend a meeting (meetings held in public)
- Frame your thinking into how can research and use of research evidence support the Governing Body and the organisation – keep flexibility of purpose to ensure ongoing relevance as national policy and systems change and evolve
- Ensure you present an Annual Report to the Governing Body each year. They will be particularly interested in outcomes and impacts from research and use of evidence and opening up new opportunities for patients to get involved
- Research and Evidence Strategy Group helps to get buy in from across the organisation and embed research and evidence into the culture of the organisation

Evidence informed commissioning

- Evidence informed commissioning supports improved patient experience, patient outcomes, value for money, reduced waste and promotes spread and adoption of innovation

(NHS England – The role of research and evidence in commissioning)

- Access to NHS Knowledge and Library Services is critical
- Knowledge mobilisation support is key to supporting commissioners to interpret and utilise evidence effectively for complex decision making

Issues for consideration when in discussion with Governing Body members

- Balancing long game of research with short term (good enough) evidence needs of commissioners
- Added value of research for CCG, member GP practices and providers of commissioned services
- Valuing an organisational culture of enquiry that includes research, evaluation and evidence
- Importance of clinical leadership and working in partnership with others e.g. NIHR LCRN, NIHR ARC, AHSN

Question

- If you had a 10 minute discussion with one of your CCG Governing Body lay members who didn't know anything about research in the NHS – what would be your pitch?

Embedding research through
strategy, leadership & culture

London, 9th October 2019



Research and
Development Forum

Panel Discussion: Making the case for research & routes to the board/governing body

Prof Phillip Smith, Associate Director R&D,
East & North Hertfordshire NHS Trust

Hertfordshire and West Essex sustainability and transformation partnership ([STP](#))

Background	Building blocks
<ul style="list-style-type: none">In 2016 NHS and local councils joined forces to develop STPs for improved health and care.	<u>Primary Care Networks</u>
<ul style="list-style-type: none">In some areas, STPs have evolved to become integrated care systems, a new form of even closer collaboration between the NHS and local councils.	<u>Personalised Care</u>
<ul style="list-style-type: none">NHS Long Term Plan set out the aim that every part of England will be covered by an integrated care system by 2021, replacing STPs but building on their good work to date.	<u>Population Health Management</u>

Hertfordshire and West Essex sustainability and transformation partnership ([STP](#))



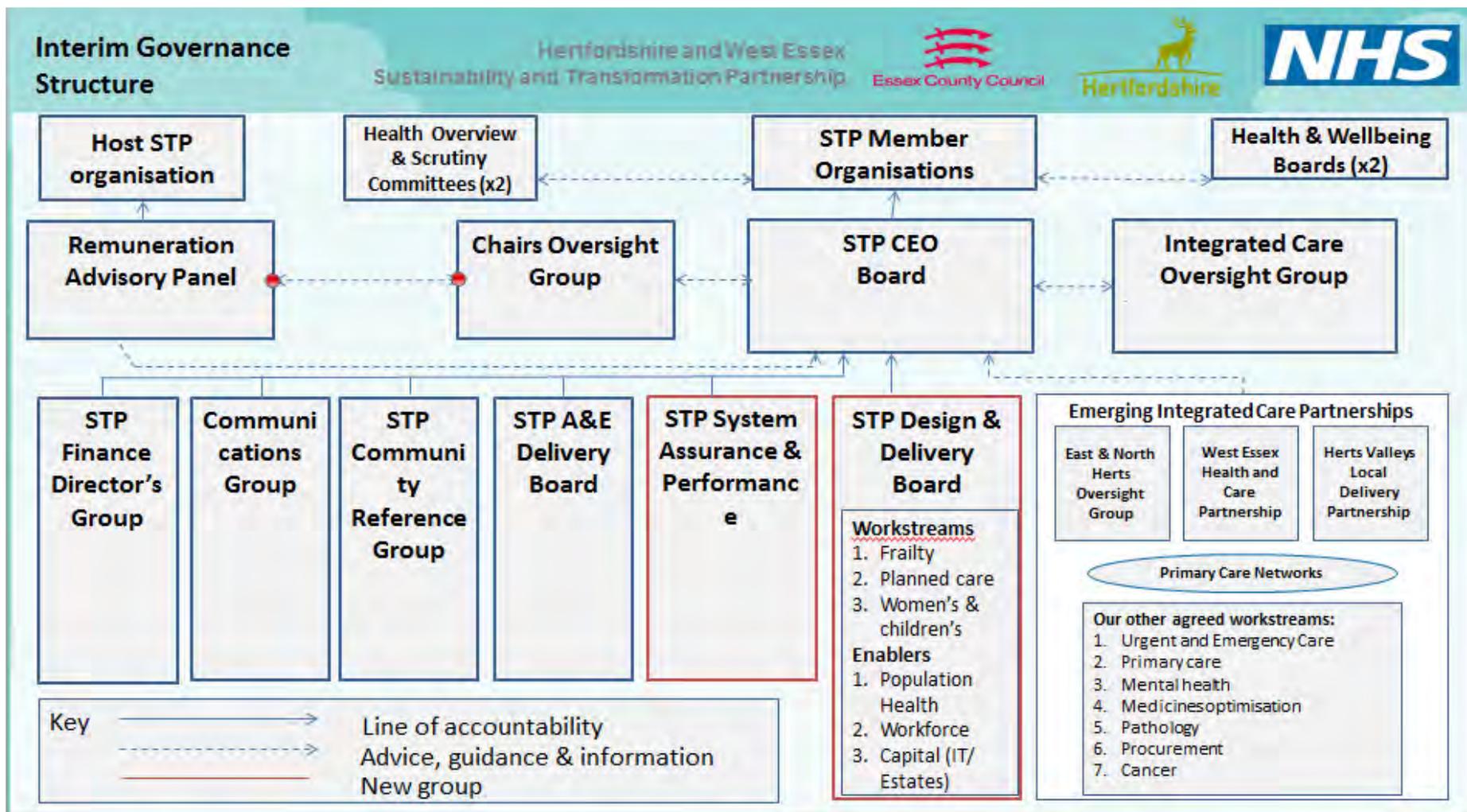
Everybody is busy: A lot of work to be done quickly and maintain services for 1.2 million

