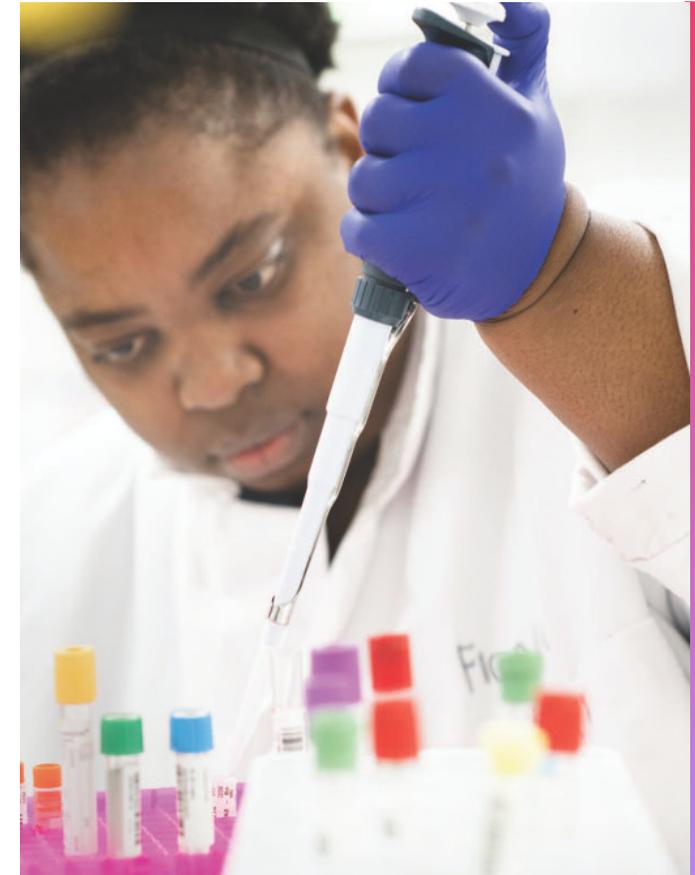




Research Strategy 2019 – 2024

November 2019



Contents

	Slide
Introduction	3
Engaging with our staff and patients	4
Where we have come from, and where we are now	
Research matters to our staff and patients	6
In the last 5 years, we have made some progress against our 2013-18 research strategy	7
We have seen substantial improvement in clinical trial delivery at St George's	9
But staff tell us they face a range of barriers to conducting research	10
There is scope for closer alignment between the Trust and University	11
The external environment is changing, bringing new opportunities	12
We face a range of strengths, weaknesses, opportunities, & threats – which drive where we go next	13
Where we go next	
We will seek NIHR core funding to underpin our ambition	15
We will establish a St George's Institute of Clinical Research, alongside our existing Clinical Academic Groups	16
We will invest in our staff to support their research ambitions	17
We will treat research as 'core business'	18
We will invest in IT infrastructure for research	19
We will work with St George's, University of London on areas of shared strength	20
We will back this strategy with investment and implementation	21
Delivering this strategy will mean that in 2024 St George's will be a thriving centre for research	22

Introduction

Research is core to the purpose of St George's, and is a key part of our strategy for 2019 – 2024.

Delivering outstanding care, every time

Our strategy for 2019-2024

Our vision is to provide outstanding care, every time for our patients, staff and the communities we serve. We have agreed four priorities that will drive what we do and influence the decisions we will take over the next five years.

