



RESEARCH STRATEGY

2026–2031



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Strategy at a glance

Our ambition

To grow research across our hospitals, clinics and communities so that more people can take part in research, more staff can contribute to research, and research becomes part of everyday care.

Our vision

- More people have the opportunity to take part in research
- Staff are supported to contribute to research and innovation
- Research is embedded in clinical practice
- Modern research facilities support delivery across hospital and community settings
- Digital solutions improve research quality, efficiency and inclusion
- Strong partnerships improve population health

Responding to a changing landscape: The 3 Big Shifts



Analogue → Digital

Using data, digital tools and AI to improve research delivery and patient care



Hospital → Community

Expanding research opportunities closer to where people live



Sickness → Prevention

Supporting healthier lives through prevention-focused research

Areas of research growth

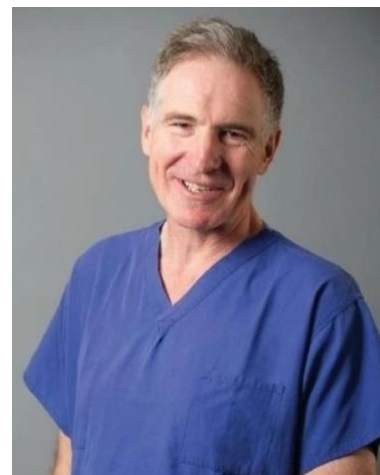
- **Academic research:** In partnership with Imperial College London
- **RRDN research:** Supporting national research delivery priorities
- **NMAHP research:** Building research capability across professions
- **Digital research:** Harnessing data, digital platforms and AI
- **Commercial research:** Generating sustainable investment for research growth
- **Innovation and QI:** Turning evidence into improvements in care

Key enablers

- Grants
- Commercial income
- Philanthropy
- Research workforce
- Research facilities and space
- Digital infrastructure
- Pharmacy, pathology and imaging support
- Patient and public involvement
- Equality, diversity and inclusion

Foreword

Chelsea and Westminster Hospital NHS Foundation Trust (hereafter referred to as the Trust) is recognised for delivering high-quality clinical care while remaining financially stable. Over the last three years, our previous strategy has helped us strengthen and expand research activity across the Trust. Research-active hospitals achieve better clinical outcomes, alongside higher levels of patient and staff satisfaction. Expanding research is therefore an essential part of building an outstanding hospital for both patients and staff.



With the support of our partner, Imperial College London, the Trust is strengthening its academic profile. We have appointed a Chair and Senior Lecturer in Medicine and agreed appointments in Paediatrics and Surgery. We have designed a Human Challenge Facility and begun fundraising to support its development. We are also developing 56 Dean Street into a nationally significant commercial and academic research hub, bringing academic and commercial research together in a mutually supportive model.

To make a significant contribution to the research landscape of North West London, the Trust must continue to develop a clear research identity and establish areas in which we can become national and international leaders. This strategy builds on our existing strengths in areas including infectious diseases, sexual health, cardio-metabolic health, community research and digital innovation. A stronger and more distinctive research profile will enhance our reputation, support growth in grant income and commercial activity, and strengthen the success of future philanthropic appeals.

Our greatest strength is our staff. We will continue to invest in their development by encouraging, enabling and supporting research activity across the organisation. We also recognise the importance of providing the right environment for high-quality research. We have opened our first community-based research facility at Meadows Health Centre in Hounslow and plan to establish a Clinical Research Facility at West Middlesex University Hospital.

As healthcare delivery across North West London becomes increasingly collaborative, we are working closely with partner organisations across the Acute Provider Group to align our research activity, strengthen collaboration and ensure that together we achieve more than any organisation could alone.

Professor Mark Johnson

Director of Research

Introduction

Our previous Research Strategy (2022–2025) focussed on bringing research to more patients and making the benefits of research as widely available as possible. We achieved virtually all the goals we set ourselves and now move into our new strategy from a strong foundation. Between 2026 and 2031, our goal remains to increase access to research by growing research activity across the Trust and within the communities we serve.

There have been significant changes in the healthcare and research landscape since our previous strategy was developed. Funding for healthcare, and for research specifically, has become increasingly constrained. At the same time, the UK has become a less attractive environment for commercial research because of rising costs and regulatory complexity.

Alongside these challenges, the development of the Integrated Care System (ICS) has created opportunities for more collaborative approaches to healthcare and research across North West London. In parallel, the National Institute for Health and Care Research (NIHR) has restructured regional research delivery, with the Trust now forming part of the larger North London Regional Research Delivery Network (NL RRDN).

This strategy recognises both the challenges and opportunities of this changing landscape and sets out how we will continue to achieve sustainable research growth within it.

The UK Government's ten-year plan identifies major challenges in healthcare including access, waiting times, service integration, digital transformation and disease prevention. Central to this plan are three major shifts in healthcare:

- from analogue systems to digital systems
- from hospital-based care to care delivered in the community
- from treating sickness to preventing ill health

These national priorities strongly align with our own ambitions and will underpin the delivery of our research strategy over the next five years.

In developing this strategy, we consulted widely with staff, researchers, partner organisations and research participants to understand what they wanted research at Chelsea and Westminster Hospital NHS Foundation Trust to achieve. We are also continuing to work closely with Imperial College London to develop a shared approach to academic growth across our campuses, which will be fundamental to the success of this strategy.

