

**NHS Research and Development
Team North West
Impact Report
February 2013**

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Impact Report

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2 Executive Summary

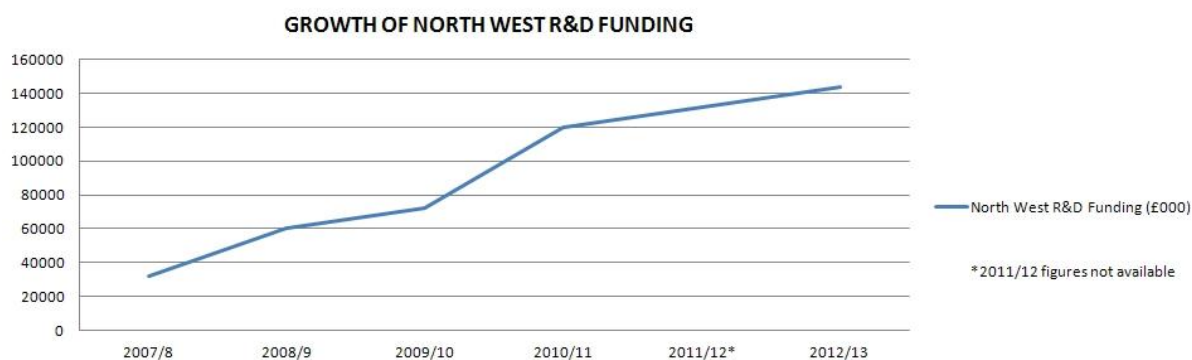
This report highlights the key activities and achievements of the NHS NW R&D team from August 2011 until January 2013. It also describes the process by which the team achieves success, using perspectives from key stakeholders.

With the current unprecedented level of change within the NHS, research is acknowledged as being a crucial element of the innovation needed to transform NHS services. As Sir David Nicholson comments :

"Our ambition must be for an NHS defined by its commitment to innovation, demonstrated both in its support for research and in its success in the rapid adoption and diffusion of the best, transformative, most innovative ideas, products, services and clinical practice." (NHS Innovation, Health and Wellbeing 2011. p.5)

Research funding demonstrates continued growth

The NHS NW R&D team has played a crucial role in supporting both innovation and development of research capability and capacity over the last 18 months. This development of research capacity is demonstrated through a continued regional growth in funding at a time when there is a national recession.



Acting as a 'Catalyst' for R&D development through collaboration

The NHS NW R&D team excels in bringing together organisations and individuals to collaborate on research activity and applications for research funding bids. This catalyst approach is highly valued by stakeholders. Three Catalyst events have been held over the last 18 months bringing together 126 people to generate a range of new research questions and ideas and facilitating a number of new collaborations and connections.



Championing Patient and Public Involvement in research

There has been considerable growth in membership in the North West People in Research Forum (NWPiRF) over the last 18 months, with a current membership of 381 (January 2013). The Regional Director is described as championing PPI and PE and providing an inclusive style which encourages contribution and engagement from patient and public groups.

Investing in R&D workforce development

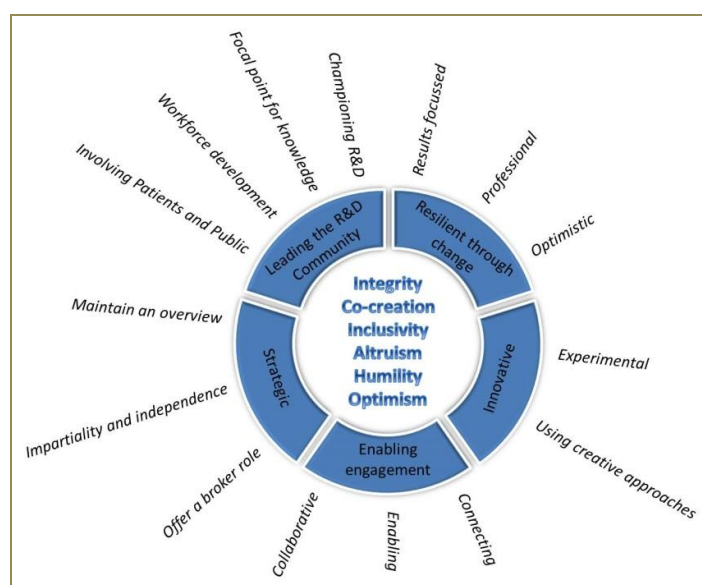
The NHS NW R&D team have prototyped a leadership development programme for 24 R&D managers in the North West called "Releasing Potential". This highly acclaimed programme successfully concluded in January 2013 with both participants and sponsors valuing the personal development it has offered R&D managers in the region.

Increased support in European funding and links

Over the last 18 months the NHS NW R&D team have been active in expanding formal links with European partners to encourage greater opportunity for collaborative working and research investment between the NW region and Europe. This has resulted in the signing of an inter-regional agreement between Catalunya and NHS NW of England in December 2012. The R&D team have also commissioned two animations to explain the EU funding process to encourage applications from the North West.

Team Approach

The NHS NW R&D team achieves its results through a facilitative and 'co-creation' approach which is highly valued by its stakeholders. The diagram below summarises the key aspects of this approach.



3 Introduction

This impact report focuses on the activity and impact of the NHS NW R&D team between August 2011 and January 2013.

