

## **Purpose and Structure of the NIHR Research Delivery Network**

### **1. Overview of the NIHR RDN**

- 1.1 The NIHR Research Delivery Network (RDN) mission is to enable the health and care system to attract, optimise and deliver research across England. The RDN supports the country's world-class research system to deliver high quality research that enables the best care for the population. It works across the health and care system, with clinicians and other staff in all health and care settings, and distributes funding to support the effective and efficient initiation and delivery of research. This will benefit people receiving care now and in the future, support the NHS and care services, and through collaboration with the wider NIHR and devolved nations, generate benefits for the wider economy of the UK.
- 1.2 The NIHR RDN operates as one organisation across England, through a network of 12 Regional Research Delivery Networks (RRDNs) and a central coordinating centre (RDNCC). The RRDN geographical boundaries align with the seven NHS England administrative boundaries. The RDN Coordinating Centre and regions work together, with shared principles, values and behaviours to form the single entity that is the NIHR RDN. The NIHR RDN will work flexibly and collaboratively together and as part of the NIHR to deliver continuous improvements in services and outcomes in order to drive innovation, and to rapidly address issues or areas that may not be reaching their full potential.

### **2. Purpose of the NIHR RDN**

- 2.1 The NIHR RDN has three primary purposes:
  - To enable research across the country: connecting companies and researchers with delivery organisations in a diversity of settings, promoting effective and inclusive research delivery practice, bolstering delivery organisations' capacity and capability through our Agile Research Delivery Teams, providing access to digital tools to aid participant identification, and helping to resolve issues that arise during delivery.
  - To invest in capacity and capability for delivering the NIHR RDN Portfolio: building capacity and capability for research delivery within the health and care system by providing funding, training and career development; and building communities of practice for research delivery and research ready communities with patients, service users, carers and the public.
  - To support the implementation of national policy: supporting DHSC, NHS England and the Health Research Authority to implement policies and guidance to streamline and improve health and care research delivery; and provide processes and tools to aid compliance whilst identifying and understanding enablers and barriers to success.

This in turn will enable more people to take part in research wherever they live, help to address changing population needs, support the health and care system and the economy, and support research to become a routine part of care.

- 2.2 The NIHR RDN will provide the infrastructure to enable the strategic development of research delivery capability and capacity at organisational, regional and national levels. It is therefore a key part of the national infrastructure that aims to strengthen and enhance study delivery across the country.
- 2.3 The NIHR RDN will work to bring research to under-served regions and communities with major health and care needs, and seek to build capacity to enable research delivery in primary, community and social care settings and less research-active NHS Trusts.
- 2.4 A key role of the NIHR RDN will be to allocate and oversee funding to meet NHS Support

Costs and other specified costs for eligible studies (e.g. research support staff such as clinical research nurses; and research support services such as pharmacy, pathology and radiology). This provides study sites with resources to deliver funded research (both commercial and non-commercial studies) and ensures these sites are able to support the delivery of high-quality funded research studies and recover costs appropriately.

- 2.5 The NIHR RDN will support study sites to deliver studies which meet the Network eligibility criteria including:
  - Clinical trials and other well-designed health and social care research studies (including studies that are delivered outside of an NHS setting);
  - Public health studies that require the recruitment of individuals within an NHS setting (i.e. acute, ambulance, mental health, community or primary care) or an episode of care which involves contact with the NHS.
- 2.6 The NIHR RDN will provide services which improve the efficiency of research delivery and remove duplication of effort where possible and are advantageous.
- 2.7 The NIHR RDN will work in partnership with the Devolved Administrations to support the delivery of UK-wide studies and the effective implementation of national policy.
- 2.8 The NIHR RDN will continuously learn and adapt to the changing domestic and global environment for health and care, life sciences and health research, working in collaboration with partners across the UK health research ecosystem.
- 2.9 The NIHR RDN will maintain strategic oversight of the RDN Portfolio.