Strong foundations	Excellent local services	Closer collaboration	Leading specialist healthcare
<p>To provide outstanding care, every time</p> <ul style="list-style-type: none">• We will provide outstanding care, every time• We will provide the right care, in the right place, at the right time<ul style="list-style-type: none">• We will invest in our staff• We will manage our funding and spending, and invest in our future• We will improve our buildings and hospital estate• We will make sure our staff and patients have access to the digital technology and information they need, when and where they need it	<p>To provide excellent local hospital services for the people of Wandsworth and Merton</p> <ul style="list-style-type: none">• We will provide planned care that fits around our patients' lives using the latest technology• We will provide more same day emergency care	<p>To work with others to provide health services for people across south west London</p> <ul style="list-style-type: none">• We will work with our partners to provide care closer to patients' homes• We will work with neighbouring hospitals to make sure patients get the care they need• We will work with others to meet the changing needs of our ageing population	<p>To provide specialist healthcare for the people of south west London, Surrey, Sussex and beyond</p> <ul style="list-style-type: none">• We will continue to be the main provider of specialist services for our region, including as the major trauma centre• We will be a major centre for cancer, children's and neuroscience services• We will take part in commercial opportunities that enable us to invest more in NHS care• We will develop tomorrow's treatments, today, through innovation, research and training

Through research, we play our part in developing the treatments of tomorrow. But the evidence¹ shows that research-active organisations also attract high-quality staff, and that the pursuit of research positively impacts on the delivery of clinical care.

St George's has a proud history in this field, and is increasingly active in research. This strategy sets out our ambitions for building on that success over the coming five years, working in close partnership with St George's, University of London.

1 See for instance: Bennett W, Bird J, Burrows S et al. (2012); Ozdemir BA, Kathikesalingam A, Singha S et al. (2015); Boaz A, Hanny S, Jones T, Soper B (2015).



