

NATIONAL INSTITUTE FOR HEALTH RESEARCH (NIHR), NHS TRUSTS AND ASHRIDGE BUSINESS SCHOOL  
EFMD EXCELLENCE IN PRACTICE AWARDS 2015

# Faster and easier clinical research: Developing a thriving national community of NHS R&D directors and managers.



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**NATIONAL INSTITUTE FOR HEALTH RESEARCH (NIHR), NHS TRUSTS AND ASHRIDGE BUSINESS SCHOOL**  
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## Executive Summary

This initiative is a ground-breaking collaboration between the National Institute for Health Research (NIHR), the NHS and Ashridge Business School, designed to facilitate **'faster and easier'** clinical research in the NHS in England, and to maximise the contribution that research makes to the **'health and wealth'** of the nation.

Through this initiative 128 NHS Research & Development (R&D) managers and directors from 64 NHS Trusts have risen to the challenge and become instrumental in leading a revolution in performance and culture within and between their Trusts. This has resulted in impressive levels of impact individually, organisationally and across the whole of the NHS system, critical to delivering the UK Government's ambition "to become a world-leader in life sciences" (Vince Cable, Secretary of State for Business Innovation and Skills, 2011).

### Unique elements of the work include:

- Focusing on key relationships to deliver organisation and system-wide impact
- Strengthening the relationship between R&D directors and managers by bringing them together as *leadership pairs* on behalf of their Trusts
- Locating deliberate and ambitious *Improvement Intentions* at the centre of the initiative
- Ensuring that individual and organisation development happens simultaneously

- Working hand-in-hand with participants to design workshops and share leadership creating a number of high-profile conferences with key stakeholders and research partners
- Creating a national community of practice and thriving peer network, led by the participants themselves, which continues beyond the initiative
- Reaching all parts of the NHS in England – not only the major research centres

In an independent evaluation (2013-15) the research institute RAND Europe reported that the programme had significantly improved organisational relationships and raised the profile of R&D within the organisations, and that the process had created a vehicle for exposing managers and directors to new potential collaborators, enabled them to work together on concrete improvement tasks and provided an opportunity to put newly acquired leadership skills into practice.

**“The organisational achievement has been astonishing in terms of the growth in patient numbers, research investment and research management systems.”**

**PARTICIPATING NHS TRUST**

**Building on the significant progress made to date, this initiative is planned to expand for another three years, including an additional 40 NHS Trusts.**

## The Organisations



- **National Institute for Health Research (NIHR)**

in England was created in 2006 under the auspices of the Department of Health (DH) as the research arm of the NHS, to improve the health and wealth of the nation.



- **NHS Trusts and NHS Foundation Trusts**

operate within the National Health Service in England, which was founded in 1948 to provide health services, teaching and research.



- **Ashridge Business School**

was established in 1959 and is a leading business school with an international reputation for leadership and organisation development.

# 1 The Challenge

# 1 The Challenge

**Clinical research matters to us all. Research and development has the potential to revolutionise healthcare, improving the healthcare of patients and changing the world for the better.**

The UK has some of the best universities in the world and one of the most developed and effective health services, which together offer the most fantastic environment for clinical research. It is estimated that the UK life sciences industry provides 176,000 jobs and generates £52 billion in annual turnover – putting it at the heart of the future success and economic prosperity of the UK.

Evidence also shows that research-intensive Trusts provide better care and that, when implemented, significantly improves patient outcomes. In theory at least, there is a ‘virtuous cycle’ between R&D and clinical practice. In practice however, it is often challenging to carry out research in hard-pressed NHS organisations, let alone put the research outcomes into practice. Leading research is demanding work, requiring high levels of resilience, commitment and sustained cooperation across a multiplicity of relationships.

## Faster, easier research

In 2011 the UK Government’s Plan for Growth set out its strategy for sustainable long-term growth and its determination: “to become a world-leader in life sciences”.

