

Research and Innovation Directorate Strategy 2017-2022

**WE ♥ RESEARCH
@ RBCH**

Our Vision is for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to be a centre of excellence in healthcare research and to lead on collaborative working across Dorset supporting research and innovation.

Our Purpose is to foster a thriving research and innovation culture throughout the Trust ensuring high quality research and respect for our research participants and our researchers.

Our Values

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust strives to provide the excellent care we would expect for our own families. We seek to support and deliver our research strategy by creating an ethos throughout the Directorate underpinned by our four core Trust values:



Communicate – say it, hear it, do it

Improve – change it

Teamwork – share it

Pride – show it

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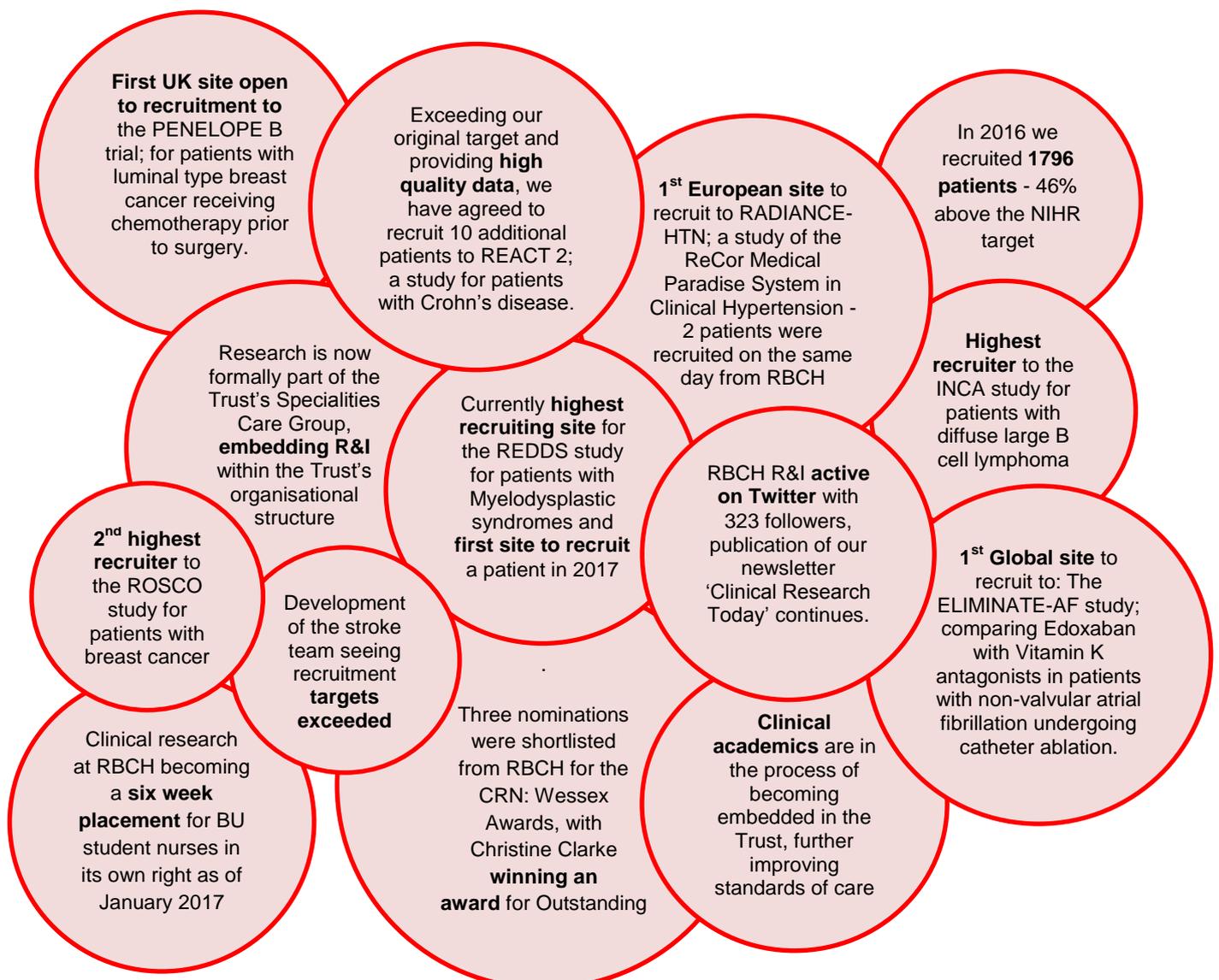
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1. Introduction