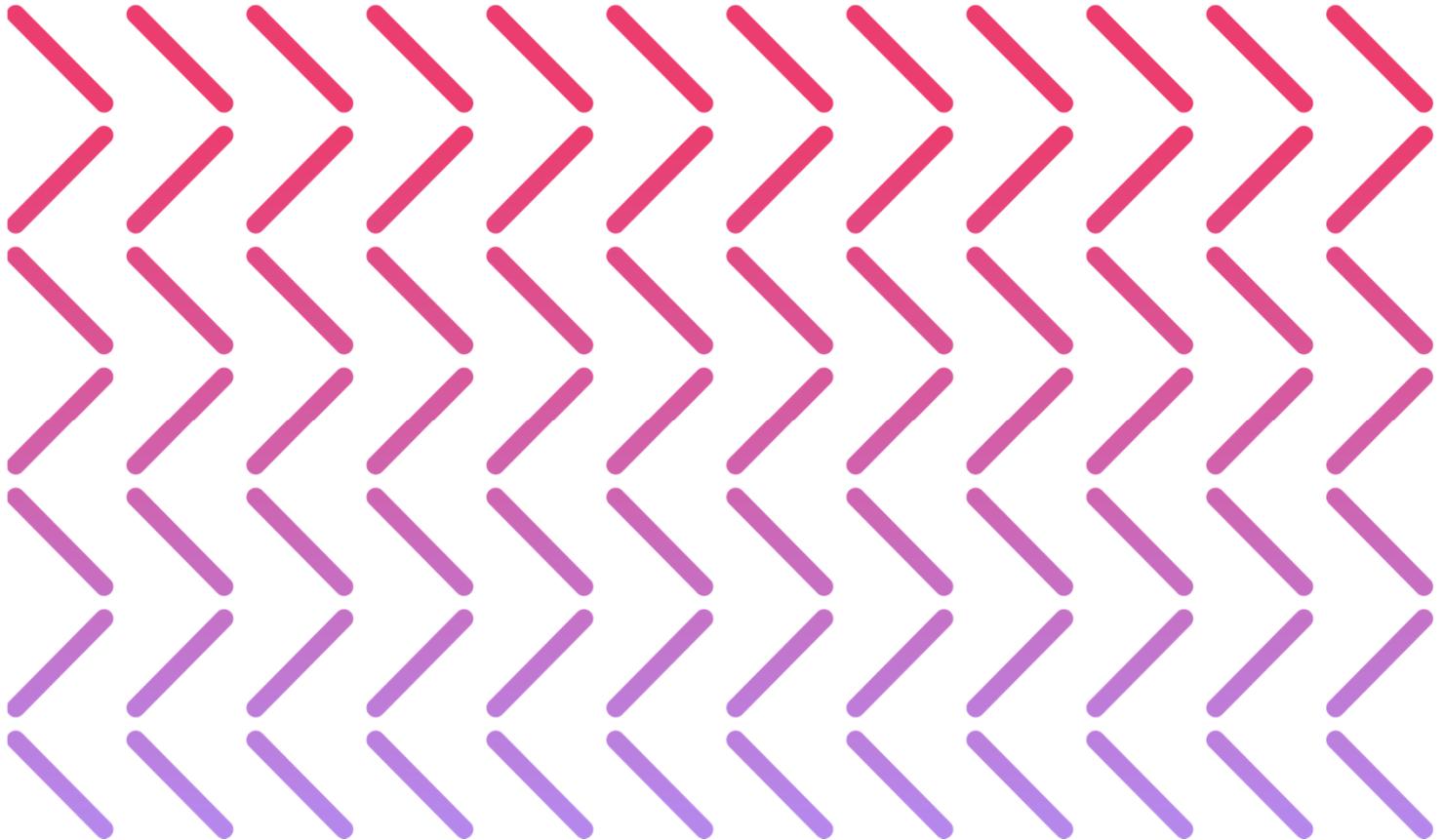
Engaging with our staff and patients

In developing this strategy, we:

- Surveyed our staff, receiving over 400 responses
- Held staff events with around 250 attendees
- Surveyed our members (primarily current or former patients), with around 60 responses
- Engaged with a range of staff and patient groups

The feedback we received helped shape our plans for the future.

Where we have come from, and where we are now



Research matters to our staff and patients

Staff

- 60% of investigators agree (vs 18% disagreeing) that conducting clinical research had improved their experience of being a St George's employee
- 82% of investigators and 57% of other staff say they would like to become involved in clinical research or devote more time to it.

(Based on survey of Trust staff in May 2019, with 422 responses)

Patients/public

- Over 95% agree that “St George's should treat research as a core part of its purpose, alongside patient care”
- Over 95% agree that all patients at St George's should be offered an opportunity to participate in research

(Based on survey of Trust members in August 2019, with 58 responses)

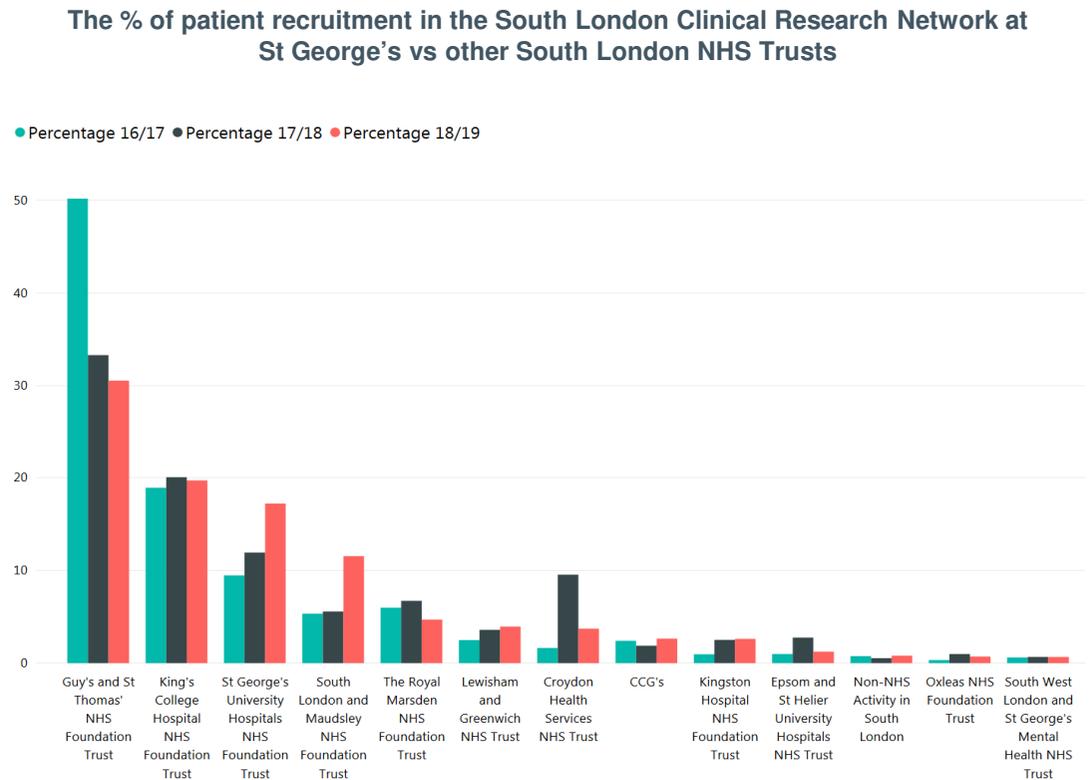
In the last 5 years, we have made some progress against our 2013-18 research strategy

