



Royal College  
of Physicians



Research and Development Forum

# Research for all

## Sharing good practice in research management

July 2017



Endorsed by:



The Royal College  
of Radiologists

# Foreword

**Research is a team endeavour and is best cultivated through the strong relationships and positive culture that should exist in every NHS organisation and research institution, but we know that there are significant barriers.**

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Research is best supported through a multidisciplinary approach and by making best use of the expertise available, including insight from research management professionals, academic and National Institute of Health Research (NIHR) colleagues, a wide range of health and social care professionals, patients and doctors.

The roles and responsibilities of the research and development (R&D) department have evolved from a focus on appropriate governance to a much broader remit (see Fig 1 and the online appendix). The central roles of compliance and governance remain important to ensure high-quality, robust research. However, there is an increasing need for the R&D department to engage both strategically and operationally in promotion and championing of research. This requires support and recognition not only from the trust board or clinical commissioning group (CCG) governing body, but from clinical and research colleagues who can become champions themselves. Increasing demand on the front line and constraints within commissioning organisations, including time and funding, put pressure on all areas of research activity; research can only be embedded as a core activity of NHS organisations if all multidisciplinary team members work together.

Following the publication of *Research for all* by the Royal College of Physicians (RCP) in 2016 and its recommendations for collaboration in identifying

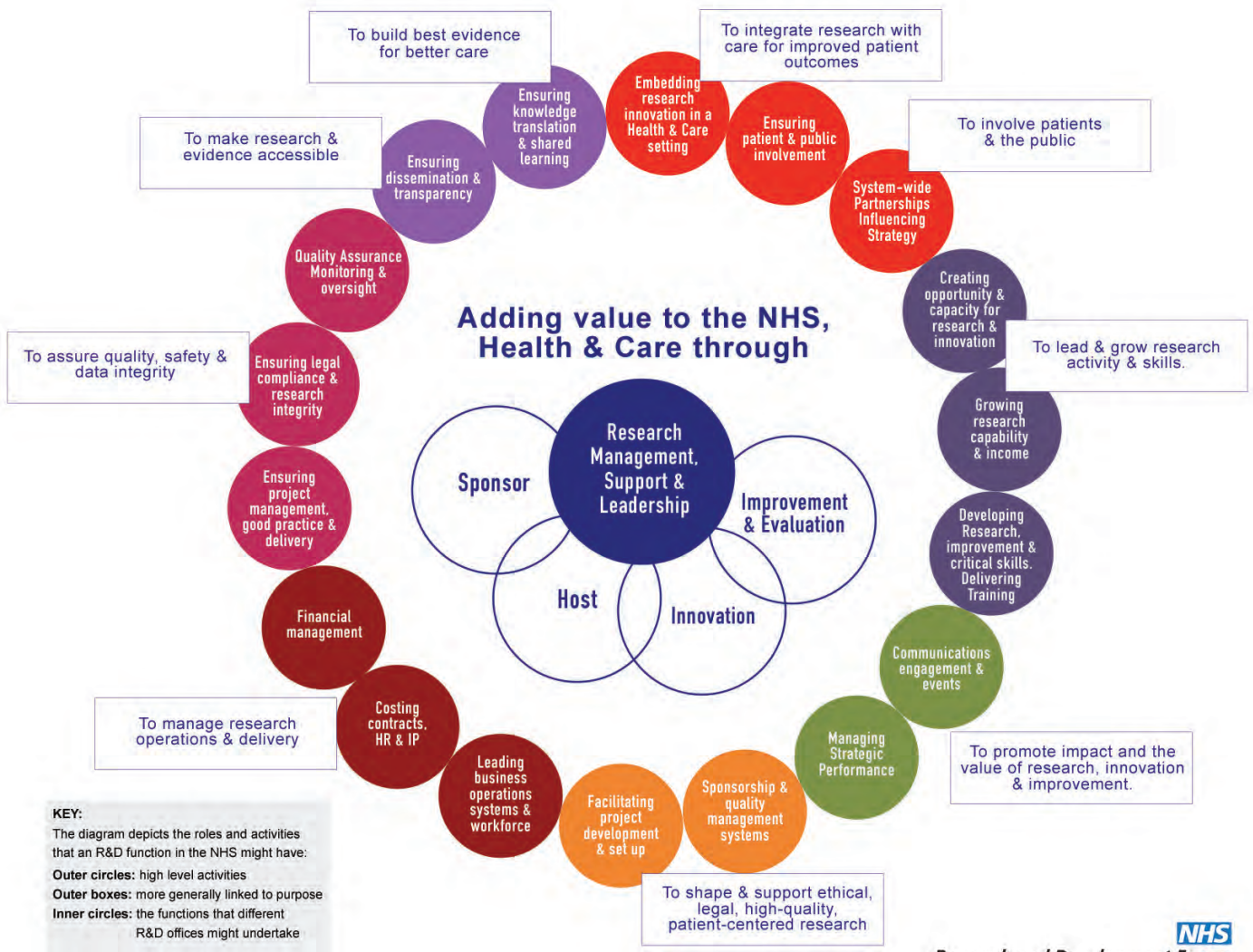
and disseminating good practice, this document outlines the conditions needed to support research directors, managers, clinical and non-clinical staff and, ultimately, patients. The added examples of good practice from NHS organisations around the country aim to help build the knowledge base for all involved or wanting to be involved in research. By recognising and addressing barriers to pursuing research, both doctors and R&D departments can underpin research as a core activity and demonstrate how it is everyone's responsibility.

In publishing this document, we would like to acknowledge the R&D Forum members and NIHR Ashridge R&D Directors and Managers Leadership community for providing examples of best practice. This work has been led by Christine McGrath, director of R&D at University Hospital Southampton NHS Foundation Trust, on behalf of the NHS R&D Forum and the NIHR Ashridge R&D leaders and managers programme. Our thanks also go to the participants of the RCP Research for all workshop in July 2016 for their input.

Further case studies are available on the RCP website ([www.rcplondon.ac.uk/sharing-good-practice-research-management](http://www.rcplondon.ac.uk/sharing-good-practice-research-management)) and the R&D Forum resource exchange ([www.rdforum.nhs.uk/content/resources/](http://www.rdforum.nhs.uk/content/resources/)).