This report describes: the key work areas for the R&D team; their key achievements; and the potential future focus for the R&D team.

It is difficult to directly attribute much of the work that the NHS NW R&D team has undertaken to the continued growth in research funding in the NW region highlighted in the executive summary or to other specific measurable outcomes. However, the stakeholders interviewed within this impact report, make clear qualitative links between the focus of the team's work programme and their facilitative, networking style in achieving success in a number of ways. This is highlighted in sections 4 and 5.

3.1 Method

Data for this impact report has been drawn from primary and secondary sources. Secondary data has been analysed in the form of internal documents and reports, and these are acknowledged in the references. Primary data was gathered from 29 telephone interviews conducted with key stakeholders selected by the NHS NW R&D team from across their work programmes over the last 18 months. An approach similar to Appreciative Inquiry (Cooperrider D & Srivasta S, 1987) was used to understand the processes and achievements of the team. Data was also gathered using participant observation at the Veterans Armed Forces Catalyst Event held in December 2012.

The stakeholders interviewed for this report come from a range of organisations. These include NHS Trusts, PCT's, Universities, DoH, Public Health, patient and voluntary bodies and both external and internal members of the R&D team (See appendix two for stakeholder list). Semi-structured interviews were used to explore: the nature of the engagement with the team; the impact and benefits of working with the NW R&D team; the approach and style of the R&D team; the future focus and considerations for the team.

3.2 Background. NHS in transition

Over the last 18 months the NHS has been undergoing major reorganisation. 'The Health and Social Care Act 2012' is the most extensive reorganisation of the structure of the National Health Service in England to date. In April 2013 NHS Primary Care Trusts and Strategic Health Authorities (within which the R&D team is currently hosted) will be abolished. The commissioning of health care funds will be transferred to Clinical



Commissioning Groups partly run by General Practitioners in England.

The SHA changed from the North West region to the Northern region in April 2012, with the R&D team taking over responsibility for the wider Northern region in October 2012. As this has been seen as a temporary measure in anticipation of the changes in April 2013, there has been little time to develop and establish links with the wider region.

Against this backdrop, the NHS NW R&D team has been continuing to offer strategic direction and support and development for the R&D community within the NW region and beyond.



4 Key work focus and achievements

The NHS NW R&D team is led by Dr Stuart Eglin, Regional Director for Research and Development. He is supported in delivering the programmes of work by two assistant directors, a small team of project support officers and several professional associates.

Purpose

"NHS North West has high aspirations for R&D in the North of England. Our ambition is that:

- **The North of England is perceived to be the place of choice to undertake high quality health research**
- **Our high quality research strengths are nationally and internationally recognised & acknowledged**
- **The North of England has a high calibre R&D workforce and infrastructure to deliver high quality research."**

NHS North West R&D Team aims to co-create a strategic approach to R&D. They facilitate NHS organisations and Universities working collaboratively to develop and secure high quality, innovative bids for research funding. They aim to speed up the process of taking research breakthroughs into NHS patient care to improve treatments and patient care locally and for the wider NHS. (www.research.northwest.nhs January 2013)

4.1 Work programmes

The section below highlights the key activities of the R&D team since August 2011. Data has been drawn from a number of sources including the R&D website, internal reports, and stakeholder views.

4.2.1 The Catalyst Programme

The Catalyst programme was established in recognition of the vast clinical and academic expertise in health research in the North West to support effective networking among individuals and organisations such as NHS trusts, Higher Education Institutions, Public and Voluntary sectors.

It brings together specifically invited stakeholders in health related research to raise awareness of expertise, research activity, potential funding opportunities and connections across organisations.



The Catalyst philosophy was born out of complexity theory. Natural systems including organisations are most creative when they are highly networked, dynamic and self organising. The Catalyst programme uses an 'open space technology' (Owen H, 2008) approach which allows for an unlimited range of topics which can be covered and an 'emergent' process where participants can engage with whichever topic they want, or take an overview approach. This approach is useful where;

"A diverse group of people must deal with complex and potentially conflicting material in innovative and productive ways. It is particularly powerful when nobody knows the answer, and the on-going participation of a number of people is required to deal with the questions."
(Owen, H. 2008, p.15.)

Catalyst Events

Since August 2011, there have been three Catalyst programmes:

Event topic	Date	Attendees	Research topics & interests
EU Mental Health	October 2011	37	<ul style="list-style-type: none"> • Patient safety – medication management; coercive practices in inpatient care; service user perspectives • Primary and secondary care interface – what are the key questions for mental health services? • Use/impact of creative music-based projects on mental health and wellbeing. • Primary and secondary care interface – what are the key questions for mental health services?
Adolescent Health and Well Being	July 2012	42	<ul style="list-style-type: none"> • Encouraging Exercise in Young People • Innovative research methods, challenges with social exclusion and substance misuse • What affect do nocturnal sleep patterns have on adolescents?
Armed Forces Veterans Health and Well Being	December 2012	47	<ul style="list-style-type: none"> • Impact on families when veterans return home • NHS as employer of veterans

In section 4, the stakeholders widely acknowledge the value of these events in linking people with common interests to enable them to work together. There have also been follow-up events offered specifically around focused bid writing and these have led to applications for funding. To support the Catalyst programme and explain its purpose and approach, the R&D team have commissioned two animations which can be found at:

http://www.youtube.com/watch?v=4vEBcr_YkHU

<http://www.youtube.com/watch?v=PwpQMtTSi5c>



4.2.2 European Union links and funding development

The R&D EU programme aims to ensure that the North of England is perceived as a place of choice to undertake high quality research. The desire is that research strengths in the North are recognised both nationally and internationally. There is also a drive to support regional applications for funding through the EU and to provide links between the research community in the North and the research opportunities that exist in the EU.

