

Research & Development Strategy



Research & Development Strategy

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Introduction

Progress in medicine is made possible via the conduct of medical research. Healthcare organisations, in order to optimise healthcare related outcomes for patients and the public, must deliver treatment which is aligned with the best and latest existing research data, and to guidance linked to research findings. Active involvement in the conduct of clinical research and generation of research data, via recruitment of patients into clinical trials, has multiple potential benefits in terms of patient care, both direct and indirect. Direct benefits for patients include enhanced access to new medicines, at a time when such medicines may not be available outside a research context. Indirect benefits include factors as diverse as improved recruitment and retention of ambitious and innovative staff, improved infrastructure, and improved awareness of the most up to date research findings so as to improve the quality of care provided by individual practitioners.

Demonstrating a causal link between organisational involvement in research, and clinical outcomes for specific individuals is not straightforward, but examples are cited in the all-party policy group report on medical research, entitled “A healthy future for UK Medical Research”. These include a number of scenarios in which the conduct of clinical research has led directly to improved patient outcomes, and changed models of care; such as the “FAST” initiative, which has led to improvements in care and outcomes for patients with acute stroke; the 100,000 genomes programme, in which the Trust already enters patients; and the development of many new drugs for cancer, as highlighted in the May Board seminar on research and development which preceded development of this strategy. At an organisational level, significant correlation has been demonstrated between the academic output of a hospital, and mortality (HSMR; Bennett et al, 2012), between research activity and risk-adjusted mortality for acute admissions (Ozdemir et al, 2015) and between integration of the research function into organisational structure, and hospital performance (Boaz et al, 2015).

Excellence in clinical research is therefore a key priority for the Trust, and an important enabler for the achievement of excellence and realisation of the Trust’s strategic objectives.

This Research Strategy describes how well designed and funded, inclusive, patient-focussed research will make a key contribution to the development and delivery of clinical services over the next five years, and establishes an ambition for the future of clinical research at the Trust. It builds on themes articulated at a research strategy workshop in December 2017, with input from Trust Board, governors, researchers, key collaborators from the University of Surrey and the Kent Surrey and Sussex Clinical Research Network (KSS CRN); and a Trust Board seminar held in May 2018.

Context

The benefits of clinical research

For patients, participation in research optimises access to new treatments, empowers them to become more actively involved in their care and to take control of treatment decisions, enables them to feel they are contributing to knowledge and to the treatment of future patients, and may increase care quality, as described above.

For healthcare professionals, clinical research provides an enhanced career path that can be intellectually challenging, highly rewarding, and prestigious. Many research roles also provide the opportunity to spend more time with patients and the chance to learn new techniques and approaches to treatment.

For NHS Trusts, commitment to research is viewed by patients, staff and regulators as a barometer of care quality. NHS Trusts that demonstrate commitment to research that translates into competitive research performance will potentially recruit and retain staff attracted to the professional opportunities and enhanced reputation. NHS Trusts that have the highest levels of research activity have improved patient outcomes, including reduced hospital mortality and higher Care Quality Commission ratings (under the current inspection system).

Financially, although research may be viewed as an expensive undertaking, there is great potential, by increasing commercial trial activity, to contribute to Trust finances, since commercial companies actively look to partner with research-active NHS Trusts, as a source of patients to recruit into both early and late phase clinical trials.

The benefits of pursuing excellence in healthcare research are therefore highly evident.

Our ambition is for the Trust to be recognised as a highly research active organisation, optimising care quality for patients through research and development activity

National Context

Over the past ten years, a number of national initiatives have acknowledged the importance of research within a healthcare context, and increased the volume and quality of healthcare-related research in the UK.

The 2011 Strategy for the UK life sciences industry, produced by the Government’s Office for Life Sciences, states an ambition for the UK will become the global hub for life sciences research in the future and for research to become a key contributor to sustained economic growth.

The establishment, in 2013, of fifteen Academic Health Science Networks (AHSNs) across England provides focus and support to the regional acceleration and spread of innovative, evidence-based care to improve health and care quality.

