

SHARED PRACTICE BULLETIN

Development and Sharing of Practice during COVID-19 May 2020

The R&D community has shown immense flexibility, resilience and skill in managing the research response to COVID-19.

The R&D Forum working group members have been hosting weekly hangouts to review COVID-19 developments, to share innovative practice and to support each other whilst quickly forming a national perspective of the practical issues affecting the development and delivery of COVID-19 research, including how these have changed as the UK-wide response has moved forwards. The groups from across the R&D management, support and leadership community have thus been uniquely placed to provide a meaningful contribution to the development of the national approach and to help with the policy and guidance being produced. The R&D Forum will continue to support the Department of Health & Social Care and partners across the system to deliver the required COVID-19 research in a speedy and safe manner.

This bulletin is a means of sharing just 16 examples more widely. As the landscape changes these examples may become outdated but we hope they are useful in general times too.

We would like to issue more bulletins as we go on and so please do share examples to info@rdforum.org.uk

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1. Research as ‘good news’ during gold command

East and North Hertfordshire NHS Trust

Contact: Professor Phillip Smith phillip.smith5@nhs.net

Our Trust is managing the COVID-19 response via Gold Command and the Gold Command Bulletins provide the official internal communications. Research is seen as a ‘good news story’ and I provide an update on research to our communications team each week.

What is good about this?

Research should be an everyday expectation and not an exception - the success of a national COVID-19 response is ultimately determined by our collective research effort so we will never get a better opportunity than this to embed research.

2. Sharing research at a regional level

Norfolk and Suffolk Primary and Community Care Research Office

NHS Norfolk and Waveney CCG

Contact: Dr Tracy Shalom t.shalom@nhs.net & Clare Symms clare.symms@nhs.net

We are sharing COVID-19 research news, updates and activity across the region with our CCGs on a weekly basis

What is good about this?

Good communication raises the profile of research at a CCG and system-wide level, connecting the region, fostering ‘research is care’ awareness, and supporting the building of good relationships.

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3. Providing evidence briefings on COVID19 practice

Leicestershire Partnership NHS Trust

Contact Professor Susan Corr Susan.Corr@leicspart.nhs.uk

We are working closely with the library services at the Trust to provide up-to-date references and sources of trusted evidence in a digestible format to our clinical teams working.

What is good about this?

This is a great use of our time and skills to support our colleagues and to promote the use and value of evidence. The links between research and evidence are arguably also strengthened.

4. Identifying and communicating expected gaps in research income & capacity

East and North Hertfordshire NHS Trust

Contact: Professor Phillip Smith phillip.smith5@nhs.net

We have identified the potential gap in income from our grants and commercial contracts and disclosed them to the Trust finance teams as part of their COVID income risk assessment

What is good about this?

The assessment enables the organisation to fully understand the financial picture and starts to support the forward planning and recovery phase ensuring research capacity and capability for all studies can continue in the future.

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5. Developing videos about COVID 19 research

Barts Health NHS Trust

Contact: Dr Mays Jawad m.jawad@qmul.ac.uk

We have developed a suite of interventional and observational COVID-19 research videos in the following languages (based on requirements within East London) to our [Barts Health YouTube](#) channel: Bengali/ Bangla, Hindi, Russian, Sylheti and Urdu. The English versions have been embedded on the Barts Health website, along with hyperlinks to each language version: <https://www.bartshealth.nhs.uk/covid-trials>.

What is good about this?

There are specific communication challenges for research during COVID19 when research is ever more crucial. Video enables us to deliver complex messages about taking part in COVID 19 research more easily and from a distance.

6. Daily huddles

Barts Health NHS Trust

Contact: Dr Mays Jawad m.jawad@qmul.ac.uk

Team huddles have been undertaken every day at 6pm to connect all the staff together and check everyone is OK

What is good about this?

Daily contact helps to build relationships, share daily tensions and worries and moves everyone forward as one team.

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7. An oversight committee just for COVID-19 studies

Cambridge University Hospitals NHS Foundation Trust

Contact: Dr Tracy Assari tracy.assari@addenbrookes.nhs.uk

We have established an oversight committee just for COVID studies to help us swiftly balance and address some key issues such as: (1) enrolment or competing studies, particularly where the same drugs are proposed (2) different ways of consenting patients/next of kin (3) prioritising research/ assessing requirements for staff capacity, resource and access to research infrastructure for COVID studies (4) sample collecting and handling and risk assessing the process of collection to appropriate labs that will be analysing samples

What is good about this?

