

# Research & Innovation Strategy

2015 to 2020



**R&I**  
RESEARCH &  
INNOVATION

# 1. Our Vision

Coventry and Warwickshire Partnership NHS Trust will be recognised as a centre of excellence for patient care, training and **research**.

We aim to create a vibrant, engaged research culture, in which the use of the best available and most up-to-date evidence underpins everything we do and where we always strive to achieve the best outcomes for patients.

We want to be known as a care provider that engages all of its staff as well as service users and carers in research and innovation, and which recognises the value of research in fulfilling the Trust's visions and values.

We want to develop resources to enable staff to contribute to research as part of their everyday jobs and to provide opportunities for people who use our services and their carers to participate in research should they wish.

Over the next 5 years, we want to go from mainly delivering studies which originate elsewhere to supporting a portfolio of research that includes significantly greater numbers of studies led by local, Trust-based Chief Investigators and which reflect Trust priorities. We aim to develop from being a Trust that is *research-friendly* to one that is truly **research active**.

## Purpose

The Trust undertakes research and promotes innovation because these improve clinical outcomes for patients, encourages critical and reflective professional practice and improves the quality, effectiveness and value for money of the services we deliver.

Undertaking research and using evidence will allow us to achieve the Trust's vision and values, and particularly **'Seeking Excellence'**.

## Our Vision and Values

Coventry and Warwickshire Partnership Trust strives to improve the wellbeing of the people we serve and to be recognised for always doing the best we can. We seek to deliver this vision by living up to our four core values: *Compassion in Action, Working Together, Respect for Everyone and Seeking Excellence*.

**Seeking Excellence** best demonstrates the role that research can play in delivering our Vision, as this makes explicit reference to innovation and generating and using the best available evidence in the delivery of patient care:

*"Seeking excellence means aiming to achieve the best possible outcomes for our patients, service users and carers using innovation and evidence-based care. It embraces continuous service improvement and innovation and the most effective use of resources."*

We aim to provide the highest quality evidence-based care, and to seek to drive forward the development of best practice.

Research and innovation are key to living up to all of these values, and to achieving Quality Improvement outcomes associated with these values. Without a strong commitment to research and innovation – to finding new, better, efficient and patient-centred ways of delivering care, we cannot deliver on our core values.



# 2. Introduction

The NHS Constitution (2013/14) has made a commitment to research and innovation to "...improve the current and future health and care of the population"<sup>1</sup>. NHS England has made a mandate commitment (2014/15) to ensure research systems are in place to promote and support participation by NHS organisations and NHS patients in research that will contribute to economic growth<sup>2</sup>.

The Government wants to see a dramatic and sustained improvement in the performance of providers of NHS services in initiating and delivering clinical research. As part of this incentive, the Department of Health requires, via the National Institute for Health Research (NIHR), contracts with providers of NHS services and the publication on Trust websites of information regarding: (i) the 70-day benchmark for clinical trial initiation and (ii) the recruitment to time and target for commercial contract clinical trials.

Research helps us find out what works best and for whom, and makes us more critical and reflective about the way that we practice. Service Users value participation in research, confident in the knowledge that organisations undertaking research also deliver the most up-to-date services. By coming together as clinicians, managers and service users within our Trust we are able to articulate our evidence needs and identify new research questions.

The growth of R&I in the Partnership Trust coincided with, and was supported by, the creation of the NIHR in 2006/7. The NIHR, through its investment in people, programmes and research infrastructure in the NHS, is the most integrated health research system in the world. The NIHR has also sought to deliver economic growth and strengthen the nation's competitiveness as a location for life sciences research<sup>3</sup>.

The Trust has embraced the opportunities this afforded to develop a research culture in an organisation – and a region – where there had previously been little applied health services research.

In 2009 our Trust's R&I Team's first annual event was a small gathering in a lecture theatre in the Caludon Centre for around 30 people. At the time few staff or service users participated in research. In contrast, our recent 6<sup>th</sup> annual event (in December 2014) was attended by over 100 people. As these meetings have grown, so the research taking place in the Trust has developed in scale and reach. More importantly, research and innovation are increasingly aligned to the Trust's clinical strategy.

