

(Refreshed) Research Plan 2024-2026

Changing lives through research and ambition



**Caring, Learning
& Growing Together**

Document Configuration

Date Jul 2024

Version: 1.0

Author Name / Job Title Cathryn Hart, Assistant Director Research and Development

Directorate Name Medical Directorate

Clinical / Executive Sponsor Medical Director

Reporting Committee Quality Committee

Trust Board Ratification July 2024

Review Date Dec 2026

Distribution Channels Committee Paper / Intranet / Website / Research Events

Key Internal Documents Trust Strategy 2022-27

Key External Documents

The Future of Clinical Research Delivery: 2022 to 2025 implementation plan (Jun 2022)
Royal College of Physicians/NIHR position statement: Making research everybody's business (Oct 2022)
Allied Health Professions Strategy for England (Jun 2022)
Chief Nursing Officer for England's Strategic Plan for Research (Nov 2021)
The NHS Long Term Plan (Jan 2019)
UK Policy Framework for Health and Social Care Research (2017)
Health and Social Care Act (2012)
NHS Constitution for England (2011)

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Foreword

A message from our Chief Executive and Patient Research Champion



Michele Moran
Chief Executive

A high performing organisation recognises the importance of investing in research; enabling our staff to learn and grow and our community to participate in healthcare improvement. There is evidence that people do better in organisations that do research and therefore we see research as a core part of the service we provide for our community.

We are committed to working with key partners to increase opportunities for people to help shape the future of our health services and treatments, through taking part in research. Our communities are our experts by experience, and it is important that we provide opportunities for people from as many different services as possible to be included.

Overall, we hope that the growth and delivery of research at Humber Teaching NHS Foundation Trust will contribute to the evidence base for better health, increased opportunities for our community to shape services and improvements in the quality of care locally.



Dr Wendy Mitchell
Former Patient
Research Champion*

When you're given a diagnosis, whatever that condition might be, you might feel like your life is falling apart, feel worthless and of no use to anyone anymore. Participation in research can offer people hope for future generations but more so, give them back that sense of being valued once again that any diagnosis can strip away from you.

There is currently no cure for dementia and without willing volunteers to test new theories there will continue to be no cure or knowledge of how best to live and care for those no longer able to care for themselves with dementia. Social and technological research is equally as important as clinical drug trials for any condition.

We have to normalise involvement in research, but to do this we must have the backing of all healthcare professionals and for them to talk about research would help make it normal. Promoting research doesn't have to eat into anyone's budget. The NHS can't move forward without research and research can't move forward without willing volunteers. We need hope and research gives us that hope. Without research we can't change the future!

(Wendy, who was an inspiration to so many, sadly passed away Feb 2024, having battled young onset dementia)*

1.0 Executive Summary

Research is central to ensuring services are effective and that new treatments and ways of delivering care continue to be identified that enable recovery and prevention, reduce disease burden, improve quality and increase productivity.

We have refreshed this research plan considering changes in national policy, in the way research is delivered and in how we collaborate regionally and nationally. Also following a period that incorporated a global pandemic, where the importance of research was so clearly demonstrated in the worldwide fight against COVID-19. However, fundamentally the focus of our refreshed research plan remains unchanged; to build on our current progress and continue our journey to achieving an outstanding reputation for research. Having reviewed many other Trust research strategies regionally and nationally as part of this refresh, it is clear that our plan is still very relevant and in line with the national direction.

In this plan for 2024 to 2026 we have three research priorities, which in turn are aligned to our overall Trust Strategy 2022-27 goals. For each of the three priorities listed below, associated objectives have been identified, as well as indicators for what success is expected to look like.

Priority 1 <i>Research embedded as a core component of clinical services</i>
Priority 2 <i>Enhanced community involvement and awareness</i>
Priority 3 <i>Growing our strategic research presence and impact</i>

These were developed through extensive consultation with staff at various levels within the organisation, our governors, board, patients, service users, carers, and external stakeholders.

Whilst continuing to work on these priorities over the next three years, we will also be continuing to attract more new research funding and to develop more new partnerships with renowned clinical research professionals and innovators. Given the hybrid ways of working that have emerged in response to the COVID-19 pandemic, successful partnerships can be virtual and do not necessarily require a physical hub.

2.0 Background

There is good evidence that trusts who participate in research have improved health outcomes and healthcare processes.^{1 2 3} Being research-active also makes the organisation a more attractive employer and increases its prestige, as well as bringing in extra income.

