ST JAMES'S HOSPITAL

RESEARCH STRATEGY

2023-2028

CONTENTS

FOREWORD

St James's Hospital (SJH) has the foundations in place to be a leading hospital in terms of research output and impact. As the hospital enters the second half of its first century, it is now at an inflection point, entering in to a growth phase with good momentum and a strong commitment and ambition to deliver research that has the potential to benefit our patients and society. By creating this research strategy, it will enable us to consider where we plan to be over the next five years. We aim to consider our strengths and opportunities and build from there.

We now know how the research world sees us and where our strengths lie thanks to successful international panel reviews for Health Research Board (HRB) grants. We aim to further identify our key strengths and priority themes, while at the same time ensuring that everyone is empowered to be involved in research.

The hospital has seen the benefits that research can offer through the many successful research initiatives led by hospital clinicians to date. We have a solid track record when it comes to research, examples include the transformation of HIV treatment, the successful delivery of the first gene therapy treatment in Ireland, which took place in the National Coagulation Centre in conjunction with the Clinical Research Facility (CRF) and the introduction of the first clinical trial in Ireland to use cutting-edge CAR-T cell therapy to treat multiple myeloma.

Research has shown that when hospitals integrate the research function into their organisational structures it can lead to improved healthcare performance.[1] St James's Hospital is committed to supporting research at the highest level; research and innovation is a key supporting element in the delivery of patient care.

The hospital's Strategic Programme 2021-2025 has set out a vision for St James's Hospital to create a leading Academic Health Science Campus (AHSC) for the benefit of patients, the community and the knowledge economy. The creation of an AHSC will bolster advancement of clinical trials, new treatments and cutting-edge research.[2] Research is one of the three core pillars of the AHSC structure and so the research strategy will be an integral part of enabling us to deliver on this vision.

A key strategic enabler will be successfully working together with our research partners and further developing our external relationships. We know that effective collaboration with universities, other hospitals, industry, non-profits, charity and innovative companies will drive our research aims forward. Collaboration with both internal and external partners will be a key part of the AHSC with it bringing different benefits such as funding for research, access to knowledge, commercialisation of research and innovation through consortiums.

We recognise the importance of optimising our relationship with our principal academic partner –Trinity College Dublin in order to achieve the strategic priorities in this research strategy. This will include working together with the relevant schools and research groups to encourage collaboration and build on our clinical and academic expertise to produce high quality health research.

The St James's Hospital research strategy 2023-2028 aims to be a comprehensive, overarching set of ambitions that encompasses all disciplines and specialities. We hope that this strategy speaks to, and encourages all staff to engage in research for the benefit of patients, the community and wider society. It is envisaged that the research strategy will embed and evolve as the AHSC strategy develops.

Mr Noel Gorman, Interim CEO

Prof Martina Hennessy, Director, SJH Wellcome-HRB Clinical Research Facility

OUR RESEARCH VISION

Leading the way in innovative research, which aims to positively change the trajectory of the lives of our patients and community.

OUR RESEARCH MISSION

Realising and supporting the research potential in all areas of our hospital by working with our partners, patients and community.

BUILDING MOMENTUM: RESEARCH ACTIVITY IN ST JAMES'S HOSPITAL JANUARY 2020 – DECEMBER 2022

The Research and Innovation (R&I) Programme Office maintains oversight of all hospital based research activity, and works to support and strengthen the research culture on campus. The R&I Programme Office approves research proposals, and provides research support to all staff. The research approval process aims to ensure that research is conducted in a manner whereby the wellbeing and rights of hospital patients and staff, and the hospital's resources, are protected at all levels. Research activity across the hospital has greatly increased over the past number of years, evidenced by 121 research studies registered with the R&I Programme Office in 2017, which increased by 60% in 2020 to 194.