**Royal College of Physicians (RCP)  
NHS R&D Forum**

**Fig 1 Research management, support and leadership**  
Roles and responsibilities of R&D professionals



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Leading, promoting, shaping & influencing quality health research



## Research culture

**Promoting a positive, active research culture is everyone's responsibility. Doctors need to be encouraged to become involved in research, whether by leading a clinical trial, advising academic teams, helping to recruit patients to projects led by others, or ensuring that evidence is used in practice. R&D departments in all sectors of the health service, including primary and secondary care, commissioning organisations, community and public health areas, can make a valuable contribution to an NHS organisation's culture as an epicentre of research development, coordination and delivery.**

R&D departments engage at every level within and across organisations, from board or governing body to the front line: sharing the organisation's vision for research and information about research taking place, and helping to develop wider recognition of research and its benefits for the organisation and ultimately for patient care. A positive culture for research will stimulate discussions between doctors and other colleagues to identify new opportunities for advancing clinical care, attracting new patients and high-quality medical and non-medical staff to the organisation. Being research active significantly enhances the reputation of an NHS organisation.

### Case study

The Avon Primary Care Research Collaborative (APCRC), working across three CCGs and building partnerships with a wide range of other organisations, including public health teams, the West of England Academic Health Science Network (AHSN), the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) West and Bristol Health Partners, as well as two universities, is a thriving example of how R&D departments can work across organisations and how nurturing talent and encouraging interest will build momentum and relationships, and boost morale. The R&D team, working on behalf of Bristol, North Somerset and South Gloucestershire CCGs, offers an R&D service that supports research, evaluation and the use of evidence, all under the umbrella of knowledge mobilisation between the disparate worlds of the NHS and academia.

### Case study

Solent NHS Trust is extending its research culture as part of everyday care via a 'Count Me In' campaign. This essentially informs all patients served by the trust about research opportunities that would be suitable for them. Patients are given the option to 'opt out' of this during their clinical appointments; their choice can be recorded by the clinician within a research unit integrated in the trust's electronic patient record system. There is also scope for noting other patient preferences or interests. This has the added benefits of allowing clinicians to see (via a flag) if their patients are involved in research, and of making research 'just another clinical service' that is continuously visible rather than something more specialist.

## Research strategy

**Key to the positive research culture will be a research strategy that sets the organisation's direction and priorities for research. Doctors and R&D departments, working with other clinical professionals and stakeholders, have an important role in developing the right strategy for their organisation. As well as setting out priorities, a good strategy, communicated effectively, will help to ensure that everyone is working to the same aims and will aid decision making.**

A 3–5-year research strategy will usually be supported by an annual plan, signed off at trust board level. The annual plan details key research targets for the year, which then feed into the organisation's ongoing performance management of research. Such performance management helps to benchmark and evaluate research, which is important for board reporting and provides evidence for capacity building. The same approach in a commissioning organisation, an R&D strategy with a clear plan and regularly monitored activity, feeds into the governance structure of the CCG and is reported to the governing body on a regular basis. Typically, R&D directors and senior managers will be required to lead the development and execution of an organisation's research strategy and annual plans, working with a network of clinical research staff throughout the organisation.

While formal reporting against the deliverables set out in the strategy is important, equally vital to the strategy is the day-to-day work to embed research ideas into the NHS practice environment, and to ensure that NHS practice ideas feed back into the research world. Research-informed practice and practice-informed research (knowledge mobilisation) is the aim, and the R&D team needs to effectively span the boundary between academia and the NHS to make knowledge mobilisation a reality.

A selection of NHS organisations' research strategies are available at [www.rcplondon.ac.uk/sharing-good-practice-research-management](http://www.rcplondon.ac.uk/sharing-good-practice-research-management).

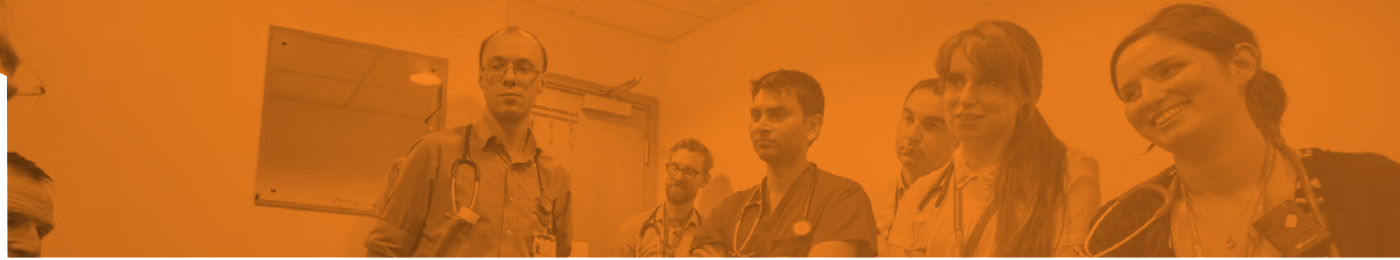
## Patient involvement

**Mobilising the patient voice to promote involvement at all levels will not only contribute to the research culture, but will also help to engage patients actively in research developments and the co-creation of ideas, protocols, execution, analysis and dissemination, as well as participation.**

Encouraging and providing the time for doctors and patients to discuss opportunities, supported by campaigns such as I Am Research ([www.nihr.ac.uk/news-and-events/support-our-campaigns/i-am-research/](http://www.nihr.ac.uk/news-and-events/support-our-campaigns/i-am-research/)) and the James Lind Alliance ([www.jla.nihr.ac.uk/about-the-james-lind-alliance/](http://www.jla.nihr.ac.uk/about-the-james-lind-alliance/)), are important components of an organisation's research strategy. Executing communications strategies to promote cultural shift can provide focus and a reference point for progress.

### Case study

At Sheffield Teaching Hospitals NHS Foundation Trust, providing patients and members of the public with opportunities to take part in clinical research is central to all research. As a result, the R&D team has established a number of patient panels, including an online panel, in a variety of clinical areas, thus providing researchers with invaluable insights into how specific research studies should be designed and which areas of research would benefit and further improve health and healthcare.



# Communication

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**Celebrating success is vital. Not only is research a priority for patients, but it is also a way of valuing medical and non-medical professionals by offering them more varied roles outside their clinical practice. Communicating clearly and effectively about clinical research adds value to study delivery, participant experience, public awareness, staff engagement and research income.**

Signposting the great research that is going on in an NHS organisation generates enthusiasm and raises awareness of opportunity. Sharing knowledge and informing doctors about the systems and processes involved in research will help to ensure that projects run smoothly and that everyone in the team is aware of the procedures needed to ensure compliance with regulation, and to get a project up and running as fast as possible.

Achieving good communication can be challenging. Depending on local arrangements, communications support for research activities may be provided by a dedicated team within the R&D department or by the wider hospital, CCG and/or university communications teams. Where NHS and higher education institution communications teams work together, there are opportunities to increase exposure, particularly relating to research impact. A dedicated R&D communications strategy can assist in ensuring good collaborative working.

