



# **Delivering World Class Research and Innovation for Lincolnshire Patients**

## **Trust Research and Innovation Strategy**

**2017-2022**

**Draft**

# Trust Research and Innovation Strategy

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## Message from the Trust Medical Director

The United Lincolnshire Hospitals NHS Trust provides medical care to 650,000 people in Lincolnshire. The population is dispersed throughout the county which creates challenges for us to meet the demands and justifiably high expectations of our patients, our regulators and the government.

Whilst our primary function is to provide high quality clinical care, it is recognised that research has a key role to play in helping us attract, develop and retain, high quality staff, develop innovative solutions to our problems and improve outcomes for patients.

The Research and Innovation Department has grown from a small acorn to its present size in only 10 years. We have several opportunities, notably the new and very successful University of Lincoln, to partner with to take the next steps along our road to excellence.

Dr Neill Hepburn

## 1. Executive Summary

This document sets out the vision for Clinical Research over the next five years at the United Lincolnshire Hospitals NHS Trust. The Trust vision is to be a centre for high quality, relevant clinical research, innovation and rural health. The Strategy document is intended to provide the broad strategic direction to the development of clinical research across the Trust. The research and Innovation Strategy is linked to the Trust strategic vision, values and objectives as outlined in the draft 2021 strategy.

ULH Trust has been participating in many multi-centre clinical trials and has been successful in attracting clinical trials, developing its clinical research infrastructure and attracting funding from the NIHR Clinical Research Network, East Midlands. However, the Trust has not been so successful in attracting research grants and promoting collaborative research with other organisations, particularly with the University of Lincoln. The new Research strategy will ensure that we build on our successes and implement a strategic policy that will enable the Trust to achieve its clinical research objectives. Embedding clinical research into the core business of the Trust, increasing research capacity and capability, will deliver high quality research outputs it will help to engage staff and patients throughout the Trust and directly contribute to improve patient care.

## 2. Background

### 2.1. Trust Vision

Our ambition is to be national and international leader in clinical research, which is translated into improving patient care in the rural county of Lincolnshire.

### 2.2. National Context

In the last few years, the NHS Research and Development (R & D) has seen huge changes in which clinical research is funded and delivered across the country.

The National Institute for Health Research (NIHR) Clinical Research Network (CRN) was created in April 2006 under the 2005 Government Strategy for health research: Best Research for Best Health. The NIHR CRN comprised a managed set of eight clinical research networks (six topic specific clinical research networks: Cancer; Mental Health; Medicines for Children; Diabetes; Stroke and Dementia and Neurodegenerative disease, plus a primary care research network and a comprehensive research network). Each Network had a co-ordinating centre, and there was a central overall co-ordinating centre. Each of the eight research networks comprised 6 to 32 Local Research Networks (LRNs) across the NHS. There was a total of 102 LRNs across the eight research networks. Each LRN was funded by DH via a funding agreement with an NHS organisation (the Host). Many NHS organisations acted as a Host for more than one LRN. Each LRN Host distributed its allocated NIHR CRN funding to providers of NHS services within its local area via local agreements. In 2014, 102 research Networks were merged into 15 local CRNs and a single national NIHR CRN coordinating centre was established.

The vision of the National Institute for Health Research (NIHR) is to improve the health and wealth of the nation through research. The NIHR aims to *“create a health research system in which the NHS supports outstanding*

*individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public*". To achieve this, the NIHR set High Level Objectives (HLOs) and it is against these that NHS Trusts are assessed on the delivery of clinical research, whether commercial, non-commercial, translational or basic science. Delivering on studies adopted on to the UK Clinical Research Network (UKCRN) Portfolio is central to the HLOs. Another NIHR objective is to make research faster and easier with a focus on the outcomes of research so that the findings can benefit patients more quickly. The NIHR is working with the Department of Health and the Health Research Authority (HRA) to simplify and streamline administrative and regulatory procedures to improve the initiation and delivery of research. This will support the nation's competitive advantage in life science industry research and help realize the NIHR vision to improve the health and wealth of the nation through research.

