

**REPORT TO THE TRUST BOARD: PUBLIC  
SEPTEMBER 2018**

<b>Title</b>	Trust Research Plan
<b>Author</b>	Prof Frank Röhricht, Medical Director, Research, Innovation and Medical Education.
<b>Accountable Executive Director</b>	Dr Paul Gilluley, Chief Medical Officer

**Purpose of the report**

This paper lays out the strategic plan for the trust in how it aims to initiate, support and partake in research which directly or indirectly benefits patients and improves the delivery of the overall Trust strategy.

**Summary of key issues**

- The report lays out how the Trust will effectively manage and provide governance over research it is involved in.
- It provides a structure for developing a culture within the Trust where research is supported and developed to improve the quality of life for the population we serve.
- It supports the development of strategic partnerships with Higher Educational Institutes and other research collaborations.

**Strategic priorities this paper supports (Please check box including brief statement)**

Improved experience of care	<input checked="" type="checkbox"/>	Research should improve the quality and effectiveness of the services we provide for the population we serve.
Improved population health outcomes		
Improved staff experience	<input checked="" type="checkbox"/>	Research should provide staff with up to date developments in the provision of health services.
Improved value	<input checked="" type="checkbox"/>	By improving quality and effectiveness research should have indirect impact on financial viability.

**Committees/meetings where this item has been considered**

	Agreed by Trust Research Committee April 2018 and August 2018

**Implications**

Equality Analysis	No equality impact assessment has been carried out. Research carried out however should aim to improve access to treatment.
Risk and Assurance	Research should assist in mitigation of Trust risks
Service User/Carer/Staff	Research should improve delivery and impact of Trust services.
Financial	Trust investment in infrastructure required but full details not laid out in this paper. .
Quality	Impact on quality and effectiveness of service provision and care of patients

## 1.0 Background/Introduction

- 1.1. Since its inception 70 years ago, the NHS has worked at the leading edge of scientific development and has helped to achieve major discoveries (e.g. link between smoking and cancer; first full hip replacement; CT scanner).
- 1.2. Research offers a range of benefits to the NHS. There is evidence that research active organisations have better outcomes than those undertaking less research, such as lower rates of mortality following emergency admissions.<sup>1,2</sup>
- 1.3. The Health and Social Care Act 2012<sup>3</sup> places a legal duty on NHS England to promote research and the use of research evidence in the NHS. The NHS Constitution<sup>4</sup> highlights our “commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population”. The Government’s mandate<sup>5</sup> to NHS England for 2017-18 also asks the NHS to support research innovation and growth.
- 1.4. From its inception, the Trust has invested in research and innovation. The Trust’s strategies regarded research activities not as an appendix of service delivery, but as a core part of the Trust’s work. ELFT developed strong links with academic partners:
  - The Unit for Social and Community Psychiatry (USCP, now part of the new Population Health Institute) was originally established with QMUL and the Strategic Health Authority to improve the reputation of mental health services in East London, attract staff, and support service evaluation and development. By any measure, the Unit has attained these goals (research success in the form of grants, clinical success developing new and innovative treatments, and international recognition as a World Health Organisation (WHO) Collaborating Centre (the only one specifically for Mental Health Service Development).
  - The Centre for Psychiatry (CfP, Wolfson Institute of Preventive Medicine, QMUL) has a significant track record on cultural and environmental aspects of public mental health research as well as psychological medicine (association of chronic physical disease and mental illness); CfP is leading on schemes providing high quality teaching for under- and postgraduate medical education.

ELFT is furthermore benefiting from a close collaboration with City, University of London; the Centre for Mental Health Research (CMHR) is leading on research on the delivery of recovery-focused care planning, peer support and conflict resolution in inpatient settings. The CMHR has an international reputation for

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<sup>1</sup> Ozdemir B et al, (2015) Research Activity and the Association with Mortality. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4342017/>

<sup>2</sup> Dowling A et al (2016) High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/27797935>

<sup>3</sup> <http://www.legislation.gov.uk/ukpga/2012/7/section/23/enacted>

<sup>4</sup> <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

<sup>5</sup> <https://www.gov.uk/government/publications/nhs-mandate-2017-to-2018>

involving service users and carers in research and is also at the centre of the Joint Institute of Mental Health Nursing, ensuring evidence-based practice is at the heart of mental health nurse education.

