Research Strategy 2017-2022
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Our **Vision**
To improve patient health through world-class research.

Our **Mission**
To lead ground-breaking research and work with our partners to improve the health of the nation. Embed a culture of research excellence throughout the Trust delivered by a highly skilled knowledgeable workforce. Make research everyone’s business.

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**Research at North Bristol NHS Trust**

North Bristol NHS Trust (NBT) is a centre of excellence for health care in the southwest and one of the largest hospital trusts in the UK. We treat some of the most complex conditions and are proud of the specialist services that we provide.

Enhancing patient care through research is one of NBT’s key strategic themes. A research active culture can bring a host of benefits for patients, clinicians and the NHS. Research drives innovation, enables better and more cost-effective treatments and creates opportunities for staff and patients.

There is now clear evidence across a range of conditions that research activity in acute English NHS Trusts is associated with better outcomes, lower mortality and with considerable cost savings.

At NBT we benefit from being part of a vibrant and ambitious Bristol-wide strategic health research and innovation partnership, which enables better co-ordination of research, innovation and resources. NBT works with our strategic partners in patient groups; academia; NHS and industry to identify the most important research questions to be addressed and the most effective ways to answer those questions.

Our Research & Innovation department is well-established and comprises a multidisciplinary infrastructure that supports a broad range of research activity across very many clinical areas of the Trust.
NBT’s **vision and values** are central to the way we work

Research is integral to the delivery of the Trust’s vision

> to realise the great potential of our organisation by our skilled and caring staff delivering innovative, high quality services in state of the art facilities. This will ensure excellent clinical outcomes and an outstanding experience for our patients.

This research strategy has been developed for the period 2017-2022 to provide focus and clarity of direction for the organisation and its stakeholders. It sets out our future strategic research aims that will ensure the Trust vision is realised. In addition, running through the core of all that we do at NBT are ‘**Our Values**’:

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**Putting patients first**

- Understanding the impact of every role on patient care, even if you’re not in direct contact
- Taking the time to listen and care
- Protecting patient confidentiality, privacy and dignity
- Being open and transparent when things go wrong
- Intervening when others have not, speaking up when necessary
- Treating your patient as you would expect a loved one to be cared for

**Recognising the person**

- Making staff and patients feel valued and worth your time
- Looking everyone in the eye acknowledging them, recognising they are people
- Appreciating differences and the strength that diversity can bring
- Helping the patient understand their condition, involving them in decision making
- Taking a holistic approach to care

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**Striving for excellence**

- Continuously reviewing what we do, to seek new ideas for improvement
- Demonstrating commitment to continuous learning and development
- Celebrating efforts and successes
- Recognising your own limitations, using mistakes as learning opportunities and remaining resilient when facing challenges
- Going the extra mile to make a difference to patients and staff, even if this indirectly

**Working well together**

- Engaging with colleagues and patients to proactively resolve issues
- Demonstrating commitment to shared objectives
- Including and consulting others when making decisions that affect them
- Offering encouragement and feedback to others
- Becoming trusted and respected by staff and patients
The aims of the **NBT Research strategy 2017-2022** are:

**Aim 1**
Empower patients as partners in high quality research
- Enable more people to engage in public and patient involvement (PPI) Activities
- Provide more research opportunities for our patients
- Deliver research that is important to and prioritised by patients
- Improve patient safety and care by demonstrating and implementing research outcomes

**Aim 2**
Support and nurture a sustainable workforce with the skills to deliver world class research
- Continue to develop our efficient workforce, valuing and effectively utilising the individual team skills and experience
- Develop career pathways for research staff
- Building upon the skills of our workforce and volunteers
- Develop the future workforce

**Aim 3**
Research will be visible in all aspects of the day to day business of the Trust
- Increase patient awareness of research
- Increase awareness of research impact and underpinning evidence
- Embed research in the care pathway of NBT services
- Deliver research that improves our services

