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**Research and Development Strategy**

**2017-2020**

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**1.** **Introduction and Background**

This document sets out the strategic direction for Research and Development for York Teaching Hospital NHS Foundation Trust for 2017 – 2020 all focussed around our one vision.

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

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

To do this we will work closely with the new Trusts Institute, to launch in Autumn 2017 who has research as one of its faculties. We will remain mindful of the key academic indicators for success that drive our academic partners (such as the Research Excellence Framework and capturing research impact) so that both our Trust and the Universities can evidence their successes.

Key priority’s for achieving our vision are therefore to increase grant applications in collaboration with academic partners that will in turn increase our income, strengthen collaborations, and raise our research profile. We will also prioritise the creation of joint appointments with University of York and the creation of our first academic department.

 Our ambitious timetable can be viewed at the end of this strategy and it is focused around our main aims:

* Aim 1 Supporting and developing staff in their research activity
* Aim 2 Building and strengthening research partnerships to support our research ambition
* Aim 3 Exploiting opportunities to attract and maximise our research income
* Aim 4 Exploiting opportunities to attract industry sponsored research
* Aim 5 Strengthening our research culture to enhance Trust staff engagement
* Aim 6 Increase Patient and Public Involvement (PPI)
* Aim 7 Create a learning environment
* Aim 8 Create and review our metrics of success

The strategy and its associated implementation plan will be reviewed every six months by R&D to ensure work programmes and activities are proceeding and are still appropriate, to the context that we are working in, which is heavily influenced by external drivers.

**1.1 National Drivers**

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

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

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

The strategic aims of the NIHR are as follows:

* 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 the 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.

Our Trust must be mindful of these aims and work its Research Strategy alongside these national drivers and local drivers outlined below.

Due to their drive to meet these strategic aims the NIHR has divided England into 15 regions that are managed and supported by a NIHR funded Clinical Research Networks (CRN), the Yorkshire & Humber CRN is our local network.

To drive research forward the NIHR has set patient accrual targets (the number of patients entering a clinical trial) for each CRN, which in turn is distributed to the partner organisations within the region. As our region is 10% of the size of England then the NIHR give Yorkshire & Humber 10% of their target, which equates to 65,000 patient accruals per year.

The accrual target our Trust receives annually and the complexity of the trials we undertake are the metrics used by the CRN to distribute the income it receives from NIHR to its partner organisation, to deliver research. This is the primary source of research income to our Trust so it’s vital that we maximise this income every year.

**1.2 Regional Drivers**

**1.2.1. NIHR Yorkshire and Humber Clinical Research Network**

The NIHR Yorkshire and Humber Clinical Research Network (Y&H CRN), provides the infrastructure that allows high-quality clinical research to take place in the NHS in our area, so that patients can benefit from new and better treatments. The infrastructure is provided by allocating income to their partner organisations to employ the research staff they need to deliver research.

Each CRN has to work against a series High Level Objectives,

* Increase the number of participants recruited into NIHR CRN Portfolio studies
* Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time (target 80%)
* Increase the number of commercial contract studies delivered through the NIHR CRN
* Reduce the time taken for eligible studies to achieve set up in the NHS
* Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies (target 70 days)
* Increase the number of participants recruited into Dementias and Neurodegeneration studies on the NIHR CRN Portfolio

(Portfolio study = is a research study that is funded via a national body, that has won its award though open competition and that has been reviewed by peer reviews and committee as part of its selection process)

Our Trust must be mindful of these high level objectives and work its Research Strategy alongside these.

The Y&H CRN allocates our research income to us every April, and we work over a financial year 1st April to 31st March. The way the money is allocated appears to differ year on year and it’s not always clear why allocation decisions have been made. But, we do know that the number of patients we accrue into clinical trials and the complexity of the studies we undertake are the two major drivers to maximise the allocation to a partner organisation.

The money allocated to our organisations is spent solely on research workforce, distributed across all directorates, support services and the R&D Dept. As this funds about 90% of the research workforce (the remainder coming from the Trust itself and commercial income) we are in a precarious position. So, over the coming years our Trust needs to concentrate on increasing other sources of research income, such as national and local charities, NIHR grant applications and commercial income.

**1.2.2 Current Partnerships**

Collaboration and partnership are at the heart of clinical research; as such our Trust must work closely with regional, national and international collaborators to deliver high quality research. Over and above individual collaborations between researchers and their academic and industry colleagues, the principal partnerships we currently hold are:

* University of York – a major collaborator for us, we have several joint collaborations already underway and we wish to ensure our collaborations grow from strength to strength, especially around joint grant applications and joint capacity building. We will maximise these opportunities by aligning them to the University’s research strengths, especially those within the Department of Health Sciences. The seven cross cutting research themes for the University of York are

* Creativity
* Culture & Communication
* Environmental Sustainability and Resilience
* Health & Wellbeing
* Justice & Equality
* Risk, Evidence & Decision Making
* Technologies for the Future
* In 2017 we had our first student nurse research placement from University of York. We hope to see this project grow in coming years and to forge stronger links with our neighbouring university. We also work closely with the NIHR Research Design Service and York Trials Unit embedded within Health Sciences, to help strengthen our grant applications
* Hull York Medical School – We currently only have 4 Clinical Academic Posts with HYMS, which is a very low number for a research active teaching hospital of our size. The hope is that this number can be increased as our partnership strengthens over the coming years and to eventually create academic departments
* York St John University – As our neighbouring University this relationship needs to be investigated by R&D so it is maximised over the coming years
* Coventry University- have a campus within Scarborough and this relationship needs to be investigated by R&D so it is maximised over the coming years
* NIHR Yorkshire & Humber Clinical Research Network (CRN) - the CRN is our main funder and as such very important partner to us. We host a generic / cohort team within York and Scarborough and have very close relationships with these staff, as well as the leadership team of the Yorkshire & Humber CRN
* NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Yorkshire & Humber – we are an active partner, we currently work with on the Yorkshire Health Study and are developing capacity building initiates such as joint PhDs
* Medipex Health Care Innovation Hub- Our Medipex covers Yorkshire & Humber and East Midlands region and it connects the NHS with industry and academia, sharing knowledge of the NHS and commercialisation processes to facilitate the innovation cycle. They help our Trust identify IP opportunities from its research, review IP sections of contacts to protect our IP interests.
* Academic Health Sciences Network (AHSN) Yorkshire & Humber - there are 15 AHSNs and they were created to improve health and generate economic growth in our region. They do this by spreading innovation at pace and scale by acting as a catalyst to connect NHS and academic organisations, local authorities, the third sector and industry. We are currently working with the AHSN around our Calprotectin study to transform health care. We are also aiming to engage with the AHSN improvement academy to see what their training opportunities are and to promote to staff.
* Clinical Commissioning Groups (CCG) - currently the research department has very little interaction with our local CCG, other than to request Excess Treatment Costs payments. We are hoping to increase our interactions over the coming years with our CCGs after a recent invitation for the Head of R&D to sit on Vale of York CCG Research Group. We also hope to start also seeing research being part of our Sustainability and Transformation Plans in the coming years

