Leeds and York Partnership NHS
NHS Foundation Trust

Research Strategy 2014-17

improving health, improving lives

A teaching organisation providing mental health and learning disability services

Contents

1 Executive summary

This strategy sets out [1] why and how the Trust will begin to build a culture where all staff recognise that research and clinical service evaluation are a core part of Trust business [2] how the Trust will improve performance in recruiting participants to high-quality clinical research studies [3] and increase participation in other clinical research and in service evaluation.

The Trust is about average in terms of clinical research activity compared with other mental health trusts. We have the potential to be more successful. The strategy sets out how this can be done by the establishment of clinical academic posts in psychiatry and clinical psychology; the development of research potential, particularly among non-medical staff; the harnessing of patient and public enthusiasm for research; better communication of research opportunities for clinicians, patients, relatives and carers; the development of teams of research-active clinicians working within themes; and a modest increase in the expectation of the involvement of all clinicians in offering patients and carers the opportunity to be involved in high quality clinical research studies. Clear outcomes and timescales are set for new developments.

2 Introduction

This strategy has three aims: [1] to set out why and how the Trust will begin to build a culture where all staff understand the role that research and clinical service evaluation play in delivering good quality care and in improving quality of care. In this culture all staff will recognise that research and clinical service evaluation are a core part of Trust business. Clinicians and managers will share a wish for staff, patients and carers to participate in research to improve the quality of services and improve outcomes; [2] to improve Trust performance in UKCRN portfolio study accrual (see below) so that the Trust is among the top ten mental health Trusts in England and Wales; [3] to increase the participation of clinicians, patients, family members and carers in non-portfolio research and service evaluation. The successful implementation of the strategy will make a particular contribution towards the following Trust strategic priorities (LYPFT, 2013):

We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing

We work with partners and local communities to improve health and lives

We value and develop our workforce and those supporting us

We provide efficient and sustainable services

We govern our Trust effectively and meet our regulatory requirements

The strategy supports the goals set out in the Trust Research and Development Business Plan. It draws on sources including the Research and Development Strategy - NHS England (draft)(NHS England, 2013). The term clinician is used to refer to all clinical staff.

2.1 The scope of the strategy: research, service evaluation and audit

The aim of research is to derive new knowledge that can be generalised. Research may be quantitative and designed to test hypotheses, or qualitative which may identify and/or explore themes using accepted methodology. Clinical trials are only one method used in qualitative research and cohort, case-control and other designs are also important. The aim of clinical audit and clinical service evaluation is to measure care processes and outcomes. A clinical service evaluation is designed to answer the question ‘what process does this service use?’, or ‘what

outcomes does this service achieve?' without reference to predetermined standards. Clinical audit refers to predetermined standards and is designed to answer the question 'does this service use this process?' or 'does this service achieve this outcome?' Clinical audit is outside the scope of this strategy.

2.2 The importance of clinical research

It is a key goal of the NHS for every willing patient to be a research patient. The greater the number of patients involved in research, the wider the public benefit. The NHS could and should do more to explain to patients the benefits both to them and to society at large of their agreement to participate in research. Health research improves the quality of diagnosis, treatments and other interventions (Department of Health, 2011).

There are important reasons why the Trust has made clinical research a priority. Participation in clinical research can

- Encourage a culture of evidence-based practice and evidence-based innovation
- Improve patient outcomes regardless of whether a particular research intervention is effective
- Improve healthcare processes
- Enable the Trust to attract and retain better staff
- Generate income to support staff in further participation in research
- Increase the prestige of the Trust

There is good evidence that participation in research improves health outcomes and improves healthcare processes (Hanney S *et al.*, 2013). Research and research evidence is fundamental to creating an evidence-based clinical decision-making culture within the Trust. Evidence-based clinical decision-making is applicable to all clinical staff.

The NHS in England has a statutory responsibility to promote health and social care research (HM Government, 2012; Department of Health, 2013b). The Department of Health mandate to NHS England (Department of Health, 2013a) requires Clinical Commissioning Groups to promote and support participation in research by NHS organisations and NHS patients.

In order to begin to build a culture where all staff recognise that clinical research and clinical service evaluation are a core part of Trust business, the Trust will need to support these so that they become everybody's business. This places a responsibility on the Trust to promote the use of research evidence and to support better knowledge transfer and translation. To deliver the strategy, real distributed leadership will be required across the organisation from the Trust Board, through the care groups, into the directorates and into clinical teams.

Clinicians and managers who understand how to evaluate evidence are better placed to deliver treatments and services of real benefit to patients. Engaging with research is important in developing this understanding. Research is central to ensuring our services are effective, and that we identify new treatments and ways of delivering care that can reduce disease burden, improve quality, increase productivity and promote recovery and prevention.

