# Research Strategy 2020-2022

*Changing lives through innovation and ambition*

## Document Configuration

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**Caring, Learning and Growing**

# Contents

**Caring, Learning and Growing**

## *Foreword*

**A message from our Chief Executive and Patient Research Ambassador**

Michele Moran
Chief Executive

*A high performing organisation recognises the importance of investing in research; enabling our staff to learn and grow and our community to participate in healthcare improvement. There is evidence that people do better in organisations that do research and therefore we see research as a core part of the service we provide for our community.*

*We are committed to working with key partners to increase opportunities for people to help shape the future of our health services and treatments, through taking part in research. Our communities are our experts by experience and it is important that we provide opportunities for people from as many different services as possible to be included.*

*Overall we hope that the growth and delivery of research at Humber Teaching NHS Foundation Trust will contribute to the evidence base for better health, increased opportunities for our community to shape services and improvements in the quality of care locally.*

Wendy Mitchell
Patient Research
Ambassador

*When you're given a diagnosis, whatever that condition might be, you might feel like your life is falling apart, feel worthless and of no use to anyone anymore. Participation in research can offer people hope for future generations but more so, give them back that sense of being valued once again that any diagnosis can strip away from you.*

*I have Dementia, for which there is currently no cure, and without willing volunteers to test new theories there will continue to be no cure or knowledge of how best to live and care for those no longer able to care for themselves with dementia. Social and technological research is equally as important as clinical drug trials for any condition.*

*We have to normalise involvement in research, but to do this we must have the backing of all healthcare professionals and for them to talk about research would help make it normal. Promoting research doesn't have to eat into anyone's budget. The NHS can't move forward without research and research can't move forward without willing volunteers. We need hope and research gives us that hope. Without research we can't change the future!*

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# 1.0  Executive Summary

Research is central to ensuring services are effective and that new treatments and ways of delivering care continue to be identified that enable recovery and prevention, reduce disease burden, improve quality and increase productivity.

We made significant progress across the seven objectives set out in our previous strategy 2017-2019. This new strategy aims to build on that progress and continue our journey to achieving an outstanding reputation for research.

In this strategy for 2020 to 2022 we have identified three research priorities, which in turn are aligned to our overall Trust strategy goals. For each of the three priorities listed below, associated objectives have been identified, as well as indicators for what success is expected to look like.

> **Priority 1**
> *Research embedded as a core component of clinical services*
>
> **Priority 2**
> *Enhanced community involvement and awareness*
>
> **Priority 3**
> *Growing our strategic research presence and impact*

These were developed through extensive consultation with staff at various levels within the organisation, our governors, board, patients, service users, carers, and external stakeholders.

Whilst working on these priorities over the next three years, we will also be looking beyond and laying the foundations for our future ambition of developing a physical research and innovation hub for Humber; a centre attracting new investment, new partners and renowned clinical research professionals and innovators.

# 2.0  Background

There is good evidence that trusts who participate in research have improved health outcomes and healthcare processes.[1][2][3] Being research-active also makes the

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[1] Hanney S et al. 2013. Engagement in research: an innovative three-stage review of the benefits for health-care performance. *Health Services and Delivery Research* 1(8).

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organisation a more attractive employer and increases its prestige, as well as bringing in extra income.

Research became specific in CQC Well Led inspections for trusts in Oct 2018; the first time research activity has been formally recognised as a key component of best patient care. The CQC now focuses on how well a trust as a whole supports research activity via strategic and divisional leadership, and patient opportunity and access around research.

Key policies recognise the importance of research in the NHS and drive the research agenda nationally. The Department of Health and Social Care (DHSC) views research as a core responsibility for all NHS Trusts in England, the importance of research is enshrined in the NHS Constitution (2011), the NHS England Research Plan (2017) makes an explicit commitment to promote and embed research, NICE guidance (2018) states we must tell people about research they could take part in and the NHS Long Term Plan (2019) recognises the importance of innovation via research (see *Appendix 1*).

The UK Policy Framework for Health and Social Care Research (2017) sets out the principles of good practice in the management and conduct of health and social care research across the UK. The status of this document is statutory guidance to which local authorities and NHS trusts in England must have regard. Its purpose is to ensure that the public will feel safe when they take part in research, whilst enabling the development of innovations which will help to improve the quality of health and care in the UK. The Framework helps bodies that commission care to fulfil their legal duty under the Health and Social Care Act 2012 to promote the conduct of research.