**1.3 Local Drivers**

As we are a teaching hospital we should strive to educate, continuously learn and share best practice. So, our Trust is hoping to launch an Institute in Autumn 2017. As part of the Institutes formulation a research sub group was developed with an initial aim to develop all staff to undertake and facilitate research and evaluate new scientific questions for staff and patient benefit. The key questions the subgroup feel that they need to address, along with local University partners who share the same drivers as part of this strategy are as follows:

* How can we embed research into everyday clinical practice? This links well with University of York Department of Health Sciences, especially in light of the consultation around the new emerging Nursing and Midwifery Council standards which is looking at how to embed research into the teaching and education of nurses and midwives
* How can we increase the number of research active staff in our Trust, across all staff groups? This in part could be solved by increasing the number of joint appointments between our Trust and local University partners
* How do we increase the amount of research income into the Trust? One way is to strive to maximise and increase the collaborations we have with Universities which will lead to joint grant applications
* How do we attract and retain new staff with research track records to come and work at our Trust? On way will be to create Academic Clinical units, areas of research excellence within our Trust and University aligning to our joint strengths and interests

**2.0 Research in Our Trust**

**2.1.1 Our Research Portfolio**

Following the Trust's acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust (SNEY) in July 2012 the R&D Unit has been responsible for all research activity taking place within the services that were previously part of SNEY (see 2.1.3) The transition of research governance services was relatively straightforward with all new research projects since July 2012 being approved through the R&D Unit at York. There is now an alignment of the research Standard Operating Procedures (SOPs) in the combined organisation.

Currently in York and Scarborough alone we have 147 research studies open to recruitment, 41 of which were opened this year. The number of patients receiving relevant health services provided or sub-contracted by York Teaching Hospitals in the period 1st April 2016 to 31st March 2017 that were recruited during that period to participate in research approved by a research ethics committee was 4552.These patients were recruited across a wide range of specialties as most of our hospital now recruits patients into clinical trials.

We currently have research being undertaken in most of our hospital directorates. We have taken an approach recently to support all areas and to not specialise and put resources into scientific areas of interest. This aligns with the NHS constitution that states that “every patient within the NHS has the right to be offered to take part in research”. However, we may offer additional support to priority areas if there is potential exists to win future grants with our University partners.

The majority of our patient populations do have access to clinical research upon entering the hospital to receive care, but there are a few untapped populations we need to try and engage with, for example, hepatology.

Patient accruals into clinical trials are the main way we attract research income to our Trust, so we need to offer research to as many of our patient populations as we can. The accruals from 2016/2017 of 4552, is a phenomenal achievement, but when you consider our Trust has around 1million patient episodes a year, we still have a long way to go to even attract 10% of our patients into a clinical trials.

**2.1.2 Current Research Income**

Simply, we need to increase and secure more research income, this is a shared ambition with the Department of Health Sciences at University of York who also aim to secure more NIHR and Charity grants with research carried out in the NHS.

The research income received in 2017/2018 to our Trust mainly comes from two key sources. The Clinical Research Network (approximately £1.65M) and commercial income (approx. 200K). Unlike many teaching hospitals we have very little grant and charity income, which leaves us very vulnerable, as the CRN income appears to reduce year on year. So we have to anticipate nothing more than steady state funding from the CRN, so we need to look at increasing the other sources of income available to us, to offer more security.

So, our Trust needs to work closely with our researchers, university partners and industrial partners to start attracting more commercial research to our Trust. Currently only 6.5% of our portfolio is commercial research. This will increase the commercial income we receive, which is important as it’s the only research income that can be carried over between financial years and it allows for overheads. Increasing the amount of commercial income will also assist with our over reliance on CRN income.

The 4552 patients accrued in 2016/2017 were accrued across 147 clinical trials open in the year across the following directorates

**Table 1**

|  |
| --- |
| Directorate |
|  |
| Oncology-Y |
| Generic - S |
| Oncology-S |
| Generic - Y |
| Ophthalmology |
| Renal |
| Paediatrics |
| Anaesthetics |
| Palliative Care |
| Cardiology |
| Dermatology |
| ED |
| Rheumatology |
| Stroke |
| Gastro |
| Sexual Health |
| Orthopaedics |
| CRF |
| Diabetes |
| Obstetrics |
| Haematology |

The complexity of the 167 studies undertake in our Trust 2016/2017 was as follows:

**Table 2**

|  |  |  |
| --- | --- | --- |
| Study Type  | Percentage | CRN Weighting |
| Interventional  | 16% | 11% |
| Interventional & Observational  | 56% | 3.5% |
| Observational | 28% | 1% |

The complexity of the studies we perform is important as this is used by the CRN to calculate the annual allocation given to each partner organisations. The weightings are shown above and our Trust needs to ensure we have a good balanced portfolio across these three different categorise to ensure we reach our given accrual target (Large studies with large accrual numbers will in the main be observational) but we also need to maximise the amount of interventional studies as they attract the highest income but are usually small accrual numbers as they are very intensive.

Finally, if we wish to see our research income increase we need to grow home grown research by giving our researchers time within their job plans to write, submit and deliver research. This will also have many added bonuses, such as raising the research profile of our organisation as well as the individual’s profile that will in turn attract additional research that will go directly to the researcher and his directorate.

**2.1.3 Research Administration and Support**

The R&D department housed within York hospital offers a comprehensive service to researchers across all our sites, though primarily our research activity tends to be focused within our two main sites at York and Scarborough.

Research Delivery Teams

(RNs, CTAs etc)

2 x R&D Unit Administrative Staff (5 & 4)

2 x Trial Managers (6)

Clinical Studies Officer (4)

Executive Lead for Research

(Deputy CEO)

Research Quality Assurance Manager (tbc)

2 x Research Facilitators (5)

Research Advisor (8b)

2x Lead Research Nurse Coordinators

 (8a)

Clinical Lead for Research

Head of R&D

(8b)

Research Finance Manager

Support Services

(Laboratory Medicine, Pharmacy, Radiology)

Research Grant Development Officer

(tbc)

The team has expanded in the last year by the addition of two Research Delivery Facilitators, a part time Deputy Finance Manager and a Quality Assurance Manager role, which allows us to deliver a very thorough research administration and governance service.

Each directorate has been allocated a Research Delivery Facilitator who works closely with our clinicians and research staff to build research activity in their clinical area. They search for new research opportunities and once they have found a study that is suitable they provide the management of setup, approvals, costings, contracts and all other local arrangements required to open the study; this enables research staff to focus on continuing to deliver important, high-quality clinical research.