Whilst sometimes committee structures can be slow to act or add an extra layer of decision making, when you have competing issues that need rapid decisions a well convened and responsive committee can help to make inclusive, robust and swift decisions.

8. Set up of studies in the pipeline to be paused but ready to go

North Bristol NHS Trust

Contact: Helen Lewis-White Helen.Lewis-White@nbt.nhs.uk Dr Becca Smith Rebecca.Smith2@nbt.nhs.uk

Wherever possible non-covid studies have continued to be set up to the point of Capacity and Capability Confirmation, for both sponsored and participating studies, and then placed on hold. For hosted studies this is always undertaken in conversation and agreement with the Sponsor.

What is good about this?

This approach allows the Trust to start recruitment as soon as possible as it restarts clinical services.

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9. Daily restoration planning and workforce meetings, which R&D attend at Executive and Operations level

University Hospitals Birmingham NHS Trust

Contact: Jo Plumb Joanne.Plumb@uhb.nhs.uk

We have daily Executive restoration planning and workforce meetings which R&D attend at Executive and Operations level. Our R&D restoration plan will be aligned to the Trusts Operational plan i.e patient pathways for operational delivery of services which included Covid19 hot + cold sites, patient and staff testing protocols and workforce repatriation post redeployment, taking into account the requirement for continued support in the event of further surges. We are also busy recruiting patients to trials, working up a Vaccine study, and staff testing to complete all done by R&D!

What is good about this?

The R&D team is well integrated into the Trust executive and operational planning for the restoration of clinical services ensuring that research can also respond and recover in step with clinical capacity.

10. Running a Trust-wide rapid evaluation on our COVID response

Solent NHS Trust

Contact: Dr Sarah Williams Sarah.Williams@solent.nhs.uk

We have been running a rapid evaluation on our Trust-wide COVID response by:

- Collecting stories, case studies and experiential interview data on how it has felt to be in lockdown, working remotely, shielding, different approaches to risk. From both a patient and staff perspective
- Formally evaluating certain themes, such as remote consultations, redeployment -Sharing in real time to enable change and adjustment. And publishing on intranet and website www.academy.solent.nhs.uk

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- Creating a tool kit for teams to think about what evidence they need to move towards recovery, and to include their patient voice (this piece of work just starting)
- Re-energising the learning from excellence programme – appreciative enquiry approach to learning

What is good about this?

Ensuring that we support immediate evaluation of our internal COVID response brings valuable learning to both the research & improvement department, and the Trust.

11. Connecting with our patient ambassadors (side by side network)

Solent NHS Trust

Contact: Dr Sarah Williams Sarah.Williams@solent.nhs.uk

We have held a series of initiatives to ensure our patient ambassadors are connected with us and also supported during this time via:

- Fortnightly zoom calls
- Fortnightly newsletter (Staying Connected) with ways to get involved, including links to online research – about to be co-edited with one of the patient contributors
- Peer-peer interviewing of ‘patient experience’ of the pandemic
- Series of blogs

What is good about this?

Ensures our relationships with our patient ambassadors (side by side network) continues during the pandemic and enables their invaluable ongoing contribution to the work of the Trust.

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12. Internal communications programme to all staff

Durham Tees Valley Research Alliance

Contact: Jane Greenaway, jane.greenaway@nhs.net

We have a well established internal research communications programme across the alliance, which includes:

- Weekly COVID R&D briefings to Trust Gold command teams to share information on studies running and recruitment, and those being planned
- Medical Director emails to all staff to raise awareness of the importance of the COVID treatment trials
- R&D Intranet sites set up with all COVID R&D info
- Daily huddles for research staff to allocate tasks for RECOVERY and REMAP CAP trials
- Daily teleconferences for Team Leaders
- Twice weekly Alliance Executive teleconferences to assess and prioritise COVID studies for local delivery
- Regular R&D bulletins to research staff and PIs, outlining the status of studies and Durham Tees Valley Research Alliance Executive guidance for prioritisation of studies or plans for returning to 'business as usual'
- Regional R&D Managers also hold weekly teleconferences to share intelligence on studies – led by the local Network to get the national picture too.

What is good about this?

Internal communications are essential as well as promoting COVID research across the region. Clinical and research staff are much more likely to understand their roles and the importance of research to the COVID 19 response. Communications from the Medical Director provide leadership.