## Case study

At Oxford University Hospitals NHS Foundation Trust, a dedicated member of the trust's Corporate Communication Team works across the organisation to provide research communications to local, national and social media outlets. This includes a scheme for appropriate trials to advertise for participants on trust websites.

[www.ouh.nhs.uk/research/patients/trials/default.aspx](http://www.ouh.nhs.uk/research/patients/trials/default.aspx)  
[www.ouh.nhs.uk/news/article.aspx?id=605](http://www.ouh.nhs.uk/news/article.aspx?id=605)  
Twitter: @OUH\_Research

## Case study

Patient engagement: The Royal Free NHS Foundation Trust uses the international Clinical Trials Day as a vehicle for an R&D expo. This has now run successfully for 2 years, with plans to continue. The expo includes patient journey items that become the centrepiece of the R&D day. A recent item followed the journey of a breast cancer patient and science journalist, who talked of research getting her through some very dark periods and then later helping when her partner was involved in a Parkinson's research trial.

# Relationships

**Good relationships, internally and externally, are critical – especially with ever-increasing pressures on staff and resources. R&D departments and doctors, working together, can build excellent partnerships and teams that can respond flexibly to research needs and the needs of the organisation.**

If possible, working closely with the NIHR infrastructure ([www.nihr.ac.uk/about-us/how-we-are-managed/our-structure/infrastructure/](http://www.nihr.ac.uk/about-us/how-we-are-managed/our-structure/infrastructure/)) and other partners will help to maximise the impact of support and resources. Forging relationships with higher education institutions and businesses can provide additional resource and expertise. Communication is important to explore how you can utilise each other's expertise to forge new opportunities. Sometimes the hardest part is starting the conversation.

National bodies for research across the UK provide support, funding and many centralised services to make it possible for patients and health professionals to participate in clinical research studies within the NHS. In England, the NIHR Clinical Research Network Coordinating Centre manages the CRNs on behalf of the Department of Health. The CRNs make it possible for patients and health professionals across England to participate in clinical research studies, by providing the infrastructure that allows high-quality clinical research funded by charities, research funders and the life sciences industry to be undertaken throughout the NHS. The CRNs work with patients and the public to make sure that their needs are placed at the heart of all research, and provide opportunities for patients to gain earlier access to new and better treatments through research participation.

NIHR CRNs: [www.nihr.ac.uk/about-us/how-we-are-managed/managing-centres/crn/](http://www.nihr.ac.uk/about-us/how-we-are-managed/managing-centres/crn/)

Health and Care Research Wales:

[www.healthandcareresearch.gov.wales/](http://www.healthandcareresearch.gov.wales/)

NHS Research Scotland:

[www.nhsresearchscotland.org.uk/](http://www.nhsresearchscotland.org.uk/)

Northern Ireland CRN: [www.nicrn.hscni.net/](http://www.nicrn.hscni.net/)

## Case study

In Leicestershire Partnership NHS Trust, there are a number of support opportunities for staff to learn and develop research skills. A peer research support group is held every 6–8 weeks, facilitated by R&D staff and covering a range of topics, and is open to staff from all disciplines. A popular recent topic has been how to pitch your research in 3 minutes! Regular research forums occur, where staff share their studies more formally with clinical colleagues. Informal facilitated sessions for doctoral students with senior trust staff are a recent addition to the support offered by the R&D team, with the focus on preparing both the staff and the organisation to develop clinical academics and clinical academic career pathways. All of these are in addition to the individual sessions available on request and mentoring provided by several R&D staff.

## Case study

In Solent NHS Trust, research partnerships have been developed with care homes and schools in the community. The research team recruits participants from centres in the partnership, and in return gives training in research and runs events. With care homes, this helps with staff training and Care Quality Commission (CQC) compliance. In schools, this gives access to external education – for instance, following recruitment in schools for a study on antibiotic resistance, the academic and healthcare research team ran interactive science workshops about how research on antibiotic resistance takes place, with children looking at similar swabs to theirs through microscopes etc. This has enhanced community working and extended the number and type of studies that can be run.



## Contribution of doctors

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**Encouraging a positive attitude towards learning about the way in which research is handled, and why, will also help to develop a two-way relationship between front-line medical staff and colleagues in the R&D department, and between commissioning staff and their R&D colleagues. Doctors also have a role to play in promotion of the research culture by talking to patients, referring them for trials and mentoring others who are interested in research.**

Role models are inspirational, and recognition of their success inspires others. Doctors involved in research should share their interest with colleagues, and become champions and communicators between the R&D department and fellow doctors, other clinical colleagues and the wider research community.

### Case study

Sheffield Teaching Hospitals NHS Foundation Trust has established R&D lead roles in each clinical directorate. The R&D leads are consultant medical staff or allied health professionals who are experienced in clinical research. Their role is to drive the development and delivery of the research portfolio in their clinical directorates. In doing so, they work closely with their clinical colleagues, directorate teams and the R&D department. The R&D leads sit on the trust's Research Leads Committee and make an essential contribution to the R&D strategy. They also sit on internal review and funding panels to promote and increase the trust's research portfolio and profile.

‘Developing research as a core activity for any small- to medium-sized NHS trust is a smart move. This allows a trust to take opportunity of the potential commercial income and profit and the availability of NIHR budget set aside specifically for research support within the NHS, to foster superb patient involvement in positive projects that happen with research studies, to grow the good news stories that research usually brings and to support high-profile clinical colleagues to appropriately grow and stretch themselves to evolve into champions of change. Larger trusts already appreciate the benefits of research and mainly struggle to be allowed to grow more research-active colleagues, given service commitment pressures, threats of mergers and restructures, and financial constraints. Without key changes in the diagnostic and treatment pathways for patient care, without the use of newer and more validated therapies evaluated in clinical research, the NHS will not be able to sustain itself financially. In summary, if you're not fostering, growing or supporting research within your organisation, you're missing out on some of the best strategies for resilience and growth in these difficult NHS times.’

R&D deputy director and consultant cardiologist



## Signposting

**Signposting the key roles of each member of the team helps to ensure access to information and ethics guidance, to make disseminating guidance and expertise as smooth as possible, and to ensure that there is no duplication of effort.**

Particularly, the roles of the local CRN, R&D department, researcher and patient should be clearly outlined and communicated. This also increases recognition of the important expertise that each member of the team contributes to the overall research environment, whether it is a patient contributing to research priorities or the R&D department providing insight for a grant proposal.