**Aim 4**
We will work with our regional partners to strategically and operationally align our research with our clinical services and needs of the community
- Focus on and foster our priority areas of research where we are, or have the potential to be, world-leading
- Increase partnership working to maximise our research potential
- Develop our profile as experts in research management, governance and delivery
- Provide state-of-the art research facilities
Objective 1.1: Enable more people to engage in public and patient involvement (PPI) activities

- We will maximise opportunities for PPI in research, by raising awareness through our ‘Take Part Be Involved’ in research campaign.
- We will work with our researchers to broaden the scope and impact of PPI within the Trust.
- We will extend our PPI work out into the community to diversify and broaden representation.
- We will work with our healthcare partners to share best practice in PPI to further develop and streamline processes across the region.
- We will support the professional development of our PPI partners through the sourcing of appropriate training and the development of PPI career pathways.

Objective 1.2: Provide more research opportunities for our patients

- We will further develop our portfolio of studies from observational to complex interventional research to provide a range of research opportunities to patients.
- We will provide cross-organisational regional opportunities to participate in research studies contributing to equity of access to research.

Objective 1.3: Deliver research that is important to and prioritised by patients

- We will provide support and specialist advice on patient and public involvement in research at all stages of study development and delivery.
- We will engage patients, the local community, patient groups and national charities to inform our research portfolio.

Objective 1.4: Improve patient safety and care by demonstrating and implementing research outcomes

- We will work with our PPI partners to disseminate research findings in accessible and innovative ways that will maximise engagement from patient groups and provide awareness to the general public.
Aim 2: Support and nurture a sustainable workforce with the skills to deliver world class research

Objective 2.1: Continue to develop our efficient workforce, valuing and effectively utilising the individual team skills and experience

- We will provide a flexible research workforce that can deliver all aspects of our research portfolio. To support this we will further utilise and analyse our existing workforce metrics.
- We will introduce a Trust value based recruitment process to attract and retain the highest calibre of candidates in line with the Trust values.
- We shall review our workforce skill mix on an ongoing basis to ensure it supports the effective delivery of our research portfolio.
- We will capture the broader skills and experience of our staff, to create a “knowledge bank” to be used for the wider benefit of the department whilst also valuing the individual’s expertise.
- We will continue to work with the internationally recognised “Investors in People” organisation to support our ambition of delivering world class research.
- We shall introduce an electronic rota system across our research workforce, to improve efficiency, oversight, productivity and contribute to staff well-being.

Objective 2.2: Develop career pathways for research staff

- We shall develop a meaningful learning and development strategy that supports career pathways for medics, nurses, midwives, AHPs and biomedical scientists.
- Leading from this we will ensure career pathways are actively established and managed for all research staff.
- We shall support volunteers to contribute to the development of research and support existing programmes of work.

Objective 2.3: Building upon the skills of our workforce and volunteers

- We will provide training programmes to equip our staff and volunteers to contribute to the achievement of our strategic goals and their agreed personal development.
- We will help our staff by identifying and accessing the most appropriate funding, academic mentorship and training opportunities to support their career development and progression.
- We shall provide a tool to help measure training and development needs across the infrastructure, providing a consistent approach to recognising competence across the research workforce.
- We will work with our partners to provide cross disciplinary training across the region and to enable sharing of best practice.
- We will establish a formal induction for new research staff and staff new to Management & Leadership roles.

Objective 2.4: Develop the future workforce

- We will aim to provide protected time and access to start-up funds for staff who are, or have the potential to be, research-active.
- We will identify and support emerging talent and provide academic mentorship and training.
- We will ensure established research teams have clear succession plans in place for key posts and that those identified individuals have the necessary support.
- Increase oversight and monitoring of Research training across the workforce to ensure equity of access, and streamlining of processes utilising NBT’s resources.
Objective 3.1: Increase patient awareness of research
- We will actively increase public awareness of research through external and internal ‘Take Part Be Involved in Research’ communication campaigns.