This required medical research to become **‘faster and easier’** and specific targets were set for clinical trials.

## A number of factors made this a particularly complex challenge.

- The challenge of faster and easier research, while initiated by NIHR, depends on the NHS for its delivery.
- Whilst people often talk of the NHS as a single organisation, it comprises several hundred autonomous and semi-autonomous organisations (NHS Trusts), many of which are multi-million pound businesses with high-profile public reputations, which are independent of NIHR.
- Target-led change is controversial – it can lead to perverse behaviour and counter-productive effects as well as benefits.
- Much research is dependent on multi-centre, international co-operation involving commercial organisations, such as pharmaceutical companies, NHS Trusts and universities.
- Sitting between the NHS staff, patients, facilities, service departments, the universities, clinical academics, clinicians, investigators, funding bodies and the research networks is the R&D Office, ensuring that research undertaken within the NHS is appropriate, ethical, safe, feasible, well-supported and strategic.
- Despite best intentions, the R&D Office can be experienced as overly bureaucratic and inhibiting of research, particularly when multiple regulatory changes are being imposed.

**“ There was a feeling that R&D was going un-noticed. Decisions were made nationally and imposed, with very little collaboration. ”**

**DR KATE BLAKE  
DIRECTOR OF R&D STRATEGY,  
GUY'S & ST THOMAS'  
NHS FOUNDATION TRUST**



## STANDING AT THE CROSSROADS

R&D’s positioning brings responsibility, power and the need for deep inter-connectivity with the multiple partners and stakeholders. A pressing challenge was to build strategic partnerships – starting from sometimes imbalanced and competitive relationships – and moving to a situation where the R&D function is an equal voice in ensuring that clinical research becomes core business for the NHS.

### Multiple changes and multiple challenges

The initial NIHR brief was appropriately open: a leadership programme for senior R&D leaders in NHS Trusts that would lead to *'faster and easier'* research.

“We recognised that the leadership of the Trust R&D community is key to the success of achieving faster and easier research.”

JULIE BISHOP, R&D DIRECTORATE, DEPARTMENT OF HEALTH

### Implicit in this was a shared understanding by NIHR and Ashridge of the importance of:

- 1 Creating shared commitment to and ownership for the outcome amongst the multiplicity of stakeholders involved in research delivery
- 2 Reaching all parts of the NHS – not only a few significant research centres
- 3 Developing an approach that was inviting, challenging, credible and relevant to the participating Trusts and their R&D leaders

### Being credible and trustworthy

“This is a world of experienced experts and from the outset we were acutely aware that the success of this initiative rested on the credibility of the approach taken. As organisation consultants we knew that we had to begin by listening and understanding.”

JANET SMALLWOOD, ASHRIDGE

### TIME IS PRECIOUS

Typically R&D directors are senior doctors experienced in research and clinical practice, holding a number of roles and often with less than one day per week in the R&D director role. R&D managers are often researchers holding a PhD who have taken their career into research leadership.

# 2 | The Commitment

## 2 The Commitment

### Developing partnerships all round and contracting well

When this R&D initiative began in 2012 Ashridge had been working with NIHR and its researchers (senior and junior) for three years.

**“ We had the foundations of a robust partnership with NIHR and a good understanding of the context and challenge from a researcher’s perspective. ”**

**PHIL GLANFIELD, ASHRIDGE**

Initially, NIHR wanted to see a shift from the R&D function *policing* research to *facilitating* research and planned to focus on Trusts with a significant research portfolio who were willing to take the lead in faster and easier research.

### Starting well

The start was deferred until NIHR and Ashridge were confident that they had a secure basis for proceeding – not only a well-designed and conceived programme, but also sufficiently widespread interest and commitment from the Trusts.

### Step 1 : Initial Inquiry

In February 2012 Ashridge undertook an inquiry with 24 Trusts culminating in a widely shared and provocative paper. The document triggered important reflections and discussions between NIHR and Ashridge about the nature of the task and how best to move forward.