Developing EU funding opportunities

Over the past 18 months, the R&D team have focussed attention on developing links and supporting EU funding applications working closely with the senior EU health officer for the North of England. They used the Catalyst process outlined above to establish connections and develop interest within the R&D community in the North and this was narrowed to seven health topics: cancer, e-health, genetics, infection, primary health care, mental health and public health and inequalities. To date Catalyst events for both e-health and mental health have been held. As one delegate at the Catalyst event noted:

"It was useful to be able to contribute to the direction of the EU work programme both in the workshops and outside." (NHS NW 2011 Collaboration and Co-creation report on EU Catalyst event. p.9)

The R&D team also provide links and personal introductions between potential funding applicants and the senior EU health officer for the North of England.

As Nicky Wilson (Senior EU health Officer for the North) explains:

"The R&D team are instrumental in providing both individual introductions for people who may want to apply for funding and through their Catalyst events, in which I've been asked to get involved."

EU Health Researcher

Stakeholders requested a tool that would support them to increase the successful number of bids. The EU Health Researcher has been developed as a bespoke website:

"That supports researchers to identify opportunities for health related EU funded research. The site is designed to facilitate engagement between researchers in the North West, wider UK regions and EU member regions. The site has three main sections:

- Opportunities – responding to EU funding calls posted on the site
- Collaborate – encouraging formation of bid consortia
- Resources – including key EU documents and information guides on the EU funding process



(Annual report 2010-2011, Jan 2012, p.9)”

- For more information go to: www.euhealthresearcher.eu

Developing an inter-regional agreement between Catalunya and NHS NW of England

The R&D team have engaged with other senior NW health sector representatives and three regions within the EU with the aim of exploring ‘health policy, projects and profiling collaborations including research.’ (Annual report 2010-11, Jan 2012 p11) This led to a visit in 2011 from representatives of Catalunya, hosted by NHS R&D team where they met NW health professionals and discussed the establishment of an inter-regional agreement. The agreement was signed on a return visit in December 2012 and it commits to:

- Maintain contact between the regions at regional and inter-institutional levels
- Meet at least once a year, at a mutually agreed location, to agree programmes of work
- Collaborate in areas of shared interest
- Submit joint projects on health topics of mutual interest
- Form a joint working group to generate momentum for the partnership. (Annual report 2010 – 11, Jan 2012 p.11)

EU Funding animations

To support making EU funding applications easier, the R&D team also commissioned two animations in summer 2012 which are available through links on their website which use short animations to explain the stages in the EU funding application process.

For more information visit:

- EU Funding <http://youtu.be/YkS4mTJMcFc>
- Why bother with the EU? <http://youtu.be/QittwFkGvok>

Mapping of EU funding projects in the North of England

When the NHS NW R&D team became the NHS North team in October 2012, they undertook a mapping exercise to identify the EU funded projects within the wider region. This mapping exercise identified 108 projects currently underway within the North which fall under the ‘Seventh framework programme for Research and Technological Development (FP7) EU co-funded health projects.’ For more information see NHS NW 2012 Report into FP7 funded health research in the North of England organised by region.

4.2.3 Patient and Public Involvement (PPI) and Patient Engagement (PE)

The NHS NW R&D team worked in collaboration with the National Institute for Health Research (NIHR) Research Design Service (RDS) to establish the North West People in



Research Forum (NWPiRF) which has developed its activity since its establishment in October 2010.

The forum has been established as a regional resource that aims to support patient and public involvement (PPI) and public engagement (PE) in health research and works to:

- Support researchers to involve and engage patients and the public
- Support patients and members of the public who are, or who wish to become, involved in health research
- Share learning about PPI and PE research
- Form a link between researchers and patients/the public
- Raise awareness about health research in their region and opportunities to get involved.

The forum is run by an equal partnership of patients, carers, members of the public and people who work in health research. The forum has grown to a current membership of 381, with 35 joining in 2012 and 7 joining in January 2013.

Key activity over the last 18 months is summarised in the table below.

Activity	Outcomes
Annual PPI event. May 2012.	100 participants Keynote speaker: Simon Denegri, Chair of INVOLVE and NIHR Director for Public Participation and Engagement in Research.
Regional Director chaired INVOLVE bi-annual conference steering group. November 2012	Conference seen as 'flagship' event for PPI and PE. Early feedback from conference very positive. Regional Director acknowledged as being a "superb chair".
NWPiRF present at INVOLVE biannual conference. November 2012.	NWPiRF presented work alongside other regional PPI Strategy groups on a presentation and panel discussion to share learning and approaches.
Appointed a working group to look at training in PPI and PE for researchers, patients and public. Feb 2012 onwards.	Appointed an events working group with 12 members, 50% public, 50% health/social care professional membership. Met 6 times during 2012 to establish a training programme.



