

Research Strategy 2021-2024



Forward

I am proud to share our next Research Strategy for 2021-2024. York and Scarborough Teaching Hospitals NHS Foundation Trust is undergoing a period of investment and change since I became CEO, and research is integral to our plans. We are determined to expand the opportunities to get involved with research for our patients and staff and deliver on our research vision.

“To work together to strengthen the research culture within our Trust and to embed research into everyday clinical practice”

This strategy is ambitious and builds on the notable achievements of the last research strategy that remodelled our research infrastructure and built strong local collaborations. We are now in a position to further build our research capability and capacity and maximise our research opportunities. Our plans for growth are possible due to our partnerships with our local Universities and collaborators; and we will build on these existing linkages and strengths as well as developing new opportunities. Delivering top quality care for our patients is our business, and being a research-intensive organisation and delivering the aims within this strategy play a key role in this.

I am excited to work with our patients, carers, staff and partners in delivering this strategy.

A handwritten signature in black ink, appearing to read 'S Morritt', with a stylized flourish at the end.

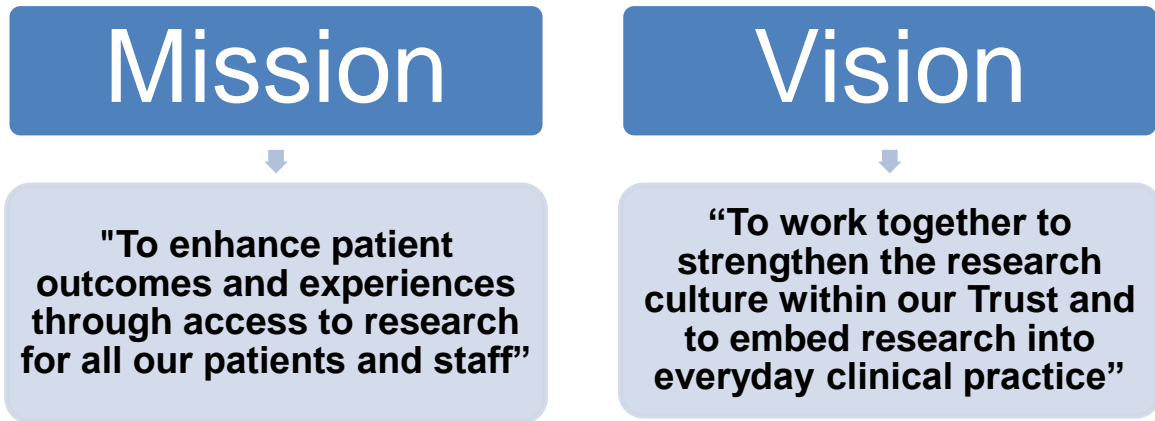
Simon Morritt
Chief Executive

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1.0 Introduction

This document sets out the strategic direction for Research and Development for York & Scarborough Teaching Hospital NHS Foundation Trust for 2021 – 2024 all focussed around our mission and vision.



This strategy is aimed at describing in detail the strategic direction of our research programme and will lay foundations to exploit, develop and strengthen our research portfolio in the future.

Our ambitions are focused around our six strategic themes with 4 cross cutting enabling objectives



1.1 National Drivers

Research plays a vital role in improving patient outcomes by increasing our understanding of health and disease, by developing and refining evidence-based interventions and by enhancing service delivery.

As such, the NHS constitution states that it is committed to innovation and to the promotion and use of research to improve the current and future health and care of the population. It also states that the NHS will inform all patients of research studies in which they are eligible to participate in.

The Department of Health created the National Institute for Health (NIHR) in 2006 which is the largest funder of clinical research in England. The NIHR fund health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all our work. They ensure that the NHS is able to support the research of other funders to encourage broader investment in, and economic growth from, health research. They work with charities and the life sciences industry to help patients gain earlier access to breakthrough treatments and train and develop researchers to keep the nation at the forefront of international research,

Since the formation of the NIHR, there is an increasing body of evidence that demonstrates that patients being treated in research active hospitals have better outcomes, improved mortality rates, have more confidence in their treatment and in staff and as such have a better experience^{1,2,3,4,5} (see appendix section 5.1). There is further evidence that research active hospitals have better CQC results⁶ and greater organizational efficiency, with improved staff satisfaction and reduced staff

turnover⁷. Finally treatment of patients on clinical trial protocols was associated with considerable cost savings across both the non-commercial and commercial portfolio⁸.

In addition to this academic evidence to support the undertaking of research in NHS hospitals, there have been several key reports published that aim to facilitate an NHS organization to engage in research (see appendix section 5.2). The reports outline ways to overcome barriers and how to build a research confident workforce.