The NHS Constitution, published in January 2009, commits to innovation and to the promotion and conduct of research to improve the current and future health and care of the population. The NHS Constitution includes pledges about access to information and informed choice. The Handbook to the draft NHS Constitution explains how these pledges will apply to research. It says: *"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. The NHS is therefore putting in place procedures to ensure that patients are notified of opportunities to join in relevant ethically approved research and will be free to choose whether they wish to do so."* (Handbook to the NHS Constitution, January 2009)

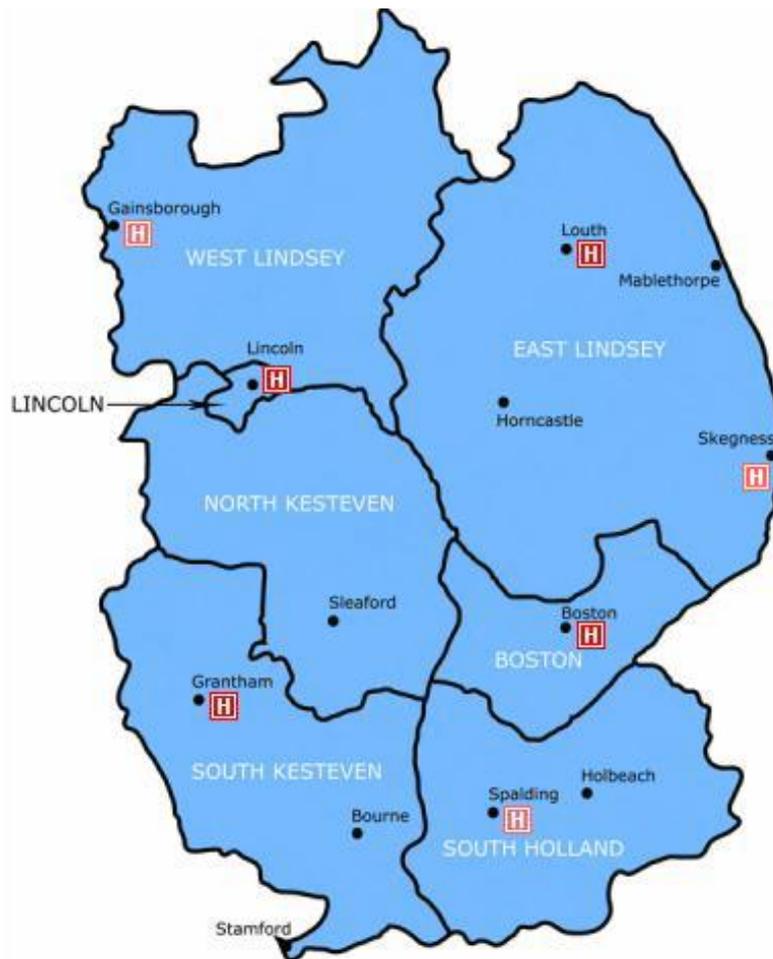
### **2.3. Local Context**

The United Lincolnshire Hospitals NHS Trust was formed in April 2000 by the merger of the three former acute hospital trusts in Lincolnshire. It provides acute hospital services to the people of Lincolnshire from District General Hospitals at Lincoln (County Hospital) and Boston (Pilgrim Hospital) and from

hospitals in Grantham, Louth, Skegness and Spalding. It employs approximately 7,000 staff and in the previous year has treated 175,000 accident and emergency patients, nearly half a million outpatients and almost 100,000 inpatients.

