Research & Development Strategy

2018 to 2023

WeResearch

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Research & Development
Investigating the Future, Today

Executive Summary

Research and development in Leicestershire Partnership NHS Trust is important in assisting the Trust to achieve its vision "*to improve the health and wellbeing of the people of Leicester, Leicestershire and Rutland by providing high quality, integrated physical and mental health care pathways*". This Research and Development Strategy (2018 – 2023) provides the framework for the next five years enabling a growth in excellent research with a clear aim of improving care. The vision is "*the Trust will establish a vibrant, focussed research culture and programme, develop an excellent reputation for research improving care and be an influential research partner organisation*".

It builds on the foundations of research activity already within the Trust including the growth of research capacity development across all professions, the recruitment of LPT service users to NIHR portfolio studies and strategic collaborative partnerships with regional universities. It complements and contributes to the important continuous improvement ethos within LPT. The following four goals will enable the vision to be achieved:

1. To identify, develop, support and promote the beacons of research excellence in the Trust
2. To be the regional lead community and mental health services partner organisation in recruiting and delivering against the NIHR portfolio
3. To enhance the utilisation of evidence and Trust data to drive improvements in care
4. To attract, develop and retain research leadership and skills

These goals will underpin and support the overarching research theme of the Trust which is "*integrated care*". They will support the emergence of both cross-Trust and Directorate level priority themes that enable LPT's own research to drive change to meet its strategic objectives, enable better use of resources and improve care and patient satisfaction.

The success of this strategy depends on considerable support from across the organisation, research leadership at all levels, strong collaborative partnerships with universities and other research communities and aligning our research priority themes and strengths with local, regional and national objectives. It will support our clinical/quality strategy by assisting in implementing a continuous clinical improvement programme that will lead to evidence based best practice pathways and models of care across all services. It will also support our people strategy by developing, attracting and retaining staff. It will increase opportunities for LPT staff and service users to participate in high quality research studies.

Contents

Introduction

Leicestershire Partnership NHS Trust provides Community Health Services, Family, Young People and Children Services, Adult Mental Health and Learning Disability services across Leicester, Leicestershire and Rutland. As well as caring for people who are ill or injured, the Trust also supports people to stay well and prevent future problems. Our vision is "*to improve the health and wellbeing of the people of Leicester, Leicestershire and Rutland by providing high quality, integrated physical and mental health care pathways*".

Research as defined in the Draft UK Policy Framework for Health and Social Care Research (2015:3) is the definition adopted for this strategy. Research is '*the attempt to derive generalisable or transferable new knowledge to answer or refine questions with scientifically sound methods. This excludes audits of practice and service evaluations. It includes activities that are carried out in preparation for, and following, any change to treatment, care or other services that gets made for the purpose of the research (i.e. the interventional part of the research), such as screening potential participants for eligibility, obtaining participants' consent and publishing results. It also includes non-interventional health and social care research (i.e. projects that do not involve any change in standard treatment, care or other services) and projects that aim to generate hypotheses. Projects whose primary purpose is educational to the researcher, either in obtaining an educational qualification or in otherwise acquiring research skills, but which also fall into the definition of research, are also in scope.*'

For the purposes of this strategy, research relates not just to deriving new knowledge, that is, conducting research with staff and service users being investigators. It also acknowledges the importance of facilitating research such as helping service users to be informed of opportunities to participate in research and staff supporting colleagues with conduction research. A key aspect of a strong research culture is the implementation of research into practice especially its role in supporting the delivery of excellent services provided by the Trust. Therefore in this strategy, research also relates to the translation of research into practice.

There are many benefits to research with the NHS Confederation (2010) stating that:

- research helps the NHS to understand, adapt and respond to the challenges it faces;
- all NHS organisations can benefit from greater engagement with research;
- engaging with research is about evidence based practice, quality improvement, innovation and evaluation;
- there is good evidence of the link between an organisation's research activity and positive patient outcomes, with research active Trusts doing better in overall performance;
- an awareness of research evidence can help managers engage in constructive dialogue with clinicians;

- NHS managers and practitioners who take part in research become exposed to new ideas and new ways of seeing things and thinking which helps to further engender a quality improvement culture;
- the legacy of increasing the amount of evidence available ultimately provides improved outcomes for patients and better value healthcare.

