# The Mid Yorkshire Hospitals NHS

## NHS Trust

*Bringing together community and hospital services*

# MID YORKSHIRE HOSPITALS NHS TRUST

# RESEARCH AND INNOVATION STRATEGY

# 2014-2019

| | |
|---|---|
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| **Approved by:**<br>R&D Committee<br>Clinical Executive Group<br>Quality Committee<br>Trust Board | <br>October 2013<br>November 2013<br>February 2014<br>March 2014 |
| **Review Date** | March 2015<br>Annually thereafter |
| **Version control**<br>Version 2.1 | <br>April 2015 |

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# VERSION HISTORY

| Version | Date | Comments |
|---|---|---|
| 1 | November 2013 | Original version considered by committees as per front cover |
| 1.1 | March 2014 | Dates amended following Trust Board recommendation:<br>• Strategy duration changed from 2013-2018 to 2014-2019.<br>• Milestone dates on pages 11 & 12 amended to reflect business years from date of Board approval. |
| 2.1 | April 2015 | Inclusion of reference to new Research Governance Policy. |

# FOREWORD

*From Dr John Ashcroft, Director of R&D and Chair of the R&D Committee*

To be Director of R&D at this time of great change within NHS research structures provides both great opportunities but also great challenges. The NHS is embracing research as part of its core business, being embedded in both our constitution and operating framework, and this is now directly influencing institutional cultures and distilling out into our clinical practice. If we look back only a few years the majority of us will see huge changes in our respective areas of work,  much of this change has been driven by the latest guidance and practice which is in itself informed by research.

We have wonderful resources within the Trust. Our staff and our patients who, with appropriate support, are already increasing our activity year on year and a firm commitment from our executive means there has never been a better time to build on our previous successes. This commitment to research, alongside the catalysts of the National Institute for Health Research (NIHR) and the formation of Academic health Science networks (AHSNs) aligned with Clinical Research Networks (CRNs) provide us with great opportunities. Over the next five years, guided by this strategy we aim to significantly increase our research output, engage more of our staff at all levels and truly excel. ……please read on.


**Dr John Ashcroft**
**Director of R&D**

# EXECUTIVE SUMMARY

**Purpose / vision**

This strategy seeks to support the Trust's ambition for excellence, by increasing the involvement of clinical services in high quality research in order to improve patient outcomes and contribute to the clinical knowledge base. Our ambition is to expand the opportunity for research participation for patients and staff, including as many departments as possible to broaden inclusion for our population. This will require the development and maintenance of a thriving research culture supported by an appropriate infrastructure.

**Strategic Aims**

1. **Excellence in the delivery of research**: putting quality first in all our research endeavours, delivering best performance in research metrics, and adding value to our clinical activities for staff and patients.
2. **Increase research capacity and capability**: investing research income to enable more research activity driven locally and aligned to local priorities.
3. **Increase research income**: building research business to enable investment and grow additional return, with benefits accruing to the Trust, divisions and departments.
4. **Increase inclusion and participation**: promoting quality and relevance by including and supporting all professional groups, 'hard to include' patients and clinical services, and facilitating patient involvement in the design and delivery of projects.
5. **Promote partnerships that support our ambition**: cultivating productive relationships with research partners to maximise activity and income.

**Delivering the strategy**

Achieving our ambitions will rely on trust-wide support for and understanding of the contribution research makes to clinical care. Strengthened communication and reporting mechanisms will enable clinicians, managers and patients to support our efforts and celebrate our successes. Underpinning our aims are goals, metrics and key performance indicators. Performance and assurance will be overseen by the Research & Development Committee, and reports provided twice yearly to the Quality Committee from the Research Committee.

# INTRODUCTION

This strategy seeks to support the Trust's ambition for excellence, by increasing the involvement of clinical services in high quality research improving patient outcomes and contributing to the clinical knowledge base. Our ambition is to expand the opportunity for research participation for patients and staff, including as many departments as possible to broaden inclusion for our population and embedding research as part of our core business. This will require the development and maintenance of a thriving research culture supported by an appropriate infrastructure.

