Royal College of Physicians

NHS Research and Development Forum

Research for all

Sharing good practice in research management

July 2017

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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.

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.

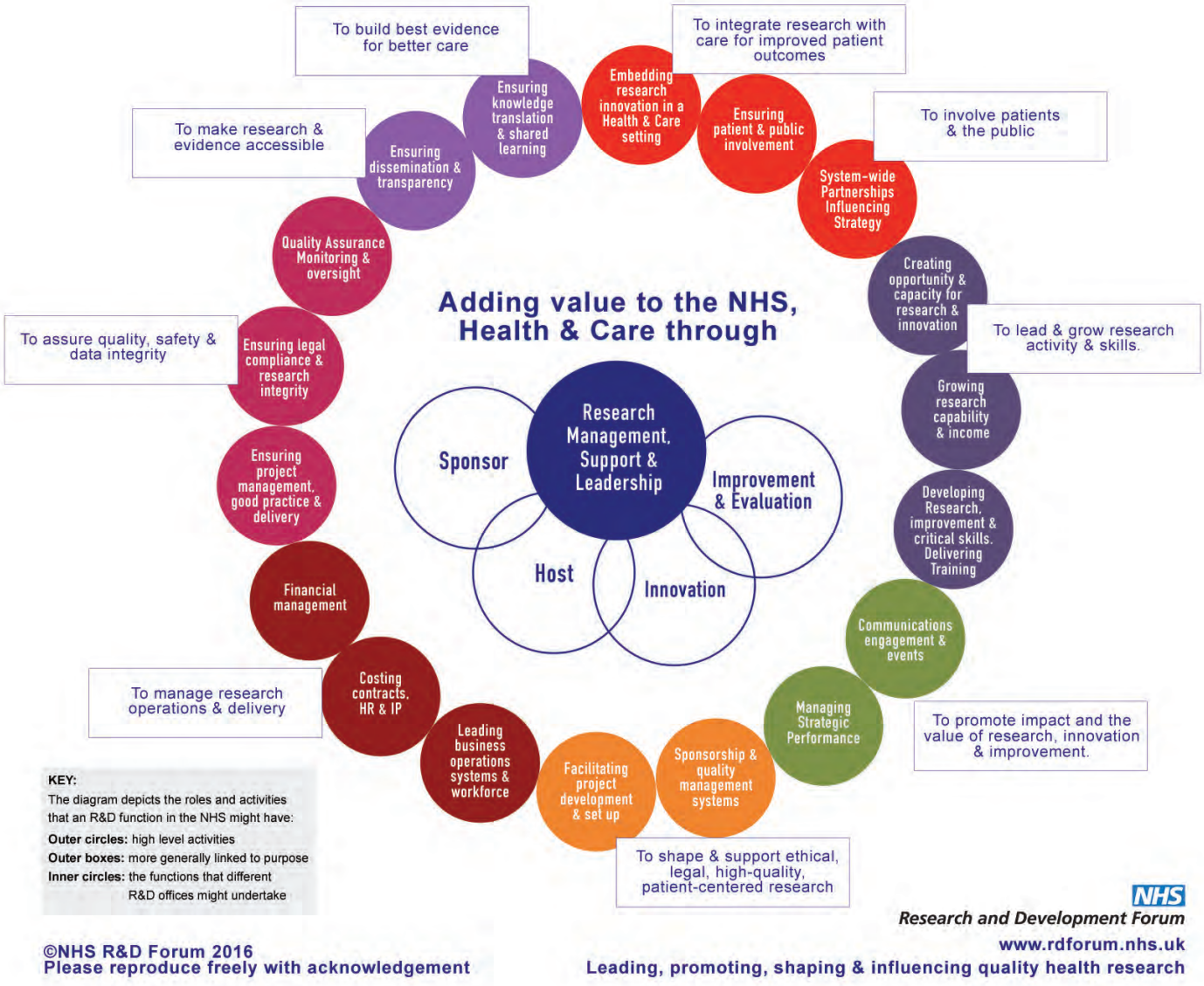
Following the publication of *Research for all* by the Royal College of Physicians (RCP) in 2016 and its recommendations for collaboration in identifying and disseminating good practice, this document outlines the conditions needed to support research directors, managers, clinical and non-clinical staff 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.