Objective in 2013-18 strategy	Overall progress	Key developments/remaining issues:
<u>Develop a culture that places research at the core of St George's work</u>	The wider issues in the Trust have meant the research culture envisaged for the 2013-18 research strategy has not been established.	<ul style="list-style-type: none"> • Research is not seen as a Trust priority by investigators – in a 2019 survey, 50% viewed research as not a key priority, with only 25% viewing research as a key priority (more detail in subsequent slide) • Lack of protected research time is seen as biggest barrier to research – 92% see it as a barrier. • A lack of Trust ownership and prioritisation of research is widely perceived, with 88% seeing “lack of support from Trust management” as a barrier. • The vast majority of research is consultant led – limited numbers of AHPs and nurses are currently leading research. • The Trust has been successful in research delivery i.e. increasing the number of patients to clinical trials, but these are mostly led elsewhere and there is scope for original research at St George's
<u>Maximise the benefits of our partnership with St George's, University of London</u>	The partnership with St George's, University of London, is not fully utilised, although there have been some improvements in joint working and infrastructure	<ul style="list-style-type: none"> • There have been very few joint clinical academic appointments • Only 17% of Trust investigators agree that they have a good understanding of research in St George's University, with 52% disagreeing. • The establishment of the cardiology Clinical Academic Group (CAG) in 2015 has provided a structure for cardiologists to collaborate across the Trust/University divide., but setting up CAGs in all Trust areas is not possible due to the University's focused research interests. • There have been improvements in the joint research infrastructure, with Joint Research & Enterprise Services and the Clinical Research Facility now not widely felt to be 'barriers to research' – a very different situation to 2013
<u>Partner with an Academic Health Sciences Centre at the heart of a vibrant South London Academic Health Science Network</u>	St George's has partnered with King's Health Partners to an extent; and played a role in South London research networks	<ul style="list-style-type: none"> • The Trust collaborates with KHP in the areas of cardiology and haematology (albeit not in research). • St George's Trust and University were successful (as a partner with King's) in securing a NIHR funded CLAHRC in 2014, and in securing its renewal as a successor NIHR funded ARC in 2019. • The Trust plays a full role as a major partner in South London Clinical Research Network, including holding leadership roles.

In the last 5 years, we have made some progress against our 2013-18 research strategy