In the past five years, research within The Royal Bournemouth and Christchurch Hospitals Foundation Trust (RBCH) has undergone major organisational changes, culminating in the development of the Research and Innovation Directorate in 2013 and the formal inclusion of Research and Innovation into the Specialities Care Group from April 2017. This restructuring has **increased accountability and transparency** within research in the Trust. It has provided a platform to enable accurate evaluations of working practices and activity, enabling forward planning and workforce development to streamline the way we work, more cost effectively, to plan for and take advantage of forthcoming developments.

Objective 7 of the Government's mandate to NHS England 2017-2018 is to support research, innovation and growth.

Some of our **successes** over the past year alone are:

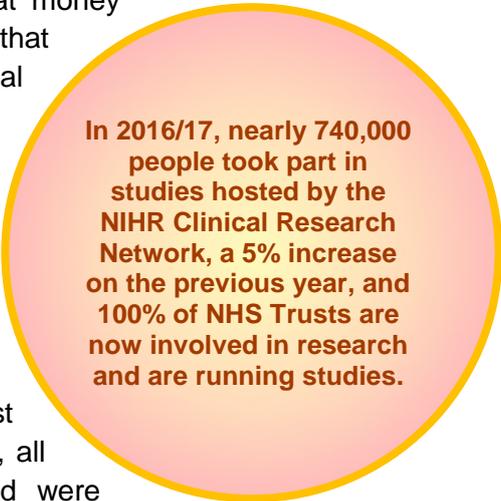


2. Strategic Context

Research is part of the NHS Constitution and all providers are required to promote research. The National Institute of Health Research (NIHR), created in 2006, has a vision of improving the health and wealth of the nation through research¹.

A key strand of the work of the NIHR is ensuring that money intended to support research in the NHS is used for that purpose. Since 2008, investment in the NIHR Clinical Research Networks has led to a trebling in the numbers of patients taking part in clinical research.

This investment has also ensured that research happens more quickly and efficiently, and this has encouraged the Life Sciences industry to invest in clinical trials in the UK. The NIHR has also invested substantially in new research, through a range of funding programmes. The NIHR is now the largest integrated health research system in the world. In 2014, all of the existing clinical research networks in England were merged into 15 Local Clinical Research Networks (LCRNs).



In 2016/17, nearly 740,000 people took part in studies hosted by the NIHR Clinical Research Network, a 5% increase on the previous year, and 100% of NHS Trusts are now involved in research and are running studies.

In 2013, following the recommendations contained in Health, Wealth and Innovation (2011)², NHS England established 15 Academic Health Science Networks (AHSNs), based on the same geographical boundaries as the LCRNs. The purpose of the AHSNs is to bring NHS commissioners and providers together with Higher Education Institutes (HEIs), industry and other stakeholders to accelerate the adoption of innovation in healthcare in order to improve patient outcomes and generate economic benefits for the UK.

Regionally, the Trust is a partner of CRN: Wessex and the Wessex AHSN. The largest share of income received by the Trust to support research delivery comes from the CRN and amounts to approximately £1m in 2017/18. These funds support the delivery of NIHR portfolio studies, [RBCH ranks 7th in England of medium-sized acute trusts](#) by complexity weighted recruitment.