### Case study

Noclor Research Support Service aims to support research in mental health and community trusts, primary care and CCGs, helping these organisations to deliver on the health research agenda. The Noclor team has service level agreements in place with a large number of organisations in central and north-west London. The Noclor website hosts an excellent signposting facility, taking researchers through the entire study life cycle and enabling online submissions for risk-based sponsorship applications. See their study life cycle here: [www.noclor.nhs.uk/research](http://www.noclor.nhs.uk/research)

### Case study

The APCRC team has developed strong links with the West of England AHSN; together they have co-designed and developed toolkits around evidence and evaluation (see [www.nhsevaluationtoolkit.net/](http://www.nhsevaluationtoolkit.net/) and <http://nhsevidencetoolkit.net>). The team also works with CLAHRC West to deliver training around evidence and evaluation, and has developed strong links with three public health teams to support the use of evidence and evaluation by commissioners.

## Financial management

**The mechanisms for funding research are markedly different from those for clinical care, with the complexity of income, expenditure and reporting requiring specialist knowledge. The number of transactions relating to each research project is considerable. As research organisations grow their research portfolios, dedicated finance support is necessary.**

Good R&D financial management enables boards to better understand the research income and purpose, informing strategic and operational decisions. Enabling researchers to understand how research income is secured and distributed promotes engagement, assists with efficient planning and use of resource, and increases funding secured. Available funds, however small, will encourage open and transparent discussions about research priorities. R&D departments have a valuable role in being able to share this information to support the research culture.

### Case study

The University Hospital Southampton NHS Foundation Trust dedicated R&D finance team has worked with research teams and programmers to develop functionality within the local portfolio management system to capture activities performed by staff on commercial research studies and to enable proactive invoicing. Timely and accurate identification of study activity improves understanding of business, ensures more efficient use of resources, maximises cash flow and income available for reinvestment in research, while enhancing transparency for all stakeholders.

### Case study

A key appointment at the Royal Free NHS Foundation Trust was the R&D income coordinator, whose remit is to 'close the loop' between the R&D, finance and research teams and to ensure timely invoicing of sponsors. In 1 year of this post, the trust recovered £1.2 million of aged debt.



# Research infrastructure

**To be research active, an organisation needs to develop the right research infrastructure – people and facilities. R&D departments, working with doctors and other multidisciplinary team members, need to identify the local infrastructure need and secure institutional support, support of strategic partners and resource to build that infrastructure, in partnership with departments such as estates and workforce development, in a way that fits the local clinical and research environment.**

Doctors should be supported to access research through professional development opportunities and given protected time to allow engagement with research. R&D departments are well placed to work with colleagues in the development of mechanisms to allocate PAs for research within NHS organisations, helping to protect time and allow consultants to be research active. Clinical leadership in R&D structures can enable a joint approach to awarding research PAs with clinical directors. Ongoing review of research engagement and activity should be a part of all doctors' appraisals, and R&D offices can often work with clinicians to provide information on their individual research portfolios at revalidation.

## Case study

The AUKUH paper *Allocation of programmed activities for research in NHS trusts*, endorsed by AUKUH chief executives, sets out helpful guidance on how trusts may manage research PAs. [www.aukuh.org.uk/index.php/component/docman/doc\\_download/175-research-spa-position-paper](http://www.aukuh.org.uk/index.php/component/docman/doc_download/175-research-spa-position-paper)

## Case study

Guy's and St Thomas' distributes the CRN and research capability funding to clinical directorates based on the national formula, incentivising those that recruit and bring in research funds. These are used for research PAs, nurses, technicians and data managers to promote research. Guy's and St Thomas' also funds PhD studentships in experimental medicine with Biomedical Research Centre funding.

Teams of research fellows, nurses, midwives and professionals allied to health, working alongside clinical staff, are able to deliver quality research and can be considered essential to principal investigators (PIs) working in any research-active healthcare organisation. With the support of the NIHR CRN, many NHS organisations' R&D departments have been successful in developing such infrastructure.

## Case study

Kent Community Health NHS Foundation Trust appointed a joint research nurse post between acute and community. This role provides support for research studies that cross organisational boundaries. The nurse can follow the patient pathway, relieving blocks as they occur between organisations and services. This is particularly important because, as care moves from acute to the community setting, research studies are doing the same.

A key part of an R&D department is a supportive IT environment, to act as a repository of management information on the research portfolio.

## Case study

The critical care clinical information system at West Suffolk NHS Foundation Trust was collaboratively configured by consultant intensivists, nursing and pharmacy staff, and provides functionality and technical capabilities to support the wide-ranging needs of all clinical groups, including R&D. Designed for collecting, storing and making available clinical information important for the healthcare delivery process, the system also enables those interested in or undertaking research to access a number of research resources in real time at the patient's bed space, supporting workflow and optimising productivity. Information, general guidance and signposting to a range of research resources and opportunities are available 24/7. Furthermore, all staff can access information on current studies in which the department is participating, and all publications related to past studies in which the department was involved. The simplicity of the system presents research information logically and consistently, with navigation bars that are simple to use and buttons/menus that avoid technical research jargon. The flexibility of the system means that configuration can occur in house, ensuring that staff have constant access to the latest research information.

# Capability and professional development

**Supporting professional development is important for all members of the research team; whether it's research methodology for doctors or financial management for research managers, recognition of building capability follows on from underpinning capacity. Access to skills can be achieved through collaboration, sharing of expertise and using networks that provide professional development opportunities.**

It is everyone's responsibility to take control of their professional development and to support their research team to do the same. Recognition of the expertise and capability of members of the team, whether researcher or research manager, can address capacity issues and reduce duplication of effort, particularly promoting the knowledge within R&D departments across the NHS organisation and supporting colleagues in the team to expand their capability.

Capacity is fundamental – with increasing pressures on the R&D department, workforce and resources, it is now more important than ever to reinforce research as a core activity. Research is not a luxury, but a necessity, and investment in capacity of the R&D department in terms of staffing and recognition of their professional development in research management is crucial.

Funding and time are significant barriers that can only be overcome with top-down support and this requires recognition and investment. R&D departments should identify capacity challenges across their NHS organisation and report to the board. Where funding is available, for example NIHR CRN contingency or NIHR research capability funding, R&D departments may be the point of contact for applications to 'pump-prime' individuals or areas to build research capacity and capability.

There must also be recognition of the research management profession – support for colleagues to continue their development along that career path is important to ensure greater collaboration and team working.

## Case study

Solent NHS Trust has invested in an internship programme to allow all healthcare and medical professionals to either learn about research or dedicate time to grant applications. The aim is to grow PIs within community and mental health trusts who can contribute to a much-needed evidence base around out-of-hospital care. The trust has funded 15 interns between 2014 and 2016 and, to date, 10 have gone on to win their own research grants or fellowships.