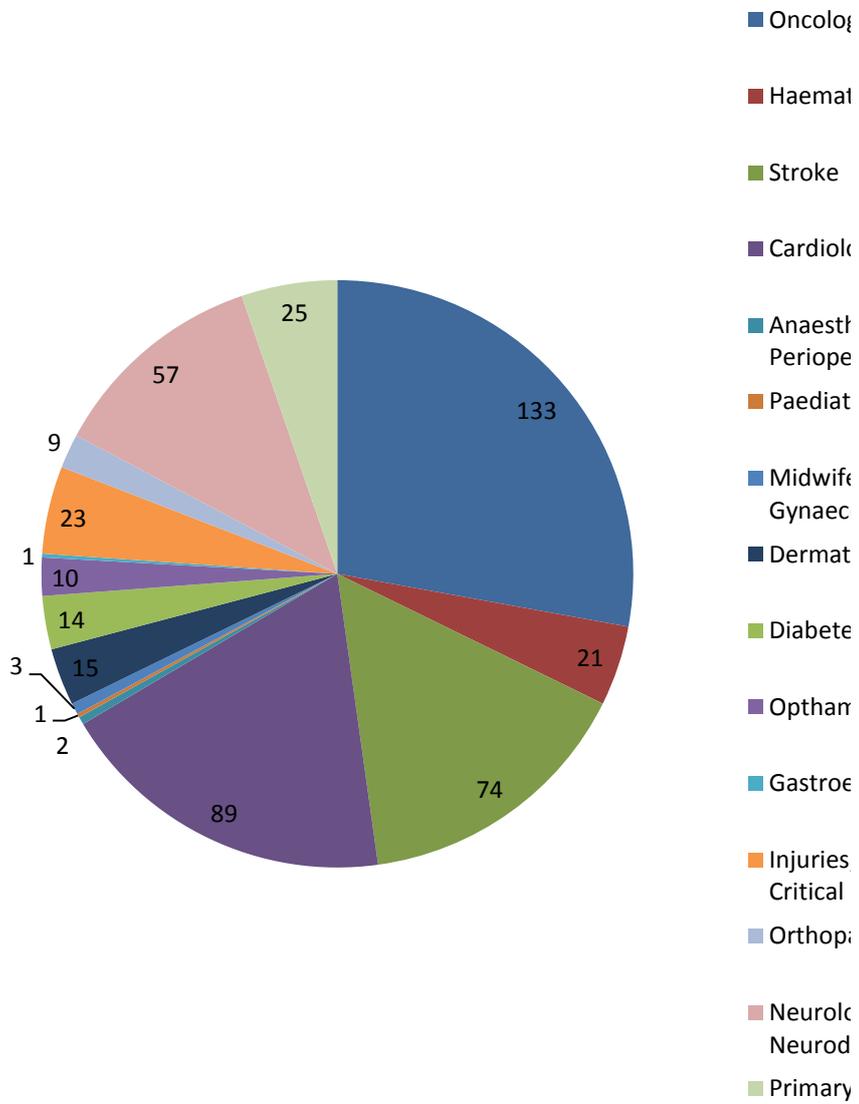
Lincolnshire is the second largest county and has the fifth largest road network in England, covering some 5500 miles with only 22 miles dual carriageway and no motorways. Across the country 18% people live in rural areas whereas in Lincolnshire 48% people live in villages or towns with a population of less than 10,000. Lincolnshire is made up of 95% rural land areas. Over 52% of Lincolnshire's elderly population live in rural areas and the number is growing with time.

Lincolnshire is a large rural county which faces a number of challenges in providing health care and availability of clinical trial services to the Lincolnshire people.



The United Lincolnshire Hospitals NHS Trust proactively responded to national changes and set up the Lincolnshire Clinical Research Facility (LCRF) in 2005 within the R & D Department to attract resources. The LCRF worked with its partner universities and teaching NHS Hospital Trusts in the region and was very successful in attracting clinical trials infrastructure from the NIHR Clinical Research Networks to support multi-Centre portfolio clinical trials/studies. As you can see from the graph below, the Trust is supporting many studies from a variety of specialties. The LCRF has offices in Grantham, Pilgrim and Lincoln.