Vision

Our vision is to create a future where:

- Everyone living in the communities we serve has the opportunity to take part in research.
- All Trust staff are supported to contribute to research and innovation.
- Research is embedded within everyday clinical practice and seen as part of delivering excellent care.
- Modern, accessible research facilities support activity across our hospitals, clinics and community settings.
- Digital solutions improve the efficiency, quality and inclusivity of research delivery.
- We work in partnership with patients, communities, academia, industry and healthcare organisations to improve population health.

Strategic context



Changes in the healthcare landscape



The 3 Big Shifts



Stakeholder feedback

Changes in the Healthcare Landscape

There have been significant changes in the healthcare and research landscape since the publication of our previous strategy.

Funding for healthcare in general, and research specifically, has reduced. At the same time, increasing costs and regulatory complexity have made the UK a less attractive environment for commercial research. The development of the Integrated Care System (ICS) has also created a more collaborative healthcare environment across North West London, creating opportunities for research partnerships across organisations. In parallel, the National Institute for Health and Care Research (NIHR) has restructured regional research delivery, with the Trust now forming part of the larger North London Regional Research Delivery Network (RRDN).

These changes present both challenges and opportunities for the Trust.



The challenges

The reduction in research funding means that, to fulfil our ambition for research growth, we must increase both commercial and grant income while developing a more integrated approach between academic and commercial research activity.

At the same time, increased costs and regulatory burden have reduced the attractiveness of the UK to the pharmaceutical industry, reflected in a number of high-profile industry decisions to reduce or cancel UK-based research activity. The Government has recognised this challenge and has committed to reducing clinical trial set-up times from around 250 days to 150 days as part of its ambition to make the UK a global leader in medical research.

To increase our competitiveness, we need to:

- improve how studies are selected and managed
- streamline approvals and reduce regulatory delays
- ensure adequate support services for research delivery
- consistently deliver research to time and target with high-quality data

The opportunity

The development of the ICS has made healthcare delivery across North West London more collaborative, and research must take advantage of this opportunity. The acute trusts across North West London use a shared Oracle Health (formerly Cerner) Electronic Patient Record (EPR) platform, creating a major opportunity to link data for research purposes. The Imperial Clinical Analytics, Research and Evaluation (iCARE)

Secure Data Environment (SDE), alongside its potential linkage to primary care data through the Whole Systems Integrated Care (WSIC) dataset, will support large-scale population health research with a level of detail and integration not previously available. This will improve our understanding of the diverse communities we serve while supporting more inclusive and effective research.

Closer collaboration between R&D departments across North West London also creates opportunities to harmonise study approval processes. If approval mechanisms can be aligned, studies opened by one R&D department could be opened simultaneously across partner trusts, improving the efficiency and speed of study set-up across the region.

This collaborative approach also creates opportunities for studies to be delivered across provider organisations. Academics based on one campus could initiate studies across multiple sites, supported through closer working relationships between R&D departments and clinical trials infrastructure across North West London.

Commercial research

Commercial research will play an important role in supporting sustainable research growth across the Trust. We will continue to build a reputation for delivering high-quality research efficiently and reliably, including rapid study set-up, recruitment to time and target, and high-quality data delivery. Achieving this will strengthen our ability to attract high-profile studies across diverse therapeutic areas, from first-in-human to later phase studies, while maintaining long-term partnerships with industry sponsors and Contract Research Organisations (CROs).

The Trust already holds preferred partner and prime site status with several major sponsors and CROs and has developed close working relationships with the pharmaceutical industry and leading research delivery organisations. Our partners include Amgen, Sanofi, Moderna, Pfizer, Novo Nordisk, MSD, Roche, GSK, Gilead, PPD, IQVIA and Parexel. Over the course of this strategy, we will continue to grow this network and strengthen our reputation as a centre of excellence for commercial research.

This collaborative, partnership-led approach with industry and NHS partners will contribute to the wider competitiveness and long-term attractiveness of the UK as a destination for research.

The reality

The NIHR North London RRDN allocates annual funding to the Trust using a model based on multiple performance measures. These include the volume of research activity, speed of study set-up, recruitment against time and target, and growth in both commercial and non-commercial research. A “cap and collar” mechanism is

applied to this funding model, meaning annual allocations can only vary within defined limits.

Although the RRDN provides opportunities for additional in-year strategic funding, this funding is highly competitive and primarily designed to support short-term pump-priming initiatives rather than sustained growth.

Sustained research growth requires investment in infrastructure, staffing and delivery capability. While reducing costs could generate short-term savings, this would likely reduce research activity and ultimately weaken NIHR funding and research capacity. Commercial research therefore provides the principal source of reinvestable surplus to support long-term research growth.

Income generated through commercial research is reinvested into supporting NIHR portfolio-adopted studies, protected research time for clinical staff, academic partnerships, research infrastructure and specialist support services, including regulatory teams, statistics, grant development, costing support and research management.