Objective 3.2: Increase awareness of research impact and underpinning evidence
- We will collect and publicise research impact and outcome data.
- We will communicate with staff and patients to demonstrate the links between research evidence and practice.
- We will work with Divisional teams to raise awareness to their staff of the value and contribution research makes to practice.
- We will communicate research performance information to our Divisions.
- We will ensure that our communications is appropriately targeted and accessible.

Objective 3.3: Embed research in the care pathway of NBT services
- We will actively engage with clinical directors across the Trust to embed research into patient care pathways.
- We will strive to expand awareness of the value of evidenced based practice across all clinical areas.
- We will aim to ensure that no patient group treated at NBT will be excluded from the research portfolio of the Trust.
- We will ensure equitability of access to the Trust’s research portfolio.

Objective 3.4: Deliver research that improves our services
- We will work with clinical teams to focus research in areas of strategic and clinical priority.
- We will work with our partners to ensure that our cutting-edge research is rapidly translated into measurable improvements in patient outcomes, experiences, safety and potentially cost-effectiveness.
- We will support staff to challenge conventional practice, and facilitate the dialogue between academics and clinicians which will lead to research that identifies best practice and delivers a step-change in clinical performance at NBT.
- Increasing research income through focusing our research on areas which are of strategic importance and likely to have most impact on our services and the wider NHS.

Aim 3: Research will be visible in the day to day business of the Trust
Aim 4: Work with our regional partners to strategically and operationally align our research with our clinical services and needs of the community

Objective 4.1: Focus on and foster our priority areas of research where we are, or have the potential to be, world-leading

- We will identify our strengths and work with our regional partners (see page 17 glossary below) to build critical mass in world-class translational and applied health services research.
- We will implement internal funding calls available to all Trust staff, for small grants and dedicated research time in order to generate the evidence for new research proposals.
- We will provide skilled support for grant applications; navigation of regulatory and approval processes and delivery of studies.
- We will work with our partners to ensure research findings are made widely available and provide support for implementation to adoption plans.
- We will collect and report research impact and outcome data to demonstrate improvements to care.

Objective 4.2: Build on our reputation to make us the collaborator and centre of choice

- We will develop a communication strategy to improve our visibility
- We will work with our partners to maximise our research collaboration across the region.
- We will support our researchers to build networks and collaborations.

Objective 4.3: Increase partnership working to maximise our research potential

- We will align our research themes to include the priority areas of our regional partners as appropriate.
- We will generate critical mass by aiming for closer integration across the partnerships by aligning our research infrastructure and investment priorities.
- We will establish agreements with our regional partners to ensure efficient and seamless working, maximising research productivity and income, and removing bottlenecks and delays at project start-up.

Objective 4.4: Develop our profile as experts in research management, governance and delivery

- We will maintain a suite of advice, guidance and policies for public use.
- We will build upon our training and staff development opportunities across the region and nationally.
- We will participate in national work streams placing NBT at the forefront of developments.

Objective 4.5: Provide state-of-the-art research facilities

- We will maximise the use of our Clinical Research Centre through income generating activities to support reinvestment.
- We will work with regional partners to develop shared research facilities and infrastructure.
- We will ensure the right balance of integration of research within clinical services by embedding research facilities and teams in clinical departments as appropriate.
Delivering the **Research Strategy**

The success of our strategy will be through the delivery of our four strategic Aims.

Each strategic aim will rely on the continued successful relationships with our stakeholders.

Through our collaboration with our academic partners, the University of Bristol and the University of the West of England, we are able to explore innovative approaches to provision of care and delivery of research. NBT’s continued successful relationship with the NIHR; MRC; West of England CRN and various charitable organisations will help ensure both the investment in staff development and research delivery.

The Department of Health’s commitment to expanding access to clinical research for all patients helps to ensure the continuation of our collaboration with the NIHR core funded infrastructure, Bristol Randomised Trials Collaboration; Collaboration for Leadership in Applied Health Research and Care West etc. ensuring patients have access to the most up-to-date care.