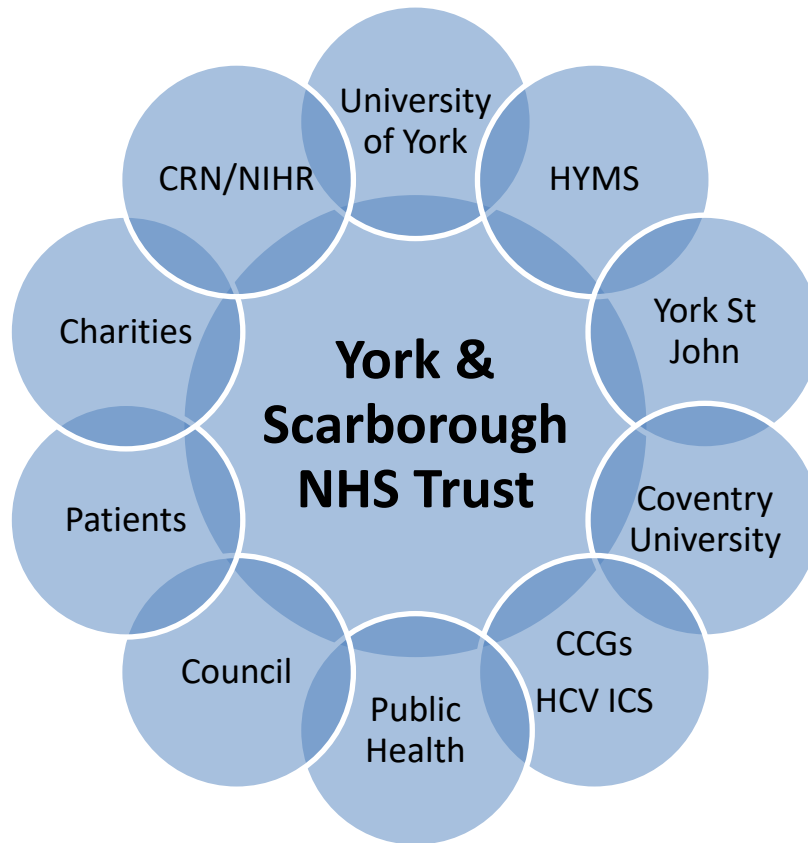
1.2 Local Drivers

The NIHR Yorkshire and Humber Clinical Research Network (Y&H CRN), provides the infrastructure that allows high-quality clinical research to take place in the NHS locally, so that patients can benefit from new and better treatments. The infrastructure is provided by allocating income to their partner organisations to employ the research staff they need to deliver research. Y&H CRN currently provide approximately £1.3M per annum support our Trust to deliver its clinical research portfolio, and accrue 4000 patients a year into clinical trials. This budget supports the research delivery teams (Research Nurses, Support Services, Clinical Trials Assistants and Clinical Research Practitioners) across all our Care Groups.

Corporately there is a drive to facilitate and support research within the Trust, being part of the Workforce and Organisational Development (WOD) Directorate, research will assist with the delivery of the WOD strategy by recruiting and retaining the best staff to enhance our workforce and raise our profile. Research is part of the Trust Strategy 2018-2023 that states developments in research and education will make us an attractive place to work. Finally research fits well alongside the new Trust values of Kindness, Openness and Excellence

1.3 Working with Partners

We have seen enhanced working with our local partners to deliver of joint research initiatives, and as such we now have a wide network of collaborations and willing partners wishing to work with us to drive the local research agenda forward.



To match our local partner research interests with our own research interest two key priority research areas have developed to be the focus on this strategy