The ask

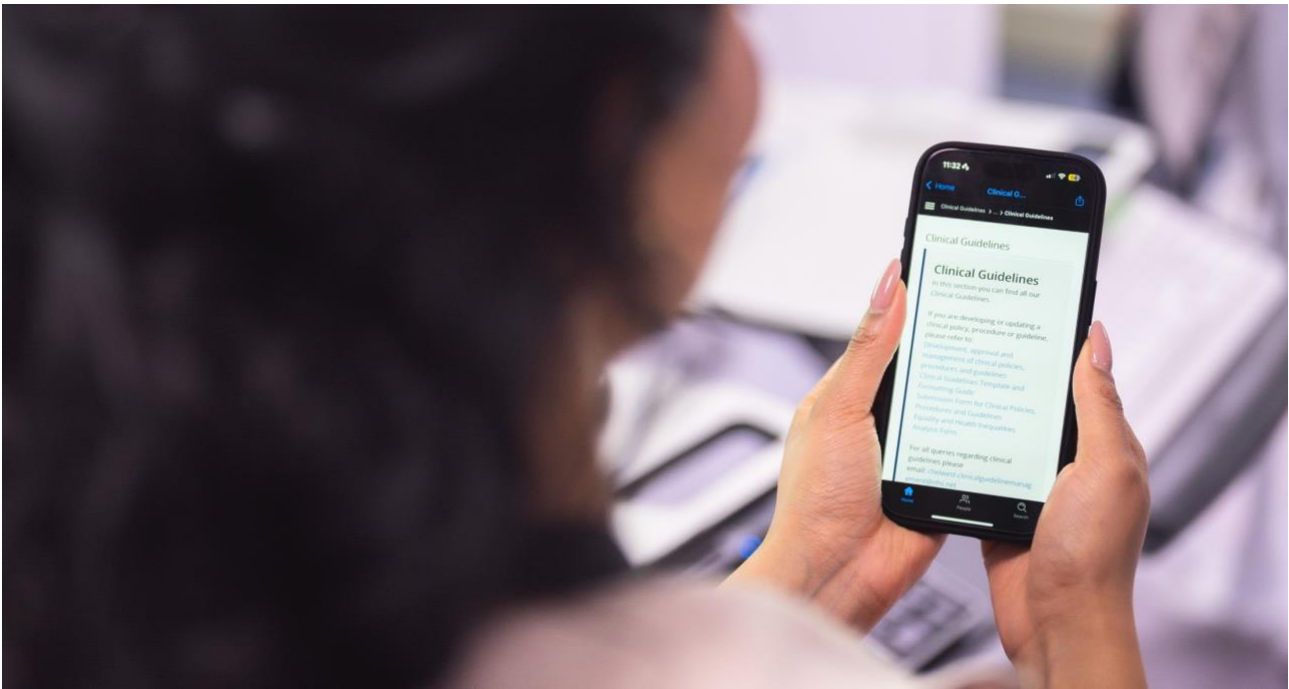
Our stakeholders, staff and patients consistently told us that they want to see more research delivered within the Trust and in the communities we serve.

To achieve sustainable research growth, we must continue investing in the infrastructure, systems and support services required to deliver high-quality research. This includes strengthening our commercial research activity, not as an end in itself, but as an enabler of wider academic growth, increased research participation and improved patient outcomes.

By championing and embedding a culture of research across the Trust and within routine care, we will continue to strengthen our reputation as a research-active organisation and expand opportunities for patients, staff and partners across North West London.

The 3 Big Shifts

These initiatives form a core part of our research strategy. Through our community programme, we will bring research opportunities to communities who have historically had less access to research participation, while our prevention programme seeks to address mental, metabolic and cardiovascular ill-health to support a healthier population. Our digital programme aims to improve efficiency, enable innovation and support the growth of digitally enabled research. These themes underpin our 2026–2031 strategy, and we will continue to support both existing and emerging research aligned to these priorities.



Analogue to digital

Moving from analogue systems to digital approaches will not only improve efficiency, but also create new opportunities to improve patient care through digitally enabled research. We will work with colleagues across North West London to develop digital solutions that improve research delivery, widen participation and increase inclusion, while also growing our own digital research activity.

Harnessing data to optimise healthcare delivery is central to the Government's NHS 10-Year Plan. It is a crucial enabler for the NHS ambition to shift care from hospital settings into the community, reduce inequity and better understand variation in operational performance and health outcomes across provider collaboratives and integrated care systems.

The ability to securely access and interrogate integrated clinical data from primary and secondary care settings is essential both for population health research and for planning effective healthcare delivery. The Imperial Clinical Analytics, Research and Evaluation (iCARE) Secure Data Environment (SDE) has been developed at Imperial College Healthcare NHS Trust through NIHR funding and investment from the North West London ICS and Imperial Biomedical Research Centre (BRC). It aims to provide researchers and clinicians with access to linked datasets that offer an unprecedented understanding of population health across North West London.

The Trust is already active in this area through trialling the Federated Data Platform and working with Arcturis to support the development of real-world evidence datasets. During this strategy, we will continue to assess and develop digital infrastructure and partnerships that strengthen our research capability and support digitally enabled models of care and research delivery.

Hospital to community

The Government aims to move more healthcare delivery from hospital settings into the community. We are already contributing to this shift through research led by Professors Sadia Khan and Fu Siong Ng, who are using digital platforms to support the remote management of cardiovascular disease within community settings. We will build on this work and extend similar approaches into other clinical areas.

In Hounslow, we will continue to expand research activity outside traditional secondary care environments, maximising opportunities created through our existing partnerships and collaborations. We have already opened a community-based clinical research facility and will continue to grow this model before considering further expansion into additional sites.

We will also work closely with the developing Integrated Neighbourhood Teams, which aim to bring together health, social care and community services to support people to remain well within their communities. Research delivered within these settings will help ensure that more people can access research closer to home and that studies better reflect the populations we serve.