A detailed implementation plan which will include actions against individuals/teams and time-lines for delivery, will be developed by R&I and approved by the Trust’s Research and Innovation Group following approval of the Strategy.

Performance and progress in achieving our delivery plan will be kept under review by the Research and Innovation Group and Trust Board. We will publish our performance in key areas, including the set-up and delivery of interventional clinical research trials on our Trust website. We will publish an annual report detailing progress against the Strategy.

The funding for the implementation of the strategy will be secured through ambitious large-scale research proposals to external funders, annual research support allocations and by efficient use and leverage of existing Trust resources (in 16/17, the Trust will receive £9m income for research).

Strategic investment by the Southmead Hospital Charity Research Fund will continue to play a critical role and the improved delivery of clinical trials will enable the Trust to secure additional funding from the Life Sciences industry. R&I is a key part of the Trust’s overall strategy and will contribute to the Trust’s financial success.

We recognise that the research landscape changes rapidly and that the R&I strategy needs to be flexible and adaptive, responding rapidly to new opportunities. This strategy and the implementation plan will be subject to regular review in partnership with patients, carers, clinicians and managers, at the Trust Board, the Research and Innovation Group and the R&I Senior Management Team.

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**Year One Priorities**

This aims and objectives in this strategy set out an ambitious agenda for research over the next five years. The focus for the first year will be to:

- Broaden our research portfolio to offer more of our patients the opportunity to participate in research
- Develop a five year detailed research implementation plan for the Trust
- Invest in our workforce and facilities to increase our ability to deliver the research of the future
- Increase patient satisfaction with our research portfolio and activities
- Make research more visible and accessible to patients and visitors
Supporting information

National Context

The government provides almost £1 billion research funding per year to support and grow the life science industry in the UK securing our place as a global leader (Strategy for UK life sciences: one year on, Department of Health (DH), 2012: Increasing research and innovation in health and social care, DH: 2013).

There have been a number of national drivers specific to healthcare research and innovation within the NHS aimed at ensuring the NHS is fully engaged in high quality research that will benefit patients and the economy.

The NHS constitution has a commitment to the promotion and conduct of research to improve the health and care of the population. “Research is a core part of the NHS. Research enables the NHS to improve the current and future health of the people it serves. The NHS will do all it can to ensure that patients, from every part of England, are made aware of research that is of particular relevance to them” (Handbook to the NHS Constitution, January 2009).

The NIHR was established in 2006 by the Department of Health to transform research in the NHS. NIHR aims to maintain a health research system in which the NHS supports outstanding individuals working in world class facilities, conducting leading edge research focussed on the needs of patients. NIHR works in partnership with many sectors including academic, charities and industry.

From April 2014, the NIHR structure is divided into 15 local Clinical Research Networks (CRN) across England which will deliver studies across all therapy areas. The geographical boundaries of the Networks correlate with those of the AHSNs.

NHS England published their strategic vision for the NHS in 2014; 5 year forward view. Within this document they state that “research is vital in providing the evidence we need to transform services and improve outcomes” alongside a commitment to accelerate adoption of new and innovative treatments and ways of delivering care.

Following on from the 5 year forward view the Accelerated Access Review sets out an ambitious framework to make the UK a world-leader in healthcare innovation, with an NHS that embraces the new drugs and technologies that patients need by accelerating research, innovation and adoption.

The development of the Health Research Authority has streamlined regulation processes for clinical research. National research benchmarks focus on increasing patient access to research, improving the UKs position in global industry research and streamlining the research lifecycle to enable faster more efficient delivery of research.

The NHS established 15 Academic Health Science Networks (AHSN) in April 2014. Their goal is to improve patient and population health outcomes by bringing together local NHS, university and industry partners to accelerate the spread of innovative, evidence-based care.

