

RESEARCH, DEVELOPMENT & INNOVATION STRATEGY 2026–2030

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Driving Better Health, Care, Innovation and Outcomes

South Eastern Health & Social Care Trust

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Front Cover



[PLACEHOLDER — FRONT COVER IMAGE: Clinical Trials Centre, Ulster Hospital or SEHSCT care environment]

Clinical Trials Centre / Ulster Hospital / Trust imagery

Message from Our Leadership



Mr Jonathan Patton

Chair, South Eastern Health & Social Care Trust

Research and Innovation is essential to the future of health and social care.

As demand for services grow along with increasing complexity and user expectations continue to rise across our services, The South Eastern Health & Social Care Trust must strengthen our ability to learn, improve and innovate in ways that deliver better outcomes for our population.

The South Eastern Health & Social Care Trust is proud of its growing reputation for research, collaboration and innovation. Through strong partnerships with staff, patients, universities, industry and regional organisations, we are creating new opportunities to improve care, develop our workforce and contribute to the future sustainability of health and social care.

This strategy sets out an ambitious but achievable vision for the Trust to become a research-active and innovation-enabled organisation where evidence, learning and partnership working are embedded within everyday care.

By strengthening our research culture, supporting innovation and expanding opportunities for participation, we will improve experiences and outcomes for patients and communities while helping shape the future of health and social care across Northern Ireland.



Ms Roisin Coulter

Chief Executive, South Eastern Health & Social Care Trust

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I am proud to present the South Eastern Health & Social Care Trust's Research, Development and Innovation Strategy. This document reflects a deliberate commitment by the Trust Board and Senior Leadership Team to place research at the heart of how we deliver and improve health and social care for the people we serve.

The evidence is clear: organisations that actively engage in research deliver better outcomes for patients. By publishing this strategy, we are signalling that the South Eastern Health & Social Care Trust intends to be among them - not as an aspiration, but as a measurable organisational commitment backed by investment, infrastructure and accountability. Research-active Trusts have lower mortality rates, shorter lengths of stay and higher levels of staff satisfaction.

For our patients, this Strategy means earlier access to innovative treatments through clinical trials, care pathways shaped by the best available evidence and a genuine voice in shaping the research that affects their lives.

For our staff, it creates opportunities to lead and participate in research, to develop new skills and to work within an organisation that values enquiry, innovation and continuous learning.

This strategy has been developed with input from clinicians, researchers, service users and partner organisations. It reflects both the reality of where we are today and the ambition of where we intend to be.

I look forward to supporting our staff in delivering this vision.

Medical Director Foreword



Prof Stephen Kirk
Medical Director, South Eastern Health & Social Care Trust

As Medical Director, I am pleased to introduce this, the first Research, Development and Innovation Strategy for the South Eastern Health & Social Care Trust. It signals our intention to highlight our understanding of the role and importance of clinical research within our organisation. Previously, the Trust has always enabled a number of clinically driven research projects within Medicine, Nursing and Allied Health Professionals (AHP) profession(s). However, with the launch of this strategy, the Trust demonstrates a clear intent to develop a cohesive and focused structure to promote, develop and deliver research within the Trust.

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We know that clinical research identifies effective treatments and improves outcomes for patients. Yet for too long, the Trust has been a consumer of evidence generated elsewhere rather than an active contributor to the knowledge base. While this in itself is good, it is not enough. This strategy sets out a clear commitment to building our own research capability, led by our own clinicians in collaboration with others and informed by the needs of the patients we serve.

For our patients, this means earlier access to innovative treatments through clinical trials, more personalised care informed by the latest evidence, and confidence that their Trust is at the forefront of healthcare improvement.

The Trust Board, Chief Executive and Senior Management Team have committed their full support to the Trust's medical leadership to facilitate the delivery of this strategic plan. The ambition set out in these pages is achievable, necessary and timely.



Prof Patrick Donnelly

Director of Research, Development & Innovation, South Eastern Health & Social Care Trust

Research and Innovation improve lives.

It creates opportunities for patients to access new treatments, support staff to improve services and strengthen our ability to respond to changing health and care needs.

The South Eastern Health & Social Care Trust has developed strong foundations for future growth in research and innovation through its Clinical Trials Centre, regional partnerships, multidisciplinary expertise and increasing digital capability.

This strategy sets out a clear direction for the next phase of our development as a research-active and continuously improving organisation.

It describes how we will strengthen translational research, expand research participation, support implementation of innovation and embed evidence-led improvement across services and care pathways.

Most importantly, it reflects our belief that research and innovation should not sit alongside care, it should be part of how care is delivered every day.

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Executive Summary

This strategy sets out how the South Eastern Health & Social Care Trust (SEHSCT) will strengthen Research, Development and Innovation as a core enabler of safe, effective, sustainable and person-centred health and social care between 2026 and 2030. It focuses on embedding research in routine care, widening participation, developing a research-active workforce, supporting responsible innovation, and using data and digital systems to accelerate evidence-led improvement.

SEHSCT has developed as a learning health and care organisation by combining Research Development and Innovation (RDI), **M**edical **E**ducation**, R**esearch & **I**mprovemen**t** Committee (MERIT), Encompass, pragmatic and platform trials, responsible AI and partnership working to generate evidence, translate learning and improve outcomes in routine care. Research-active organisations consistently achieve:

- Better patient outcomes
- Stronger workforce engagement
- Faster adoption of innovation
- Improved quality and safety
- Greater organisational resilience.

For patients and communities, this strategy means greater opportunity to participate in research, earlier access to innovative treatments and technologies, more personalised care and faster improvement in services that matter most to them.

In practical terms, this strategy means more people will be offered the chance to take part in research close to home, more studies will reflect the conditions and communities most affected, participants will be told what their contribution led to, and improvements shown to work will reach services more quickly.