We offer advice and guidance with;

* Finding and applying for research grants
* Study design
* Health Research Authority (HRA) Approval
* Research Ethics applications
* Day to day management of studies
* Quality assurance and data management
* Patient & Public Involvement
* Publication and dissemination
* Intellectual Property
* Grant costings and finances
* Collaboration and partnership building
* Monitoring accrual and targets (RTT and FPFV)

The new Research Delivery Facilitator role was created in response to the changes nationally in the research governance process and the introduction of the Health Research Authority (HRA). The HRA among other things is responsible for the approval process for all study types taking place in the NHS in England; this has meant a complete change in the governance procedures we must adhere too.

The addition of a Quality Assurance Manager has allowed for a restructure within Labs services to enhance the research cover we can offer. Since May 2017 we now have three posts in place at York, 1 x wte (full time) band 4 and 2 x 0.5 (part time) wte band 4s to offer cover 8.00am to 6.00 pm Monday to Friday and to allow for flexibility later into the evenings and at weekends, if required. In addition, labs are training staff in Scarborough to help cover studies on this site too. This strategic change should see that all research samples are processed accordingly and in a timely fashion ensuring reliable and quality laboratory work for research. Wide-ranging and adequate laboratory service for clinical research provides opportunity for more projects to be undertaken by the Trust and attracts more potential income

We also support many posts within Pharmacy, cross site in both Scarborough and York to ensure a robust research pharmacy service that we will strive to continue to support and develop.

We currently have no dedicated research staff within Radiology, but we work closely with them to assess feasibility and deliver what Radiological support they can. MRI scans continue to be delivered by the Nuffield, though negotiations are due to start with the research scanner at University of York to see what they can offer too. We have also negotiated a better payment plan with radiology now too, so instead of just giving one large amount a year, they will now invoice us every quarter for actual work done.

The new Deputy Finance Manager will support our Finance Manager by assisting with CRN quarterly and annual returns as well as supporting the Head of R&D to profile the commercial income to ensure a small contingency fund is provided to allow for greater flexibility. In addition, they will assist with all the initiatives under aim 3.

We are currently working at ways to explore how to offer joint support with the University of York, looking at the possibility of joint appointments and secondments between our two research support departments and with statistical support. We are also undertaking creating a Materials Transfer Agreement with the University to allow us to be able to deposit samples into their Biobank. In addition, we need to revisit the Memorandum of Understanding between our two institutions, as this is no longer valid.

**3.0 Our Vision and Guiding Principals**

**3.1.1. Our Vision**

Our vision is

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

**3.1.1. Our Guiding Principals**

The R&D department within our hospital are governed by the following principles:

* Support
* Collaboration and partnership
* Transparency
* Quality
* Cost effectiveness
* Delivery
* Leadership

To meet these principals we will

* To ensure that every researcher within our Trust and those researchers we collaborate with are supported to the highest standard.
* To offer a high quality service by creating, sustaining and delivering effective and appropriate infrastructure and leadership that manages our research to the highest standards in a timely fashion.
* To maximize and support every opportunity to collaborate, and develop research ideas.
* To recognize the importance of collaboration and to ensure we continually strive to strengthen research partnerships locally, nationally and internationally.
* To strive to ensure all researcher teams have staff they need to be able to deliver their research portfolio, ensuring money follows activity
* To recognize the importance of commercial research and to maximize and support our partnerships with commercial companies.
* To maximize the amount of research income we receive from a variety of sources
* To ensure all research income is used appropriately and effectively to maximize the research we do. To be open and transparent with our research finances and to ensure all researchers and their associated directorates have the financial information they require to ensure that they can utilize their research income effectively.
* To increase the opportunities for patients and the public to participate in, and benefit from, research and to promote and protect the interests of patients and the public in health research

**4.0 Strategic Aims and Objectives 2017-2020**

Our Strategic aims and objectives for the period of 2017-2020 are focussed around the initiatives that will assist us in meeting the national, regional and local drivers combined with our guiding principles, all working towards meeting our vision

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

The aims within this document are as follows:

* Aim 1 Supporting and Developing Staff in their Research Activity
* Aim 2 Building and strengthening research partnerships to support our research ambition
* Aim 3 Exploiting opportunities to attract and maximise our research income
* Aim 4 Exploiting opportunities to attract industry sponsored research
* Aim 5 Strengthening our research culture to enhance Trust staff engagement
* Aim 6 Increase Patient and Public Involvement (PPI)
* Aim 7 Create a Learning environment
* Aim 8 Create and review our metrics of success

In all cases the support mentioned or considered will be offered on the basis that it’s appropriate to the needs of the individual, and the support will be offered across all disciplines to at all levels of staff.

**4.1 Aim 1 Supporting and Developing Staff in their Research Activity**

The initiatives in this area are about increasing the number of research active staff in our Trust so increasing our portfolio. To do that, we need to support both existing researchers (home Grown) as well as develop new ones (green shoots). We need encourage staff to “have a go” and for staff to understand the levels of support and guidance R&D along with our partners can offer them. Staff needs to understand what research actually means and that it doesn’t always mean a large clinical trial, small research projects can be undertaken to have a go and get started on building their research portfolio. Linking in with the new NIHR CRN fundamentals in research course could allow Trust staff to gain some insight into the research process rather than completing a full GCP Course.

**4.1.1 Building Research Capacity**

The key to increasing our research activity in our Trust is to increase the number of reach active staff we have. Research active staff can fall into three categories

**Research Active -** University staff on clinical research (teaching/research and teaching) contracts and STH staff who are CI or PI on an active grant funded or commercially sponsored study or made a significant contribution to writing a research publication or grant application in the last year

**Contributor -** Staff that are named on a publication or grant application in the last year (they did not help deliver the research or write the research publication) and/or staff who help deliver an intervention as part of a research project

**Infrastructure -** Staff who are not named on a grant application or publication in the last year, for example staff who collect data and facilitate recruitment to studies including commercial studies. These are research Nurses/ Midwives , Data Administrators,& clinical trials assistants, employed by YTHFT where research delivery to CRN NIHR portfolio research is the main part of their job description.

Clinical Research Infrastucture staff plays a pivotal role in the successful running of clinical trials and have been associated with;

* Improved quality of clinical trials
* Excellent communication with clinical staff
* Increased recruitment & retention of participants
* Improved patient compliance
* Achieving annual NIHR CRN patient recruitment targets

Clinical Research Infrastucture staff has rapidly evolved into a significant workforce within YTHFT. We wish to ensure that this workforce is recognized as a valuable asset, integral to raising the profile and professional image of research in the clinical areas.

An essential part of the clinical supervision of this workforce by the Lead Research nurses is the identification of training & support requirements ensuring that Research nurses / midwives work within their professional codes of conduct.