Developed a communication strategy	Present to a range of stakeholders and publish articles. Regularly asked to speak at a variety of events.
Developed a website	To link stakeholders, enables organisations and individuals to see who is involved. Offers information on the activity and progress.
Developed an e-bulletin	Circulated bi-monthly to forum members.

The Director of Research and Development is acknowledged as playing a vital part in championing PPI and PE at a regional and national level.

David Britt, (NWPIR Forum Exec Committee member) comments:

"Stuart's commitment to involving patients and the public in NHS research is unsurpassed."

Sue Hinder values that:

"The team are genuinely committed to PPI and make others aware of it. The enthusiasm, effectiveness and efficiency of Marisha Palm, has made such a difference to the development of PPI in the North West."

For more information go to www.northwestpeopleinresearchforum.org

The Regional Director has been a member of INVOLVE for the past six years, standing down in December 2012 but remaining an associate member at the request of the organisation. His role and involvement has supported development of PPI and PE at a national level. Maryrose Tarpey (INVOLVE Senior Public Involvement Adviser) talks about Stuart Eglin's role chairing the Strategic Alliances Group and having a key influence on national policy around PPI and PE:

"The role of the National Strategic Alliance was to roll out the debate and the acceptance of patient and public involvement in research and Stuart influenced the design of the NIHR contracts for the Research Design Service to ensure that at a regional level, RDS's would be able to advise and promote PPI and PE."

The Regional Director's activity with INVOLVE over the past 18 months has also added to the development of a successful, concordant agreement with the SRC. This contains a commitment to looking at how public involvement can work with and off different funding organisations not just the NIHR but with more influencing of relevant external organisations. Maryrose Tarpey (INVOLVE Senior Public Involvement Adviser) goes on to acknowledge that:



"Because of Stuart's role chairing the Strategic Alliance group, this has enabled the embedding of patient and public involvement in the research programme that may not otherwise have happened."

4.2.4 Workforce Development

Supporting the development of the North West R&D Workforce is a priority for the R&D Team. Key areas of work include:

Releasing potential programme

In June 2012, The NHS NW R&D team launched the 'Releasing Potential Programme' (RPP) in partnership with PACE (People and Change Experts) Consulting. The six month programme aims to enable R&D managers in the region to better support research outputs and innovations and to increase evidence based, high quality and cost effective interventions and service delivery.

The first 'Releasing Potential' programme had 24 participants who attended four workshops held between June and November 2012, with a final event in Jan 2013. These workshops have focussed on; leading change; leading self; leading as peers; and leading collaboration. Each workshop has had a prestigious external speaker including Professor Mike West, from Lancaster University, David Dalton, Chief Executive at Salford Royal NHS Foundation Trust and Liz Mears, Chief Executive at the Walton Centre. The programme has also been supported through two facilitated 'network learning groups' and a voluntary placement of up to five days duration. The first programme has now concluded with feedback from participants and their line managers within this research being positive.

A participant on the programme explained that;

"I was quite new to my role and the Releasing Potential Programme has given me accessibility to a wider network and regular access to the NHS NW R&D team and Piccadilly buildings. My confidence has increased and I feel I have greater access to key people, including the SHA. It is has been one of the things that has helped me find my feet in my new role."

Identification and support for future National Institute for Health Senior Investigators

These individuals are seen as 'pre-eminent researchers' (Annual report 2010-11, Jan 2012) They are selected through national competition and receive a personal award of £15,000 per year as well as attracting additional NIHR Flexibility and Sustainability Funding to the main NHS organisation with which they hold a contract of employment or an honorary contract. In January 2012, there were 19 NIHR Senior Investigators based in the North West out of a total



of 200 nationally.

In July 2012 the NHS NW R&D team commissioned Dr Helen Jenkins of Point Consultancy to determine the views of NIHR Senior Investigators in the North. 13 out of a possible 21 in the region attended the event. There was recognition that the application procedure for NIHR Senior Investigators could be supported more strongly and that research training fellowships could be more systematically supported. The event led to proposed outcomes:

- To explore the feasibility of a workshop for NIHR Senior Investigator applicants
- To establish a small advisory group to work with the NHS NW R&D team to provide input and guidance on the health R&D workforce in the North.

Dr Agius (Dec 2012) observed that in 2012, *"22% of the appointments for NIHR Senior investigators were in the North of England."* (p1)

Identification and promotion of good practice in R&D Workforce

The R&D team undertake this promotion of good practice through a number of avenues. They support network forums such as the NWPIRF and Clinical Research Networks as well as conducting a number of surveys into the needs of the Research and Development population within the region. The outcomes of research conducted during 2011 led to the 'Releasing Potential' Leadership Development programme outlined above.

4.2.5 Knowledge Exchange

Many of the stakeholders interviewed for this report acknowledged the crucial role that the team have in both acquiring and sharing knowledge. This knowledge takes many forms and as Dr Agius comments in his report (Dec 2012):

"The regional Director possesses a reservoir of knowledge about the region's research community."(p.1)

During 2012, the R&D team undertook a number of activities to develop Knowledge Exchange. These included:

- Commissioning a scoping report with Manchester Business School (unpublished report, Gulati and Shamim 2012) to identify the future activity of NHS North West R&D in relation to the region's Knowledge Exchange agenda. The content of a future work plan based on the report's recommendations is currently being considered, with a view to making a series of recommendations to key KE partners, including the region's Academic Health Science Networks.



