Research and Development Forum

University Hospital Association

UKRD
R&D Leaders in the NHS

Summary of the responses received from the R&D community to the RDN transformation survey

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This document is a summary and commentary of the 40 responses received to the mail out of the RDN stakeholder engagement survey. Invitations to complete the survey were sent via **UKRD, RDF and UHA** R&D mailing lists. Respondents were encouraged to submit one response per organisation. The responses received are therefore, in most cases, likely to reflect wider views than the named individuals who submitted the survey responses. The responses have been submitted by a wide range of types of organisations.

What factors should we consider when allocating resources?

The most dominant theme in the responses relates to funding allocation and stability, appearing in over 30% of responses. Key points include:

- Need for increased and stable funding
- Importance of sustainable, long-term funding commitments beyond 12-month periods
- Importance of resource distribution to smaller trusts and underserved areas whilst not destabilising the major research institutions
- Recognition of local relationships and knowledge in effective research delivery
- Requirement for workforce development and training support
- Necessity of strategic allocation based on population needs and health inequalities
- Potential value of agile teams positioned at ICS level for better local deployment

What do you see as the biggest challenges in conducting research throughout the participant journey?

The most prominent theme concerns organizational barriers and system integration, appearing in roughly 40% of responses. Key points include:

- Workforce capacity constraints, particularly clinical staff time
- Complex contractual arrangements between organizations
- Lack of integrated systems and data sharing capabilities
- Limited research infrastructure in wider care settings

- Bureaucratic hurdles and duplicate processes across organizations
- Challenges in accessing support services (pathology, radiology, etc.)
- Need for cultural change to embrace research particularly in less research-active care settings
- Difficulty in maintaining consistent delivery across different care settings
- Limited research expertise and experience in non-NHS settings

What role should the RDN have in developing and evolving decentralised and shared delivery models?

Facilitation and coordination emerges as the overwhelmingly dominant theme, appearing in over 40% of responses.

The RDN's role is seen as primarily:

- Acting as facilitator of cross-organizational collaboration, especially in sharing best practices and establishing networks
- Leading coordination of resources and standardizing processes across regions while respecting local variations
- Supporting development of shared systems and processes, particularly around contracting and governance
- Enabling workforce agility and development across settings
- Understanding and responding to local needs while maintaining a national perspective
- Providing strategic leadership in identifying and addressing delivery issues
- Creating frameworks for knowledge sharing and learning spaces
- Supporting integration of research into clinical pathways
- Facilitating specific collaborative models around specialties and settings

What are the main challenges with decentralised and shared delivery models?

Organizational barriers and system fragmentation emerge as the leading theme, present in approximately 35% of responses

The key challenges identified are:

- Organizational barriers including territorial behaviours and siloed working
- Complex governance and contracting arrangements between organizations
- Resource constraints, particularly around staffing and capacity
- Communication difficulties across system partners
- Technical challenges with data sharing and system integration
- Financial concerns about resource allocation and funding models
- Cultural resistance to change and risk-averse practices
- Varying levels of research experience and expertise across settings

- Logistical challenges in coordinating across multiple sites
- Difficulties in maintaining consistent quality standards across different settings
- Issues with equitable access to research opportunities
- Challenges in aligning different organizational priorities

How can we optimise the use of RDN funding for delivery organisations across the full range of delivery settings?

The dominant theme is a strong focus on expanding research delivery into primary care, community settings, and non-traditional healthcare locations. This theme appears in roughly 40% of the responses.

Key points:

- Need for transparent and metrics-based funding allocation
- Recognition of the need for flexible funding models that account for study complexity
- Support for cross-organization collaboration and shared resources
- Call for initial capability funding in areas with low research activity and capability
- Suggestion to encourage hospitals to be mentoring hubs while expanding to other settings
- Recommendation for strategic funding streams to encourage settings to work together
- Emphasis on gradual transition from hospital-centric to community-based research
- Focus on developing infrastructure in underserved areas

If RDN funding were reduced or unavailable, what would be the impact on your organisation's ability to deliver research?

The dominant theme is overwhelmingly consistent - approximately 90% of responses indicate that reduced or removed RDN funding would have a catastrophic impact on research delivery.

Key points:

- Most organizations would be forced to halt or severely reduce research activities
- Many would have to shift focus exclusively to commercial research
- Significant workforce implications with potential redundancies
- Research infrastructure would be severely compromised
- Reduced capacity to participate in non-commercial NIHR studies
- Impact on ability to maintain quality and compliance standards
- Risk to long-term sustainability of research programmes
- Particular vulnerability of smaller organizations and non-hospital settings

What would help you better utilise the funding provided by the RDN?

One clear dominant theme which is a strong desire for multi-year funding cycles (2-5 years) to enable better strategic planning. Key points include:

- Need for greater flexibility in fund allocation and usage
- Earlier notification of funding availability
- Ability to carry forward funding across financial years
- Reduced reporting burden and administrative overhead
- More transparent allocation processes
- Better support for rural and underserved areas

How can we optimise the use of RDN agile delivery teams across the full range of delivery settings?