R&I activity in the Trust has increased dramatically since 2006/7, and currently around 1000 patients take part in NIHR portfolio trials per annum (see Figure 1). We can be classed as 'small-to-medium' in research activity terms compared with other Trusts in the West Midlands, and we contribute around 2.5% of the total NIHR portfolio recruitment across the region. We are a partner organisation in both the Clinical Research Network (CRN West Midlands) and the West Midlands Academic Health Science Network (WM AHSN). We opened our first commercial trial in 2009, since when we have opened and recruited to around 2 commercial trials per year. We have relatively few 'home grown', Chief Investigator-led research grants.

We have longstanding partnerships with our local HEIs, namely Warwick and Coventry Universities, however we do not as yet have a strong enough or consistent enough track record of originating new externally-funded research, and this is a major barrier to achieving our strategic aims.



### 3. Strategic Context

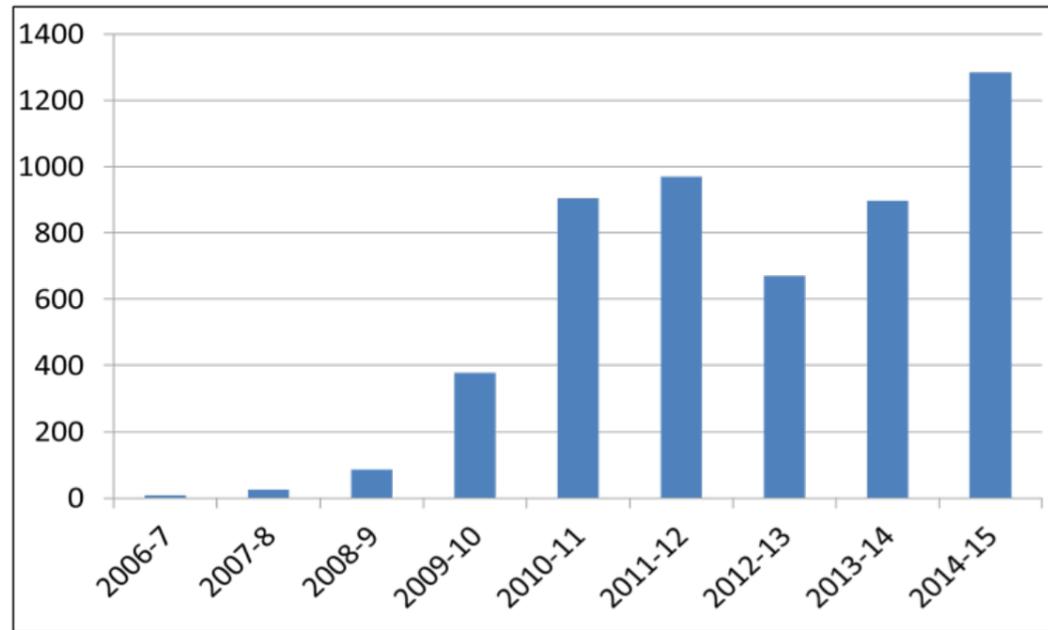


Figure 1: Annual Trust recruitment to NIHR portfolio clinical studies since 2006/7.

#### In summary

Since 2008 we have taken full advantage of opportunities afforded through the creation of the NIHR Clinical Research Networks to bring portfolio studies to the Trust. We have built a small (but expanding Research and Innovation team, around whom we have based an efficient and effective research delivery business. This has provided opportunities for patients and staff to take part in research studies, in a way that did not happen previously. We have delivered several commercial trials and have built a reputation for efficiency that we are proud of. In a number of cases studies have brought tangible benefit to the Trust, most often by providing training for staff in state or the art therapies.

We have failed to generate new, local investigator-led research and this has hindered us severely in two respects: by having few studies open that reflect Trust priorities, and by missing out on income (and especially NIHR Research Capability Funding) that could be invested to support new investigators through sessional backfill and/or studentships.

