East and North Hertfordshire NHS
NHS Trust

NIHR | National Institute for Health Research

NHS
Research and Development Forum
in association with
Health Research Authority

6 lessons learnt from the successful delivery of a 3 year NHS research strategy

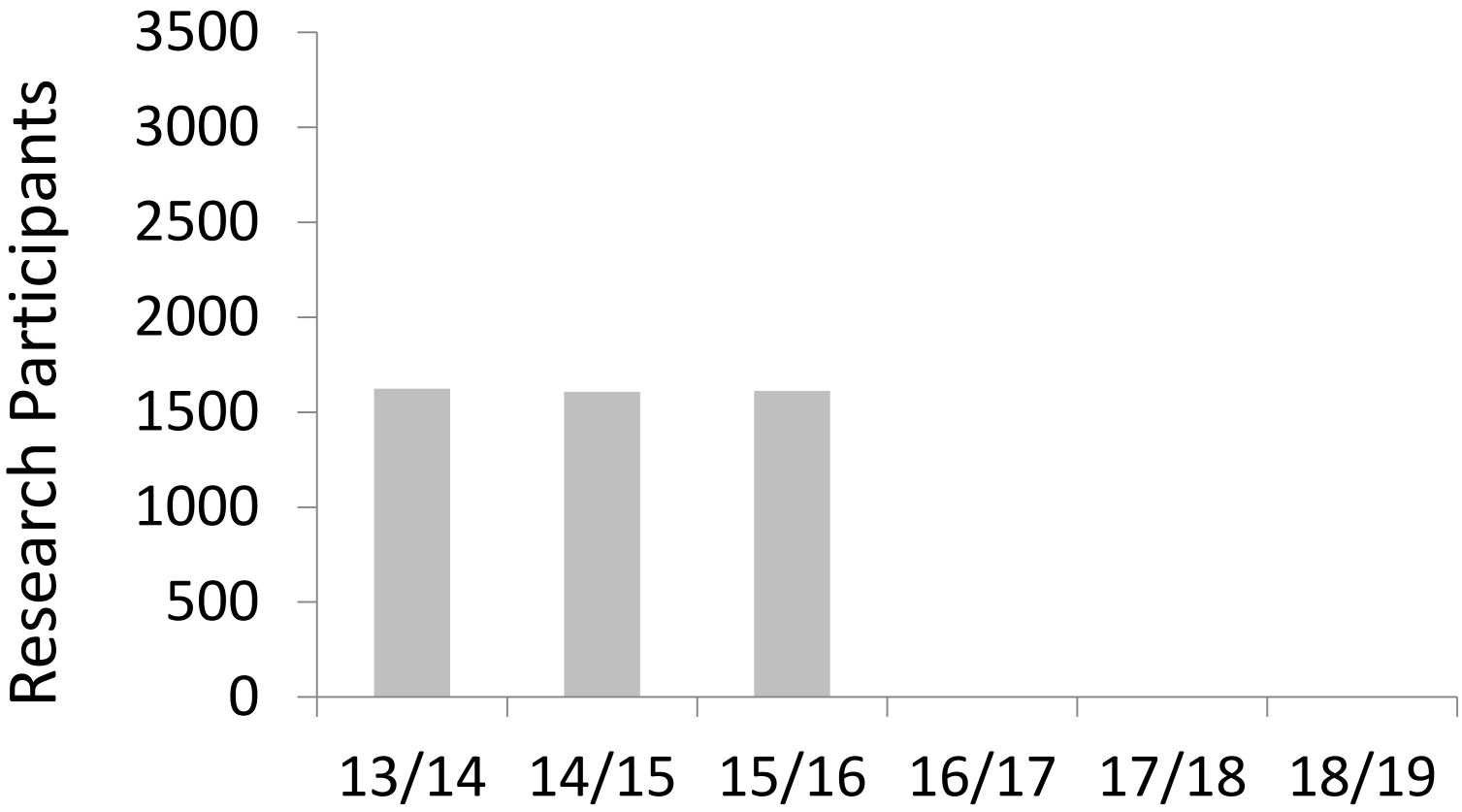
Phillip SMITH
Associate Director
Research & Development

Michael CHILVERS
Medical Director

Rachael CORSER
Director of Nursing

5 years ago…

…the Trust was happy to support research and the research aspirations of a few key staff…



4 years ago…

The Trust's Board* thought we could serve our patients better because…

- A large number of our patients were missing out on the opportunity to take part in research.
- A large number of our staff were missing out on the opportunity to support research.
- The Trust was missing out on attracting key staff - they were going to other orgnisations which had a greater research ambition.

*A special thank you to Miss Jane McCue (Medical Director at the time)

And we have a lot of patients…

East and North Hertfordshire NHS
NHS Trust

- Secondary care services for 600,000 patients
- Specialist Renal Services 1.3m patients
- Tertiary cancer services 2m people
- 5,000+ employees
- 4 sites

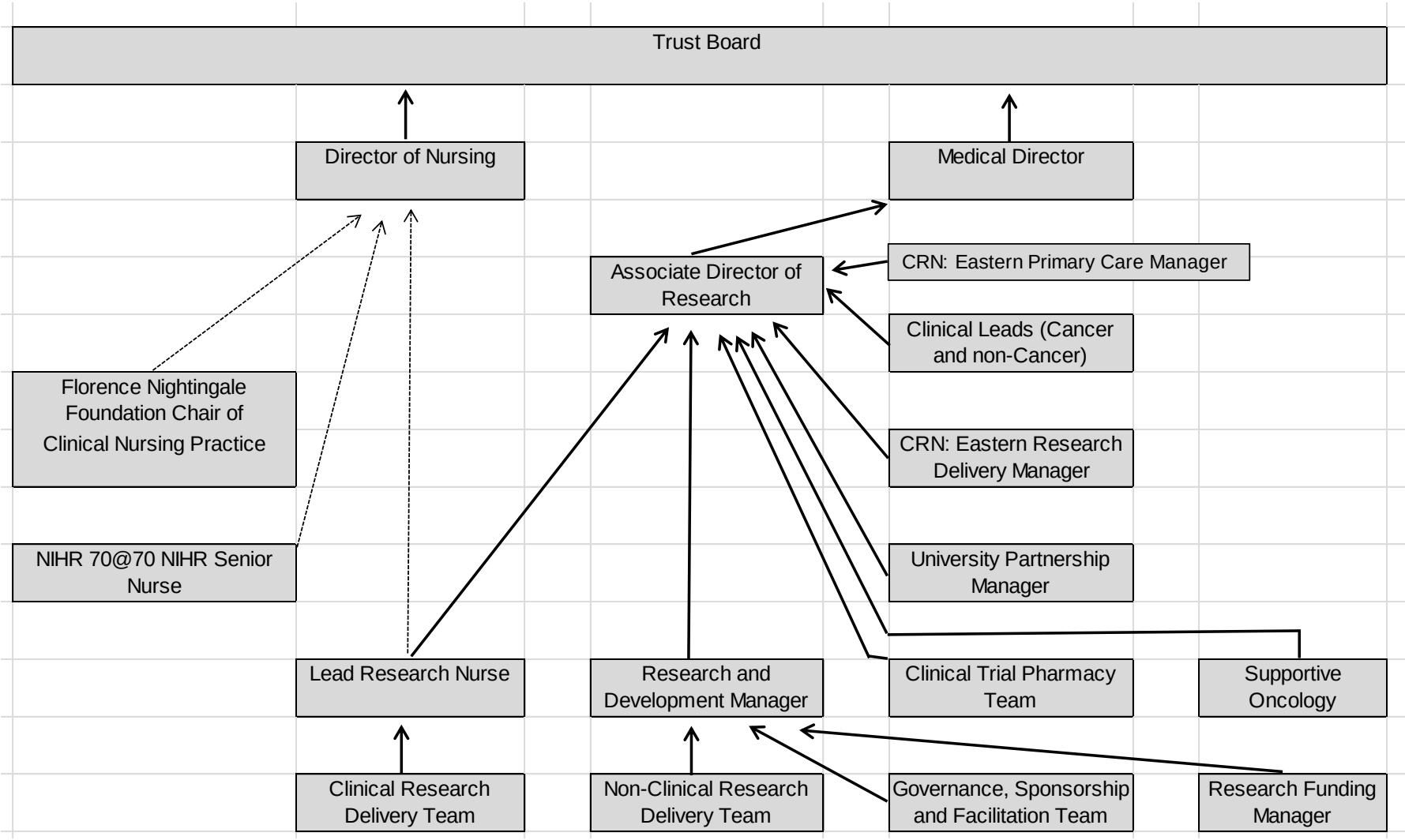
3 years ago - A Research Strategy

"could we transform the organisation from one with pockets of research excellence to one where research was an expectation and not the exception?"