## Total Recruitment by Main Speciality 2016 to Sept 2016 (Portfolio Study)



## 2.4. Driver for change and Improvement

1. Patient and public expectation for clinical research - According to a survey conducted in 2014 on behalf of the National Institute for Health Research Clinical Research Network, 89% of people would be willing to take part in clinical research if they were diagnosed with a medical condition or disease. It was also revealed that 95% of people said that it was important to them that the NHS carries out clinical research. Each year around 600,000 people take part in clinical research across the country and it is expected that this number will increase with time due to public willingness to take part in clinical research.
2. Increase NHS Research is the Government Key Strategy and Policy. From 2010, the Government has continued to confirm its commitment to support and promote clinical research in following key papers as outlined below.
  - a. The NHS Constitution, March 2013, sets out the principles that guide the NHS in its commitment to the promotion, conduct and use of research to improve the current and future health and care of the population.
  - b. The NHS Outcomes Frameworks 2011/12, 2012/13, 2013/14 and 2014/15 set out the importance of continued research and the use of research evidence in the design, delivery and improvement of clinical services at a local level.
  - c. In addition a number of other key papers for example, The NHS operating Framework, The Health and Social Care Act, 2012. The UK Life Science Strategy, 2011 and so on.
3. Expanding into new territory-
  - a. Increase commercial trials - the Trust has supported several commercial trials. In the case of cancer, there were no commercial trials. Encourage researchers, commercial companies and other funding bodies to increase commercial trials and income.
  - b. The Trust has been very successful in attracting a clinical trials infrastructure from the NIHR CRN which has enabled it to support many portfolio studies. Unfortunately, the Trust has failed to attract research grants. Opportunities to attract additional funding from the

NIHR CRN is limited. However ULH research funding can be increased by ULH clinicians/nurses/AHPs attracting their own or collaborative research grants.

- c. The Trust Chief Executive is leading a new initiative to set up a Centre for Rural Health and Care, so there is need and opportunity for the Trust to support rural health research.
4. The Trust has a key role in influencing the reshaping and development of clinical services in Lincolnshire.
5. The Embryonic Lincolnshire Clinical Research Facility was set up in 2005/06 with no infrastructure but has grown significantly. There is an opportunity for LCRF to be recognised by the NIHR to attract further funding.
6. Research active Trusts can bring a number of benefits to the organisation. A paper published by Ozdemir et al (2015) shows evidence that research active Trusts have:
  - a. Lower mortality
  - b. Patient benefits
  - c. Able to retain and attract talented clinical staff
  - d. Able to promote innovation
  - e. Quality improvement and innovative clinical services development
  - f. Implementation of evidence based practices.

### **3. Research and Innovation Strategy**

The current Research and Academic Strategy (2012 to 2016) was approved by the Trust Board in 2012. In 2014, a number of changes have taken place within the NIHR Clinical Research Network and funding was streamlined. The Trust NIHR funding has decreased in the last few years. The Trust Clinical Research Lead group tasked Professor Tanweer Ahmed to write a new Research and Innovation Strategy. Whilst the Trust needs to maintain the current NIHR CRN infrastructure, it also needs to focus on new research areas. It was recognised that in order to increase the Trust R & D funding, the R & D infrastructure needs to improve to supporting collaborative research grants and ULH in house Trust. Several strategic objectives were discussed in detail with the Clinical Research Lead group meeting and the Trust R & D Committee meeting on 15<sup>th</sup> June 2017,

following which new objectives, linked to the Trusts 2021 strategy, were formulated.

The Trust new Research and Innovation Strategy will provide a roadmap for the next five years. This will continue to strengthen what we have achieved, particularly supporting NIHR portfolio studies,

#### **4. Strategic objectives and action plan**

- I. Build research culture within the Trust to promote high quality research and innovation to improve patient care and clinical services improvement.
  - a. To embed research as part of the Trust core business
  - b. To ensure clinical research is linked into the clinical strategy and other key Trust documents.
  - c. Increase awareness of research across the Trust and all clinical business units
  - d. Support internal research and innovation projects.
  - e. Attract high quality research active multi-professional staff to the Trust
  - f. To appoint research champions in each Clinical Directorate to embed clinical research.
  - g. To develop a strategy and identify opportunities to support nurses, midwives and other healthcare professional research and appoint nurse/AHP research champions to promote nursing/AHP research
  - h. To ensure that the R & D Department give regular updates to the Quality Governance Committee and the Trust Board.
  - i. Promote more positive stories across the Trust and to ensure the Department publish good stories via TV screens, ULH news
  - j. Arrange regular internal research awareness meetings/seminars
  - k. Promote evidence-based decision making and implementation of research findings for the benefit of clinical services and patient care.
  - l. To encourage Clinical Business Units to recognise research activity in appraisal and job planning
  
- II. Support rural health research for the benefit of Lincolnshire patients.