- A blueprint for an effective KE web resource has been developed which incorporates best industry practices, drawing upon regional case studies such as NHS Education for Scotland (NES) and E-health Ontario (Canada). These are benchmarked for creating an implementation plan that can be shared with key stakeholders as they refine their KE agendas within the new NHS infrastructure. This is being described as 'RIO' (Research and Intelligence Online.)

- Foundation work for identifying and developing a community of KE champions to support the work programme in the region, drawn from NHS and academic institutions, is underway.

- Creating a report: 'Mapping the North' - health related research strength in the North of England (Dr S. Agius, December 2012(2). This report summarises the key research activities being undertaken within the region and as Dr Agius identifies:

"The North of England has an impressive tradition of delivering world-class research which directly or indirectly relates to the health and well-being of the population... Collaboration, both specialist and interdisciplinary, has led to the development of numerous centres of excellence with a track record of securing major grants from national and international funding bodies."

4.2.6 Creative Learning Academy

There has been a drive for innovation within the NHS over the last 18 months to support the changes that are underway. The R&D team are described by many of the stakeholders interviewed as innovative in their approach to supporting the R&D community. Elaine Darbyshire (Executive Director NHS Northwest) describes the R&D team as:

"Having a different and innovative approach and looking for creative ways of doing things. They are never mechanistic and it is exciting to be part of the activities they design."

As part of this drive through innovation, the R&D team is currently working with a range of experts, skilled in using techniques from creative writing, music and theatre to construct a series of workshops focused on dealing with complexity and uncertainty in the NHS.

They have established a manifesto for a creative learning Academy. The intent is to:

"... build workforce development, resilience and creative professional practice through involvement in collective creative practices. The goal is to enhance the capability of the community to respond to the NHS Quality, Innovation, Productivity and Prevention (QIPP) agenda. (S Agius, Dec 2012 p.3)

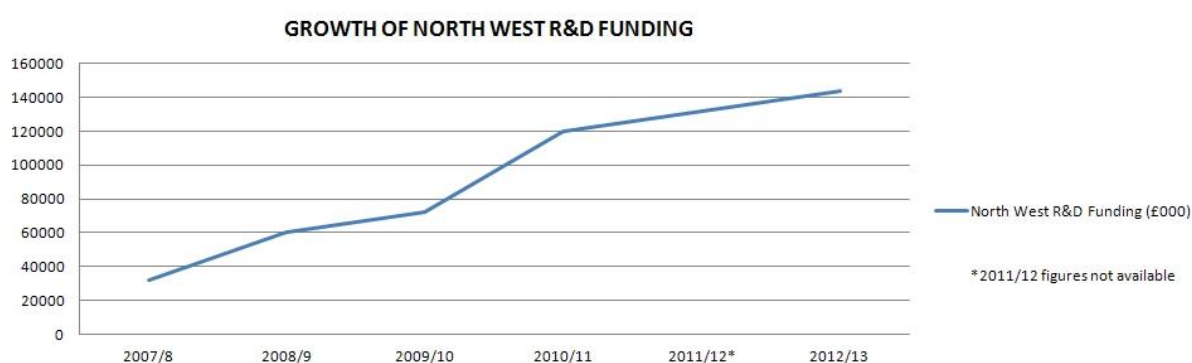


5 Evidence of Impact

One of the challenges for the R&D team is in being able to directly link the activity they undertake and outcomes for the region and the R&D community. However, the views of the stakeholders interviewed for this impact report suggest that the R&D team have a significant role to play in the current and future success of NHS R&D within the North. This section highlights the impact that the key stakeholders believe they have and how they achieve this.