Research became specific in CQC Well Led inspections for trusts in Oct 2018; the first time research activity has been formally recognised as a key component of best patient care. In July 2022 the CQC launched a new single assessment framework which forms the basis for assessments of quality in providers and integrated care systems. Research remains part of this in the well led domain under the 'Learning, Improvement and Innovation'.

Key policies recognise the importance of research in the NHS and drive the research agenda nationally. The Department of Health and Social Care (DHSC) views research as a core responsibility for all NHS Trusts in England, the importance of research is enshrined in the NHS Constitution (2011), 'The Future of Clinical Research Delivery: 2022 to 2025 implementation plan' makes an explicit commitment to promote and embed research, as does the Chief Nursing Officer for England's Strategic Plan for Research (2021), the Allied Health Professions Strategy for England (2022) and the RCP/NIHR Joint Position Statement (2022), NICE guidance (2018) states we must tell people about research they could take part in and the NHS Long Term Plan (2019) recognises the importance of innovation via research (see *Appendix 1*).

The UK Policy Framework for Health and Social Care Research (2017) sets out the principles of good practice in the management and conduct of health and social care research across the UK. The status of this document is statutory guidance to which local authorities and NHS trusts in England must have regard. Its purpose is to ensure that the public will feel safe when they take part in research, whilst enabling the development of innovations which will help to improve the quality of health and care in the UK. The Framework helps bodies that commission care to fulfil their legal duty under the Health and Social Care Act 2012 to promote the conduct of research.

There is an expectation by DHSC that all NHS Trusts will participate in the successful delivery of research studies that are recognised by the research arm of

¹ Hanney S et al. 2013. Engagement in research: an innovative three-stage review of the benefits for health-care performance. *Health Services and Delivery Research* 1(8).

² Ozdemir BA et al. 2015. Research Activity and the Association with Mortality. *PLoS ONE* 10(2): e0118253. doi:10.1371/journal.pone.0118253.

³ Downing A et al. 2017. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut* 66:89-96.

the NHS, namely the National Institute for Health and Care Research (NIHR). These studies are known as NIHR '*Portfolio*' studies.

The Yorkshire and Humber Clinical Research Network (CRN) (changed to Regional Research Delivery Network (RRDN) from Oct 2024) provides support and funding for research according to key performance indicators set by the NIHR. As a partner organisation the Trust has a formal agreement with the CRN/RRDN, with specified obligations with regard to supporting the delivery of *Portfolio* research locally and achievement of high-level objectives such as those relating to 'recruitment to time and target'...

Development funding awards for testing local innovation, new services or practice, such as those provided by local commissioners, do not usually qualify for the NIHR *Portfolio*, but are nonetheless important and for the Trust may lead on to the application of larger competitive grant awards in the future, which would subsequently qualify for *Portfolio* status. Research projects carried out as part of post-graduate qualifications tend to be classed as '*Non-Portfolio*' but nonetheless are also important in the development of research-experienced clinicians.

All research involving the NHS in England must have Health Research Authority (HRA) approval as it may involve greater risk, burden or intrusion for participants than standard clinical practice. Research activity and its governance are distinct from other data collection activities such as clinical audit and local service evaluation which have their own internal governance systems.

This research plan embodies the above policies and guidance and seeks to increase our research offer to our community, enhance our services and improve patient safety; *changing lives through research and ambition*.

As an organisation we recognise that our staff are our greatest asset and we are committed to developing a culture whereby research is embedded as a core part of clinical services, enhancing our offer to those who access our services, but also making Humber Teaching NHS Foundation Trust an excellent place for staff to work, learn and innovate.

3.0 The Aim of the Research Plan

The main purpose of research is to make a positive difference to the quality of healthcare the NHS provides now and in the future. Our aim is therefore for research to be embedded as a core component of our clinical services since it is a key enabler to delivering high quality services as well as recruiting and retaining the best clinical staff. Research also links in with and positively impacts on the work of our Patient and Carer Experience, Quality Improvement and Health Inequalities groups; the pursuit of improved health and wellbeing of all our communities.