Sustainability and Transformation Plans (STP) covering the whole of England (broken down into 44 geographical regions) were published in 2016. Public and staff consultations are planned and/or underway for the BNSSG STP bid (https://www.bristolccg.nhs.uk/library/sustainability-and-transformation-plan-documents/). The focus of the BNSSG STP is on a step-change in the way services are delivered and integrated and are coordinated through three core transformation portfolios and a range of enabling programmes (Digital, Estates and Workforce):

- Prevention, Early Intervention and Self-Care
- Integrated Primary and Community Care
- Acute Care Collaboration
Local Context

Keeping the people who use our services at the heart of what we do, we benefit from being part of a vibrant and ambitious Bristol-wide strategic health Research and Innovation partnership. This partnership enables better co-ordination of research, innovation and resources.

Bristol Health Partners (BHP) was formally launched in May 2012. The aims of BHP are to generate significant health gain and improvements in service delivery by integrating, promoting and developing Bristol’s strengths in health services, research, innovation and education. The way BHP is delivering these aims is by the formation of Health Integration Teams (HITs). HITs include commissioners, public health and NHS specialists working with world-class applied health scientists and members of the public to develop NHS-relevant research programmes and drive service developments to improve health, well-being and healthcare delivery. Patient and public involvement (PPI) are essential to all aspects of HIT structure and function and that the methodologies used must include evaluation. The strengths of BHP and its HITs have directly led onto the award of an NIHR Collaboration for Leadership in Applied Health Research and Care for the West of England (CLAHRC west) that is focused on research targeted at chronic diseases and public health interventions. The CLAHRC west will substantially increase the scale and pace of research into practice and implementation of the novel applied health research findings that the HITs generate. This will in turn strengthen our strategic relationships.

The research and implementation themes of BHP and CLAHRC West dovetail with the stated aims and objectives of the West of England AHSN (WEAHSN) of the need for robust research to inform and accelerate the adoption and diffusion of evidence of best care.

The CRN West of England (CRN WE) helps to increase the opportunities for patients across the region to take part in clinical research ensure that studies are carried out efficiently and support the Government’s Strategy for UK Life Sciences by improving the environment for commercial contract clinical research.

The recent award of the NIHR Bristol Biomedical Research Centre (BRC) brings together healthcare and academic organisations across Bristol to focus on the development of new, ground-breaking treatments, diagnostics, prevention and care for patients in a wide range of diseases. Key themes addressed through the award include: - Cardiovascular disease, Nutrition, diet and lifestyle, Reproductive and perinatal mental health, Surgical innovation and Mental health.

Consistent with the very substantial increase in the breadth and depth of research undertaken at NBT and across Bristol Health Partners, an extensive portfolio of research projects and trials have already resulted in findings and outcomes that been implemented into routine clinical care that is provided across the City.

An update to the NBT research strategy is therefore timely and emphasises the importance of focusing on working with regional partners to align our research and clinical service strengths.
References


Glossary

West of England Academic Health Sciences Network (WEAHSN) is a network of providers of NHS care across the West of England working with Universities, industry, NHS commissioners and a wide range of partners (http://www.weahsn.org.uk/). The vision of the WEAHSN is to be a vibrant and diverse network of partners committed to equality and excellence.

Bristol Health Partners (BHP) is a strategic collaboration between the city’s three NHS trusts, three clinical commissioning groups, two universities and its local authority. It’s mission is to generate significant health gain and improvements in service delivery in Bristol by integrating, promoting and developing Bristol’s strengths in health services, research, innovation and education.

The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West (NIHR CLAHRC West) brings together universities, local authorities, NHS hospital trusts, clinical commissioning groups, patients and members of the public, and third sector organisations to focus on research to improve health and healthcare for local people. Their ethos is to focus on research and implementation that is, equitable and fair, appropriate and sustainable.