3 Where we are now

3.1 Research activity

For several years there has been a good deal of research conducted in the Trust. There are currently over 100 studies open. The majority of this research has not been funded or has been funded by small amounts available in the past to support Trust research activity ('own account research'). That funding stream has not been available for some years. With the establishment of the National Institute for Health Research (NIHR) networks and changes in research funding, research in the NHS has become increasingly focused on high quality research, that adopted by the UK Comprehensive Research Network (UKCRN) portfolio. With the establishment of a Clinical Lead for Mental Health Research and a Clinical Studies Officer in Leeds funded by West Yorkshire Comprehensive Local Research Network (WYCLRN) from 2009 there has been a step-change in participation in portfolio research in Leeds and this has increased year on year. A Clinical Lead for Mental Health Research was also established in York funded by North East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network (NEYNL) and there has been a similar increase in participation in portfolio research in York.

Even so, most other Trusts have made similar investment and in 2012-13 the Guardian Portfolio Activity League Table ranked LYPFT 32nd of 52 Mental Health Trusts by number of participants accrued to portfolio studies. LYPFT recorded 306. This figure underestimates LYPFT activity. A large number of accruals should have been credited to LYPFT but were credited elsewhere because of an insurmountable problem in the allocation of accruals by NEYNL. A more realistic comparison might be made by using LYPFT accruals for 2013 -14 of 801 which would put us 13th. To put this into context, South London and Maudsley was ranked first with 2314, Oxford Health FT 1977, Manchester Mental Health and Social Care Trust 1874.

In addition to UKCRN portfolio studies, the Trust conducts a large number of other research studies and service evaluations. The total number of participants in these studies annually is almost as great as those accrued to UKCRN portfolio studies. The studies are generally small in scale and unfunded. They include studies required for successful completion of the Doctorate in Clinical Psychology (for trainee clinical psychologists) and Master of Medical Science (for trainee psychiatrists) degrees at the University of Leeds, though the number of students on the latter course is now small.

3.2 Research grant funding

There is considerable financial support for NHS research through the NIHR. Some streams are only available for bids led by the NHS rather than academic institutions e.g. Research for Patient Benefit. Applied mental health research is a priority area for NHS research. The funding streams vary in purpose and amount of money available. The longer and more expensive the project, the stronger the track record of the Chief Investigator and their team must be. Even short and relatively inexpensive studies will not be funded unless the Chief Investigator has assembled a team with sufficient breadth and depth of expertise to conduct the study successfully.

UKCRN portfolio studies are funded following competitive peer-review by NIHR, its partner organisations and major research charities. Pharmaceutical industry-funded studies are automatically eligible for the portfolio. For those studies where the Chief Investigator is

employed by the Trust, the research grant funding enables the Trust to employ staff to carry out the research without additional cost. But participation in UKCRN portfolio studies brings research funding to the Trust in addition to that provided by the research grant. The amount of this Research Capability Funding (RCF) is determined by [1] whether the Trust is the contracting organisation for the research grant. If so, the Trust receives an additional £0.41 for every £ of research grant obtained [2] the number of participants recruited to UKCRN portfolio studies annually [3] the type of study to which the participant is recruited, whether observational or interventional. The sums involved are considerable. In 2013-14 LYPFT RCF income as a result of grants obtained by LYPFT investigators was £242,361. The RCF allocation for 2014/15 is £183,802.

3.3 Research staff funding

The research networks have been reorganised. WYCLRN and NEYNL were replaced in April 2014 by Yorkshire and Humber CRN. Core funding from Yorkshire and Humber CRN, a proportion of RCF from Yorkshire and Humber CRN and RCF direct from the DoH are used to fund Clinical Studies Officer (CSO) and Research Assistant (RA) posts. There are now 14 of these posts in the Trust.

Yorkshire and Humber CRN have given assurance that the intention is to retain a stable research workforce but the medium and long-term funding of CSOs and RAs is uncertain. Mental Health is in Division 4 of Yorkshire and Humber CRN with neurological conditions, dementia and neurodegenerative diseases. There may be competing geographical and research topic interests.

3.4 Cost improvement programme

Throughout the NHS this means that clinical services are under continuous pressure to do more with less. This makes the task of getting clinicians involved in research more difficult because of the impact on clinicians' willingness to engage in research and on managers' willingness to agree to this use of their time.