Fig 1. Research Activity in St James's Hospital 2020-2022

536
RESEARCH APPLICATIONS

100
CLINICAL TRIALS

13
MEDICAL DEVICE TRIALS

281
FUNDED RESEARCH STUDIES

128
STAFF ENGAGED INRESEARCH AS PART OF HIGHER DEGREES

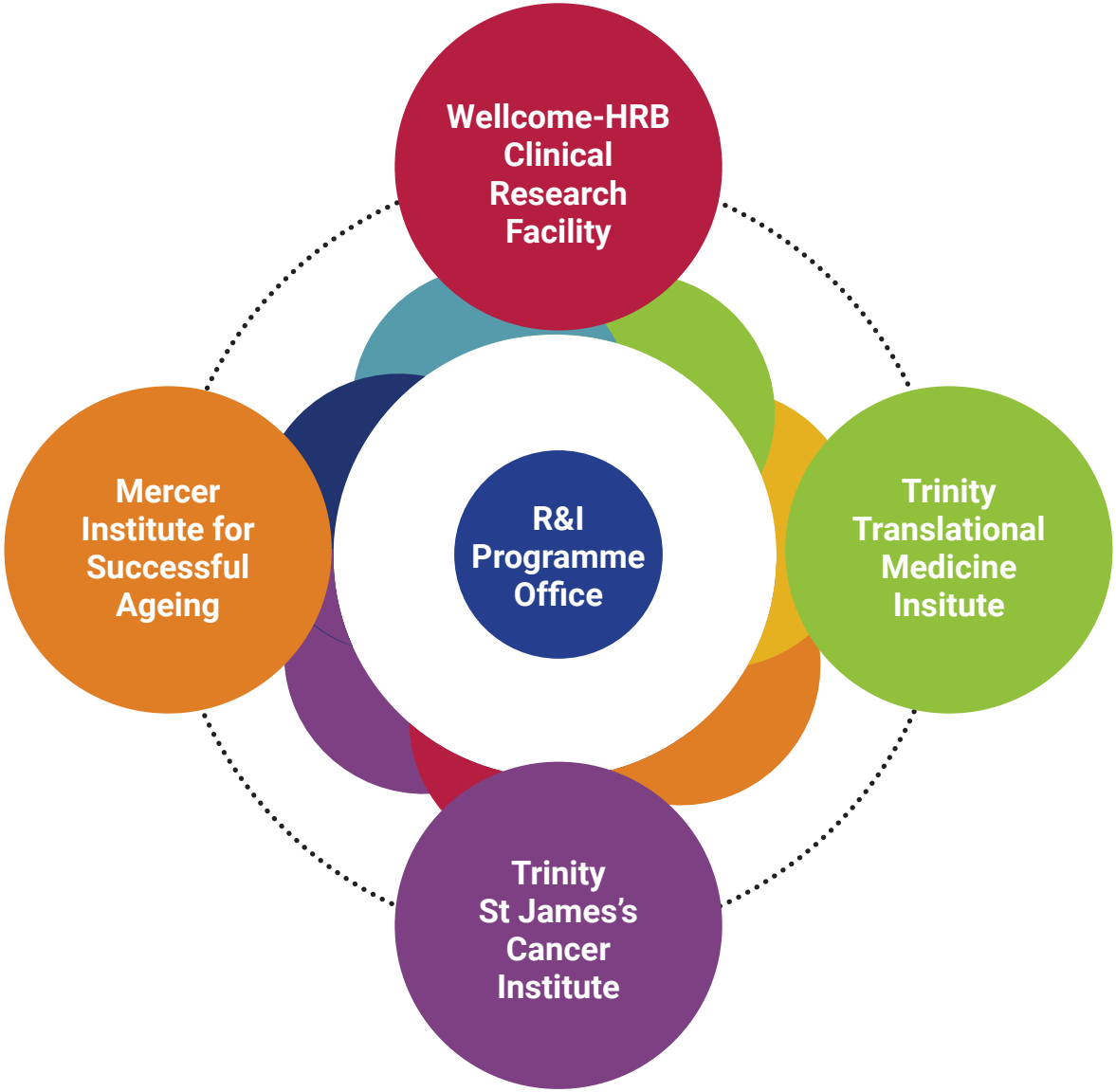

Fig 2. St James's Hospital Research Units

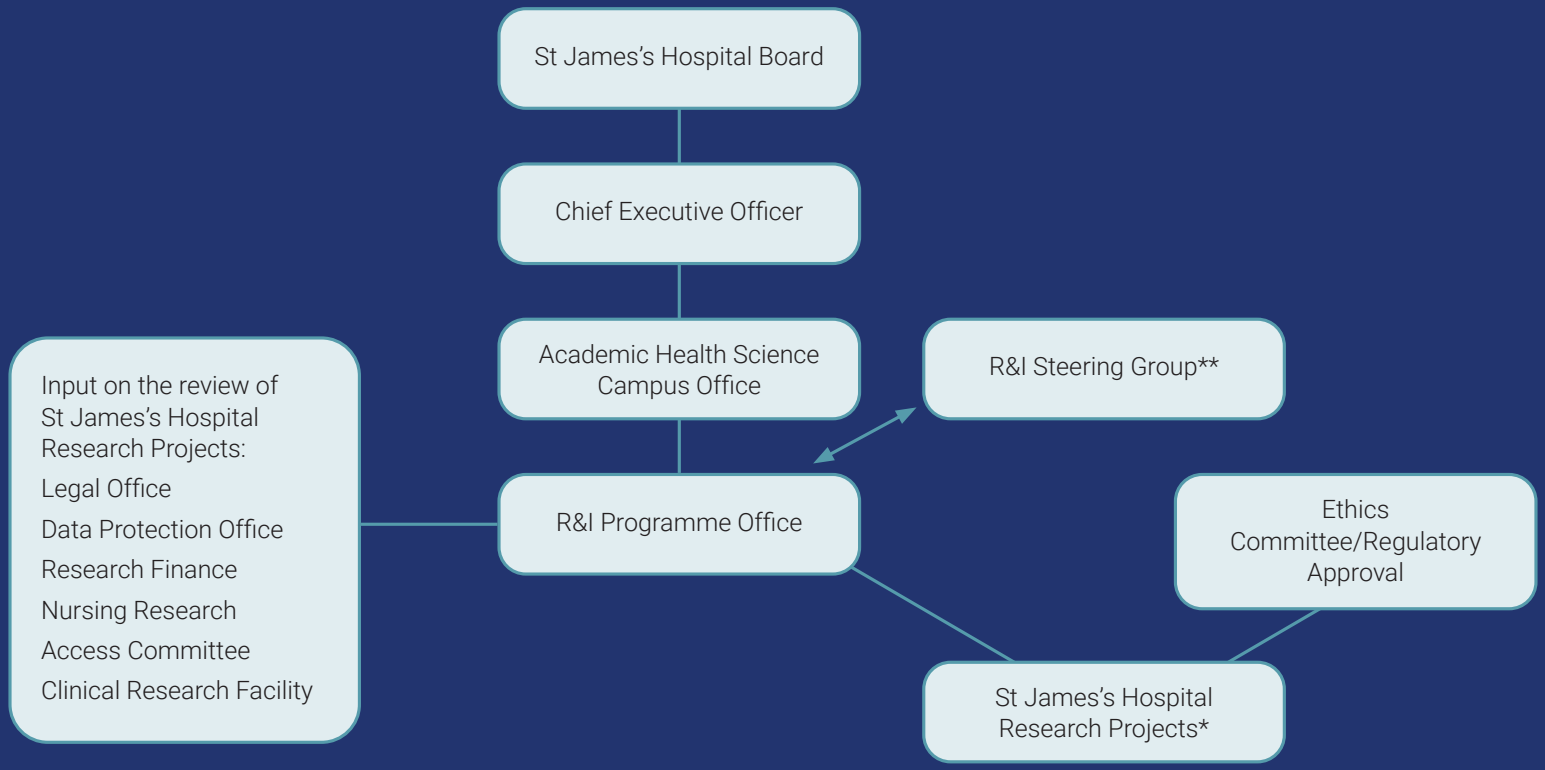

Fig. 3. St James's Hospital Research Organisational Structure

* A St James's Hospital Research Project can be defined as a project involving St James's Hospital patients; their samples (tissue, blood etc.) and/or data (clinical and/or personal) or involving St. James's Hospital Staff and/or undertaken in St James's Hospital

** The purpose of the Steering Group is to oversee and support the activities undertaken by the R&I Programme Office; to facilitate research approval and oversight; to ensure patient safety and research integrity, and to expand hospital-wide research activity and output.