Locally the Trust supports the NIHR Research Career Pathways and applications to NIHR Training Programmes for all professional backgrounds.

NHS England has a [legal duty to promote research and the use of research evidence in the NHS](#). This is to allow the NHS to support and harness 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 processes³.

The NHS England research plan is the first step in setting out NHS England's wider strategic approach to research. NHS England focuses its efforts to make the biggest difference for patients and the NHS by [driving the direction of research](#), contributing to creating an environment that fosters research and supporting the use of evidence in decision making and research into practice.

Developing One NHS Research in Dorset

The Dorset Sustainability and Transformation Plan (STP) sets out the strategic direction for Dorset with a key element being the Clinical Services Review (CSR) which will drive significant change across Dorset in the coming years. From a Directorate perspective one outcome of the CSR is the potential to establish a Clinical Research Hub on the emergency site. In addition through the 'Developing One NHS in Dorset' Vanguard programme, work is already underway focused on a Dorset-wide approach for specific services.

This is a model the NIHR have signalled to commissioners that it is keen to consider in terms of a collaborative Dorset-wide approach to Research. In response to this the Directorate with other key partners across Dorset will start these discussions this year. In the longer term the aim for a Dorset wide research function would be further facilitated if an Accountable Care System was in place across Dorset supporting the delivery of integrated services.

3. Aims

Our Strategy is to embed a Research and Innovation ethos across the Trust into daily patient care through the aims below:

Aims	Objectives	Judging our success
PATIENTS		
To improve patient outcomes by offering access to new medicines, technologies and processes	To routinely offer patients in all specialities the opportunity to participate in high quality clinical research studies, with a specific emphasis on interventional studies.	To increase the number of patients who are recruited into NIHR portfolio studies each year.
To focus on the needs of the patients and the public through patient engagement.	We aim to make information about our research studies readily and regularly available to all our patients in a variety of ways, specifically during appointments and consultations, through social media, national campaigns, literature, displays, open days and other outlets.	Every patient to receive the results of the study outcome that they participated in.
	Establish mechanisms and an infrastructure to support the rapid transfer of research knowledge into clinical practice.	Feedback to key forums and the wider clinical staff.
	To engage and involve patients and carers in research in a meaningful and constructive way, including but not solely as research participants.	Implementation of the Research and Innovation Patient Engagement strategy.
TRUST		
Establish the Trust as a centre of Research and Innovation excellence.	Ensure that there are robust and flexible structures in place to: initiate, deliver and manage high quality research and innovation; and that these structures are supported by rigorous governance processes.	To be in the Top 5 of medium-sized acute trusts in England by complexity weighted recruitment.

	Develop a rigorous approach to study feasibility and delivery planning in order to meet Department of Health (70 day Time To Target) and recruitment targets	Increase the number of studies that are setup and recruit to time and target and the number of studies that recruit to target.
	Develop an IP policy to address our approach to protecting and further use of licensing the intellectual property arising from any collaborative innovation work the Trust is involved in.	Implementation of a clear IP policy to support innovative collaborations
To achieve engagement with research and innovation throughout the Trust.	Ensure that research and innovation are strategically and operationally integrated into core Trust business and are fully aligned with Trust vision, values and strategies.	Regular representation of the R&I management team at TMB and being integrated into the Care Group. Inclusion of research during values-based recruitment, job planning and appraisal processes
	To raise awareness about and truly integrate research within the Trust by having a presence at Trust events (e.g. Trust Nursing, Midwifery and AHP conference, Open Day and Patient Panel conferences) and for inclusion of research during the Trust Induction and Grand Rounds. Embedding the BU Student RBCH Clinical Research Placement within the R&I Directorate Ensuring research is embedded within every day care	Increase in the number of events that the Research and Innovation team have a presence at. Having a regular R&I presence at Trust induction. All staff at RBCH aware that we do research.