Research Strategy

The Trust to be an internationally recognised centre of excellence for research and patient outcome		
Research is embedded into the planning and delivery of routine patient care for all patients	Enhancing patient experience and outcome by offering research opportunity and innovation for all patients and all staff	Patients and public to be engaged with, participate in, and benefit from research and innovation
Research is well governed, managed and supported so studies are delivered, as promised	Research is funded via external grant applications, from Industry and with the support of Charities	

The Structure



R&D Board (not all present)

Research at the Trust

- Particular strengths in cancer, renal, cardiovascular disease and new areas are emerging
- £1.5 m from NIHR in 2018/9
- 150+ Research Projects (45 commercial)
- 60 Lead Investigators
- Research Team - 70 people
- Consultants, doctors, research nurses, non-clinical support and management staff
- Partnership with University of Hertfordshire

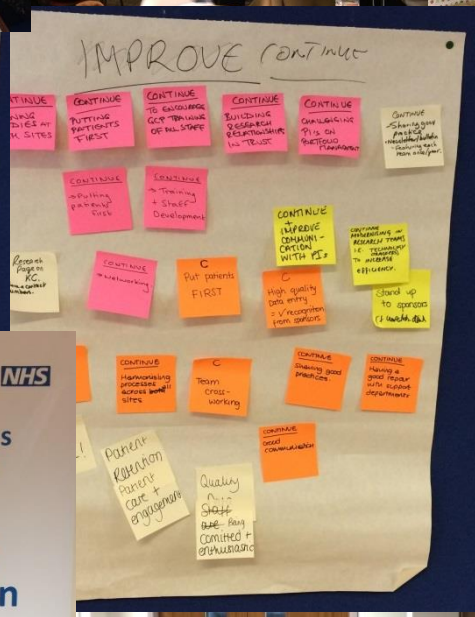
Lessons learnt from the last 3 ½ years

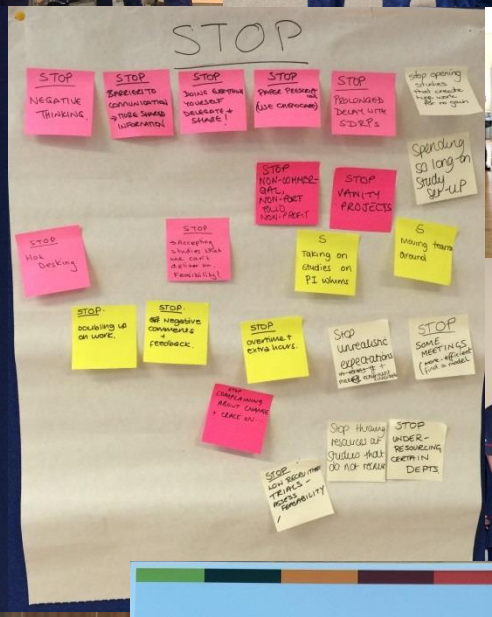
1) A compelling reason 'why'

How could we galvanise the organisation?

We listened to our patients and used our hearts to develop a compelling vision '**to *enhance patient experience and outcome through research and innovation*'.**

It’s all about people





2) High level Board engagement

Chair and Chief Executive

Ellen Schroder

Nick Carver

Executives

Michael Chilvers – Medical Director

Rachael Corser – Director of Nursing

Martin Armstrong – Director of Finance

Julie Smith – Chief Operating Officer

Susan Young – Interim Chief People Officer

Sarah Brierley – Interim Director of Strategy

Non-executives

Bob Niven

Val Moore

Jonathan Silver

Peter Carter OBE

David Buckle

Karen McConnell

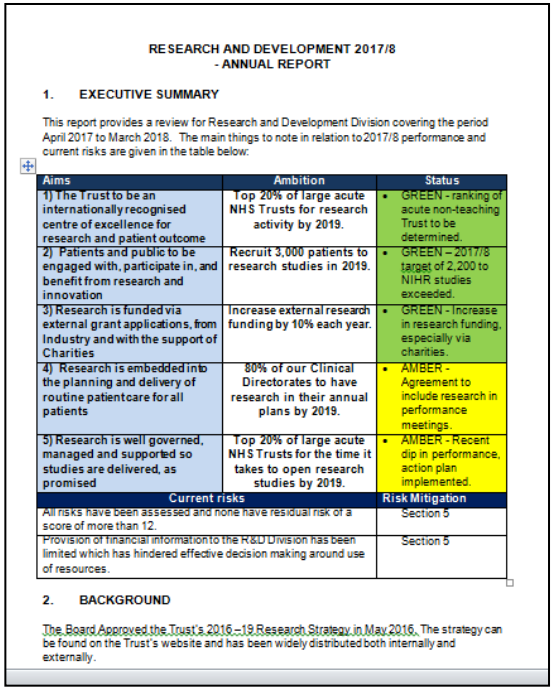
3) Annual business plans

East and North Hertfordshire NHS

Research Strategy

2016 - 2019

Enhancing patient experience and outcomes through research opportunity and innovation for all patients and all staff



RESEARCH AND DEVELOPMENT 2017/8
- ANNUAL REPORT

1. EXECUTIVE SUMMARY

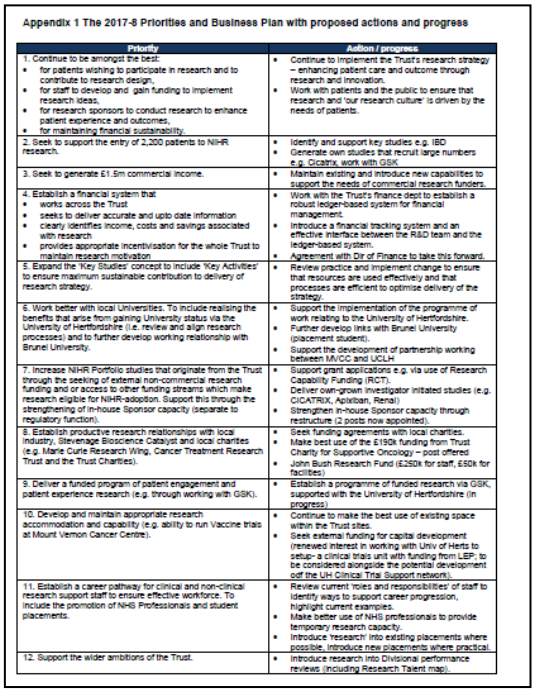
This report provides a review for Research and Development Division covering the period April 2017 to March 2018. The main things to note in relation to 2017/8 performance and current risks are given in the table below:

Aims	Ambition	Status
1) The Trust to be an internationally recognised centre of excellence for research and patient outcome	Top 20% of large acute NHS Trusts for research activity by 2019.	• GREEN - ranking of acute non-teaching Trust to be determined.
2) Patients and public to be engaged with, participate in, and benefit from research and innovation	Recruit 3,000 patients to research studies in 2019.	• GREEN – 2017/8 target of 2,200 to NIHR studies exceeded.
3) Research is funded via external grant applications, from Industry and with the support of Charities	Increase external research funding by 10% each year.	• GREEN - Increase in research funding, especially via charities.
4) Research is embedded into the planning and delivery of routine patient care for all patients	80% of our Clinical Directorates to have research in their annual plans by 2019.	• AMBER - Agreement to include research in performance meetings.
5) Research is well governed, managed and supported so studies are delivered, as promised	Top 20% of large acute NHS Trusts for the time it takes to open research studies by 2019.	• AMBER - Recent dip in performance, action plan implemented.

Current risks	Risk Mitigation
All risks have been assessed and none have residual risk of a score of more than 12.	Section 5
Provision of financial information to the R&D Division has been limited which has hindered effective decision making around use of resources.	Section 5

2. BACKGROUND

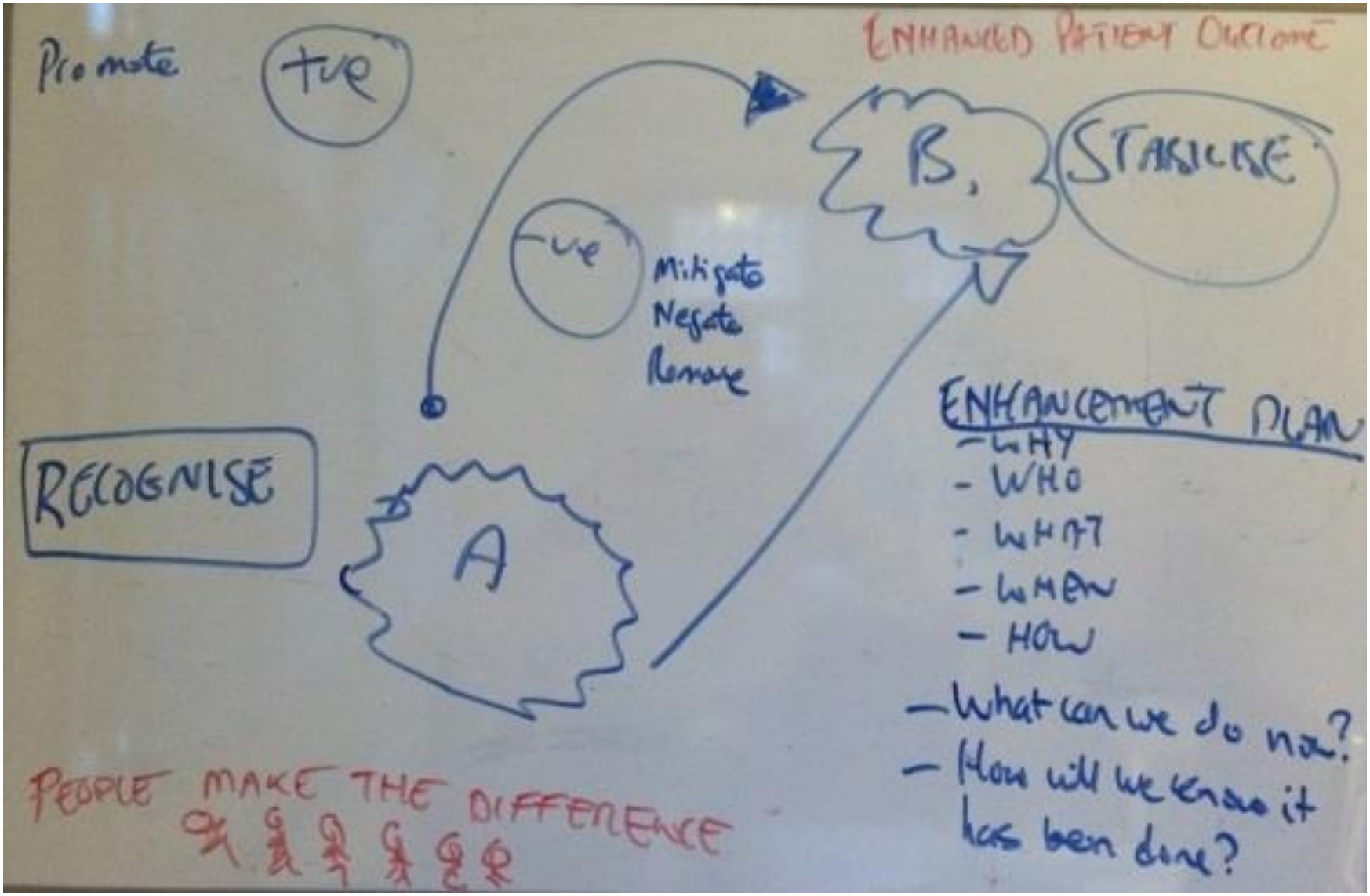
The Board Approved the Trust's 2016 –19 Research Strategy in May 2016. The strategy can be found on the Trust's website and has been widely distributed both internally and externally.