- Health and Wellbeing
- Technologies for the Future

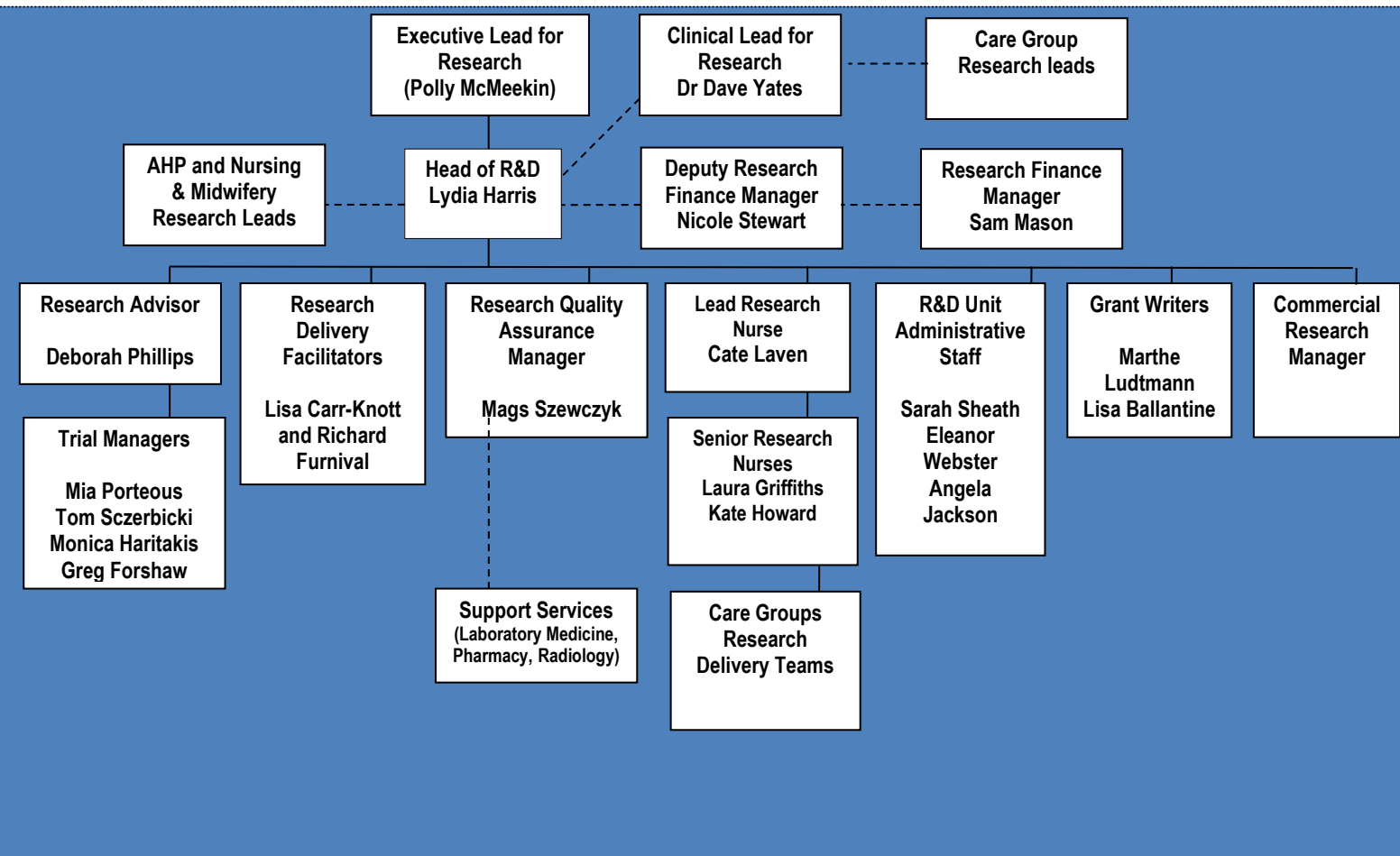
During the delivery of this strategy we will set up key working groups around these two strategic areas to focus our attentions on increasing our capacity and capability to deliver research in these areas and to stimulate research ideas. We envisage an increase in submission for external funding in these two areas as well as an increase in our own grown research. These two areas will also be the focus of the Commercial Research Manager role, to strive to develop and engage local commercial entities within this space.

2.0 Current Position of Clinical Research

Currently we have approximately 100 research studies open to recruitment and we accrue over 4000 patients every year to clinical trials in a wide range of specialties across all our Care Groups.

To strengthen and develop our new research strategy we have appointed a Clinical Lead for Research, Dr David Yates Consultant in Anesthesia, Perioperative Medicine and Intensive Care Medicine. In addition, we have employed a Care Group research lead for each of our six Care Groups along with an Allied Health Professional research lead and a Nursing & Midwifery research lead.

We now have the following structure:



We have restructured our research delivery teams to fit under the Trust new Care Group structure and we have appointed a Care Group Research Lead for each of the six Care Groups, to facilitate and promote research.

Care Group 1	Care Group 2 Scarborough	Care Group 3	Care Group 4	Care Group 5	Care Group 6
ED	ED	Theatre	Oncology (inc surgery)	Obs & Gynae	Rheumatology
Elderly	Elderly	Anaesthetics	Haematology	Paediatrics	Dermatology
Stroke	Stroke	Peri-Op	Endoscopy	Sexual Health	Neurology
Cardio	Cardio	Critical Care	Pharmacy		Diabetes & Endocrinology
Cardio-Respiratory	Respiratory	ICU	Lab Medicine		MSK
Respiratory	Renal	Surgery-General	Microbiology		Orthopaedics
CF	Gastro	Urology	Radiology		Ophthalmology
Sleep Services	Palliative Care	Vascular			Patient Safety & Experience
Renal		Breast			Psychological Medicine
Gastro		MaxFax			
Palliative Care		Restorative Dentistry			
Community		ENT			(All diagnostic services and AHPs)
		Pain			
<u>Research Lead</u>	<u>Research Lead</u>	<u>Research Lead</u>	<u>Research Lead</u>	<u>Research Lead</u>	<u>Research Lead</u>
James Turvill (Consultant Gastroenterologist)	Justin Ghosh (Consultant Cardiologist)	David Seymour (Consultant Oral Rehabilitation)	Michael Lim (Consultant Colorectal and General Surgeon)	Adrian Evans (Consultant Obstetrician and Gynaecologist)	Rob Ellis (Consultant Dermatologist)

We are seeing a rise in the amount of research grants we submit to external funders for support due to the recruitment of two Grant Development Officer posts, which has also seen a growth in our active research collaborations and Patient and Public involvement activities and focus groups. To support this further, Memorandums of Understanding between our Trust and the University of York and the York St John University have been written and signed.

Our relationships with our local universities continues to grow with an increasing number of collaborations and joint grants submissions being developed. We have strengthened our links with York St John University by employing three jointly supported Allied Health Professional PhDs. We are also discussing other jointly supported posts, clinical services and future grant applications with them. We have also started discussions with Coventry University and how we can support research in the student nursing curriculum at Scarborough.