- County Council x 2
- District and Borough councils x 13
- Healthwatch x2
- Health and Wellbeing Boards x 2

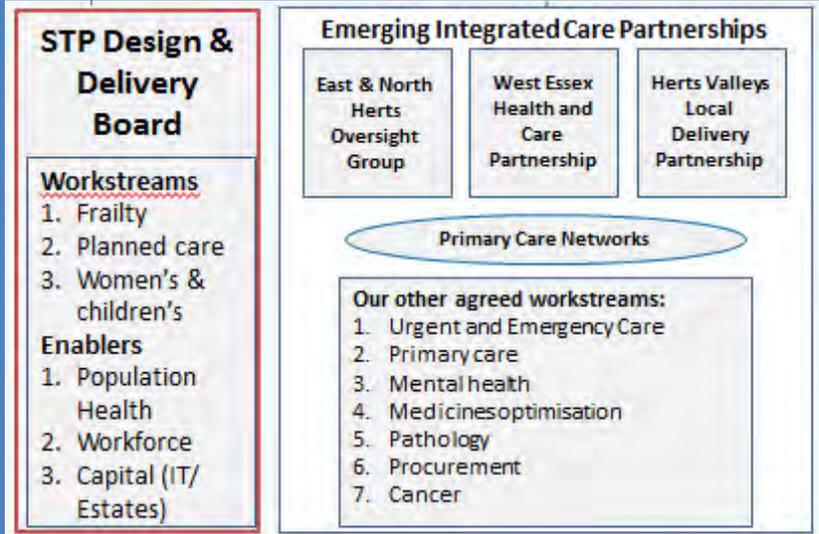
- CCG x3
- 160 GP Practices
- Acute NHS Trust x3
- Partnership NHS FT x2
- Community NHS Trust x1
- Ambulance Trust x1

- Hundreds of health and social care partners, including voluntary and community organisations

H&WE STP Structure and Plan



Why embed research at STP Level?



Benefits of research for STPs

- staff attraction & retention
- commission research to address local needs
- evidence-based culture
- better able to improve health and care with finite resources

Opportunities from research being managed at the STP level

- reduced bureaucracy within and across NHS Providers
- reduced management costs
- more effective deployment of research–support resources
- increased income to support staff and infrastructure etc

>24 months of knocking on the door...

From: SMITH, Phillip

Sent: 24 August 2017 12:24

To: Tom Cahill, **CEO H&WE STP**

Subject: STP and NHS research

10th Oct 2019 - Hertfordshire and West Essex Health, Wellbeing and Social Care Research Strategy Group – **discuss approach**

From: Cutler Peter, **Prog. Director H&WE STP**

Sent: 18 October 2017 10:03

To: SMITH, Phillip

Subject: RE: Research and STP

13th Sept 2019 - Overwhelming agreement at ICOG that research is important, – invited a **written proposal from Hertfordshire and West Essex Health, Wellbeing and Social Care Research Strategy Group**

From: SMITH, Phillip

Sent: 29 March 2018 15:40

To: Cutler Peter, Programme Director H&WE STP

Subject: **Herts and West Essex STP & and the Hertfordshire and West Essex Health, Wellbeing and Social Care Research Strategy Group**

From: JOYCE, Rachel
Sent: 12 September 2019 16:04
To: SMITH, Phillip
Subject: **Integrated Care Oversight Group for Herts and West Essex STP (ICOG)**

From: Alison Gilbert , **Director of Delivery and Partnerships H&WE STP**

Sent: 28 February 2019 18:33

To: SMITH, Phillip

Subject: **Re: Clinical Oversight Group (Research across the STP area) - any update?**

From: SMITH, Phillip
Sent: 06 June 2019 14:30
To: JOYCE, Rachel, **Herts and West Essex Clinical and Professional Director**
Subject: RE: HWE Research strategy group supports research across the H&WE STP



Perspiration, Inspiration & Luck

1. Knowing that there is a door to knock at (knowledge)
2. Actually knocking at the door (taking personal action)
3. Having somebody answer (planning and luck)
4. Gaining entry into the system (personal network)
5. Being invited to relevant meetings (persuasive and credible)
6. Propose a better future, having your message heard (strong message that has meaning for others)
7. Stimulate a positive response (a call to action)
8. Gain more support, work hard with colleagues (work well with others on a common goal)
9. Be lucky (it will come), Go back to 5

Question

- What can you do to be lucky and how will you make the most of when you are lucky?

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The contribution of embedded research to care integration

Martin Marshall

*Professor of Healthcare Improvement, University College London
Chair-elect, Royal College of General Practitioners*

Research and Development Forum
9th October 2019

What does the evidence tell us about the effectiveness of efforts to integrate services?

Australian co-ordinated care trails (2002)

No impact on outcomes; increased service use; some evidence of improved user experience

UK 'Evercare' community matrons (2005)

17% (non-significant) increase in emergency admissions and hospital bed days

Netherlands 'bundled payments for diabetes' (2010)

Mixed impact on clinical outcomes, provider services, and patient experience

UK Integrated care pilots (2012)

Significant 9% increase in emergency admissions, patient experiences more negative

What does the evidence tells us about the effectiveness of efforts to integrate services?

