NHS
Berkshire Healthcare
NHS Foundation Trust

Research Strategy

This strategy builds on Berkshire Healthcare's strong foundation for collaborative, prioritised, inclusive and impactful research.

2026 - 2029

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Introduction

This strategy builds on the Berkshire Healthcare Research and Development Strategy 2021–2024, which established a stronger foundation for collaborative, prioritised, inclusive and impactful research. Since then, the Trust has strengthened partnerships, aligned research more closely with service and system priorities, and developed a more mature platform for staff involvement, innovation and research delivery.

The context for this refreshed strategy has changed materially. Research is now expected to play a more direct role in delivering neighbourhood care, prevention, digital transformation, equity and demonstrable impact, within a system shaped by the 10 Year Health Plan, evolving national research delivery arrangements and stronger expectations for co-production and inclusion. At the same time, National Institute for Health and Care Research funding opportunities for infrastructure, strategic development and wider care settings create new opportunities for Berkshire Healthcare to strengthen research capacity and readiness.

This strategy positions research as a practical enabler of Berkshire Healthcare's strategic priorities and future system role.

The Trust should also develop towards becoming an opt-out research trust where this is appropriate and lawful, recognising that this represents a change in organisational legal and information governance positioning for relevant uses of confidential patient information. This should be framed not as a reduction in patient choice, but as a transparent, ethically governed approach that preserves the National Data Opt-Out, strengthens public confidence and supports more complete, representative research datasets. Evidence from the British Medical Journal and the Health Research Authority demonstrates that increases in opt-out rates can reduce sample size and introduce unpredictable bias by age, sex and geography, which can weaken the quality and fairness of research evidence used to improve services and population health. A clear, trust-based approach grounded in transparency, public communication and robust governance is therefore likely to benefit both the Trust and the populations it serves.

Strategic research objectives

Berkshire Healthcare's research strategy is shaped by the 10 Year Health Plan and by local and national priorities. Together, these provide the basis for a single set of strategic research objectives focused on community transformation, prevention, equity, innovation, workforce capability and patient-centred research.

Objective 1: Build a community-focused and inequality-responsive research portfolio

Prioritise research that supports neighbourhood health, community care, rehabilitation and earlier intervention, focused on the Trust's priority cohorts and conditions. The portfolio should strengthen out of hospital care, population health management and wider care settings while reducing inequalities in access, experience and outcomes.

Objective 2: Develop a prevention-oriented and population-informed research portfolio

Prioritise research that supports prevention, earlier intervention, health literacy and population health insight, particularly where it can reduce crisis, improve outcomes and strengthen neighbourhood care.

Objective 3: Embed inclusion, co-production and equity within the research model

Embed co-production, community insight and patient and carer voice throughout the research model so that research is accessible, person-centred and shaped by local need. Patients, carers, Voluntary, Community, and Social Enterprise sector partners (VCSE) and communities should play an active role in setting priorities, shaping studies and improving participant experience. This should include transparent engagement on the Trust's move towards an opt-out research model, ensuring that lawful data use, patient choice, trust and inclusion are clearly understood and protected.

Objective 4: Use research to advance anti-racism, digital innovation and service transformation

Use research to advance anti-racist practice, digital innovation and service transformation through participatory, evaluative and implementation research. Priority areas include equitable mental health care, culturally adapted interventions, trusted outreach, digital pathways, remote monitoring and AI-enabled tools that improve safety, access, experience and outcomes.

Objective 5: Strengthen research capability, improvement infrastructure and a research-active culture

Strengthen research capability by investing in data quality, digital literacy, evaluation methods and alignment between research, audit, service evaluation and quality improvement. Priority should be given to embedding research more consistently across clinical services, improving visibility of opportunities and strengthening KPI performance.

Objective 6: Use research partnerships to drive innovation, growth and social value

Use research partnerships to increase funding, participation, innovation and local impact. This should include stronger collaboration with industry, universities, the Research Delivery Network, system partners, local authorities, Voluntary, Community, and Social Enterprise (VCSE) organisations, parent and carer forums, and professional networks to increase research capacity, academic capability, public involvement and social value. Priority should be given to industry-ready capability, commercial portfolio growth, pharmacy and specialist support for complex trials, opening studies aligned to key patient pathways, and increasing infrastructure through NIHR capital bids, strategic and wider care settings funding opportunities, and preparation for prospective UK Clinical Research Facility funding expected from 2027.

Strategic implementation plan

1. Harm Free Care

Research will support Harm Free Care by strengthening the quality, safety and reliability of research delivery. This requires strong data quality, effective governance, good clinical practice, audit and safe study processes.