A flexible workforce is key to ensure we do more with the resources we have so we have created a band four clinical research practitioner role that can consent patients into low risk trials, freeing up the band six research nurses to concentrate on the more complex studies. We have also created a

Research Nurse bank to offer *ad hoc* support to our clinical trials, re-structured research labs and research pharmacy teams, and moved our research delivery workforce into a cluster model so the research workforce support all our Care Groups in a flexible way

We now have the infrastructure and processes to host and manage large grants awards, our Deputy Finance Officer for research have created a process to track and monitor our grant and commercial income; ensuring invoices are sent to sponsors and paid in a timely fashion. We also ensure commercial research income and Excess Treatment Costs from research studies flows to directories according to our commercial income policy.

We are beginning to raise the research profile of the Trust, we have created a new R&D website (www.research.yorkhospitals.nhs.uk) and we hold several research events throughout the year to promote research on site and in York city center, we have regular interview slots on hospital radio and staff magazines and we participate in University events where applicable. We also had regional TV coverage from our involvement in the Medicago Covid 19 vaccine trial and we utilise national awareness days (such as World Kidney Day) to have smaller events in key clinical areas throughout the year.

2.1 Our Current Performance in Research

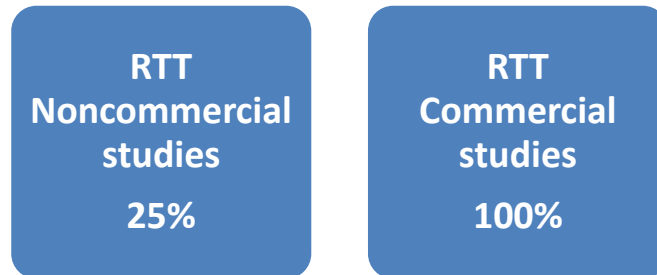
2.2.1 NIHR metrics

We are performance managed by the NIHR/CRN against a set of High Level Objectives, the key ones for us are the number of patients we put into clinical trials in a year, and the number of studies we close to time and target (as agreed in the contract).

Throughout the past 5 years the Y&H CRN have set the accrual target for our Trust at 3800 patients, a figure we have achieved year on year.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021-21	615	597	440	461	421	331	259	484	293	513	201	145	4760
2019-20	334	275	284	298	348	220	464	615	477	426	365	166	4272
2018-19	249	322	562	354	731	531	365	408	145	319	442	512	4940
2017-18	222	280	291	262	244	340	358	535	167	546	311	483	4039

Nationally a figure has been set by NIHR at 80% for the number of studies we open, recruit to, and then close on time and to target (Recruitment to Time and target- RTT). This is a figure many Trusts struggle to meet, especially with the pandemic, currently our figures are



2.2.2 Research Key Performance Indicators

We propose to monitor the success and impact of this strategy and our research portfolio against a large set on Key Performance Indicators for research. These can be found in Appendix 5.3.

3.0 Our Strategic Themes and Cross Cutting Enabling Objectives

We will achieve this mission and vision by prioritising our strategy across six strategic themes that are underpinned by four cross cutting enabling objectives that are:



3.1 Theme 1 Research Enabled by Innovation and Improvement

This theme is driven by our desire to increasingly use digital platforms and artificial intelligence (AI) to support and deliver clinical research, and our desire to increase our commercial income, by recruiting a commercial business manager for the R&D Department. This theme also mirrors well the new NIHR strategy that has recently been published [Saving and improving lives: the future of UK clinical research delivery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672222/Saving_and_improving_lives_the_future_of_UK_clinical_research_delivery_-_GOV.UK_(www.gov.uk).pdf).

York & Scarborough Teaching Hospitals NHS Foundation Trust uses a powerful database for everyday clinical use- the Core Patient Database. This resource is rarely used for research purposes but is a fantastic repository of information. We propose to investigate the possibility of utilising this information with our collaborators to build a York Institute for Bioanalytics and moving our Trust to a position of 'Presumed Research Consent' for all patients using our clinical services. This would significantly improve access to clinical information for our researchers.

The key achievement measures to be undertaken in this theme are as follows;

	Developing Research Informatics	Utilising technology to aid research	Creating a research workforce for the future	Creating Financial Sustainability
Research enabled by Innovation and Improvement	<p>Introduce 'research round-ups' at Directorate Clinical Governance meetings.</p> <p>Work with Digital Information Services to create an R&D digital road map</p> <p><i>Move the Trust to presumed research consent for all patients entering the trust</i></p>	<p>Purchase and host REDCAP software to support research studies</p> <p>Increasingly use digital platforms and AI to deliver clinical research</p> <p><i>Create a York Institute for Bioanalytics</i></p>	<p>Recruit Commercial Research Manager within R&D team</p> <p>Recruit Clinical Academic in Data Science</p> <p>To increase commercial research in Health and Wellbeing and Technologies for the Future themes</p>	<p>Secure NIHR grant income and to increase Research Capacity funding</p> <p><i>Increase commercial research funding by 20%</i></p>

Attainable and Aspirational

3.2 Theme 2 Embedding Research into our Culture

The work in this theme is centered on our vision, “*To work together to strengthen the research culture within our Trust and to embed research into everyday clinical practice*”. As a Teaching Hospital research should be at the center of everything we do, and attainable to all our staff, students and patients. We therefore wish to have research as part of all staff and student inductions and discussed and performance managed routinely as part of or daily activities and management meetings. We also wish to raise the profile of our activities by enhancing our social media presence and promoting research internally at a series of research events.