### Step 2 : Re-contracting and engagement

The paper challenged the dominant narrative that the R&D function was ‘the problem’ and described how Ashridge had instead encountered a dedicated – if somewhat beleaguered and frustrated - professional community. Most, if not all, well understood the need for faster and easier clinical research.

As a result, Ashridge was asked to run a series of large group engagement events (one national and three regional) for R&D directors and managers. These events were designed to foster ownership of faster, easier clinical research and prepare the ground for the programme.

### Step 3 : Rethinking the programme

It became apparent during the inquiry and large group events that the programme needed to be seen as an *organisational commitment* in which each Trust was represented by the R&D director and senior manager attending as a *pair*, sponsored at board level. Furthermore the programme needed to embrace the full diversity of NHS Trusts in England – not just those who were the most research active. 64 NHS Trusts (equating to 128 participants) would participate over three years.

### Step 4 : Agreeing timeline and scale

Feb 2012 Initial inquiry, re-contracting, rethinking, engagement events  
Nov 2012 Group 1 starts : 14 Trusts / participating pairs  
Jun 2013 Group 2 starts : 26 Trusts / participating pairs  
Feb 2014 Group 3 starts : 24 Trusts / participating pairs

### Establishing the programme aim

For Trust pairs joining the programme the invitation and commitment was clear. Quoting from the programme communication materials (Appendix 1):

#### THIS INITIATIVE IS FOR THOSE:

- Who want to be in the forefront of leading this change effort
- With the ambition to make further dramatic and sustained improvements to the initiation and delivery of clinical research

**IT IS AN OPPORTUNITY** to develop both personal and organisation effectiveness

There were many changes required both individually and as a pair in order to lead the change – not least to learn to feel confident in taking up their authority, and for pairs to be able to work effectively within a challenging political environment.

In line with Ashridge philosophy, the approach was to support and challenge people to *discover themselves* the relational and behavioural changes needed to deliver improvements in their contexts – rather than offering generalised prescriptions about what to do.



### Guiding principles

The dedication to work with the whole person, in their relationships and in their context, led to the following principles:

#### Relationship comes before task

Paying attention to relationship needs to come first, even if it might be experienced as challenging in a number of ways.

#### In transition leadership is more important than management

Leadership is a social process about taking initiative, distinct from management which is systematic to bring order to things. There are multiple management systems to be satisfied in R&D which can lead to putting the managerial cart before the leadership horse. Therefore the primary focus of this initiative was leadership.

#### If you really want to change focus on 'what is'

“ We can trap ourselves in bemoaning the fact the world is not as it should be (ideally) and it is a good way of avoiding the world as it is now (messy). Talking about the world as it is requires people to speak about their current experience. If I do, and you do the same, we deepen our connection and commitment to each other and the world cannot stay as it is. ”

PHIL GLANFIELD, ASHRIDGE

#### Local matters most

Local relationships matter most in making sense of policy changes. Tempting as it can be, it is neither reasonable nor realistic to expect national organisations to 'fix things' locally. *That's your job not theirs.*

#### We change the world one conversation at a time

Transformation occurs in relationships and we construct the world together through our conversation, so we can change the world by talking differently with each other. Therefore we need to turn up to each and every conversation prepared to take the risk that it could be **world changing**.

# 3 | The Programme Initiative

### 3 The Programme Initiative

The primary programme goal was for participants to make a difference in their own organisation and context, rather than learning for its own sake.

The programme design therefore centred around each participating pair working towards clear and shared **Improvement Intentions** for their organisation. [Appendix 2].