The NHS constitution (2015) highlights the importance of “conduct and use of research to improve the current and future health and care of the population.” The NHS is committed, through its Constitution, to the promotion, conduct and use of research to improve the current and future health and care of the population.

NHS England acknowledged the fundamental importance of clinical research in the NHS in its 2017 White Paper: “NHS England has a legal duty to promote research and the use of research evidence in the NHS. We do this so that the NHS supports and harnesses the best research and innovations to improve patient outcomes, transform services and ensure value for money. Patients benefit from access to clinical trials including cutting edge treatments and the NHS benefits from new medicines, technologies and processes”.

A national vision for the future of medical research in the UK is articulated by the National Institute of Health Research (NIHR):

“To improve the health and wealth of the nation through research.”

The NIHR’s mission statement is that it will “Provide a health research system in which the NHS supports outstanding individuals working in world-class facilities, conducting leading-edge research focused on the needs of patients and the public.” NIHR has radically transformed the funding mechanisms for health research in NHS Trusts; moving from historical block funding to directed and commissioned research programmes and infrastructure initiatives, so that funding for research is based on activity; that is, numbers of patients entered into clinical trials. This ensures that organisations which successfully provide opportunities for patients to benefit from clinical trials,

benefit from increases in funding to enable research; and that organisations which are less successful in recruiting patients experience reductions in funding.

More recently, the increasing evidence suggesting that hospitals that support high quality patient-centred research can show better healthcare outcomes for patients has led to a partnership between the NIHR, the Health Research Authority (HRA) and the Medicines and Healthcare Products

Regulatory Agency (MHRA), together with the Care Quality Commission (CQC), to develop new research indicators for use as part of CQC's monitoring and inspection programme. The indicators are initially being developed to better recognise NHS Trusts who are working to ensure patients get the benefit of early access to medical innovations and help boost knowledge of the most effective healthcare techniques. This reflects prominent acknowledgement that research activity is a characteristic of well-led hospitals, and further emphasises the importance of research to the Trust.

Specifically, in Cancer medicine, much research activity is based in Experimental Cancer Medicine Centres. RSCH, although a Cancer Centre, does not have ECMC status and therefore is unable to recruit patients into clinical trials restricted to these Centres. However, opportunities to participate in more inclusive NIHR portfolio trials do exist; indeed RSCH clinicians are national Chief Investigators on a small number of studies. There is also plentiful opportunity to partner with pharmaceutical companies in the conduct of commercial studies; these are not only a potential source of access to new drugs and devices for patients, but also a source of considerable income which can be used to contribute to the research infrastructure of the Trust.

Alongside initiatives to maximise and incentivise research activity, there have been significant changes in regulatory and logistic aspects of research trial approval and practice, both at national and at organisational level, with a trend towards more stringent regulatory and monitoring requirements. For individual hospitals and clinicians, this has increased the volume of time and work required to be a Chief Investigator or local Principal Investigator, and this is a potential impediment to clinicians participating in research, in the context of considerable NHS workload and funding pressures. Recruitment and retention of trained staff (for example pharmacists, research nurses and data managers) is also a significant difficulty; these factors must be mitigated if this strategy is to be successful.

Local context and key Partnerships

Kent, Surrey and Sussex (KSS) Clinical Research Network (CRN)

The position of the Trust as host for the Kent, Surrey & Sussex (KSS) Clinical Research Network (KSS CRN), and the close working relationship with the co-chairs of this network represents an opportunity for the Trust to lead and influence the research agenda across the KSS geography. The KSS CRN is one of 15 national host sites for the National Institute of Health Research (NIHR). Host organisations are responsible for research delivery in their region, partly through funding allocations to support the delivery of NIHR portfolio studies. The Trust works alongside the KSS CRN core team to identify new studies and new clinicians to participate in research. In addition to this, several Trust

clinicians have taken on the role of regional speciality leads to develop research networks within specialities.

Research Design Service (RDS)

The NIHR infrastructure includes access to the Research Design Service (RDS) which provides support to healthcare researchers and advises on all aspects of developing a grant application including research design, research methods, identifying funding sources and involving patients and the public. Their advice is confidential and free of charge. The Trust works closely with the local RDS team based at the University of Surrey.