Environmental Assessment

Internal

The following are an outline of key research activities reflecting the current position internally:

- since 2013 the R&D 'research delivery' staff have enabled over 3,300 of our service users to be participants in around 100 national research studies on the NIHR portfolio. In 2015/16 this work attracted a research income of £466k for the hosted NIHR East Midlands: Clinical Research Network staff who facilitate the delivery of these studies,
- staff have been supported with grant applications with successes of £321k in 2015/16
- a community of practice for peer learning and support for staff interested in and conducting research has been created,
- the Research and Development Office support staff to navigate the significant recent changes to national regulatory processes, provide a gatekeeping of risk and resources role and thus enabled to conduct high quality ethically sound research in the Trust,
- since 2014, 15 novice researchers/clinical staff were mentored and supported to successfully securing fully funded research internships and research Masters courses worth over £362k of research capacity development investment,
- a co-produced project (EPPIC) with service users and carers has begun to enable their involvement to be embedded in all Trust research activity,
- robust and transparent processes to disperse Trust Charitable Funds have been created and with over £160k dispersed to pump prime research projects, provide research software licences and enable three LPT staff to undertake doctoral studies,
- there has been considerable investment in existing connections, collaborations and partnerships with East Midland universities and research communities such as EM:CRN, EM: CLAHRC, EM: AHSN, EM NHS R&D leads as well as an increase in these through our role as partner organisation for example with the Leicestershire Improvement, Innovation and Patient Safety (LIIPS) and Leicester Academy of Studies in Ageing;
- increase in the number of staff with honorary academic roles at both University of Leicester and De Montfort University;
- enhanced visibility of the profile and communications internally and externally regarding research through a vast range of methods including via the Trust weekly

e-newsletter, Twitter (@LPTresearch), our #WeResearch newsletter and the Trust Research Forum.

It is critical to cross reference this Research and Development strategy with a range of LPT strategies and objectives as it is not a stand-alone document but one that contributes to a range of other measures within LPT to improve care. It is part of the overall Quality Improvement agenda of LPT and other key strategies are:

Figure 1: LPT strategies relevant to R&D strategy

Strategy	Key Objectives/sub objectives	Source
Quality	Deliver safe, effective, patient centred care in the top 20% of our peers Clinical Improvement – Implement a clinical improvement programme that will lead to evidence based best practice pathways and models of care across all services, year-on-year improvements over in patient satisfaction and complying with all national and local standards and targets.	LPT Quality Strategy (2016/17 to 2018/19)
Partnership	Partner with others to deliver the right care in the right place at the right time as well as being an active and leading participant in the system-wide Better Care Together sustainability and transformation programme	Stakeholder & Partnership Strategy (2016/17 to 2020/21)
Innovation	Deliver an explosion of successful innovation.	Innovation Strategy (2015)
Staff	Staff will be proud to work here, we will attract and retain the best people, that is a diverse, skilled and capable workforce which is flexible, efficient and have the right capacity for the provision of care.	People Strategy (2016/17 to 2020/21)
Professional Education	Professional career pathways will be developed to support: • Leadership – demonstrating leadership. • Clinical - expanding clinical knowledge, expertise and skills to meet the needs of our patient population. • Academic – applying and contributing to the development of evidence based practice to deliver quality patient care.	Professional Education Strategy: Developing Highly Skilled Professionals, 2018 – 2020
Clinical	Aims of the clinical strategy are: • Creating the right service models which enables focus on prevention, integrated care and recover based approaches. • Relentless focus on quality while ensuring sustainability by creating continuous improvement cycles, self-regulation system for quality and new ways of working. • Service models, improvement in quality and sustainability will be supported by research and Innovation as well as the IM&T.	Clinical Strategy: 2014 - 2019 (refreshed 2017)

National

There are a wide range of national drivers supporting the value and importance of research to the improvement of care. These include:

Key Drivers	Requirements/recommendations	Source
Department of Health	DoH Mandate to NHS England: "*ensure that the new commissioning system promotes and supports participation by NHS organisations and NHS patients in research funded by both commercial and non-commercial organisations.*"	[Department of Health](#)
Health and Social Care Act (2012)	All levels of the NHS have a statutory responsibility to promote research and powers to support it	[Health and Social Care Act 2012](#)
Five-year Forward View for the NHS	*We will improve the NHS' ability to undertake research and apply innovation. Research is vital in providing the evidence we need to transform services and improve outcomes.*	[Five Year Forward View](#)
DoH/NHS Constitution	Research is a core part of NHS business as it enables the NHS to improve the current and future health of the population	[The NHS Constitution for England](#)
Health Education England Research & Innovation Strategy	*Build the capacity and capability of our current and future workforce to embrace and actively engage with research and innovation*	[Research and Innovation strategy](#)
National Institute of Health Research (NIHR)	*The NIHR's key contributions to growth include:* *→ supporting collaborations and contract research with the life sciences industry* *→ creating the research environment that supports the nation's international competitiveness* *→ attracting, developing and retaining a highly skilled health research workforce* *→ providing the clinical evidence to help the NHS and public sector to make efficient use of resources* *→ providing the research evidence that contributes to establishing a healthier workforce and wider population*	[Growth through health research](#)
Leicester, Leicestershire and Rutland Sustainability and Transformation Plan	*The STP for LLR details how in our region challenges can be tackled and contains proposals including:* • *An increase in services delivered in the community by specialised clinical teams;* • *Encouraging more people to live healthily and avoid illness;* • *Helping to address an LLR projected NHS funding gap of £399 million, and local; caused by a number of factors including an increase in demand for services, and the costs of new treatments*	[*LLR STP*](#)

Key Drivers	Requirements/recommendations	Source
	• *A movement of hospital beds from the big city hospitals to the community, in hospitals or at home, for those people whom it would benefit* • *Reconfiguration of community hospitals and their beds and community-based services*	
Health Research Authority	Working to make the UK a great place to do research where more people have the opportunity to participate in health and social care research and continue to feel safe when they do.	HRA
Mental Health Taskforce (2016) The Five Year Forward View For Mental Health	*Aiming to create a simple pathway for innovation and research:* • *identify areas of innovation and research promise* • *invest in research programmes which include testing approaches at scale* • *review research and embed it into care pathways and new models of care.*	The Five Year forward plan
Association of United Kingdom University Hospitals	Clinical academics serve as a crucial connection between the NHS and universities, working to train future generations of healthcare workers while engaging in research which can improve outcomes for patients and help increase efficiency.	AUKUH
NHS England (2016): Leading change, adding value. Nursing framework	*We will lead and drive research to evidence the impact of what we do*	Leading change
KPMG (2016) the impact and value of the NIHR Clinical Research Networks	For 2014/15, KPMG estimate the total Gross Value Added impact of non-commercial clinical research activity supported by the CRN to be £778 million. There was an average pharmaceutical cost saving of £5,250 per patient where a trial drug replaced the standard of care treatment.	Impact of NIHR Clinical Research Networks

Existing KPIs

LPT enables service users and carers to be participants in high quality national and international research through studies adopted on the NIHR portfolio. The following are the required KPIS for this activity:

Research Performance	Target
Initiating Research (CRN)	% within 15 days (≥ 80%)
Initiating Research (National)	% within 30 days (≥ 80%)
First Patient First Visit Timeline (CRN & National)	% studies within 70 days (≥ 80%)
Deliver to Time & Target (CRN/ National) (Closed Studies)	% achieving TnT (≥80%)
Delivering to Time and Target (CRN & National, Open Studies at year end)	% achieving TnT (≥ 80%)

Additional, more academic KPIs include:
- Number of academic papers published with LPT staff as author or co-author
- Impact factor of journals LPT staff are publishing in
- Number of national and international conference presentations delivered by LPT staff
- Number of grant applications submitted and amounts
- Number of grant applications that were successful and amounts
- Number of LPT staff undertaking Masters in Clinical Research and Doctoral qualifications.