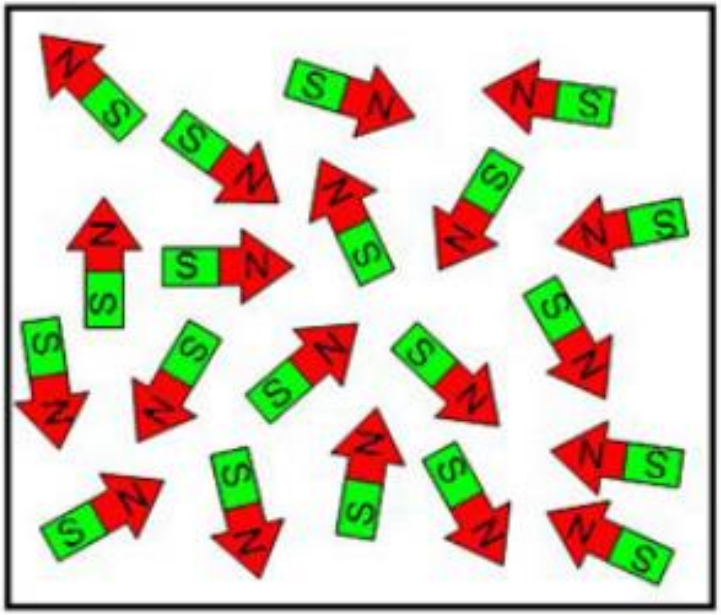
Appendix 1 The 2017-8 Priorities and Business Plan with proposed actions and progress

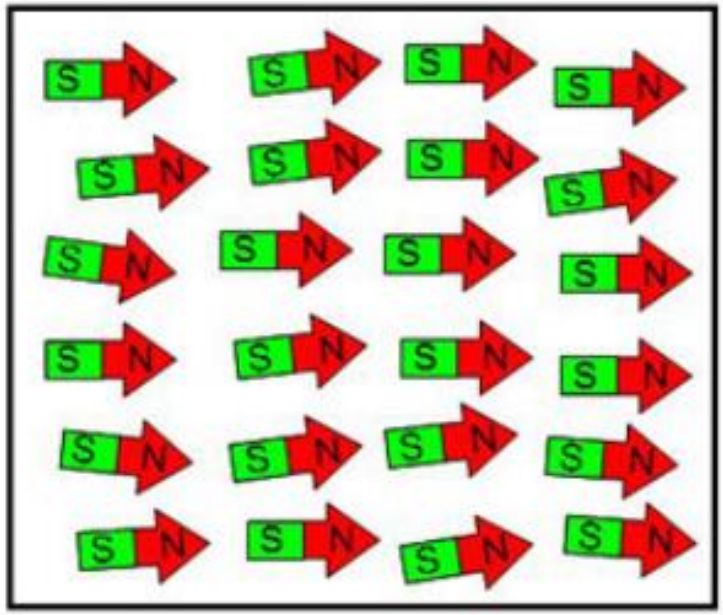
Priority	Action / progress
1. Continue to be amongst the best: • for patients wishing to participate in research and to contribute to research design, • for staff to develop and gain funding to implement research ideas, • for research sponsors to conduct research to enhance patient experience and outcomes, • for maintaining financial sustainability.	• Continue to implement the Trust's research strategy – enhancing patient care and outcome through research and innovation. • Work with patients and the public to ensure that research and 'our research culture' is driven by the needs of patients.
2. Seek to support the entry of 2,200 patients to NIHR research.	• Identify and support key studies e.g. IBD • Generate own studies that recruit large numbers e.g. Cicatrix, work with GSK.
3. Seek to generate £1.5m commercial income.	• Maintain existing and introduce new capabilities to support the needs of commercial research funders.
4. Establish a financial system that • works across the Trust • seeks to deliver accurate and upto date information • clearly identifies income, costs and savings associated with research • provides appropriate incentivisation for the whole Trust to maintain research motivation	• Work with the Trust's finance dept to establish a robust ledger-based system for financial management. • Introduce a financial tracking system and an effective interface between the R&D team and the ledger-based system. • Agreement with Dir of Finance to take this forward.
5. Expand the 'Key Studies' concept to include 'Key Activities' to ensure maximum sustainable contribution to delivery of research strategy.	• Review practice and implement change to ensure that resources are used effectively and that processes are efficient to optimise delivery of the strategy.
6. Work better with local Universities. To include realising the benefits that arise from gaining University status via the University of Hertfordshire (i.e. review and align research processes) and to further develop working relationship with Brunel University.	• Support the implementation of the programme of work relating to the University of Hertfordshire. • Further develop links with Brunel University (placement student). • Support the development of partnership working between MVCC and UCLH
7. Increase NIHR Portfolio studies that originate from the Trust through the seeking of external non-commercial research funding and or access to other funding streams which make research eligible for NIHR-adoption. Support this through the strengthening of in-house Sponsor capacity (separate to regulatory function).	• Support grant applications e.g. via use of Research Capability Funding (RCF). • Deliver own-grown investigator initiated studies (e.g. CICATRIX, Apixiban, Renal) • Strengthen in-house Sponsor capacity through restructure (2 posts now appointed).
8. Establish productive research relationships with local industry, Stevenage Bioscience Catalyst and local charities (e.g. Marie Curie Research Wing, Cancer Treatment Research Trust and the Trust Charities).	• Seek funding agreements with local charities. • Make best use of the £190k funding from Trust Charity for Supportive Oncology – post offered • John Bush Research Fund (£250k for staff, £50k for facilities)
9. Deliver a funded program of patient engagement and patient experience research (e.g. through working with GSK).	• Establish a programme of funded research via GSK, supported with the University of Hertfordshire (in progress)
10. Develop and maintain appropriate research accommodation and capability (e.g. ability to run Vaccine trials at Mount Vernon Cancer Centre).	• Continue to make the best use of existing space within the Trust sites. • Seek external funding for capital development (renewed interest in working with Univ of Herts to setup- a clinical trials unit with funding from LEP; to be considered alongside the potential development odf the UH Clinical Trial Support network).
11. Establish a career pathway for clinical and non-clinical research support staff to ensure effective workforce. To include the promotion of NHS Professionals and student placements.	• Review current 'roles and responsibilities' of staff to identify ways to support career progression, highlight current examples. • Make better use of NHS professionals to provide temporary research capacity. • Introduce 'research' into existing placements where possible, introduce new placements where practical.
12. Support the wider ambitions of the Trust.	• Introduce research into Divisional performance reviews (including Research Talent map).