- a. To support the Trust ambitious plan for setting up Centre for Rural Health and Care
  - b. To support internal and collaborative rural health research and innovative projects
  - c. To arrange twice/year research seminars, to promote rural health research collaborations and projects, including PhD studentships.
- III. Support ULH multi-professional clinical and non-clinical staff to attract research grants
- a. To map current research strengths and identify 3-4 key research areas to support staff in establishing collaborative research projects
  - b. To ensure that multi-professional ULH staff in 3-4 research areas have protected time to prepare research grants applications.
  - c. Invite guest speakers from universities in the East Midlands region, particularly from the University of Lincoln, to promote collaborative projects
  - d. To ensure research active staff have appropriate support from the R & D Department, East Midlands Research Design Service and NIHR Clinical Research Network.
  - e. Identify and provide statistical support services via the NIHR Research Design service, provide costing guidance and support, where possible, the ULH Trust to act as sponsor, manage research grants and provide advice on Patient Public involvement support.
  - f. To encourage where possible internal research projects supported by regional and national charities.
  - g. To establish and support collaborative research grant writing groups
- IV. Support development of new dedicated accommodation for joint Lincolnshire Clinical Research Facility
- a. Appointment of project manager with protected time to support this development
  - b. To carry out a feasibility study.

- c. Strengthen our partnership with the University of Lincoln and other Lincolnshire NHS Trusts
  - d. To gain approval from the Trust Investment board for new accommodation
- V. Strengthening of current Lincolnshire Clinical Research Facility (LCRF) infrastructure to be recognised by the NIHR as register CRF
- a. This objective is linked with objective number IV
  - b. Arrange visits to other registered CRFs to understand what is required.
  - c. Arrange workshop and invite speakers from other CRFs
  - d. Set up a research laboratory in Lincoln
  - e. To develop skill and expertise within the Trust so support phase 1 clinical trials.
  - f. To support Phase 1 and 2 cancer clinical trials and to ensure LCRF get NIHR recognised status by 2022
- VI. Establishment of Tissue Biobank
- a. This objective is linked with objective IV
  - b. Arrange visit to Nottingham Health Science Biobank
  - c. Arrange workshop and invite speakers from Nottingham and other Biobanks
- VII. Increase financial income, commercial trials and collaborative research  
The Trust has been successful in increasing its research income in the last few years and there is potential to develop it further
- a. Establish collaborative links with pharmaceutical companies to attract commercial clinical trials
  - b. Support collaborative projects and research grants
- VIII. Develop a marketing and communication plan to promote clinical research and innovation.
- a. To map existing resources and prepare a detailed plan for promoting research and innovation

- b. Establishment and strengthening of Patient and public research Forum
- c. Strengthening links with ULH Trust communication team.
- d. To ensure Communication team has dedicated individual to support research and innovation