The strategy builds on strong foundations including:

- The Clinical Trials Centre at the Ulster Hospital
- Established regional and academic partnerships
- Growing digital and analytics capability
- Multidisciplinary clinical expertise
- Increasing collaboration with academia, industry and innovators.

By 2030, success will mean that research and innovation are visible in routine clinical and care pathways, more patients and service users are offered opportunities to participate in research, more staff are supported to lead and contribute to studies, stronger commercial and academic partnerships are in place, proven innovations are adopted more quickly, and the Trust can demonstrate clearer evidence of impact on quality, outcomes, productivity and equity.

By 2030, the Trust aims to:

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- Embed research within routine clinical and care pathways
- Widen inclusive participation for patients, service users and communities
- Strengthen translational, pragmatic, platform and commercial research capability
- Develop digitally enabled learning systems, including responsible use of data and AI
- Support a confident, research-active workforce through RDI and MERIT
- Accelerate adoption of evidence-based innovation where it improves quality, outcomes, equity and value.

The South Eastern Health &Social Care Trust Board has approved the Research, Development & Innovation Strategy 2026–2030; endorsed the five strategic ambitions and supporting principles; supported the delivery approach set out in the accompanying Implementation Framework; and noted the associated workforce, investment and risk considerations required for delivery.

Strategic Context

Health and social care systems are evolving rapidly in response to:

- Rising demand and increasing service pressures
- Changing population health needs
- Ageing populations and multimorbidity
- Increasing complexity of care
- Workforce sustainability challenges
- Advancing digital capability and data systems
- Growing expectations for access, innovation and outcomes.

Within the SEHSCT area, these pressures reinforce the importance of research, innovation and evidence-led improvement in supporting better outcomes, reducing variation and improving access to care. The Research, Development and Innovation Strategy 2026–2030 has been developed in alignment with the Trust's Corporate Plan and the wider regional and national policy landscape, supporting priorities for population health improvement, service transformation, workforce sustainability, digital innovation and quality improvement.

In this context, RDI is not only a mechanism for improvement; it is a practical way for the Trust to generate new knowledge, evaluate emerging opportunities and safely test new treatments, technologies and models of care before wider adoption. This strengthens clinical and organisational decision-making, supports responsible innovation and helps ensure that change is based on evidence rather than assumption.

Research and innovation support sustainable service redesign, new models of care and more effective ways of meeting changing population need.

This includes opportunities to strengthen prevention, community-based care, integrated care pathways and personalised approaches that improve quality of life and support independence.

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A learning health and care system continuously uses data, research, operational insight and frontline experience to improve services and outcomes in real time.

About Our Trust

The South Eastern Health & Social Care Trust provides integrated services across three super-council areas.

We serve a resident population of over 367,900 people and provide urgent and emergency care at the Ulster Hospital to a wider population of more than 440,000 people.

The Trust employs over 16,000 staff and operates with an annual budget of approximately £1.2 billion.

The Trust has capability to deliver Phase Ib–IV clinical trials through its dedicated Clinical Trials Centre and partnership working through the Northern Ireland Clinical Research Network (NICRN) and Commercial Research Delivery Centre Network (CRDC Network).

Why RDI Matters

Research and Innovation are fundamental to improving quality, effectiveness and sustainability across health and social care.

They support earlier access to new treatments and technologies, improve patient outcomes and experience, strengthen evidence-informed decision-making and enable more effective models of care.

Research and innovation also play an important role in improving social care, community services and preventative models of care by supporting earlier intervention, reducing inequalities and enabling more coordinated and person-centred services.

As health and care needs become more complex, research and innovation will be increasingly important in supporting service transformation, improving outcomes and strengthening long-term sustainability.

Vision & Strategic Purpose

Vision

To be a research-active and innovation-enabled organisation where evidence, learning and partnership improve health, care, independence and outcomes for our population.

The purpose of this strategy is to provide a clear framework for how the Trust will prioritise, support and measure RDI activity over the next four years. It will guide decisions about research growth, innovation adoption, workforce development, partnerships, digital enablement and

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investment so that activity is aligned to population need, service priorities and measurable impact.

The strategy will align with MERIT, the Trust's integrated framework for medical education, audit, research, innovation and training, recognising its role in connecting learning, assurance and improvement.

Why South Eastern Health & Social Care Trust is Uniquely Positioned

The South Eastern Health & Social Care Trust is well positioned to deliver impactful research and innovation through its integrated health and social care model, large and diverse population base, teaching hospital infrastructure, dedicated Clinical Trials Centre, multidisciplinary expertise, regional partnerships and growing capability in translational, early-phase, digital and applied research.

MERIT further strengthens this position by linking education, audit, research, innovation and training with workforce capability, clinical academic development and implementation of learning.

The Trust is also well placed to develop a pragmatic clinical trials capability, using its integrated hospital, community, primary care and social care pathways, Clinical Trials Centre infrastructure, Encompass digital capability and MERIT governance model to generate evidence that is directly relevant to routine practice.

The Trust is already supporting research and innovation across areas including:

- Cancer trials
- Cardiometabolic disease
- Digital pathways
- Surgical innovation
- Remote monitoring
- Mental health services
- Complex chronic disease management.

These foundations create opportunities to expand translational research, evaluate emerging technologies and accelerate the spread of innovation across both hospital and community settings.

The Trust will develop a coordinated front door for internal and external RDI enquiries, bringing together feasibility, governance navigation, data access, partnership development, commercial engagement and implementation support. The model will provide clear ownership, response standards and onward routes into the Clinical Trials Centre, MERIT, directorates, primary and community care, digital teams and regional partners.

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Our Research & Innovation Ecosystem

Patient, service user and carer involvement will be central to the development, prioritisation and delivery of RDI activity. The Trust will strengthen mechanisms for meaningful involvement so that research questions, innovation priorities and implementation plans are shaped by lived experience, population need and the outcomes that matter most to patients, families and communities.