We are working on ways to address this, but face substantial barriers, including too few funded research sessions for Trust staff, and HEIs who do not currently support Trust-hosted funding applications. Unless we overcome these, the Trust R&I function will remain limited to managing a small research delivery business, as a *research-friendly* Trust rather than one that is truly *research active*.

Nationally, research is part of the NHS Constitution and all providers are required to promote research. The National Institute of Health Research (NIHR) was created in 2006 with the vision of improving the health and wealth of the nation through research<sup>4</sup>.

A key strand of the work of the NIHR is ensuring that money intended to support research in the NHS is used for that purpose. Since 2008, investment in the NIHR clinical research networks has led to a trebling in the numbers of patients taking part in clinical research. In 2014, more than 630,000 people took part in studies hosted by the NIHR Clinical Research Network, a 7% increase on the previous year, and 100% of NHS Trusts are now involved in research and are running studies. This investment has also ensured that research happens more quickly and efficiently, and this has encouraged the Life Sciences industry to invest in clinical trials in the UK. The NIHR has also invested substantially in new research, through a range of funding programmes. The NIHR is now the largest integrated health research system in the world. In 2014, all of the existing clinical research networks in England were merged into 15 (local) Clinical Research Networks (CRNs).

In 2013, following the recommendations contained in *Health, Wealth and Innovation* (2011)<sup>5</sup>, NHS England established 15 Academic Health Science Networks (AHSNs), based on the same geographical boundaries as the 15 CRNs. The purpose of the AHSNs is to bring NHS commissioners and providers together with HEIs, industry and other stakeholders to accelerate the adoption of innovation in healthcare in order to improve patient outcomes and generate economic benefits for the UK.

Regionally, the Trust is a partner (member) of CRN West Midlands and the West Midlands AHSN (WM AHSN). The largest share of income received by the Trust to support research comes from the CRN, and amounted to approximately £350k in 2015/16. These funds support the delivery of NIHR portfolio studies.

The NHS and NIHR are committed to involving patients, service users, carers and lay people in research, as highlighted in initiatives such as Research Changed My Life (<http://www.crn.nihr.ac.uk/can-help/patients-carers-public/research-changed-my-life>) and *OK to Ask* (<http://www.crn.nihr.ac.uk/blog/news/ok-to-ask-about-clinical-research>). Both of these initiatives are based on the principle that people who use healthcare service have the right to participate in research, and that providers of NHS care have a duty to support this.

Locally, the key strategic context in respect of Research & Innovation is the Trust's Clinical Strategy, which was launched in 2014. This strategy is aligned to the Trust's Vision Statement and four Quality Priorities. Adoption of the new strategy then led to widespread service transformation, based on patient centred navigated care pathways and integrated practice units. The organising principles behind this transformation are value-based care, continuous quality improvement and delivery of clear outcomes for patients.

The Trust has committed to Values-Based appraisal and Values-Based recruitment, and we will work to ensure that the commitment to and engagement with research are included under **'Seeking Excellence'**.

#### CIRCLE: Randomised Controlled Trial of Contingency Management to Reduce Cannabis Use and Relapse in Early Psychosis

The CIRCLE Trial is led by colleagues at University College London and is designed to test a novel intervention to help service users with a diagnosis of first episode psychosis stop using cannabis. Those randomised to receive this intervention are invited to participate in a twelve-week voucher scheme that rewards them for reducing or stopping cannabis use. The trial also includes a special psycho-education programme about the potential effects of cannabis designed to help people stop using this drug. Forty-one people have taken part in this trial locally, ahead of our original target.

## 4. Aim

### We aim to:

1. Establish the Trust as a centre of research excellence.
2. Achieve engagement with research throughout the Trust.
3. Increase research capacity and capability throughout the Trust, in all clinical service areas, at all sites and among all staff groups and professions.
4. Ensure that research and innovation are strategically and operationally integrated into core Trust business and are fully aligned with Trust vision, values and strategies.
5. Ensure that everyone who uses Trusts services and their carers have the opportunity to participate in research, should they wish.
6. Ensure the rapid transfer of research knowledge into clinical practice and service delivery.