There is an expectation by DHSC that all NHS Trusts will participate in the successful delivery of research studies that are recognised by the research arm of the NHS, namely the National Institute for Health Research (NIHR). These studies are known as NIHR '*Portfolio'* studies.

The Yorkshire and Humber Clinical Research Network (CRN), hosted by Sheffield Teaching Hospitals NHS Foundation Trust, provides support and funding for research according to key performance indicators set by the NIHR. As a member organisation the Trust has a formal agreement (to March 2022) with the CRN, with specified obligations with regard to supporting the delivery of *Portfolio* research locally and annual targets for the numbers of people we should recruit into studies.

Development funding awards for testing local innovation, new services or practice, such as those provided by local Clinical Commissioning Groups, do not usually qualify for the NIHR *Portfolio*, but are nonetheless important and for the Trust may

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[2] Ozdemir BA et al. 2015. Research Activity and the Association with Mortality. *PLoS ONE* 10(2): e0118253. doi:10.1371/journal.pone.0118253.
[3] Downing A et al. 2017. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut* 66:89-96.

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lead on to the application of larger competitive grant awards in the future, which would subsequently qualify for *Portfolio* status. Research projects carried out as part of post-graduate qualifications tend to be classed as '*Non-Portfolio'* but nonetheless are also important in the development of research-experienced clinicians.

All research involving the NHS in England must have Health Research Authority (HRA) approval as it may involve greater risk, burden or intrusion for participants than standard clinical practice. Research activity and its governance are distinct from other data collection activities such as clinical audit and local service evaluation which have their own internal governance systems.

This research strategy embodies the above policies and guidance and seeks to increase our research offer to our community, enhance our services and improve patient safety; ***changing lives through innovation and ambition***.

As an organisation we recognise that our staff are our greatest asset and we are committed to developing a culture whereby research is embedded as a core part of clinical services, enhancing our offer to those who access our services, but also making Humber Teaching NHS Foundation Trust an excellent place for staff to work, learn and innovate.

## 3.0 The Aim of the Research Strategy

The main purpose of research is to make a positive difference to the quality of healthcare the NHS provides now and in the future. Our aim is therefore for research to be embedded as a core component of our clinical services since it is a key enabler to delivering high quality services as well as recruiting and retaining the best clinical staff. This fits with enabling the Trust to achieve its aspiration of becoming a high reliability organisation, as described in the Patient Safety Strategy 2019-22. This requires an organisation to be committed to quality as well as productivity and have a culture that encourages improvement; the very basis of research.

The three priorities and associated objectives identified in this three year research strategy 2020-2022 seek to build upon our existing strengths, to continue what we are doing well so that we carry on growing and improving year on year, acknowledging that there are certain things we have to do (business as usual) to retain our core NIHR funding via our partnership with the CRN, and to fulfil key regional and national research performance indicators. Importantly it will also focus on building capacity, developing new opportunities and innovation prospects, potential new partnerships, attracting key research innovators and increasing funding from external sources.

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At the core of this strategy is building on our success trajectory (see *figures 1 and 2*). We have more than doubled the number of participants and the number of NIHR portfolio studies between 2013-14 and 2018-19. Our aspiration would be to continue increasing year on year, with *figures 1 and 2* illustrating what a ten per cent increase each year would look like.

### Figure 1: Increased participants     Figure 2: Increased studies
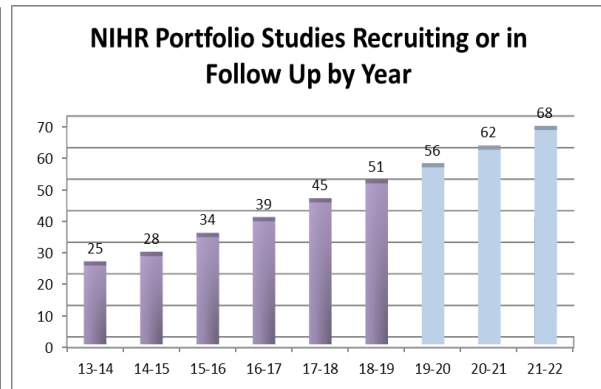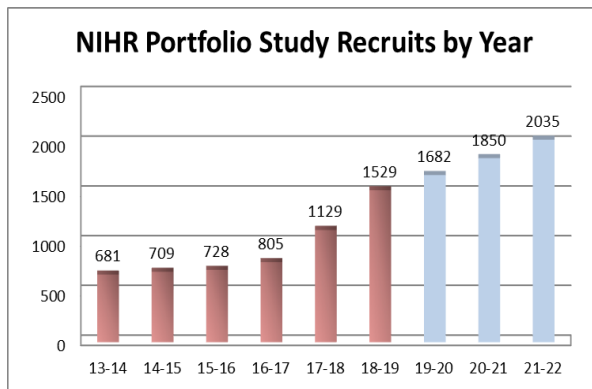