Suggested visual: place SEHSCT at the centre, connected to patients and communities, MERIT, universities, HSC R&D Division, Northern Ireland Clinical Research Network (NICRN), One NI Commercial Research Delivery Centre (CRDC), HSC Digital, Encompass, the HSC Honest Broker Service, Northern Ireland Trusted Research Environment (NITRE)/HSC Data Institute, industry and life sciences partners, primary care, community and voluntary sector partners, and regional, all-island and national collaborators.

Central hub:

South Eastern HSC Trust

Connected ecosystem:

- Patients & Communities
- Universities
- HSC R&D Division
- NICRN
- One NI CRDC
- HSC Digital
- Encompass
- Industry & Life Sciences
- Community & Voluntary Sector
- Regional & National Partners.
- MERIT Strategic Oversight Group.

Our Strategic Ambitions

The strategic ambitions provide the organising framework for delivery. Together, they describe how the Trust will embed research in everyday care, build workforce capability, accelerate innovation, use data and digital systems more effectively, and strengthen its regional and commercial contribution.

1. Embed Research in Routine Care

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2. Enable a Research-Active Workforce
3. Accelerate Translational & Early-Phase Innovation
4. Build a Digitally Enabled Learning Health & Care System
5. Expand Regional & Commercial Leadership.

MERIT will support delivery of the workforce and learning health system ambitions by connecting education, training, audit, research, innovation, supervision and service improvement into a continuous cycle of learning, implementation, assurance and spread.

Strategic Principles

The Trust will apply the following strategic principles to guide how RDI priorities are selected, delivered and evaluated across services and partnerships.

PEOPLE-CENTRED	EVIDENCE-LED	INCLUSIVE
Research shaped by patient and population need	Decisions informed by evidence and insight	Equitable access and participation
Collaborative	Outcome focused	Sustainable
Partnership working across systems and sectors	Focused on measurable improvement	Supporting long-term resilience and value

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Priority Research Domains

The Trust will use RDI to help reduce health inequalities by improving access to research participation, targeting innovation towards areas of greatest need, and ensuring that evidence generation reflects the diversity of the population served. Particular attention will be given to groups who may face barriers to participation or who experience poorer outcomes across health and social care.

Priority research domains will be shaped by population need, service pressure, research readiness, partnership opportunity and the potential to improve outcomes, equity, productivity and sustainability.

Emerging themes likely to grow in importance over the strategy period include ageing and frailty, multimorbidity and polypharmacy, antimicrobial resistance, mental health across the life course, the health effects of climate and environment, and models that support independence at home. The Trust will keep these themes under review through horizon scanning and develop capability where population need, service pressure and partnership opportunity align.

Research equity by design means that inclusion will be considered at priority-setting, protocol feasibility, eligibility criteria, recruitment planning, consent, digital access, participant support, data monitoring, analysis and dissemination. The Trust will use participation data and community insight to identify groups who are underserved by research and will adapt delivery models with patients, carers and community partners.

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- Cardiometabolic disease
- Cancer and complex medicine
- Autoimmune and inflammatory disease
- Mental health and dementia
- Women's and child health
- Surgical and procedural innovation
- Social care
- Prevention
- Community-based care
- Digitally enabled models of care.

Signature Programmes

The Trust's five strategic ambitions describe the long-term changes we want to achieve, while the signature programmes describe the practical delivery vehicles that will turn those ambitions into measurable action across services, partnerships and care pathways.

The Trust will prioritise programmes that create measurable benefit for patients, staff and services.

Relevant signature programmes will align with MERIT where delivery depends on education, audit, simulation, human factors, workforce development, service improvement or spread of learning.

Each signature programme will have a named lead, agreed delivery milestones and a clear link to one or more strategic ambitions so that activity can be tracked from intent through to measurable impact.

PROGRAMME	PURPOSE
Clinical Trials, Commercial Research and Pragmatic Trials Growth	Strengthen research delivery, commercial portfolio growth and pragmatic trials embedded in routine care pathways
Research in Routine Care	Embed research participation within care pathways
Data & Digital Research Enablement	Develop research-ready infrastructure and analytics capability
Inclusive Research Participation	Reduce barriers and widen access
Innovation Adoption & Scale-Up	Support implementation and spread of innovation
Workforce Research Capability	Develop research-active multidisciplinary teams

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Data, Digital & Evidence Systems

The Trust will strengthen analytics, digital capability and research-ready infrastructure to support evidence generation, operational learning and service redesign.

Examples may include:

- Remote monitoring technologies
- Population health analytics
- Digitally supported care pathways
- Predictive risk modelling
- Data-enabled service redesign.

Predict → Optimise → Personalise → Improve

The Trust will increasingly use digital systems and data-enabled approaches to support more proactive, personalised and effective care.

Pragmatic trials will be supported by routine data, Encompass-enabled patient identification, pathway analytics, real-world evidence and outcome monitoring, ensuring that evaluation is embedded within service delivery where appropriate.

Artificial Intelligence and Data-Enabled Research

Artificial intelligence will increasingly support health and social care research, innovation and service improvement. The Trust will explore responsible AI use for research planning, feasibility assessment, patient identification, trial recruitment, data extraction, pathway evaluation, real-world evidence and learning from operational data.

AI-enabled approaches will be adopted only where they are safe, ethical, transparent, clinically appropriate and aligned with governance and regulatory requirements. AI will support, rather than replace, professional judgement. The Trust will be transparent with patients, service users, staff and the public about why AI is used, what safeguards are in place and how data is protected.