## Case study

Oxford University Hospitals NHS Foundation Trust Biomedical Research Centre has established a theme whose remit includes building the research capacity of the NHS. The Research and Education Training Group has established a comprehensive range of opportunities for healthcare researchers funded by the NIHR locally, for allied health professionals, research nurses and doctors. It offers research networking events, training bursaries, training courses and links to funding opportunities, with funding rounds advertised widely to all staff.

# Additional case studies

## Research culture

### Case study

University Hospital Southampton (UHS) NHS Foundation Trust won an award for their progressive research culture. In this interview, they offer an insight into their achievement. [www.youtube.com/watch?v=QwVNihWXaU](http://www.youtube.com/watch?v=QwVNihWXaU)

### Case study

Surrey and Borders Partnership NHS Foundation Trust specialises in mental health, learning disability, and drug and alcohol services – historically, areas of lower research activity in the NHS. The trust received an *HSJ* award after demonstrating a step change in the scope and commitment of its research function, as well as a significant increase in research participation.

[www.youtube.com/watch?v=641CfcP4WE0&feature=youtu.be](http://www.youtube.com/watch?v=641CfcP4WE0&feature=youtu.be)

[www.nihr.ac.uk/news-and-events/news/?postid=4153](http://www.nihr.ac.uk/news-and-events/news/?postid=4153)

There are more examples of similar *HSJ* awards on YouTube.

### Case study

South Tyneside NHS Foundation Trust has won a prestigious *HSJ* award for prioritising research to improve patient care. The Clinical Research Impact Award is sponsored by the NIHR Clinical Research Network (CRN). It is presented to an NHS organisation that has gone the extra mile to embed clinical research as core business, and to harness the outcomes of clinical research to improve services and treatments for its patients. The South Tyneside gastroenterology team received the award after demonstrating an organisational research culture. Other departments within the trust are following suit and have their own research portfolio. This has seen trust research activity increase by 400% in recent years.

[www.youtube.com/watch?v=GQv6JZtXBk&feature=youtu.be](http://www.youtube.com/watch?v=GQv6JZtXBk&feature=youtu.be)

## Research strategy

### A selection of NHS organisations' research strategies

Avon Primary Care Research Collaborative (APCRC) research strategy for 2017–2020  
[www.apcrc.nhs.uk/library/key\\_documents/documents/apcrcstrategy2017-2020.docx](http://www.apcrc.nhs.uk/library/key_documents/documents/apcrcstrategy2017-2020.docx)

University Hospital Bristol NHS Foundation Trust Research and Innovation Strategy 2014–2019  
[www.uhbristol.nhs.uk/media/2216772/research\\_and\\_innovation\\_strategy\\_2014-2019\\_final.pdf](http://www.uhbristol.nhs.uk/media/2216772/research_and_innovation_strategy_2014-2019_final.pdf)

Leeds Teaching Hospital Research and Innovation Strategy 2015–2020  
[www.leedsth.nhs.uk/assets/Uploads/RI-Strategy.pdf](http://www.leedsth.nhs.uk/assets/Uploads/RI-Strategy.pdf)

Newcastle Gateshead Clinical Commissioning Group Research and Evidence Strategy  
[www.newcastlegatesheadccg.nhs.uk/publications/](http://www.newcastlegatesheadccg.nhs.uk/publications/)

Basildon and Thurrock University Hospitals NHS Foundation Trust Research & Development Annual Report 2015/16  
[www.basildonandthurrock.nhs.uk/safe-staffing/category/122-r-d-annual-lreports?download=1121:r-d-annual-report-2015-16](http://www.basildonandthurrock.nhs.uk/safe-staffing/category/122-r-d-annual-lreports?download=1121:r-d-annual-report-2015-16)

OUH Trust Board report  
[www.ouh.nhs.uk/about/trust-board/2017/january/documents/TB2017.18-research-development-report.pdf](http://www.ouh.nhs.uk/about/trust-board/2017/january/documents/TB2017.18-research-development-report.pdf)

## Communication

### Case study

At University Hospital Southampton (UHS) NHS Foundation Trust, professional communications support for research is provided by a dedicated R&D communications team, integrated with the trust-wide communication team and liaising closely with our university partner. While the team has specialist expertise in scientific and clinical research content, the primary value lies in a strict focus on audience need and empathy, and expertise in using the right outputs and messaging to connect. The communications team manages quality output of a cohesive, consistent nature across a variety of platforms and media, including press/broadcast media, online and web, social media, events and public engagement, patient information, internal and clinician communications, business-to-business marketing and funder reporting/engagement. Structuring our communications capacity like this ensures that every message, campaign, study or information point receives full, complimentary coverage online, on paper, via electronic communications, through events and through others' channels.

[www.uhs.nhs.uk/clinicalresearchinsouthampton/home.aspx](http://www.uhs.nhs.uk/clinicalresearchinsouthampton/home.aspx)

Follow UHS R&D on Twitter [@ClinResUHS\\_UOS](https://twitter.com/ClinResUHS_UOS)

### Case study

UHS Foundation Trust R&D communications team: The ABICUS trial evaluated the use of stem cells taken from the patient's own hip to regenerate worn knee cartilage. Led by a surgeon at UHS, the study had a target recruitment of 40 patients. Through a regular review of open studies with R&D facilitators, the UHS R&D communications team identified this trial for recruitment support, producing in-house filming of procedure footage, video interviews and a press release packaged with an online study page, video and FAQ, plus social media marketing. The video material and press release drove immediate local and national print, online and broadcast news coverage. Google analytics showed an immediate spike in views of the online materials; in the days after release, the study team reported in excess of 100 enquiries, ensuring rapid screening and recruitment to the trial.

### Case study

UHS NHS Foundation Trust R&D communications team: Impact case studies: The NIHR and Department of Health make extensive use of added-value impact statements to exemplify the value of research to the NHS and the economy. These statements also provide R&D departments and researchers with good exposure to funders and decision makers. Through a central role in writing and developing such statements, UHS R&D communications has managed to ensure the inclusion of Southampton impacts in a range of NIHR and central government outputs, including materials used by the chief medical officer, NIHR brochures of national infrastructure and NIHR / Department of Health impact highlights. As the function developed online news and public communications, the communications team was able to repackage impact statement stories and reach other audiences through the media, online and through publications.