Reduced secondary care utilisation (34 schemes)	Improved health (23 schemes)
<ul style="list-style-type: none">• Reduced in 3• Increased in 1• Mixed / unclear in rest	<ul style="list-style-type: none">• Improved in 4/23 schemes• Worse in 1• No change / unclear in rest

Mason A et al. Financial mechanisms for integrating funds for health and social care: an evidence review. Centre For Health Economics, University of York. 2014

www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP97_Financial_mechanisms_integrating_funds_healthcare_social_care_.pdf

What does the evidence tell us about the effectiveness of efforts to integrate services?

% of studies with a positive outcome for health	% of studies with positive outcome for patient experience	% of studies which showed reduction in cost
55.4%	45.2%	17.9%

Powell Davies et al., Med J Aust 2008; 188 (8): S65-S68.

www.health.vic.gov.au/pcps/downloads/careplanning/system_review_noapp.pdf

But how much attention should we pay to the research? evidence?



- Unstable interventions – evolve and change during the course of the evaluation, often slow to start
- Difficulty accessing data from multiple providers
- Regression to the mean in before-and-after studies
- Difficulty findings controls in an ever changing environment
- Under developed tools to measure service user perspective and outcomes
- Failure to understand context

The Researcher-in-Residence Model

What is it about?

- Researcher as core member of organisation
- Explicit about their expert contribution
- Negotiate their contribution and acknowledge others' expertise



What problem does it try to address?

- A lot of useful Health Services Research with little impact on practice
- Findings rarely of much use to those being evaluated

How can RiR model help?

- Co-design and collaborative methods and embeddedness of researcher to help build trusting relationships

The Waltham Forest and East London (WEL) integrated care programme

- Achieved pioneer status for integrated care in May 2013
- Building a holistic model of care to:
 - Empower patients, users and their carers
 - Provide more responsive, coordinated and proactive care
 - Ensure consistency and efficiency of care



Objectives of the evaluation

- Develop better understanding of integrated care pathways
 - *Avoiding admissions to hospital*
 - *Rapid discharge from hospital*
- Identify organisational development needs
- Coproduce an action plan for improvement



Data collection and analysis

- Over 80 interviews with, and observations of, frontline staff from acute and community care and social services to understand how integration/coordination works on the ground
- Interpreting data with participants



Rapid Response and Admissions Avoidance teams

Rapid Response is a nurse-led service that provides rapid assessment (2 hour response time) and treatment of acute illness within a patient's home to avoid hospital admission

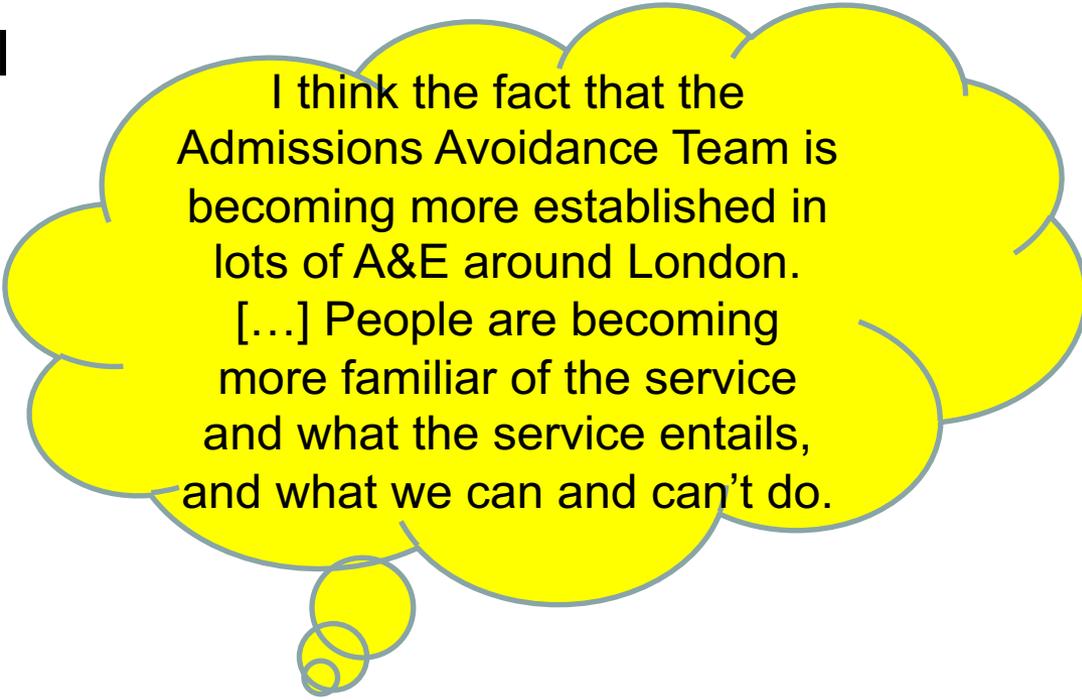
Admissions Avoidance is a nurse-led team that works in ED to prevent unnecessary admissions onto the hospital wards



What works, for whom, and when for Admission Avoidance Team

Admissions avoidance team supported by social worker seems to work because:

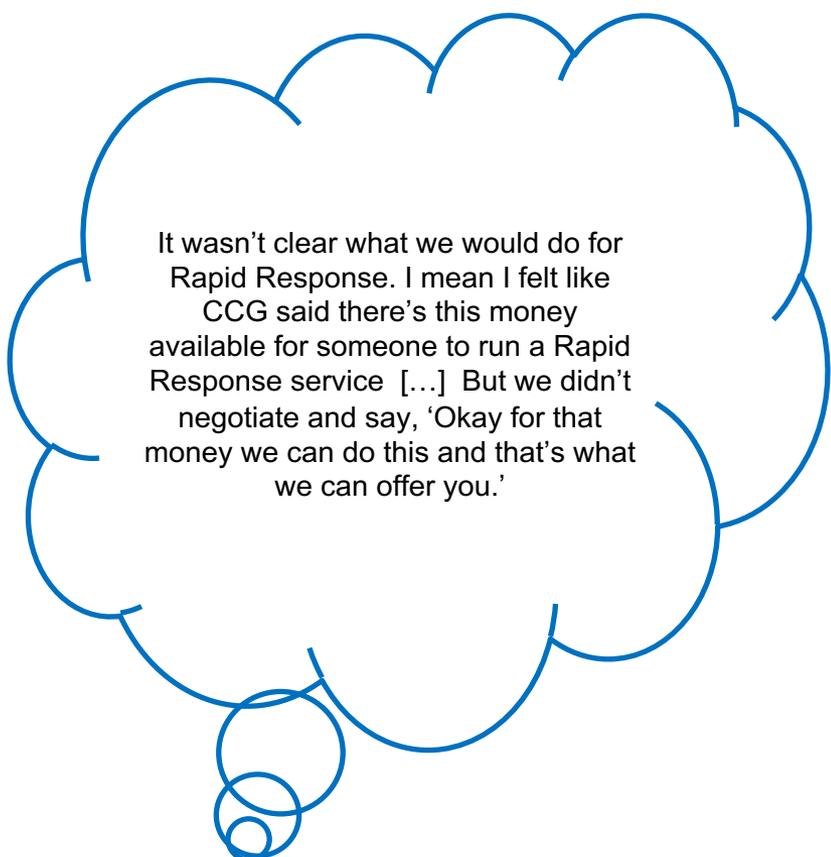
- considered to be established part of system
- team is stable and has developed relationship of trust across local teams



I think the fact that the Admissions Avoidance Team is becoming more established in lots of A&E around London. [...] People are becoming more familiar of the service and what the service entails, and what we can and can't do.

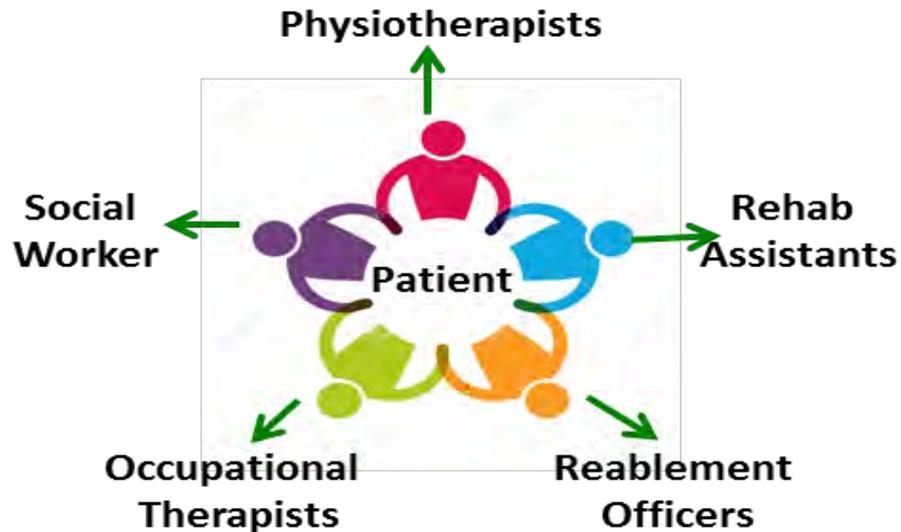
What works, for whom, and when for Rapid Response Team

- Seemed to be less effective than Admissions Avoidance because:
 - Overlap with community nurse teams
 - Lack of clarity in relationship with GPs (taking on GP workload)



It wasn't clear what we would do for Rapid Response. I mean I felt like CCG said there's this money available for someone to run a Rapid Response service [...] But we didn't negotiate and say, 'Okay for that money we can do this and that's what we can offer you.'

Effective Discharge from hospital team



A discharge team facilitates discharge of medically fit patients and provides therapy and social care assessment in the patient's home for up to 6 weeks

What works, for whom, and when for Effective Discharge Team

- Purpose not properly communicated and model constantly changing: lots of teams and new roles / lack of clarity about criteria and how to use new services
- Lack of coordination between therapies and rehab officers from social services
- Health staff and social workers - different ways of assessing needs/ different philosophies and pressures



Reflections: practical challenges of integrated care on the ground (1)

Organisational issues

- A lack of facilities – offices and working computers
- Continuous efforts to build collaboration across organisations but on the ground people experience barriers between organisations – e.g. pressure on making case for own service to access funding v. looking at whole pathway and population needs
- A lack of clear and ongoing communication about new services/ roles – confusion about referral pathways
- New services often used to pick up the pieces by understaffed teams across system, irrespective of criteria

Reflections: practical challenges of integrated care on the ground (2)

Cultural and professional issues:

- Everyone welcomes multidisciplinary work but co-location is not integration because:
 - different management lines
 - different organisational pressures (e.g. funding of care packages)
 - different cultures

Reflections: practical challenges of integrated care on the ground (3)

Contextual issues

- All parts of the system are stretched (difficulty in recruiting and retaining health professionals) – focus on firefighting as complex demand continues to grow
- Cuts to social care: fewer social workers in hospital and particularly in the community
- High turnover of staff/ rotation of ward medical staff
- High numbers of agency staff/ locum
- Difficulty of new services to embed within complex, highly fragmented and regulated system with high turnover of staff and high numbers of locums – need time to embed

The need for a stronger focus on Organisational Development (OD)

Front line staff are exposed to some OD:

- *Ad hoc* staff engagement events and away days
- Consultancies-led OD workshops
- Training and professional development (only for permanent staff)
- Multi-Disciplinary Teams / Huddles

The need for a stronger focus on Organisational Development (OD)

But.....