# STRATEGIC CONTEXT

There are national drivers specific to healthcare research, which describe why our trust should participate in research. These include:

- 97% of the public believe it's important for the NHS to support research into new treatments (*Ipsos MORI* )
- The NHS has a commitment to the promotion and conduct of research to improve the health and care of the population (*NHS Constitution* )
- NHS England: it's duties to promote research and innovation – the invention, diffusion and adoption of good practice (*The Mandate)*
- Innovation is a key driver of long-term growth in the healthcare sector and key to the NHS improvement agenda (*Plan for Growth* )
- NHS organisations that are research active appear to have better overall performance than non research active trusts (*NHS Confederation*)

At a Yorkshire & Humber level, there is the prospect of reputational, clinical and financial benefits to the Trust during the setup and growth of the new Y&H Clinical Research Network (YHCRN) and the Y&H Academic Health Science Network YHAHSN). YHCRN is to be hosted by Sheffield Teaching Hospitals NHS Trust from 1st April 2014, and will deliver funding and support to the Trust, and performance manage us against key research metrics set by the NIHR. YHAHSN supports increased research activity and improved research quality as a key driver of its innovation, health and wealth agenda for the region. The YHAHSN operational plan includes the development of a 'research CQIN (Commissioning for Quality and Innovation)' and targets to enable more rapid start up of projects.

The Trust launched 'Striving for Excellence' at its Annual General Meeting on 26 September 2013, this programme aims to enable the Trust to:

- Improve services to patients so that they are equal to the best in the country
- Prevent all avoidable harm to patients
- Live and grow within the resources available whilst clearing the historic debts

- Develop the Trust's people so that they can achieve the best for themselves and improve outcomes for patients
- Surpass the expectations of patients and commissioners.

As is the case for every department, we seek to support the Trust's wider ambitions. Now is the time to look forward and take the opportunities that internal and external reconfigurations provide. New clinical relationships will bring different partner organisations to work with, alongside patient populations who will expect access to new drugs, treatments and innovations.

This may also be a time of risk. NIHR expects increased research activity and improved performance within a static budget. This strategy meets that challenge by planning to increase commercial research activity, increase income, and invest in new areas of activity.

# CURRENT TRUST PROFILE

The majority of our research activity is peer-reviewed, funded externally, and 'adopted' by the NIHR. The NIHR is sometimes described as the 'research arm' of the Department of Health. NIHR-adopted research is supported and performance managed by the national systems, processes and financial streams put in place to underpin the national strategy to ensure only high quality research is financially supported by the NHS. The Trust also participates in studies which are 'non-NIHR', and systems for local authorisations are in place to ensure these have only minimal capacity / resource implications and are acceptable to local management teams. Studies can be categorised as commercial (usually funded by a pharmaceutical company), non-commercial (led by another NHS Trust or a University), or student projects (MSc or PhD level). Table.1 shows the numbers of each type of study currently open in this Trust:

|  | Non-commercial | Commercial | Student |
|---|---|---|---|
| NIHR | 178 | 11 | 3 |
| Non-NIHR | 44 | 17 | 15 |

Table.1

Many studies are either open or in follow up for several years, particularly oncology studies where follow up data is often collected until the patient dies. Each year, the Trust approves around 60 new studies, and a similar number close each year.

Clinical specialties with a constant level of research activity include; Critical Care, Diabetes, Haematology, Oncology, Ophthalmology, Paediatrics, Rheumatology, Stroke, Urology, and Women's Services. Other specialties are also active participants, but in fewer studies and are still building a sustainable portfolio.

Research performance nationally is publicised annually by the NIHR at
http://www.guardian.co.uk/healthcare-network-nihr-clinical-research-zone

Performance is also reported quarterly by our local NIHR Research Network in papers circulated to its Board members, and in regular monthly reports received by R&D managers.