Surrey Health Economics Centre (SHEC)

The Surrey Health Economics Centre (SHEC), part of the Department of Clinical and Experimental Medicine at the University of Surrey, undertakes collaborative interdisciplinary research in health economics, health technology assessment and health service delivery that is funded by research councils, NIHR, European Commission, charities and industry. SHEC has an extensive network of collaborators within the UK and internationally. Members of SHEC provide health economic analysis planning, costing studies, cost-effectiveness analyses, decision economic and simulation modelling within a range of study designs. They work closely with the Surrey Clinical Trials Unit, and provide advice to health and social care professionals through the NIHR Research Design Service.

The University of Surrey

The University has historical associations with the Trust and as its neighbour it is natural that we should work together closely. The university is ranked in the top 10 of all UK Universities (Guardian 2018) and 6th for biosciences. The Faculty of Health and Medical Sciences (FHMS) research strategy states “The overarching aim in our clinical research is to deliver health benefit and improve health-span through innovation within the community and in partnership nationally and internationally.”

RSCH shares the objective of providing excellent infrastructure and support to attract and retain world class academics and aims to increase joint appointments with strategic partners. The current infrastructure includes both a Clinical Research Centre (CRC), which is a phase 1 accredited research facility, and the Surrey Clinical Trials Unit (CTU).

Historically the relationship between the University and Trust has lacked a formal structure and has depended upon collaborations between individual clinicians and their University counterparts. This fails to realise the full potential of collaboration and a number of recent initiatives aimed at formalising and strengthening the relationship between the two organisations are in development. These include implementing research-related umbrella agreements and establishing a joint

sponsorship review committee to allow research opportunities to be discussed and developed in partnership. With the support of the Surrey CTU, researchers from the hospital have been able to open multicentre studies and successfully win larger research grants.

It is fundamental to the Trust's research strategy that links with the University of Surrey will expand and strengthen within a formal collaborative framework to the benefit of both organisations.

Surrey Cancer Research Institute (SCRI)

This initiative was established by Trust clinicians and provides a virtual network of research active individuals associated with the Trust. Regular seminars on research-related topics are held, as well as occasional events with partners such as the University of Surrey.

Surrey Heartlands ICS (Integrated Care System) and Academy

The Trust is part of one of the local care delivery systems viewed as one of the most advanced in the UK, and recently rated as Outstanding. The Academy, led by Executive Clinical Director of Surrey Heartlands Dr Mark Hamilton, is actively exploring opportunities for increases in research activity across the local health and care system, and this presents a unique opportunity for RSCH to be involved in innovative, cross-system research projects.

Patient population

The local catchment population of RSCH for secondary care services, when compared with national demographics, contains a high proportion of individuals from the higher socio-economic groups, and, in particular, a high proportion of elderly patients; this latter is expected to increase, as outlined in the Trust's Clinical Strategy. The major healthcare challenges facing the UK (for example obesity, diabetes, alcohol excess, ageing and dementia, and cancer) are prevalent in our population. Many patients are fit for their age, well-informed about their health and treatment opportunities, and keen to have access to the most innovative and effective treatments, which facilitates recruitment into trials where these are available.

The cancer demographics of Centre include a lower than average incidence of cancers of the lung and head and neck, but high rates of breast, urological and bowel cancer. This provides a large potential recruitment population. The large catchment area of SLCC allows opportunities to recruit large numbers of patients into research trials and to collaborate with cancer units to facilitate access to trials close to home, as a network. There are also opportunities to widen the available trials portfolio, to include more observational and preventative studies, potentially across health and care sectors.

The Trust

Clinical research is well-established in several departments, highlighted below. However, often this has been as the result of the endeavour and enthusiasm of individual clinicians or groups of clinicians, and there is potential for further enhancing research capability by increasing the infrastructure available for researchers to maximise their output. In Oncology, research performance has for many years been managed, formerly via the Cancer Network, resulting in significant existing infrastructure. In some other departments there is great potential for increasing research activity, including opportunities to increase collaboration across the care system into primary and community-based care.