Received
8/1/13

RESEARCH CULTURE

The St James's Hospital Research Strategy is designed to be a guide for both hospital leadership and researchers. For this reason, it was integral that the strategic priorities represented the views of all staff. In order to gain insights and understanding of the research culture on campus, a staff survey was undertaken in 2022. 640 staff members had their say with responses from all staff categories; Management/Admin/ICT (26%), Nursing (25%), Allied Health and Social Care (20%), Medical/Dental (16%) and General Support Staff (6.7%).

We asked how and why staff engaged with research. 69% of survey respondents had participated in research in some manner and 89% said that were interested in becoming involved with research in the future. 60% of respondents had an awareness of research happening within their own department. The main reasons for engagement with research were due to the belief that research translates in to better outcomes for patients and because of a personal interest.

We sought information on facilitators and barriers to research in order to ensure that the research strategy is focused on addressing them - the keys points have informed the strategic research priorities below.

640

RESPONSES

69%

PREVIOUSLY INVOLVED IN RESEARCH

89%

INTEREST IN FUTURE INVOLVEMENT

60%

AWARENESS OF RESEARCH IN OWN DEPT

Fig. 4. Data from Staff Research Culture Survey


ATTENTION
CARDIOFLOW
Study Researcher use only
Clinical Research Facility
www.sjhcrf.nhs

OUR STRATEGIC RESEARCH PRIORITIES

1. Impact

We aim to focus on translating our research efforts into improved outcomes for patients

We believe that the primary aim for all health research should be better patient care and improved outcomes for patients. We want to work towards a future of health, which includes personalised, precision medicine and an individualised patient journey. The evidence has shown that if a hospital is research-active it improves overall delivery of care for the patient hospital-wide, not just the care of the research participants themselves.

ACTIONS

1.1. Align our research plans with relevant research strategies such as the Trinity St James's Cancer Institute, Trinity College Research Strategy and Trinity College Dublin's School of Medicine Research Strategy to ensure we are moving in the one direction for the benefit of patients.

1.2. Work towards a model of pairing scientific and health systems researchers with clinicians to ensure a bench to bedside to population approach is utilised fully. We will look to international AHSCs for examples.

1.3. Improve health outcomes and experience for patients by endeavouring to integrate research in to clinical care, there should be a focus on integrated care and ensuring plans align with Sláintecare.

1.4. Allocate protected time to set up and look after cohorts of patients through a research clinic model. This will provide the opportunity to develop a deeply characterised cohort of patients, with potential overlaps in disease areas. This can lead to a useful basis for innovative research.

1.5. Encourage all disciplines to be involved in research so that the benefits can reach a diverse range of patients, with a particular focus on interdisciplinary research.

1.6. Review our research approval processes for alignment with the HSE R&D National Framework for Governance, Management and Support of Research[3], to ensure we are following best practice, to ensure public trust and to safeguard patients, ensure that our processes are streamlined to avoid creating a barrier to research. We aim to support the development of the Regional Research Governance structures in collaboration with HSE R&D and the Region's Chief Academic Officer.

2. People

We will support, empower and enable our staff to engage in research

Research would not happen without the dedication and commitment of our staff and their efforts to conduct high quality research that has the potential to benefit patients. We think that some small changes to staff working environments in terms of time, support and financial resources would translate well and have huge positive impacts to enabling research.

The aim is that the research strategy will help to create an environment where research is both promoted and valued and where staff are encouraged to work to their full potential when it comes to engaging in research. The strategy aims to highlight the needs of researchers on the ground, and show that the hospital is working to address them, for example, 92% of survey respondents felt that a busy workload was a barrier to their engagement with research.

ACTIONS

2.1. Support all staff by making it easier to conduct research here, in particular smaller research studies and lab-based studies. Focus the support in areas that need it.

2.2. Find a way to ensure more staff have time for research in their day-to day work by incorporating research opportunities into role profiles and contracts. Constraints on staff time can mean that research is limited to those who have a special interest or are on academic training programmes. Ensure that all staff help facilitate research, even if not directly involved.