3.5 CLAHRC Yorkshire and Humber

A Collaboration for Leadership in Applied Health Research and Care, Yorkshire and Humber (CLAHRC YH) has been established and funded by NIHR for five years from January 2014. CLAHRC YH has an alignment of purpose with the Yorkshire and Humber Academic Health Science Network (AHSN, see below). Partners include universities and NHS trusts. It has a number of themes including Research Capacity Building within participating organisations, Mental Health and Comorbidities, Telehealth and Care Technologies, and Translating Knowledge into Action. There are opportunities to engage with CLAHRC YH in each of these themes including in the development of research grant proposals but also in the uptake of evidence-based practice in decision-making at all levels of the organisation.

3.6 Yorkshire and Humber Academic Health Science Network

The Yorkshire and Humber AHSN's aims are aligned to those of CLAHRC YH. A goal shared with Yorkshire and Humber CRN is that of increasing participation in UKCRN portfolio studies. There is an opportunity to align the Trust's efforts in this area with those of the AHSN.

3.7 Summary

The Trust's performance in terms of UKCRN portfolio study accrual is average but generates significant income. A good deal of other clinical research and service evaluation is carried out in the Trust. The Trust has a critical mass of CSOs and RAs. The cost improvement programme is likely to have an impact on the ability of clinical staff to engage in research. CLAHRC Yorkshire and Humber and the Yorkshire and Humber AHSN can become vehicles for an increase in high-quality research within the Trust and for making stronger links with academic partners.

4 Where we want to be: building a culture where research is recognised as core Trust business

4.1 A focus on high-quality research

Our primary focus should be on high quality research i.e. research which has been adopted by the UKCRN portfolio after peer-review. It is unlikely that we will be able to compete with the top five NHS centres of mental health research excellence in terms of research grant income, number of locally-led portfolio studies or number of participants in clinical research for the foreseeable future. We can aim to reach the upper level of Trusts below this and be among the top ten mental health Trusts in terms of accruals to UKCRN portfolio studies. In 2012-13 this would have meant around 1000 participants in portfolio studies.

Our secondary focus should be on other clinical research and on service evaluation. Not all clinical research conducted in the Trust can or should be UKCRN portfolio studies. Non-portfolio studies can allow researchers to develop their research potential, encourage critical appraisal of new research findings and encourage an evidence-based approach to practice. Service evaluations can have useful implications for local practice. It is important that the Trust continues to support such activity. Nevertheless, such activity should be seen as secondary to the aim of increasing participation in high-quality research, particularly UKCRN portfolio studies, and a means of increasing future high-quality research activity.

The measurement of the culture change which the strategy aims to make will be carried out by proxy measures outlined below, and in particular by [1] improvement in the Trust performance in UKCRN portfolio study recruitment [2] increase in the participation of clinicians, patients, family members and carers in non-portfolio research and service evaluation.

Primary outcomes

Measure	2014/15	2015/16	2016/17	2017/18	2018/19
Increase total number of people (patients, carers and staff) participating in all (UKCRN portfolio and non-portfolio) research studies	1000	1100	1150	1200	1250
Increase the number of active UKCRN portfolio studies in the Trust	43	45	47	50	52

Measure	2014/15	2015/16	2016/17	2017/18	2018/19
Increase number of bids (and number of successful bids) for NIHR grant funding	5 (2)	5 (2)	6 (3)	6 (3)	6 (3)

4.2 Establishment of clinical academic psychiatry and clinical psychology posts

Discussion has begun about the establishment of these posts with the University of Leeds and with Hull-York Medical School. The posts are to be jointly funded by the Trust and Universities. These posts will provide leadership to Trust researchers and bring in substantial research grant funding. This will mean an increase in the number of locally-led UKCRN portfolio studies and participant recruits to these studies. Grants for which the Trust is the host organisation will generate RCF funding. The posts will strengthen links with local universities.

We do not have the resources to start academic activity in areas where the Universities currently have little research strength. Considering the provision of such posts across three Trusts (LYPFT, Bradford District Care Trust and South West Yorkshire Partnership NHS Foundation Trust) and thinking about psychiatry and psychology together as part of a strategy for mental health in West Yorkshire might be attractive to potential applicants and funders.

NHS service needs and University of Leeds strengths might be aligned if the research and clinical components of these posts focus on [1] the interface between physical and mental health [2] psychological treatments [3] unhealthy lifestyles associated with serious mental illness, alcohol problems, obesity, eating disorders and/or smoking.

An appointment in any of these three main areas could then be used to develop other areas of interest to which it might otherwise be difficult to appoint. Potential cross-cutting themes include:

- Cultural diversity: modification of psychological therapies for different ethnic groups, variation of physical health problem across different ethnic groups.
- Methodological expertise: experience in certain types of research methods could be applied to more than one theme,
- Age limits and location of services: research across the themes could include attention to issues of transition – from one age group to another (child to adult services) and/ or from one setting to another (acute to community care).