<p>To achieve digital compliance with all aspects of the Medicines for Human Use SI 2004:1031 (as amended) and with FDA 21 CFR Part 11.</p>	<p>Ensure that the R&I directorate is involved in digital upgrades within the Trust and that these are compliant with the relevant standards.</p>	<p>Positive MHRA and other relevant monitoring/audit inspection feedback.</p>
<p>To participate in the evaluation of a 'Developing One NHS in Dorset' approach to Research and Innovation</p>	<p>Undertake initial scoping work with key partners to understand the opportunities for a Dorset wide approach to Research and Innovation in line with the Dorset STP aspirations and the CSR This should also focus on the inclusion of non-NHS organisations e.g. universities</p>	<p>Options appraisal and recommendation of the way forward</p>
<p>To contribute to the financial balance of the Trust</p>	<p>By growing research studies to generate additional income to support clinical services.</p> <p>To demonstrate how savings are delivered by providing cost effective research and care.</p>	<p>Income generation report. Monitoring uptake of studies</p> <p>Cost savings/cost avoidance as shown via the Clinical Directorate CIP trackers</p>
<p>To attract, develop and maintain a highly skilled work force to deliver and conduct research studies</p>	<p>Continue to strengthen and support strong partnerships with industry partners, the NIHR and others</p> <p>Increase research capability and capacity throughout the Trust, in all clinical service areas among all staff groups and professions</p> <p>Ensuring all staff within the R&I Directorate have access to personal and professional development opportunities identified during appraisal and regular one to ones</p>	<p>Increase in the number of new partnerships that have been developed and the amount of repeat business we have from current partners</p> <p>To increase the number of patients who are recruited into NIHR portfolio studies each year</p> <p>To increase research in areas new to research and those areas that are currently research naïve.</p> <p>Feedback from the NHS staff survey and from meeting objectives during appraisals</p>

4. Our team

Our greatest asset is our staff. Over the past four years a major review of research staffing has resulted in the creation of a Research and Innovation Directorate. This has facilitated a considered approach to workforce planning and development, in particular a revision of the skill mix within research across the Trust. **Continuous review of workforce planning and capability is required** to ensure we have a flexible and adaptable team, with the right staff with the right skills in the right place at the right time. The appointment of a full time Lead Research Nurse in April 2017 is a significant milestone enabling clinical leadership and representation for our research nursing workforce across the Directorate and the wider Trust. An increase in non-clinical support staff has reduced the amount of time nurses spend on administrative work, completion of case report forms and feasibility/capability submissions for new studies.



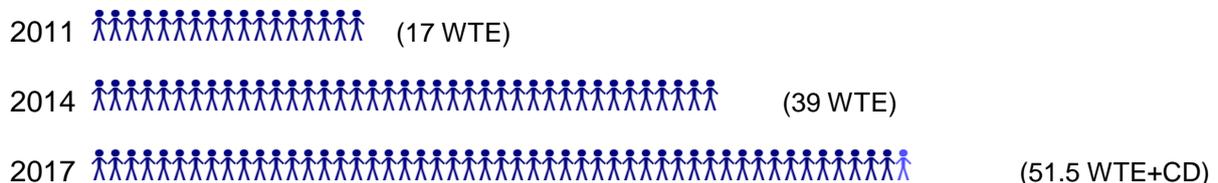
Our CTA team representing RBCH at the inaugural CRN: Wessex CTA event in March '17

Over the past four years a growing team of Clinical Trials Assistants (CTA's) has been created. Our CTA team support our research nurses and manage their own portfolio of observational studies, requiring minimal specialist nursing support to boost overall recruitment to NIHR portfolio studies.

Our nurses are encouraged to develop specialist skills in order to manage and support their patients being treated within a clinical trial and managing their clinical pathway.

A research capable workforce is critical if we are to achieve our aims.

Numbers of research staff in:



5. Leadership and engagement

Principles that guide the NHS, detailed in the NHS Constitution, establish a commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population.