Sickness to prevention

A major focus of this strategy is the promotion of good health across the life-course, with a particular emphasis on mental, metabolic and cardiovascular health. The appointment of Professor Jonathan Valabhji is an important first step, and we aim to build on this through the appointment of an academic paediatrician with expertise in childhood and adolescent metabolic health.

We will support collaborative and cross-disciplinary work, including initiatives focused on cardio-metabolic health and partnerships with CW+ to support child mental and physical health. Rather than focusing solely on the prevention of ill-health, our ambition is to promote good health in its broadest sense, recognising the importance of the wider social determinants of health.

One of the key opportunities for collaborative working will be engagement with local schools, higher education institutions and community partners to support the delivery of prevention-focused research and long-term population health improvement.

Stakeholder feedback

We consulted widely with staff, researchers, partner organisations and research participants to inform the development of this strategy. Their feedback has been incorporated throughout and has shaped the priorities, actions and delivery approach set out in this document. The key themes identified are summarised below.

- **People and time:** Stakeholders highlighted the need for greater protected research time, clearer support for staff developing as research leaders and sufficient support services and infrastructure to enable research growth across the Trust.
- **Transparency and awareness:** Feedback identified the need for research achievements and activity to be more widely publicised, and for the benefits of research, including commercial research, to be communicated more clearly for both staff and the wider organisation.
- **Digital solutions:** Stakeholders requested improved digital infrastructure and support, including an accessible research dashboard, dedicated data expertise, digital solutions for trial feasibility assessment and improved digital archiving systems.
- **Commercial research:** Feedback highlighted the need to improve study approval timelines, develop a dedicated commercial research delivery team, ensure greater transparency in study selection and expand opportunities for clinical research fellows.
- **Regulatory and compliance processes:** Stakeholders identified the need to minimise delays, review feasibility and sign-off processes and improve the identification and resolution of operational pinch-points and barriers.
- **Philanthropic appeal:** Stakeholders supported the development of themed fundraising appeals, a clearer Trust research identity and targeted fundraising approaches involving high-net-worth donors, private patients and wider staff participation in fundraising initiatives and events.
- **Areas of focus:** Stakeholders felt that commercial research should act as an enabler of wider research growth rather than being the primary strategic objective. Feedback also highlighted the importance of involving all staff groups in research activity, building on existing areas of strength and ensuring infectious diseases research is recognised more broadly than sexual health alone.
- **Three shifts:** Stakeholders agreed that digital research, artificial intelligence and the shift from hospital-based to community-based care are important strategic themes. However, there was also strong support for academic growth and research excellence remaining central to the strategy.

Strategic aim: Research growth

Our core aim is to increase access to research for the communities we serve and for our staff. By growing academic, commercial, digital and practitioner-led research, we will strengthen our ability to improve patient outcomes, attract and retain talented

staff, develop new models of care and enhance the Trust's reputation as a leading research-active organisation.

This section sets out the key areas of research growth and how we will support and develop each throughout the lifetime of this strategy.

Academic research in partnership with Imperial College

Promoting academic research within the Trust is central to increasing access to research for both our staff and the communities we serve. Growth in academic activity will also strengthen our reputation, increase grant income, attract research talent and support the expansion of commercial and collaborative research activity.

In partnership with Imperial College London (ICL), we are developing academic research in the following areas:

Infectious diseases

The Trust and ICL have completed plans to develop a Human Challenge (HC) Facility on the Chelsea and Westminster campus. This facility will support the expansion of the Imperial-led HC programme, reducing reliance on external partners for clinical space and positioning the Trust and ICL as leading providers of Human Challenge studies. The facility will strengthen and expand our wider infectious diseases research offer, attract new research talent and further enhance the reputation of the Trust as a research-active institution. We anticipate that construction will be completed and the HC unit operational by early 2029.

56 Dean Street (56DS), the largest sexual health clinic in Europe and home to the Gender Health Service, presents significant opportunities for both academic and commercial research. We are developing additional research space within 56DS to support commercial research activity and enable academic expansion in partnership with ICL. Plans include the appointment of two Senior Lecturers, in infectious diseases and endocrinology, supported by academic psychologists and pharmacists. Increased academic activity at 56DS will strengthen the Trust's position as a leader in sexual health, infectious diseases and gender health research.

Surgery

The Trust and ICL have agreed the appointment of a Chair of Surgery. A Search Committee has been established and is identifying candidates, including those at an earlier stage of their academic career. A proleptic appointment, supported through structured academic development, is the preferred approach. Discussions are also ongoing regarding an additional academic appointment at Consultant/Lecturer level.

The aim is to develop an Academic Department of Surgery that supports research in tissue engineering, burns and metabolic medicine, building on the work of Professor Valabhji and the Trust's existing expertise in bariatric surgery and gestational diabetes.

Paediatrics

The Trust and ICL have agreed the appointment of a Chair of Paediatrics, supported by a Senior Lecturer and an additional academic post. The intention is to recruit a researcher specialising in metabolic paediatrics to complement the work of Professor Valabhji and support the development of a Centre for Metabolic Medicine.

This programme aligns closely with the Trust's ambition to support the Government's 3 Big Shifts, particularly the promotion of good health and prevention across the life-course. The workstream will begin prior to conception and continue through pregnancy via the work of Dr Natasha Singh and Professor Mark Johnson. Research activity will then extend from the post-natal period through adolescence in collaboration with Dr Shivani Misra, before transitioning into adult services through the work of Professor Jonathan Valabhji.