Research has the potential to impact on all goals within the Trust's Strategy 2019-22. Therefore, to implement this strategy we have aligned our priorities to the organisation's six goals.



As Sustainability and Transformation Partnerships (STPs) develop into Integrated Care Systems (ICS), focusing on population health, improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across local populations, there is the potential for research in the Trust to also impact on the priorities of the STP and to increasingly involve those partner organisations.

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As a multi-speciality provider we have a broad range of services, across a large geographical footprint each with differing issues and challenges. Therefore, it is essential that this research strategy takes into account the unique challenges that each service brings. All of our staff, services and community can potentially be involved in research and therefore this research strategy applies Trust-wide.

## 4.0 Our Mission, Vision and Values

This Research Strategy describes how Humber Teaching NHS Foundation Trust will ensure that we embed a culture of research that supports the delivery of high quality, safe, effective care across all of the services we provide. The strategy has been designed to support the delivery of the Trust's visions and values which include:

**Mission**
**Humber Teaching NHS Foundation Trust**
*A multi-specialty health and social care teaching provider committed to Caring, Learning and Growing*

**Vision**
*We aim to be a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff and known as a great employer and valued partner*

**Values**
*Caring Learning Growing*

Learning and using proven research as a basis for delivering safe, effective, integrated care

Caring for people while ensuring they are always at the heart of everything we do

Growing our reputation for being a provider of high-quality services and a great place to work

## 5.0   Priorities and Objectives for 2020-22

When identifying the three key research priorities and associated objectives to focus on across the next three years, it was essential that we listened to what our community felt these should include. In doing so various groups were consulted, including service users, patients, carers, families, staff, Trust Governors and Board, commissioners, voluntary organisations and academic partners. This consultation also included a round table session with 170 people from 26 organisations that attended the 2019 Trust research conference.

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These three priorities are aligned to our Trust strategic goals as outlined below:

| Research Strategy Priorities | Linked to Trust Strategic Goals | |
|---|---|---|
| **Priority 1**<br>*Research embedded as a core component of clinical services* |  | **Strategic Goal 1**<br>Innovating quality and patient safety |
| |  | **Strategic Goal 4**<br>Developing an effective and empowered workforce |
| **Priority 2**<br>*Enhanced community involvement and awareness* |  | **Strategic Goal 2**<br>Enhancing prevention, wellbeing and recovery |
| |  | **Strategic Goal 6**<br>Promoting People, Communities and Social Values |
| **Priority 3**<br>*Growing our strategic research presence and impact* |  | **Strategic Goal 3**<br>Fostering integration, partnership and alliances |
| |  | **Strategic Goal 5**<br>Maximising an Efficient and Sustainable Organisation |

This strategy builds on from the achievements of our previous research strategy 2017-19, against which significant progress was made on the objectives set out within it and an array of notable successes, impacts and examples of research translating into practice (see *Appendix* 2).