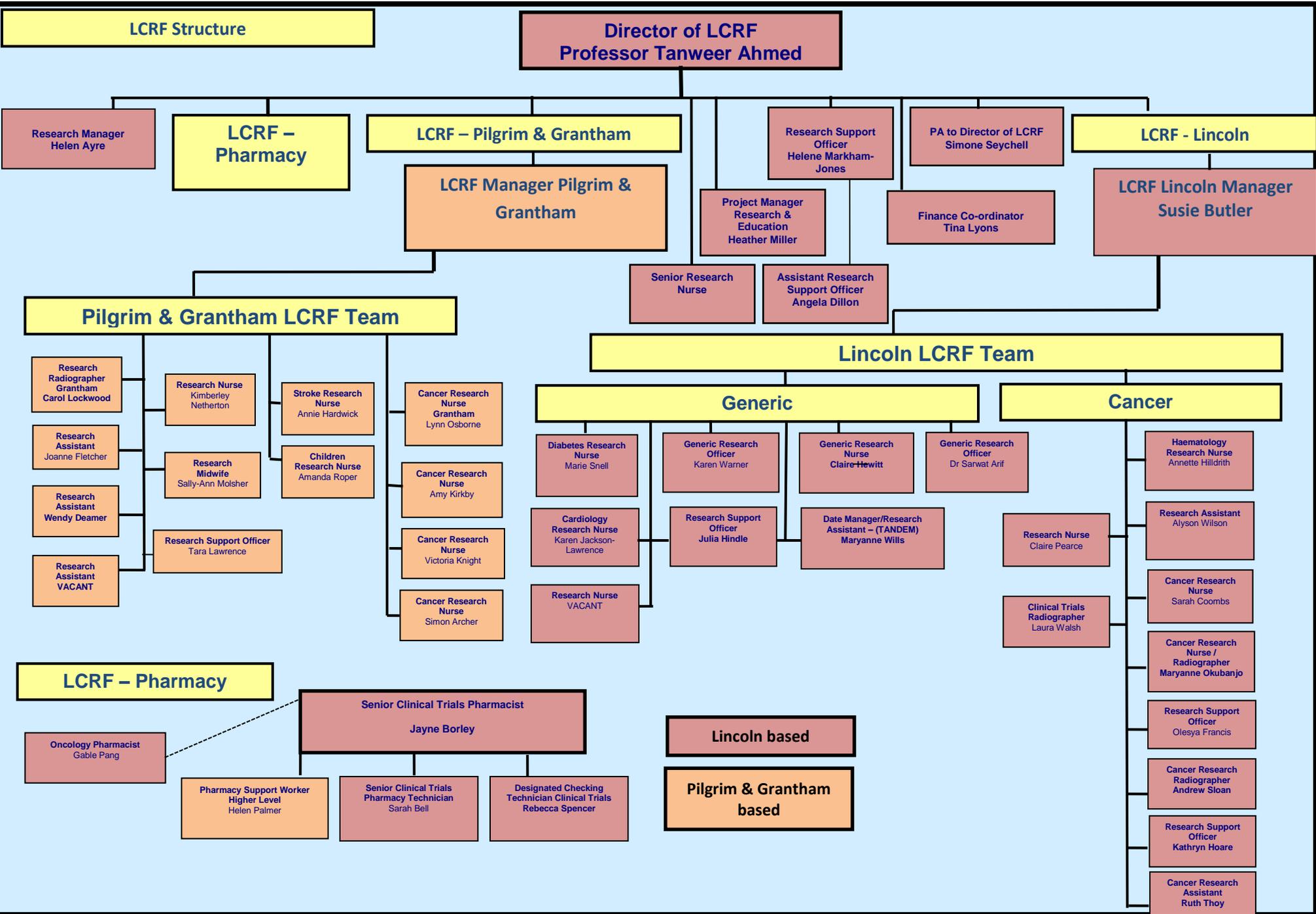
XI. Encourage Innovation

- a. To map existing resources and prepare plan for promoting innovation.
- b. To ensure the Trust run regular innovation raising workshops.