Together, this will create a life-course research programme focused on interventions that promote long-term physical and metabolic health, aligned with the NHS ambition to help people start well, live well and age well.

Discussions are also ongoing regarding the relocation of ICL academics from the Royal Brompton Hospital, with the Chelsea and Westminster campus being considered as a potential destination during the lifetime of this strategy. We are also working closely with Professor Liz Whittaker, West London Children's Research Lead, to strengthen paediatric research collaboration across North West London.

Medicine

The Trust and ICL appointed Professor Jonathan Valabhji to the Chair of Medicine, supported by a Clinical Senior Lecturer and a data analyst. Since his appointment, Professor Valabhji has secured additional funding for a further data analyst through EU Horizon funding, a clinical fellow and an Imperial AHSC Post-Doctoral, Post-CCT Research Fellow in cardiometabolic medicine.

Professor Valabhji has published extensively, including work published twice in Nature Medicine, and has played a leading role in bringing research teams together to develop collaborative initiatives, including the cardio-metabolic programme with Professor Khan.

The Trust also has academically active consultants in diabetes and gastroenterology, including both hollow and solid organ specialities, whom we are supporting to further develop their academic careers through a model we aim to replicate in other areas.

Cardiac research

Professors Khan and Ng, based at West Middlesex University Hospital, lead the Trust's cardiac research programme.

Professor Khan's work focuses on the use of digital platforms to remotely monitor patients with heart disease, including atrial fibrillation and heart failure, within the community. We will continue to expand the use of remote patient monitoring into other clinical areas, supporting the shift from hospital-based to community-based care.

Professor Ng is leading work using artificial intelligence to interpret ECGs, enabling earlier risk stratification and more targeted treatment. As a proof of concept, the Trust part-funded a research fellow post that supported both academic and commercial research activity. We intend to extend this R&D-supported fellowship model into other specialties.

Actions

- Continue to strengthen the academic partnership with Imperial College London and support the growth of academic research across the Trust.
- Provide the infrastructure and staffing support required for academic success, including Senior Lecturer and wider research staff support.
- Strengthen links between academic, commercial and digital research activity to support sustainable long-term growth.
- Optimise internal systems and processes to improve collaboration between research groups and support more efficient research delivery.

RRDN research

In October 2024, as part of the new NIHR Research Delivery Network (RDN), the North West London Clinical Research Network (CRN) merged with the North Thames CRN to form the North London Regional Research Delivery Network (RRDN).

The RDN is made up of 12 RRDNs and aims to ensure that research reaches more people, addresses changing population needs, supports the successful delivery of high-quality research, and increases the capacity and capability of research delivery infrastructure for the future.

These ambitions are reflected in the wider NIHR strategy and align closely with this Trust research strategy. We have maintained our RRDN-supported research and aim to grow this in areas where we are already research active. We will prioritise studies that do not compromise recruitment to local research initiatives and that help us develop expertise in areas of academic and/or commercial interest.

This focused approach will strengthen our expertise in key areas, grow our reputation and contribute to the wider growth of RRDN-supported research.

Action

- Identify priority areas for RRDN research and review all proposed projects to ensure they align with Trust research priorities and do not conflict with existing studies.

Nursing, midwifery and allied health professional research

NMAHP research improves health outcomes, strengthens patient-centred care, supports more effective interventions and services, and has a positive impact on staff development and retention. Growth in this area is an essential part of our strategy.

NMAHP research brings a different and complementary perspective to clinical research, supporting better public health and higher quality care. It is also one of the four pillars of excellence in NMAHP practice and is often overlooked. Strengthening this area is crucial to embedding research into the culture of the Trust, so that research is seen as everyone's responsibility.



Actions

- We will develop the case for greater academic support for NMAHPs, create the infrastructure needed to support NMAHP colleagues undertaking MSc and PhD degrees, and ensure they are able to maintain and apply their research skills as part of their clinical roles. We will provide clear guidance during higher degree study and establish a pathway for those who wish to develop an academic career. Our membership of the ICL AHSC Clinical Academic Training Office is a key asset in supporting this work.
- We will work with NMAHP leadership to support research activity from early career onwards. This will include enabling research elements within Advanced Clinical Practitioner, Consultant and Clinical Education roles, and strengthening links with CW Innovation, Quality Improvement (QI) and audit activity.
- We will also make full use of national initiatives such as the Matron's and Health and Care Leader's Research Toolkit and NIHR Academy programmes. Working with NMAHP managers, we will explore hybrid roles, secondments and portfolio career models that allow research to form part of clinical practice.

Digital research

We will make better use of our rich clinical data and curate condition-specific datasets so they are more accessible for real-world evidence and research purposes. The iCARE system links secondary care data with primary care and social care data in the Whole Systems Integrated Care (WSIC) database. Other platforms, such as the Federated Data Platform, will have some capacity to support research, although they have not been developed with research as their primary focus.

Digital platforms

Digital platforms offer significant opportunities for research, as shown by the work of Professors Valabhji and Khan. We will support the continued development of this work and identify new areas where digital platforms can support the move from hospital to community-based care.

Artificial intelligence

The application of artificial intelligence to clinical care will change the face of medicine. Professor Ng has used AI to analyse ECGs and predict mortality. We will support this and other initiatives that harness AI to improve clinical care. We will also explore how AI can support the design, delivery and conduct of studies. Given the expected growth in AI-based research over the coming years, we will establish an AI governance framework.