### CanTalk: Randomised trial of Cognitive Behaviour Therapy (CBT) for Depression in People with Cancer

A novel form of CBT to relieve depression in people with advanced cancer was developed for this trial. Patients were recruited from local Oncology outpatient services, and treatment was delivered locally by Improving Access to Psychological Therapies (IAPT) therapists who received specialised training from the study team at University College London.

#### Two of the therapists commented:

*"This has certainly added to the skills within the team I work in. We now have 3 staff who have been trained to work with people with life limiting/terminal illness. This research project has enabled us to be involved in ways that are not usually open to clients (e.g. visiting people at home, working alongside other professionals from oncology, Macmillan nurses etc.)."*  
(IAPT Practitioner; CanTalk)

*"Training offered was very comprehensive and delivered by academics and therapists whose area of expertise was in both research and terminal illness. It was a great opportunity to extend my knowledge in this specific area – an area not generally covered as a specific issue within generic CBT training."*  
(IAPT Practitioner; CanTalk)

## 5. Objectives

### Our key objectives are:

1. Ensure that there are robust and flexible structures in place to initiate deliver and manage high quality research, and that these structures are supported by rigorous governance processes.
2. Set and achieve ambitious research set up and delivery targets each year, including the development of a portfolio of commercial trials.
3. Develop a research-aware workforce, where all staff recognise the value of research in enhancing the quality of services and where they contribute to the development and testing of appropriate research questions and apply research-based knowledge in clinical practice.
4. Ensure that research is embedded within normal Trust business and clinical governance processes, at directorate and service levels.
5. Create opportunities for staff from all professional groups to participate in research, to develop research skills and to become research leaders, including through the appointment of research champions, and to do the same for innovation.
6. Engage and involve users and carers in research in a meaningful and constructive way, including but not solely as research participants.
7. Strengthen and continue to support strong partnerships with clinical research networks, local and other stakeholders, and to use these partnerships to facilitate professional development opportunities for Trust staff.
8. Increase research income, including both infrastructural and research grant income.
9. Establish mechanisms and an infrastructure to support rapid knowledge transfer, so that current best evidence is available to guide practice and organisational practice.

## 6. Innovation and Research into Practice

We aim to work with the AHSN and other stakeholders to promote innovation in clinical services, and to reduce the time for the latest research to get into routine clinical practice.

The Trust supports the development and dissemination of innovations by staff members, which may have commercial potential and are aligned to the Trust's strategic direction. Staff will be supported to ensure the appropriate exploitation and commercialisation of intellectual property.

We are also committed to capturing and disseminating the results and impacts of research that takes place in the Trust. Promoting innovation needs to become part of everyday practice. We recognise that this is currently an under-resourced area of activity, and one that requires strategic thinking across all service areas.



## 7. Leadership & Engagement

We want to foster engagement with research throughout the Trust, and to be able to show evidence of this at all levels of the organisation and in all areas of Trust activity.

We want to see Research featuring routinely on senior management and clinical governance meeting agenda. This occurs only sporadically at present. We also want to see participation in research featuring regularly (and formally) in appointment, job planning and appraisal processes.

In order to deliver this Strategy, robust leadership will be required across the organisation from the Trust Board and Executive, through the Directorates and into clinical teams.

The Trust R&I governance and management structures were reviewed and refreshed in 2014, with the appointment of an Associate Director for R&I and Trust R&I Manager. The R&I Committee was also refreshed, with a new chair and terms of reference, and new membership that includes a nominated Research Lead from each of the four clinical directorates.

There have been significant developments in terms of engagement with research in all of the clinical directorates, and research is currently well supported by all four Associate Directors. As a result, more staff feel able to take part in research and more opportunities are being created for patients. We aim to continue efforts to create a culture of research and innovation in the Trust, generating greater research involvement from all our clinicians and service users.

We have the support of Trust Board and have requested that a NED act as Board Research Champion, as in the past, and have asked that the Board considers governance and reporting lines to improve the visibility of Research & Innovation.