Outcomes

Number of posts agreed with Universities of Leeds and University of York: ratification plus 12 months.

Configuration of clinical aspects of posts agreed with LYPFT: ratification plus 18 months
Posts advertised: ratification plus 24 months.

4.3 Developing the research capability of the workforce

Research capability is relatively limited. Links with local universities exist but are not strong. This impairs our ability to obtain research grant funding and RCF.

The Trust has almost 1000 registered nurses but few are engaged in research. The Trust has funded a two-year secondment to the University of Leeds School of Healthcare. A core responsibility of this post is to link University and Trust nursing and Allied Health Professionals to generate and support clinical research projects. The Trust has links to the University of York including with Department of Health Sciences which has seconded a Senior Research Fellow to the Trust. The purpose of this role includes increasing the uptake of evidence-based practice. These are opportunities to do more to support members of the largest professional group in the Trust in engaging in research.

HEE/NIHR Integrated Clinical Academic Programme
The Higher Education England/National Institute for Health Research Integrated Clinical Academic Programme for Non-medical/Dental Healthcare Professionals is open to all non-medical clinicians including pharmacists. There is a range of programmes at masters, doctoral and post-doctoral stages of training. Funds are provided to cover course management, the students' course fees, and the full salary costs required to back-fill the trainee's post whilst they are away from their NHS employers. From doctoral level funding covers all research costs. This enables the development of clinical research and research leadership with continued clinical practice and clinical development. The programme can also bring together NHS and University activities and develop areas of clinical research interest. Many NIHR Senior Investigators have a nursing background and the Trust should encourage nurses and AHPs of appropriate calibre to consider academic training.

Outcomes
Staff interested in these programmes identified: ratification plus 6 months
Process for alerting new staff to programmes in place: ratification plus 12 months
Process in place to identify appropriate University supervisors: ratification plus 18 months.

University of Leeds Health Research Course
This offers training at diploma and masters level and may be an opportunity for some staff. The number of LYPFT staff who have trained on this course is unclear.

Outcomes
Number of current staff trained on the course identified: ratification plus 6 months
Level of current research activity of current trained staff identified: ratification plus 12 months
Decision taken on whether to promote course more actively: ratification plus 24 months.

Research posts for nurses and Allied Health Professionals
These will be established within the R&D department as split half-time research and half-time clinical. The funding for the research part of the posts will come from RCF.

Outcomes
Posts established: ratification plus 6 months
Posts advertised: ratification plus 12 months.

In-house training and support
The R&D department is developing an in-house programme of research training for staff that fall outside the scope of these programmes. The R&D department is also developing a list of

current members of staff who are able and willing to give advice and support to researchers who want to develop research studies.

Outcomes
In-house programme starts: ratification plus 6 months.
List of research advisors: ratification plus 3 months

Improving support to researchers
In addition to the information on the research page of the Trust website recorded below, the following will be added:

- R&D staff and contact details for the department
- The Trust Operational Capability Statement
- Details of research training available to clinicians
- A link to a template which can be used to write a research protocol
- Links to further research training material
- A link to NIHR calls for research proposals

Outcomes
Above completed: ratification plus 12 months.

4.4 Developing research themes

Establishing clinical research groups
Teams of clinicians, ideally involving more than one profession, researchers from partner universities, and patient and carer representatives are best placed to apply for research grants. These teams should meet regularly to identify research gaps and opportunities. A psychosis research group has been established. More groups are needed.

Outcomes
Establishment of 2 more clinical research groups: ratification plus 12 months.

Investing in preparatory work
The Research Committee decides on disbursement of research income. RCF awards will continue to be targeted to researchers carrying out preliminary work prior to applying for external funding for studies which will be eligible for the UKCRN portfolio. But henceforth, priority will be given to [1] research teams from one of the Trust clinical research groups [2] research which falls within the remit of CLAHRC YH.

Outcomes
Researchers notified of priorities for award of RCF: ratification plus 12 months

4.5 Increasing patient and public involvement in research

'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' (NHS Constitution)(Department of Health, 2013b). Most patients think it is important for the NHS to offer patients opportunities to take part in clinical research. The usual mechanism by which NHS patients get involved in clinical

research is clinician-initiated. Until such an approach is made many are unaware that clinical research is taking place or that participation is an option. The experience of 'mystery shoppers' posing as patients was that it was extremely difficult to get information of any kind about what research was taking place at any Trust, and which studies in which they may be able to participate (NIHR CRN, 2013).