- Too many meetings/ workshops with limited follow-up on bottom-up suggestions and unclear goals
- Consultation fatigue
- Not enough targeted communications about new services that might impact on day-to-day practice (emails not enough because staff say they don't have time to read them)
- Knowledge gap about community provision and community pathways which change/ develop all the time

What OD would frontline staff like to receive?

- Targeted meetings e.g. discharge forum
- Visits to other teams involved in same pathway to better understand their roles and challenges
- More joint visits to patients when possible (but difficult to do practically because of work load)
- Fun activities to build team spirit within and across teams

But [name of trust] was very good because there was a lady called [name] [...] she always used to email encouraging like football tournaments, getting together outside of just work. Whereas it does feel at the moment you'll get those emails but it will just be about maybe training. It wouldn't really be about anything non-work related, just to try and kind of help staff. I think some of that does help. We used to go to the theatre and things like that, and we'd go as a team.

How the evaluation added value by embedding the findings

- Held up a ‘mirror’ to stakeholders
- Monthly insights to board meetings
- Regular evaluation steering group meetings
- Informal role as a conduit for programme development – sharing learning or information
- Development of specific tools eg ‘maturity matrix’ as formative tool for teams to assess their development towards greater integration



Symposium

From the NHS Research & Development Forum



**Research and
Development Forum**

**Embedding research
through strategy,
leadership & culture**

Enabling NHS staff to contribute to research

Learning from an evidence review

Sarah Ball, Senior Analyst, RAND Europe

NHS R&D Forum Symposium 9th October 2019



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The context

High quality healthcare requires a sound evidence base



The NHS is under pressure to respond to a rising and changing nature of demand



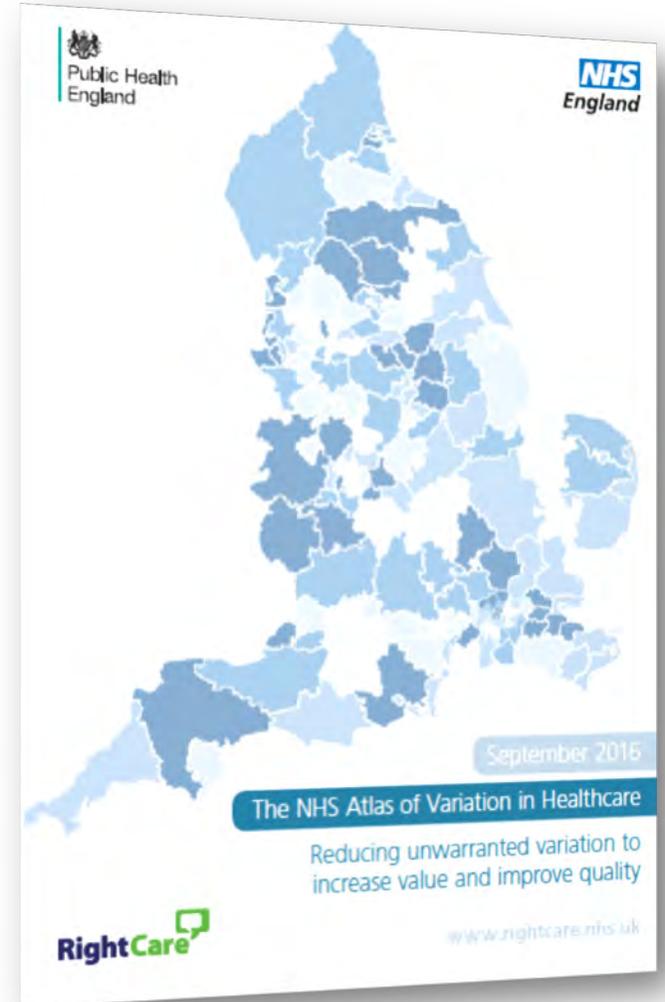
Ensuring high quality care needs to be evidence-based