The Introduction of the new NIHR CRN Integrated Workforce Framework (IWF) model allows line managers to assess progress and any training needs of staff during their appraisals & 1:1s. The IWF can also inform conversations about skill-mix across teams and services an essential part of their clinical supervision.

The Lead Research Nurses will work closely with the Head of R&D to develop a comprehensive local induction and training package for new and existing staff and develop a new band 4 Research Practitioner role.

Many different types of roles could be developed to increase our capacity such as

* Supporting University M.Sc. students in their M.Sc. projects
* Secondments
* PhDs – linked to a local university partner and jointly funded
* Career development awards such as those offered by NIHR
* Academic Clinical Fellows
* Research champions and or link roles
* Student placements

Not all research has to be led by consultants and academics, we will strive to support Allied Health Professional and Nurse led research opportunities by offering bespoke training and mentoring packages as well as working with our university partners to offer bespoke educational opportunities and to enhance research capacity building initiatives and ideas.

All of the above will need to see the R&D department work with local universities to offer early career researcher programme. In addition, the R&D department will need to design internal career paths for our research workforce, by adding such roles as Band 4 Research Practitioner role and band 5 Research Nurse Development post, so all staff can see there is promotional opportunities available.

The change in the apprenticeship levy has seen significant changes recently as 2.3% of our staff will need to be new apprentices by 2021, which equates to approx. 200 apprentices per year. R&D therefore, need to work with colleagues in our directorates to maximize on the opportunities this presents, for example developing new roles and ways of working to support our apprenticeship training programme, which is no longer just aimed at school leavers, it can raise to PhD level at least. We will also maximize our opportunities to support and collaborate in Doctoral Training Networks with University of York.

Instrumental to our research strategy is the recognition by our board that to grow research we need to recognize and support research active staff, by offering protected time to deliver research and write grant applications. As such, we will work with our Trusts Board to review the way research SPAs (Supporting Professional Activities) are allocated in this Trust, so we can explore a mechanism by which we can allocate the SPAs to our research active staff. So, recognizing an individual’s commitment to research, and enabling researchers to write grants and deliver their research portfolios.

We will also work with HR and Trust board to start exploring the possibilities of embedding research into our Trusts recruitment and selection processes, where appropriate, this will include consultant interviews. This could assist with staff recruitment and retention, whilst also adding to our research portfolio and raising our portfolio externally and internally. This initiative could also see research being performed across new clinical areas and teams within the Trust, so assisting in embedding research in every day practice.

Finally, We will also create, pilot and adopt a capacity tool, that will allow all wte input and skills mix into every clinical trial we take on, to be assesses accurately so we can analyse if we have enough capacity to deliver the trial or if we need to act flexibly and move staff around to deliver teams. This will also allow us to ensure that each directorate research team is not overburdened at any time.

**4.1.2 Creating Research Leadership Opportunities**

Leadership for R&D in the Trust is headed by the Deputy Chief Executive Mr Mike Proctor, the Head of R&D Lydia Harris, an R&D Group and an established R&D Unit all of whom are accountable to the Trust Board. In addition, we will seek to work with Trust Board to identify a mechanism by which we can recognise those that strive to undertake research within their job plans and to identify a research lead for every directorate.

To enhance research leadership we need to work with the Trust Board, our Institute, HR Department, local universities and HYMS to strive towards creating clinical academic posts and joint appointments within key research areas that are important to the Trust and the Universities, eventually creating at least one clinical academic department. The ambition is to have an additional 4 clinical academic posts by the end of this strategy; they will be expected to build a strong research team around them, creating critical mass that will raise the profile of their own department as well as the Trust/University partnership as a whole.

Building academic time into consultants job planning will also greatly assist our clinicians to deliver research, and offer greater variety to job plans, so aiding recruitment, and retention of staff. Research in a Teaching Hospital should be expected, certainly in research-intensive areas such as Cancer, Neurology and Cardiology (to name a few), so we will work with our Trust Board and HR Department to begin to explore ways in which the R&D Department can assist with recruitment and selection of consultants posts within our Trust, be part of recruitment fairs and open days, as well as beginning to feature research in our Trust Job Descriptions, Person Specifications and corporate induction materials as standard.

We will create a Research, Education and Training committee to explore and utilise national and local education and training opportunities to increase our research capacity and foster academic collaborations.

**4.1.3 Developing Research Training Programme**

We recognise that to perform research we need to ensure staff have the skills, experience and knowledge to be able to do so. We will therefore strive to develop an in house induction programme and pack for all new research staff that will be delivered on a regular basis throughout the year. We will also explore creating a research mentor/buddy scheme and an education and training programme for all research active staff with local universities, which will include such items as statistical support. This could include a series of lunchtime lectures on common problems and pitfalls to research, working towards creating an annual workshop timetable, with partners. The staff forum could also be an excellent forum for sharing training opportunities and delivering training itself.

The R&D Department will strive to develop a suite of training opportunities that can be advertised and linked to the new website we are developing. There will be a full list of all training available to our research workface, linking to local partners training too. We will also detail the career paths of the main roles within the research workforce to demonstrate how staff can develop within our organisation, along with how staff with an interest can find out how to get involved in research for the first time. We need to work towards promoting career development for our research staff at all levels, whilst aligning this with directorate expectations. We need to also recognise the role of the directorate in supporting their staff in the development of their research agenda by agreeing clear directorate expectations too.

Our Trust will maintain its position on the CLARCH Acorn (Capacity building) committee, so we can continue to learn from others and engage with some of their CLARCH capacity building initiatives such as the CLAHRC PhD Regional Network Meeting - Nursing, Midwives and Allied Health Professionals, a joint PhD currently being worked up between our Trust and Professor Steven Ersser, Professor in Clinical Nursing Research at University of York, who has also been offered an honorary contract, to aid our joint initiatives around education, training and increasing research capacity amongst nurses and midwives in the future.

We will continue offering regional Good Clinical Practice and consent training, as part of the Y&H CRN via our GCP facilitators, who are also trained mentors and coaches and to utilise internal training sessions, like those offered by Organisation and Learning and on line training resources such as the AHSN Improvement Academy. We will expand on this mentorship role to create a structured mentorship/buddy scheme for new research staff as part of a local induction

Finally, we will work with charitable funds to run in a variety of ways. Including partnering Charity leads and the Charity committee to raise the profile of investing in Research, and to ensure all funds are spent in a timely and appropriate fashion. We will also manage the Trusts annual education bursary that is available to all staff. This will include organising an annual education and training showcase event, and the creation of an education and training research lead.

**4.1.4 Research Administration and Support**

We currently offer a high quality service to maintain excellence in quality, safety and governance of research. This has been developed over the past few years to see the development of the new research facilitator role that may grow as we start to undertake more research. It’s vital that the R&D team continue to offer this seamless service that fully supports our researchers across the whole research cycle to the highest level. Researcher’s need as much support, at their convenience if they are to undertake research on top of a busy clinical service.