The Trust will align AI-related research and innovation with relevant UK, Northern Ireland and Ireland guidance, including Health Research Authority (HRA), AI and Digital Regulations Service, Medicines and Healthcare products Regulatory Agency (MHRA), HSC AI Framework and responsible AI guidance for health and social care.

The Trust intends to develop a public trust compact for the use of data and AI in RDI. It will set out how patients and service users will be involved in setting priorities, how uses of data and AI will be explained, what safeguards and human oversight apply, how concerns can be raised, and how benefits, limitations and unintended consequences will be reported publicly.

The Trust intends to develop readiness to participate in genomics, biomarker-led research and precision medicine where these align with population need, clinical capability and regional infrastructure. This will include workforce literacy, laboratory, pathology and academic partnerships, appropriate consent and data governance, equitable access, multidisciplinary interpretation, and pathways for translating validated findings into care.

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Governance & Assurance

Research and innovation activity will operate within robust governance arrangements that support safe, ethical and high-quality delivery, regulatory assurance, accountability, prioritisation and measurable impact.

Governance will bring together executive oversight, clinical and operational leadership, annual implementation planning, performance reporting, quality assurance, partnership engagement and risk escalation.

AI-related research and innovation will require proportionate governance and assurance. A future AI governance and approval approach may include review through RDI, information governance, clinical safety, digital, equality and regulatory governance routes, depending on the nature, risk and intended use of the AI-enabled tool. The final model should be developed through wider Trust discussion and consensus, aligned with regional HSC guidance and relevant UK and Ireland regulatory expectations.

RDI governance will maintain links with MERIT where programmes involve education, audit, simulation, human factors, service improvement, workforce capability or innovation adoption. MERIT will not replace statutory, professional, research governance or divisional accountability; it will connect learning, assurance and implementation through established Trust governance routes.

Suggested visual: Trust Board provides approval and assurance; Executive Team provides strategic oversight and resource alignment; the RDI Steering Group oversees RDI delivery, KPIs, risks and performance; MERIT connects education, audit, simulation, innovation, implementation and organisational learning; and clinical, operational and directorate delivery networks implement agreed actions across services and pathways.

Delivery, Governance & Oversight

Delivery oversight will focus on translating the strategy into annual implementation plans, monitoring progress against agreed milestones, escalating risks and reporting impact through the Trust's performance framework. Detailed governance, reporting frequencies and review arrangements are set out in Part 2: Implementation Framework.

Implementation & Next Steps

The three phases below summarise the overall direction of delivery. The detailed roadmap, including the 2026 immediate priorities and the Foundation, Growth, Maturity and Excellence phases, is set out in Part 2: Implementation Framework.

2026	2027–2028	2029–2030
Build foundations and governance	Embed and scale delivery	Lead and influence regionally

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Phase 1 – Build Foundations

- Establish governance structures
- Strengthen implementation planning
- Develop baseline metrics
- Support workforce engagement
- Expand partnership activity.

Phase 2 – Embed & Scale

- Expand research participation
- Strengthen translational capability
- Increase innovation adoption
- Scale digitally enabled improvement.

Phase 3 – Lead & Influence

- Strengthen regional leadership
- Expand commercial and academic partnerships
- Contribute to regional transformation priorities
- Demonstrate measurable system impact.

Accountability & Measurement

Implementation describes how the strategy will be delivered over time. Accountability and measurement then describe how progress, impact and assurance will be monitored.

The annual Board dashboard will present a focused set of measures covering participant access and inclusion, study set-up and delivery, workforce capability, evidence-to-practice adoption, patient and public involvement, commercial and external income, realised benefits, material risks and progress against future-readiness priorities. Detailed operational metrics will remain within the Implementation Framework and RDI Steering Group reporting.

Progress will be monitored through a combination of research performance, workforce participation, innovation implementation, partnership development and measurable impact on patient outcomes and service improvement.

Future-Proofing the RDI Strategy

To remain relevant over the 2026–2030 period, the Trust will treat this strategy as a platform for continuous learning rather than a fixed programme of activity. Future RDI development will be shaped by emerging evidence, population need, service pressures, workforce capability, public trust, technological change and funding opportunities.

Horizon scanning and scenario planning

The Trust will establish an annual RDI horizon-scanning cycle to identify emerging scientific, technological, regulatory, workforce and funding developments that may require changes to the

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Implementation Framework. The cycle will consider evidence from patients and staff, regional and national policy, academic and industry partners, regulators, funders and international research networks. Material opportunities or risks will be assessed for strategic fit, safety, equality impact, affordability, workforce readiness and potential patient benefit before priorities are refreshed.

Planning will be tested against a small number of plausible futures rather than a single expected trajectory. These may include a constrained future in which funding and workforce capacity tighten and RDI must demonstrate productivity and value; an accelerated future in which digital, genomic and AI capability advance faster than governance and skills; and a partnership-led future in which regional, all-island and industry collaboration reshapes where research is delivered. Testing priorities against each scenario will help identify the actions that remain sensible in all of them.

Future readiness and strategic options

The Trust will prioritise responsible innovation, research equity by design, data-enabled learning, pragmatic and platform trials, AI-supported research delivery, sustainable research methods and stronger links between research, education, audit, implementation and improvement through MERIT.

The Trust will distinguish between no-regrets investments and strategic options. No-regrets investments deliver value under any plausible future and include research-ready data, workforce capability, inclusive recruitment, governance maturity and partnership relationships. Strategic options are smaller, time-limited commitments that preserve the ability to move quickly if a capability becomes important, such as early participation in platform trials, genomics-adjacent studies or AI evaluation work. Options will be reviewed annually and either advanced, held or closed.

Strategic review triggers

A formal review of the Strategy may be triggered before 2030 where there is a material change in legislation, regulation, funding, digital infrastructure, population need, clinical risk, workforce capacity or regional policy. Operational changes that do not alter the five strategic ambitions or six strategic principles will be managed through the annual refresh of the Implementation Framework.