But variation in care quality is substantial



Research can help reduce unwarranted variation and support high quality care



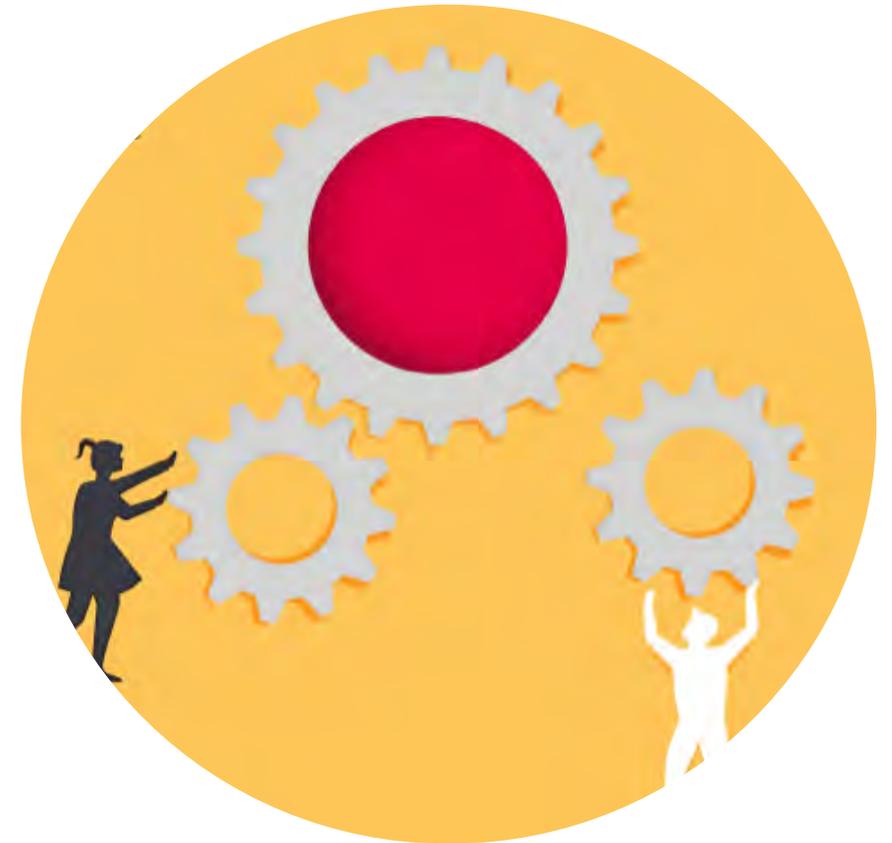
The current evidence base on how to improve healthcare quality is fragmented and piecemeal

- Many organisations engage in quality improvement
- But efforts are often small scale and poorly coordinated
- THIS Institute aims to tackle this challenge:
 - by strengthening the evidence base
 - by working closely with those who deliver and receive care



The full potential of NHS staff to contribute to research is yet to be realised

- NHS staff have much to offer to improvement research
- Clinical academics and research fellows are already embedded in the research system
- But there is scope to create opportunities for a wider range of NHS staff to contribute to research



What we did and why

How can the potential of NHS staff to contribute to research be better mobilised and enabled?

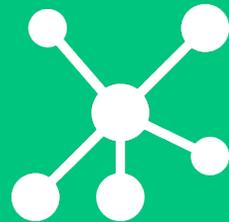
- We wanted to learn from current practice and to help identify and inform future opportunities
- We looked at:



What motivates
NHS staff to
contribute to
research?



How do NHS staff
contribute to
research?



What do we know
about impact?



What factors
influence
engagement?



What can be done
to support
contributions?

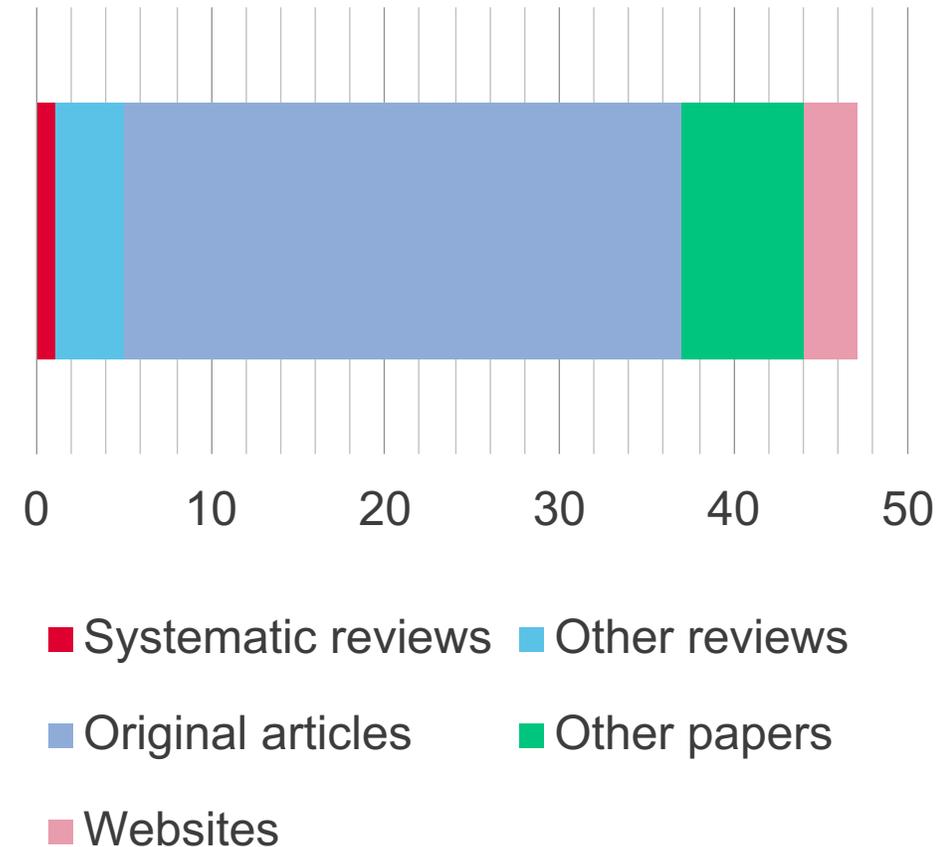
How we did it

Methodological approach and profile of reviewed literature

- A rapid evidence review
- Six stakeholder interviews:



Types of evidence source
(n=47)



What we found



What motivates NHS staff
to contribute to research?

NHS staff choose to engage with research for a variety of reasons:

- Belief that research can improve healthcare
- Personal interest in the topic
- Positive prior experience of research
- Prospects for career development
- Cultural expectations





How do NHS staff contribute to research?