The NIHR Clinical Research Network West of England, helps to increase the opportunities for patients to take part in clinical research, ensure that studies are carried out efficiently, and support the Government’s Strategy for UK Life Sciences by improving the environment for commercial contract clinical research.

They provide the local NHS with the support and facilities it needs to carry out research and seeks to demonstrate how the NHS is an attractive option for commercial pharmaceutical, biotech and medical technology companies looking to carry out industry-sponsored research.

Regional Partners includes but is not limited to the member organisations of BHP, West of England AHSN, CRN and CLAHRC West. In time, a wider partnership across the west will be formally established, ensuring even closer collaborative working across BHP, CLAHRC West, LCRN and the WEAHSN.

Research Capability Funding (RCF) is a quality-driven funding stream allocated annually by the NIHR to all research-active NHS trusts that allows for local discretion and management of people to support and develop patient and people driven research. It is allocated in proportion to the total amount of other NIHR income received by that organisation, and on the number of NIHR Senior Investigators associated with the organisation.

Research Design Service (RDS) is part of the National Health for Research (NIHR). The RDS exists to provide help for people preparing research proposals for submission to open, national, peer reviewed funding competitions for applied health or social care research.

Translational and Applied Health Services Research leads to benefits in the care provided for patients and encompasses a range of activities that include research going: (a) from bench to bedside, where theories emerging from pre-clinical experimentation are tested on patients – first in small-scale studies and then through formal research evaluations in large numbers of patients, covering acceptability, clinical effectiveness and cost-effectiveness, and (b) from clinical efficacy to health improvements, whereby a better understanding and then evaluation of health services results in an improvement in outcomes.

Trust Research Staff or “Researchers” are used throughout this document to encompass all clinical researchers and includes the following professional groups: Medical, Nursing, Midwifery, AHPs, Clinical Scientists and Pharmacists.
Appendices

Appendix 1: SWOT analysis

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<th>Strengths</th>
<th>Opportunities</th>
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<tr>
<td>■ Centrally managed flexible responsive workforce – ability to cover changes in research focus, funding fluctuations and staffing. Provides varied expertise, sustainable band mix and quality</td>
<td>■ Increased number of clinical academics at NBT – increased grant application submissions and income</td>
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<td>■ Representation on national groups – early information, early action, ability to direct change/decisions, cross organisation working, good reputation</td>
<td>■ Attract and retain high quality clinical staff to NBT – offering opportunities to deliver complex research at the cutting edge of medicine, research explicit in adverts and JDs, strategic research funding for key new appointments</td>
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<td>■ Purpose made facilities – clinical research centre, improved reputation, better for patients</td>
<td>■ Influence over national and regional decisions – proactive approach to changes, protection and improvement of NBT position</td>
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<td>■ High level of patient involvement and engagement – we are delivering what the local community think is important</td>
<td>■ Focus research on clinical strengths in NBT and network – follow disease incidence, match research to clinical strategies, more cross organisation working, build strength and reputation</td>
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<td>■ High success rate for grant applications – higher than the national funding rate, improved reputation, increased funding, ability to deliver research aligned to local priorities</td>
<td>■ Investors in people – increased staff engagement, improved reputation, more attractive to staff, improved training and development, publicity is key</td>
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<td>■ Strong performance in commercial research – provides income and overheads to increase research capacity and capability</td>
<td>■ Trend towards personalised medicine research – increase in patient access to novel therapies, Genomics medicine centre projects</td>
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<td>■ Non-NHS service providers – work with private hospitals and social enterprises to recruit patients</td>
<td>■ Clinical Research Centre – opportunity for increased out of hours commercial consultancy use</td>
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<td>■ Engagement – interaction with clinical management and wider organisation, research in clinical business plans, R&amp;I plans aligned with wider strategy</td>
<td>■ Health research Authority (HRA) service changes – increased capacity to set up research, better target setting improving performance</td>
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<td>■ Large programme of staff development/engagement – investors in people award focussing on development of people, shared values, vision and goals, wider engagement around decisions, performance management/metrics and senior staff appointments, soft side of team management</td>
<td>■ Strong performance in commercial research – Increasing this activity directly increases Increase health services research – focus on clinical need, pathway redesign, link to evaluation, impact and service improvement</td>
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<th>Weaknesses</th>
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<td>■ Clinically research is still not considered ‘core’ business in many areas – majority of clinical areas do not fully integrate research with standard clinical care, research is sometimes seen as “someone else’s job”</td>
<td>■ Huge pressure on clinical teams and financial position of NBT – limits ability to maintain and expand research, risk of decreased activity and income, risk of not meeting national research priorities and performance metrics</td>
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<td>■ Difficult to measure service impact – hard to capture impacts that have direct relevance to service managers</td>
<td>■ Attitude that research is not core business – limits ability to expand and increase research, limits patients ability to be involved and access innovative treatment options, potential for conflict over resources, risk of not meeting national research priorities and performance metrics</td>
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<td>■ Low Visibility – can be difficult to interact with clinical directorates at a management level and on the ground</td>
<td>■ Core clinical staffing, facilities and resource pressures – essential for research delivery, investment and engagement are required to maintain research activity and income</td>
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<td>■ Research portfolio is matched to clinician interest – not always aligned with clinical priorities or disease incidence, service delivery research is limited at NBT</td>
<td>■ Funding provided to deliver research is not recognised on the ground – research seen as unfunded activity and is not prioritised</td>
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<tr>
<td>■ Regional working – Work closely with some partner organisations but not enough effective cross working across the whole partnership</td>
<td>■ Implementation – Need better ways to link research to translation / impact, otherwise research may become an expensive way to achieve little of relevance to patient care</td>
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<td>■ Priorities – conflicting stakeholder priorities, funding restricts direction, too great a focus on metrics</td>
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## Appendix 2: PESTLE analysis