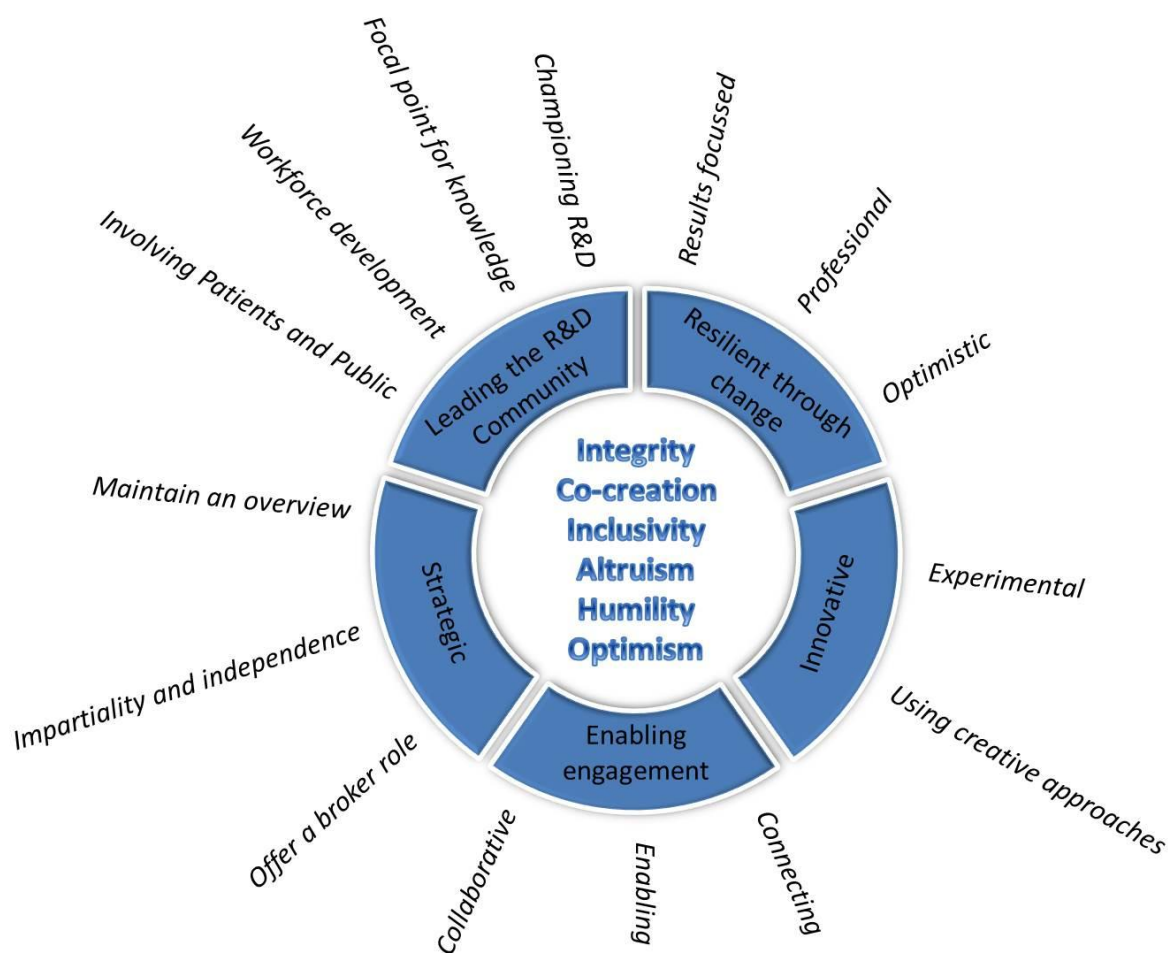
5.1 Continued growth in research funding into the NW region

The graphs below highlight the research funding within the NW region since 2007. The increased growth in funding has continued despite a national recession. (For further detail regarding the funding calculations and the breakdown for funding in 2012/13 please see Appendix One.)



5.2 Qualitative Impact on Regional Leadership of Health Research and Development

The diagram below summarises stakeholder's perspectives on the key behaviours which contribute to the success of the R&D team. The following section explains these behaviours. The quotes included are illustrative rather than comprehensive.



5.2.1 Leading the R&D community

5.2.1.1 Championing R&D

The team is seen by many stakeholders as 'championing the R&D community.' As Professor Stephen Singleton, (Interim Chief Executive/Medical Director NHS North of England) describes:

"One of the purposes for the team is the facilitation of R&D as both a lever for health service improvement and for the regional economic improvement."



The team is seen as having given the R&D community a “voice”.

5.2.1.2 Focal point for knowledge

Many stakeholders value the team’s ability to be the “focal point of expert knowledge.” The team is valued for the “wealth of knowledge which they share generously” with others. As Eustace De Sousa, (Associate Director Children’s, Young People and Maternity NHS NW) comments:

“I think the team have specialist knowledge of research, the bigger picture and a short term and long term experience. In terms of long term planning, they are able to do that especially around areas such as workforce planning and bringing areas together.”

5.2.1.3 Providing workforce development

The team offer development for the regional R&D workforce in a number of ways already outlined in the previous section. Several stakeholders interviewed acknowledged that there is currently limited time and resource to develop capability and capacity for R&D but that it is a crucial element of delivering the necessary change and ensuring the population is equipped for the future demands.

5.2.1.4 Involving Patients and Public (PPI) in research

The R&D team is also recognised for their ‘passion for PPI.’ The team are recognised for supporting the establishment of forums such as NWPIRF and for creating an environment where patients and members of the public feel comfortable in engaging in research through their inclusive approach. As David Britt (NWPIR Forum Exec Committee member) values:

“Stuart’s style is self-effacing and inclusive. I’m so appreciative of what he has done and I greatly enjoy working with him.”

5.2.2 Offering a strategic perspective

5.2.2.1 Maintain an overview

Many stakeholders recognise the strategic approach that the team takes. As Angela Ball (The Christie NHS Foundation) describes it:

“They offer a strategic view, an understanding of what’s going on around the patch, insider knowledge, moral support on bids and act as an impartial sounding board.”



The regional perspective is also seen as key. Nicky Wilson (Senior EU Health Specialist, North of England EU Health Partnership) talks about how they “capture the essence of the geographical location and they champion what the North West has to offer” and she goes on to say “*they have their finger on the pulse of the NHS landscape.*”

5.2.2.2 Demonstrate impartiality and independence

Stakeholders describe the team as maintaining objectivity and impartiality. They retain an independent perspective. Some believe this is helped because of being positioned within the Strategic Health Authority, but most report it is the style and leadership of the team which supports their ability to demonstrate an unbiased “broker role” as one stakeholder describes it:

“Stuart is seen as neutral and unthreatening. He is unbiased and carries gravitas. This means that when different organisations or institutes such as universities come together, he can say “come on, let’s play nicely” and people feel they cannot be seen to squabble.”