Delivery of outcome…



4) Best use and alignment of resources



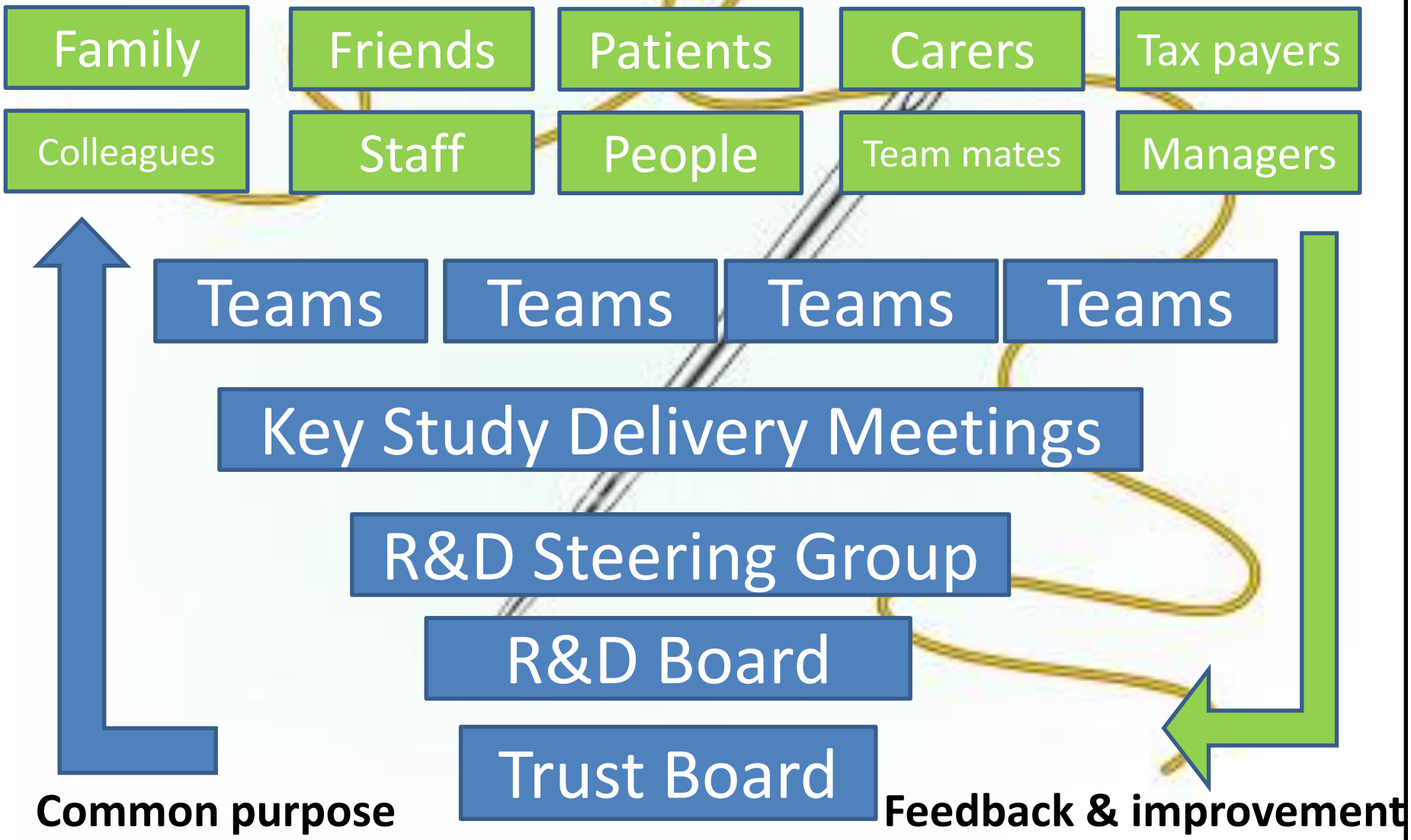


Roles and responsibilities

*"**key study** & **key metric**" concept*

Regular meetings to unblock blocks

A golden thread…



5) A community approach

Anne

Pete

David

University of Hertfordshire UH

NIHR | National Institute for Health Research

NHS University College London Hospitals NHS Foundation Trust

Brunel University London

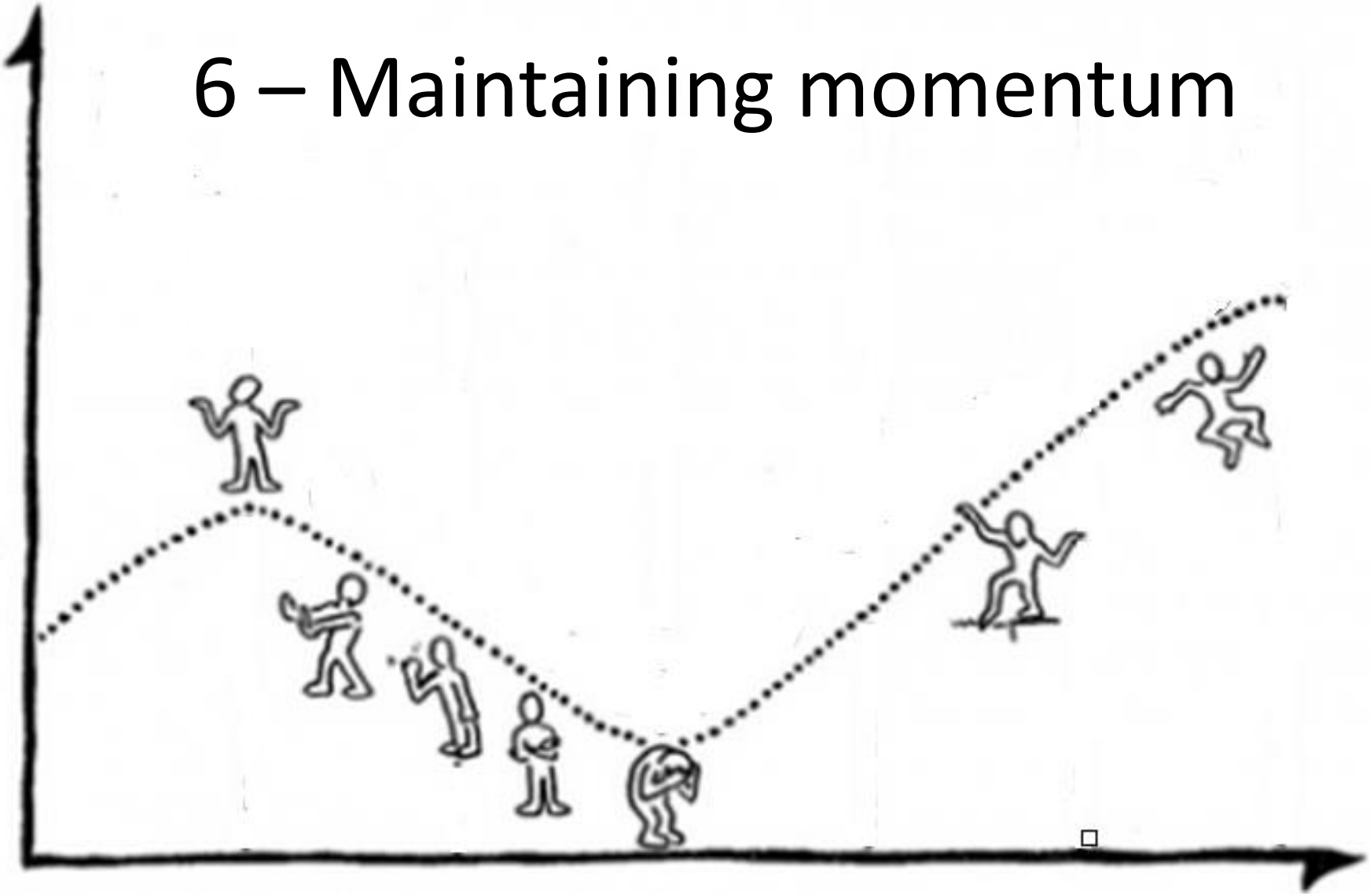
NHS R&D Forum

Collaboration for leadership in applied health research and care East of England

NHS National Institute for Health Research

eahsn Eastern Academic Health Science Network

6 – Maintaining momentum

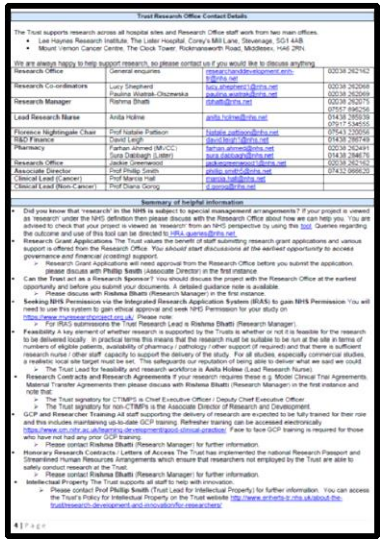


Engagement, Communication, Emotional Support, Direction & Guidance

Communicate, communicate, communicate

NIHR | Clinical Research Network Eastern

Bulletin *April 2019*



Celebrate and develop Staff

PI Masterclass
Fundamentals of Research
GCP
NIHR 70@70

Inspiration from research participants

An introduction to research and development at the Trust

East and North Hertfordshire NHS Trust • 4 videos • 240 views • Last updated on 26 Feb 2018

Play all | Share | Save

1	Taking part in clinical research (part 1) by East and North Hertfordshire NHS Trust	4:25
2	Taking part in clinical research (part 2) by East and North Hertfordshire NHS Trust	1:40
3	Taking part in clinical research (part 3) by East and North Hertfordshire NHS Trust	1:33
4	Taking part in clinical research (part 4) by East and North Hertfordshire NHS Trust	3:45

Click here for hyperlink

Research participant feedback

% of research participants that either very agreed or very strongly agreed to the following statements	2016 Survey (n=100)	2017 Survey (n=119)
The study was explained to me in a way that I understood	100%	97%
I fully understood what I was consenting to	100%	99%
It was explained to me that my care would not change if I decided not to take part	98%	99%
My questions were answered in a way that I could understand	99%	97%
I was kept well informed throughout the study	98%	95%
I felt the research staff put my needs first during the study	100%	95%

- The qualitative responses were very positive around patient experience though parking remains an issue. Comments include:

  "I am very happy with the care and treatment that I have received over the last few years. Both doctors and nurse have been brilliant"

  "I was happy to take part in this trial/research study, in the hope that it will help others and myself"

  "I have been extremely satisfied with all aspects of my care and treatment"

Research participant survey 2016/17

Research participant survey 2017/18

Renal peer support service now up and running as a result of local research

The SELFMADE research study, with Prof Ken Farrington as Chief Investigator, led to the development of shared care in our Renal Units. Patients are encouraged and trained to put themselves on and take themselves off dialysis.