How do NHS staff contribute to research?

NHS staff undertake a wide range of tasks and activities across all stages of research and can do so in various ways

Research preparation and design



Involvement in priority-setting partnerships or advisory groups for setting research agendas



Responding to consultations to help specify research questions



Drafting research proposals and funding applications



Drafting research protocols and specifying study design



Conducting literature reviews

Study implementation



Providing advice on and active involvement in the recruitment of patients for studies



Collecting data from research participants



Analysis and interpretation of study results and assistance with drafting recommendations

Evaluation, dissemination and facilitation of evidence uptake



Contributing to production of journal articles or research reports



Sharing of research insights with policymakers



Critically appraising research outputs

Throughout the research process NHS staff contribute in a variety of ways



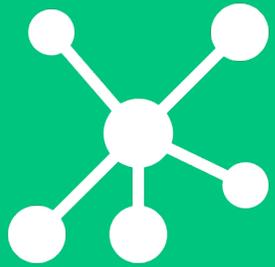
Through consultation-based involvement



Directly working with research teams



As members of a research team



What do we know
about impact?

Evidence on the impact of engaging NHS staff in research is relatively scarce but potential benefits are diverse





What factors
influence engagement?

What factors influence engagement?

- Factors relate to the wider organisational and healthcare system context:



Research governance, management and infrastructure



Individual and organisational capacity to be involved in research

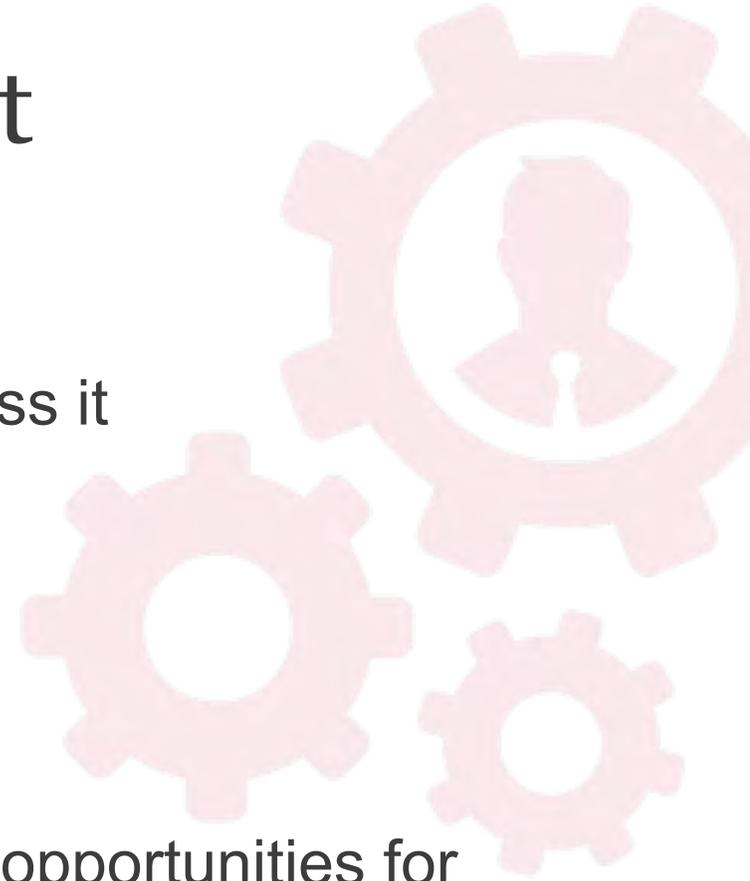


Culture, attitudes, values and behaviours

- Range of challenges but also growing evidence about factors that enable engagement, and rewards that could be pursued

Research governance, management and infrastructure

- Funding for research and awareness about how to access it
- Organisational infrastructure:
 - for the governance and management of research
 - for the conduct of research
- Clear roles for NHS staff in research and awareness of opportunities for engagement
- Recognition of research contributions in career development pathways