Objective in 2013-28 strategy	Overall progress	Key developments/remaining issues:
<p><u>Increase the success of research funding from research networks and grant giving bodies</u></p>	<p>There has been some success in increasing income from research networks and grant giving bodies, though there remains much room for improvement</p>	<ul style="list-style-type: none"> • The core funding for research delivery which St George's receives from the CRN has increased from £1.69M in 2017/18 to £1.97M in 2019/20, due to the relative increase in patient recruitment in the South London CRN (from 9% in 2016/17 to 17% in 2018/19). • We have had some success in increasing NIHR grant funding, with the number of grants awarded increasing from one to seven in the last two years. This is still low for a university hospital the size of St George's and needs to improve • Research Capacity Funding, awarded to research-active Trusts on the basis of NIHR grants, has increased from the minimum of £20K in 2016/17 to £110K In 2019/20. This is our only core funding which is small compared to competing organisations in London.
<p><u>Become a preferred partner with industry for pharmaceutical research and medical innovation</u></p>	<p>There has been a recent increase in the number of patients recruited to industry sponsored clinical trials, although there remains room for improvement</p>	<ul style="list-style-type: none"> • The number of patients recruited to industry sponsored clinical trials has increased from 412 in 2016/17 to 1,089 in 2018/19. • There are a number of key opinion leaders in the Trust who are able to bring landmark pharmaceutically sponsored trials to St George's, ranging from phase I (first in man) to IV. • We have worked to improve our service offering to industry, and have been successful in reducing the average set up time for clinical trials from 80 days to 50 days over the last two years. • There has been important medical innovation, and the development of the Brecker Wire which was sold to Medtronic in 2014 was a notable success. We have recently partnered with Health Enterprise East, an NHS Innovation Hub, to help improve our innovation.
<p><u>Establish a robust Trust infrastructure to support research</u></p>	<p>We have seen major infrastructure improvements, with more planned</p>	<ul style="list-style-type: none"> • There have been significant improvements in Joint Research & Enterprise Services, with a new structure, policies, and the development of a pro-active service culture. • An effective approach to supporting clinical research has been established, including horizon scanning and securing new clinical research, strategic allocation of CRN funding, improved trial set up processes, and improved data management & reporting. • There have also been improvements in costing and financial management processes, with robust costing processes implemented, and invoicing processes improved. Further improvements, including regular reporting to Principal Investigators, are planned. • A Head of Research Nursing has been appointed to lead research nurses and other delivery staff, and a streamlined structure is being implemented. • Trust employed researchers do not have access to statistical support, which is considered a barrier to research by 80% of investigators alongside the Trust's poor IT infrastructure (>80%).

We have seen substantial improvement in clinical trial delivery at St George's



But staff tell us they face a range of barriers to conducting research

A survey was sent to all staff in St George's Trust in May 2019. A total of 422 responses were received – 26% doctors, 21% AHPs, 32% nurses and 21% in a support role. Of the responders, 116 were current investigators and 253 were not current investigators.

Key findings included:

- 82% of investigators and 57% of other staff wanted to have more time for clinical research
- 95% of respondents thought that AHPs, pharmacists and nurses should be given the opportunity to lead clinical research
- The biggest barriers to conducting research were lack of protected research time (92%), lack of internal research funding (90%) and poor IT infrastructure (89%)

There is scope for closer alignment between the Trust and University

St George's strategy for 2019-24

In 2019, the Trust published a new strategy for 2019-24. It sees “the development of tomorrow’s treatments today” as a key priority, and commits to building on our partnership with St George’s, University of London to increase our impact through research.

The Trust strategy also commits the Trust to being a major centre for:

- Cancer
- Paediatrics
- Neuroscience
- And remaining the regional Major Trauma Centre

Alignment with the priorities of St George’s, University of London

One issue inherent in our partnership with St George’s University is that the research focus of the University does not cover the full range of Trust specialties, including some of these priority areas for the Trust. This leaves many areas of the Trust without an equivalent academic research partner in the University.

Strategic Clinical Priorities for SGUH

Cancer
Trauma
Paediatrics

Paediatric Infection

Neuroscience

Research Priorities for SGUL

Infection & immunity
Cardiovascular
Public Health

These in turn overlap with, but are not fully aligned to, existing clinical academic groups (which reflect areas of common academic strength/collaborative endeavour across the Trust and University) in neuroscience, cardiology, genomics and infection.

The external environment is changing, bringing new opportunities

Increased national focus on research

- NHS Constitution: commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population
- Research now part of CQC inspection framework for the well-led category

The Funding environment

- Calls for five year NIHR funded Biomedical Research Centres and NIHR Clinical Facility funding are expected in 2021
- The NIHR Local Clinical Research Network model, established for five years in 2014, has been renewed until 2022, and the Network is now chaired by the Trust's chief executive.

Partnerships

- With regards to clinical services, acute Trusts in South West London are increasingly collaborating via the Acute Provider Collaborative
- St George's and Epsom St Helier now have a chair in common, which both organisations see as a helpful step towards further collaboration
- St George's is assisting Epsom and St Helier with its Research and Development function.