- Improve research data quality across RiO, Connected Care, EDGE (Research Management System) and other core systems.
- Use audit and assurance to strengthen compliance, equity, accessibility and safe delivery.
- Embed Good Clinical Practice (GCP) and research governance within Trust processes and pathways.
- Maintain sustainable training for raters and clinical staff.
- Streamline study set-up and delivery to support timely, safe research.
- Provide training for the safe set-up and delivery of Clinical Trial of Investigational Medicinal Products (CTIMPs) and other complex studies, including pharmacy and specialist input.
- Embed learning from audit, assurance and study oversight into routine improvement.
- Strengthen links between research, evidence use and quality improvement in everyday practice.

2. Efficient Use of Resources

Research will support efficient use of resources by improving value, reducing duplication, growing income and strengthening organisational readiness. This includes effective use of partnerships, workforce capability, infrastructure and external opportunities.

- Strengthen relationships with partner trusts, universities, system organisations and industry collaborators.
- Maintain clear research readiness information on workforce skills, rater capacity, service agreements and delivery infrastructure.
- Increase research visibility through induction, staff forums, professional meetings and business development activity.
- Develop collaborations that support grants, commercial studies and external income.
- Improve national Key Performance Indicator(s) performance, particularly time to first participant and recruitment to time and target.
- Expand the commercial portfolio and open studies aligned to key patient pathways.
- Support access to externally funded research development opportunities.
- Pursue National Institute for Health and care Research (NIHR) capital bids, strategic and wider care settings funding, and prepare for prospective UK Clinical Research Facility funding to strengthen research infrastructure development, delivery capacity and long-term organisational readiness.
- Provide a clearer research readiness offer for clinical managers and teams, including guidance, contacts, impact stories and development routes.

3. Great Patient Experience

Research will support great patient experience by making research accessible, inclusive and person-centred. This includes improving environments, communication, cultural competence, feedback and community engagement.

- Work with charities, staff networks, carers groups, Equality, Diversity and Inclusion leads and community partners to improve reach and relevance.
- Improve the practical experience of participation, including space, accessibility, digital access, translation and appointment flexibility.
- Increase research visibility through events, communications and community-based outreach.
- Use patient research experience surveys and a clear “you said, we did” approach to improve experience.
- Improve dissemination of findings back to participating teams and services.
- Strengthen co-production, cultural competence and community involvement.
- Design research opportunities and communications with inclusive and digitally accessible approaches.
- Make better use of parent and carer forums, community groups and lived experience networks in research priority-setting, design and dissemination.
- Develop a transparent public communication and engagement approach to support the Trust’s move towards an opt-out research model, including clear information on how confidential patient information may be used lawfully for research, when the National Data Opt-Out applies, and how patient choice, trust and inclusion will be protected.

4. Supporting Our People

Research will support our people by building a visible, inclusive and sustainable research culture across Berkshire Healthcare. This includes growing confidence, capability and opportunity for staff to take part in, lead and use research.

- Diversify the research workforce across the R&D team and clinical services.
- Create clear research pathways, including champions, Principal Investigator development and training for medical, nursing and allied health staff.
- Increase the number of Chief Investigators and Principal Investigators through targeted development, mentorship and protected opportunities.
- Embed research within services through induction, communications, job planning, protected time, job descriptions and workforce planning.
- Support home-grown and externally funded studies that build local capability and impact.
- Develop the workforce, systems and specialist capability needed to take advantage of future infrastructure funding opportunities, including prospective UK Clinical Research Facility development.
- Provide practical tools for co-production, inclusive research practice and community involvement.
- Align research development with appraisal, supervision and professional development.
- Use forums, mentorship, coaching, placements, communities of practice and early career pathways to grow research confidence and leadership.
- Build Nursing, Midwifery and Allied Health Professional research capacity through professional development, academic links, leadership support and role-modelling.
- Improve visibility of research resources, opportunities and support routes for all staff.

This implementation plan should guide annual delivery planning, prioritisation and reporting. Progress should be reviewed through existing governance, with clear ownership, routine monitoring and regular refresh to maintain alignment with Trust priorities, national expectations and local need.

SMART objectives and outcome measures

To bring the Strategic Implementation Plan to life, the Trust has implemented a small set of SMART objectives supported by clear baseline measures, annual milestones and routine reporting through existing governance. The measures below are intended to demonstrate both delivery progress and wider impact, using a combination of local operational data and recognised external research delivery indicators. Where a local baseline is not yet confirmed, this will be established during year one using Trust data from EDGE (Research Management System), Central Portfolio Management System (CPMS), finance records, workforce records, audit findings and participant feedback.

These objectives will be reviewed at the R&D committee on a quarterly basis and reported annually. Delivery will be reported through the Trust's existing research governance arrangements, with named leads, agreed trajectories and corrective action where progress is off track. During 2026/27, the first priority will be to confirm the local baseline for each measure and agree a reporting dashboard so that progress, outcomes and impact can be demonstrated consistently over the life of the strategy.