2.3. Implement systems and structures for staff who are on short term placements to be able to tap in to ongoing research projects in order to accelerate research during the clinical year.

2.4. Provide up to date information on existing biobanks and registries that researchers can use.

2.5. Raise awareness of the resource available through the R&I Programme Office for assistance with study set up. Provide training and information on the steps required for study set-up at the right stage.

2.6. Provide training for staff on research best practice and research methods. This could be in the form of a short course, one off training days or online content.

2.7. Support academic endeavours and examine the career progression and promotional opportunities for staff who have undertaken further degrees or qualifications or for those interested in research including the introduction of more clinical academic joint posts.

2.8. Facilitate staff to conduct literature review and academic writing. The Centre for Learning and Development is building on the St James's Hospital library to make research journals more readily available to staff. Masterclasses in academic writing and poster presentations will also be available.

2.9. Facilitate grant writing and streamline processes for gathering pilot data for studies. Compile more extensive lists of open funding calls.

3. Infrastructure

We will build on and improve the hospital's basic research infrastructure

The hospital has excellent research infrastructure e.g. the R&I Programme Office, the CRF, Trinity Translational Medicine Institute (TTMI) and Mercer's Institute for Successful Ageing (MISA). The hospital also employs many experienced, highly-educated, highly-knowledgeable research staff. We aim to continue to attract the best staff to St James's Hospital and this goal is supported by having a well-established research infrastructure, allowing the campus to undertake cutting-edge research. We want to ensure our current resources are utilised fully and build on other areas further, this will involve endeavouring to secure funding from grants or other philanthropic sources.

ACTIONS

3.1. Re-invest income generated from research overheads into both the funding of the R&I Programme Office and other valuable research projects or infrastructure. Ensure this research strategy is factored in to the design of any new institutes/ developments within the campus.

3.2. Expand the R&I Programme Office; this should include dedicated legal and data protection support for research.

3.3. Utilise the existing structures in St James's Hospital fully e.g. biobanks, registries, cohort studies, health systems research support. Raise awareness of what currently exists and is available for potential researchers.

3.4. Utilise research funding to provide dedicated research support to staff, including providing assistance with patient consenting and data collection – ensure resources are distributed across all disciplines.

3.5. Invest in additional research support at ward level, this will involve training staff on research studies taking place in their departments and what this means for them and patients under their care.

3.6. Invest in the St James's Hospital/Tallaght University Hospital Joint Research Ethics Committee. Collaborate and agree key performance indicators to improve review timelines to avoid them being a barrier to research.

3.7. Build capacity around statistical support for research projects including access to software and expertise. St James's Hospital and the CRF could pool resources for this.

3.8. Focus on data/IT support for research, this should include access to data experts and training to ensure that rich data repositories are utilised for research. Any new IT developments must also leverage their research and innovation potential e.g. the development of a patient portal, update of the PAS system, investment in advanced data analytics and cloud infrastructures.

3.9. We will work to align our research processes with Trinity College Dublin (TCD) to limit duplication and to ensure SJH have access to TCD research resources to drive more research activity.

3.10. We will collaborate with CHI wherever possible on training, capacity building and other shared learnings for the development of an AHSC/research active campus.

4. Patient engagement

We will strengthen both patient participation and patient involvement in research

We see a future where patients are asking questions about what research is available to them. Research would not be possible without the participation of our patients. Patients and their families/carers need to be identified and offered the opportunity to access research at the correct stage of their journey. Early access to research can improve patient outcomes and greatly impact their lives. Additionally, Patient & Public Involvement (PPI) enhances the quality of research output. It allows our patients to have a voice on the research team. It is important to provide an opportunity to hear patient insights at the design and set-up phases of research studies.

ACTIONS

4.1. Increase the amount of information available on our website and around the hospital relating to research. It should be easily accessible and understandable in the hope that it will increase patient participation.

4.2. Ensure that all recruiting clinical trials and research studies are listed on the St James's hospital research webpage so that patients can get in contact with the research team if interested.

4.3. Benchmark the percentage of patients taking part in research studies with other AHSCs.

4.4. Develop a PPI lead for research who will create a platform for patients to become actively involved on our research projects through meaningful engagement and partnership in research.