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### Case study

Wessex ResearchLine is an online search tool designed to help users easily identify and contact clinical research studies that are running in the Wessex area. The tool links to the NIHR portfolio of current NHS research studies, and allows users to filter a list of studies currently running in the Wessex area by medical condition, specific diagnosis and closest NHS site. Users can then use the tool's email function to contact selected research studies for further information. The current version of the ResearchLine focuses on three areas of research (dementia, mental health and neurological disorders), with plans to develop it for other areas. The tool simplifies the process of finding relevant research studies, will help boost recruitment to current trials, and will increase the opportunities for patients to participate in clinical research.

<http://wessexhealthlines.nhs.uk/health-lines/researchline/>

## Patient involvement

### Case study

At Guy's and St Thomas', the R&D department has introduced a patient involvement board, chaired and populated by patients from across clinical areas. They work within directorates and with the R&D team developing bids.

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### Case study

The R&D team at the APCRC assists researchers with their applications for funding. Part of their role is to advise on how best to involve and engage with patients throughout the research process – and how to engage the strong and extensive patient and public involvement (PPI) networks that already exist. The Research Design Service also offers advice in this area.

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## Case study

A patient and public involvement and engagement (PPIE) communications group was set up at the Royal Cornwall Hospitals NHS Trust (RCHT) to track and report on PPIE activity, as well as to engage and empower members of the public in the development of research materials and future research events. Our ethos is to listen and respond, and we do this through the ‘you said, we did’ mechanism. Communication of research in Cornwall has been one of our main focuses, with social media having a massive impact on how we reach people in rural areas, as well as engaging the younger generation. The first Youth Forum in 2017 followed a successful social media campaign via Facebook, where 15–17-year-olds were invited to form part of a youth steering group for research in Cornwall. There have been two ‘Have your Say’ events, where interested members of the public have been invited to small information and engagement events specifically discussing the development of research materials and the design of RCHT’s annual PPIE event. Both events have been very successful and multiple ideas that were generated are being taken forward. The third annual PPIE event, Let’s Talk Research, which was attended by over 60 patients, members of the public and trust staff, included presentations from pharmacy regarding antimicrobial research as well as a nurse and patient discussion on the benefits of being involved in diabetes research. A research fayre included stands from various specialties, including diabetes / oncology / medical and surgical / women, children and sexual health, whose role was to dispel common myths about becoming involved in research. The event received positive feedback, and future plans include more work on sharing the results of research through publications, presentations and social media, as well as running information, engagement and education sessions for specific diseases within clinical areas to help break down the barriers to research for both patients and staff.

## Case study

Across the Wessex region, the NIHR infrastructure and organisations have committed resources to establish the innovative Wessex Public Involvement Network (PIN). Aiming to provide leadership and promote collaborative working across partner organisations in PPI, the Wessex PIN is co-chaired by a public contributor and a strategic lead. The Wessex PIN (which includes patients and the public) works together to develop policies (eg payment), strategies (eg communication and engagement) and approaches (eg to increasing diversity and exploring public involvement impact) to offer accessible information and opportunities about getting involved in health research, impacting positively on reach, relevance and refinement of health research.

## Case study

Solent NHS Trust has a core patient contributor group that sits within their team, and works on any key decisions. Although they provide support with research strategy, design and dissemination, they also provide leadership on key events and projects. For example, in 2016 they led the annual research conference, making it more accessible via interactive workshops (such as dance therapy for falls prevention, and singing exercises to support breathing) – our patient contributors opened the day, and co-chaired each of the sessions.



## Relationships

### Case study

At Guy's and St Thomas' we have, as part of the leadership training of NIHR managers and directors, formed a group to work more closely with other parts of the NIHR locally (ecosystem) and with the national NIHR coordinating centre, to host NIHR functions such as the local clinical research network (CRN), and to collect NIHR statistics to enable us to ensure that our offer to the trust and patients is maximised with all the connections that we have established.

### Case study

Kent Community Health NHS Foundation Trust has a Research Interest Group. This group offers an opportunity for staff to listen to research conversations, to network and to build connections with the trust's academic neighbours. A quarterly meeting is held with all invited, regardless of experience or knowledge. Informal presentations or talks are given to kick-start the conversation, in a relaxed and supportive environment where staff are encouraged to bring their questions. The meeting also provides an opportunity for cross-specialist working in research, and connects clinical specialists with academics who have similar interests.

### Case study

The success of the APCRC team is bolstered through relationships that have been built up – with two local universities, the CRN, the local public health teams in three councils, the West of England AHSN, the CLAHRC West, and commissioners at all levels in three CCGs.

### Case study

At Portsmouth Hospitals NHS Trust, facilitators are matched to clinical areas, enabling the development of good working relationships with doctors and clinical teams. Together with research nurse teams, the R&D office staff support research meetings, study initiation visits, study development days, and team events to contribute to the growth and delivery of research.

### Case study

Oxford University Hospitals NHS Foundation Trust R&D department funds R&D managers based within divisions. These R&D managers help resolve issues with research projects, working closely with clinical managers and study teams and giving robust oversight of clinical research, focusing on research performance and financial management of the divisional research portfolio.

### Case study

Following the merger of two separate Oxford-based NHS trusts in 2011, the new Oxford University Hospitals NHS Foundation Trust formed a key collaborative relationship with the University of Oxford. Part of this collaboration resulted in a joint R&D committee. The terms of reference for this committee included to agree the creation and the evolution of a joint research office, and to agree the strategic and operational R&D and related intellectual property (IP) issues connected with the collaboration between the trust and the university.

## Contribution of doctors

### Case study

University Hospital Southampton NHS Foundation Trust has established R&D lead roles in each clinical division. Funded by the R&D department, the R&D leads are consultant medical staff, experienced in clinical research. Their role is to drive the development and delivery of the research portfolio in their clinical divisions. In doing so, they work closely with their clinical colleagues, divisional management teams and the R&D department. The R&D leads sit on the trust's R&D steering group and make an essential contribution to the R&D strategy and annual plans.

### Case study

The Royal Free NHS Foundation Trust has very strong theme leads. These clinicians are appointed to lead research themes aligned to NIHR themes; they support R&D for all consultant colleagues within their divisions, and encourage, nurture, support and oversee the R&D work of doctors and all other R&D colleagues within each theme. The theme leads work alongside the R&D director to provide clinical support for growth and solutions to barriers, and to set clinical relevance. The lead roles are also an aspirant role for clinical research doctors and a growth opportunity, as they are competitively won. This clinical structure gives strong clinical buy-in to research growth.

### Case study

The Royal Free Foundation NHS Trust supported the growth of principal investigators (PIs) through running a scheme that offered 2 PAs (programmed activities) of support for 2 years to senior consultants, both to undertake research and to nurture other colleagues to undertake research and provide a mentor role to junior researchers. The scheme was successful in bringing early-career clinical colleagues into the ranks of research-active clinicians and thus increased the pool of PIs, such that the scheme was no longer needed.