The research page on staffnet and that on the Trust website is not easily accessible and does not contain the information which patients and carers need about current and future studies. The Trust should empower patients and carers, and help develop the appetite for clinical research participation, by providing a basic level of information about local research opportunities. With this support, patients and carers will be able to raise questions with their clinician if they wish, rather than passively rely on a clinician making an approach. This is particularly important when the level of clinical research engagement among clinicians is not uniformly developed, as is the case in the Trust.

The Trust should encourage the involvement of patients and carers in research beyond participation. Patients and carers will require training and support in order for their involvement to be meaningful. The Trust should also promote the inclusion of patients in setting priorities for research. The Trust is the sponsoring organisation for a James Lind Alliance research Priority Setting Partnership (PSP) in bipolar disorder. PSPs engage patients, carers and clinicians in a process of generating research questions and deciding their priority. The Research Committee will promote the development further PSPs.

Outcomes
Research will have its own tab on the Trust website and will list:

- Current UKCRN portfolio studies which are open to recruitment, the name of the Clinical Studies Officer or Research Assistant involved with recruitment, and contact details
- Links to individual UKCRN portfolio study websites
- Links to organisations which promote patient, carer and public involvement in research
- Details of research training available to patients and carers with appropriate links
- A link to Leeds Researchers (a service user group)
- A link to the James Lind Alliance (see below)
- The page will be updated monthly by the Research Administrator.

Above completed: ratification plus 12 months.

- Clinic appointment letters will include a statement directing patients to the Research page on the Trust website: Ratification plus 18 months.
- James Lind Alliance bipolar research PSP completed: ratification plus 18 months.
- Scoping of needs, support requirements and resources required including financial resources for the training and support of patients and carers who wish to be involved in research beyond participation: ratification plus 18 months.

4.6 Scoping involvement in commercial research

Yorkshire and Humber CRN have made this a priority in the area of dementia. Participants accrued to pharmaceutical industry-funded UKCRN portfolio studies do not count towards the numbers used to determine Yorkshire and Humber CRN RCF funding. Instead the industry company funding the study pays a sum directly to the Trust based on the number of participants accrued to the study and on the type of study. This is a potentially lucrative source of income, around £25K per participant recruited to a pharmacological trial. Pharmaceutical companies require expression of interests and estimates of recruitment very quickly and are more likely to open the study in trusts with an existing track record.

However, such studies are generally highly complex. The Trust does not have the infrastructure in terms of the time of clinicians and ready access to specialist investigations e.g. Leeds Clinical Research Facility, to conduct significant commercially funded research. Further, there is a general reluctance among mental health clinicians to be involved in commercially funded studies, and this is true in LYPFT.

Outcomes

Identify resources in terms of the time of clinicians and access to specialist investigations required for involvement: ratification plus 12 months.

Decide whether this is an avenue we can pursue with a realistic prospect of success: ratification plus 24 months.

4.7 Increasing the expectation of involvement of clinicians in research

All clinical staff should have opportunities to engage with clinical research, but the minimum expected involvement should be that when requested, clinicians tell their patients about UKCRN-portfolio clinical research studies e.g. it should be expected that clinicians will sign letters drafted by R&D staff to be sent to patients who may be interested in a study, unless the clinician thinks that receipt of the letter would be harmful to the patient. Patients and carers will then be able to decide if they would like to take part.

Clinical Directors and Associate Directors of the Care Groups should recognise the importance and value of clinical research and agree how recruitment to UKCRN-portfolio clinical research studies will be performance-managed in their Care Group.

The contribution candidates will make to clinical research should be given sufficient prominence at interview for senior posts [consultant psychiatrist level and equivalent seniority clinical psychology posts].

The degree of involvement expected of all clinical staff should be specified in their job description and job plan: whether their involvement is simply to inform patients and carers about UK-CRN portfolio studies, or whether greater involvement. This will involve discussion with and agreement from Trust managers at an appropriate level e.g. Medical Director and Chief Nurse, with more detailed discussion with and agreement from Clinical and Associate Directors within Care Groups.

Outcomes

Research activity reporting by Care Group, Directorate, quarterly, to the Effective Care Committee or Quality Committee: Ratification plus 18 months.

Degree of involvement expected of all clinical staff specified in their job description and job plan: Ratification plus 36 months.

4.8 Further development of this strategy

As part of CLAHRC Yorkshire and Humber Research Capacity Development Exercise, the Trust is part of the Addressing Capacity in Organisations to do Research Network (ACORN). The Head of R&D is the Trust's Lead for ACORN. This will promote further development and refinement of this strategy.

Outcomes

CLAHRC Yorkshire and Humber ACORN completed: Ratification plus 36 months

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