4.5. Liaise with the existing hospital's Patient Representative Group (PRG) and the Cancer Patient Representative Group to seek their input on research study design and best ways of engaging patients and their families/carers in research.

4.6. Support and enable healthy people to contribute to research.

4.7. Utilise peer-to-peer dissemination whereby patients or members of the public present research in their words.

4.8. Review models of consent for research to ensure more patients are offered the opportunity to be included in research.

5. Communication

We will effectively communicate our research

Collecting and communicating our research activity is key. It will increase our recognition as the most impactful acute care hospital in Ireland in applying research and innovation to improve patient care. Effective communication will allow us to attract world-class healthcare professionals to work here and encourage patients to be involved in our research studies.

ACTIONS

5.1. Review and communicate the spread of research across the hospital campus to encourage unified thinking and collaboration between Principal Investigators (PIs), we could encourage this by having a read-only searchable database of ongoing research and relevant contact details.

5.2. Ensure that all research studies are captured by R&I in order to have a full picture of the hospital's research activity.

5.3. Increase staff awareness of ongoing research and offer opportunities to get involved.

5.4. Demonstrate our research activity by listing publications and grants on the hospital's website.

5.5. Increase the amount of follow up information we receive on research projects; this will allow us to communicate research outcomes more effectively and help to identify areas for improvement.

5.6. Utilise webinars and media coverage as a mechanism for communication of research outputs/breakthroughs to staff and patients.

5.7. Ensuring St James's Hospital (both the organisation and relevant individuals) are acknowledged in publications on externally led studies taking place in the hospital or with St James's Hospital patients.

5.8. Coordinate our research communication through social media and other channels with our research partners.

KEY ENABLERS

There are a number of groups that will support and enable the actions in this strategy to be implemented fully:

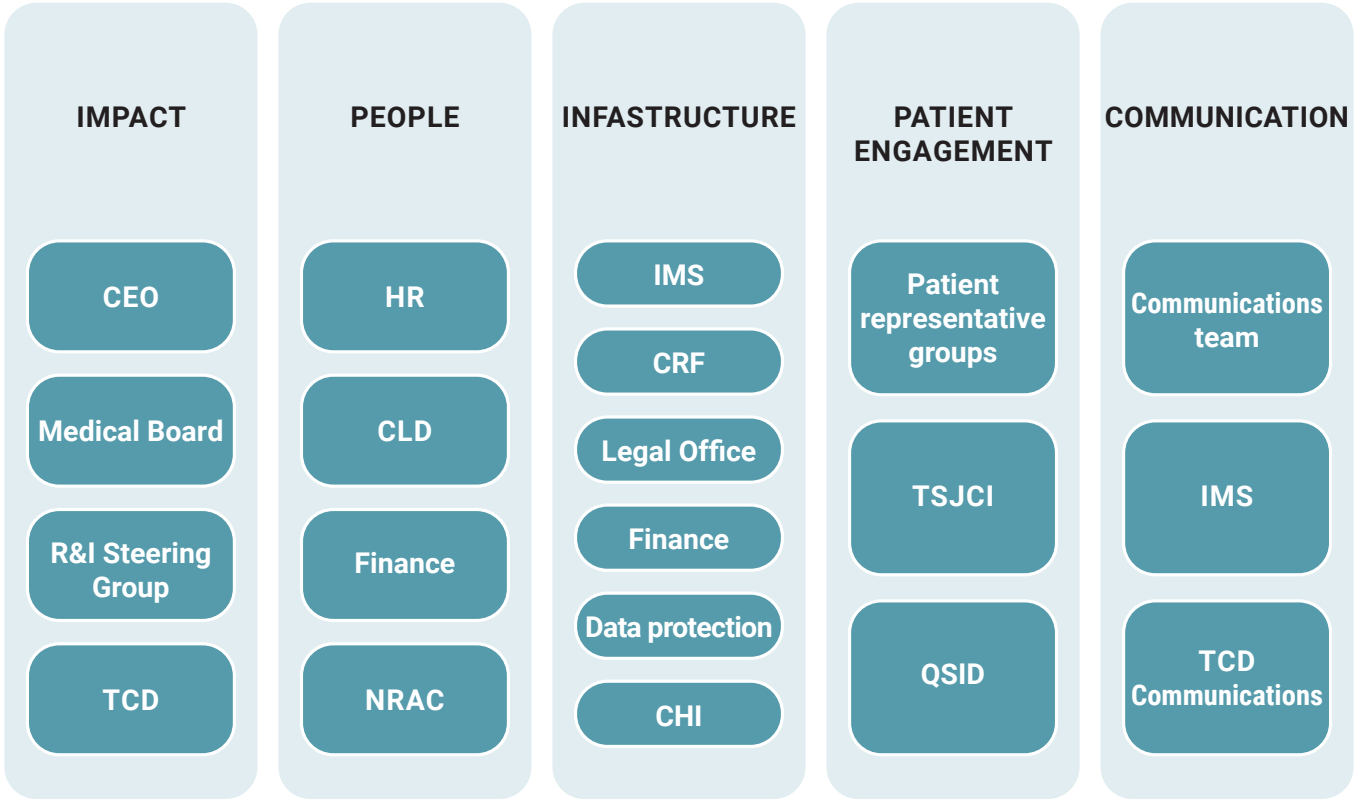

Fig. 5. Research Strategy Enablers


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Extracellular Flux Analyzer
DENKI

KEY PERFORMANCE INDICATORS (KPIs)

We will set KPIs for research as part of the strategy implementation process in order to assess our performance and ensure we are moving in the right direction. Measures will include research application figures, number of clinical trials, patient participation and engagement levels, income generated, and publications or other relevant research outputs. We also aim to estimate how much is spent on research per hospital bed and ensure this is on par with international AHSCs.

Strategy Implementation Timelines

Strategic Priority	January 2024	January 2025	January 2026	January 2027	January 2028
1. Impact	1.1	1.2, 1.6	1.5	1.3	1.4
2. People	2.4, 2.5	2.6, 2.8	2.1, 2.9	2.2, 2.3	2.7
3. Infrastructure	3.1, 3.6	3.3, 3.9	3.2, 3.7	3.4, 3.8	3.5
4. Patient Engagement	4.1	4.2, 4.3	4.5, 4.7	4.6, 4.8	4.4
5. Communication	5.3	5.2, 5.5	5.1, 5.6	5.4, 5.7	5.8

REFERENCES

1. Boaz A, Hanney S, Jones T, Soper B. Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review. BMJ Open 2015

2. St James's Hospital 'Strategic Programme 2021-2025'

3. HSE National Framework for Research Governance Management and Support, September 2021


CPR
CPR

APPENDICES

1. Research Strategy Development Process

1. Commissioning by the Research and Innovation Steering Group

The R&I Steering Group oversees and supports the activities undertaken by the R&I Programme Office; including facilitating research approval and oversight; ensuring patient safety and research integrity, and working to expand hospital-wide research activity and output. The Group were responsible for reviewing the existing Research Governance and Support Framework (2017-2019). It was decided that a hospital-wide research strategy would be prepared to supersede the framework.

2. Initial planning – February 2020

An initial group of stakeholders met to brainstorm ideas for the strategy. The outputs were summarised but the plans were put on pause due to the COVID-19 pandemic.

3. Work plan – June 2021

A work plan was developed to re-start the research strategy development process. The R&I Steering Group recommended a Research Strategy Development Group be formed to begin discussions on the priorities for a research strategy.

4. Research Development Group established – July/August 2021

A group of relevant stakeholders was invited to participate in the group and attend one of two discussion meetings to form the foundations of the strategy.

5. Draft strategy document for consultation – September 2021

The initial draft strategy document was circulated to the Research Strategy Development Group and R&I Steering Group for review and feedback. Further drafts and edits were made in consultation with the groups until the final content was agreed.

6. Research Survey - 2022

A staff survey was distributed in order to ensure that the draft strategy met the needs of the staff population. The survey received ethics approval from the SJH/TUH Joint Research Ethics Committee, 640 responses were received and the information was used to update the draft strategy document for final stakeholder feedback.