**“We encourage the leadership pairs to negotiate, adapt and renegotiate their Improvement Intention in the light of experience and to focus on measures (quantifiable and qualitative) that matter to them in their context.”**

**JANET SMALLWOOD,  
 ASHRIDGE**

**The L&D objectives which support the programmes’s goals are at five levels:**

<b>Personal</b> Growing leadership authority
<b>Paired</b> Forming a closer, more effective working relationship between director and manager
<b>Organisation</b> Making visible improvements to the performance of the R&D function in each organisation
<b>Community</b> Creating large and small groups for mutual challenge and support across the community of R&D leaders
<b>Community / Context</b> Creating a thriving R&D leadership community that is capable of ‘speaking with one voice’ to influence the context when appropriate

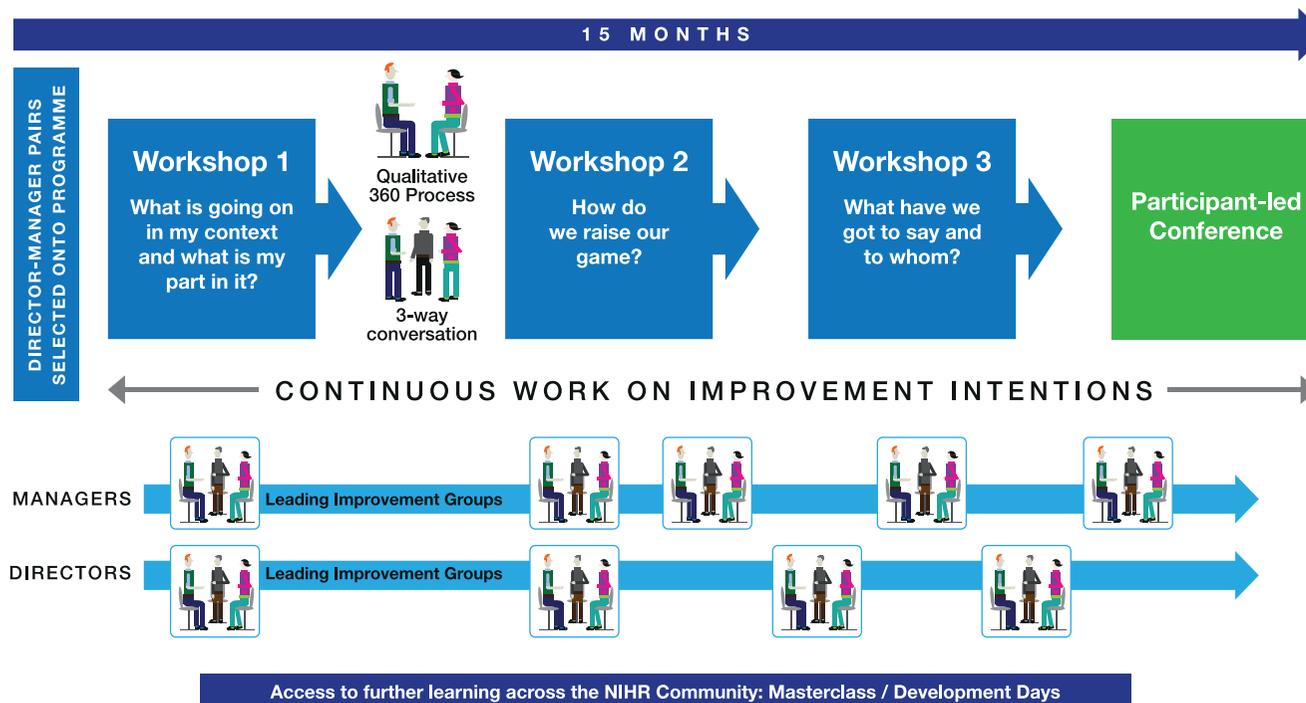


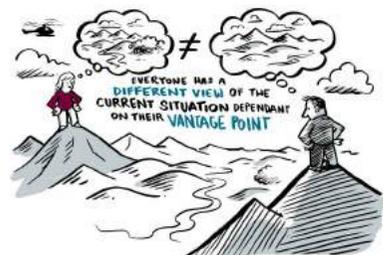
**WORKING 5 DOMAINS**

### Programme elements

The approach was based on a 15-month process featuring three workshops and with a concluding conference, *created and led by the participants*.