The Trust is an early implementer of the (multidisciplinary) Advanced Clinical Practitioner role in the A and E department, ICU, Oncology and Radiotherapy. These new roles are underpinned by a Masters level award that encompasses the four pillars of clinical practice, management and leadership, education and research, with demonstration of core and area-specific clinical competence. These roles have dedicated time within their job descriptions to be actively involved in research. This initiative will provide the Trust opportunity to increase multi-professional engagement and leadership in research and will enable development of nurse- and AHP-led research projects.

Despite its Cancer Centre status and well-developed specialised services portfolio (in comparison with similar-sized district general hospitals), the Trust does not currently out-perform neighbouring KSS CRN Trusts in terms of patient recruitment.

The Trust has recently encountered problems related to staffing, capacity and process, which have resulted in reduced ability to open portfolio and commercial studies. Staffing and capacity issues have caused difficulty in pharmacy (important for preparation of investigational medical products (IMPs)), and process issues have hampered efforts to open and recruit into studies in a timely manner, and to recruit research staff. These issues will be only be addressed by enhancing research infrastructure and by integrating research into the Trust's culture as a quality requirement; as opposed to something which is "nice to have".

Highly research active specialities, by Division

Access & Medicine

- Diabetes & Endocrinology
- Gastroenterology & Hepatology

Surgery

- Critical care, Anaesthesia, Pain and Perioperative medicine
- Gynaecological Oncology
- Ophthalmology
- Gastrointestinal Surgery: colorectal, hepatopancreaticobiliary, oesophagogastric
- Urology
- Breast surgery

Women & Children

Oncology

- Experimental cancer treatment
- Haematology
- Radiotherapy and brachytherapy
- Medical Physics
- Nuclear Medicine

Diagnostics & Clinical Support Services

- Histopathology
- Radiology

Adult community Health Services

SWOT analysis, given below, provides context.

<p>Strengths</p> <ul style="list-style-type: none"> Existing areas of excellent performance Enthusiastic clinicians and research team Strong relationships between individual clinicians and pharmaceutical companies Proximity to, and links with, University of Surrey <p>Large patient population</p>	<p>Weaknesses</p> <ul style="list-style-type: none"> Recruitment and retention of research delivery staff Infrastructure – lack of office space for research staff Not a Medical School Lack infrastructure of large teaching hospitals Not an ECMC
<p>Opportunities</p> <ul style="list-style-type: none"> Build cancer research; volume and scope including early phase and commercial studies Improve efficiency of Trust research processes Increase research in specialist areas, <i>e.g.</i>, hepatology Increase early phase cancer gene therapy research, in collaboration with Clinical Research Centre Build research collaborations across Surrey Heartlands geography, working with Heartlands Academy New Professional Director for Research and Development Increase opportunities for studies to be led by non-medical staff Develop new areas of research participation and excellence in key areas, <i>e.g.</i>, dementia, paediatrics Develop research portfolio in community and primary care within integrated care system 	<p>Threats</p> <ul style="list-style-type: none"> Workforce challenges, particularly recruitment of pharmacists, specialist nurses Lack of time for principal investigators to undertake their duties Ongoing challenge of meeting waiting time targets may take precedent over research-based activity, for all staff groups and departments Lack of spare capacity in key departments <i>e.g.</i>, imaging Lack of engagement due to slow Trust processes Declining funding resulting from failure to recruit to time and target Reputational damage with Pharmaceutical colleagues should there be continued difficulty in prompt trial set-up Competition from neighbouring centres

The Strategy

The ambition within this strategy is for the Trust to achieve a step-change improvement in research performance, reputation and profile, such that research is available to all and the Trust is recognised nationally as a highly research-active Trust, as a characteristic of a well-led organisation.

This can be related to all of the Trust's current corporate goals, as shown below.



At a research strategy workshop in December 2017, with input from Trust Board, governors, researchers, key collaborators from the University of Surrey and the Kent, Surrey and Sussex Clinical Research Network (KSS CRN), the following themes emerged:

- To build on our existing strength in clinical and translational research in oncology and cancer surgery, and extend this across a range of other disciplines.
- To develop a strong research culture in all areas of the Trust by recognising, promoting and supporting staff who participate in research.
- To expand from our existing firm foundations in research to develop into an internationally recognised centre of research excellence.
- To seek collaborations of mutual benefit with other key research leaders in the UK and overseas and to align with the University of Surrey's Research Strategy for the Faculty of Health and Medical Sciences, and the research strategy for the University as a whole.
- To consolidate a strong financial base for research in the Trust.