A key piece of work for the R&D Department in 2017 and onwards is to develop a new one stop shop website. That will cover all aspects of the service we deliver, whilst linking in with our partners to ensure that any researcher can find what they are looking or all under one website. The website will have three distinct sections, for Researches, For Patients and for Public and will be a significant piece of work for the R&D team to create in 2017/2018.

The R&D team will keep the data contained within EDGE (the database NIHR request that we enter our trials and accrual’s data onto) up to date and accurate to ensure that our NIHR reports are accurate and reflect our work. We will also monitor and report our NIHR targets in a timely fashion, that’s our patient accrual numbers, the percentage of studies reaching the first patient and first visit (FPFV) target of 70 days and the number of clinical trials recruiting to time and target (RTT).

We have begun to develop a robust feasibility assessment within our research teams and support departments, to strive to only take on studies that we can deliver, with realistic targets we can achieve this will need to continue and be monitored. We have also begun to enhance our commercial Expression of Interest responses (EOI). We need to keep monitoring our successes and continue to develop our responses in areas that are not seeing as much success as the teams would like. Liaison with the CRN industry manager will be key to developing this area.

Going forward we will need to be mindful that the R&D Department may need to look to identify some new roles, possibly jointly with the University of York, to take some of our initiatives forward. Such roles could include a grant developer post, PPI support role, finance support and a commercial research manager.

The grant developer post we see as a vital post and will be pursued soon, this role will be key to increasing our grant income by stimulating high quality grant submissions. They will support the existing highly experienced Research Adviser who already offers this service for all grant applications, and Sponsorship applications. Both posts will by working with our researchers and partners to gain support whilst writing the grants (e.g. statistics, heath economics), offering pre submission reviews, sponsorships and governance advice, lay review and accurate costings.

Finally, R&D will continue to work closely with our support services (labs, radiology and Pharmacy) to ensure seamless support and delivery of our research. We also need to work closer with the clinical effectiveness team to ensure increased cross supporting and advice to researchers.

**4.2 Aim 2 Building and strengthening research partnerships to support our vision**

Partnerships and collaborative working will be vital in allowing us to move forward and realise our research ambitions.

We will continue to foster existing research partnerships with departments at the University of York, including the Hull York Medical School, but we will also actively seek new collaborations with other staff and departments at the University. Potential collaborations with other local academic institutions, such as York St John University, will also be actively explored.

To enhance York Research the R&D team will explore the interest in local partners at holding an annual joint York Research meeting to explore joint working and communication activities, to try and bring together local partners to look at one vision, to grow York Research together.

The creation of credible clinical academic posts based within the Trust would be a significant step forward and this will be explored during the lifetime of this strategy, and discussions could begin at the joint meeting mentioned above.

Developing relationships with commercial partners, such as pharmaceutical and medical device companies, will also continue to be an integral part of our activity over the next two years; this will ensure that the Trust benefits from external funding and will also enable our research portfolio to be expanded.

We will seek to establish greater involvement in the local CLAHRC and to be actively engaged in the Yorkshire and Humber AHSN.

**4.3 Aim 3 Exploiting opportunities to attract and maximise our research income**

Our priority is to support and develop high quality research that is initiated by Trust staff to attract more research income to our Trust. The main focus of support for Trust generated research will be in the areas where we have acknowledged activity and expertise and / or where there are clear opportunities for development. Collaboration with the University of York is also an important factor in this.

In striving to extend the reach of our research activity, and in order to respond flexibly to the impending changes in national research infrastructure, we are currently managing centrally all the research income we generate (CRN, Commercial and Grant) so this can be directed to where it is most required, its key that our money follows activity.

The way we use our funds and distribute them needs to be more transparent to directorates, as such we aim to share our distribution models, with income values to each team soon, along with creating directorate level research finance spread sheets.

We need more direct conversations with directorates with a view to ensuring money follows activity without compromising performance and delivery. It’s vital that every directorate understands the research income they have brought in from their research, how it’s been spent, and what support they receive from R&D, via CRN funding. Only then can we make informed decisions about how best to utilise the research income we receive and generate ourselves. To aid this initiative the R&D Department, with finance support, will create a set of finance FAQs to dispel some of the myths about research income, and show clearly what income we get, from whom and how best to maximize and utilize the different sources. This will be rolled out to all research teams and Directorate Managers, so they can understand that research does not cost money and should be supported.

We expect to very rarely have any excess income, as this can only come from our commercial income as this is the only source of income that allows for overheads. If we do however, this will be utilised within the key initiatives mentioned in this strategy. Such as an annual call for support, in addition to the Elsie May Sykes awards, aimed at supporting initiatives described in this strategy. This will be run in conjunction with the University of York and hopefully Charitable Funds.

During the lifetime of this strategy the R&D Department along with their associated finance managers will continue to review the commercial income policy to ensure it remains fit for purpose and works to both the needs of R&D, but the directorates too. We will also need to keep reviewing our complexity and accrual numbers for each directorate to ensure we have the right balance amongst our research portfolio, and if not to communicate to directorates what we need to do, to maximise our income. We also need to ensure that we obtain the research costs from portfolio studies that we adopt (research costs part A) and monitor where we don’t so we can communicate this to the CRN.

We will work with our local CCG to create an Excess Treatment Cost policy, to try and come to an agreed approach, to minimise the delays we face when trying to start a study.

We will continue to review the financial support we give to our support services (labs, radiology and Pharmacy) and MRI providers (Nuffield and University of York) to ensure that our money follows activity and that the support services have the staff and materials they require to support our research studies.

During the period of this strategy we will strive to secure at least one grant funded from a national research funding body for a project generated by one of our researchers. To do this we will employ a new post, a grant developer post that can support our researchers at every step of the way, working with partners to get the best submission we can. All grants submitted by our Trust will be costed using the Department of Health’s ACORD ([attributing the costs of health and social care research and development](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133882)) rules, by our Finance Manager.

**4.4 Aim 4 Exploiting opportunities to attract industry sponsored research**

Commercial income is vital to us in the future as we know we will year on year face challenges with CRN funding, as it’s likely to reduce annually. So, we need to undertake a communication exercise with our directorate’s research colleagues to highlight the importance and benefits of commercial income, and why we need to maximise this resource.

Maximising our commercial income will be heavily dependent on our research teams monitoring their NIHR targets and ensuring we meet First Patient First visit and Recruitment to Time and Target on 80% of all studies the national target set by NIHR. It is known that commercial companies prefer to work with teams that can meet these targets so it will attract commercial studies to us, especially with commercial companies who have not worked with us to date.

An extension to this is ensuring that our new website has a section aimed at selling ourselves to Industrial partners.

As well as monitoring our NIHR targets we also need to review our Expression of Interest submission and look at commercial studies over the past five years to identify what we are good at, what our challenges are and any lessons we can learn and share.