The three priorities and associated objectives identified in this research plan seek to build upon our existing strengths, to continue what we are doing well so that we carry on growing and improving year on year, acknowledging that there are certain things we have to do (business as usual) to retain our core NIHR funding via our partnership with the CRN/RRDN, and to fulfil key regional and national research performance indicators. Importantly it will also focus on building capacity, developing new opportunities and innovation prospects, potential new partnerships, attracting key research innovators and increasing funding from external sources.

At the core of this plan is building on our success trajectory. We doubled the number of participants in NIHR portfolio studies between 2013-14 and 2020-21 (see *Figure 1*) and doubled the number of studies between 2013-14 and 2022-23 (see *Figure 2*). There was a dip in numbers of people participating in studies during 2021-22 and 2022-23 but this rose again in 2023-24.

Figure 1: Doubled the number of participants 2013-14 to 2020-21

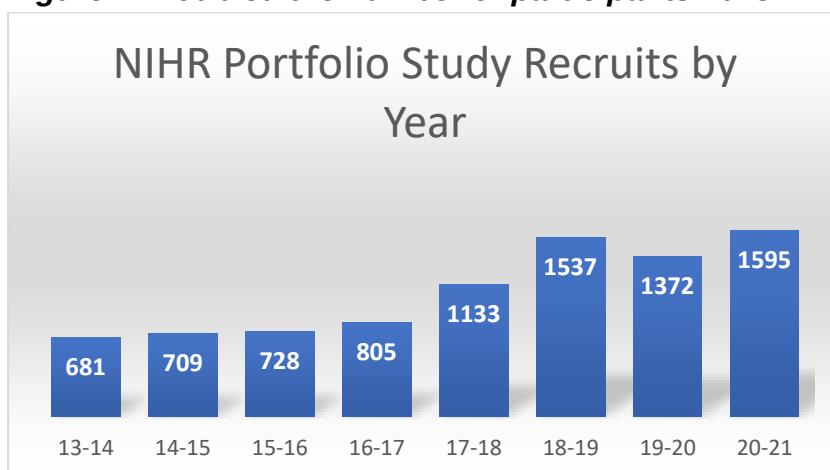
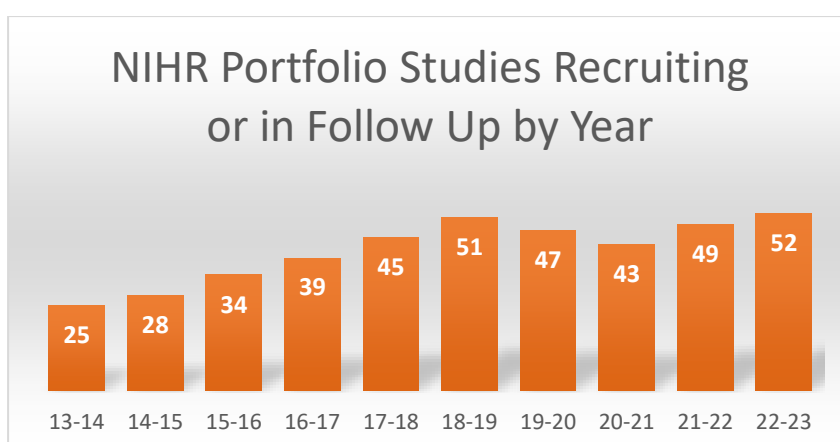
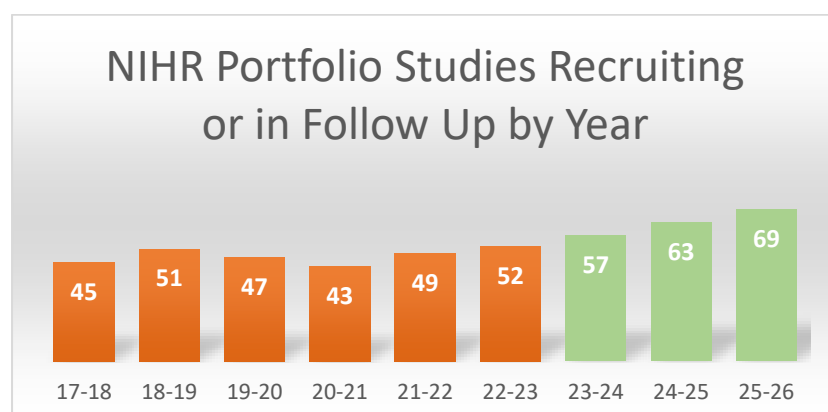


Figure 2: Doubled the number of studies 2013-14 to 2022-23



Our aspiration is to continue increasing our breadth and number of studies, such that more specialties are included in research across our Trust year on year, with *figure 3* illustrating what a ten per cent increase in studies each year would look like, We also aim to recruit to time and target in 80% of our NIHR Portfolios studies; a new national High Level Objective (HLO) introduced in 2023-24.