R&I staff discussing the Directorate's revised induction framework

We want to foster engagement with research throughout our Trust. In order to deliver this strategy, robust leadership will be required across the Organisation from the Trust Board and Executives, through the Directorates and into clinical teams.

The Trust R&I governance and management structures were reviewed in 2016, with significant developments in terms of engagement with research across the Trust. The inclusion of the Directorate in a Care Group means there is now Director of Operations input and support and there has also been the appointment of a new Clinical Director at the start of 2017. Both of these posts are members of the Trust Management Board which ensures Research and Innovation is represented at this level. In addition, a full time Lead Research Nurse ensures effective professional nurse leadership within the Directorate. We aim to continue efforts to [create a culture of research and innovation](#) in the Trust, generating greater involvement in research from all our clinicians and service users.

As part of the Specialties Care Group, research is now routinely part of governance and performance metrics. A Research Governance Board with medical and non-medical executive representation, a new chair and terms of reference is required, and membership defined. The senior research management team meet on a regular basis for operational oversight and performance management.



Reviewing performance at a recent RBCH research forum

We will continue to work internally with the Trust Communications team and externally with the CRN: Wessex communications department to [publicise our achievements and events](#), e.g. International Clinical Trials Day.

There is a need to [embed a patient-centred research culture](#) within the Trust with the appointment of Patient Research Ambassadors, to help patients have better informed choices about participating in research at the Trust. The NHS Constitution states patients have the right to expect their NHS health practitioner to tell them about suitable research studies.

6. Governance and quality assurance

In order to achieve and maintain the delivery of [high quality research data](#), robust systems and training programmes are in place to govern and monitor the quality of data being produced. We will ensure governance compliance and patient safety by ensuring that:

- All research staff have completed Good Clinical Practice (GCP) training in the last 2 years and ensure all research is being conducted in accordance with GCP.
- An annual audit is conducted of Trust research governance arrangements, and any gaps are rectified and risks identified.
- Any Corrective and Preventative Actions that have been previously identified are being actioned and implemented in a timely manner.



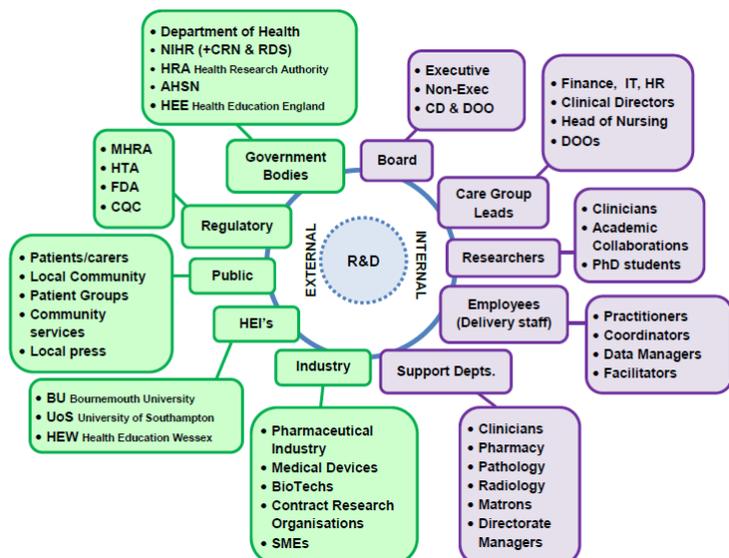
Accurately preparing a participant's clinical trial samples for analysis

- The necessary Research Standards Operating Procedures (SOP's) are in place, being used appropriately, are up-to-date and reviewed at least every 2 years
- Trust performance of recruitment to time and target is monitored internally and externally
- Internal monitoring of governance arrangements on an agreed % of non-commercial research projects are being carried out.
- External monitoring findings are reviewed and areas that require improvement are highlighted and actioned appropriately
- Staff training records are up-to-date and reviewed annually
- A comprehensive in-house training programme is being delivered to all research staff and that this programme is appropriate and being delivered to a consistently high standard.