Sustainable and responsible innovation

This approach will allow the Trust to test new treatments, technologies and models of care safely, adapt them where needed, scale what works, stop what does not add value, and share learning across departments and partner systems.

The Trust will consider environmental sustainability in the design and delivery of research. Opportunities may include proportionate remote follow-up, community-based delivery, reduced duplication of tests and visits, efficient use of routine data, lower-carbon procurement and travel, and measurement of environmental impact for material programmes. Sustainability measures will not compromise participant choice, safety, inclusion or data quality.

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Responsible Innovation and Stop, Adapt, Scale Criteria

Responsible innovation means that new treatments, technologies, digital tools, AI-enabled approaches, service models and research pathways will be tested and adopted only where there is a clear rationale, appropriate governance, patient and public benefit, clinical oversight and a plan to measure impact.

Promising innovations will move through a defined pathway from identification and evaluation to business case, procurement, implementation, benefits tracking and decommissioning where appropriate. Early engagement with clinical services, finance, procurement, digital, information governance, equality, estates and workforce teams will ensure that evidence generation is connected to real adoption decisions rather than ending at project completion.

Each innovation and evidence-to-practice pathway will include criteria for continuation, adaptation, scale-up or closure, based on safety, effectiveness, patient and staff experience, equality impact, cost, operational feasibility and strength of evidence. Learning from initiatives that are stopped, adapted or not scaled will be recorded and shared through RDI and MERIT learning routes.

Impact & Outcomes

Over time, successful delivery of the strategy should contribute to:

- Earlier diagnosis
- Improved management of long-term conditions
- Faster adoption of innovation
- Reduced variation in care
- More personalised services across acute, community and social care settings.

PATIENTS	WORKFORCE	SYSTEM	POPULATION
Improved access, experience and outcomes	Increased capability and engagement	Improved productivity and sustainability	Better health and reduced inequalities

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Closing Strategic Statement

"By embedding research and innovation within everyday care, the Trust will strengthen its ability to learn, test, adapt and lead within a rapidly changing health and social care environment while delivering better outcomes for patients, staff and communities."

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Appendices

I. Acknowledgements

This strategy has been developed through review of current RDI capability, Trust priorities, clinical and operational input, patient and service user involvement, MERIT alignment, regional policy context and engagement with relevant internal and external partners. The final version will record the principal engagement themes and material changes made in response to feedback.

The Trust would like to thank patients, carers, staff, academic partners, regional organisations and stakeholders who contributed to development of this strategy.

Particular thanks to:

- Clinical and operational teams
- Research staff and investigators
- Patient and service user representatives
- Regional and academic partners
- HSC R&D Division
- NICRN
- One NI CRDC partners.

II. Glossary of Terms

Term	Meaning
Translational Research	Research that moves discoveries into practical patient benefit
Learning Health & Care System	A system that continuously improves using data, evidence and operational learning
Early-Phase Research	Early-stage clinical research assessing safety and effectiveness
Research-Active Organisation	An organisation where research is embedded within care delivery
Evidence-Led Improvement	Service improvement informed by research, data and evaluation
Encompass	The regional digital health and care record programme implemented across HSC organisations
VPAG	Voluntary Scheme for Branded Medicines Pricing, Access and Growth, which supports investment in clinical research infrastructure

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Term	Meaning
PCRNI	Primary Care Research Network Northern Ireland, supporting research delivery in general practice and community settings
CRDC	Commercial Research Delivery Centre, the regional model for coordinating commercial research delivery
Real-World Evidence (RWE)	Evidence generated from routinely collected health and care data rather than controlled trial settings
Artificial Intelligence (AI)	Computer systems that perform tasks normally requiring human intelligence, such as pattern recognition, prediction, classification, language processing or decision support
AI as a Medical Device	AI software that has a medical purpose and may require medical device regulatory assessment before use
Human Oversight	Professional review and accountability for decisions supported by digital or AI tools

III. References & Strategic Alignment

Strategic Alignment

- SEHSCT Corporate Plan
- SEHSCT People Plan
- Quality 4 All Strategy
- Department of Health Strategic Priorities, including the Three-Year Strategic Plan: *Stabilise, Reform, Deliver* (2024) and HSC Reset (2025)
- Programme for Government
- HSC R&D Strategic Priorities
- One NI Commercial Research Delivery Centre Framework
- HSC Digital Strategy
- Encompass Programme
- HSC Honest Broker Service — secure data environment and trusted research environment for HSC Northern Ireland
- Northern Ireland Trusted Research Environment (NITRE) and the HSC Data Institute, including the Northern Ireland Health Analytics Platform

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- Administrative Data Research Northern Ireland (ADR NI) and ADR UK; Northern Ireland Cancer Registry; HDR UK Northern Ireland

Evidence & Policy Context

- NHS England - *Research in the NHS*
- National Institute for Health and Care Research - *Embedding a Research Culture*
- The Health Foundation Learning *Health Systems*
- Royal College of Physicians - *Research for All*
- HSC R&D Division - *One NI CRDC Framework*
- World Health Organisation - *Global Strategy on Digital Health*
- Organisation for Economic Cooperation and Development (OECD) - *Health Innovation and System Resilience*
- Health Research Authority - guidance and policy on safe AI-powered innovation in health and social care research
- AI and Digital Regulations Service - guidance for health and social care AI and digital technologies, including HRA, MHRA, NICE and CQC regulatory considerations
- Medicines and Healthcare products Regulatory Agency (MHRA) - guidance on software and AI as a medical device where applicable
- HSC AI Framework for Northern Ireland - responsible use of AI across health and social care
- Ireland health and social care guidance on responsible and safe AI use, including accountability, human oversight, safety, transparency and legal compliance.