Strategic area	SMART objective	Baseline position (2026)	Target by 2029	How success and impact will be measured
Harm Free Care	By March 2027, establish a complete research quality dashboard covering data quality, protocol compliance, training compliance and audit actions for all active studies, and sustain quarterly reporting thereafter.	Baseline to be confirmed in year one from EDGE, audit records and training records, including current data completeness, number of open audit actions and mandatory training compliance.	Dashboard fully implemented by FY 2027; at least 95% completion of agreed core data fields; 100% mandatory GCP compliance for staff in relevant roles; all high-risk audit actions tracked to completion within agreed timescales.	Quarterly dashboard reports; audit findings and action closure rates; GCP compliance returns; reduction in repeat findings; evidence that research assurance issues are acted on and resolved.

Efficient Use of Resources	By March 2029, improve study set-up and delivery performance through faster activation and more reliable recruitment against plan.	Baseline to be confirmed in year one using CPMS and local set-up data, including current time to first participant, studies recruiting to time and target, and time from approval to site opening. Nationally, the UK is working to a 150-day end-to-end study set-up ambition, including 30 days from site opening to first participant.	Year-on-year improvement in local time to first participant; increased proportion of studies recruiting to time and target; all commercial studies supported with a documented site readiness process; local trajectory aligned to national UK Clinical Research Delivery expectations.	CPMS and EDGE performance reports; time to first participant; recruitment to time and target; proportion of studies opened within planned timelines; evidence of reduced delays and improved predictability of delivery.
Efficient Use of Resources	By March 2029, increase the value and diversity of the research portfolio, including commercial activity, external income and infrastructure development opportunities.	Baseline to be confirmed in year one from current portfolio profile, number of commercial studies, research income, infrastructure bids submitted and successful partnerships in place.	Increase in active studies, including commercial and collaborative studies; year-on-year growth in external research income; at least one major infrastructure funding application submitted during the strategy period; clearer pipeline of industry-ready opportunities aligned to Trust pathways.	Annual portfolio review; income and cost recovery data; number and type of studies opened; value of grants and commercial agreements; number of strategic funding bids submitted and secured.
Great Patient Experience	By March 2028, implement a consistent participant feedback approach across all eligible portfolio studies and use the findings to drive visible service improvement.	Baseline to be confirmed in year one from current use of My Research Experience surveys and other participant feedback routes. Nationally, 91% of adults and 87% of children and young people reported that they would take part in research again in the 2024/25 NIHR survey.	Participant feedback offered routinely across all eligible studies by 2028; local response levels improved year on year; local results demonstrate strong experience across respect, feeling informed and willingness to take part again; annual 'you said, we did' reporting established.	My Research Experience survey uptake and results; themes from participant feedback; examples of changes made in response; improved accessibility, communication and participant experience over time.

Supporting Our People	By March 2029, grow a visible and research-active workforce through increased participation, leadership and development opportunities for staff across services.	Baseline to be confirmed in year one from workforce records, number of Principal Investigators, Chief Investigators, research champions, staff trained and services currently engaged in research.	Year-on-year increase in staff participating in research delivery or leadership roles; increased number of Principal Investigators and research champions; research development included in appraisal, induction or workforce planning processes in agreed priority services.	Workforce development records; number of trained staff; number of Principal Investigators, Chief Investigators and research champions; spread of research activity across services; staff survey or qualitative feedback on research confidence and visibility.
Great Patient Experience and Supporting Our People	By March 2029, improve equality of access and inclusion in research by increasing participation from underserved groups and embedding co-production in priority areas.	Baseline to be confirmed in year one using available demographic data, study participation records and existing public involvement activity. This should include a baseline assessment of where participation is not yet representative of local communities or Trust priority groups.	Annual improvement in the completeness and use of inclusion data; increased participation from underserved groups in priority studies; co-production or community involvement embedded in all major service-facing research priorities.	Demographic analysis of participation; inclusion audits; number of studies with co-production input; evidence of changes to study design, recruitment methods or communications to improve accessibility and equity.

Conclusion

In summary, this Research Strategy describes how Berkshire Healthcare will use research as a practical enabler of its wider strategic direction over the next three years. It positions research as a means of supporting neighbourhood care, prevention, inclusion, digital innovation and service transformation, while strengthening the partnerships, capability and infrastructure needed for sustainable delivery. By embedding research more consistently across services, improving access and participation, and building a confident and research-active culture, the Trust can use research to support great patient experience, support our people, make efficient use of resources and contribute to reducing health inequalities. Over time, this will help ensure that research makes a clear contribution to the Trust's True North by supporting harm free care, great patient experience, efficient use of resources and the health and wellbeing of local communities.

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