Below the paper sets out the objectives associated with the three strategic research priorities (*what we will achieve)* and also what success is expected to look like by 2022 (*how will we know we have achieved it).*

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| Priority 1: Research embedded as a core component of clinical services | |
|---|---|
| **What will we achieve?** | **How will we know we have achieved it?** |
| 1. A culture of engagement and involvement in research throughout the organisation (not viewed as exclusive or specialist) <br><br> 2. Workforce with capacity and capability for research <br><br> 3. Research awareness in all teams <br><br> 4. Ability/readiness to open studies in all service areas <br><br> 5. Clinical staff developing research careers locally – 'growing our own' | ✓ Research signposting in clinical documents/areas (including link to national 'Be Part of Research' website) <br> ✓ Increased numbers of staff signposting people to studies <br> ✓ Increased numbers of participants recruited into studies year on year <br> ✓ Increased numbers of studies running in the Trust year on year <br> ✓ Increased numbers of local people registered with the 'Join Dementia Research' (JDR) service year on year and taking part in studies included on the JDR register <br> ✓ Studies in clinical specialties not previously participating in research, or where activity has been minimal <br> ✓ Research regularly on the agenda of multi-disciplinary team meetings <br> ✓ Research included in relevant staff supervision/appraisals <br> ✓ All GP practices 'Research Ready' <br> ✓ Research learning events for staff <br> ✓ Protected time for research, including research training and developing research applications <br> ✓ Staff engaged in all relevant CRN Specialty Groups <br> ✓ Research-funded staff embedded in key areas and a research presence in all <br> ✓ Increased numbers of early career researchers, Principal and Chief Investigators year on year <br> ✓ Clinical research posts, e.g. NIHR fellowships, junior doctor academic trainees, joint clinical academic posts with universities and research doctorates <br> ✓ Research targeted to enhance services/interventions in areas identified as a priority for the Trust and/or commissioners <br> ✓ Targeted investment and support in teams identified as 'research hubs <br> ✓ Research highlighted in CQC report |

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| Priority 2: Enhanced community involvement and awareness | |
|---|---|
| **What will we achieve?** | **How will we know we have achieved it?** |
| 1. Partnership working with patients, service users, carers, families and groups representing them, to optimise participation in research<br><br>2. Volunteers influencing research development and delivery locally<br><br>3. Changed perception of research (demystified) across our community<br><br>4. Opportunities for everyone to take part in research studies, including harder to reach groups<br><br>5. Raised awareness of social value of research<br><br>6. Learning from research shared with our community | ✓ More patients, service users, carers and families co-producing research each year<br>✓ The new child campus becomes a centre for research, with young people involved in every stage of the research process<br>✓ Increase numbers of Patient Research Ambassadors from two and involve them in more research activities<br>✓ More local groups and voluntary organisations, including Patient and Carer Experience Forum, involved in raising awareness of and signposting people to research<br>✓ Participant Identification Centre (PIC) for research studies in non-NHS settings, e.g. schools and care homes<br>✓ Trust Members and Governors regularly provided with information about research<br>✓ Positive feedback in annual Research Participant Experience Survey, and other media<br>✓ Bridlington residents engaged in research as part of the 'Health Town' initiative and through increased GP practice involvement from 2020<br>✓ Research opportunities increased in health and social care by utilising technology and existing data systems (e.g. Local Health Care Record)<br>✓ Market Weighton residents engaged in more research from 2020 as part of the 'Dementia Friendly' community project and through increased GP practice involvement<br>✓ Research results shared with study participants<br>✓ Patient stories about impact of research shared with staff, stakeholders and wider community; encouraging translation of research into practice<br>✓ Research results shared and awareness raised via annual research conference and other local research learning events |

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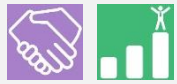
| | **Priority 3:** Growing our strategic research presence and impact |
|---|---|
| **What will we achieve?** | **How will we know we have achieved it?** |
| 1. Effective relationships and collaborations with external partners<br><br>2. Reputation as a research capable organisation across multiple specialties<br><br>3. Recognised as a Trust that delivers high quality research to time and target<br><br>4. Income generation - financial sustainability for research<br><br>5. Trust more attractive to staff due to its research profile | ✓ At least two research grant applications per year submitted with partners where Trust staff included as applicant(s)<br>✓ New partnerships with commercial, academic, provider and charitable organisations<br>✓ Trust as a site for studies led by at least one research sponsor each year that has not previously worked with us<br>✓ Increased marketing to external research partners, including commercial<br>✓ Partnership working with Yorkshire and Humber Applied Research Collaboration (ARC) and the Academic Health Sciences Network (AHSN); aiding translation of research into practice<br>✓ Joint research staff appointments with local Universities, including professors formally linked to the Trust<br>✓ Reciprocal arrangements for study recruitment with Hull University Hospitals Trust for relevant specialties<br>✓ Research involving STP partner organisations and/or STP priorities<br>✓ Primary Care Networks (PCNs) actively engaged in research with the Trust<br>✓ Deliver a balanced financial position by 2022, with goal of delivering a surplus<br>✓ At least one funded research grant application per year where Trust is a partner/host (especially those involving digital technologies)<br>✓ Qualification for more than the minimum £20k DH Research Capability Funding<br>✓ Commercial research study opened<br>✓ Increased share of CRN funding<br>✓ Increased use of research in marketing material for the Trust (e.g. for attracting staff, tendering for services)<br>✓ Research performance targets met<br>✓ High quality, research active staff recruited into Trust or with honorary contracts<br>✓ Alternative modes of funding local research accessed, e.g. charitable funds |