Reports from the NIHR for 12-13 showed Mid Yorkshire within the most active third of NHS Trusts in terms of numbers of studies open, and numbers of participants recruited, and in the middle of the pack for 'large acute trusts'. National data for 12-13 was released in June 2013 (Table.2).

| 2012-2013 | All NHS trusts | Large acute trusts |
| --- | --- | --- |
| Number of studies open | 52nd / 390 | 20th / 44 |
| Number of recruits | 105th / 390 | 24th / 44 |

Table.2

Our research ambition is for excellence, matching the Trust's ambition for clinical care. Research contributes importantly to the quality agenda, encourages innovation, and promotes clinical excellence. Our overall strategic direction will be supported through the successful implementation of this research strategy

# STRATEGIC VISION AND AIMS

This strategy has five key aims, each with a set of related objectives, which align with the visions of the Trust, YHAHSN, YHCRN and NIHR for achieving excellence in research over the next five years. They are set out below, with a related monitoring plan, and a table of measurable deliverables.

1. **Excellence in the delivery of research**: putting quality first in all our research endeavours, delivering best performance in research metrics, and adding value to our clinical activities for staff and patients.

    a. Professional leadership development to drive excellence in research conduct across all professional groups
    b. Strong Patient and Public involvement
    c. High quality research / NIHR as a majority (75%) of our portfolio
    d. 'Best in class' measured by NIHR high level objectives
        i. 10% per annum increase in research participation
        ii. 80% studies recruiting to time and target
        iii. 10% per annum increase in number of commercial studies
        iv. 90% studies given permission within 30 days

2. **Increase research capacity and capability**: investing research income to enable more research activity driven locally and aligned to local priorities.
    a. Increase numbers of staff bidding for grant funding
    b. Increase local training opportunities supporting researchers, including good practice in research (GCP) and use of the integrated research application system (IRAS)

    c. Involve all professions and services
    d. Increase staff training using funded NIHR fellowships
    e. Develop collaborations/partnerships to build local skills and confidence
    f. Engage/support divisions and researchers building infrastructure
    g. Consistent and transparent reinvestment of commercial profit

3. **Increase research income**: building research business to enable investment and grow additional return, with benefits accruing to the Trust, divisions and departments.
    a. Develop reputation for excellence with commercial companies to attract and retain business
    b. Maximise income from all possible sources:
        i. YHCRN support funding for NIHR research
        ii. Grant income as leaders or collaborators from NIHR or charitable funders
        iii. Pharmaceutical companies
        iv. Medical device companies
    c. Incentivise divisions / services to support research using a proportion of commercial income
    d. Systems to support and commercially exploit clinical innovation

4. **Increase inclusion and participation**: driving up quality and relevance by supporting all professional groups, 'hard to include' patients and clinical services, and facilitating patient involvement in the design and delivery of projects.
    a. Strengthen local research quality
    b. Professional research support networks
        i. Doctors
        ii. Nurses
        iii. AHPs
        iv. Patient consultation 'expert patient groups'
    c. Enabling participation in 'hard to include' groups and services, utilising our strengths
        i. Older adults
        ii. Emergency care
    d. Supporting specialist service participation
        i. Spinal Injuries, Burns
    e. Promote and celebrate success

5. **Promote partnerships that support our ambition**: cultivating productive relationships with research partners to maximise activity and income.
    a. Ensure representation and involvement in the Y&H AHSN and Y&H CRN maximises opportunities for involvement in improvement projects that lead to further research programmes
    b. Cultivate partnerships with Universities in programmes of research
    c. Close collaboration with YHCRN
    d. Cultivate 'repeat business' with pharmaceutical and device companies, and with charitable funders

# GOVERNANCE ARRANGEMENTS

Responsibility for the delivery of this strategy lies with the Medical Director, supported by the Director of Research and the Head of Research.

The table below details key deliverables which must be achieved to realise the benefits of this strategy. They provide measurable, realisable milestones which will provide the framework for performance reports.

Support, advice and oversight of progress will be the responsibility of the Research Committee, which draws members from Divisions and support departments.

Performance and assurance reporting will be via twice yearly reports to the Quality Committee from the Research Committee.

Trust research activity is governed in line with the MY Research Governance Policy.