Close liaison with the CRN Industry Manager will be key to any initiatives within this strategy, as one option open to us it to try and create strategic alliances with pharmaceutical companies that are affiliated closely to one of our directorates research, via a mutually beneficial arrangements where our Trust gets approached first for their research projects.

Another area where we could work with the CRN Industry Manager is to investigate what medical SMEs are in our area, to find out what they do and if there are any areas we could work on together.

Finally, we need to keep working with Medipex, to protect our IP and capitalise on any opportunities we have to apply for their annual Innovation awards. We won two such awards in 2017 for the Calprotectin study and the Health Coaching study, we’d like to continue having our innovation recognised in the future, possibly striving to submit an NIHR I4I bid in the future.

This aim could align with aspirations and goals of the Trust institute as it develops.

**4.5 Aim 5 Strengthening our research culture to enhance Trust staff engagement**

Majority of staff are not directly involved in research but one of our Trust wide strategic themes is currently “Becoming a high quality, high volume deliverer of research”

Therefore, it’s important that if staff do not wish to undertake research themselves they at least facilitate it, all front line staff should be aware of its importance and that as a Teaching hospital it should be seen as standard practice to deliver research as part of our clinical care.

This strategy will strive to foster a positive culture of research throughout the Trust. To achieve this it will be important that research activity is appropriately supported, valued, rewarded and encouraged. This will require active support at all levels of the organisation from Trust Board through to clinical services.

In strengthening the research culture within the Trust we will seek to expand the number of clinical areas that are involved in delivering research. The appointment of some new consultants with an interest in research has resulted in a revival of research in a number of clinical areas where we have not previously had a strong research portfolio and we intend to build on this impetus. We will also actively seek opportunities to be involved in research that is led by nurses and allied health professionals.

Part of this work will be to arrange a briefing for Directorate Managers, Financial Managers and Deputy Directorate Managers to dispel some myths around delivering research in clinical environments and assure them that research does not cost NHS service money if managed well.

To strengthen the research culture and in turn staff engagement a large suite of initiatives will need to be undertaken, working closely with our communications, arts and charity teams, as well as close liaison with University of York communication colleagues.

Raising awareness of research is key, for example in 2016 we worked with patients who created a survey and asked 80 staff and members of the public as they walked around the Trust about the visibility of research in our Trust. Many respondents (20%) answered that they assumed we were research active rather than actually knowing, only 15% actually knew we performed research, but most of these responses were from staff involved in research already. Interestingly a further 15% responses said they knew we were research active as they has seen research nurses around the hospital, so showing how important raising our research profile is.

The initiatives and ideas that could be considered to work within this aim are as follows:

* Create a campaign to raise awareness of research in staff and patients

 Utilise TV screens, computer screen savers, ward posters patient bedside booklet, hospital radio and Staff Matters magazine all have research information on them

Have a research stand once a month in a communal area around awareness days and Yorkshire Health Study

Ensure research has a presence at the Trusts annual conference such as the patient safety conference.

* Create a public engagement plan

 Maintain close links with the University of York Festival of Ideas

 Work with the Trust arts department to deliver evenings in the Pint of Science initiative

 Create and deliver a robust social media campaign about York Research

 To work with our Trusts Communications department to ensure a standalone annual Research event is created and delivered every year, to become part of the trust Calendar of Events

**4.6 Aim 6 Increase Patient and Public Involvement (PPI)**

Patient and Public Involvement (PPI) continues to be high on the national research agenda, as it does ours.

We have already made progress in this area by having significant lay representation on our R & D group and we recently trained a small group of interested members and governors into the background of clinical research so they now read patient facing research materials for us. We also continue to support our one NIHR patient ambassador and hope to recruit more.

However, there is more we could do to advance this aspect of PPI within the Trust so we will strive to increase the opportunities for patients and their families to be informed about, and involved in, our research and research processes. We also need to educate our staff about the importance of PPI in their research by our website and by offering talks on valuing patients in your research

The initiatives and ideas that could be considered to work within this aim are as follows

* Develop patient webpages with our patients
* Strengthen and grow the on line lay reviewing panel so they review all grants submissions, sponsorship applications and patient information sheets for research projects.
* Enhance the number of CRN Research Ambassadors we have, so directorates with strong track records in research have an Ambassador to support their work
* Work with the Trusts Patient Experience group to capitalize on any joint initiatives identified

**4.7 Aim 7 Create a Learning environment**

To grow and develop our research portfolio we need to keep monitoring our performance so we can learn what we are good at, and where we need to develop to overcome some challenges. We need to establish a learning environment so we can continually grow.

One initiative we could consider is to hold an external review by a critical friend towards the end of the period this strategy is running, to review our progress against the strategy, review the effectiveness of our structures and processes to maximise our opportunities, to help us shape our ideas going forward. Although a large undertaking, we would gain a real insight as to our direction of travel for the future.

Annual research reviews will be created, for the Trusts research portfolio as a whole and from each research active directorate. So we can showcase our success, share best practice and hold an annual event for our research staff to celebrate our achievements.

Finally, by listening to staff during appraisals, exit interviews and during inductions, (via induction questionnaires) we can learn how best to support them in their roles, which could be person specific or lead to Trust wide initiatives.

**5.0 Aim 8 Create and review our metrics of success**

To have any real insight into the success of this strategy going forward we need to be able to measure the impact of the initiatives we undertake. So, we need to create a series of metrics, to enable the success of this research strategy to be evaluated.

A Performance Operating Framework (POF) will be created, with the directorates and research workforce to create a simple dashboard that can be presented to Board on a quarterly basis highlighting our progress. The types of metrics that could be considered are as follows:

* Number of active studies
* Number of accruals and complexity of study
* NIHR targets (FPFV and RTT)
* Numbers of patient screened
* Numbers of patients seen in follow up
* Number of research active staff
* Number of publications
* Number of Grants submitted
* Number of Grants awarded
* Income generated per directorate
* Number of staff GCP trained
* Number of clinical academic post in the Trust
* Number of staff with Research SPAs
* Directorate specific KPIs

To assist with this we will strive to gain a research lead and a research champion per directorate. We hope to work towards offering SPA activity to award the research leads and allow them to complete the POF and create a directorate research strategy every three years with a small annual report to accompany their metrics to feed into our annual report

**6.0 Conclusion**

This strategy intends to outline the Trust’s aspirations for the next three years. An annual report will be presented to the Executive Board outlining progress made against plan each year.