The key achievement measures to be undertaken in this theme are as follows;

	Developing Research Informatics	Utilising technology to aid research	Creating a research workforce for the future	Creating Financial Sustainability
Embedding Research into our Culture	Create Performance Operating Framework (POF) for research activity	Start an Research Department social media account	Undertake a Critical friend review of research activity within the Trust and learn from feedback	Ensure research finances are managed in accordance with NIHR costing rules
	Ensure research metrics are reported and discussed annually at executive board and Research Committee meetings	Create a monthly research and innovation newsletter to all staff and patients	Create a new research pack for all new staff and students as part of Trust Induction	<i>Ensure we are placed within top 30 in national NIHR recruitment league table</i>
	Ensure research performance is routinely discussed at Care Group meetings	Use Tableau to create regular Care Group research briefings and updates	Ensure we have a full program of research events encompassing all relevant teams and national awareness days(AHPs/PPI/Nurses/Midwives etc)	
		All research active staff fully registered on Research Gate/ORCID	Engage with student nurses and midwives and AHPs in key specialists areas during their study to increase the number of student research projects	
		Promote research as a key form of learning		

Attainable and Aspirational

3.3 Theme 3 Sustainable and Empowered Research Workforce

The work in this theme is centered around our desire to increase the Trusts Capacity and Capability to undertake and facilitate research. Our ambition is to start a recruitment campaign with local Universities and Medical School to employ Clinical Academics/AHPs and Nurses & Midwives across our Trust, to really drive our research agenda forward. To assist with recruitment and retention of staff we wish to increase the number of research trained staff and students and research aware staff. This starts from the very beginning by having research embedded in our recruitment and selection processes, as well as embedding research into our appraisals and job planning processes. Recognising time to do research in staff jobs is essential if our research portfolio is to grow and this strategy is to be a success, as is supporting and developing early career researchers, supporting talented staff and students with an interest in research and PhD students

The key achievement measures to be undertaken in this theme are as follows;

	Developing Research Informatics	Utilising technology to aid research	Creating a research workforce for the future	Creating Financial Sustainability
Sustainable and Empowered Research Workforce	<p><i>Increase by 25% number of staff per Care Group trained in Good Clinical Practice (across all professional groups)</i></p> <p><i>Increase by 10% number of staff per Care Group trained as PI's(across all professional groups)</i></p>	<p>In Increase visibility of research to our staff, students and patients</p> <p>Develop further and maintain research department website</p>	<p>Implement consultant research SPA matrix to be part of Trusts consultant job planning</p> <p>To recognise research time in research active AHP and Nursing & Midwifery job plans</p> <p>Develop our capacity and capability by recruiting and retaining the best research active staff and students</p> <p>Create a research bank for band 2/3 admin posts to start to get involved with research projects</p> <p>Create a multidisciplinary network of research champions in each Care Group to support local Care Group research activities</p> <p>Be creative in looking at new ways to encourage staff, students and patients to get involved with research (taster sessions, secondments, research buddy network etc)</p> <p>Create a research induction booklet and Webex training for all</p>	<p>Create research finance spreadsheets for each Care Group – explain income distribution models</p> <p><i>Ensure we secure a Trust PhD stipend fund</i></p> <p><i>Secure support and finance for research training (MScs etc)</i></p> <p><i>Secure support and funding for locally funded ACFs</i></p>

new research staff that includes a set of research competencies

Create early career researcher programme for all Trust staff

Create research career pathway pages for our website to cover Research staff/AHPs and Nursing & Midwifery staff

Ensure all JDs/interviews/appraisals systems embed research into their processes

Appoint 1 x locally funded NIHR ACF per Care Group

Appoint 2 PhD students per Care Group

Create a new PI programme/ training package to encourage new PIs

Recognise research time in ALL research active staff rotas

Ensure research is part of Trust statutory and mandatory training available for all staff and students

Create a mechanism to talent map excellent research staff and students and support career development

Attainable and Aspirational

3.4 Theme 4 Responsive and Relevant Research and Innovation

Ensuring our research portfolio is relevant to our population is key, and mirrors the new NIHR strategy [Saving and improving lives: the future of UK clinical research delivery - GOV.UK \(www.gov.uk\)](http://www.gov.uk), this strategy states that research should follow patient population/need and spanning all aspects of care. To do this we will continually mine the NIHR portfolio to identify relevant research to our population to undertake and support in our Trust, and create a Multi-morbidity Hub in Scarborough Hospital. We will explore ways to encourage and support research innovation within our Trust, especially around our two key priority research areas Health and Wellbeing and Technologies for the Future. We also strive to win external funds and awards to recognise our innovative ideas.