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IV. Part 2: Research, Development & Innovation Implementation Framework 2026–2030

Operational Roadmap for Delivery of the SEHSCT RDI Strategy

Purpose of the Implementation Framework

This Implementation Framework is the operational companion to the South Eastern Health and Social Care Trust Research, Development & Innovation Strategy 2026–2030. It translates the Strategy's vision, ambitions and principles into delivery priorities, measurable objectives, governance, investment requirements and annual review.

The RDI Strategy sets the Trust's direction and ambitions. The Implementation Framework converts that direction into priorities, owners, milestones, KPIs, risks and investment requirements. The Clinical Trials Centre provides core research delivery infrastructure. Pragmatic, platform and decentralised trial models extend research into routine care. Encompass, reusable data products and responsible AI enable feasibility, recruitment, monitoring and evaluation. MERIT connects education, audit, simulation, implementation and organisational learning. Together, these components form a closed-loop system from need identification through evidence generation to adoption, assurance and spread.

The Framework supports annual implementation planning, delivery priorities, baseline measures, KPI tracking, accountable ownership, workforce and infrastructure development, investment and value creation, risk management, governance assurance and benefits realisation.

Relationship to the RDI Strategy 2026–2030

RDI Strategy 2026–2030	Implementation Framework 2026–2030
Sets the vision and strategic ambition	Sets the operational roadmap
Describes why RDI matters	Defines how RDI will be delivered
Establishes strategic principles	Converts principles into delivery criteria
Identifies priority domains	Sets portfolio priorities, KPIs and milestones
Describes intended impact	Tracks benefits, risks and performance

Executive Summary on a Page

This Implementation Framework translates the RDI Strategy into operational objectives, delivery priorities, baseline measures, KPIs, milestones, ownership, governance and assurance arrangements.

- **2025 baseline:** 2,700 participants enrolled in clinical trials; 87 open studies; 45 new trials; 23-room Clinical Trials Centre; Encompass first-mover status; 1.9 million linked records; 100% patient satisfaction; £12.6 million VPAG investment.

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- **Delivery priorities:** people-centred and inclusive research; population health and priority conditions; innovation and translation; workforce and research culture; data, digital and evidence systems; infrastructure and partnerships; communications, learning and impact.
- **2030 ambition:** research embedded in routine pathways, increased and more inclusive participation, stronger translational capability, digitally enabled evidence generation and measurable contribution to quality, outcomes, productivity and equity.

The 2025 baseline provides the starting point for implementation planning. All figures will be validated against agreed data sources before final approval, with definitions confirmed for patient enrolment, open studies, new trials, linked records, patient satisfaction, commercial set-up time and recruiting-to-target performance.

2025 Baseline and Current Position

Area	2025 baseline position
Patients enrolled in clinical trials	2,700 across the open trial portfolio (annual new enrolment to be confirmed)
Open studies	87
New trials in 2025	45
Clinical Trials Centre	23-room facility at Ulster Hospital
Trial capability	Phase Ib–IV
Digital infrastructure	Encompass first-mover status
Linked records	1.9 million
Patient satisfaction	100%
VPAG investment	£12.6 million
Commercial trial set-up baseline	198 days
Recruiting-to-target baseline	67%

Strategic Ambition to Delivery Priority Crosswalk

The RDI Strategy is organised around five strategic ambitions. This Implementation Framework translates those ambitions into seven operational delivery priorities.

RDI Strategy ambition	Related delivery priorities	Delivery focus
Embed Research in Routine Care	People-Centred and Inclusive Research; Population Health and Priority Conditions	Increase participation, integrate RDI into pathways, widen access and focus on areas of greatest need

Enable a Research-Active Workforce	Workforce and Research Culture; Communications, Learning and Impact	Develop capability, protected time, research champions, clinical academic pathways and alignment with MERIT to connect education, audit, research, innovation and training
Accelerate Translational and Early-Phase Innovation	Innovation and Translation into Practice; Infrastructure and Partnerships	Strengthen early-phase, translational, commercial and real-world evaluation capability
Build a Digitally Enabled Learning Health and Care System	Data, Digital and Evidence Systems; Population Health and Priority Conditions	Use Encompass, analytics and real-world evidence to support learning and improvement
Expand Regional and Commercial Leadership	Infrastructure and Partnerships; Communications, Learning and Impact	Grow commercial research, academic partnerships, regional leadership and external investment

Delivery Priorities 2026–2030

The seven delivery priorities provide the operational structure for the Framework. They do not replace the five strategic ambitions; they describe how those ambitions will be delivered.

- **People-Centred and Inclusive Research:** strengthen patient, service user and carer involvement, embed co-production where appropriate, reduce barriers to participation and improve inclusion of underserved groups.
- **Population Health and Priority Conditions:** align RDI activity to population need, service pressure, research readiness, partnership opportunity and potential impact.
- **Innovation and Translation into Practice:** accelerate evidence-to-practice pathways, support innovation adoption and safely test new treatments, technologies and models of care before wider adoption.
- **Workforce and Research Culture:** develop protected research capacity, clinical academic pathways, training, research champions and MERIT-aligned education, audit and improvement links across directorates.
- **Data, Digital and Evidence Systems:** use Encompass, analytics and real-world evidence to support patient identification, pathway evaluation and learning health system development.
- **Infrastructure and Partnerships:** strengthen Clinical Trials Centre utilisation, commercial research growth, academic partnerships, industry engagement and regional collaboration.
- **Communications, Learning and Impact:** improve visibility of RDI opportunities, share learning through RDI and MERIT routes, report outcomes and demonstrate value to patients, staff, services and partners.

RDI and MERIT will maintain a shared learning architecture that records completed studies, audit findings, implemented changes, realised benefits, unsuccessful initiatives and reusable methods. Learning will be disseminated through directorate reviews, staff education, patient

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and public reporting, annual Trust events, publications, open resources and regional partner networks.