7. Collaborations and partnerships

Our collaborations with industry and academic partners have brought significant benefits for our patients and the Trust. There is compelling potential for further development in this regard.

Our key partners are the NIHR Clinical Research Network, specifically CRN: Wessex, as well as Industry. We also work closely with the Wessex Academic Health Sciences Network (AHSN), Health Education Wessex (HEW), our local universities (HEIs), particularly Bournemouth, Portsmouth and Southampton, and industry, with RBCH being a preferred partner of Quintiles, a major global Contract Research Organisation.



Currently the R&D team's office is located at Bournemouth University, which provides excellent links, particularly with Bournemouth University Clinical Research Unit, Research Design Service South West (part of NIHR), the Orthopaedic Research Institute, the Aging and Dementia Research Centre as well as the wider university (e.g. Faculty of Health and Social Sciences and Faculty of Science and Technology). This presents opportunities for leading as a Trust on national, non-commercial NIHR supported studies.

Members of the team regularly deliver research related lectures and workshops and provide support, advice and guidance for academics, PhD and Master's students undertaking clinical research project collaborations with the NHS, actively encouraging and fostering collaborations between RBCH and BU.

Currently, RBCH has CRN: Wessex Clinical Research Specialty Group Leads in: Cardiovascular, Dementias and neurodegeneration, Metabolic and Endocrine, and Aging. Our Chief Executive, Tony Spotswood, is the CRN: Wessex Partnership Group Chair.

Further work is required to strengthen and develop the relationships and partnerships which already exist as well as encouraging new partnerships. In order to do this we will:

- Commit to [developing a marketing plan](#) to further promote RBCH to Industry and other external partners as a research capable organisation with a strong national and international reputation for delivering high quality research
- Formalise [high-level strategic partnerships](#) with neighbouring Trusts and HEIs
- Discuss potentials for further and wider collaboration with local community partners e.g. DHUFT, community health services, and utilise opportunities for collaboration within CRN: Wessex
- Develop [an infrastructure for research through Care Group focused workforce planning](#) within Directorates to include a clinical academic pathway for non-medical staff
- Develop and expand [non-medical research](#) with the support of Directorates to better integrate research and enhance the adoption of evidence-based practice to improve patient outcomes
- Develop [non-medical Clinical Academic Career pathways](#) with University of Southampton and Bournemouth University linking closely with the clinical specialties
- Explore the [potential for partnerships](#) with local industry, the pharmaceutical sector and academic units.

8. Finance

Income into the Research and Innovation directorate comes from 2 main funding streams; the NIHR and Commercial Contract Research.

The NIHR supports the delivery of research with approximately £1m of funding per year through the CRN: Wessex Activity-Based Funding Allocations model. This funding is used to support costs incurred during the delivery of NIHR Portfolio studies; additional funding is also awarded in recognition of achievements for delivering research to Time and Target. NIHR funding covers approximately 55% of staff costs.

Income from Commercial Contract Research and reserves are utilised to cover the additional 45% of staff costs and used to support departments to help deliver recruitment to targets. Maintaining and [growing this income stream is a key part of this strategy](#). Commercial Contract Research not only generates income, it also means patients can access new drug treatments and the Trust can benefit from treatments being funded as part of the commercial contracts.



KPMG found that for commercial studies, NHS Trusts receive a pharmaceutical cost saving of £5,250 per patient

2017/18 sees significant investment in staffing and support costs required to sustain the commercial ambitions of the Directorate, costs to deliver research are to increase by over 17%, although return on investment will not be fully appreciated until 2018/19. This is due in

part to the way commercial payments are received up to six months after the work is completed, in the meantime reserves will be utilised to cover these additional costs. There is a challenge to maintain our reputation with commercial partners in delivering research to time and target to attract new and repeat commercial partnerships, development of a marketing plan will complement our commercial ambitions.