Figure 3: Increased numbers of studies up to 2025-26



Research has the potential to impact on all goals within the Trust's Strategy 2022-2027. Therefore, to implement this plan we have aligned our priorities to the organisation's six goals.



The introduction of Integrated Care Systems (ICS) across England, including our local Humber and North Yorkshire (HNY) Health Care Partnership, provides new opportunities for us to work more closely with partner organisations across our 'places' and to increase opportunities for our communities to engage in research and to potentially benefit. A new virtual hub, the 'Innovation, Research and Improvement System' (IRIS) for HNY ICS, was officially launched in November 2023. Its vision includes creating a system-wide supporting structure and culture which allows research to become core business and ensures the health and social care grand challenges of 'start well' and 'die well' are addressed; areas of research that our Trust also has strengths in. The IRIS Research Strategy is expected to be published in 2024 and will also be important to us as a partner. .

We are a leading provider of integrated healthcare services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. Our wide range of health and social care services are delivered to a population of 765,000 people, of all ages, across an area of over 4,700 square kilometres and approximately 80 sites. Therefore, it is essential that this research plan takes into account the unique challenges that each service brings. All of our staff, services and community can potentially be involved in research and therefore this research plan applies Trust-wide.

4.0 Our Mission, Vision and Values

This Research Plan describes how Humber Teaching NHS Foundation Trust will ensure that we embed a culture of research that supports the delivery of high quality, safe, effective care across all of the services we provide. The plan has been designed to support the delivery of the Trust's vision and values which include:

Our Vision

We aim to be a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff, and known as a

Caring for people while ensuring they are always at the heart of everything we do.

Learning and using proven research as a basis for delivering safe, effective, integrated care.

Growing our reputation as a provider of high-quality services and being a great place to work.

5.0 Priorities and Objectives

When identifying the three key research priorities and associated objectives to focus on when we first published this research plan in 2020, it was essential that we listened to what our community felt these should include. In doing so various groups were consulted, including service users, patients, carers, families, staff, Trust Governors and Board, commissioners, voluntary organisations and academic partners. This consultation also included a round table session with 170 people from 26 organisations that attended the 2019 Trust research conference. As part of the refresh of this plan, we ran eight roadshows in Spring 2023 with staff and people in our communities, across various areas in our Trust patch. This feedback confirmed that our three existing research plan priorities are still relevant and also identified some of the key areas to consider in order to achieve these, for example, communication methods, research accessibility and staff capacity.

These three priorities are aligned to our Trust strategic goals as outlined below:

Research Plan Priorities	Linked to Trust Strategic Goals	
Priority 1 <i>Research embedded as a core component of clinical services</i>		Innovating for quality and patient safety
		Developing an effective and empowered workforce
Priority 2		Enhancing prevention, wellbeing and recovery

<i>Enhanced community involvement and awareness</i>		Promoting People, Communities and Social Values
Priority 3 <i>Growing our strategic research presence and impact</i>		Fostering integration, partnerships and alliances
		Optimising an efficient and sustainable organisation

This plan builds on from the achievements of our research plan prior to its current refresh, against which significant progress was made on the objectives set out within it and an array of notable successes, impacts and examples of research translating into practice (see *Appendix 2*).

Below the paper sets out the objectives associated with the three strategic research priorities (*what we will achieve*) and also what success is expected to look like (*how will we know we have achieved it*). These have been slightly adapted as part of this refresh, but many remain unchanged as are still relevant for 2024-26 and fit well with national policies cited in section 2.0.