After the first workshop, participants initiated their Improvement Intentions, joined a 'Leading Improvement Group' (similar to an Action Learning set) and were able to take advantage of a programme of day-long masterclasses on key topics.





## Programme workshops

Workshops focused on a key question:

**Workshop 1 : What is going on in my context and what is my part in it?**

**Workshop 2 : How do we raise our game?**

**Workshop 3 : What have we got to say and to whom?**

The **first workshop** focused on the participants' understanding of their context, not by being taught about it, but by being offered the opportunity to inquire into it. The workshop featured small and large group conversations with key stakeholders from the pharmaceutical industry, Health Research Authority, NHS general managers, patients and public representatives.

The **second workshop** reflected on participants' Improvement Intentions and their growing sense of what it would really take to lead the change. Since we 'change the world one conversation at a time' everyone practised with a professional actor the conversation they found most challenging and most necessary.

The **third workshop** consolidated learning and encouraged participants to be even more influential. The group used their experience and insight to design and facilitate the subsequent conference.

The **conferences** – to which the group invited relevant guests – were influential meetings in their own right and created the opportunities for many world-changing conversations.



In designing the conference much thought was given to exactly what elements we needed to bring out – the issues and tensions between the different organisations that underpin the research and delivery pathway. ”

**PROFESSOR CHARLES WOLFE, R&D DIRECTOR,  
GUY'S & ST THOMAS' NHS FOUNDATION TRUST**

### Individual and peer learning

**360 Feedback** – following qualitative feedback from 10-15 colleagues and an Ashridge debrief, there was an important 3-way conversation with managers and directors to share insights and consider their paired leadership and Improvement Intentions.

**Leading Improvement Groups** – comprising 6 managers that met 5 times, each at a different Trust. This was a rare opportunity to see ‘what works’ elsewhere and a powerful method for developing effective leadership and group work skills.

**Masterclasses** – developed in consultation with the group on topical subjects including:

- Leading others through change
- Working with power and influence: being myself more, with skill
- Getting the best out of teams and colleagues: using a coaching approach

### Recruitment and Selection

Relationships established during the inquiry and engagement events supported recruitment of the first group of participating Trusts. Once the first cohort was successfully underway word of mouth became the most powerful communication route.

There were a number of stages in the application process [Appendix 1] :

- 1 Expression of interest
- 2 Telephone conversation with Ashridge with either / both senior manager and director to explore interest and coach them in their application
- 3 Completion of application form
- 4 Final selection with NIHR & NHS panel based on Ashridge’s detailed review of written applications and to ensure overall group composition had the most potential to meet the challenging change agenda

“ The application process required serious and strategic thinking from prospective participants, and so it became the start of the work. ”

SARAH BEART, ASHRIDGE

The number of applications went up with each recruitment round and in the 3rd round over 40 Trusts applied for 24 places.

“ By the time the group meet, a high level of critical thinking had been undertaken by each pair, independently and in collaboration with Ashridge, and key Improvement Intentions were already identified. This essential ‘setting-up work’ contributed greatly to the success of the initiative. ”