No single dominant theme emerges, but responses cluster around several key areas:

- Need for better integration with local teams and organizations
- Challenges with geographic coverage and travel times
- Importance of proper training and skills development for agile team members
- Question over whether they should focus on primary care and community settings rather than hospitals
- Need for clearer processes and governance frameworks
- Importance of sustainable, long-term solutions rather than temporary fixes
- Concerns about maintaining quality and consistency across different settings

If RDN agile delivery team support were reduced or unavailable, what would be the impact on your organisation's ability to deliver research?

There is a clear pattern in responses with several dominant themes:

- Many organizations report minimal or no impact as they don't currently use or feel they have access to the teams
- Critical impact reported for primary care and community settings
- Significant concern about impact on research-naive organizations and settings
- Particular worry about effect on rural areas and diverse communities
- Some organizations note it would affect their ability to meet ICB research objectives
- Vaccine studies and priority trials would be particularly affected
- Several respondents indicate uncertainty about current impact due to limited interaction with the teams

What would help you better utilise RDN delivery team support?

No dominant theme emerges, indicating diverse experiences and needs across organizations.

The responses centre around improving agile team support through:

- Better cross-setting flexibility, with requests for easier movement of teams across different healthcare environments
- Clearer operational guidelines, particularly around full shift expectations and travel time allocations
- More predictable resource planning, with calls for guaranteed availability for planned studies
- Enhanced local engagement through regular site visits and better communication
- Streamlined processes for access and integration with existing systems
- Strategic approach to allocations, including earlier contingency funding and proactive support for well-performing studies
- System-wide collaboration, particularly around workforce mobility and skills development
- Improved visibility of team capabilities and clearer understanding of their remit

How can RDN help develop and support the research delivery workforce across different settings?

Responses show no dominant theme, reflecting diverse training and development needs across the system.

Key themes include:

- Improved accessibility to training through flexible delivery methods, including 24/7 online access for shift workers
- Development of national standards for research delivery roles and competency frameworks
- Creation of structured mentorship programmes enabling cross-sector experience
- Need for longer-term funding commitments to support permanent positions
- Establishment of support networks and communities of practice to prevent staff isolation
- Setting-specific training approaches, particularly for primary care and community research
- Integration of research into job descriptions and contracts for smaller organizations
- Enhanced development opportunities for non-clinical research management staff
- Focus on sustainable capacity development through networking and shared expertise

If RDN workforce development support were reduced or unavailable, what would be the impact on your organisation's ability to deliver research?

The responses show a mixed but predominantly minimal impact assessment. While some organizations express significant concerns, the majority indicate limited dependence on RDN workforce development support. Key points include:

- Many organizations report minimal or no impact on their operations
- Larger organizations appear more self-sufficient
- Some express uncertainty about current RDN support
- Critical concerns centre around training costs, expertise loss, and research delivery capacity
- Several note potential long-term negative effects on research quality and workforce development
- A few organizations warn of significant disruption to research delivery

What would help you better utilise the workforce development support provided by RDN?

The responses show no single dominant theme, but rather a diverse range of suggestions for improvement. Key recommendations include:

- Better communication and advance notice of opportunities
- Clearer articulation of available support and access processes
- More systematic collaboration across localities
- Integration of training into induction processes
- Improved long-term financial planning
- Need for more local consultation and strategic alignment
- Streamlining of training platforms and resources
- Enhanced system-level partnership working
- Focus on equitable access to opportunities

Thinking holistically, what should we prioritise or consider to ensure the stability of highly research-active organisations while supporting growth in less experienced organisations across the full range of health and care settings?

The key points emphasized include:

- Establishing mentorship and buddying systems between experienced and less experienced organizations, with caution that merely providing funding without support may not be effective

- Implementing resource sharing mechanisms, including potential reinvestment of income between organizations and staff secondments
- Reducing administrative and reporting burdens to improve efficiency
- Facilitating cross-organizational collaboration, especially for multi-morbidity research
- Supporting flexible resource allocation across organizational boundaries
- Maintaining stability in successful research programmes while fostering growth in developing ones
- Creating clear pathways for knowledge transfer and shared learning opportunities

Is there anything else RDN should take into account to ensure a healthy and evolving research system?

The key recommendations include:

- Establishing regular communication channels with ground-level researchers and implementing responsive feedback systems
- Maintaining strong advocacy with DHSC and supporting portfolio development
- Ensuring digital systems meet regulatory compliance requirements
- Reducing competitive performance metrics that hinder inter-organizational collaboration
- Creating structures that accommodate different research systems' unique needs
- Focusing on collaborative rather than competitive approaches to research development
- Streamlining processes for multi-organizational projects to encourage participation
- Supporting infrastructure development that enables system-wide growth