National Institute for Health Research (NIHR), NHS Trusts & Ashridge Business School
R&D culture revolution in the NHS

With some of the best universities in the world and one of the most developed and active health services, the UK offers a fantastic environment for clinical research.

It is estimated that the life science industry provides 176,000 jobs and generates an annual turnover of £52 billion – putting it right at the heart of the country’s future success and economic recovery.

In practice, however, it is often challenging to carry out research in hard-pressed National Health Service (NHS) organisations, let alone put the research into practice. Leading research is demanding work, requiring high levels of resilience, commitment and sustained co-operation across a multiplicity of relationships.

When, in 2011, the UK government set out its strategy for long-term sustainable growth, the challenge “to become a world-leader in life sciences” required medical research to become “faster and easier” and specific targets were set for clinical trials.

Clinical research matters to us all and research and development has the potential to revolutionise healthcare. “Faster and easier” were the simple-sounding goals but what of the complexities of the task ahead to attain those goals?

The challenge was specifically aimed at the National Institute for Health Research (NIHR) which was set up in 2006 as the research arm of the NHS dependent on the NHS for its delivery.

While people often talk of the NHS as a single entity, it comprises several hundred autonomous and semi-autonomous organisations (NHS Trusts), many of which are multi-million pound businesses with high-profile public reputations and independent of NIHR. Furthermore, 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.

Achieving a vibrant, responsible research leadership community

Despite best intentions, the R&D Office can be experienced as overly bureaucratic and inhibiting of research, particularly when multiple regulatory changes are happening.

The initial brief was to open a leadership programme for senior R&D leaders in NHS Trusts. Partners in developing a thriving national community of NHS R&D directors and managers were consultants at the Hertfordshire-based Ashridge Business School, which has an international reputation for leadership and organisation development.
The groundbreaking collaboration between the NIHR, NHS and Ashridge resulted in R&D managers/directors becoming a vibrant, responsible research leadership community, tackling the most difficult and pressing issues of the day.

Janet Smallwood, Business Development Associate at Ashridge, said of the challenge: “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”.

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 a week in the R&D director role.

R&D managers are often researchers holding a PhD who have taken their career into research leadership.

R&D’s positioning brings responsibility, power and the need for deep interconnectivity 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.

The organisational achievement has been astonishing in terms of the growth in patient numbers, research investment and research management systems.
Unique elements in achieving word-leader status in life sciences
Through the initiative 128 NHS 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 government ambition to become a world-leader in life sciences. 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 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 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 on each participating pair working towards clear and shared “improvement intentions” for their organisation.

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 ongoing Action Learning sets, the capacity for the R&D directors and managers to be a self-supporting action-focused, learning community.

Phil Glanfield, Client Director at Ashridge, said: “The commitment of participating research leaders has been outstanding. They have made the most of this opportunity to lead a revolution in performance and culture within and between their Trusts.”

As a result of the initiative 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.

The programme significantly improved organisational relationships and raised the profile of R&D

A participating NHS Trust commented: “The organisational achievement has been astonishing in terms of the growth in patient numbers, research investment and research management systems”.

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

**Director and manager ‘pairs’ work towards improvement intentions**

In February 2011 Ashridge had undertaken an inquiry with 24 Trusts culminating in a provocative paper that triggered important reflections and discussions about the nature of the task ahead. The document 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, understood well 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 were designed to foster ownership of faster, easier clinical research and prepare the ground for the programme.

It had become apparent 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 the NHS Trusts in England, not just those who were the most active in research.