Strengths and Weaknesses

Strengths
- R&D team and group of clinicians skilled at supporting the delivery of NIHR portfolio studies (2015/16, 32 studies, 569 recruits)
- Track record of success with Clinical Academic first steps development opportunities (100% success with 11 LPT staff applications for NIHR funded Masters in Research and HEEM funded Clinical Scholar Internships; first LPT success with CLAHRC PhD application)
- Growth in research partnerships resulting in awards of honorary roles with local universities and partnerships such as the Leicestershire Improvement, Innovation and Patient Safety (LIIPS) Unit and Leicester Academy for the Study of Ageing (LASA).
- Publications with impact authored or co-authored by LPT staff (33 in 2015/16, impact factors range from 2.46 to 7.99)

Weaknesses
- Ongoing changes to regulatory process for Research Governance mean that although existing robust Trust processes are in place, ongoing updating of documentation is required to reflect these changes
- Very limited substantive clinical academic roles within LPT, none within Nursing or AHP. These roles are key to ensuring the Trust has research leaders able to generate a high levels of research activity and income
- Confusion within LPT with regards to understanding of research, audit and service evaluation and how these are staffed and commissioned
- Lack of visibility of research activity within services and limited leadership
- Considerable variance amongst managers in supporting research activity.

Engagement

- Staff – a range of stakeholder sessions occurred at different locations across the Trust to assist the development of this strategy. In addition, the following groups were consulted in the process:
    - Research and Development Strategy Group
    - Clinical Effectiveness Group;
    - Learning and Organisational Development Group
- External Stakeholders – discussions occurred including with staff from University of Leicester,   De Montfort University and Loughborough.

Strategic Intentions

The vision for research and development in LPT over the next five years is that "*the Trust will establish a vibrant, focussed research culture and programme, develop an excellent reputation for research improving care and be an influential research partner organisation*".

In order to achieve this four goals have been identified. These goals will underpin and support the overarching research theme of the Trust which is "integrated care". They will support the emergence of both cross-Trust and Directorate level priority themes that enable LPT's own research to drive change to meet its strategic objectives, enable better use of resources and improve care and patient satisfaction. They will also complement and contribute to the important continuous improvement ethos within LPT.

Goal 1

LPT currently has small pockets of research activity, most notably in:
- Child and Adolescent Mental Health
- Eating disorders
- Huntingdon's Disease
- Learning Disability
- Older peoples care especially for those with dementia
- Psycho-oncology

However, there is currently no consistent approach to developing critical mass of research activity in these areas, they have limited visibility and there is no agreed formula for beacons of research or routes for new areas to develop. They have not been established to support particular Trust priorities or research themes, do not have meaningful dedicated research leadership nor have a strong ethos of co-production with service users (Research Partners).

LPT has been successful recently with small research capacity development grants and as a partner organisation/collaborative in medium sized grants. It needs to build on these successes to ensure further success in securing research grants. The key to this success with grant applications is strong and varied partnerships and collaborations.

To address this Goal 1 is

> *To identify, develop, support and promote the beacons of research excellence in the Trust*

To achieve this, the following objectives have been identified:

	Objectives	2018-2019	2019 - 2020	2020-2021	2021-2022	2022-2023
1:A	To define excellence for research beacons	●				
1:B	To scope current and potential research beacons		●			
1:C	To create a development and support framework to assist Trust researchers to become beacons		●			
1:D	To prioritise identified 'beacons' with grant searching and writing support.		●			
1:E	To develop internal and external communication routes to promote and celebrate success		●			
1:F	To facilitate opportunities for connections between academics and clinical staff	●	●	●	●	●
1:G	To optimise different forms of communication platforms to promote our research	●	●	●	●	●
1:H	To develop and sustain a community of service user research partners	●	●	●		

Goal 2

LPT is a proud partner of the NIHR East Midlands Clinical Research Network with an established strong reputation for recruiting to dementia and adult mental health studies. We recognise that more of the LPT's service users and carers especially within our Community Health Services and Family, Children and Young People services deserve the opportunity to be invited to be participants in research studies. In addition, the LLR STP is expected to result in some reconfiguration of services across the health economy which may result in LPT inheriting studies or delivering studies in new service areas. This could result in a significant growth in studies in a short timeframe.