### Case study

Royal Devon and Exeter NHS Foundation Trust R&D department regularly collects feedback from researchers (and consultants as a separate group) on the service provided by R&D and responds accordingly.

### Case study

At Oxford University Hospitals NHS Foundation Trust, key researchers have been interviewed about their role in research and this has been incorporated into the latest issue of good clinical practice training. Also at Oxford, the Biomedical Research Centre has established a theme whose remit includes building the research capacity of the NHS. The Research and Education Training Group runs the Research Network and afternoon Research Café events, open to all staff, with talks from researchers on their work. At Christmas, the Research Network holds a research-themed debate, which is very popular.

## Signposting

### Case studies

A number of NHS organisations incorporate all aspects of research on dedicated pages on their website, ensuring that patients, researchers or other organisations, commercial or non-commercial, are able to contact the right group. Examples include:

- Oxford University Hospitals NHS Foundation Trust: [www.ouh.nhs.uk/research/default.aspx](http://www.ouh.nhs.uk/research/default.aspx)
- The Leeds Teaching Hospitals NHS Trust: [www.leedsth.nhs.uk/research/](http://www.leedsth.nhs.uk/research/)
- Avon Primary Care Research Collaborative: [www.apcrc.nhs.uk/](http://www.apcrc.nhs.uk/)
- Greater Manchester Mental Health NHS Foundation Trust: [www.gmmh.nhs.uk/research](http://www.gmmh.nhs.uk/research)
- Newcastle upon Tyne Hospitals NHS Foundation Trust: [www.newcastle-hospitals.org.uk/about-us/research-and-newcastle-hospitals.aspx](http://www.newcastle-hospitals.org.uk/about-us/research-and-newcastle-hospitals.aspx)
- Sheffield Teaching Hospitals NHS Foundation Trust: [www.sth.nhs.uk/research-innovation](http://www.sth.nhs.uk/research-innovation)
- Oxford Health NHS Trust: [www.oxfordhealth.nhs.uk/research](http://www.oxfordhealth.nhs.uk/research)

A national directory of NHS R&D offices, local CRNs and their websites is available on the NHS R&D Forum website: [www.rdforum.nhs.uk/content/contact-details/](http://www.rdforum.nhs.uk/content/contact-details/)

### Case study

National bodies for research across the UK provide support, funding and many centralised services to make it possible for patients and health professionals to participate in clinical research studies within the NHS. In England, the NIHR Clinical Research Network Coordinating Centre manages the CRNs on behalf of the Department of Health. The CRNs make it possible for patients and health professionals across England to participate in clinical research studies, by providing the infrastructure that allows high-quality clinical research funded by charities, research funders and the life sciences industry to be undertaken throughout the NHS. The CRNs work with patients and the public to make sure that their needs are placed at the heart of all research, and provide opportunities for patients to gain earlier access to new and better treatments through research participation.

NIHR CRNs: [www.nihr.ac.uk/about-us/how-we-are-managed/managing-centres/crn/](http://www.nihr.ac.uk/about-us/how-we-are-managed/managing-centres/crn/)  
 Health and Care Research Wales: [www.healthandcareresearch.gov.wales/](http://www.healthandcareresearch.gov.wales/)  
 NHS Research Scotland: [www.nhsresearchscotland.org.uk/](http://www.nhsresearchscotland.org.uk/)  
 Northern Ireland CRN: [www.nicrn.hscni.net/](http://www.nicrn.hscni.net/)

## Financial management

### Case study

Sheffield Teaching Hospitals NHS Foundation Trust has invested in a dedicated research finance team, whose remit is to confirm costs for grant applications where the trust is either the lead or a collaborating site, for sponsored and hosted non-commercial studies and for commercially sponsored studies. They negotiate with commercial sponsors, ensuring timely invoicing and receipt of income into the trust, and funding flows with collaborators. The research finance team works alongside the R&D team and research teams to deliver clinical research. The trust has implemented transparent finance principles for both portfolio- and commercial-related activity and research capability funding to clinical directorates and research infrastructure across the trust, enabling delivery of strategic aims, promoting engagement and building capacity.

### Case study

Oxford Health NHS Foundation Trust has benefited from the visionary thinking of the R&D director, who identified some years ago the benefit of having a dedicated finance professional for R&D. This role not only controls all aspects of finances, but is seen as the 'go-to' person for research finance within the trust and Oxford University. They produce non-finance metrics and are a bridge between R&D and central finance and a key member of the management team, to a point where they have operated as the deputy head of R&D.

### Case study

NIHR CRN Wessex Excess Treatment Costs (ETCs) funding: The treatment provided within a research study may be more expensive than standard care, and hence could result in ETCs. The Department of Health, through the guidance note 'Attributing the cost of health and social care R&D (AcoRD)', states that treatment costs associated with research are patient care costs and should be met through the patient care budget. At the beginning of the financial year, NHS trusts cannot always be aware of the ETCs that may be incurred throughout the course of the year, so it has proved difficult for organisations to meet these costs at relatively short notice and hence ETCs have historically proved to be a block to research. In response to this, CRN Wessex manages an ETC funding stream, where funding is provided by CCGs and specialised commissioning covering Hampshire, the Isle of Wight, Dorset and Wiltshire (south). Under this model, PIs from NHS organisations within Wessex can apply for costs of the research treatment that were over and above the costs of standard care. The scheme has proved highly successful in enabling research studies to progress that might otherwise have failed owing to ETCs.

## Research infrastructure

### Case study

NIHR CRN Wessex actively supports junior and senior medical trainees with the opportunity to acquire competencies and skills in clinical research methodologies. The Fellowship Scheme is competitively awarded and funds up to 0.5 whole-time equivalents, with matched funding from host organisations. The scheme has increased recruitment for clinical trials, diversified trial portfolios, contributed to the development of new portfolio studies, supported clinical services to develop new clinical pathways, improved income streams from clinical trials to hospital trusts, expanded research support and development services, improved access for patients and carers, and improved industry recruitment to studies.