	2016/17 Actual		
	NIHR/CRN Income	Commercial and Non Commercial Income	Clinical Specialty Funds Total
	£	£	£
Opening Balances			1,735,449
Income	1,054,000	880,401	
Pay + Support Costs	(1,054,000)	(634,337)	
Non-Pay Costs		(212,619)	
Drug Costs		(20,600)	
Sub Total			
Total Surplus/Deficit	0	12,845	
			1,748,294

	2017/18 Projected		
	NIHR/CRN Income	Commercial and Non Commercial Income	Clinical Specialty Funds Total
	£	£	£
Opening Balance			1,748,294
Income - guaranteed	1,070,265		
Income forecast		900,000	
Pay + Support Cost forecast	(1,070,265)	(915,500)	
Non-Pay Costs forecast		(200,000)	
Total Surplus/Deficit		215,500	

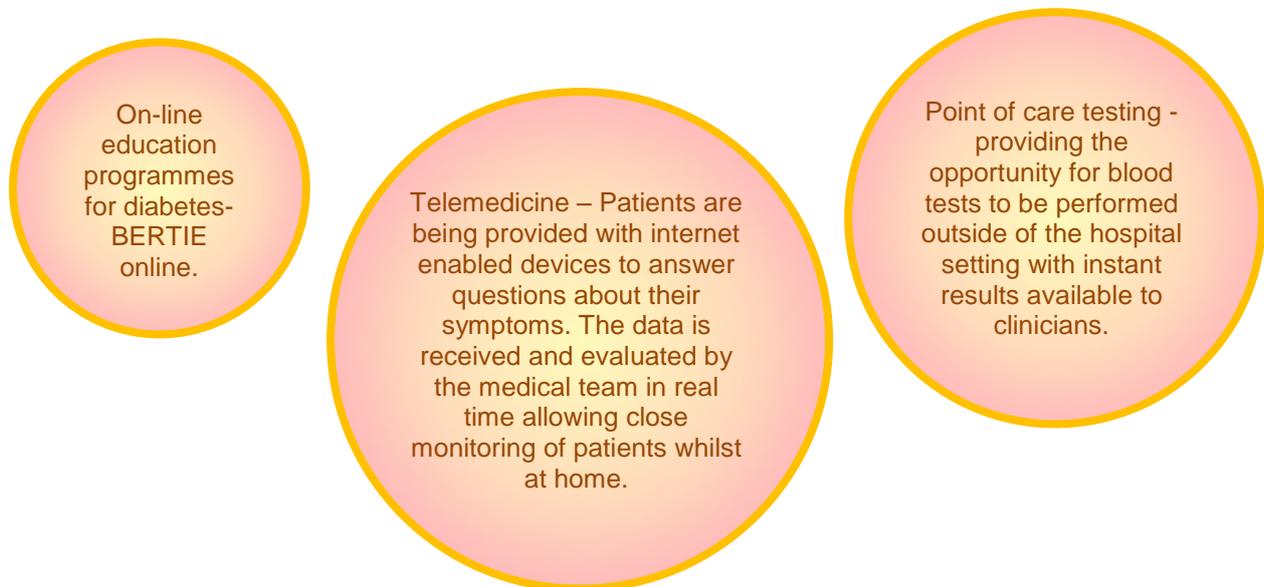
Non-pay costs for example include staff travel and subsistence, PhD fees, procurement, training, courses, archiving, mobiles, furniture and fittings.

9. IT and Digital Impact of Research & Innovation

Digital technologies have the potential to transform healthcare delivery by personalising healthcare and providing service delivery across care pathways and boundaries at scale. There is [huge opportunity to test innovation and identify efficiencies](#) in healthcare through the development of clinical trials and research projects.

We will continue to **actively support and drive forward projects** designed by our clinicians that support innovative healthcare developments and digital platforms, signposting to experts within the Trust, Wessex AHSN and local Universities for support and potential collaboration.