The Trust annual Q Awards have included an award for 'Research Culture' since 2013. The R&I team participated in Wave 4 of Equal Active Partners (EAP), and has worked with the EAP team to develop methods for sharing the outcomes of projects more generally.

We have promoted public and patient involvement in research through the appointment of Service User Research Champions, and we wish to see this work extended further throughout the Trust.

We will continue to work with the Trust Communications team to promote research and research opportunities across the Trust.

## 8. Research Capability & Workforce

Recent years have seen increasing numbers of Trust staff participate in research, including as Research Leads (currently one per directorate), Research Champions (two Consultants currently), and part-time secondees (4-5 individuals joined our R&I clinical studies team in this way in 2014/15).

The R&I team continues to grow, and the appointment of a Lead Research Nurse in 2013 was a significant milestone, and one that enabled recruitment and mentorship of short-term and part-time secondments of staff from other parts of the Trust.

A research capable workforce is critical if we are to achieve our aims, and further work is needed in this area, specifically:

- Regular R&I presence at Trust induction
- Inclusion of research in values-based recruitment, job planning and appraisal processes
- Creation of research training opportunities, including MRes and PhD studentships
- Protected time (fixed term) for staff to prepare research funding applications



## 9. Partnerships

Our key partners are the NIHR Clinical Research Network, and specifically CRN West Midlands, HEIs (Coventry and Warwick Universities), West Midlands Academic Health Sciences Network (WM AHSN), West Midlands Research Development Service (RDS) and industry.

The largest share of our income comes from CRN West Midlands, and in this regard the network remains our most important partner.

Further work is needed to capitalise on the large number of other relationships that now exist, and to bring these together in the form of high-level strategic partnerships, including with HEIs and neighbouring Trusts.

### IDEAL: Improving the Experience of Dementia and Enhancing Active Life

IDEAL is a five-year study of 1,500 people with dementia and their family carers. The main aim is to understand experiences of living with dementia. The study is led by Bangor University in collaboration with Cardiff University, Brunel University, the London School of Economics, King's College London, Sussex University, the Research Institute for the Care of Older People (RICE), the Alzheimer's Society and Innovations in Dementia CIC. We've already recruited 60 people with dementia and their carers, ahead of target. Participants are visited three times over three years and are asked about things that influence their well-being, quality of life and satisfaction with life. Findings will help identify what can be done to improve the likelihood of living well with dementia. IDEAL is the first large-scale study of its kind.

## 10. High Level Implementation Plan

- The Medical Director is the Trust's Executive Lead for Research & Innovation, and they are supported by the Trust Associate Director for R&I.
- The Research & Innovation Committee reports to the Trust's Safety and Quality structures.
- The Trust Associate Director for R&I and the Trust R&I Manager will work with relevant Trust services to operationalise and deliver this strategy.

### OCTET: Obsessive Compulsive Treatment Efficacy Trial

OCTET was developed by researchers from Manchester University and delivered by our IAPT (Improving Access to Psychological Therapy) service. The study compared two methods for delivering self-help for people with Obsessive Compulsive Disorder (OCD): computerised CBT and a guided self-help booklet. We recruited 25 participants and were one of the best performing sites nationally. Most people who took part were offered help straight away, and those who were still experiencing problems at the end of the study were offered more intensive treatment by IAPT immediately. Waiting times were reduced and the IAPT team benefitted from having staff trained in a therapy they now use in their everyday practice.

One participant reported: *"I felt quite comfortable talking about my issues. The compulsion was a few months ago, but being asked these question(s) with such exactness, makes me realise I'm not alone and my thoughts and emotion are quite common."*

## 11. Action Plan for 2015/16

A number of actions are urgently required. We propose to:

1. Identify a number of individuals across all disciplines who want to develop their research leadership skills and identify relevant learning opportunities for them.
2. Provide protected time and pump-priming funds (including PhD studentships) for staff who are, have the potential to be, research-active.
3. Further develop a structure for leadership for the research agenda, particularly at directorate and service level, including identification of local research leads to promote and support research.
4. Further develop local research strategies based on Trust priorities, including prioritising those studies that align most closely with service need, and developing processes and resources for the rapid identification and dissemination of evidence.
5. Secure the appointment and engagement of a Trust Board Research Champion.