To address this, Goal 2 is:

> *To be the regional lead community and mental health services partner organisation in recruiting and delivering against the NIHR portfolio*

To achieve this, the following objectives have been identified:

Objectives		2018-2019	2019 - 2020	2020-2021	2021-2022	2022-2023
2:A	To create and maintain research-related documentation for portfolio and non-portfolio studies	●				
2:B	To ensure that identified treatment costs (including excess treatment costs) are negotiated in a timely manner to meet mandatory targets	●	●			
2:C	To enable trust staff to facilitate engagement in portfolio studies	●	●	●	●	
2:D	To develop a strategy to ensure an excellent reputation as an influential research partner organisation		●			

Goal 3

The breadth of routine data collected within LPT is vast but rarely utilised for service evaluation or research to support improvements in care. There is significant scope for research focusing on issues such as systems, technology and human factors with both academic partners and industry. In addition, both the Depart of Health (1996) definition of Clinical Effectiveness and the NHS constitution (2015) acknowledge the importance of utilising knowledge to ensure best and high quality care is provided. We need to ensure this occurs consistently across all Trust services.

To address this, Goal 3 is:

 To enhance the utilisation of evidence and Trust data to drive improvements in care

To achieve this, the following objectives have been identified:

Objectives		2018-2019	2019 - 2020	2020-2021	2021-2022	2022-2023
3:A	To establish cross Trust interest group – "our data helping best care"		●			
3:B	To scope existing and potential patient group registers and enable shared learning from existing database successes			●		
3:C	To utilise data systems such as RiO and SystmOne for research				●	●
3:D	To ensure sharing of data with third party organisations is fully compliant with all applicable legislation				●	●
3:E	To facilitate opportunities for evidence based conversations in critical Trust activities such as serious incidences, adverse events, morbidities and mortality meetings and clinical case meetings and as standard agenda items.	●	●			

Objectives		2018-2019	2019 - 2020	2020-2021	2021-2022	2022-2023
3: F	To promote internal / external opportunities to learn appropriate skills such as critical appraisal skills and access library resources	●	●	●	●	●
3: G	To translate findings from LPT involved portfolio studies and own research into practice		●	●	●	●
3: H	To provide full reference acknowledgement of evidence that underpins routine activity – e.g. • Outcome measures templates on RiO and SystmOne • Policies • Care pathways • Business tenders		●	●		

Goal 4

LPT is very aware that its staff are key to its successes and retaining and attracting high calibre staff is important. Our workforce of 5,500 staff include 36% registered nurses, 11% Allied Health Professionals and 4% medical staff. Providing research opportunities is important for staff retention as well as attracting and developing high calibre staff to lead the delivery of evidenced based high quality care. We need to build on the recent foundations/successes with masters/doctoral activities amongst allied health professionals and nursing staff. There is also a need to ensure we have a culture where these skills are valued and Clinical Academic career pathways for all professions are developed/ and available.

To address this, Goal 4 is:
To attract, develop and retain research leadership and skills

To achieve this, the following objectives have been identified:

Objectives		2018-2019	2019 - 2020	2020-2021	2021-2022	2022-2023
4:A	To offer targeted research development opportunities	●	●	●	●	●
4:B	To signpost research training available internally and with local universities and organisations such as CRN	●	●			

Objectives		2018-2019	2019 - 2020	2020-2021	2021-2022	2022-2023
4:C	To offer opportunities and nurture staff appropriate for research development schemes including Bronze, Silver and Gold Clinical Scholar Schemes and Doctoral qualifications		●	●	●	●
4:D	To increase the number of research active staff		●	●	●	●
4:E	To develop a signposting process for managers for enabling staff to become research active		●	●		
4:F	To acknowledge research successes	●	●	●	●	●
4:G	To develop a clinical academic career pathway				●	●

Progressing our Strategic Objectives

The success of this strategy should be assessed by the organisation's performance against the following measures:

- Increased number of NIHR portfolio studies and participants recruited
- Increased number of staff in Clinical Academic roles
- Increased income from the commercial studies and grant applications
- Increased number of high impact publications authored by Trust staff

How will this strategy progress:-

- **Quality**: LPT aims to provide high quality and integrated services for families, young people and children and partner with others to deliver the right care in the right place at the right time. It also aims to provide high quality integrated and sustainable adult mental health and learning disability services. The goals of this R&D strategy will contribute to both these aims by enabling and encouraging research to be developed and conducted within LPT that is of high quality and relevant to the delivery of care.