The key achievement measures to be undertaken in this theme are as follows;

	Developing Research Informatics	Utilising technology to aid research	Creating a research workforce for the future	Creating Financial Sustainability
Responsive and Relevant Research and Innovation	<p>Continually mine the NIHR portfolio to identify relevant research to undertake and support in our Trust</p> <p>Ensuring our research portfolio is relevant to our population</p> <p>Meet our CRN accrual target every year</p> <p><i>Have 80% of our studies meeting RTT</i></p>	<p>Set up working groups around the two strategic areas of Health and Wellbeing and Technologies for the Future to grow capacity and capability in these fields.</p> <p>To increase in research applications for funding in Health and Wellbeing and Technologies for the Future</p> <p>Utilise our data and informatics to inform our research ideas</p> <p><i>Submit an application for innovation funding (e.g. I4I NIHR Grant)</i></p>	<p>Create Nurse & Midwifery and AHP research forums to expand research and ensure its relevance to our staff and patients</p> <p>Work with local universities and medical school to enhance research training opportunities for their staff and ours and use expert patients in this process to ensure the research has relevance</p> <p>Create a Multi-morbidity Hub in Scarborough Hospital</p>	<p><i>Secure funds to support local innovation and research awards</i></p> <p><i>Secure funds to support conference attendance and presentations</i></p>

Attainable and Aspirational

3.5 Theme 5 Strategic Collaborations and Multi-Disciplinary Networks

The best research comes from ideas born from collaborations and multi-disciplinary networks. To enhance our existing relationships we will create a Research Committee that will include all major local stakeholders to review progress against this research strategy, and develop future research ideas. These will be focussed around (but not exclusive to) our two key priority research areas Health and Wellbeing and Technologies for the Future. The appointment of strategic clinical academic posts, with our local university partners is key to this. Finally, it is also key that we engage with our ICS to allow real time conversion of primary care data to research ready datasets in region

The key achievement measures to be undertaken in this theme are as follows;

	Developing Research Informatics	Utilising technology to aid research	Creating a research workforce for the future	Creating Financial Sustainability
Strategic Collaborations and Multi-Disciplinary Networks	<i>Develop IT connectivity across all health sectors in the ICS to allow real time conversion of primary care data to research ready datasets in region</i>	<p>Build critical mass in priority research areas Health and Wellbeing Technologies for the Future</p> <p><i>Engage with Humber Coast and Vale Digital Fast Forward Plan</i></p>	<p>Form a Research Committee (To include all major R&D stakeholders) to review progress against research strategy</p> <p>Review honorary research contracts annually in a view to maximise research collaborations</p> <p><i>Embed R&I in Humber, Coast and Vale Health and Care Partnership development and discussions</i></p> <p><i>Appointment of 1 x clinical academic per Care Group</i></p> <p><i>Appoint at least 1 x clinical academic to develop the AHPs and Nursing & midwifery research agendas</i></p> <p><i>Increase number of PhDs by 20% across all Care Groups</i></p>	<p>Increase number of grant applications for external funding by 20% with partners</p> <p><i>Create Academic units within the Trust to match local academic research interests</i></p>

Attainable and Aspirational

3.6 Theme 6 Enhanced Patient Experience and Involvement

Patients are at the heart of everything we do in research and therefore form our final strategic theme. Over the coming years we wish to strengthen and widen the patient involvement in our research by creating Care Group research Champions and Ambassadors as well as growing our lay panels. We will endeavor to have greater representation from the East Coast in our patient involvement and reach out to harder to reach minority groups. We also wish to have true representation from the underrepresented, comorbid communities along the East Coast. We will ensure our research updates are cascaded to our patients and involve them in designing and supporting key research grants we develop. There will be lay representation on the Research Committee and R&D Group ensuring the patient voice in all key research strategic decisions.

The key achievement measures to be undertaken in this theme are as follows;

	Developing Research Informatics	Utilising technology to aid research	Creating a research workforce for the future	Creating Financial Sustainability
Enhanced patient experience and involvement	<p>Create research updates for patients (on-line, paper and TV for waiting areas, etc)</p> <p>Create communications to normalise the involvement of research to patients and staff</p> <p>Expand out to hard to reach areas/groups in York to expand our PPI input</p> <p><i>Make sure all patients know of research being undertaken by their consultant.</i></p>	<p>Expand our on-line lay panel</p> <p>Use social media to advertise involvement opportunities</p> <p>Co produce lay members videos on how to get involved and how their contributions make a difference</p> <p>Promote PPI as a core function of R&D</p>	<p>Create Patient Research Ambassador for each Care Group</p> <p>Create a PPI and education group per Care Group</p> <p>Hold an annual showcase event of the research projects completed by the Student Nurses and AHPs</p> <p>Hosts Annual outreach research events</p> <p>Co produce a PPI best Practice Framework</p> <p>Co produce case reports on involvement</p> <p>Co produce an induction pack and buddy system for new lay members</p>	<p>Secure funding for local PPI events</p> <p>Create a PPI cost reimbursement policy</p>

Attainable and Aspirational

4.0 Implementation- Our Plan for Strategy Delivery

The set of Key Performance Indicators as shown in section 2.2.2 will be captured each year and presented to the Research Committee and Trusts Executive Board, for review. In addition progress

against each of the key achievement measures for each theme will be reviewed at the twice yearly Research Committee, where any problems with implementation will be discussed with our key stakeholders. We anticipate that at a minimum all attainable key achievement measures will be accomplished within the next three years. We also hope that the majority of our aspirational measures will also be attained. Finally, a detailed annual review will be written to accompany this strategy that will outline our progress.