## 12. How will we judge success?

If successful we will become a genuinely **research active** organisation, as evidenced by:

- Increased recruitment of participants to research studies, and more studies recruiting (including commercial studies)
- More home-grown (Chief Investigator led) research, in which CWPT acts as the host for the research contract.
- More research grant income (and NIHR Research Capability Funding) that can be reinvested as appropriate to backfill investigator time and support the development of new research.
- More activity-based recruitment income, reflecting substantial growth in the delivery of NIHR portfolio and commercial studies.
- Delivery of research to time and target (achieving recruitment target in the planned recruitment period).
- Formal strategic partnership agreements with our HEI partners, and the establishment of jointly funded posts, and joint bidding against strategic sources of investment.
- More staff participating in research as champions, lead investigators and secondees, as well as more staff having protected time to develop research skills.
- More patients within the Trust being offered the opportunity to take part in research.
- Faster translation of research into practice: dissemination, diffusion and implementation; use of research outcomes to influence commissioners, improve treatment pathways and provide best practice to our patients.

## 13. References

1. Department of Health. *The Handbook to the NHS Constitution*. London: Department of Health, 2013.
2. Department of Health. *The Mandate. A mandate from the Government to NHS England: April 2014 to March 2015*. London: Department of Health, 2014.
3. National Institute for Health Research. *Growth Through Health Research*. London, 2015.
4. Department of Health. *Best research for Best health: A new national health research strategy*. London, 2006.
5. Department of Health. *Innovation Health and Wealth: Accelerating Adoption and Diffusion in the NHS*. Leeds: Department of Health, 2011.

### The Value of an Educational Website on ADHD for Parents, Carers and Education Staff

'ADHD & You' is a website developed by Shire AG Ltd. aimed at providing information and advice to parents, carers, teachers of children and young people with ADHD, people with a diagnosis of ADHD and healthcare professionals. The research study was designed to see if the website was useful to parents, carers and education staff who have care of, or who come into contact with a child or young person with a diagnosis of [or suspected] ADHD. As a Trust we exceeded our target of 20 service users with a diagnosis of ADHD and their family members.

*"I just thought 'boys will be boys'. It's just the way it was with me. I did crazy things as a kid. If you had tested me, you'd probably find I had some form of ADHD. So I said to my wife: 'Don't worry.' But we became worried when he was put on the wait list. To have someone to speak to us now gives a bit of relief.*  
(Parent)

*"I wasn't too keen to take part [in research] but since you opted to come home and do the assessments after work, I felt we could 'give it a go'. I am glad I did. Let us know when there is another research."*  
(Parent)

*I really enjoyed my involvement with this study. The person who really brought it to a successful conclusion was Yomi, who worked so hard on it. Thank you very much for your support.*  
(Principal Investigator)



## Equality statement

If you require this publication in a different format or language, please contact our Equality and Diversity Department on 024 7653 6802, or write to the address below.

### Coventry and Warwickshire Partnership NHS Trust

Headquarters, Wayside House, Wilsons Lane, Coventry, CV6 6NY

Tel: 024 7636 2100 or Tel: 024 7632 2746

R&I Email: [researchteam@covwarkpt.nhs.uk](mailto:researchteam@covwarkpt.nhs.uk)

General Email: [enquiries@covwarkpt.nhs.uk](mailto:enquiries@covwarkpt.nhs.uk)



#### Research & Innovation Department

1st Floor, Caludon Centre,

Clifford Bridge Road, Coventry, CV2 2TE

Email: [researchteam@covwarkpt.nhs.uk](mailto:researchteam@covwarkpt.nhs.uk)

Tel: 024 7696 7987

Website: [www.covwarkpt.nhs.uk/research-innovation](http://www.covwarkpt.nhs.uk/research-innovation)

 [@cwptresearch](https://www.facebook.com/cwptresearch)

 [@CWPT\\_Research](https://twitter.com/CWPT_Research)