[www.nihr.ac.uk/nihr-in-your-area/wessex/documents/CRN%20Wessex%20Fellowship%20Brochure.pdf](http://www.nihr.ac.uk/nihr-in-your-area/wessex/documents/CRN%20Wessex%20Fellowship%20Brochure.pdf)

### Case study

The University Hospital Southampton (UHS) NHS Foundation Trust model for research nursing, midwifery, allied health professional and clinical trials assistants ensures effective research delivery through innovative workforce development. This model can be replicated elsewhere and trusts are engaging with UHS to adopt and adapt this model. The increasing workload and challenges faced in recruitment and retention of qualified nurses required an innovative approach to workforce development in order to meet the infrastructure challenges. The Southampton model includes all research nurses/midwives and allied health professionals on permanent contracts, ending years of short, fixed-term contracts undervaluing the role. The model uses a centralised team approach, with research nurses managed by nurses, ensuring that opportunities for joint clinical and research roles are included to enhance the embedding of research in clinical areas. A supportive management infrastructure, with clear lines of accountability and team specialty definition, was introduced in line with hospital divisional structures. Job titles were aligned with clinical roles to ensure synergy between research and clinical staff. The model supports flexible working and opportunities for career breaks and winter month working, alongside retire and return to research work posts for generation X. Clinical academic career pathways are developing that are part of research nursing, thus removing the step-on-and-off approach. A dedicated clinical research education team, working to a training and education framework, includes study delivery, feasibility and consent training, and facilitates student nurse placements. Development of research staff to support nursing includes a clinical trials assistant training programme. We have a dedicated research physician and medical fellows to support study delivery. Staff support in the model includes research forums, peer group meetings, wellbeing sessions and resilience workshops.

### Case study

At Oxford University Hospitals NHS Foundation Trust, following the creation of a joint research office, the trust, the University of Oxford and an external software partner developed an online portfolio management system that has transformed key R&D functions, enabled information sharing between organisations and reduced duplication. This system was so successful that additional funding was obtained from CRN to increase the functionality to become the local portfolio management system for all Thames Valley NHS trusts.

## Capability and professional development

### Case study

Following the success of a dedicated training lead post within the research nurse and allied health professional infrastructure, a similar post has been created within the University Hospital Southampton NHS Foundation Trust central R&D office. The postholder, an experienced research facilitator, works with R&D staff and users of the service to determine training needs within the R&D office and ensures that those needs are met, with the aim of continually improving the service provided.

### Case study

Kent Community Health NHS Foundation Trust: R&D and learning and development join together to support MRes applicants through the application process, working with their line managers. The intention is to ensure that MRes research topics are in line with trust objectives and that the service manager supports the application. In addition, conversations with the service manager aim to support their understanding of how to keep the applicant involved in research after they have completed their course. This process plans to embed a stronger research culture throughout non-doctor/dentist teams, recognising the research capabilities of nurses and allied health professionals.

### Case study

Southampton Academy of Research (SoAR) works to ensure the education, training and career development of Southampton's research workforce.

[www.uhs.nhs.uk/ClinicalResearchinSouthampton/For-researchers/Education-and-training/About-SoAR/About-SoAR.aspx](http://www.uhs.nhs.uk/ClinicalResearchinSouthampton/For-researchers/Education-and-training/About-SoAR/About-SoAR.aspx)

### Case study

The APCRC approach to R&D support is extremely successful: they support researchers and NHS staff interested in primary care and community health areas to develop strong NHS-focused research grant applications. APCRC then hosts the successful NIHR-funded research projects. Significant research capability funding (RCF) is subsequently generated each year – APCRC is at the top of the table for RCF awards to primary care / community health R&D teams. RCF is then invested in university posts, and increasingly in posts that support commissioners to use the best evidence to underpin their decision making. Ever-stronger relationships with academic colleagues and commissioners have developed, evidence-informed commissioning is being embedded, and the APCRC umbrella of 'knowledge mobilisation' between academia and the NHS is our key theme. RCF funds a wide range of posts at both the University of Bristol and the University of the West of England (UWE), meaning that capability and capacity are nurtured and that NIHR research grants are developed. Several members of the wider R&D team are also funded, including a research, innovations and contracts manager, a research finance manager and two research project managers, based at the University of Bristol and at UWE. Researchers in residence posts are academic researchers seconded to CCGs, or NHS managers seconded to academia. GP evidence fellows – who act as champions for the use of evidence and evaluation – are supported alongside graduate evaluation and graduate evidence assistants, who support and encourage evaluation work, which often leads to new research ideas, and who support the use of evidence and identify evidence gaps that can also be developed into research ideas. Partial funding is supplied for a health economist role in public health and, finally, a professor of knowledge mobilisation is funded in conjunction with UWE, to deliver the wider APCRC knowledge mobilisation strategy.

## Conclusion

In the past 5 years, all NHS trusts in England have become research active and there is scope to achieve the same in all NHS organisations, with trust boards and governing bodies being aware of the need to demonstrate research activity. NHS organisations must work to ensure that robust research and evidence underpin decisions. Where evidence is sparse, R&D departments and doctors working together can help with opportunities for filling those gaps through the research pipeline. The traditional divide between the perceived ivory-tower world of academia and the practical coalface of the NHS can be bridged and knowledge mobilised.

Research management, through a high-quality R&D department, is increasingly being recognised as a key part of the NHS management team. There have been demonstrable progress and positive developments in recent years. A significant part of this is due to the role of the NIHR working with, and on behalf of, NHS organisations and researchers. However, there is still some way to go to embed research fully at all levels of the NHS. This won't be achieved overnight but, by continuing to build capacity, increasing communication with all stakeholders, developing capability and working as a team, R&D departments and doctors can help to ensure that research is a core activity supported by boards and available to everyone who wants to be involved.

## Share your views

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[info@rdforum.org.uk](mailto:info@rdforum.org.uk)

## About the RCP

The RCP aims to improve patient care and reduce illness, in the UK and across the globe. We are patient centred and clinically led. Our 34,000 members worldwide work in hospitals and the community across 30 different medical specialties, diagnosing and treating millions of patients with a huge range of medical conditions.

Involving patients and carers at every step, the RCP works to ensure that physicians are educated and trained to provide high-quality care. We audit and accredit clinical services, and provide resources for our members to assess their own services. We work with other health organisations to enhance the quality of medical care, and promote research and innovation. We also promote evidence-based policies to government to encourage healthy lifestyles and reduce illness from preventable causes.

Working in partnership with our faculties, specialist societies and other medical royal colleges on issues ranging from clinical education and training to health policy, we present a powerful and unified voice to improve health and healthcare.

## About the NHS R&D Forum

The NHS R&D Forum is a professional network and community of practice for the NHS, health and care research management, support and leadership workforce.

We represent those who lead, promote, manage and support quality health research with and for NHS providers and commissioners of care; creating standards, supporting peers, and influencing UK-wide bodies as a critical friend to improve practice. Our work is undertaken by our members, by our working groups and in partnership with others. For further information about the NHS R&D Forum, visit our website at [www.rdforum.nhs.uk](http://www.rdforum.nhs.uk)