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## 6.0  Looking Beyond 2022

As well as working on the three priorities detailed above, it is important that we look beyond these and start to focus on future ambitions. Based on the premise that we should be doing more research which is locally led, developing in key areas, for example CAMHS inpatient, addictions, perinatal mental health and digital technology and increasing our external research income, then our longer term ambition must include the development of a research and innovation hub for Humber. This would be a tangible centre for applied research, innovation and improvement; attracting new investment, new partners and renowned clinical research professionals and innovators. It could be an outpost, a spoke, of a much larger national institute but with strong regional links to universities and other key stakeholders.

This Hub would require local support and significant investment, potentially from a variety of sources, including commercial partners, charitable donations, key local stakeholders and local fundraising initiatives, as well as the Trust itself. It could be designed in as part of the proposed new mental health campus. The investment would need to cover initial scoping and planning as well as the capital build, plus pump priming of initial research.

Developing such a facility locally would enable collaborative, cutting edge, interdisciplinary research, impacting on people at every stage in life, from preconception through to old age, transforming patient care and improving quality of life. Through the development of new partnerships, some of whom could be co-located in the new Hub, the Trust has the potential to be a key player involved at the forefront of research and innovation highlighted as local and national priority, in particular that of mental health and new emerging technologies.

## 7.0  Research Roles and Responsibilities

In order to support research in the Trust the Research and Development Unit, led by the Assistant Director Research and Development, provides:

- Research governance advice and support
- Research feasibility advice and support
- Conducting specific tasks to 'assess, arrange and confirm local capacity and capability' to deliver each new study, as part of the national Health Research Authority (HRA) study approval process.
- Contractual review and oversight for research studies
- Management of research funding

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- Performance management of research and troubleshooting
- Research information management and reporting
- Development of research infrastructure, capacity and capability e.g. Principal Investigator mentoring
- Research partnership building
- Promotion of research internally and externally
- Signposting
- Consenting of research participants and data collection for NIHR Portfolio studies

The Medical Director is the Executive Lead with responsibility for research.

## 8.0   Implementation and Monitoring

The Assistant Director Research and Development will lead the implementation of the Research Strategy, with Executive Lead support from the Medical Director ensuring the objectives are achieved. Delivery against the Strategy will be formally monitored through the Quality Committee with six-monthly assurance reports to the Trust Board.

Monthly research performance against the annual recruitment target will be monitored by the Board via the Integrated Performance Tracker. A review of research performance will also be included in the Trust Quality Account each year.

The NIHR will continue to monitor the Trust's success in delivering research via national benchmarks, for example the quarterly 'Performance in Initiating and Delivering' (PID) clinical trials, and local CRN performance indicators monitored remotely on an ongoing daily basis. The CRN will also monitor progress through mid-year review meetings with the Trust.

Although this Strategy will be driven by the Research and Development Unit; it is inclusive and requires commitment and input from the whole organisation, not only from those who have research included as a significant part of their job role or in their job description, but by everyone.