External Recognition

Care Quality Commission — The independent regulator of health and social care in England

CQC Inspection July 2018

Outstanding practice:

Mount Vernon Cancer Centre (MVCC) research and clinical trials department

Trust ranked in top 50 for research-again

And a special thank you to Rishma Bhatti (R&D Manager, left) and Anita Holme (Lead Research Nurse, right)

Staff awards
Innovation/research award

2018
Celebration of Excellence

The innovation and research award winner is Ana Gaspar (CLAHRC Fellow)

Ana Gaspar, pictured here (centre) is the winner of this year's award

Quality and safety award won by Anne Hunt – Nurse completing a PhD on Sepsis

L-R Rachael Corser, Director of Nursing; Anne Hunt, sepsis nurse; Michael Chilvers, Medical Director

Research in all Divisional Board mtgs

East and North Hertfordshire NHS Trust
Cancer Services Divisional Board

Lecture Room, Post Graduate Centre
MVCC

21 March 2019
4.00pm – 6.00pm

AGENDA

#	Description	Owner	Time
1	PLEASE ENSURE IPADS AND MOBILE TELEPHONES ARE MUTED DURING THE MEETING	ALL	
2	Apologies: Michael Bishop	Chair	
3	Review of Action Log/Notes Divisional Board Action Log March 201 Divisional Board Minutes 21.02.2019.	Chair	4.00pm
4	Divisional Board Presentation For discussion within meeting V2 Divisional Board March 2019.pptm	Chair	
5	WORKFORCE		
5.1	Workforce update For discussion (within presentation) • Sickness, Appraisal and Stat Man • Recruitment and Vacancies • New starters • Staff Engagement/Consultations/Transformation • Staff Survey Results	CM	4.05pm
6	ESTATES AND FACILITIES • Capital Bids update • Hillingdon Priorities 19/20	SJ	4.15pm
7	QUALITY AND SAFETY SECTION		
7.1	Quality and Excellence update For discussion (within presentation) • Risk Register – Report 15+ • Escalated Risks • Quality and Safety Incidents • Patient Experience – Compliments and Complaints • Pharmacy / Medicines Management • Clinical Effectiveness and Audit • Infection, Prevent and Control (IPC) • QTP Programme	MF/MN	4.20pm
	FINANCE		
	Financial update For discussion (within presentation) • CIPs • 19/20 Budget sign-off • M11 Budget • ISAP	DL	4.30pm
8.2	Access Target update For discussion (within presentation) • Cancer Performance • IMAS Programme update • Operational update	SJ/TW/KK	4.40pm
9	TRAINING AND EDUCATION		
9.1	Training and Education update	AV/MF	4.50pm
10	HOSPITAL DIRECTOR DIVISIONAL UPDATE		
10.1	DEC (Divisional Executive Committee) update DOC (Divisional Operational Committee) update For discussion	SJ	5.15pm
11	MVCC CLINICAL STRATEGY		
11.1	MVCC Clinical Strategy update • Trusts new vision (David Brewer) • Strategic priorities	DB JK	5.20pm
13	SERVICE LINE PRM UPDATE		
13.1	• Radiation Service update • Private Patients • Pharmacy/Chemo • Ward/Palliative • John Bush/OPD • R&D HoDreport Bioengineering.doc HoD report Inpatient Palliative.doc HoD report OPD JB.doc HoDreport Patient Affairs.doc HoDreport Radiation Protection.doc HoDreport Pharmacy.doc	AS/DM/KV/ MB/SD	5.45pm
14	ANY OTHER BUSINESS		
15	Date of next meeting: Thursday, 18th April, 4.00pm – 6.00pm, Lecture Room, Post Graduate Centre		

East and North Hertfordshire NHS Trust

To be amongst the best…

Cancer Division Research target – Activity

Specialty/Site	No. of patients	Interventional	Observational
Breast	28	27	1
GI	12	12	0
Gynae	201	23	178
Lung	11	9	2
Urology	111	50	61
Renal/Melanoma	49	39	10
Brain	2	2	0
Support Oncol	201	45	156
Lister	142	80	62
Total	757	287	470
		37.9%	62.1%
Actual YTD	732		
Target YTD	825		
% Target YTD	88.7%		

Activity 89% Year to date target

Note
* Include the fatigue Study delivered by SORT but not NIHR labelled as cancer
** includes ELATION – a study labelled cancer but delivered by multi-speciality research team at Lister

East and North Hertfordshire NHS Trust

To be amongst the best…

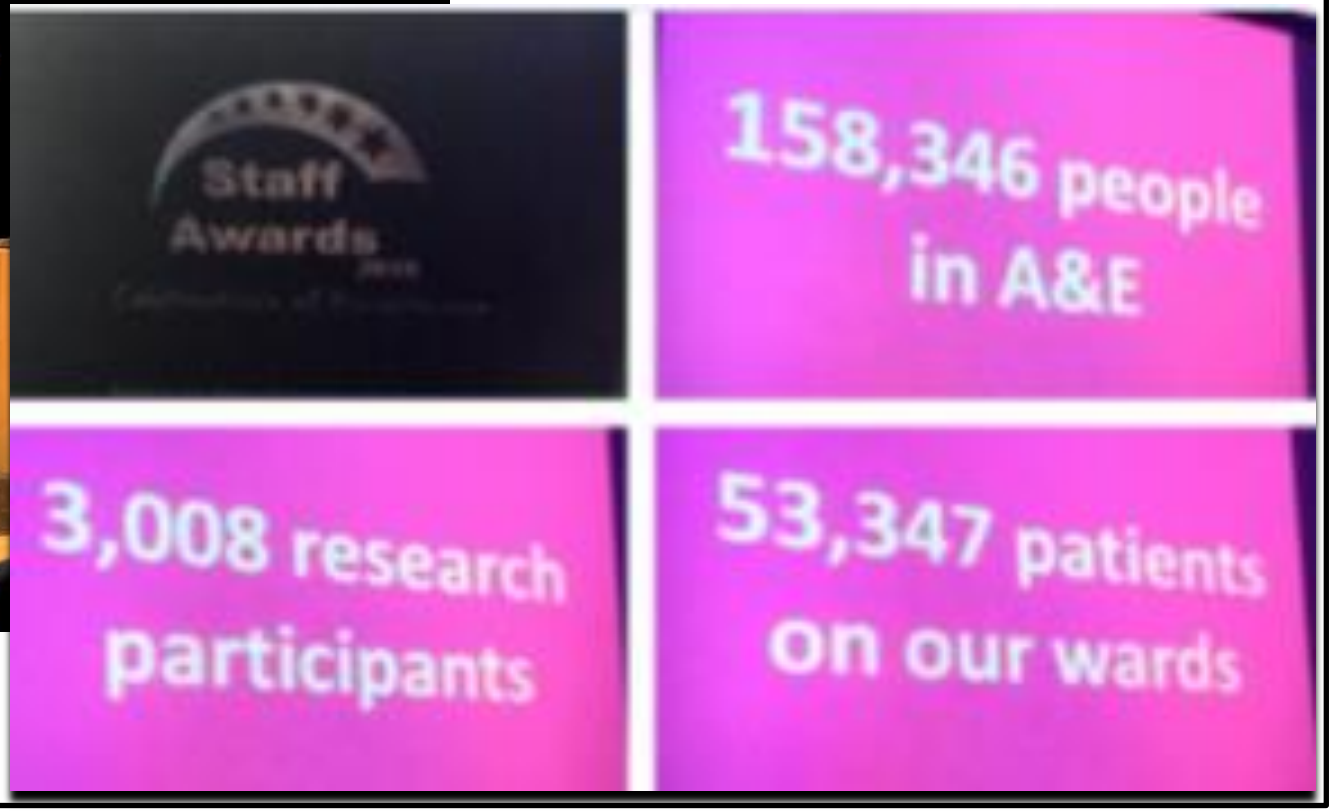
Cancer Division Research target – Finance

Specialty/Site	Invoiced Income	Estimated CRN Income	Combined Income	Salary Costs Apr-Jan 19	Cheques	TDL/BMI/ETC/Tubes	PSSC	Total Expend	Income/expenditure
Breast	£191,658	£32,217	£223,875	£102,320	£7,224	£30,744	£19,513	£159,801	1.4
GI	£49,919	£14,159	£64,078	£51,050	£539	£3,754	£8,449	£63,772	1.0
Gynae(inc H&N)	£133,579	£80,231	£213,810	£152,940	£5,678	£16,854	£19,838	£195,310	1.1
Lung	£141,228	£10,158	£151,385	£75,260	£15,016	£10,845	£12,144	£113,265	1.3
Urology	£149,141	£75,822	£224,963	£124,970	£4,512	£8,510	£23,448	£161,440	1.4
Haematology	£0	£0	£0	£0	£0	£0	£4,495	£4,495	
Renal/Mela	£531,766	£42,528	£574,295	£157,360	£33,339	£23,830	£29,156	£243,685	2.4
Suppt Onc	£16,972	£88,079	£105,051	£64,130	£150	£60	£0	£64,340	1.6
MVCC total	£1,214,262	£343,194	£1,557,456	£728,010	£66,457	£94,597	£117,043	£1,006,107	1.5
Cancer Lister	£15,148	£63,301	£78,449	£77,380	£183			£77,563	1.0
Cancer total	£1,229,410	£406,494	£1,635,903	£805,390	£66,641			£1,083,671	1.5
Target	£1,250,000								
Actual YTD	£1,229,410	118%							

Finance – 118% of Year to date target
Note
1) Discussion around deferral of income for PI Accounts