DAVID BIRCH, ASHRIDGE

# 4 The Impact

## 4 The Impact

### Demonstrated and proven impact

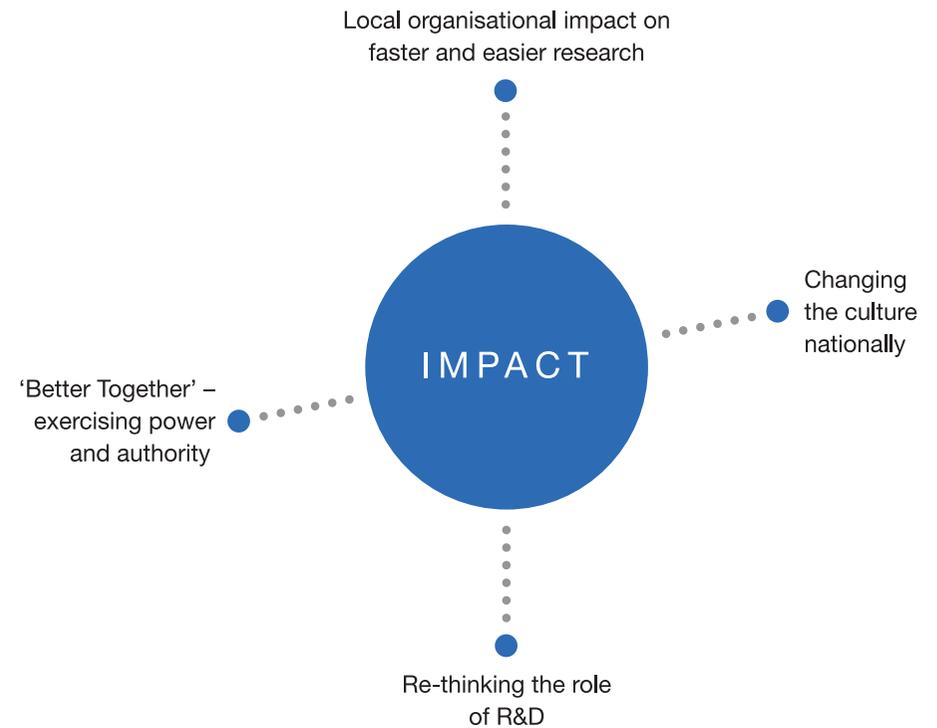
This initiative has had significant impact personally, organisationally and in the wider world of R&D and links directly to the organisational goal of enabling faster, easier research.

### Evaluation

Thorough processes of independent evaluation have been undertaken by the research institute RAND Europe (report to be published June 2015) and by an independent researcher (2013 and 2015) both of which provide robust evidence of the benefits, outcomes and impact of the programme.

Additionally, a rich source of data on organisation change has been revealed by participants' multiple improvement intentions.

### This impact can be summarised as:



“ In pushing people to go beyond their perceived limits, trusting and supporting them as they do so, the effects have been remarkable. ”

PHIL GLANFIELD  
ASHRIDGE

“ Over the time of the programme our patient recruitment has gone up... we’ve done studies we wouldn’t have done before, we’ve learnt what it takes to transport radio isotopes across the City, we’ve taken on studies requiring different regulations and we’ve grown in our professional skills and experience. ”

PARTICIPATING TRUST

## Local organisational impact on faster and easier research

There has been significant impact on organisational and research performance in NHS Trusts, which is measurable quantifiably and qualitatively.

Through the Improvement Intentions – reported by RAND as having had particularly *notable institutional impact* – there are multiple examples of R&D leading change and delivering organisational improvements.

### These include:

- “50% increase in research trial activity – from 2000 patients involved to 3000 in one year”.
- “Moving from hitting R&D targets in 11% to 47% of cases”
- “Cutting the time to open studies to 3-4 days, and increasing the number of studies recruiting first patients to clinical trials within 70 days to 58%”
- “Moving from being in the bottom 25% for patient trial participant to top 10%”
- “Securing an extra £3m investment in R&D from the Trust Board”
- “Increases in new trials opening and exceeding 160 target set for 2014-2015”

### Example of impact:

The new collaborative approach and strategic focus at one Trust is resulting in important strategic partnerships with their local university – leading to multiple new projects and academic appointments – and with SMEs – enabling clinicians to work “hand in glove” to design and test the next generation of clinical tools and techniques.