Action

- Support academics working in digital research to grow their research activity. Work with ICL and other care providers in North West London to create a joint digital research infrastructure that includes primary, secondary and social care information.

Commercial research

We will continue to work closely with industry partners, seeking to become a site of choice for CROs and sponsors. This means ensuring we have the capacity, capability and clinical expertise to deliver research in specialties that match the interests of commercial partners and the needs of our patients.

We will focus our commercial research in areas where we are already academically active, developing stronger academic-commercial collaborations. We have shown that part-funding Clinical Research Fellows to work on academic projects while also supporting commercial research is a successful model, and we intend to expand this approach into other areas.

Action

- Focus commercial studies in areas where we are academically active and where we have patient populations and commercial demand, such as sexual health, cardiology, infectious diseases, metabolic health, oncology and gastroenterology. Support academic development in these areas and maximise the use of digital tools to assess feasibility, improve delivery and support inclusive recruitment.

Innovation/research

The Trust is well known for health innovation and quality improvement. There is an artificial boundary between innovation, QI and research, which we will work to break down. New knowledge generated through research needs to be applied through innovation, while some innovations need to be tested through research. Equally, evaluating new innovations can generate knowledge that is vital to the implementation and spread of effective developments into clinical practice.

This also applies to arts-based therapies and associated projects, for which the Trust and CW+ are well known. Research across these disciplines will continue to be recognised as an important part of the Trust's research activity.

Action

R&D and Innovation will work together to reduce boundaries between research, innovation and QI, with the aim of making these activities more complementary and effective. Those working on research and QI relating to arts-based therapies, non-clinical aspects of patient care and staff experience will continue to develop and promote this work across the Trust and beyond.

How we will achieve research growth

To support the growth of research activity in the Trust, we need to generate funds to build the necessary support structures, give clinicians time to develop as researchers through MSc and PhD qualifications, develop new research ideas, and pump-prime research to generate preliminary data to support grant applications.

We will generate funds through commercial research, grant funding and philanthropy. Commercial research generates income that can be reinvested into research infrastructure and growth, and focusing commercial activity in areas where we are academically active will allow us to develop Academic-Commercial Collaborations. Grant funding, although not generating surplus income for reinvestment, will support the development and maintenance of research infrastructure and help grow our reputation as a research-active organisation while developing staff skills.

Philanthropic funding will support the development and maintenance of research infrastructure, including the Human Challenge Facility, and larger research programmes in areas such as Infectious Diseases, Women's and Children's Health, care in the community, and the promotion of mental and physical health. To develop successful philanthropic appeals, we need to establish a clear research identity, building on areas in which we are already successful.

Grants

Growth in academic research activity across the Trust will increase grant funding and is a key indicator of the success of this strategy. While grant funding does not generally generate surplus income for reinvestment, it supports the development of research infrastructure, collaborative working, and the generation of high-quality data. This in turn contributes to high-impact publications, national clinical guidelines, and the wider reputation of the Trust as a research-active organisation.

To support growth in grant activity, we will invest in the infrastructure and expertise needed to help researchers, particularly those early in their academic careers, develop competitive applications and successfully deliver funded projects.

- **Statistician:** Access to statistical advice at an early stage is essential to assess feasibility, strengthen study design, and support the development of high-quality proposals. Many staff have strong research ideas but require support to translate these into fundable projects.
- **Grant writer:** We will provide access to grant writing support to help identify suitable funding opportunities and strengthen the quality and competitiveness of applications, particularly for early career researchers.
- **Research management:** Research management support will provide accurate costing, regulatory guidance, and oversight of the application process to support timely and compliant submission of grants.

KPIs

- Number of grants submitted
- Number of staff submitting grants
- Number of successful grant applications
- Number of grants successfully delivered to completion
- Publications arising from funded research
- Citation impact of publications
- Publications referenced in national clinical guidelines

Commercial research

Commercial research is an important component of the UK Government's strategy for research growth and, in late 2025, the NIHR RRDNs introduced financial drivers within their funding model relating to commercial activity. There are many advantages to growing our commercial research portfolio. Commercial studies provide patients with access to innovative treatments and technologies, support the development of research-active clinical teams, and generate income that can be reinvested into research capacity, infrastructure and protected research time for investigators.

Commercial research can also reduce costs to the Trust through the provision of trial medication, comparator medication and devices. Income generated through commercial research is reinvested to support wider research activity across the Trust, including infrastructure, workforce development and delivery capability. This approach aligns with recommendations made in the 2023 independent review of commercial clinical trials in the UK led by Lord O'Shaughnessy and endorsed by NHS England.

KPIs

- Number of commercial studies opened within 60 days of site selection (or industry partner KPI)
- Percentage of commercial studies recruited to time and target
- Number of first recruits achieved (UK, Europe and global)
- Number of participants recruited to commercial studies
- Distribution of commercial studies across therapeutic areas
- Commercial income generated
- Number of key industry partnerships established
- Number of Chief Investigators leading studies at a national level
- Number of studies led in national costing exercises

Philanthropy

We will work closely with our charity, CW+, to increase fundraising for research, including philanthropic support. CW+ has already contributed to research fundraising through the £2 million Pioneer Appeal, which supported research into the novel antiviral Favipiravir in the management of Covid-19. CW+ has also committed to supporting the fundraising effort for the new £10 million Human Challenge Facility on the Chelsea and Westminster Hospital campus.

Over the course of this strategy, we will work with CW+ to develop targeted appeals in areas where we are academically active and have a strong track record of impactful research.