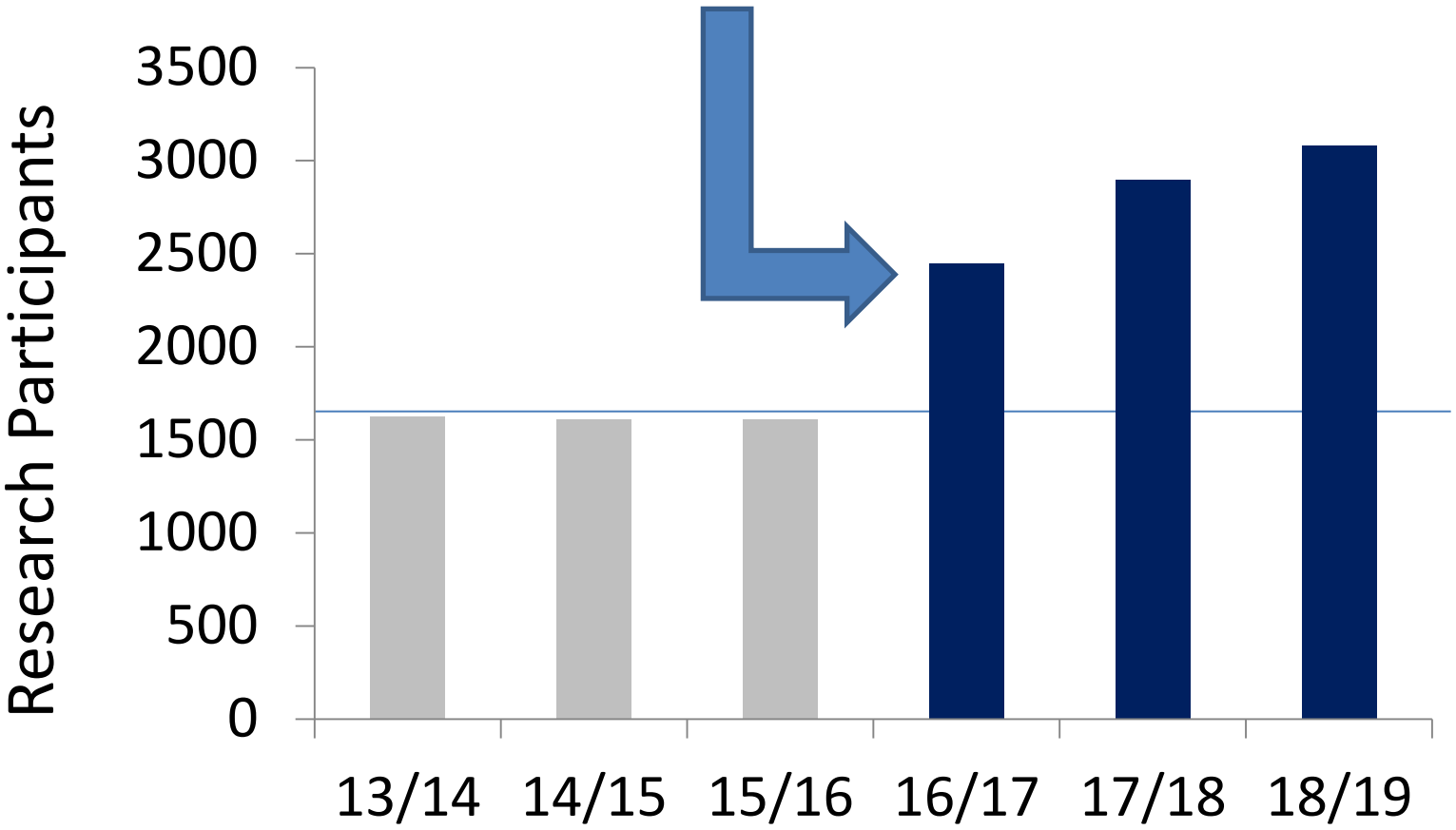
The Trust's NHS 70-themed public Annual General Meeting identified research as a highlight

Nick Carver, Trust Chief Executive Officer



And our metrics improved…

Additional 3,601 participants, no additional funding



Research now embedded in our strategy – ***expectation not exception***

'Proud to deliver high quality compassionate care to our community'

In summary

- This is a story about hope and the creation of a community.
- It's about having a belief we can help others.
- It's about trusting in each other to come up with really good plans and then working together to achieve something worthwhile.
- It's about resources, finances, energy, emotion and keeping going.
- It about us creating opportunities, sharing what we know and helping each other.
- Thank you to everybody who has been part of this journey.
- And thank you for listening.

With best wishes,
Phillip Smith phillip5.smith@nhs.net @researchPhil
Michael Chilvers, Rachael Corser @enhertresearch

East and North Hertfordshire NHS
NHS Trust

NIHR | National Institute for Health Research

Reference slides

6 key lessons

1. We listened to our patients and used our hearts to develop a compelling vision to *'enhance patient experience and outcome through research and innovation'*.
2. We had high level Board engagement from the outset; this ensured that research could support the wider needs of the Trust.
3. We developed Board-approved annual business plans so that we could focus on what we wanted to achieve.
4. We aligned our thinking and we introduced effective decision-making to ensure we optimized use of resources to deliver our strategy. We developed lean processes and reduced waste.
5. We developed a sense of community within the Trust, and wider, to ensure that we all could contribute and feel valued. We grew our community to include more and more people from an increasingly wide geographical area. We established numerous partnerships.
6. We maintained momentum because we could see the progress we made, we could hear our patients telling us how research has given them hope, and changed their lives, and we have seen national, local practice change through our actions. Our research metrics have also improved.

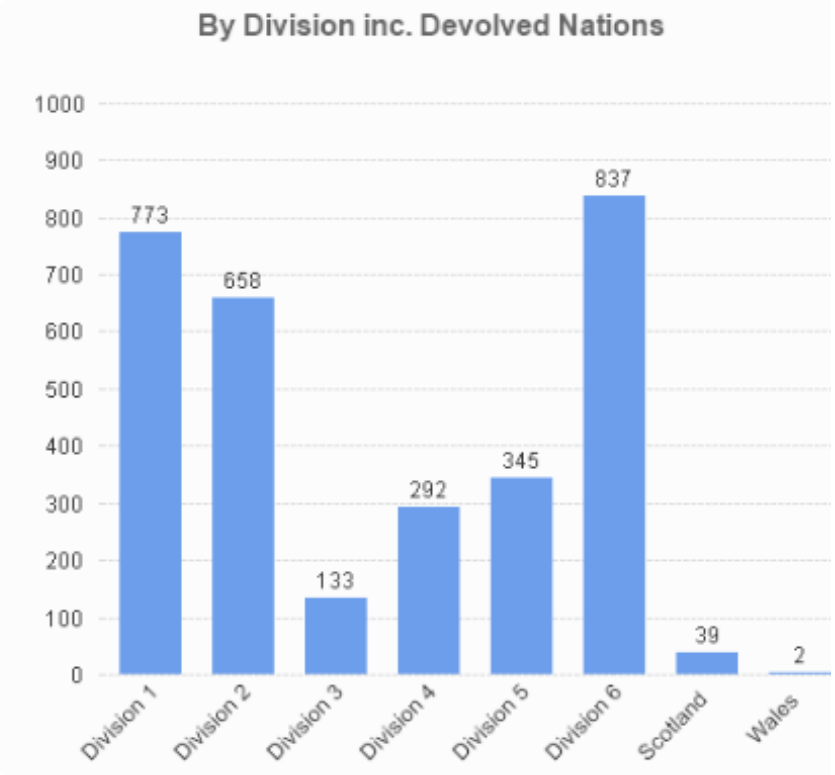
This has not been easy. We've learnt a lot and with hindsight we would have done some of it differently. We are, however, immensely proud of what we have achieved. We've increased research participation from 1,600 per annum to over 3,000 and we've increased the number and variety of research offered.

We've changed the conversation from 'can we do research?' to 'why aren't we doing research?'

2018/9 NIHR Performance (1)

Contributing Studies (FY1819)

CPMS ID	Short Name	Participants
20664	IBD Bioresource	436
19664	High-Intensity Specialist-Led A...	303
38241	Psychological risk factors for f...	282
37360	Drug Allergy Labels in the Elec...	255
32435	Circulating cells in advanced c...	208
38171	DIMENSION-KD_Version 01 0...	112
6726	RADAR	73
19102	Acceptability of alternate-day i...	61
37933	OPHELIA study - Causes of G...	58
18468	Physical Activity Questionnaire...	57
40679	UroX Biomarker Bladder Canc...	55
19356	Hypoxia gene signature as a b...	50
17373	ElaTION	44
40739	Haemodialysis Discrete Choic...	43
19493	True NTH UK – Post Surgical ...	39
19019	ROSE ACS	32
31929	Cholecalciferol in Patients on ...	32
33908	SALIVA TO PREDICT DISEA...	32
35454	Incremental Dialysis to Preser...	32
32352	Knee Replacement Bandaging...	31
33393	Direct REporting of Awareness...	30
35915	NICE FIT	28
35666	Nail bed INJury Analysis (NINJA)	27
12255	OPTIMA	25
12716	QCKD	25
		3079



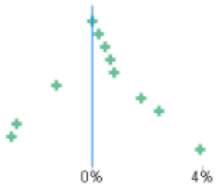
2018/9 NIHR Performance (2)

Data Cut
30 Apr 2019 03:30

Current Selections
SelectFY 2018/19
Partner East and North Hertfordshire NHS Trust

? Tell me about this screen

Difference in attendance from selected trust



Financial Years

2014/15	2016/17	2018/19
2015/16	2017/18	

Click on the round arrow to display different breakdowns:

Study (ABF) Categories
- Commercial
- Large Observational
- Observational
- Large Interventional
- Interventional

Specialty
Ageing
Anaesthesia, Perioperative Medi...
Cancer
Cardiovascular Disease
Children
Critical Care