- **Partnerships:** Partnerships are key to all aspects of LPT in particular with regards to delivering the right care in the right place at the right time as well as being an active and leading participant in the system-wide Better Care Together sustainability and transformation programme. The growth of partnerships that this R&D Strategy facilitates will be with higher educational institutions, industry,

regional and national research communities, service users groups and charities. They will enable us to strengthen our research activities to support the delivery of high quality care.

- **Staff:** Research aware, engaged and skilled staff is key to helping LPT to be proud to work here. It is important that we attract and retain the best people, that is a diverse, skilled and capable workforce which is flexible, efficient and have the right capacity for the provision of care. The goals within this R&D strategy will not only assist with development opportunities for staff but will also promote and create new clinical academic roles across the professions and in partnership with higher educational institutions.

- **Sustainability**: A key aspect of sustainability for LPT is Clinical Improvement. This R&D Strategy will complement the implementation of a clinical improvement programme that will lead to evidence based best practice pathways and models of care across all services, year-on-year improvements over in patient satisfaction and complying with all national and local standards and targets. This will be done in particular by enhancing the capacity of all staff across disciplines to access and utilise evidence to drive improvements in care.

Supporting our Clinical Strategy

The Trust clinical strategy is focused on:

- Creating service models that enable integrated care, prevention and recovery based approaches.
- Ensuring a relentless focus on improving quality while ensuring sustainability. This is achieved through creating a culture of continuous improvement where the front line team are improving the quality and efficiency of care, reliance on a robust system of self-regulation to ensure quality of care is good or outstanding consistently across the whole range of services we provide; we adopt new ways of working in the roles, responsibility as well as how staff work. These are underpinned by research and innovations as well as the use of IM&T.

This Research & Development Strategy supports the clinical strategy by providing capacity and capability for evidence based approach to developing service and care delivery models as well as evaluating and learning from the care that is delivered. The R&D strategy, by creating a vibrant culture of research within the trust, will not only increase the capability of our current workforce in evidence based approaches and evaluation but also attract high calibre staff in to the organisation. One of the key strategic aims within R&D strategy is to facilitate the evaluation of trust data for service improvement. This can be undertaken by the research trained trust staff undertaking evaluation as well as through partnership with academic partners with good credibility.

Equality Analysis

Leicestershire Partnership NHS Trust (LPT) aims to design and implement strategies, policies and practices that meet the diverse needs of our local population and workforce. It is about creating fair and equal access to goods, services, facilities and employment opportunities for all. It is about reducing disadvantage experienced by some groups in comparison to others.

This strategy takes into account the provisions of the Equality Act 2010 and the general and specific duties, ensuring as far as possible that the Trust eliminates discrimination, advances equality of opportunity and fosters good relationships. It is about ensuring no one receives less favourable treatment on the grounds of; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, the Trust will take into account the different needs of different groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

Implementation Resources

This R&D Strategy for 2018 to 2023 covers a period of substantial challenges and changes not just for LPT but the whole health economy including significant financial pressures and planned changes to ways of delivering care. Without research, we would not have the evidence to support the decisions that need to be made going forward, in particular with regard to the delivery of integrated community care as per the LLR STP and to improve our 'effective' CQC ratings.

Research leadership and skill development across our workforce would enable us to find, interpret, use and implement evidence enabling us to improve our CQC 'responsive', 'effective' and 'well-led' ratings. It would also enable us to be an attractive workplace by developing, retaining and attracting staff with a research (clinical academic) career pathway option. Becoming an NHS Trust with a critical mass of staff capable of developing and leading large studies with significant grant income is aspirational but achievable longer term with investment and commitment. We can build on our strong reputation for hosting studies developed by others on the NIHR portfolio which enable our service users and carers to be participants in research and become an attractive site and partner organisation for a wider breadth of industry and academic organisations.