The attached ambitious implementation plan outlines the actions and activity that will be pursued over the coming three years to enable the Trust to progress, develop and enhance the Research and Development portfolio of our Trust, and strengthen the relationships and collaborations we have with our partners.

| **R&D Strategy – IMPLEMENTATION PLAN –**  |
| --- |
| **Aim** | **Action** | **Timescale and metrics**  | ***Lead Person* and Contributors** |
| 1. Supporting and developing staff in their research activity
 | **1a) Building Research Capacity**Continue to support experienced researchers in developing investigator led studiesCreate a nurturing environment by actively support members of staff who are interested in, but new to, research Actively encourage clinical nurses, allied health professionals and other non-medical staff to become more involved in research Write band 4 and 5 development posts and obtain HR agenda for change banding Perform a review on the way research SPAs are allocated in the Trust Explore a mechanism by which we can allocate the SPAs to our research active staff in 2017/2018Explore the possibility of including research into the Trusts recruitment and selection processes To support at least one University M.Sc. student project a yearTo creatively use secondments to increase research capacity, especially in areas new to researchTo create at least 4 joint academic appointments within the lifetime of this strategy To create and support one PhD application a year linked to a local University partner To support one NIHR Career Development Awards submission in the next three yearsTo create the research champions/ link nurse role To roll out research champions/ link nurse across research active directorates Offer annually an educational workshop to encourage Allied Health Professional and Nurse led research studiesExplore the options of a joint early career researcher programme with local universityTo create additional student placements opportunities every year of this strategy, aiming for at least one student per intake R&D to work with ODIL colleagues to maximize on the opportunities for research apprenticeship scheme for example developing new roles and ways of working to support ways to increase our research capacity Create, pilot and adopt a capacity tool, that will allow all wte input into every clinical trial to be assesses accurately **1b) Creating Research Leadership opportunities** Explore the possibility of the Trust HR processes offering due recognition to research experience in new Consultant appointments Explore ways that research can be part of recruitment fairs and open days, as well as beginning to feature research in our Trust Job Descriptions, Person Specifications and corporate induction materials as standard.Create a Research, Education and Training committee to explore and utilise national and local education and training opportunities to increase our research capacity and foster academic collaborations**1c) Developing Research Training Programme**Ensure that our research workforce and our researchers are GCP trained and compliant Maintain our position on the CLARCH Acorn (Capacity building) committee until it ceases Continue to actively support our research staff through our coaching and mentorship scheme Continue to offer regional Good Clinical Practice and consent training Explore creating a research education and training programme with local universities Develop career path for the main research roles within our research workforce, education and training webpages Develop an in house induction programme for new research staff, staff , identify individual trainings needs and aspirations, as well as any areas where they themselves are already knowledgeable so can share best practice Develop an in house mentorship/buddy programme for new research staffDeliver induction programme three times a year 2018 onwardsRun and manage Trusts annual education bursary and annual education and training showcase eventWork with Charitable Funds committee and charity leads to ensure investment in research funds are fully utilised Continue to utilise internal training sessions, like those offered by ODIL and on line training resources such as the AHSN Improvement Academy.Be an active partner for CLAHRC PhD Regional Network Meeting for Nursing, Midwives and Allied Health Professionals, a joint PhD between our hospital and Professor Steve Ersser, Professor in Clinical Nursing Research at University of York.**1 d) Research Administration and Support**Continue to have a professional research management and support service providing comprehensive research support including navigation of the necessary regulatory reviews in an efficient and proactive way Be compliant with all applicable regulatory requirements and ensure that research governance standards are maintained always Continue to streamline governance processes to reduce the administrative burden for researchers and minimize delays in the conduct of research studiesContinue to host and manage the R&D group, to review all Trust sponsorship applications Continue to provide effective research supervision and line management of research workforce Keep the data contained within EDGE up to date and accurate To continue to maximise NIHR funding by meeting appropriate government initiation and delivery benchmarks for Portfolio studies To reach and maintain FPFV target of 80% To reach and maintain RTT target for commercial research of 80% To continue to support publication of Trust initiated research in good quality journals To continue to support researchers to develop collaborations and submit grant applications, particularly for NIHR portfolio-eligible funding To disseminate information weekly about national grant awards to researchers within the Trust To collaborate with the NIHR’s Research Design Service and Clinical Trials Unit to obtain appropriate support when writing grant applications To develop a new one stop shop website To obtain HR agenda for change banding for the grant developer post and recruit in 2017To develop a joint post with R&D along with University of YorkContinue to establish robust feasibility assessment process, ensuring there is a clear plan for submission and approvals Work with support services (Pharmacy, Labs and Radiology) to ensure that timely approvals are provided Continue to review the new labs structure to ensure it remains effective and efficient, and adapt where required Continue close relationships with Nuffield and University of York who provide our research MRI scans  Open negotiations with the research MRI scanner at University of York to see how they can support our R&D portfolioWork closer with the clinical effectiveness team to ensure increased cross supporting and advice to researchers. | Ongoing OngoingOngoingAutumn 2017 for Band 4 post 2018 for band 5 postAutumn 2017Autumn 2017Start Summer 2017 to continue until completeAnnual, 3 students required during the lifetime of this strategyOngoingOngoing, 4 posts required during the lifetime of this strategyOngoing, 3 students required during the lifetime of this strategyOngoing, 1 submission required during the lifetime of this strategyPost created Autumn 2017 2018 onwardsHold first workshop Spring 2018OngoingAnnual, 3 students required during the lifetime of this strategyOngoingStart Autumn 2017, pilot and roll out 2018/2019Start 2017 roll out 2018Start 2017 roll out 2018Spring 2018 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| 2. Build and strengthening our research partnership to support our vision | Meet with Pro-vice chancellor for research at University of York every quarter Develop a joint research strategy and memorandum of understanding for R&D with the University of York Meet with Pro-vice chancellor for research at University of York St John University and Coventry UniversityMeet with Dean of Hull York Medical School Continue to explore and develop opportunities with local academic institutions, to include student teaching opportunities To explore and maximize opportunities presented by the York Tissue Bank Continue to support joint applications between local partners and to see an increase year in year in our submissions Exploit opportunities offered by the Yorkshire and Humber CLAHRC Exploit opportunities offered by the Yorkshire and Humber AHSN - Explore the idea with local partners of holding an annual joint York Research event start 2018Head of R&D to join VoYCCG Research Group | OngoingSummer 2017Autumn 2017Summer 2017OngoingOngoingOngoingOngoingOngoingStart 2018Summer 2017 | Head of R&D and Research AdvisorHead of R&DHead of R&D and Research AdvisorHead of R&D and Research AdvisorR&D staffR&D staffResearch Advisor, Research Grant Development Officer and Head of R&DR&D staffR&D staffHead of R&DHead of R&D |
| 3. Exploiting opportunities to attract and maximise our research income | To manage the Elsie May Sykes awards bi annually To utilize any excess commercial income via a call to increase capacity Review commercial income policy and adapt if appropriateTo review financial support that services department gets annually To increase % of commercial income within the Trust year on year Create support service and directorate level research finance spread sheets To calculate annually the income received from the complexity of each study To profile annually commercial income for current and next financial year To review annually the complexity mix of the research portfolio Ensure that we obtain the research costs from portfolio studies that we adopt (research costs part A)Share our distribution models of the research income we obtain to each directorate and support service Create a set of finance FAQs Explore the financial components on Edge to see what support and tracking can be performed in house Host research finance workshops for Directorate Managers Work with CCG to create an Excess Treatment Cost Policy sSecure at least one grant funded from a national research funding body for a project generated by one of our researchers | OngoingSpring 2018Annually in Spring timeOngoingSpring 2018OngoingOngoingOngoingStart 2018Start 2018Spring 2018Start 2017Start 2018Start 2018During the lifetime of this strategyDuring the lifetime of this strategy | Head of R&D and R&D administratorsHead of R&D and Research Finance ManagersHead of R&D and Research Finance ManagersHead of R&DAll research staff and R&DHead of R&D and Research Finance ManagersHead of R&D and Research Finance ManagersHead of R&D and Research Finance ManagersHead of R&D and Research Finance ManagersHead of R&D and Research Finance ManagersHead of R&D and Research Finance ManagersHead of R&D and Research Finance ManagersHead of R&D and Research Finance ManagersHead of R&D and Research Finance ManagersHead of R&D and Research Finance ManagersResearch Advisor, Research Grant Development Officer and Head of R&D |
| 4.Exploiting opportunities to attract industry sponsored research  | Monitor EOIs submissions and successesTo create EOI sign off procedure via head of R&D if further adaptation to EOIs and a more detailed review is required Hold workshops for research active staff and directorates to highlight the importance and benefits of commercial income, and why we need to maximise this resource Create industrial webpages to sell our Trust to commercial companies Develop a marketing plan for attracting more device industry research Hold retrospective 5 year review of commercial research to understand what’s been happening year on year Work with CRN Industry Manager to create strategic alliances with pharmaceutical companies that are affiliated closely to one of our directorates over the next three yearsWork with CRN Industry Manager to investigate what medical SMEs in our area, and to build collaborations over the next three yearsTo aim to submit one NIHR I4I application within the next three years  | OngoingOngoingStart 2018Summer 2017 onwardsStart 2018Start 2020Start 2018Start 2018During the lifetime of this strategy | Research FacilitatorsHead of R&D and Research FacilitatorsHead of R&D and Research Finance ManagersR&D staffR&D staffHead of R&DHead of R&DHead of R&DResearch Advisor, Research Grant Development Officer and Head of R&D |