### Further examples from the Trusts include:

- 1 Research being noticeably “pushed up” the corporate agenda – “making research part of NHS core business”
- 2 Establishing new joint systems between their Joint Research Office and Pharmacy & Imagery to make research happen more easily and faster
- 3 Processes streamlined, national targets met and faster adoption/commitment to change within research. Trust being named “Winner of the Pharma Times Clinical Researcher of the Year, NHS Research Site” in 2014
- 4 New initiative to boost the development of national research in mental health and Dementia-related conditions - granted approval and resources by the Trust Board in Sept 2014, starting April 2015
- 5 Gaining Chief Executive support for the business case for a new Clinical Research Facility
- 6 Taking the next critical step in moving from hosting clinical trials to sponsoring them, and collaborating with the University to appoint academics in order to achieve this

## Speaking with one voice to change the culture nationally

R&D managers/directors have become a vibrant, responsible research leadership community, tackling the most difficult and pressing issues of the day. They have come to know what it means to change the world 'one conversation at a time'.

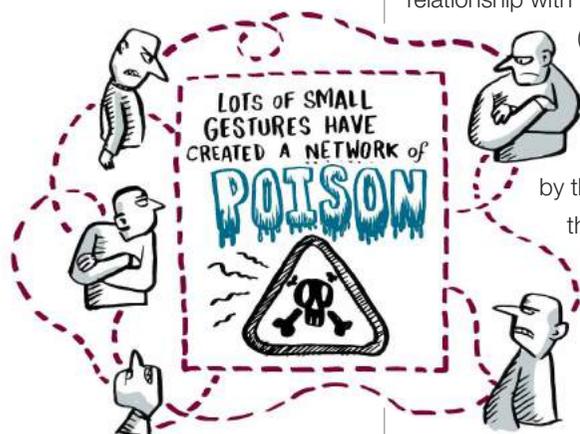
Their ambition is not only to build networks but to take up the leadership of a culture change in which research becomes 'everyone's business'.

This is powerfully illustrated by the conferences, which have proved to be an impressive demonstration of their leadership in action.

For example:

One of the groups decided to focus on the working relationship with Local Clinical Research Networks

(LCRNs) for their conference, given that in many cases the relationship between LCRN and the Trust was fractious – as captured by the graphic artist who was present throughout the conference (left).



It was a high-profile, high-risk move for the R&D group to invite all Chief Operating Officers/Clinical Directors from all 15 LCRNs to a meeting lasting a day and a half – but they all came and, importantly, stayed. By the end of the conference the artist produced this cartoon (right).

“The gaps between organisations have been bridged. We’ve listened to each other and heard why there might be disparities between decisions made at national level and the realities of implementing in the NHS. There is far more understanding and consulting between us now, we’re working together.”

DR KATE BLAKE



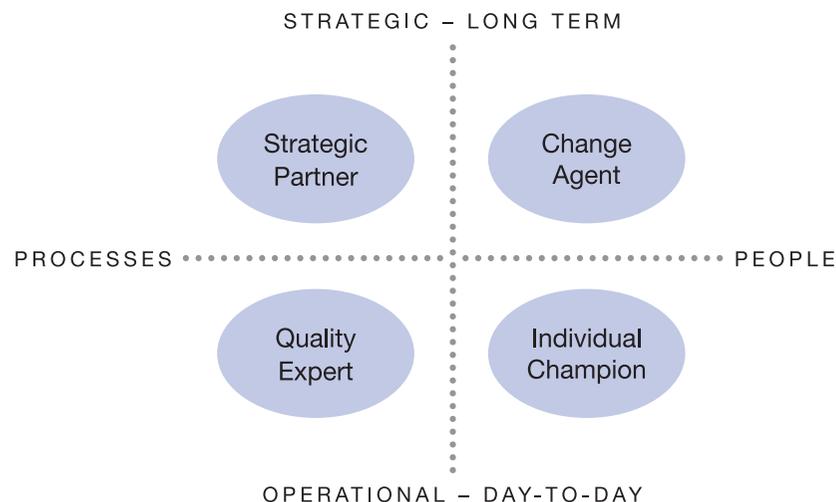
“Our relationship with the new CRN is significantly better – more collaborative and based on teamwork.”