To achieve this, within 2018/19 a plan for investment by LPT will be jointly developed by the Director of Finance and Head of Research and Development with input from other colleagues. This investment plan will span to 2023 and will consider all resource aspects to ensure maximum return on any investment. Its fundamental premise will be that there are many benefits to research with the NHS Confederation (2010) stating that:

- research helps the NHS to understand, adapt and respond to the challenges it faces;

- all NHS organisations can benefit from greater engagement with research;
- engaging with research is about evidence based practice, quality improvement, innovation and evaluation;
- there is good evidence of the link between an organisation's research activity and positive patient outcomes, with research active Trusts doing better in overall performance;
- an awareness of research evidence can help managers engage in constructive dialogue with clinicians;
- NHS managers and practitioners who take part in research become exposed to new ideas and new ways of seeing things and thinking which helps to further engender a quality improvement culture;
- the legacy of increasing the amount of evidence available ultimately provides improved outcomes for patients and better value healthcare.

Glossary

AUKUH – Association of United Kingdom University Hospitals
CQC - Care Quality Commission
DoH - Department of Health
EM AHSN – East Midlands Academic Health Science Network
EM CLAHRC – East Midlands Collaboration for Leadership in Applied Health Research and Care
EM CRN – East Midlands Clinical Research Network
HEE – Health Education England
HRA - Health Research Authority – Regulation and Safeguarding Patients' Interests
IM&T – Information Management and Technology
LASA - Leicester Academy for the Study of Ageing
LIIPS - Leicestershire Improvement, Innovation and Patient Safety Unit
LLR – Leicester, Leicestershire and Rutland
NIHR - National Institute for Health Research
STP – Sustainability and Transformation Plans
TnT – Time and Target

References :

Department of Health (1996) Promoting Clinical Effectiveness. London :DoH

Department of Health (2015) NHS Constitution https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

Melvin, G. (2015) MRes Dissertation: Development of Strategic Priorities for Increasing Clinical Research Capacity in the NHS: An Ethnographic Investigation into Staff Perspectives on Barriers and Facilitators to Research Activity. De Montfort University

http://www.hra.nhs.uk/documents/2015/12/uk-policy-framework-health-social-care-research.pdf

Due Regard Screening

Section 1	
Name of activity/proposal	Research & Development Strategy 2018 to 2023
Date Screening commenced	21.12.16
Directorate / Service carrying out the assessment	Enabling/R&D
Name and role of person undertaking this Due Regard (Equality Analysis)	Prof Susan Corr, Head of Research and Development
Give an overview of the aims, objectives and purpose of the proposal:	

AIMS: This Research and Development Strategy (2018 – 2023) provides the framework for the next five years enabling a growth in excellent research with a clear aim of improving care. The vision is "the Trust will establish a vibrant, focussed research culture and programme, develop an excellent reputation for research improving care and be an influential research partner organisation".

OBJECTIVES:

The following four goals will enable the vision to be achieved:

1. To identify, develop, support and promote the beacons of research excellence in the Trust
2. To be the regional lead community and mental health services partner organisation in recruiting and delivering against the NIHR portfolio
3. To enhance the utilisation of evidence and Trust data to drive improvements in care
4. To attract, develop and retain research leadership and skills

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	None
Disability	None
Gender reassignment	None
Marriage & Civil Partnership	None
Pregnancy & Maternity	None
Race	None
Religion and Belief	None
Sex	None
Sexual Orientation	None
Other equality groups?	None

Section 3
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.

Yes		No	
High risk: Complete a full EIA starting click <u>here</u> to proceed to Part B		Low risk: Go to Section 4.	**X**

Section 4
If this proposal is low risk please give evidence or justification for how you reached this decision:

It is considered that this strategy will support and enable research to be conducted that will enhance the quality of care to Trust service users (including all relevant protected quality

groups who make have a disproportionate level of health inequalities).			
Signed by reviewer/assessor	_(signature)_	**Date**	07/12/2017
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	_(signature)_	**Date**	07/12/2017