Managing / Supporting Specialty
Managing Supporting

Version: 1.0

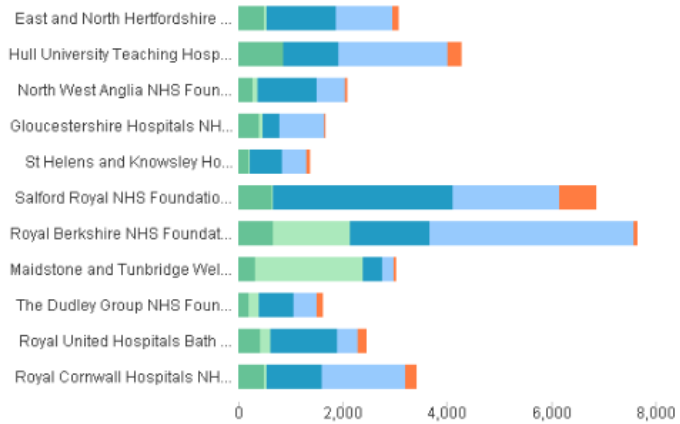
Provide Feedback

Benchmarking

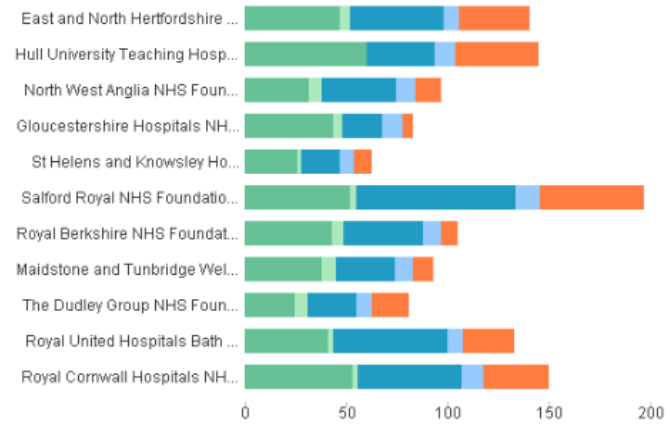
NIHR | National Institute for Health Research

See how your research activity compares to 10 organisations in the same category (acute, care, CCG etc).
Attendance (trusts) or population (CCGs) is used as a proxy for measuring similarity.
The charts show the most similar organisations at the top, with similarity decreasing down the chart.

Recruitment in 2018/19



Number of recruiting studies in 2018/19

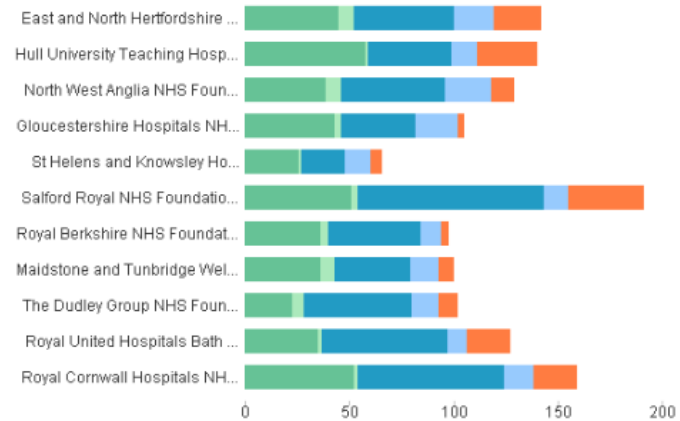


Average set-up time (days) per recruiting site in 2018/19

Please note, values have been grouped rather than stacked as this chart shows averages

Number of active study sites

Count of the number of research sites for studies which are still open to recruitment



Please see our website for more information

NHS
East and North Hertfordshire
NHS Trust

Patients & Visitors | GPs & Professionals | Member Area | Our Hospitals | About The Trust | Get Involved | News & Media

You are here: About The Trust > Research and development

Search SEARCH

About The Trust

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Our Hospitals

- Hertford County

Research and development

Developing a research culture can bring a host of benefits for patients, clinicians and the NHS. It can drive innovation, give rise to better and more cost-effective treatments and create opportunities for staff development.

This section of the website aims to provide information to all those involved with research as either patients, researchers or those acting as research funder or sponsor. The intention is that this will make it quicker and easier to set-up and deliver high quality research that makes a difference for patients.

Click here to watch four short videos of patients sharing their experiences of research at the Trust.

The following sections provide further information.

Research at the Trust

For patients

For researchers

For commercial research funders

Useful Info

What's it like to be in a research study?

"I am so blessed to have been included on the trial. It has ensured that I was able to see my grandchildren."

Click here to watch a video of patients sharing their experience of research at the Trust.

Read about David Robinson's story, a renal patient who benefited from research being undertaken at the Trust.

Trust research strategy

The Trust's ambition is to recruit 3,000 patients to research studies in 2019. For the period April 2016 to Mar 2017, the Trust entered 2,715 patients into research. Of these 2,247 were participants in research studies adopted to the NIHR Portfolio.

Click to read the Trust research strategy.

Click to read the Trust's progress made in year two. You can also access a recently published journal article covering this in more detail.

National Institute for Health Research (NIHR)

The Trust is proud to be a part of the National Institute for Health Research (NIHR). You can find out more about the NIHR on their website.

NIHR Clinical Research Network (CRN: Eastern)

The Trust is a member of NIHR CRN: Eastern and acts as a clinical research delivery arm for the NHS. You can find out more via the CRN: Eastern website.

Contact the research office

The research team is distributed across our sites and is located in various offices.

https://www.enherts-tr.nhs.uk/about-the-trust/research-development-and-innovation/

East and North Hertfordshire NHS
NHS Trust

Research Strategy

2016 - 2019

Enhancing patient experience and outcomes through research opportunity and innovation for all patients and all staff

Hertford County | Lister | Mount Vernon Cancer Centre | New QEII

Research Strategy
2016 - 2019

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1. Executive Summary

This strategy documents how the Trust will enhance patient outcomes and experience through offering research opportunity and innovation for all patients and all staff and covers 2016 - 2019.

This strategy will be implemented by a highly professional team under the leadership of the Associate Director of Research and Development.

2. Introduction

Developing a research-active culture can bring a host of benefits for patients, clinicians and the NHS, driving innovation, giving rise to better and more cost-effective treatments, and creating opportunities for staff development. Growing evidence supports this:

- Research-active Trusts appear to do better in overall performance.[1]
- Patients first seen at a hospital with a keen interest in clinical trials are more likely to receive chemotherapy, and chemotherapy is associated with improved survival.[2]
- Academic output correlates with better mortality rates.[3]
- Treatment of patients on clinical trials is associated with considerable cost savings.[4]

The Trust's vision is 'to be amongst the best' and has an established set of values which underpin all Trust Strategies.

p We put our patients first
i We strive for excellence & continuous improvement
v We value everybody
o We are open and honest
t We work as a team

This strategy supports other Trust strategies, such as the Improving Patient Outcomes Strategy, the Patient and Carer Experience Strategy and the People Strategy thus enhancing clinical quality in a way which is planned and coherent. It provides specific support to the Trust's patient outcome priorities of safer care, effective care, reliable care and provision of enabling factors.

3. National Context

The NHS constitution[5] commits to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

The Trust is part of the National Institute for Health Research[6] which has a vision "to improve the health and wealth of the nation through research".

The National Institute for Health Research aims to:

- Establish the NHS as an internationally recognised centre of research excellence.
- Attract, develop and retain the best research professionals to conduct people-based research.
- Commission research focused on improving health and social care.
- Strengthen and streamline systems for research management and governance.
- Increase opportunities for patients and the public to participate in, and benefit from, research.
- Promote and protect the interests of patients and the public in health research.
- Drive faster translation of scientific discoveries into tangible benefits for patients.
- Maximise the research potential of the NHS to contribute to the economic growth of the country through the life sciences industry.
- Act as sound custodians of public money for the public good.

The Trust is a partner organisation to the National Institute for Health Research's Clinical Research Network Eastern Region, which provides research leadership and funding to support research.

The Health Research Authority[7] protects and promotes the interests of patients and the public in health and social care research.

The Health Research Authority and the UK Health Departments via the draft UK policy framework for health and social care research[8] are committed to an environment where:

- Patients, service users and the public are given, and take, the opportunity to participate in health and social care research, and are confident about doing so.
- New treatments, care and other services are developed through ethical and scientifically sound research for the benefit of patients, service users and the public.
- Applying to do research is simple and getting a decision is quick and predictable.
- Researchers find it straightforward to do high-quality, ethical research.
- Commissioners and providers of health and social care appreciate how health and social care research benefits patients, service users, staff and the public.
- Industry sees the UK as a great place to do health and social care research.
- Money from charities and other research funders goes into carrying out research, not into navigating needless bureaucracy or duplicating previous work.
- Research projects get registered, the data and tissue they collect can be made available for future analysis, where appropriate and with adequate consent and safeguards, and research findings get published and summarised for those who took part in them.

NHS policy frameworks and guidelines place a duty on the Trust to protect and exploit innovation and intellectual property for the benefit of patients and the wider health care community.

NHS
National Institute for Health Research

4. Local Context

The Trust is a member of the National Institute for Health Research, fully supports the Health Research Authority and is committed to fully implementing the UK policy framework for health and social care research.

The Trust has four hospital sites. Three of these, the Lister, the New QEII and Hertford County provide a large acute secondary care service to a population of 600,000. The Lister and the New QEII have recently undergone a centralisation and expansion of services. In addition there is a sub-regional renal unit which provides renal services to 1.4 million people in Hertfordshire, Bedfordshire and Essex.

The Trust also manages the internationally recognised Mount Vernon Cancer Centre which provides a tertiary service for a population of over 2,000,000.

The Trust has a long history of being research-active with particular strengths in cancer, renal, cardiovascular disease and diabetes. The research activity at the Trust is a mixture of studies which staff have gained though external funding via grants, studies that are commercially-funded, non-commercial studies where the Trust acts as a participating site and studies that support the training and development of staff through higher degrees.

A high proportion of these studies are adopted to the National Institute for Health Research portfolio. Over the last 5 years there has been a steady decline in the numbers of patients entered into National Institute for Health Research research each year with a reduction from 1949 in 2011 - 2012 to 1630 in 2014 - 2015.