7. Stakeholder engagement – May-November 2023

The updated research strategy document was circulated for final stakeholder feedback through the R&I Steering Group, Chair of the Medical Board, Associate Director of the Clinical Research Facility and Director for Strategy and Planning.

8. CEO sign off – November 2023

A final draft was reviewed and approved by the hospital's Chief Executive Officer.

9. Publication

The strategy will be launched both internally and with our research partners and funders.

10. Interim review

The strategy will be reviewed mid-way through its lifecycle to assess that sufficient progress is being made and to update as required.

2. Members of the R&I Steering Group (November 2023)

- Joanna Bennett (Director of Finance)
- Prof Colm Bergin (Consultant Physician in Infectious Diseases)
- Gerard Boyle (Principal Physicist)
- Dr Niall Conlon (Consultant Immunologist)
- Alison Enright (Director SCOPe)
- Cathy Enright (Programme Manager, Trinity St James's Cancer Institute)
- Eimear Galvin (Manager, Health Innovation Hub Ireland)
- Noel Gorman (CEO)
- Prof Martina Hennessy (Director of the CRF) – *Chair*
- Danielle Keane (Administrator, Research and Innovation Office)
- Cathal Kinsella (Data Protection Officer)
- John Lahart (Legal Director)
- Linda Lunney (Research Finance Manager)
- Gail Melanophy (Director of Pharmacy)
- Julie O'Grady (Nursing Lead Research and Innovation)
- Derval Reidy (Assistant Director of Nursing, CRF)
- Sharon Slattery (Director of Nursing)
- Pete Struthers (Director, IMS)
- Claire Temple – (Programme Manager, Research and Innovation Office) – *Research Strategy Development Facilitator*
- Prof Elisabeth Vandenberghe (Consultant Haematologist)

3. Building Excellence: Spotlight on Large Scale Grants and Research Projects

CLINICAL RESEARCH FACILITY (CRF)

The CRF is a partnership between Trinity College Dublin and St James's Hospital and is funded by the Wellcome Trust and the Health Research Board (HRB). The CRF successfully applied to the HRB for a further five years of operational funding from 2022 to 2026. While the CRF is funded from a range of sources including industry, research charities and research funding agencies, the HRB's core funding accounts for about 50% of the CRF's funding requirement. In this funding call, the CRF was asked to demonstrate co-funding, which can be "in-kind" support, from Trinity College Dublin and St James's Hospital. The HRB only provides funding, up to €1M per annum, if it is equally matched by co-funding.

TRINITY ACADEMIC CANCER CLUSTER

The St James's Hospital Cancer Clinical Trial Unit (CCTU) re-applied for funding via the HRB call for Cancer Trials in Ireland in 2021. The CCTU submitted an application in January 2021 proposing to form the Trinity Academic Cancer Cluster (TACC) which combines expertise from St James's Hospital and Dublin Midlands Hospitals Group. The aim of the TACC is to ensure equal and timely access both locally and nationally for patients with cancer to high quality Clinical Trials. The cluster will focus on four key pillars to achieve this; Education and Training, Quality and Excellence, Facilitating Innovation and Collaboration. The grant application was successful, over €2.3M in funding was awarded over a five-year period beginning January 2022.

STTAR COVID-19 PARTNERSHIP BIORESOURCE

STTAR is a joint initiative between researchers in St James's Hospital, Trinity College Dublin and Tallaght University Hospital (TUH). The purpose of the Partnership Bioresource is to create a registry and bioresource of all SARS-COV-2/COVID-19 positive samples from patients who have been tested in one of the hospitals. The study also collects data from healthy controls who are SARS-COV-2/COVID-19 negative for comparison. It is the largest COVID-19 biorepository in the country and to-date has recruited more 1783 participants. The project has resulted in many peer-reviewed publications and has informed local and national treatment pathways e.g. it identified the increased risk of severe disease in homeless and Roma people, which resulted in their prioritisation for vaccination. The study is now funded by Science Foundation Ireland, and a research nurse, a project coordinator, and a clinical research fellow are employed on the project. The study has governance structures including a steering committee, a data management group and a biobank management group. In addition, the STTAR COVID Bioresource has collaborated with other Irish COVID biobanks to form a National COVID Biobank. This provides a model for the development of national disease biobanks.