5.0 Appendix

5.1 References

1) Does academic output correlate with better mortality rates in NHS trusts in England?

Bennett WO, Bird JH, Burrows SA, Counter PR, Reddy VM. *Public Health*. 2012 Sep;126 Suppl 1:S40-S43. doi:

10.1016/j.puhe.2012.05.021. Epub 2012 Jul 13. PMID: 22795835

Conclusion: The results of this preliminary study demonstrate a significant correlation between academic output and mortality rates.

2) Patients admitted to more research-active hospitals have more confidence in staff and are better informed about their condition and medication: Results from a retrospective cross-sectional study. Jonker L, Fisher SJ, Dagnan D *J Eval Clin Pract*. 2020;**26**:203-208

Conclusions: Survey elements of the CQC appraisal of English NHS Hospital Trusts are significantly associated with increased clinical research activity levels; it appears to drive better information provision to inpatients-particularly around medicine management-and contribute to a better inpatient experience overall, whilst staff are more likely to recommend their own organization. Despite clinical research activity forming a very small fraction of overall NHS activity, it has an indirect positive effect on staff and Trust performance that is measurable at patient level.

3) Research activity and the association with mortality.

Ozdemir BA, Karthikesalingam A, Sinha S, Poloniecki JD, Hinchliffe RJ, Thompson MM, Gower JD, Boaz A, Holt PJ. *PLoS One*. 2015 Feb 26;10(2):e0118253. doi:

10.1371/journal.pone.0118253. eCollection 2015. PMID: 25719608

Conclusions: Research active Trusts appear to have key differences in composition than less research active Trusts. Research active Trusts had lower risk-adjusted mortality for acute admissions, which persisted after adjustment for staffing and other structural factors.

4) Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review.

Boaz A, Hanney S, Jones T, Soper B. *BMJ Open*. 2015 Dec 9;5(12):e009415. doi: 10.1136/bmjopen-2015-009415. PMID: 26656023

Conclusions: Current evidence suggests that there is an association between the engagement of individuals and healthcare organisations in research and improvements in healthcare performance. The mechanisms through which research engagement might improve healthcare performance overlap and rarely act in isolation, and their effectiveness often depends on the context in which they operate.

5) High hospital research participation and improved colorectal cancer survival outcomes: a population-based study.

Downing A, Morris EJ, Corrigan N, Sebag-Montefiore D, Finan PJ, Thomas JD, Chapman M, Hamilton R, Campbell H, Cameron D, Kaplan R, Parmar M, Stephens R, Seymour M, Gregory W, Selby P. *Gut*. 2017 Jan;66(1):89-96. doi: 10.1136/gutjnl-2015-311308. Epub 2016 Oct 19. PMID: 27797935

Conclusions: There is a strong independent association between survival and participation in interventional clinical studies for all patients with CRC treated in the hospital study participants. Improvement precedes and increases with the level and years of sustained participation.

6) The correlation between National Health Service trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study.

Jonker L, Fisher SJ. *Public Health*. 2018 Apr;157:1-6. doi: 10.1016/j.puhe.2017.12.022. Epub 2018 Feb 10. PMID: 29438805

Conclusions: The mortality-related results corroborate with other published data showing a correlation between increased research and reduced deaths. Furthermore, there is also a statistically significant association between clinical trials activity and improved CQC ratings. However, these ties are predominantly driven by the number of participants in interventional research rather than observational research activity.

7) Academic factors in medical recruitment: evidence to support improvements in medical recruitment and retention by improving the academic content in medical posts.

Rees MR, Bracewell M; Medical Academic Staff Committee of the British Medical Association. *Postgrad Med J*. 2019 Jun;95(1124):323-327. doi: 10.1136/postgradmedj-2019-136501. Epub 2019 Jun 8. PMID: 31177191

Conclusion This paper investigates the evidence that increasing the academic component of medical posts may help retain doctors in practice by providing experience and support in an area of medical practice, which appears to fulfil a significant number of doctors' aspirations. The paper shows that this aspect of medical practice is poorly represented in medical workforce strategic thinking and should be considered as an integral aspect of policy and practice in medical workforce delivery.

8) Treatment costs associated with interventional cancer clinical trials conducted at a single UK institution over 2 years (2009-2010).

Liniker E, Harrison M, Weaver JM, Agrawal N, Chhabra A, Kingshott V, Bailey S, Eisen TG, Corrie PG. *Br J Cancer*. 2013 Oct 15;109(8):2051-7. doi: 10.1038/bjc.2013.495. Epub 2013 Sep 24. PMID: 24064969

Conclusion: On an average, non-commercial trial protocols were associated with a small per patient excess treatment cost, whereas commercial trials were associated with a substantially higher cost saving. Taking into account the total number of patients recruited annually, treatment of patients on clinical trial protocols was associated with considerable cost savings across both the non-commercial and commercial portfolio.

5.2 Key Reports

Research Engagement Toolkit The Royal College of Physicians, 2015

[Research-engagement-toolkit-March-2017.pdf \(rcpath.org\)](#)

Provides information that helps an organization to engage in research in lots of different ways.