PROFESSOR CHARLES WOLFE

## Professional Impact: Rethinking the role of R&D

The shift from ‘police officer’ (primarily concerned with research governance) to ‘facilitator’ (influencing and leading the integration of service delivery and research) had multiple dimensions.

Over the lifetime of the initiative, each cohort contributed to the process of formulating a new framework – derived from the work of Professor Dave Ulrich [HR Model, 1997] – leading to a new way of understanding and describing the R&D leaders’ role in their much changed and rapidly evolving world.



R&D have made this framework their own and intend to publish this work in an influential journal in the health research world.

**In summary, the role of R&D leaders is now defined as:**

### Strategic Partners :

Able to sustain a compelling focus on the current and emerging research agenda, and how this is translated into health outcomes

### Agents of Change and Innovation :

Sustaining a distinctive focus on the difference that the application of applied research is making to the patient experience of the NHS; making innovative change happen with and through patients

### Champions of Individuals :

Skilled at providing personalised support to researchers that allows important work not to get lost because of frustration, institutional inertia or loss of nerve

### Quality Experts :

Uniquely qualified to help people navigate across the complexities of multiple research institutions and the NHS – and so facilitate faster, easier quality clinical research through ensuring high quality processes and outcomes.

The enhanced profile of leadership and its importance within the NIHR community was independently verified by RAND. In their survey 83% of R&D respondents saw themselves as *strategic leaders with influence on bodies of practice within NIHR*.

## 'Better Together'

From interviews with participants, an independent evaluator assessed the way in which the initiative has delivered its impact.

### 'Thinking together' in pairs and collectively

What has been distinctive about the thinking people found themselves able to do on the programme was that it was sustained and strategic (i.e. not 'squeezed in' in the face of a busy daily schedule).

This allowed for people to work through challenges, assumptions and difficulties, and it connected to local action through the new knowledge shared and the plans produced.

**“We could really learn from others and had the space to think for ourselves and understand how others were thinking.”**

DR KATE BLAKE

### Working on significant relationships

The programme has joined up and improved the quality of connection at multiple levels:

- R&D managers and directors
- The R&D community as a national whole
- Multiple agencies within the research world
- Between R&D, clinical leaders, medical directors and CEOs within Trusts.

**“The plan turned the opinion of my CEO... two years ago she didn't see the value of R&D being in her organisation, now she does.”**

PARTICIPANT

### Reaching all parts of the NHS

A real contributor to the creation of the wider network has been the levelling effect of bringing together the big, higher status, trusts with the smaller ones.

**“As the larger trusts shared their challenges and vulnerabilities the smaller trusts found, to their surprise, that their insights and experience were of value.”**

DAVID BIRCH, ASHRIDGE

This has forged strong and enduring relationships between diverse trusts, and strengthened the R&D community.

### Seeing development, learning and action as part of the same thing

By creating experiences that worked with the reality of people's personal and organisational lives, the initiative allowed for their natural capacity to learn and connect to become the driving force for bringing about change in their organisational work.

It has also left in place, through networks of relationships and on-going Action Learning sets, the capacity for the R&D directors and managers to be a self-supporting action focused, learning community.

**“We've shifted from a territorial to a sharing culture which was being beaten out of us.”**

PARTICIPANT



## Concluding Remarks

This initiative was made possible by a 3-way partnership between NIHR, 64 NHS Trusts and Ashridge in which all invested and took considerable risks.

The partnership - built over time - relied on each partner owning their particular contribution: DH/NIHR for policy and direction, R&D directors and managers as experts and leaders of improvement, Ashridge as organisation consultants and coaches.

As a result, R&D leaders have become more ambitious, strategic and bold in their leadership. They are better connected, more influential and, through the creation of a thriving, independent and above all sustainable community of practice, are leading the development of the R&D function at a critical time of transition. Crucially, this initiative is making the ambition of faster and easier research in the NHS a reality.