KPI Framework and Targets

The KPI Framework translates the strategic ambitions and delivery priorities into measurable objectives. Each KPI has a named owner, a baseline position and a 2030 target. Where a baseline is not yet available, it will be established during 2026 as part of the first annual delivery plan.

Delivery priority	KPI	2025 baseline	2030 target	Owner
People-Centred and Inclusive Research	Relevant RDI activity co-produced with patients, service users or carers	To be established 2026	75% by 2029	Lead for PPI and Inclusion
People-Centred and Inclusive Research	Participation from underserved groups	To be established 2026	20% increase	Lead for PPI and Inclusion
Population Health and Priority Conditions	Portfolio aligned to priority burden areas	To be established 2026	35% of portfolio	Clinical Director RDI
Innovation and Translation into Practice	Evidence-to-practice pathways implemented	To be established 2026	6 or more pathways	Director of RDI
Workforce and Research Culture	Directorates with an identified research champion	Partial coverage	All directorates	Director of RDI with HR
Innovation and Translation into Practice	Pragmatic trial or real-world evaluation pathway established	To be established 2026	At least 3 pragmatic trial or real-world evaluation pathways by 2030	Director of RDI / Clinical Director RDI / MERIT
Workforce and Research Culture	MERIT-aligned education, audit, research and innovation delivery plan established	To be established 2026	Annual MERIT delivery plan in place by 2027	Medical Director / Director of RDI / Medical Education Lead
Workforce and Research Culture	Staff trained in research, innovation or	To be established 2026	25% increase	RDI education lead

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	evaluation methods			
Data, Digital and Evidence Systems	Commercial trial set-up time	198 days	150-day standard by 2028	RDI operations lead
Infrastructure and Partnerships	Commercial trials portfolio growth	2025 portfolio position	25% growth	Commercial research lead
Infrastructure and Partnerships	New participants enrolled each year	To be confirmed from 2025 portfolio data	1,500 or more annually, across hospital, community and primary care	RDI operations lead
Communications, Learning and Impact	Studies recruiting to time and target	67%	80%	RDI performance lead

Implementation Roadmap

Phase	Period	Strategic focus
Immediate Priorities	2026	Establish visible early delivery, dashboards and priority actions
Foundation	2026–2027	Build governance, baselines, workforce capacity and delivery structures
Growth	2027–2028	Expand participation, portfolio growth, partnerships and digital enablement
Maturity	2028–2029	Embed delivery across directorates and care pathways
Excellence	2029–2030	Demonstrate impact, regional leadership and system contribution

- **Immediate Priorities2026:** validate baseline data and KPI definitions; confirm accountable owners and governance routes; approve the first annual delivery plan; establish the PPI and inclusion mechanism; identify priority directorates and research champions; agree the commercial set-up improvement plan; and select initial pragmatic, platform, decentralised or real-world evaluation use cases.
- **Foundation 2026–2027:** confirm governance, assign KPI owners, establish annual delivery plans, define workforce and infrastructure requirements and establish risk escalation routes.

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- **Growth 2027–2028:** increase participation, improve commercial set-up performance, expand partnerships, grow evidence-to-practice pathways and strengthen Encompass-enabled research.
- **Maturity 2028–2029:** integrate research opportunities into routine pathways, scale successful innovations and evidence contribution to outcomes, productivity and equity.
- **Excellence 2029–2030:** demonstrate measurable impact, sustain commercial portfolio growth, strengthen regional leadership and refresh priorities beyond 2030.

Workforce Model and Research Capacity

A research-active organisation requires workforce capability, protected capacity, leadership support and clear professional development routes. The Trust will strengthen research culture across professions and directorates by supporting staff to participate in, lead and apply research and innovation.

- Protected research time where feasible
- Research champions in all directorates
- Clinical academic pathways
- Research nurse, coordinator and data management capacity
- Principal investigator development
- Integration of research into professional development
- Recognition of RDI contribution to recruitment, retention and service improvement.

Indicative capacity includes 12 research nurses, 6 research coordinators, 4 data managers, 3 senior principal investigators and primary care research leads, subject to confirmed funding and annual workforce planning.

Future workforce planning will address emerging capabilities in trial design, platform and decentralised delivery, health economics, implementation science, informatics, data engineering, AI assurance, genomics, behavioural science, patient involvement, regulatory science, commercial partnerships and research communications. Capability will be developed through recruitment, protected time, joint appointments, fellowships, apprenticeships, academic partnerships and MERIT-supported education.

The Trust will develop AI and data literacy within the RDI workforce and among clinical and operational teams involved in research. This will include awareness of AI opportunities, limitations, bias, transparency, human oversight, information governance, research ethics and safe adoption.

The Trust will build succession plans for principal investigators, clinical academic leaders, research delivery managers and specialist data, governance and commercial roles. Each priority domain will identify emerging leaders, mentoring arrangements, protected development opportunities and contingencies for the loss of key personnel or time-limited funding.

Research and innovation opportunities will be presented as part of the Trust's employment offer. Involvement in studies, evaluation, education and innovation supports professional development, strengthens clinical reasoning and provides variety and purpose in demanding roles. The Trust will make these opportunities visible in recruitment, induction, appraisal and career pathways, and will monitor their contribution to retention.

MERIT will provide an enabling mechanism for integrating research and innovation into education, audit, simulation, teaching, supervision and workforce development. It will support

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research literacy, clinical academic pathways, multidisciplinary engagement, faculty development and workforce readiness for pragmatic and platform trials by helping teams deliver research safely within routine workflows.

Clinical Trials Centre and Commercial Research Proposition

The Clinical Trials Centre is a major strategic asset and provides a strong platform for research growth, commercial engagement and early access to innovation. The Trust's offer to partners includes dedicated trial infrastructure, Phase Ib–IV capability, integrated hospital and community care pathways, Encompass-enabled research potential, strong patient experience and access to regional and academic networks.