CW+ has already established the "Best For You" programme to support young people's mental health, helping improve access to support for a growing and urgent area of need. As part of this strategy, we will support research which promotes good health across the life course, including mental health, through school-based initiatives focused on mental resilience, nutrition and physical health.

We will work with CW+ to develop a programme of school interventions designed to promote health across the population, with evaluation support from the Imperial School of Public Health.

KPIs

- Number of philanthropic appeals launched
- Number of active philanthropic appeals
- Amount of philanthropic funding raised for research

Intellectual property

The Trust currently has limited capacity to capture or share in intellectual property (IP) generated from its assets or from work taking place in the Trust. This means we may be losing a potential income stream to reinvest in research. We will work with partners in North West London to develop a robust IP policy and establish the expertise needed to negotiate shared IP arrangements.

KPIs

- IP policy created
- IP expertise established within the Trust (potentially shared with partners) to negotiate a share of IP from organisations who work with the Trust to develop their products
- Number of shared IP arrangements entered into

Infrastructure

Research growth across all areas is dependent on our workforce, our facilities and digital infrastructure, and our reputation as a research-active organisation. Investment in these areas will determine our ability to grow research activity, attract and retain research talent, deliver high-quality studies efficiently, and develop long-term academic and commercial partnerships.

Staff

Having an engaged and interested workforce is key to the growth of all types of research. Our approach focuses on three areas: developing the wider research workforce, supporting consultant research time and increasing the number of Key Opinion Leaders (KOLs) within the Trust.

Developing the research workforce

The research workforce includes staff in both research-funded and clinical roles. We will continue to develop our research delivery workforce through training opportunities and part-funded higher degrees, enabling staff to become research leaders and role models within their specialties.



We will ensure that we have the capacity and capability to deliver research in specialties aligned to the interests of commercial and academic partners. To support this, we will improve research visibility and engagement throughout the Trust, including using the Research Dashboard to present activity and performance at divisional meetings and other key stakeholder forums.

We will continue to develop the Research Champion Programme and the Research Academy, ensuring they are accessible across the Trust. This will include supporting protected time for research activity, encouraging the development of research questions and funding applications, and strengthening mentorship opportunities.

We will increase the number of investigators across all professions through the NIHR Associate PI and PI Preparation programmes and, through the Academy, ensure that existing Principal and Chief Investigators remain updated and available to act as mentors.

In close collaboration with the Trust's Library services, we will strengthen the links between evidence-based practice, research and continuous improvement.

KPIs

- Number of staff undertaking higher degrees
- Number of staff awarded higher degrees
- Number of papers published by staff undertaking higher degrees
- Number of staff appointed to posts with research time following completion of an MSc or PhD
- Number of NMAHPs acting as Principal Investigators



Supporting consultant research time

Time for consultants to undertake research is a challenge throughout the NHS. During this strategy period, we will support more consultants to act as Principal Investigators for commercial studies, enabling them to generate income to support their own research time.

Newly appointed or academically active consultants with clear academic development plans are supported with two academic sessions for three years, subject to annual review. The aim is that, by the end of this period, they will have generated sufficient grant income to sustain and grow their academic activity.

We offer a similar model for consultants undertaking commercial research, with the aim that, after two years, commercial income will support ongoing research sessions.

KPIs

- Number of research sessions funded by R&D
- Number of research sessions funded by Principal Investigators through commercial income

Developing Key Opinion Leaders (KOLs)

Most commercial research opportunities come to R&D from a CRO, the NIHR RDN or directly from commercial sponsors. In some circumstances, sponsors approach consultants directly, either because they have worked together previously or because

the consultant is regarded as a Key Opinion Leader (KOL) whose expertise, experience or credibility the sponsor wants associated with the study.

Becoming a KOL takes time and requires investment from both the individual and the Trust. However, while having a KOL in a particular field is important, having consultants with enough time and interest to undertake commercial research is equally important. Having exceptionally well-trained delivery staff to support KOLs is also essential to developing our reputation.

We will increase our pool of Key Opinion Leaders and Chief Investigators to ensure that homegrown research matches the aims of this strategy and that the Trust has KOLs in place who align with the interests of commercial sponsors. We will also establish regular meetings with developing and established researchers to optimise support.

KPIs

- Number of KOLs within the Trust
- Number of commercial studies arising through direct contact with Trust staff

Space

Over the course of this strategy, we will improve and expand our research facilities, particularly outside of the traditional secondary care setting. Modern, efficient and well-equipped research environments, with access to appropriate diagnostic and support services, are essential to attract and deliver high-quality commercial and non-commercial research.

The Trust currently has a Clinical Research Facility (CRF) in the St Stephen's Centre on the Chelsea and Westminster Hospital site. Built in 2000, the facility will be refurbished during the course of this strategy to ensure it continues to meet the standards of a modern, safe and efficient CRF environment that is attractive to industry partners.

Alongside this refurbishment, we aim to build a second dedicated CRF on the West Middlesex University Hospital site. This will increase access to important early phase clinical trials, including vaccine studies, for the diverse population in Hounslow.

A dedicated £10 million, 10-bedded Human Challenge Facility will also be developed on the Chelsea and Westminster Hospital site. Fundraising commenced in late 2025, with construction expected to begin in 2026.

56 Dean Street, the largest sexual health clinic in Europe, offers significant opportunities for both commercial and academic research. We will increase research



activity on this site by expanding research space and increasing pharmacy and sample processing capacity.