Reflecting this, we have developed five high level strategic goals against which to assess performance over the next five years:



These goals are applicable across the Trust’s service portfolio, as shown below. Although research is currently best established in the cancer and tertiary services, maximal effect on population health and well-being will result from broadening of the current scope of research, to include out of hospital care and prevention, whilst at the same time building on areas of current strength so as to become nationally/internationally recognised specific areas, where opportunity exists to do so.

- Integrated community care and management of long term conditions: *Establishing the best place for care*
- Secondary and networked care: *Responding to our local population’s needs*
- Comprehensive cancer care: *The cutting edge of quality and care improvement at the centre of our network*
- Tertiary specialist care: *Recognised innovative practice: a hub for a wider population*

Goal 1: Research is well governed and integral to clinical services

Reflecting the finding of Boaz et al (2015); that “Organisations in which the research function is fully integrated into the organisational structure can out-perform other organisations that pay less heed to research and its outputs”, we will, by 2019:

- Introduce and review quarterly scorecard-based Divisional R&D reports, for review at Divisional Executive reviews and Trust QSEPE (Quality, Safety, Effectiveness & Patient Experience) meetings, so as to establish research as a core component of quality within the Trust’s governance and meeting structure.
- Develop divisional R&D plans and update annually, led by Divisional Research Leads

- Incorporate R and D into Trust Quality Improvement and Transformation activity, under the auspices of a Transformation Director
- Review and set expectations of clinical academics and instigate a system of accountability review through joint clinical and research appraisal.

Goal 2: Organisational culture supports staff to be research-active

In acknowledgment of the key importance of organisational culture to the achievement of research-related ambition, we will:

- Broaden awareness of, and exposure to research priorities across Clinical Divisions
- Review structure of and support to the Clinical Research team, including strengthening of leadership and increase in capacity and capability of the team
- Increase critical mass of researchers, by delivery of 5% increase in the number of Principal Investigators in each division by 2020, and of RSCH Chief Investigators by 30% by 2023
- By 2023, double the number of research-active clinicians
- Diversify research delivery team membership, by increasing the number of AHP and Nurse research leads
- Include conduct of research in the job descriptions of all new clinical and allied healthcare professionals, where appropriate; and facilitate research as appropriate Supporting Professional Activity (SPA) within Consultant job plans
- Include research experience/interest within essential or desirable attributes in person specification for all new clinical posts by 2019
- Improve the visibility of Trust research activity to patients, service users and staff
 - 20% increase in research publications by 2021
 - Quarterly good news story in “Surrey Advertiser” and other local media by 2019
 - Patient support network developed for those involved in research by 2019
 - Patient advocate(s) of research in post by 2019
- Ensure that the voice and insight of those with experience of and affected by specific health issues is incorporated into the local research agenda.
- Encourage participation through feedback from the National Institute for Health Research (NIHR) patient research experience survey and local patient feedback surveys
- Reduce the time taken to obtain agreement for studies to open and for first participants to be recruited onto studies
- Increase value for money by process redesign

Goal 3: Strong partnerships support research delivery

Successful delivery of increases in research capability depends on the development of key partnerships. We will:

- Build on existing relationship with The University of Surrey as a key academic partner
 - Increase joint appointments
 - Identify opportunities for joint working and sharing of best practice.
 - Greater access to the CRC and CTU facilities hosted by the University
 - Explore further areas of collaboration; for example, the Business School at the University with its interest in Health Services management
 - Streamline working practices with the University, by developing a Joint Research Support Service (JRSS)
 - Provide clinical input and research collaboration for the ‘digital health’ theme

- Exploit opportunity presented as host for the Kent, Surrey and Sussex Clinical Research Network, further developing this relationship by maximising our contribution to NIHR studies.

- Forge successful partnerships with other major research funding bodies such as the NIHR, Cancer Research UK and the Medical Research Council by ensuring we are partnered with the appropriate expertise.