There is a wide range of innovative work being undertaken within the Trust supported by the Research and Innovation Directorate, recent examples include:



Online R&I presence

The Directorate has increased its online presence over the past three years. In addition to the R&I news site (www.dorsetresearch.org) on which details of Trust Sponsored studies can be found, significant work has been undertaken to develop a comprehensive R&I section within the Trust website (http://www.rbch.nhs.uk/our_services/clinical_services/research/). The Research and Innovation Directorate also supports the use of **social media and holds a twitter page** for increasing awareness of Research and Innovation within the Trust and engaging with patients and the public as an aid to study recruitment.



The R&I Directorate has been active on Twitter since 2015

We are also working with digital technology (e.g. NIHR Open Data Platform) to streamline our processes and ensure the collation and reporting of up to date, robust business intelligence to monitor Key Performance Indicators and respond quickly to emerging patterns or trends (e.g. recruitment to time and target slippages or areas for improvement following NIHR Performance in Initiating and Delivering Clinical Research ([PID reporting](#))). Work has commenced this year on the utilisation of an electronic Workforce Planning tool.

A detailed digital strategy has been developed and will be updated regularly as work continues across the Directorate and is influenced by the changing national landscape and developing technologies.

The near future

As RBCH and Poole Hospital NHS Foundation Trust (PHFT) build the interconnected Electronic Patient Record the two trusts will be gathering hundreds of thousands of patients' electronic histories in a modern, searchable database. This will include all the medicines prescribed and administered, all the diagnostic test results/reports, coded diagnostic and procedure codes and all the imaging associated with their care. In line with the national NHS Digital strategy "The Target Architecture" this database will enable an acceleration of our ability to participate in research and innovation by (with an appropriate patient consenting process)

- enabling the proactive selection of candidate patients for research,
- providing efficient access to richer datasets about patients (cross referencing all their clinical information using modern analytical tools rather than manual data collection).

In working collaboratively across Dorset we expect, using the Dorset Care Record to expand this database to reach across the entire patient journey including primary, community, mental health and social care aspects to be factored into the research and enable far richer longitudinal studies of patients' outcomes, particularly in the study of Long Term Conditions.

Ultimately, in line with the findings of the Target Architecture, we are likely to find that Dorset as a county is too small to impact significantly on world class level research. Therefore we will explore ways in which the Dorset Care Record can be joined with the Hampshire Health Record and those of our other neighbours to achieve Research at a scale that can fundamentally change the course of major diseases.

Consequently this research strategy will be closely aligned to the RBCH and PHFT Informatics strategy which is one of its key enablers.

9. Focus for 2017/18

To grow research we will:

- Increase the number of studies and recruitment to Commercial Contract Research
- Develop participation in research in research-naïve specialities.
- Use the profit from Commercial Contract Research to continue the growth in research staff necessary to deliver more research
- Lead on and develop a pan-Dorset collaborative approach in response to the outcome of the CSR including work to support a potential merger with Poole Hospital NHS Foundation Trust.
- Develop a set of internal key indicators to monitor and measure performance and share with key stakeholders to promote the work of the Directorate.
- Continue to form further links with external bodies.
- Further develop the operational capability of the Directorate to support the achievement of the 5 year strategy.
- Ensure this strategy is closely aligned with the Informatics Strategy as a key enabler.

10. References

1. Department of Health. *Best research for Best health: A new national health research strategy*. London 2016.
2. NHS England. *NHS Research Plan*. London 2017.
3. The NHS Constitution *the NHS belongs to us all*. London 2015
4. KPMG NIHR Clinical Research Network: *Impact and Value Assessment*. London 2016
5. Target Architecture link: <http://interopen.org/content/Interoperability%20Summit%20-%20Emerging%20Target%20Architecture%20v1-0.pdf>

Research and Innovation Structure