What does this mean for St George's research strategy?

- Research is increasingly central to what we do as an organisation
- Opportunities to secure NIHR core funding are within the lifespan of this strategy
- Potential to build research collaborations across South West London with other Acute Provider Collaborative trusts, including Epsom St Helier. This would have a positive impact on our collective research impact and our ability to involve a broader population in St George's led research.

We face a range of strengths, weaknesses, opportunities, & threats – which drive where we go next

Strengths

- Major university hospital with very broad services and large sector population
- Unique partnership with St George's University
- Research motivated workforce and strong support for research from staff
- Big increases in clinical research patient recruitment
- Improving research infrastructure
- Key role in South London CRN
- St George's Charity as a source of funding (£420k in 18/19 and £1.4m in 19/20 to SGUL investigators working with the trust)

Weaknesses

- Relatively low number of research projects and trials led by SGUL/H (or St George's) staff
- Not widely recognised for academic profile
- Lack of protected research time
- Few clinical academics
- Little AHP/nurse led research
- No BRC or CRF core funding
- Poor IT infrastructure
- Many areas of Trust activity are not reflected in SGUL research

Opportunities

- Motivate staff with research strategy
- NIHR call for core CRF/BRC funding in 2021
- Closer collaboration with SGUL
- More grant funding for St George's-led clinical research
- Opportunities for a greater research leadership role in SW London/partnership with other Trusts
- Potential to further grow charitable investment in research via St George's charity

Threats

- Failure to recognise and manage research as a core activity with further weakening of academic credentials, university hospital status and patients
- Failure to attract and retain the best staff
- Competition from neighbouring Trusts who have core funding
- Failure to attract core NIHR funding
- The fixed national/S. London amount of NIHR funding available for research delivery

Where we go next



We will seek NIHR core funding to underpin our ambition

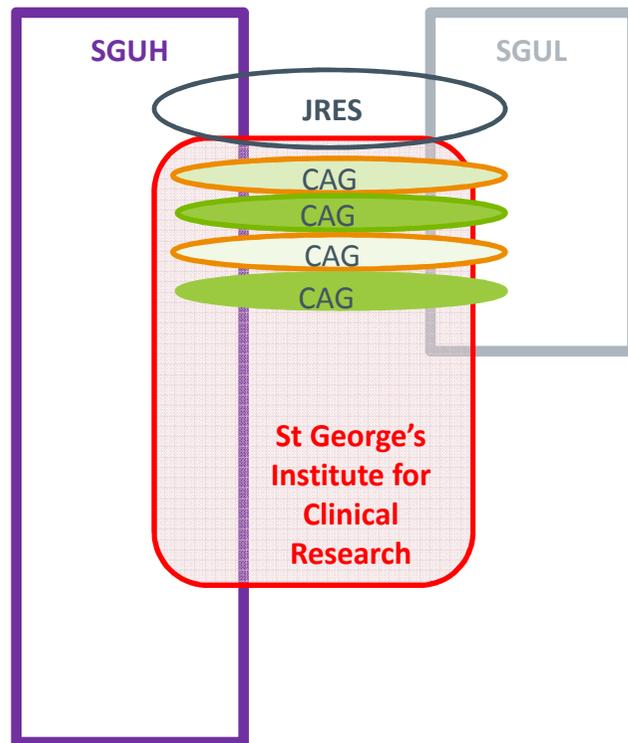
We have seen substantial improvement in clinical trial delivery at St George's, giving thousands more of our patients access to innovative treatments.

We will continue to build on this success over the coming five years, across all service areas.

But in addition to recruiting patients to trials (wherever they may be led), we also want to develop our own academic outputs as an institution, and lead more of our own research.

To do this we will seek core NIHR funding at the next available opportunity (expected to be 2021). Pending the detail of NIHR's call for bids, we expect to bid for Clinical Research Facility funding, focusing on shared areas of strength with St George's, University of London. We will also explore with our partners across the region (including other acute trusts and South West London and St George's Mental Health Trust) the potential for a "partnership bid".