- Actively seek partnerships for clinical research in primary care and prevention, working with the GP Professional Director and Surrey Heartlands Academy.

- Build partnerships with pharmaceutical and medical device companies, by ensuring that clinicians are supported in delivery of excellent recruitment into commercial studies and that the Trust’s reputation amongst industry colleagues is as an organisation which delivers a safe service to patients and delivers to time and recruitment target.

Goal 4: Nationally and internationally recognised research in specialist areas

In the NHS, success breeds success, since high quality staff are attracted to institutions by perception of quality and potential. We will:

- Make RSCH the first choice for portfolio and commercial studies by increasing the efficiency of study initiation and recruitment, so as to positively enhance our reputation through excellent performance

- Increase and enhance research in existing areas of clinical excellence: urology, robotics, intensive care medicine, minimal access and complex cancer surgery, oncology (as examples) and areas of existing strong research performance: hepatology, diabetes medicine, supportive and palliative care, cancer gene therapy (as examples), supporting clinical teams to reach their full potential
- Explore opportunities for novel areas of research development in emerging key areas in health and care: dementia, use of novel technology, prevention/wellbeing, (as examples), working with System partners
- Increase income generated by commercial trials by 8% per year and number of grants submitted and awarded by 5% per year
- Achieve competitive NIHR CRN ‘recruitment to time and target’ metrics to ensure compliance with the High Level Objectives 4 and 5: 40 days to set-up a set up a study and 30 days to recruit the first patient.
- Increase trial recruitment:
 - Annual tracked increase in recruitment by 5% per annum in each division
 - National standing in CRN recruitment number, year by year rise up league table
 - Open RSCH-initiated studies appropriate to local patient group, population and tertiary catchment
 - Recruit from other sites within KSS to studies initiated at RSCH (one additional centre per year)
 - Increase numbers of commercial studies and recruitment by 30% by 2023

Goal 5: Develop new research areas

Considering the local population needs, research funding opportunities, unfilled niches and how we can best work with the University of Surrey’s research investment strategy we have identified three areas as examples of possible areas of focus, each being eminently suitable for multi-professional research, as they span multiple disciplines:

- **Onco-geriatrics**

As a cancer referral centre in a region with high life expectancy we treat a large number of elderly patients with cancer. Public Health England and The National Cancer Intelligence Network published a report in 2015 “Older people and cancer” which summarised knowledge about older people (over 75) and cancer. People aged over 75 receive one third of new cancer diagnoses and constitute half

of all cancer deaths. Despite this, older patients are less likely to have opportunities to be involved in clinical research and even when offered, are less likely to participate.

- **Geriatric cardiology (cardio-geriatrics)**

Geriatric cardiology melds cardiovascular perspectives with multimorbidity, polypharmacy, frailty, cognitive decline, and other clinical, social, financial, and psychological dimensions of aging. This represents an area where we could develop innovative clinical practice alongside novel clinical research, making the most of our local population needs. For example, heart failure with preserved ejection fraction (HFpEF) comprises almost half of the population burden of heart failure and typically affects elderly patients – there is a major unmet need in researching effective treatments.

- **Dementia**

Over the next 30 years, the number of people in the UK with dementia is predicted to double. The NIHR has funded a major research collaborative “Join Dementia research”. The UK Government have a “Dementia 2020 plan” which describes substantial ongoing increases into research funding. Researchers may have a clinical background in geriatrics, neurology or psychiatry.

Each of these three areas provides good “fit” with the Trust’s clinical strategy and ambitions for integrating care across health and care sectors. Further work is required on the feasibility of these and other possible initiatives, which will depend on targeted investment in new posts to allow the development of clinical research activity concurrent with the development of innovative clinical services. Where possible, we will also explore opportunities to form strategic relationships with established research groups and fund joint appointments with key higher education institutes, or other healthcare providers.

Conclusion

This ambitious strategy for the development of research is aligned with current understanding of the characteristics of high performing clinical organisations, and with the Trust’s Clinical strategy. Delivery requirements include strong clinical leadership, prioritisation of research objectives, resource and an innovative approach to systems working with partner organisations; a delivery plan is appended.