Research for All, The Royal College of Physicians, 2016

[Research for all | RCP London](#)

The *Research for all* report draws on the findings of a 2015 UK survey exploring the current barriers to doctors' engagement in medical research. It takes a broad view of research, recognising that activities such as audit and quality improvement research have as important a role to play in building the best possible healthcare for everyone as clinical trials or genomic sequencing.

Allied Health Professionals job planning: a best practice NHS improvement 2017

[Final AHP job planning FINAL 3a.pdf \(qmnrodn.org.uk\)](#)

This report explains the benefits of job planning for the allied health professional (AHP) workforce. It provides the framework that organisations must use when job planning for their AHPs and it gives examples for categorising AHP activity

Becoming Research Confident, Council of Deans of Health 2019

[CODH.RIPR .report v3-002.pdf \(councilofdeans.org.uk\)](#)

The future of safe, effective and innovative practice depends upon a professional workforce that is research confident. Research capacity building is required at all career levels but begins with pre-registration students being given an understanding of the role of research in assessing, evaluating, and improving practice.

Benefiting from the "research effect" The Royal College of Physicians 2019

[Benefiting from the 'research effect' | RCP London](#)

This report sets out how NHS trusts can better support clinicians to become research

active, and the huge benefits this will deliver for patients, trusts and staff themselves.

Transforming health through innovation: Integrating the NHS and academia The Academy of Medical Sciences 2020

[23932583 \(acmedsci.ac.uk\)](https://www.acmedsci.ac.uk/23932583)

There is a decline in the capacity of NHS staff to undertake, or even to engage with, research. This situation is likely to worsen given the current pressures on the healthcare workforce, that is facing difficulties in recruiting and retaining staff, which in turn cause significant challenges to service delivery. There is also a decline in the number of clinical academics. To accelerate the translation of research into patient benefit and population health, and increase the appeal of the UK as a global hub for life sciences, all sectors of the ecosystem –

patients, industry, regulators, research funders, public health organisations, academia and the NHS – must work closely together. We are therefore deeply concerned by the widening gap in recent years between the NHS and academia, due in part to the misalignment of drivers across these sectors

The actions set out in this report are critical if we are to sustain the UK's position as a world leader in health and care research with the associated benefits for the health and wealth of the nation.

[Saving and improving lives: the future of UK clinical research delivery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/saving-and-improving-lives-the-future-of-uk-clinical-research-delivery)

Best Research for Best Health: The Next Chapter [Best Research for Best Health: The Next Chapter \(nihr.ac.uk\)](https://www.nihr.ac.uk/about/best-research-for-best-health-the-next-chapter/)

5.3 Key Performance Indicators

We will measure the following KPIs to demonstrate the impact of this strategy

Name of Metric	2021
Finance metrics	
Number of grants submitted for external funding	21
Number of CIs submitted grants for external funding	6
Value of grants submitted for external funding	4.8M
Number of grants won in the last 12 months	6
Value of grants submitted won in last 12 months	126K
Amount of commercial Research income in last 12 months	165K
Amount of non-commercial Research income in last 12 months	110K
Amount of NIHR grant Income won	0
Research Capacity Funding amount	20K
Study Metrics	
Number of open and recruiting Trust sponsored portfolio studies	4
Number of open and recruiting Trust sponsored non portfolio studies	8
Number of open and recruiting commercial portfolio studies	8
Recruitment to Time and target (Commercial Studies)	100%
% of total studies that are commercial portfolio studies	11.6%
Number of open and recruiting noncommercial portfolio studies	61
Recruitment to Time and target (Non- Commercial Studies)	25%
% of total studies that are noncommercial portfolio studies	88.4%
Number of interventional open and recruiting portfolio studies	23
% of total studies that are interventional open and recruiting portfolio studies	33.3%
Current ranking in Acute NHS Hospital Trusts in Y&H table (Based on accruals)	4th
Number of clinical specialties that are in top 3 of their respective Y&H recruitment league tables	4
Number of clinical specialties that are in top 10 of their respective national recruitment league tables	1 (gastro)
Workforce Metrics	
Number of Clinical Academics	2
Number of Staff with an allocation of 0.5 SPA (or equivalent) for	11

research	
Number of PhDs students	5
Number of staff applying for career development/ professional development awards	2
Number of jointly funded research posts with an external partner (TMs etc)	4
Number of Nurse acting as PI on an open research study	10
Number of nurses on the research nurse bank	10
Number of AHP acting as PI on an open research study	7
Number of NIHR Academic Clinical Fellows	1
Number of staff in Trust with valid GCP certificate	176
Number of Medical Workforce staff in Trust acting as PI	104
Number of Non-Medical Workforce staff in Trust acting as PI	23
Number of Medical Workforce staff in Trust acting as CI	23
Number of Non-Medical Workforce staff in Trust acting as CI	2
Number of research SPAs distributed to consultants	44
PPI Metrics	
Number of CRN Patient Research Ambassadors	2
Number of Research Champions	0
Number of R&D lay panel members	7
Number of Lay Panels	1
Number of project patient panels in last 12 months	4
Number of grant applications with patients co applicants in past 12 months	1
Research Visibility Metrics	
Number of peer review publications from our researchers	101
Number of Social media followers	228
Number of press releases	2
Average number of unique visitors to R&D website per month	1329