With the increase in Trust provision of community health and the move towards more integrated care there is work on looking to develop partners to develop research in this field.

## **2.0 Aim**

- 2.1 The East London NHS Foundation Trust aims to initiate, support and partake in research which benefits patients and improves the delivery of the Trust's ambition and Strategy for mental health and community health services (focus on improving population health outcomes, fostering integrated care in the community, improving the experience of care provided and improving value).
- 2.2 By 2021 we aim to involve more of our patients, the regional public and our own staff in clinical trials and other research activities and to develop a Knowledge Mobilisation Framework that enables ELFT and commissioners to routinely use the best available evidence to commission the highest quality services.
- 2.3 To become an internationally recognised leader for care provision; to be within the top 10 mental and community health trusts in the UK regarding research and innovation.

## **3.0 Objectives**

- 3.1 To provide evidence that contributes to the worldwide knowledge base of effective support, care and treatment, and informs improvements in healthcare delivery.
- 3.2 To create an internal culture of aspiration and innovation which helps to improve the experience of staff, to attract and retain good staff, and to provide expertise for service development in the Trust.
- 3.3 To work with academic partners to ensure the resources support research ideas reflecting current NHS and ELFT priorities and to support ELFTs overarching (triple aim: population health, productivity, user experience) strategy.
- 3.4 To raise the external reputation of the Trust as a centre for excellence and as a leading NHS provider through increasing uptake of evidence based care.

## **4.0 For achieving these objectives, the Trust will pursue these approaches:**

- 4.1 *Maintain effective management and governance* of research activities in the Trust:

- Meeting performance expectations set by the Department of Health and the National Institute for Health Research (NIHR);
- Ensuring full compliance with national and international regulatory requirements.

4.2 **Foster *innovation and excellence*** by investing in the infrastructure for conducting high-quality research; the investment needs to provide good value for money, benefit patients and focus on areas where research can have the greatest impact and are delivering towards objectives defined in the Trust strategy:

- Maintaining and ensuring the long-term future of the existing clinical-academic partnership arrangements (Barts & The London School, Queen Mary University of London; and City, University of London) with the potentials to grow further groups that become separate over time, to widen into other related areas or to form the basis of a larger research institute;
- Develop new clinical-academic partnerships outside the London area.
- Seeking and winning competitive research grants that allow researchers to conduct high quality studies;
- Encouraging and enabling researchers to disseminate world class research which establishes the Trust as a research leader;
- Appropriately exploiting Intellectual Property (IP) arising from our research.
- Ensure all RCF supported research applications align to Trust and STP priorities or other NHS/NICE priorities.

4.3 Increase opportunities for people to participate in research, by *nurturing a culture of support for research activity* through the Trust:

- Developing the skills of our staff to be able to lead and deliver studies hosted at ELFT;
- Engaging with public and patients to encourage participation;
- Actively seeking to implement research findings in clinical practice and as change ideas for Quality Improvement initiatives.

4.4 **Establish *strategic partnerships*** where appropriate with Higher Educational Institutes (HEIs), other research collaborations and networks, and provider as well as commissioner networks (e.g. STPs, integrated care systems, CCGs, etc.):

- Maintaining a flexible approach with different partners as appropriate for the geography, clinical area, and scale of the opportunity presented;
- Assessing opportunities for shared investment with partners, based on their potential to help the Trust meet the strategic objectives;
- Limiting the financial risk to the Trust and keeping a maximum of options for future developments.

4.5 **Prioritise *research activities*** in those areas and large scale projects that can potentially help transforming services (e.g. research on the utility of Patient Reported Outcome and Experience Measures that underpin recovery care principles and measure patient and staff experience, primary and secondary

prevention research, population health research that helps foster self-management and social inclusion, research on integrated physical and mental health care provisions).