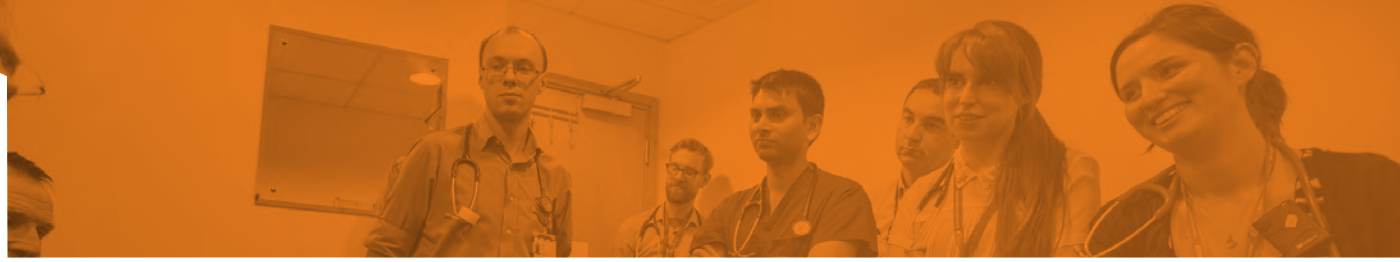
In publishing this document, we would like to acknowledge the R&D Forum members and NIHR Ashridge R&D Directors and Managers Leadership community for providing examples of best practice. This work has been led by Christine McGrath, director of R&D at University Hospital Southampton NHS Foundation Trust, 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**) and the R&D Forum resource exchange (**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





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**.

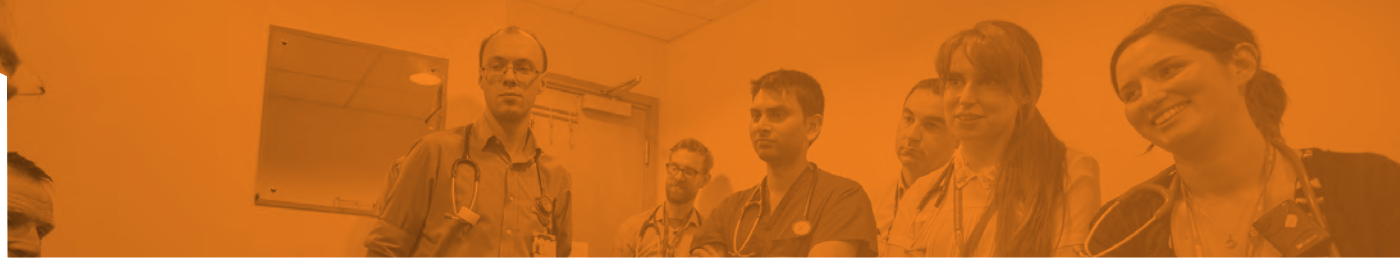
Patient involvement

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/)** and the James Lind Alliance **(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

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
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/)** 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/**

Health and Care Research Wales: **www.healthandcareresearch.gov.wales/**

NHS Research Scotland: **www.nhsresearchscotland.org.uk/**

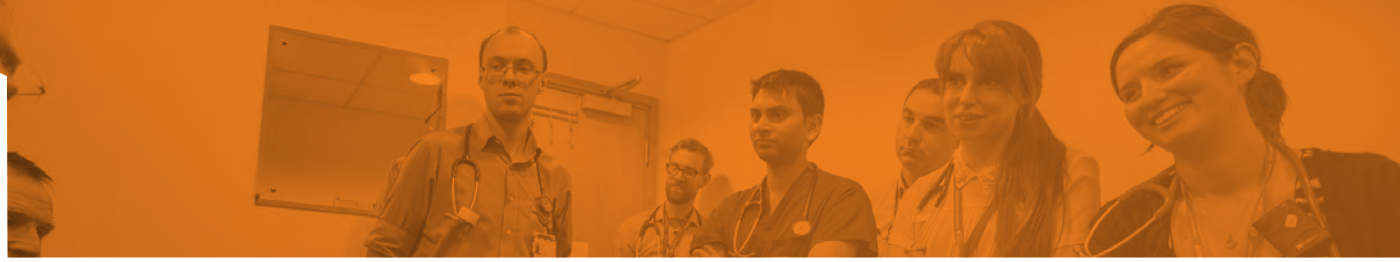
Northern Ireland CRN: **www.nicrn.hscni.net/**

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

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**

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/** 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**

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.

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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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**