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**Appendix 1: Key Documents steering research in the NHS**

*'Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery…. We will work to increase the number of people registering to participate in health research to one million by 2023/24….We will invest in spreading innovation between organisations…. Performance on adopting proven innovations and on research including in mental health services will become part of core NHS performance metrics and assessment systems, as well as benchmarking data.' (*NHS Long Term Plan, Jan 2019*)*

'*Tell people living with dementia (at all stages of the condition) about research studies they could participate in.'* (NICE Guideline NG97, Jun 2018)

*'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.'* (NHS England Research Plan 2017)

*'Research activity should go to populations who need it, and we would like to encourage the best researchers, wherever they are based, to undertake clinical and public health research in the areas of England with greatest health needs.'* (Letter dated 06/02/17 from Professor Chris Whitty, DHSC Chief Scientific Adviser, to NIHR Boards, Medical Schools and University Hospitals)

*'Research is a core part of the NHS. Research enables the NHS to improve the current and future health of the people it serves. The NHS will do all it can to ensure that patients, from every part of England, are made aware of research that is of particular relevance to them'.* (NHS Constitution, 2011)

*'NHS foundation trusts will be required to provide certain essential NHS services including research.'* (DoH document on NHS foundation trusts - Ref 6191, Jan 2006)

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**Appendix 2: Progress achieved through delivery of 2017-19 Research Strategy**

Quotes from collaborators:

*'Humber ought to be proud that it comfortably exceeded the stretching target set and were head-and-shoulders above the other sites.'* (University of York)

*'You've been a most wonderful site, where to begin with the praise. You kicked off recruitment and took the hit for the early learnings – many thanks for sharing them with us, it certainly made it easier for the later sites. You over-recruited from your original target. You've been an exceptionally well run site – it's been an absolute pleasure working with you.'* (North East London NHS Foundation Trust)

*'I think we are hugely fortunate within Humber to have such an excellent research team. The researchers are highly skilled, motivated and thoughtful individuals. They are all warm and friendly and our participants look forward to their visits.'* (University of Hull)

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# Humber Research: 2018-19 in numbers

(National Institute for Health Research Portfolio Studies)

**NHS**
**Humber Teaching**
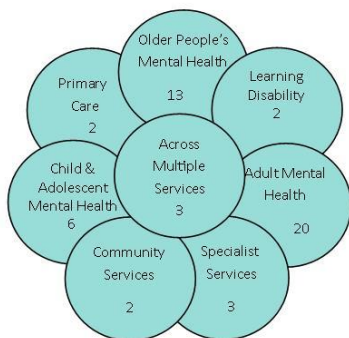**NHS Foundation Trust**

**31**
Local Principal
Investigators

We were involved in studies
throughout the **UK and Europe**

**100%**
Surveyed would recommend taking
part in research to friends and family

Older People's Mental Health
13

Primary Care
2

Learning Disability
2

Across Multiple Services
3

Child & Adolescent Mental Health
6

Adult Mental Health
20

Community Services
2

Specialist Services
3

Older People's Mental Health
8

Primary Care
1

Learning Disability
1

Across Multiple Services
1

Child & Adolescent Mental Health
4

Adult Mental Health
12

Community Services
1

Specialist Services
3

**51** Studies were open

**13% increase** on 2017-18

**31** Studies recruiting

**7% increase** on 2017-18

**1537** Participants took part in studies

**36% increase** on 2017-18

A further 28 non-NIHR portfolio studies were also running in the Trust

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# Impact of Research 2018-19

## Saved Lives

'Helping to live instead of dreading the future'

'Research gave me the hope I so desperately needed'

'Feel proud and important'

'Life is worth living after all'

'Has given me a focus and a purpose'

"One of the best things we ever did"

This is what research participants told us

## Enhanced Lives

Humber Recovery Strategy

'Wonderful to hear real-life anecdotes'
'So much useful information and tips'
'Can take what I've learnt and put to good use'
'Very positive and inspiring'

50 people attended Recovery College workshops run by research team and person with dementia

## Generated Income

£373k external research funding into the Trust

## Contributed to Evidence

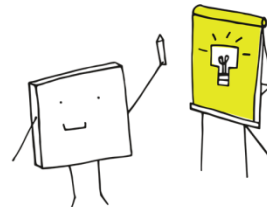36 national and international publications included authors from the Trust

## Implemented Research

ReQoL™
Recovering Quality of Life

Patient Reported Outcome Measure developed with direct involvement from service users now in use; places people at the heart of their recovery

## Shared Learning

150 delegates from 22 organisations registered for 2018 Research Conference

28 local events (internal and external) attended by research team

## Increased Patient \ Carer Contact

Almost 1400 hours spent with patients and carers by researchers (over and above clinical contacts)

## Enhanced Clinical Skills

21 staff trained in new clinical interventions

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