Appendix A: Delivery plan

There will be four programmes of work.

1. Promotion and Engagement

Initiative	Duration of programme	Completion target date
Support service infrastructure – Establish regular meetings with Divisional triumvirates to ensure continued engagement at Divisional level and to ensure continued capacity within support services.	1 year	2019
Develop communications plan to raise awareness of research with patients and staff including: <ul style="list-style-type: none"> • Develop of research branding • Website development • Use of social media platforms • Press Releases • Include research performance in the Trust annual awards scheme • Integrate research team into core clinical environment in appropriate areas • Use feedback via the Patient Experience Survey to raise awareness of research. Applicable to patient, staff & public 	1-2 years	2020
Develop a programme of publicity events with the University - Research days for patients, staff and academic partners, ensuring each event caters to the appropriate audience.	1-2 years	2020
Establish a programme of Patient and Public Involvement utilising the NIHR initiatives and infrastructure.	1-2 years	2020
Develop research culture by working with Divisional research leads to support staff in development of a research culture	1-3 years	2021
Establish research in one new clinical service (SBU) per Division per year	1-5 years	2023

2. Research Infrastructure

Initiatives	Duration of programme	Completion target date
Relocate the distributed research staff into a central location with appropriate facilities.	1-2 years	2020
Establishment of an annual research investment fund for principal investigators (PIs) and non-medical researchers to apply through a competitive process for research awards for protected research time.	1-2 years	2020
Appoint 'Divisional research leads' for each of the 5 divisions.	1-2 years	2020
Divisional research performance report - ensuring research performance is accessed contemporaneously with clinical performance.	1-2 years	2020
Develop and Establish a 'virtual faculty of medicine' - a platform to collate Trust staff research activity including publications, grants and student supervision.	1-2 years	2020
Develop a research forum for researchers, delivery team members and research trainees to come together with peers to develop research ideas and to foster a sense of community	1-2 years	2020
Joint research support services with key academic partnerships	3-4 years	2022
Increase capacity in the research workforce and support services through reinvestment of income generated.	1-5 years	2023

3. Clinical Capacity

Initiatives	Duration of programme	Completion target date
Establish and implement a process for joint appointment with academic partners.	1-2 years	2020
Include research awareness and training opportunities (and activity, where appropriate) in all clinical advertisements, job descriptions and at interview.	1-2 years	2020
Review and set expectations of clinical academics and instigate a system of accountability review – informing clinical appraisal from research appraisal.	1-2 years	2020
Increase the number of Principal Investigators by 5%.	1-5 years	2020
Provide research placements for nurses and AHPs as part of their pre-registration training and offer fixed term yearly secondments to research teams.	2-3 years	2021
Diversify research delivery workforce.	2-3 years	2021
Review all clinical appointments to consider the potential for clinical academic working including nursing and AHP roles.	2-3 years	2021
Improve integration of processes for higher degree candidates.	2-3 years	2021
Increase the number of junior medical, nursing and AHPs involved in clinical research ensuring all registrars undergo research training, namely Good Clinical Practice (GCP).	3-4 years	2022
Increase the number of NIHR and other relevant doctoral, post-doctoral and senior fellowships across the professions and divisions.	1-5 years	2023
Increase the number of Chief Investigators by 30%.	1-5 years	2023
Increase the number of research-active healthcare professionals	1-5 years	2023

4. Income generation

Initiatives	Duration of programme	Completion target date
Explore feasibility of a dedicated commercial business manager.	1-2 years	2020
Develop a programme for showcasing expertise and capacity to commercial industry partners.	1-2 years	2020
Prioritise commercial studies with the greatest potential to generate income.	1-2 years	2020
Establish programme of grant writing workshops linking with expertise from the Research Design Service and CTU.	3-4 years	2022
Increase Research Capacity Funding each year by meeting key metrics determined by the National Institute of Health Research Clinical Research Network, assuming continuation of this funding mechanism.	1-5 years	2023
Increase Research Capacity Funding by increasing the number of participants recruited to NIHR portfolio studies annually.	1-5 years	2023