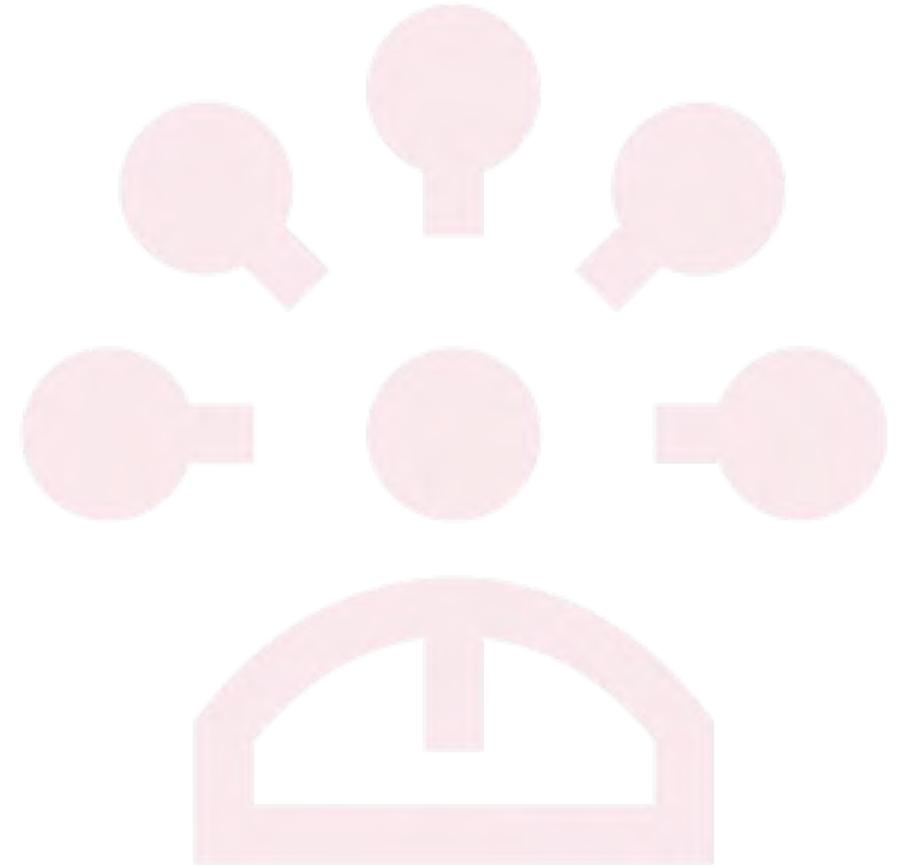
Individual and organisational capacity

- Knowledge, skills and confidence to engage in research
- Dedicated time and headspace to be involved
- Degree to which research is integrated within clinical practice
- Opportunities for collaboration with other organisations and individuals with an active interest in research



Culture, attitudes, values and behaviours

- Leadership support and planning for research at an organisational level
- How research activity is valued and promoted within an organisation
- Perceptions among NHS staff:
 - about their role in research and the demands and practicalities of being involved
 - about the impact of staff contributions to research and its influence on practice



Future capacity-building in the system

Areas to consider



What can be done to
support contributions?

Our findings indicate areas to consider



When preparing to engage NHS staff



When promoting research opportunities



To enable engagement throughout the research process

Preparing to engage NHS staff

- Identifying the most meaningful contributions for NHS staff on a case-by-case basis
- Clearly defining research roles and responsibilities at the outset
- Thinking about which staff groups to engage
- Evaluating the process, outcomes and impacts of NHS staff engagement using sound methods



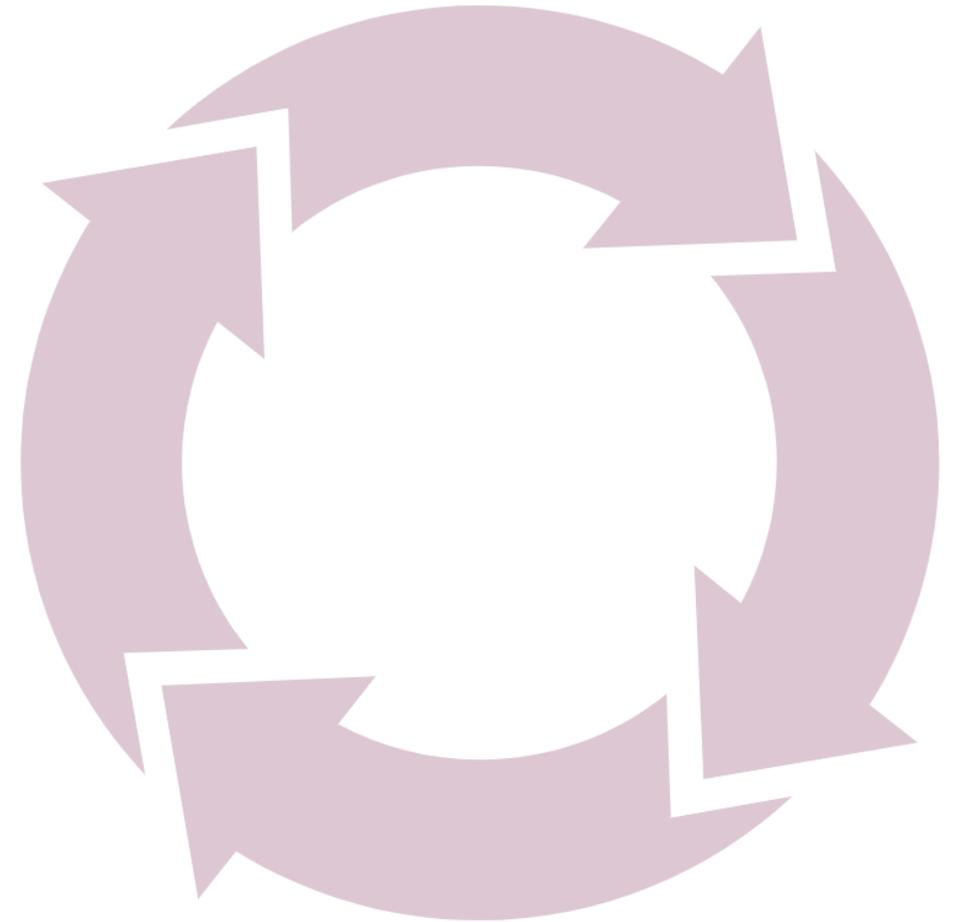
Promoting research opportunities

- Framing research opportunities to align with what motivates NHS staff engagement
- Paying attention to the language used and avoiding unnecessary jargon
- Considering how best to use established networks and organisations



Enabling engagement throughout the research process

- Ensuring engagement mechanisms are as user-friendly as possible
- Building on existing organisational efforts and the governance of safety and quality
- Engaging with health system leaders and stewards to encourage time and headspace for staff
- Creating opportunities for recognition and rewards



Further information



Enabling NHS staff to contribute to research: Reflecting on current practice and informing future opportunities. Santa Monica, CA: RAND Corporation, 2018.

www.rand.org/pubs/research_reports/RR2679

Involving NHS staff in research, THIS Institute report
www.thisinstitute.cam.ac.uk/research-articles/involving-nhs-staff-in-research



Thank you for listening

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