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<tr>
<th>Factors</th>
<th>Issues</th>
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| Political   | - NHS Operating Framework – commitment to double the number of patients recruited into trials  
- Government/DH driven performance management – frequent changes  
- HRA – impact of new guidance and process  
- CRN new systems and processes  
- CCG decision making – pathway moves, remove / add treatments  
- NHS England – guidelines on commissioning and research, Excess Treatment  |
| Economic    | - DH, NHSE, CRN and LCRN – annual change in finance model, central top slice, penalties  
- LCRN – varied funding model, activity driven allocation  
- CCG – ETC and treatment funding changes  
- NHS national funding cuts and savings  
- NBT funding cuts and savings, financial position, service changes, spend policies  |
| Social      | - Patient interest and perception of research  
- Patient input to designing services and research  
- Perception of NBT – CQC, finance position, press  
- Staff perception of research  
- Developing litigation culture  
- A more health literate public driving demands and concerns about healthcare and research  
- Ageing population and consequent demands upon healthcare providers  
- Significantly changing local demographic notably in context of ethnicity profile  
- Diverse deprivation profile and resulting impacts on health of local population  |
| Technological | - Advancements in technology leading to new practice and improved life expectancy  
- Pharmaceutical progress and reliance upon NHS for adoption and spread  
- IM&T System development and requirements  
- Linkage of data from a variety of routine sources (e.g. HES, primary care, etc)  |
| Legal       | - EU clinical trials regulations – Impact of Brexit  
- Legal framework for regulation of clinical trials of investigational medicinal products – creates a large burden and slows the productivity of research  
- Very significant increase in litigation claims across NHS  |
| Environmental | - Centre of excellence for health care in the South West region in a number of fields as well as one of the largest hospital trusts in the UK  
- Research is one of NBT’s strategic themes  
- New state of the art hospital and research facilities, Pathology & Genetics Laboratory in one place  
- Dedicated Clinical Research Centre  
- Close links with our universities and support undergraduate and postgraduate education and work placements across many professions  |