We will establish a St George's Institute of Clinical Research, alongside our existing Clinical Academic Groups



Clinical Academic Groups

A Clinical Academic Group (CAG) is a formal structure designed to bring together academics and clinical academics within St. George's, University of London and clinicians at St George's University Hospital NHS Foundation Trust with a view to increasing and improving research and educational activity in specific areas where both institutions have expertise and critical mass. The vision is for each CAG to be a local, national and international hub for excellence which provides outstanding and unique research, teaching, and training. We plan to maintain and develop our CAGs in cardiology, neuroscience, infection/immunity, and genetics/genomics. Over time, as research activity develops, we will consider the potential to establish CAGs in other areas.

St George's Institute of Clinical Research

Sitting alongside the CAGs, we will establish St George's Institute of Clinical Research. Hosted by the Trust, this will be a joint structure with SGUL to provide critical mass and "esprit de corps" for clinical researchers (medical, AHP and nurses) to collaborate, develop research interests, skills and careers with increased success in grant applications – including those without an obvious 'home' in the university. It will:

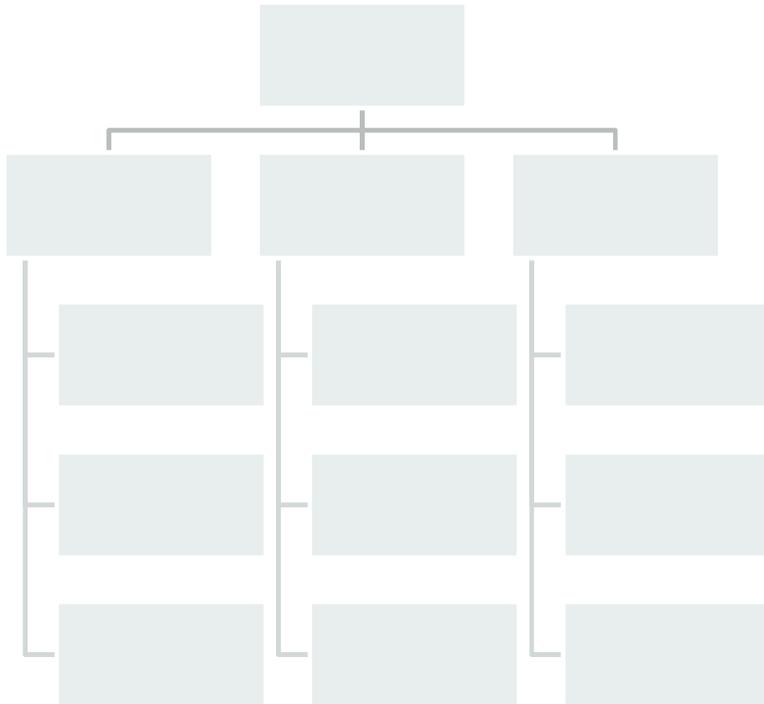
- Enable both non-University and SGUL investigators to access resources and seminar series, develop ideas, learn from success, collaborate and grow site specific research.
- Provide information, training and mentorship to researchers in relation to funding and career development opportunities.
- Organise to collect data on all research outputs from SGUH and publicise success.
- Establish a strong and robust governance structure led by an executive (that includes active researchers) to guide and inform future strategic developments.

We will invest in our staff to support their research ambitions

Like the rest of the NHS, St George's is facing a challenging financial environment. But within those constraints, we will invest in our staff, from all professional groups, to give them the time and skills to pursue their research ambitions. For instance, we will:

- Support Allied Health Professionals and nurses by funding training on research skills and methods, and fund 'backfill' to enable those staff to prepare applications for NIHR internships, pre-doctoral clinical academic fellowships, and clinical doctoral fellowships, working with SGUL and/or the Joint Faculty
- Provide short-term funding to trainees, to generate pilot data or write formal fellowship applications, working with George's Academic Training (GAT)
- Provide finite funding for research sabbaticals for newly appointed consultants, allowing them to prepare grant applications with SGUL or other collaborators, and providing them with mentorship.
- We will provide time in job plans for successful researchers, enabling them to build on their achievements either with further research or as mentors.