5.2.2.3 Offer a broker role

This impartiality enables the team to bring different organisations together to collaborate and share learning. The team is described as ‘brokering’ and encouraging people to connect with their research ideas and bids for funding. This happens in a number of ways – through the Catalyst events, through sharing knowledge and sometimes connecting people directly.

5.2.3 Enabling engagement

One of the attributes the stakeholders commented on consistently is that of the team facilitating and enabling others through both formal activities such as Catalyst events, and less formally through their personal style.

5.2.3.1 Connecting

Many stakeholders describe the team as a ‘catalyst’ in much of their activity providing both informal and formal connection opportunities. As David Britt (NWPIR Forum Exec Committee member) describes:

“The team provides a link and brings people together. “There are many health conditions that require inputs from diverse health and social care professionals and we need a more holistic approach to health conditions.”



5.2.3.2 Enabling

According to the stakeholders, the team offer an 'enabling style' which supports development and as Nicky Wilson (Senior EU Health Specialist, North of England EU Health Partnership) describes:

"I wouldn't hesitate in saying to anyone who wanted to get involved in research, or wanted to know something in sending them to the R&D team. They are always development focussed and instil confidence."

One part of this enabling approach that is valued is offering development and strategic direction but "without policing or enforcing policy or direction."

Another aspect of the enabling approach is reported as helping people to develop "clarity in their thinking". Nick Ponsillo (Head of Learning, Manchester Camerata) talks about how the team supported his successful funding bid for working with Dementia sufferers and their carers in 2012:

"They have been crucial to our application for funding. They helped us establish what current evidence base there is and that informed our project planning to ensure our application wasn't duplicating activity elsewhere."

5.2.3.3 Collaborative

The team also enables collaboration through their connecting activities. Stakeholders describe the gravitas and credibility at all levels that the team carries. One stakeholder commented that people "want to work with them, and they have knowledge and respect." This gravitas includes being able to operate in academic circles and gain respect with senior leaders within the NHS and broader, whilst relating to patients and the public in forums such as PPI. People talked about the potential for feeling intimidated in the research environment if they don't have that background, but the inclusive style ensured they felt they could contribute and grow in confidence. David Britt (NWPIR Forum Exec Committee member) describes both their style and the importance of connecting people:

"They have a really sensible approach to bringing people together to encourage better and more collaborative approaches. There is such strength and breadth of research expertise within the NW region, but people tend to work in silos whereas the enrichment that is possible from association with others in related, or even unrelated, fields is immense."

5.2.4 Resilient through change



5.2.4.1 Optimistic

Many of the stakeholders interviewed acknowledged the difficulties within the NHS as a whole over the last 18 months and how this has impacted for the R&D team. They value the resilience that the team has demonstrated and describe their on-going optimism. Rona McCandlish (Midwifery Advisor, Department of Health. Non-Executive Director, NICE) comments:

"They demonstrated both robustness and resilience in leadership through the transition year. Stuart role models keeping going and being creative in times where the future is uncertain."

5.2.4.2 Professional

This resilience is also demonstrated through positive leadership and a continued focus on results. As Nicky Wilson (Senior EU Health Specialist, North of England EU Health Partnership) comments:

"They role model a business as usual approach through the current challenging times within the NHS and maintain a focus and professionalism and support people to think about where they want to go."

5.2.4.3 Results focussed

Stakeholders also describe the delivery as continuing to be seamless despite the challenges and they value the efficiency and responsiveness of the team. One commented:

"I know there have been changes within the team and at times it must have been very challenging, but they have always remained focussed on delivery of outcomes and are incredibly efficient. They are always responsive if I get in touch, they never give the impression they are overstretched or that you are bothering them."

5.2.5 Innovative approach

5.2.5.1 Experimental

The R&D team are described as innovative in their approach. Stakeholders cite using the 'Catalyst' approach as unusual within the NHS and as Soo Downe (Director, WISH Research UCLAN) comments:



"They legitimise using an emergent process such as Catalyst and do this overtly. They provide a catalyst for others to work this way."

5.2.5.2 Using creative approaches

During 2012 the team has developed the Manifesto for the Creative Learning Academy mentioned earlier in this report. In order to understand the potential of the approach, the team have been working with a creative writer, Manchester Camerata and a theatre company. The team is seen by many as being open to different ways of working and different ideas. Elaine Darbyshire (Executive Director NHS Northwest) describes the team as having an "entrepreneurial" approach and goes on to say:

"They are innovative and look for creative ways of doing things. They are never mechanistic."



6 Future focus

With change imminent for the R&D team, they are well placed to respond quickly and flexibly to their future position. Research for this impact report suggests the team focuses on the following key areas of activity to add value in the new NHS architecture.