4.6 **Directly support ELFTs organisational Quality Improvement (QI) framework:**

- Contribute to QI through innovative change ideas that have been locally developed in response to locally identified service needs; conducting research accordingly that directly informs QI projects
- Provide expertise on systematic evaluation of evidence based change ideas akin to ELFTs QI priorities (e.g. the established Horizon Scanning Group)

4.7 **Implement an outcome monitoring framework** to measure “success” of investments into research (see appendix).

## 5.0 Reporting

5.1 The Research Plan will be revised by the Research Committee every three years and include an exercise of “measuring success; sooner if circumstances warrant. The Trust Quality Assurance Committee will receive an annual report on research activities in the Trust with an explicit statement whether changes to this strategy are required or helpful.

5.2 The Trust Quality Assurance Committee will receive an Evidence Repository every three years, to all research impact assessments and evidence reviews undertaken in the area; this includes the Compilation of a Portfolio of Case Studies, demonstrating the impact of research work in relation to strategic and specific outcomes defined in ELFTs 2018 strategy paper.

## 6.0 Action being requested

6.1 The Board is asked to **RECEIVE** and **DISCUSS** the report.

### Main references:

- NHSE Research plan, April 2017
- NHS England Research and Development Strategy 2013 - 2018

### Appendix 1:

- Framework for ELFTs investment into research / clinical-academic post outcome evaluation

## **Appendix 1: RESEARCH PLAN**

### **Framework for ELFTs investment into research / clinical-academic post outcome evaluation**

*Frank Röhricht, July 2018*

#### **A. Questions to address**

- 1) What exactly does the trust get for its money in terms of activities and operationalised outcomes?
- 2) How does this help the Trust to achieve its own goals / vision / strategy (how and in what way)?
- 3) Which stakeholders benefits from research investment (how and in what way)?
- 4) When investments are shared with academic partners, how are revenues shared?

#### **B. Principles to establish**

- 1) the Trust decides where and how to invest into research posts and/or other research related resources according to its main objectives and whilst considering the financial framework as an NHS organisation
- 2) all investments into clinical academic posts should be time limited (fixed term renewable 5-year contracts)
- 3) at the time the posts reach their termination date a review must take place to explore as whether the goals and objectives have been achieved in order to determine if the financing continues.
- 4) outcomes are monitored against a set of objectives that will vary from post to post according to its prime focus
- 5) funding into research must be transparent, verifiable and of mutual interest to both the university and the trust (i.e. the people the trust provides care for)
- 6) work will be done on gap analysis with the Trust present research portfolio to develop further into new areas and develop existing areas.

#### **C. Outcome criteria**

##### **C0. Overarching measures of success**

- a) Evidence portfolio with specific relevance for clinical services and recognition of uptake of evidence base into mainstream services or national/international policy (impact assessments)
- b) Showcase events such as national / international conferences, symposia and invited keynote presentations at these events
- c) Number of research applications that are co-developed with input from clinical staff and/or service users/patients
- d) Peer-reviewed publications, reports and articles with ELFT identified as contributor

**C1. If the post is for research (and not primarily for teaching, etc.):**

- a) revenue from direct grants or Research Capability Funds (RCFs) that recoup 50% or more of the expenditure; metrics reported here should also include: number of grant submissions to NIHR grant schemes, the success rates of those applications, number of patients recruited into portfolio studies, reports on the £ of RCF earned from the hosted NIHR grants.
- b) At least two portfolio studies over a period of 5 years, run by the candidate and recruiting patients in the trust itself;
- c) optional: one potential 'impact case' as assessed by the clinical managers (potentially, because the time-limited nature may be too short to initiate and end research and then achieve impact)
- d) publication in peer-reviewed journals and other publications and their impact on service development and quality improvement (QI)

**C2. If the post is for teaching, training (and not primarily for research)**

- a) improve recruitment and retention of good clinicians and clinical leaders
- b) support the education and training of medical and nursing students, contribute significantly to teaching and training and to raising numbers of psychiatric and nursing trainees
- c) impact on the quality of teaching (surveys) and the morale and wellbeing of doctors, nurse and other health and social care staff
- d) case studies and surveys.