A number of exercises were carried out to identify the particular strengths, weaknesses and opportunities for the Trust. The following considerations were thought to be important:

- Patients have a strong desire to help shape and to support the implementation of the research strategy.
- The Trust has a track record of research excellence in some clinical areas and has potential for growth via the awarding of external non-commercial research grants and through being innovative.
- The Trust serves a population which is large and has, historically supported little research when compared to populations around nearby Cambridge and London, so there is scope to increase research activity.
- The Trust is located in close proximity to a large healthcare Industry around Stevenage, the M11, Cambridge and London. There is considerable potential for growth in this sector.
- The Trust has excellent relationships with a number of universities and these could be strengthened by establishing more formal organisational links.
- The Trust has a research office that offers a single point of contact for all research matters, works to internal procedures and manages a large and well-trained research workforce.

This strategy was developed through extensive consultation. Numerous stakeholder meetings were held and this was supplemented by an internal and then an external survey to raise awareness and gained further feedback.

The web-based surveys received a total 499 responses, broken down as follows: 292 staff, 104 patients, 40 university staff, 42 people from other NHS organisations including various NHS commissioners and 17 other including industry, Department of Health and NHS England. A total of four respondents declined to say which category they belonged to.

The survey asked for feedback and the following shows the % of respondents who agreed with each theme.

The Trust's vision is 'to be amongst the best' - incorporating research into our core business purpose and objectives and into routine patient care is an important part of this.	90%
We should engage with patients and aspire to provide opportunities for all patients to participate in research.	94%
We should introduce a practical way of taking 'consent to contact' so we can develop a database of patients who would like to be involved in future research studies.	88%
We should improve research information and opportunities, to increase levels of research awareness and participation for all staff.	95%
We have a duty to seek funding for research from all available sources as well as from the National Institute for Health Research to include from commercial funders and research grant providers.	89%
There are some simple steps we can take to increase research activity, e.g. increasing the number of high-recruiting studies, removing unnecessary bureaucracy, creating protected research time.	90%
For our research strategy to succeed we need to recognise that we are part of a wider system of healthcare, academia and industry and that we have to work together to deliver research for patient benefit.	95%
We know that individuals are the drivers of innovation and research success. We need to improve the way we recognise and reward staff who play their part in this.	85%
For research to be really effective it needs to be underpinned by well-trained staff working to standard operating procedures and supported by a well-resourced research office.	94%

5. Aims and Objectives

Taking into account the national and local context, the detailed analysis and the feedback from a variety of engagement events the Trust's three year strategy will be to achieve the following aims and objectives. This is summarised below, with a detailed overview given in Table 3.

Table 1 The Trust's Research Strategy 2016 - 2019

The Trust to be an internationally recognised centre of excellence for research and patient outcomes		
Research is embedded into the planning and delivery of routine patient care for all patients	Enhancing patient experience and outcomes by offering research opportunity and innovation for all patients and all staff	Patients and public to be engaged with, participate in, and benefit from research and innovation
Research is well governed, managed and supported so studies are delivered, as promised	Research is funded via external grant applications, from industry and with the support of charities	

6. Enabling Factors

All individuals will support the Trust's vision to be 'amongst the best' via an approach to identify, measure and improve our research culture.

Research culture can be measured and improved via a talent map exercise which can be applied to all levels in the organisation (Table 2). This approach provides an opportunity to assess our current research culture, to work out ways to improve it and it also provides a tool to measure improvement.

Table 2 Talent map to measure and improve research excellence

Increasing indication of research excellence across the Trust at all levels	Individual	Research group	Department	Division	Trust
Has potential					
Some evidence					
Good					
Amongst the best					
Exemplar					

Table 3 The Trust's Research Strategy 2016 - 2019

Research vision	Enhancing patient experience and outcomes through research opportunity and innovation for all patients and all staff				
Aims	The Trust to be an internationally recognised centre of excellence for research and patient outcome	Patients and public to be engaged with, participate in, and benefit from research and innovation	Research is funded via external grant applications, from industry and with the support of charities	Research is embedded into the planning and delivery of routine patient care for all patients	Research is well governed, managed and supported so studies are delivered, as promised
Ambition	Top 20% of large acute NHS Trusts for research activity by 2019	Recruit 3,000 patients to research studies in 2019	Increase external research funding by 10% each year	80% of our Clinical Directorates to have research in their annual plans by 2019	Top 20% of large acute NHS Trusts for the time it takes to open research studies by 2019
Initiatives to deliver the strategy	• Recognise and increase the Trust's contribution to international research. • Support the National Institute for Health Research and be an exemplar partner organisation. • Contribute to research leadership at all levels. • Maintain and expand key areas of excellence in cancer, renal and cardiovascular disease. • Develop new areas of excellence e.g. diabetes, nurse-led research, supportive oncology, personalised medicine, big data. • Become a University Trust. • Enhance our communication plan via web, newsletter and social media. • Identify and provide high quality research accommodation via estate and capital programmes. • Publish the Trust's research operational capability and performance information. • Maximise National Institute for Health Research funding by meeting appropriate government initiation and delivery benchmarks. • Review strategy at Research and Development Board and Trust Board on a regular basis. • Direct research to support operational and strategic needs.	• Public and patient research group to be included in the Trust's wider engagement approach. • Optimise patient access to research of all types at all sites. • Seek and act on research participant feedback. • Develop patients as research ambassadors. • Identify and address barriers to research. • Deliver 'consent to contact' initiative to identify potential research participants. • Provide workshops to researchers about the importance of involving patients. • Display posters in departments to promote research. • Research awareness via the clinical trials day on 20th May. • Annual research celebration event. • Patients contribute to research workgroups or committees. • Patients contribute to the setting of Trust research priorities. • Promote use of plain English. • Use IT capability to understand patient flow and match with studies.	• Research marketing plan to attract research. • Implement the National Institute for Health Research commercial income distribution scheme. • Develop new industry research partnerships. • Increase commercial income. • Secure National Institute for Health Research and other high quality grants from research partners, growing non-commercial research income. • Fund a research support officer to increase volume and quality of research grant applications. • Maintain excellent relationship with Eastern Academic Health Science Network.* • Be an active member of the Hertfordshire Group to secure european union funding opportunities. • Make good use of the National Institute for Health Research research design service to support grant applications. • Work well with other NHS organisations, charities and local universities. • Build research capacity e.g. via the Collaboration for Leadership in Applied Health Research & Care.[10]	• Embed research in Trust business plans. • Prioritise activity to meet Trust objectives. • Recognise the patient care and financial benefits of being research active (to include cost savings). • Integrate the research strategy within workforce and organisational development. • Realise potential of staff via talent mapping and development. • Promote and monitor research and innovation. • Promote and record all Trust staff awarded higher degrees by research. • Identify and increase number of staff with protected time for research. • Collect information on research funding, research publications and impact on patient outcomes and experience. • Include research as a component of staff appraisal. • Provide research accounts for the effective use of research income. • Workgroup to develop an appropriate incentivisation scheme to recognise individual and team endeavour.	• Research office to support implementation of this strategy. • Function as a single team across the four sites. • Generic and flexible team to supplement specialised research support staff. • Effective capacity management and deployment of research support. • Well-trained data managers to ensure timely provision of accurate data with few data queries. • Secure funding to increase ability of Trust to act as sponsor. • Work with Health Research Authority to make study set-up faster. • Standard operating procedures for quality and consistency. • Robust feasibility, to identify studies that we are best placed to deliver. • Maintain a quality assurance programme. • Research in Trust induction packs for all staff. • Research and Innovation Educational Programme. • Prioritise support to research that provides the greatest contribution to the Trust's objectives. • Establish self-sustaining research groups.

7. Monitoring and Reporting

The Research and Development Board will provide oversight of the implementation of this strategy via quarterly meetings and the Trust's Board will review progress on a six monthly basis.

Detailed business plans will be produced that identify yearly objectives, goals and describe how the implementation of the strategy will be measured, monitored and managed. This will include an analysis of the market potential and prioritisation of activities which frame the strategy.

If you would like any further information, please contact us via the following email:

researchanddevelopment.enh-tr@nhs.net

8. References

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[2] Rich AL1, Tata LJ, Free CM, Stanley RA, Peake MD, Baldwin DR, Hubbard RB. (2011) How do patient and hospital features influence outcomes in small-cell lung cancer in England? Br J Cancer. 2011 Sep 6;105(6):746-52.

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[4] Liniker E, Harrison M, Weaver JM, Agrawal N, Chhabra A, Kingshott V, Bailey S, Eisen TG, Corrie PG. Treatment costs associated with interventional cancer clinical trials conducted at a single UK institution over 2 years (2009-2010). Br J Cancer. 2013 Oct 15;109(8):2051-7.

[5] NHS Constitution for England https://www.gov.uk/government/publications/the-nhs-constitution-for-england

[6] National Institute for Health Research http://www.nihr.ac.uk/

[7] Heath Research Authority http://www.hra.nhs.uk/

[8] Draft UK Policy Framework for Health and Social Care Research http://www.hra.nhs.uk/documents/2015/12/uk-policy-framework-health-social-care-research.pdf

[9] Eastern Academic Health Science Network http://www.eahsn.org/help-for-nhs

[10] Collaboration for Leadership in Applied Health Research & Care http://www.clahrc-eoe.nihr.ac.uk/

Our vision is to be amongst the best

The East & North Herts Hospitals Charity, including Mount Vernon Cancer Centre Charitable Fund, aims to make a real and positive impact to enhance patient care.

We help our hospitals innovate, improve and provide excellent care.
Your generosity will help improve the equipment, facilities and research within our hospitals.

The East & North Herts Hospitals Charity is a registered charity in England and Wales, registered charity number 1053338.

For more information please visit our website.

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