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| 5. Strengthening our research culture to enhance Trust staff engagement  | Ensure information about our research studies is readily and routinely available to all patients and staff through various media Work towards establishing a system whereby research is managed within directorates as a legitimate activity and its benefits realized Work towards establishing a system whereby research is discussed at routine directorate meeting and MDTs and a corporate meetings and events Establish a research lead for each directorate who will develop mechanisms for oversight and management of research within the directorate Give briefings to for Directorate Managers, Financial Managers and Deputy Directorate Managers to dispel some myths around delivering research in clinical environments and assure them that research does not cost NHS service money **5a) Create a campaign to raise awareness of research in staff and patients**Ensure Staff Matters has at least one article about research every month Increase the percentage of clinical staff undertaking Good Clinical Practice Training Ensure research is the patient bedside booklet Ensure we get regular articles on hospital radio about researchUtilise TV screens and computer screen savers to have research information on them Hold a research stand once a month in a communal area around awareness days and Yorkshire Health Study Ensure research has a presence at the Trusts annual conference such as the patient safety conference Ensure research is within the Trusts corporate induction and Job Descriptions Ensure all directorates have a research poster on the ward Ensure communal areas like waiting rooms have research information in them Ensure our Trust applies to local and national research awards (such as Medipex Innovation awards) **5b) Create a public engagement plan**Maintain close links with the University of York Festival of Ideas and ensure our Trust has a presence in the festival every year- Work with the Trust arts department to deliver events- such as the Pint of Science initiative To create and deliver a robust social media campaign about York ResearchTo work with our Trusts Communications department to ensure a stand-alone annual Research event is created and delivered every year, to become part of the trust Calendar of Events Use awareness calendar to use national awareness days to promote the research we do in the Trust | OngoingOngoingOngoingStart 2018Start 2018OngoingOngoingStart 2018Start 2018OngoingOngoingStart 2017Start 2018Start 2018OngoingOngoingStart 2017 and Annual thereafterOngoingStart 2018Start 2018 and Annual thereafterStart 2018 | All research staff and R&DAll research staff and R&DAll research staff and R&DHead of R&DHead of R&D and Research Finance ManagersHead of R&D and Grant Development OfficerGCP FacilitatorsHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerHead of R&DAll research staff and R&DAll research staff and R&DAll research staff and R&DHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerAll research staff and R&D |
| 6. Increase Patient and Public Involvement (PPI) | To develop patient webpages with our patients Strengthen and grow the on line lay reviewing panel so they review all grants submissions, sponsorship applications and patient information sheets for research projectsEnhance the number of CRN Research ambassadors , so directorates with strong track records in research have an ambassador to support their workWork with the Trusts Patient Experience group to capitalize on any joint initiatives identifiedTo ensure the lay members of the R&D group are fully supported and trained at all times Ensure all research applications for NIHR funding are reviewed by lay membersUse the ambassadors to gain accruals into the Yorkshire Heath Study Hold an annual PPI event Give talks to researchers on valuing patients in your research Provide written information about research at key places e.g. Reception, PALSRepeat survey so staff and patients by Clinical Research Ambassadors to measure levels of awareness that we are a research active trust | Summer 2017 onwardsOngoingOngoingOngoingOngoingOngoingStart 2017Start 2017 and Annual thereafterStart 2018Start 2018Early 2020 | Head of R&DHead of R&DHead of R&DHead of R&DHead of R&DResearch Advisor, Research Grant Development Officer and Head of R&DHead of R&DHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerHead of R&D and Grant Development OfficerHead of R&D and Clinical Research Ambassadors |
| 7. Create a Learning environment | To consider holding an external review by a critical friend towards the end of the period this strategy Create annual research reviews, for the Trusts research portfolio as a whole and from each research active directorateHold an annual event for our research staff to celebrate our achievements  | Early 2020Start 2018Start 2018 and Annual thereafter | Head of R&DHead of R&D and Grant Development OfficerHead of R&D and Grant Development Officer |

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| 8. Create and review Metrics of Success | Create Performance Operating Framework (POF) to create a simple dashboard that can be presented to Board on a quarterly basis sTo create metrics that will demonstrate the impact of our research across a wide range of audiences  Create a series of metrics to enable the success of this research strategy to be evaluated  | Start 2018 and Annual thereafterEarly 2018Autumn 2017 | Head of R&DHead of R&DHead of R&D |