We will treat research as 'core business'



The demands of running a busy hospital in a financially challenging environment can make it difficult for staff across the organisation to focus on research. But we will treat research as 'core business', and the responsibility of all Trust staff.

At all levels of the organisation – care group, directorate, division and Trust-wide – research will be reflected in planning, objective-setting, and governance arrangements.

We will invest in IT infrastructure for research



As the Trust invests in improving its IT infrastructure, we will ensure that it does so in a way that maximises the benefits to research.

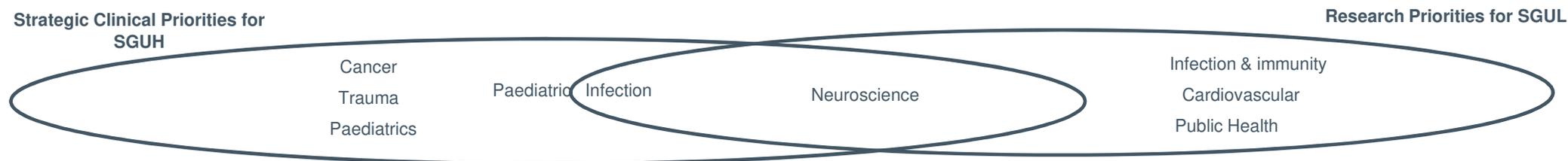
As a key step, we will ensure that the Trust's new data warehouse can act as a research resource for SGUH and SGUL investigators.

Incorporating linked and searchable clinical, radiological and pathological datasets with associated data management and information governance processes, this powerful resource could enable multiple applications and outputs for site and sector specific research.

We will establish a Bioinformatics Research Group together with SGUL to oversee governance and use of this resource, and will establish the appropriate analytical expertise to support clinical investigators.

We will work with St George's, University of London on areas of shared strength

As outlined above, one issue inherent in our partnership with St George's University is that the research focus of the University does not cover the full range of Trust specialties, including some of these priority areas for the Trust. This leaves many areas of the Trust without an equivalent academic research partner in the University.



These in turn overlap with, but are not fully aligned to, existing clinical academic groups (which reflect areas of common academic strength/collaborative endeavour across the Trust and University) in neuroscience, cardiology, genomics and infection.

Over 2019 – 2024, we will:

- continue to support delivery of research across all specialties within the trust, including priority areas in the Trust's clinical strategy such as cancer and paediatrics,
- work with the University, prioritising efforts to lead our own research at St George's in areas where we share existing relative strength: cardiology, neuroscience, infection/immunity, genetics/genomics,
- work with the University in establishing the Institute for Clinical Research to grow academic research in smaller areas outside of the Clinical Academic Groups (CAGs)

We will back this strategy with investment and implementation

Like the NHS as a whole, St George's is operating in a challenging financial environment. But we recognise that delivering this strategy will require investment, which will be reflected in annual business plans over the coming years.

An implementation plan will be produced to set out actions to deliver on the ambitions set out in this strategy, and the Trust Board will track progress against the strategy on a regular basis.

On-going patient and public involvement will be a key part of implementing our ambitions.

Delivering this strategy will mean that in 2024 St George's will be a thriving centre for research

Our vision is that by 2024, St George's will be a thriving centre for research, offering opportunities to take part in research to patients across all our clinical services. We will have an NIHR-funded Clinical Research Facility for early translational research, rank nationally in the top 10 Trusts for research outputs and performance, act as a hub for research in South West London, and boast an international reputation in key areas.

- Clinical research will be fully integrated into the activity of St George's University Hospitals NHS Foundation Trust and be seen as 'core business' by Trust management
- Infrastructure, training and support will be available to increase the number of our staff who both lead and deliver research.
- We will be successful in attracting grant funding from all the major grant giving bodies
- St George's will be regarded as a system leader in research alongside education, training and our clinical services.
- We will be well placed to seize further opportunities emerging in the second half of the decade