  Priority 1: Research embedded as a core component of clinical services	
What will we achieve?	How will we know we have achieved it?
1. A culture of engagement and involvement in research throughout the organisation (not viewed as exclusive or specialist) 2. Workforce with capacity and capability for research 3. Research awareness in all teams 4. Ability/readiness to open studies in all service areas 5. Clinical staff developing research careers locally – ‘growing our own’	✓ Research signposting in clinical documents/areas (including link to national ‘Be Part of Research’ website) ✓ Increased numbers of staff signposting people to studies ✓ Increased numbers of participants recruited into studies year on year ✓ Increased numbers of studies running in the Trust year on year ✓ Increased numbers of local people registered with the ‘Join Dementia Research’ (JDR) service year on year and taking part in studies included on the JDR register ✓ Studies in clinical specialties not previously participating in research, or where activity has been minimal ✓ Diversifying our research workforce and supporting nursing and Allied Health Professions (AHP) staff on academic research programmes ✓ Research regularly on the agenda of multi-disciplinary team meetings

	✓ Research included in relevant staff supervision/appraisals ✓ All GP practices 'Research Ready' ✓ Research learning events for staff ✓ Protected time for research, including research training and developing research applications ✓ Research 'Community of Practice/Incubator'; regular sessions attended by e.g. grant experts, methodology experts, R&D staff, research active clinicians as well as a forum for those new to research where ideas can germinate and may foster cross collaboration ✓ Staff engaged in all relevant CRN/RRDN Specialty Groups ✓ Research-funded staff embedded in key areas and staff Research Champions in all areas ✓ Increased numbers of early career researchers, Principal and Chief Investigators year on year ✓ Clinical research posts, e.g. NIHR fellowships, junior doctor academic trainees, joint clinical academic posts with universities and research doctorates ✓ Research targeted to enhance services/interventions in areas identified as a priority for the Trust and/or commissioners ✓ Targeted investment and support in teams identified as 'research hubs' ✓ Research highlighted in CQC report ✓ Research integrated into student clinical placements
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  Priority 2: Enhanced community involvement and awareness	
What will we achieve?	How will we know we have achieved it?
1. Partnership working with patients, service users, carers, families and groups representing them, to optimise participation in research 2. Volunteers influencing research development and delivery locally	✓ More patients, service users, carers and families co-producing research each year ✓ Increase numbers of Patient Research Champions and involve them in more research activities ✓ More local groups and voluntary organisations, including Patient and Carer Experience Forum, involved in raising awareness of and signposting people to research

3. Changed perception of research (demystified) across our community	✓ Actively engaged with Yorkshire & Humber Ethnic Minority Research Inclusion group and people experiencing health inequalities
4. Opportunities for everyone to take part in research studies, including 'harder to reach' groups	✓ Involvement in research studies in non-NHS settings, e.g. schools and care homes
5. Raised awareness of social value of research	✓ Trust Members and Governors regularly provided with information about research
6. Learning from research shared with our community	✓ Positive feedback in annual Participant Research Experience Survey, and other media
	✓ Bridlington residents engaged in research through increased GP practice involvement and engagement of key community groups
	✓ Research opportunities increased in health and social care by utilising technology and existing data systems
	✓ Market Weighton residents engaged in more research as part of the 'Dementia Friendly' community project and through increased GP practice involvement
	✓ Research results shared with study participants
	✓ Patient stories about impact of research shared with staff, stakeholders and wider community; encouraging translation of research into practice
	✓ Research results shared and awareness raised via annual research conference and other local research learning events

  Priority 3: Growing our strategic research presence and impact	
What will we achieve?	How will we know we have achieved it?
1. Effective relationships and collaborations with external partners	✓ At least two research grant applications per year submitted with partners where Trust staff included as applicant(s)
2. Reputation as a research capable organisation across multiple specialties	✓ New partnerships with commercial, academic, provider and charitable organisations
3. Recognised as a Trust that delivers high quality research to time and target	✓ Trust as a site for studies led by at least one research sponsor each year that has not previously worked with us
	✓ Increased marketing to external research partners, including commercial
	✓ Partnership working with Yorkshire and Humber Applied Research Collaboration (ARC) and Health Innovation Yorkshire and

4. Income generation - financial sustainability for research 5. Trust more attractive to staff due to its research profile	Humber; aiding translation of research into practice ✓ Joint research staff appointments with local Universities, including professors, formally linked to the Trust ✓ Research involving ICS partner organisations and/or ICS priorities ✓ Primary Care Networks (PCNs) actively engaged in research with the Trust ✓ Deliver a balanced financial position, with goal of delivering a surplus ✓ At least one funded research grant application per year where Trust is a partner/host ✓ Qualification for more than the minimum £25k DHSC Research Capability Funding ✓ Commercial research study opened ✓ Increased share of CRN/RRDN funding ✓ Increased use of research in marketing material for the Trust (e.g. for attracting staff, tendering for services) ✓ Research performance targets met ✓ 'Recruitment to time and target' for 80% of studies ✓ High quality, research active staff recruited into Trust or with honorary contracts ✓ Diversifying research funding streams; ensure ongoing financial stability and funding via (i) charitable; (ii) commercial sources and (iii) national grant applications. This will reduce the dependence on NIHR RRDN funding. This will be supported by robust financial policies and standard operating procedures to enable transparency in our research practices. ✓ Alternative modes of funding local research accessed, e.g. charitable funds
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6.0 Looking Beyond 2026