Provide leadership for the health research community

- maintain impartiality
- provide unbiased, strategic guidance
- Develop geographical influence

Support strategic senior engagement

- link key stakeholders
- facilitate collaboration through formal events such as Catalyst and informal personal connections
- provide knowledge

Support EU Funding applications and links

- interpret funding
- offer specialist support

Inspire Innovation

- role model innovative approaches
- develop creative learning academy

Invest in R&D workforce development

- develop capacity and capability in the workforce through leadership development
- provide workforce development strategy

Formalise knowledge exchange

- provide easy access to knowledge through multi media development such as web portal
- Implement 'RIO'

Develop Catalyst approach

- support collaboration on research and funding
- strengthen networks and links across the region

Champion PPI and PE

- ongoing development of NWPIRF
- strategic links to PPI and PE agenda

Ensure evidence based activity meets NHS agenda

- provide strategic direction to research and development activity
- evidence activity against strategic agendas



7 Summary

The NHS NW R&D team continue to offer highly valued leadership of the Heath research community in the North West region. Their facilitative and enabling style supports development of a resilient R&D community for the future. Their focus for the future is summarised well by Eustace de Sousa (Associate Director Children's, Young People and Maternity NHS NW):

"The team can support in three areas in the future: those involved in research to know what's happening; to open others' eyes to the opportunities of research; and to make the very academic research accessible and have work based benefits and application. We are keen to bring closer together the providers and researchers so that research can have a practical application and in shorter time frames."



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9 Appendix One: Funding information 2012/13

SUMMARY RESEARCH FUNDING NORTH WEST 2012/2013					
NIHR Research Capability Trusts	7,297,500				
NIHR Research Capability Networks	1,820,389				
NIHR Clinical Research Facilities	2,900,000	i.e. 1/5 of total for five years			
NIHR Patient Safety Research Centres	1,258,242				
NIHR Research for Patient benefit	12,974,000				
NIHR Applied Research Grants	1,954,404				
NIHR i4i Invention for Innovation (started Nov 2012 no details yet)	0.00				
NIHR Public Research Programme	2,545,570				
NIHR Health Services and Delivery Research Programme	1,907,026				
NIHR Efficacy and Evaluation Programme	3,532,610				
Various awards reported by the Institute of Health Sciences	47,659,307				
Medical Research Council awards	16,980,000				
21 Senior Investigators @£15k	315,000				
NIHR Dementia Research Portfolios	364,555				
Leverhulme Trust Research Grants	1,630,204				
Wellcome Trust Research Grants	3,633,333				
CLRN CORE Funding	37,355,583				
Total	144,127,723				

Date	Funding total for NW region (taken from Impact Report August 2011)
2007-08	£32m
2008-09	£60m
2009 - 10	£72m
2010-11	£120m



10 Appendix Two: Stakeholders interviewed

Name	Organisation
Angela Ball	The Christie NHS Foundation
Soo Downe	Director, WISH Research UCLAN
Sue Hinder	RAFT Research, NWPIRF Executive committee member
David Britt	NWPIR Forum Exec Committee member
Dominic Harrison	Director of Public Health Blackburn with Darwen
Jacqui Pirmohamed	Deputy Director, Cheshire and Merseyside CLRN
Mark Gabbay	R&D Director/Senior Lecturer in General Practice and Head of Division of Primary Care
Steve Pashley	Director, Health2Works
Melanie Ogden	Associate Director - Quality & Innovation, NHS NW
Elaine Darbyshire	Executive Director NHS Northwest
Claire Harris	ASPIRE Consulting
Mike West	Professor of Organisational Psychology, Lancaster University
Helen Jenkins	Director, Point Consultancy (Cardiff) Ltd
Char March	Creative Writer
Nick Ponsillo	Head of Learning, Manchester Camerata
Eustace de Sousa	Associate Director Children's, Young People and Maternity NHS NW
Andy Bacon	Associate Director Armed Forces and Veterans and Global Health NHS NW
Nicki Wilson	Senior EU Health Specialist, North of England EU Health Partnership
Stephen Singleton	Interim Chief Executive/Medical Director NHS North of England
Steve Williams	Managing Partner, Stratosphere Research
Val Michej	Director, Future Forward
Rona McCandlish	Midwifery Advisor, Department of Health. Non-Executive Director, NICE
Kenneth Wilson	Clinical Director of Cheshire and Merseyside CLRN, Liverpool University
Maryrose Tarpey	INVOLVE Senior Public Involvement Adviser
John Goodacre	Director, NIHR Cumbria And



	Lancashire CLRN
Ruth Young	Public Health Research and Development Manager
Kenneth Barnsley	Head of Corporate Research, Blackburn with Darwen Council
Lynne Goodacre	Senior Programme Lead, NHS NW Research and Development
Marisha Palm	North West People in Research Forum Facilitator
Dr Steven Agius	Assistant Director for Research and Development NHS NW



11 Appendix Three: Core Values of the R&D team

In the last impact report (August 2011) the team values were outlined. (p.17) As part of this research, these values have been revisited. They can be evidenced through the findings of the research presented above. The values below were highlighted in the previous report and still fit the team approach with the addition of optimism:

Integrity

Stakeholders have identified the independent and impartial approach the team has. This reflects their open style and the 'broker role' they are seen to play.

Co-creation

Collaborative working, linking and providing networks as well as co-creation underpin the R&D team's philosophy.

Inclusivity

There is still much evidence supporting the inclusive nature of the team. They work hard to ensure people are involved.

Altruism

This is reflected in the 'gentle, non-threatening, public service focus that stakeholders have described. For this team it is about "delivering results without seeking personal credit or glory." (p.17)

Humility

This is defined by the enabling, respectful, modest approach of the team which supports others to develop.

Optimism

Within this research the theme of resilience and optimism has evolved. This optimism is highly valued by the stakeholders to continue to focus on delivering results and continued commitment to research and development, the NHS and public service.



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