Meadows Health Centre in Hounslow was the Trust's first collaborative non-secondary care research site, developed in partnership with primary care. Research studies began running from Meadows in late 2025. The site includes a trials pharmacy and sample processing facilities. Over the course of this strategy, we will increase both our activity and physical footprint within Meadows Health Centre, with a focus on commercial research delivered closer to the communities we serve.

We will also explore opportunities to increase the operational capacity of the Chelsea and Westminster CRF, including assessing demand for extended or potentially 24/7 operating models, to maximise utilisation of the facility and improve flexibility and accessibility for research participants.

KPIs

- Successful funding and development of the Human Challenge Facility
- Creation of a CRF at West Middlesex University Hospital
- Refurbishment of the CRF in the St Stephen's Centre
- Expansion of research space and support capacity at 56 Dean Street
- Increased commercial research activity at Meadows Health Centre
- Assessment and implementation of expanded CRF operating capacity

Digital facilities

There is a clear need for digital solutions to support the set-up, delivery and governance of both non-commercial and commercial research. Ready access to reliable information from the Electronic Patient Record (EPR), including imaging and diagnostic systems, would be transformative in assessing whether the Trust is able to deliver a study. Digital tools and processes that can pull data directly from Trust EPR systems into the range of Electronic Data Capture (EDC) systems used by commercial sponsors would reduce duplication, save delivery staff time and minimise errors.

We will continue to work with colleagues across North London to optimise the use of existing data and digital tools, supporting the development of an effective, digitally enabled research delivery infrastructure. This will include the development of a Research Dashboard to ensure that research activity is visible to R&D teams, senior Trust staff and external stakeholders. A digital roadmap will be developed to guide and prioritise the implementation of digital solutions that support research delivery.

KPIs

- Creation of a digital roadmap for R&D with agreed timelines for implementation
- Development of a Research Dashboard for R&D and Trustwide reporting
- Adoption of a reliable feasibility tool or approach to support accurate study feasibility assessment and recruitment forecasting
- Adoption of a reliable data-entry platform enabling routine clinical data from the EPR to populate study CRFs and other research systems where appropriate

Pharmacy, radiology, pathology services

We will continue to work with clinical support services to address bottlenecks and capacity concerns, supporting the timely set-up and delivery of studies. This will include pharmacy, pathology and imaging services, including radiology, ultrasound and cardiac imaging.

Departments will be reimbursed for activity undertaken over and above standard care, in line with our research income distribution policy. We will establish regular meetings with these services to plan research needs, ensure capacity, confirm that support costs are adequately funded and anticipate fluctuations in demand.

KPIs:

- Number of studies opened on time with no delays
- Number of studies delayed or lost because of inadequate support service capacity



Patient and Public Involvement (PPI)

Over the cycle of this strategy, we will build on our previous work to ensure appropriate research PPI takes place across all clinical divisions. We will ensure participant representation is considered for all strategic and steering committees within the department, and that the membership and discussions of the research PPI forum reflect the breadth of our activity and the community we serve.

We will work closely with PPI representatives to develop our approach, governance and public assurance when engaging in research using Real World Data (RWD), big data or Artificial Intelligence (AI).

KPIs

- Percentage of sponsored studies that have had patient and public review
- Percentage of strategy and steering committees with PPI representatives present
- Development of divisional PPIE action plans and initiatives
- Co-produced review of the impact of patient and public involvement in Trust research activities

Equality, diversity and inclusion

As research aims to generate generalisable knowledge that is applicable to the populations it is intended to serve, we must ensure that our research is designed, delivered and interpreted in ways that reflect the wide and diverse demographic range of the communities we serve.

To achieve this, we will ensure that demographic and social factors do not create barriers to becoming a researcher or participating in research. We will use routinely collected data to monitor inclusion, identify under-representation and take proportionate action to improve access and address barriers to participation. Our work will be guided by the EDI framework for positive action, developed under the leadership of Dr Keerti Gedela with partners across North West London.

We will seek diverse collaborations and partnerships that promote research processes which build public trust and engage underserved communities in honest and meaningful ways. We will embed EDI throughout clinical research by promoting cultural competency and accountability among researchers, strengthening community engagement and co-design, and developing innovative approaches to research delivery that benefit the populations we serve.

KPIs

- Recruitment that closely reflects local population demographics
- Availability of cultural safety training for all research staff
- Development of action plans to address barriers to research participation
- Number of engagement activities reaching community and underserved groups

Conclusion

The 2026–2031 Research Strategy sets out our ambition to expand research across Chelsea and Westminster Hospital NHS Foundation Trust, within our hospitals, clinics and the wider community we serve. Our aim is to ensure that all staff have the opportunity to contribute to research and that more people across North West London can access and participate in research activity and its benefits.

The Strategy responds to major changes in the healthcare and research landscape and aligns with the Government's 3 Big Shifts—from analogue to digital, from hospital to community, and from sickness to prevention. Working closely with our academic partner, Imperial College London, we will strengthen our research activity across Infectious Diseases, Medicine, Paediatrics, Surgery and Obstetrics. We will also increase our commercial research activity and develop philanthropic research appeals to support research growth across the Trust and the communities we serve.

We have identified the actions needed to realise our ambition, chosen KPIs to judge our success and developed a delivery plan against which to measure our progress.

Our goals are ambitious, but the reward for success is essential for the future of the NHS: better access to research, stronger evidence, better care and better health for the populations we serve.