# RISKS AND MITIGATION

The table below shows the principle risks to delivery of this Strategy.

| Risk | Mitigation |
|---|---|
| There is a risk that the Strategy will not be achieved due to failure to engage clinical staff with commercial activity. | The R&D Director will engage with colleagues to assure them of the low risk, high quality studies available to them.<br>Financial plans to ensure divisions and specialties benefit from an agreed proportion of commercial income will incentivise this work. |
| There is a risk that the proposed increase in capacity through training will not be achieved | Improved reporting of activity and income to divisional managers will support the perception of research as part of core business, and a legitimate area to support training in order to grow activity and income. |
| There is a risk that external income from YHCRN could be reduced in future years. | Achievement of the key metrics set out in the table of deliverables will safeguard NIHR income streams. The strategy seeks to increase commercial income as a direct recognition of this risk. |

# COMMUNICATIONS

The Strategy will be launched across the Trust following Trust Board approval of the draft strategy in March 2014. The Strategy is relevant to all Trust staff, our partners and stakeholders.

Summary monitoring reports will be published on the trust intranet.

# KEY DELIVERABLES AND MILESTONES

| KPI | By 1st April 2015 | By 1st April 2016 | By 1st April 2017 | By 1st April 2018 | By 1st April 2019 |
|---|---|---|---|---|---|
| Increased research income supported by robust internal management systems<br><br>Objectives 2f, 2g 3c | Grow commercial income by 10% | Grow commercial income by 10% | Grow commercial income by 10% | Grow commercial income by 10% | Grow commercial income by 10% |
| | Finance to provide quarterly reports by division and specialty detailing resource allocation and associated income | Implement income distribution model for commercial studies | | | |
| | | Host and manage 1 academic grant award | Develop 1 commercial partnership with local SME | Host and manage 3 academic grant awards | |
| Increase the number of open commercial studies<br><br>Objectives 1diii, 3b | Increase number of commercial studies open by 10% | Increase number of commercial studies open by 10% | Increase number of commercial studies open by 10% | Increase number of commercial studies open by 10% | Increase number of commercial studies open by 10% |
| Meet and surpass key NIHR high level objectives<br><br>Objectives 1d, 3a, 3bi | Improve 'first patient first visit' performance by 10% | Improve 'first patient first visit' performance by 10% | Improve 'first patient first visit' performance by 10% (meet 80% target) | Improve 'first patient first visit' performance by 10% (surpass target) | |
| | Improve recruitment to time and target performance by 10% | Improve recruitment to time and target performance by 20% | Improve recruitment to time and target performance by 20% | Improve recruitment to time and target performance by 20% (surpass 80% target) | |
| | Increase recruitment by 10% | Increase recruitment by 10% | Increase recruitment by 10% | Increase recruitment by 10% | Increase recruitment by 10% |

| KPI | By 1st April 2015 | By 1st April 2016 | By 1st April 2017 | By 1st April 2018 | By 1st April 2019 |
|---|---|---|---|---|---|
| Increase number of staff receiving NIHR training awards Objectives 2a, 2b, 2c, 2d, 3b, 4a, 5b | | 2 staff in receipt of NIHR training awards | | 4 staff in receipt of NIHR training awards | |
| Increase number of research-active staff Objectives 1di, 2d, 2f, 3bi, 3bii, 4c, 4d | Increase local principal investigators by 10% | Increase local principal investigators by 10% | Increase local principal investigators by 10% | Increase local principal investigators by 10% | Increase local principal investigators by 10% |
| | | | 1 x local Chief Investigator | | 2 x local Chief Investigators |
| | | Nurse / AHP led studies increased by 20% | Nurse / AHP led studies increased by 20% | Nurse / AHP led studies increased by 20% | Nurse / AHP led studies increased by 20% |
| Establish research support network across clinical specialties Objectives 1a, 2c, 2e, 3c, 4b | 6 identified research leads | 9 identified research leads  Lead role recognised within job planning | 12 identified research leads, Lead role financially supported by Divisions via commercial income. | | |
| Celebrate success Objectives 1b, 4e | Establish format to report research achievement in trust publications. | Research section of trust electronic bulletin 4 x per annum. | Research annual awards established. Categories to include patient involvement. | | |