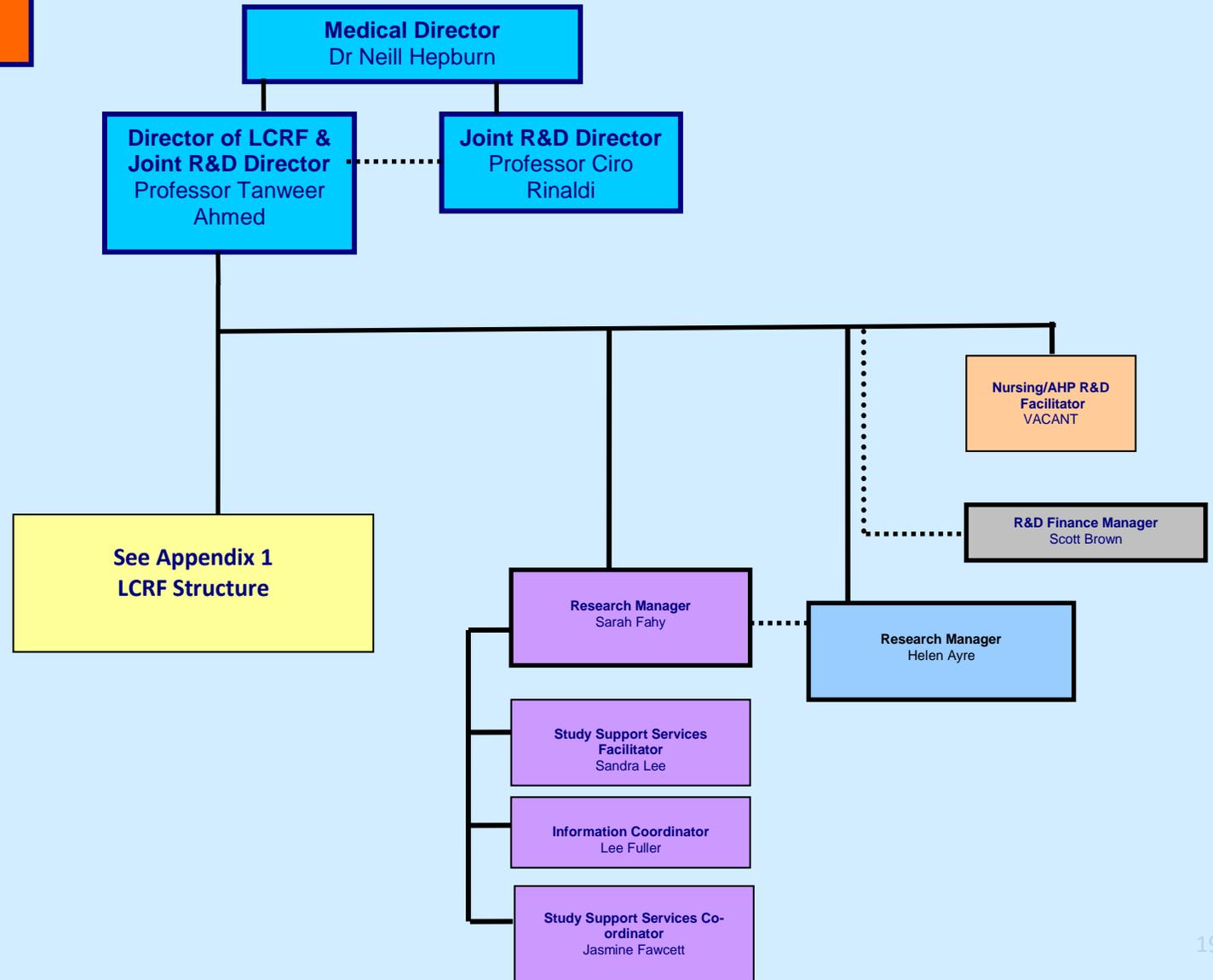
## 5. References

1. Best Research for Best Health, A New National Health Research Strategy (2006) <https://www.biocity.co.uk/file-manager/Group/reports2006/2006-best-research-for-best-health.pdf>
2. The handbook to the NHS Constitution (2009) [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh\\_109785.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_109785.pdf)
3. A Five year strategy for clinical services at United Lincolnshire Hospitals NHS Trust, 20014-20019
4. Nine out of ten people would take part in clinical research <https://www.nihr.ac.uk/news/nine-out-of-ten-people-would-take-part-in-clinical-research/2377>
5. Research and Academic Strategy 2012-2016 <http://ulhintranet/research-and-development-strategy->
6. Strategy for UK life science (2011) Department for Business Innovation & Skills, <http://www.medtechcampus.com/downloads/11-1429-strategy-for-uk-life-sciences.pdf>

## Appendix 1



R&D DEPARTMENT & LCRF  
ORGANISATIONAL CHART



Line Managed ———

## Appendix 2

### 6. Glossary

NIHR: National Institute of Health research

CRN: Clinical Research Network

R & D: Research & Development

R & I: Research & Innovation

GCP: Good Clinical Practice

LCRF: Lincolnshire Clinical Research Facility

ULHT: United Lincolnshire Hospitals NHS Trust

UKCRN: United Kingdom Clinical Research Network

HLOs: High Level Objectives

LRN: Local Research Network

NHS: National Health Service

HRA: Health Research Authority