### **3. Governance**

- 3.1 The RDN is part of the National Institute of Health and Care Research (NIHR) and the RDNCC and RRDNs are required to operate within the NIHR governance framework that provides overall responsibility for setting NIHR's strategic direction, behaviours and culture, in line with the direction of DHSC.
- 3.2 The RDN structure aims to balance regional context with national coordination and strategy, maximising the potential of expertise, relationships, and resources across the organisation.
- 3.3 The RDN will operate as one organisation across England providing consistent services and operating models while being responsive to local practicalities and opportunities. The ambition is to deliver a national network which removes unwarranted regional variation, but benefits from in-depth local knowledge of research delivery.
- 3.4 To achieve this, the RDN will operate a joint leadership model, including a national RDN Board comprising representatives of the RDN Coordinating Centre leadership, leadership from each RRDN, and the DHSC. The RDN Board will set the Network's direction, develop strategies and plans and ensure consistency in their implementation at both a national and regional level.
- 3.5 The principle of 'joint leadership' and by extension 'joint working' also applies to all areas of RDN governance, management and operations.

### **4. RDN Specialties, Settings and Cross-cutting Themes**

- 4.1 The Network will utilise a framework of 'Specialties', 'Settings' and Cross-cutting Themes for the purposes of national and regional health and care leadership, particularly in relation to strategic development and portfolio oversight.
- 4.2 The principal functions of the national and regional health and care leadership will include:
  - a) Strategic oversight of the RDN Portfolio;
  - b) Supporting funders and sponsors in study design to optimise deliverability;
  - c) Building capacity and capability for study delivery in their Speciality/Setting;

- d) Assisting in identification of sites and Principal Investigators;
- e) Assisting in embedding research into the NHS and wider care environment;
- f) Facilitating and promoting cross-Specialty and cross-Setting collaborations and research;
- g) Acting as NIHR ambassadors.

#### 4.3 Specialties

4.3.1 A Specialty is a community of experts and comprises individuals able to relate health and care expertise to research. Specialty areas will cover all aspects of health and care provided directly to an individual, group or whole population by or under the direction of any health or care specialist.

4.3.2 The number and configuration of Specialties will be determined by the RDN Board.

4.3.3 Key characteristics of Specialties:

- a) Communities of practice recognised by charities, health and care professionals, patients and the public;
- b) Aligned to professional organisations and regulatory activities;
- c) Reflect the commissioning of health and care services, and provide a supportive role in health or the delivery of care;
- d) Include all health and care professionals who have a competency-based expertise within that Specialty area;
- e) Are outward-looking and inclusive, reflecting experiences of health and health care services;
- f) Encompass all settings and environments where research can occur.

#### 4.4 Settings

4.4.1 A Setting is an environment in which research participants, or potential research participants, are provided with care or support for their health or care needs. The Community of Experts within Settings have expertise particular to that environment relevant to research. Settings are agnostic of Specialty and may include multiple types of organisations and research locations.

4.4.2 RDN will use the following Settings framework:

- a) 'Hospitals', meaning NHS acute, mental health and pre-hospital care - including all NHS Trusts except for NHS Community Trusts;
- b) 'Primary care', meaning General Practice and also including primary care settings outside of General Practice (for example, ophthalmology, audiology, dental, sexual health);
- c) 'Community care', meaning NHS Community Trusts and other community care settings (for example, public health, local authority settings, preventative activities, home-based care, community care teams, schools, social care delivered outside of care homes and hospital settings, social work services and secure care facilities);
- d) 'Residential care', meaning residential care settings including care homes and hospices.

4.5 RRDN will include specified Regional Specialties and Settings Leads, as defined by the RDN Board, supported by RDN Funding, working as part of the national Community of Experts.

#### 4.6 Cross-cutting Themes

4.6.1 A Cross-cutting Theme is a theme intended to ensure that studies are designed and delivered to be most impactful. A Cross-cutting Theme will be relevant to multiple Specialties

and regardless of Setting. Cross-cutting Themes will include, but not be limited to, areas such as Multiple Long-term Conditions, decentralised studies, and Health Services Research. Theme leadership will be provided by national or regional Specialties or Settings Leads, or by other health and care leaders within the RDN, and therefore there will not be a separate group of Cross-cutting Theme leads.