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13. Barts life sciences COVID19 data group

Barts Health NHS Trust

Contact: Dr Mays Jawad m.jawad@qmul.ac.uk

As Barts Health's COVID-19 patient datasets are large and to manage all the access and sharing requests this new data group has been established. This group meets weekly to review proposals, and considers them in the context of their societal benefit, benefit to the institutions and their fit with the Trust strategic goals to make better use of data to transform care. Where data requests are for similar projects we will look to and expect collaboration between research groups rather than competition.

What is good about this?

Coordination and oversight of all data sharing access requests ensures data is valued and of maximum benefit. It also ensures the good management and governance of data, supports collaboration and ultimately aims to build trust.

14. COVID 19 deviation from SOPS

Newcastle Joint Research Office: Newcastle upon Tyne Hospitals NHS Foundation Trust and Newcastle University

Contact: Sean Scott sean.scott@nhs.net

We have published a [SOP](#) to manage deviations from our existing SOPS and good practice that may occur because of COVID-19.

What is good about this?

Planning how to handle potential deviations enables research teams to act confidently to ensure the safety and integrity of their research participants and study data.

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15. Cross system working in Cambridgeshire and Peterborough CCG

Cambridgeshire and Peterborough CCG

Contact: Viv Shaw v.shaw@nhs.net

CCG R&D were tasked with reporting Covid 19 research recruitment to the pan-system clinical advice cell weekly and are tracking studies as they come live so we can report on research recruitment across providers. This has increased the visibility of research among clinical leaders across providers and allows early wider sight of research in the pipeline. More broadly we share research updates with Clinical Outcomes and Population Health colleagues, which helps link the evidence to support better health outcomes for the population. R&D are also contributing to the pan-system Covid 19 ethical cell which is responding to clinical ethical questions for services and equity issues arising in the pandemic; and this is informing approaches on inequalities and how to respond to the evidence on who is most at risk from Covid 19, again this has generated new links with academia, service and lay representatives.

For primary care, R&D publicise study-related information, engage new general practices linking them to CRN, and communicate Covid 19 research and evidence via twitter and CCG communications and are linked up with Local Medical Committee colleagues. We have worked with CRN to ensure a portal with accessible latest documents on the Principle study for general practice colleagues. R&D are also working closely with NIHR grant investigators who are adapting studies because of the Covid 19 context; these are linked into front-line staff to assess practicalities of re-starting non-covid research in due course. R&D are pressing on with deploying research capability funding amongst academic partners and primary care, and we are adopting a more streamlined approach for primary care applications in the Covid 19 context. Part of this is to set out options of how RCF can be used in the context of Covid whether this is time for training, enlisting help and training shielded staff or helping research naïve practices to engage in research.

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What is good about this?

The R&D team is well integrated into the pan-Cambridgeshire and Peterborough system Covid 19 clinical advice cell and ethical cell responding to the pandemic context and towards getting non-covid services back up and running, keeping research on the agenda and moving towards integrated care services. The links into CCG Clinical Outcomes and Population Health mean we are better sighted on the system response to Covid 19 and future plans. In primary care, the Covid 19 pandemic has heightened research interest in general practices keen to have access to potential treatments and to generate evidence, there are potential knock on opportunities arising from the large changes in working practice as well, albeit a complex time for services and investigators alike

16. COVID 19 research showcased on national television

Royal Free London NHS Foundation Trust

Contact: Farhan Naim farhan.naim@nhs.net

We are delighted at the Royal Free London at having been able to ensure that Covid research was given a presence on national television by way of Hospital (screened on BBC 2 Monday and Tuesday nights). The piece elegantly showcased the importance and role of research in the Covid fight.

What is good about this?

Although not in everyone's gift to follow this example we feel this is something for the whole R&D community to celebrate - we should all take pride in the fact that research has been given prominence in this way

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The NHS R&D Forum is a UK-wide Professional Network for those involved in the management, support & leadership of research in health and care.

For more information about the NHS R&D Forum visit:

Website: NHS R&D Forum www.rdforum.nhs.uk

Twitter: @NHSRDFORUM

Email: Info@rdforum.org.uk

More resources can be accessed via the [NHS R&D Forum Resources Exchange](#) key word search **COVID-19**

Thank you for all you are doing towards the COVID-19 research effort

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