As well as working on the three priorities detailed above, it is important that we look beyond these and focus on future ambitions. We should be doing more NIHR Portfolio research which is locally led and playing on our existing strengths in key areas, for example, CAMHS, especially in nature-based research, addictions, perinatal and infant mental health, dementia and digital technology. Our longer term

ambition must be to bring in much more external research income, including that of commercial/industry research, and develop a national reputation as a centre of excellence in our key areas. Given the way working practices have changed because of the pandemic and collaboration has become much easier from a distance, this would not need to be a tangible centre, but would have strong regional links to universities and other key stakeholders, alongside national and international collaborators.

This would enable collaborative, cutting edge, interdisciplinary research, impacting on people at every stage in life, from preconception through to old age, transforming patient care, reducing health inequalities, and improving quality of life. Through the development of new partnerships and significantly increased research income, the Trust has the potential to be a key player involved at the forefront of research and innovation highlighted as local and national priority and of having a workforce where research is integral to clinical roles and included in career pathways.

7.0 Research Roles and Responsibilities

In order to support research in the Trust the Research and Development Unit, led by the Assistant Director Research and Development, provides:

- Research governance advice and support
- Research feasibility advice and support
- Conducting specific tasks to 'assess, arrange and confirm local capacity and capability' to deliver each new study, as part of the national Health Research Authority (HRA) study approval process.
- Contractual review and oversight for research studies
- Management of research funding
- Performance management of research and troubleshooting
- Research information management and reporting
- Development of research infrastructure, capacity and capability e.g. Principal Investigator mentoring
- Research partnership building
- Promotion of research internally and externally
- Signposting
- Consenting of research participants and data collection for NIHR Portfolio studies

The Medical Director is the Executive Lead with responsibility for research.

8.0 Implementation and Monitoring

The Assistant Director Research and Development will lead the implementation of the Research Plan, with Executive Lead support from the Medical Director ensuring the objectives are achieved. Delivery against the Plan will be formally monitored through the Quality Committee, with subsequent assurance reports to the Trust Board.

Monthly research performance against the annual recruitment target will be monitored by the Board via the Integrated Performance Tracker. A review of research performance will also be included in the Trust Quality Account each year.

The NIHR will continue to monitor the Trust's success in delivering research via national benchmarks, for example, the percentage of open to recruitment studies which are predicted to achieve their recruitment target, and local CRN/RRDN performance indicators monitored remotely on an ongoing daily basis. The CRN/RRDN will also monitor progress through annual review meetings with the Trust.

Although this Plan will be driven by the Research and Development Unit; it is inclusive and requires commitment and input from the whole organisation, not only from those who have research included as a significant part of their job role or in their job description, but by everyone.

Appendix 1: Key Documents steering research in the NHS

'Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery.... We will work to increase the number of people registering to participate in health research to one million by 2023/24....We will invest in spreading innovation between organisations.... Performance on adopting proven innovations and on research including in mental health services will become part of core NHS performance metrics and assessment systems, as well as benchmarking data.' (NHS Long Term Plan, Jan 2019)

'Tell people living with dementia (at all stages of the condition) about research studies they could participate in.' (NICE Guideline NG97, Jun 2018)

'A sustainable and supported research workforce to ensure that healthcare staff of all backgrounds and roles are given the right support to deliver research as an essential part of care. Clinical research embedded in the NHS so that research is increasingly seen as an essential part of healthcare to generate evidence about effective diagnosis, treatment and prevention.' (The Future of Clinical Research Delivery: 2022 to 2025 implementation plan', DHSC Jun 2022)

'Create a people-centred research environment that empowers nurses to lead, participate in and deliver research, where research is fully embedded in practice and professional decision-making, for public benefit....to create an environment where research is woven into the fabric of our profession'. (Chief Nursing Officer for England's Strategic Plan for Research, Nov 2021)

'Research is key to ensuring safe evidence-based practice to support patients and patient pathways. It is also important to strengthening the evidence base, to inform service design, clinical reasoning and shared decision-making with the people and communities we work alongside.' (Allied Health Professions (AHP) Strategy for England: AHPs Deliver, Jun 2022)

'It is also important to recognise the central role that clinical research plays in a wider research ecosystem... making research part of everyday practice for all clinicians. Ultimately, the events of recent years have shown clearly that research needs to be normalised as core business in the NHS, especially in the most difficult of times, as research for all.' (Royal College of Physicians/NIHR position statement: Making research everybody's business, Oct 2022)

'Research activity should go to populations who need it, and we would like to encourage the best researchers, wherever they are based, to undertake clinical and public health research in the areas of England with greatest health needs.' (Letter dated 06/02/17 from Professor Chris Whitty, DHSC Chief Scientific Adviser, to NIHR Boards, Medical Schools and University Hospitals)

'Research is a core part of the NHS. Research enables the NHS to improve the current and future health of the people it serves. The NHS will do all it can to ensure that patients, from every part of England, are made aware of research that is of particular relevance to them'. (NHS Constitution, 2011)

'NHS foundation trusts will be required to provide certain essential NHS services including research.' (DoH document on NHS foundation trusts - Ref 6191, Jan 2006)

Appendix 2: Examples of progress achieved through delivery of Research Plan during 2020 to 2023

- Co-produced animation ‘My Research Journey’ (3 minutes long) to help demystify research and encourage more people to take part. Also produced in various languages.



[Humber Teaching NHS Foundation Trust - My Research Journey \(English Subtitles\) - YouTube](#)

- Quotes from collaborators:

‘What an amazing triumph, not only has the study achieved target but recruitment is complete several months before our permitted extension date. We really appreciate your zeal and determination to overcome the difficulties. So many studies have been severely hampered or have indeed failed due to the challenges and limitations of the COVID pandemic but you have been resilient. So be proud of yourselves! We are certainly very proud of you all.’ (University College London)

‘I just want to take this opportunity to say what a pleasure it’s been to work with you on the study. You and the research team have been wonderful to work with and we’re delighted that Humber agreed to work with us. We know how hard you have worked and it’s testament to the team’s dedication that Humber recruited 33 participants!!’ (University of York)

‘I have really enjoyed working with the mental health teams supporting people in the Humber region. I have been really impressed by the thoughtfulness and energy put into their work and to support research studies like mine.’ (University of Oxford)

- Well-led Review:

‘The Trust is ambitious in its research portfolio, has some good examples of how it encourages and celebrates improvement and innovation’. (Grant Thornton Well-Led Review, April 2022)

Research in Numbers 2022-23

52 Studies Running



26 Mental Health



15 Community and Primary Care



6 Children's and Learning Disability



2 Forensic services



3 Across multiple divisions

Plus 16
local/non-NIHR studies

680

People took part
in (national) NIHR
Portfolio studies

Plus 212
in local/non-NIHR studies

26

 Local Principal Investigators (9 new)

1st

Trust in England to recruit into
DIAMONDS randomised controlled trial
(diabetes and severe mental health issues)



92%

surveyed would
take part in
research again

100%

of Trust GP practices
recruiting into studies

14 studies running
347 recruits

Involved in studies
across the UK



1910 Tweets

932 Followers

@ResearchHumber



Impact of Research 2022-23

Changed Lives

*'I was pretty well down ..
I couldn't seem to experience
anything positive ... the
study has taught me not to
give up.'*

Shared Learning

450 delegates
from **100+** organisations
Registered for our 2022 Conference

'It has motivated me to get involved'

*'Gave me areas to think about in my
work with people who are struggling
with their mental health'*

Equality, Diversity and Inclusion



Co-produced research animation
available in various languages

Partner in Hull Research
Ready Communities and
working closely with
regional Ethnic Minority
Research Inclusion Group

Generated income



£660K research funding into the Trust

Enhanced Clinical Skills



6 staff trained in new
interventions as
part of research

43% of studies included
novel interventions
people would not have
had access to otherwise



National Join Dementia
Research video features
Trust Research Champion &
Assistant Director Research



Contributed to evidence



17 publications included
authors from our Trust

9 more publications related to
research involving the Trust