The Trust will seek to grow its commercial research portfolio by 25%, reduce commercial trial set-up time towards a 150-day standard, improve recruiting-to-time-and-target performance, increase early-phase and translational activity, and demonstrate return on investment through income, access to innovation and improved outcomes.

The Trust will measure its contribution to the wider life sciences economy through commercial income, external investment, collaborative grants, industry and academic partnerships, intellectual property or licensing opportunities, workforce development and the attraction of studies to Northern Ireland. Economic outcomes will complement, not displace, patient benefit, clinical relevance, inclusion and public value.

Northern Ireland's position within both UK and European regulatory frameworks creates a distinctive opportunity for cross-border and all-island research collaboration. The Trust will explore how this position can support access to European funding and study networks, all-island recruitment for conditions where population size limits single-jurisdiction studies, and partnerships that make Northern Ireland an attractive location for sponsors seeking reach across both markets.

The Trust will establish clear arrangements for intellectual property arising from staff-led innovation, including ownership, revenue sharing, conflict-of-interest management, and routes to development through academic partners, small and medium-sized enterprises or spin-out companies. Clarity on these arrangements encourages staff to bring forward ideas and protects both the innovator and the Trust.

The Trust will develop a pragmatic trials capability that enables clinically relevant trials to be delivered within routine hospital, community, primary care and social care pathways. This approach will help test treatments, technologies and models of care in real-world conditions, supporting faster evidence generation, wider participation and more direct translation into practice.

The Trust will assess its readiness to participate in trials of advanced therapies and complex interventions, including cell and gene therapies, novel biologics, complex devices and combination products. Readiness will depend on pharmacy and laboratory capability, cold chain and handling requirements, specialist nursing and medical expertise, safety monitoring, long-term follow-up arrangements and clear referral relationships with regional specialist centres.

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MERIT and Platform Trial Readiness

MERIT will support platform trial readiness by aligning education, simulation, audit, human factors, research training and implementation learning. This will help clinical teams understand platform trial workflows, consent and recruitment processes, adaptive design principles, safety controls and the translation of findings into routine practice.

The Trust will explore a standing platform trial operating model that can evaluate multiple treatments, diagnostics or care models under shared governance, data, workforce and delivery arrangements. Development will begin with priority clinical or care pathways where there is sufficient population need, investigator leadership, partner interest, data readiness and operational capacity. Entry, adaptation and stopping rules will be predefined, with MERIT supporting workforce preparation, implementation learning and spread of findings.

MERIT will not replace formal research governance, ethical review, regulatory approval or divisional accountability routes. Its role will be to provide an enabling mechanism to prepare teams, identify workflow and implementation risks, support assurance, and spread learning across departments where platform or pragmatic trials affect routine clinical and care pathways.

The Trust will maintain proportionate research surge capability for public health emergencies and rapidly emerging clinical threats. This will include pre-agreed leadership arrangements, research-ready workforce pools, expedited feasibility processes, adaptable data and recruitment workflows, links to regional and national studies, and mechanisms for rapid learning through MERIT.

Primary Care, GP Federations and Community Research Opportunity

The Trust's integrated model creates significant opportunity to expand research beyond hospital settings and into primary care, community services, mental health, prevention and social care. This supports the strategy's commitment to prevention, community-based care and reducing health inequalities.

Primary care and community settings will be essential to pragmatic trial delivery, particularly for prevention, long-term conditions, frailty, mental health, multimorbidity, medicines optimisation, diagnostics, digital monitoring and community-based care models.

The Trust will develop capability for decentralised and hybrid research methods where these improve participant choice, inclusion, retention or sustainability without compromising safety, consent, data integrity or oversight. Delivery models may include remote follow-up, electronic consent, home or community visits, digital outcome collection, wearable technologies and local testing. Participant and staff involvement will inform which elements are appropriate to decentralise, recognising that digital access, usability and preference will vary across communities.

The Trust will explore the research use of participant-generated data, including wearables, remote monitoring devices, home testing and digitally collected patient-reported outcomes. These sources can improve the frequency and real-world relevance of measurement, support decentralised delivery and reduce visit burden, provided that data quality, validation, digital inclusion, consent and information governance requirements are met.

- Agree priority primary care and community research themes

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- Develop GP Federation research engagement arrangements
- Identify research-ready community and social care pathways
- Strengthen links with Primary Care Research Northern Ireland (PCRNI), HSC R&D Division and academic partners
- Develop hospital-to-community research and follow-up models
- Use linked data to support real-world evaluation across settings.

Data, Digital and Evidence Delivery Plan

Digital capability is a central enabler of the RDI Strategy. Early adoption of Encompass creates opportunities to support research-ready data infrastructure, patient identification and screening, real-world evidence generation, pathway evaluation, outcome tracking and learning health system development.

Encompass, linked data and real-world evidence infrastructure will support pragmatic trials through cohort identification, baseline measurement, outcome tracking, safety monitoring and evaluation of implementation across care settings.

The Trust will assess the potential of synthetic data, external and synthetic control arms, simulation and in-silico modelling to support feasibility testing, study design, training and evaluation. These methods may reduce burden on participants, support preparation before recruitment opens and enable analysis where conventional comparator groups are impractical. Any use will require methodological review, transparency about limitations and clear separation between modelled and observed evidence.

The Trust will move from project-by-project data extraction towards governed, reusable research data products where lawful and appropriate. These may include research-ready cohorts, feasibility dashboards, recruitment dashboards, disease burden maps, outcome datasets and platform trial data pipelines. Each data product will have an accountable owner, defined purpose, quality standards, access controls, metadata, refresh schedule and arrangements for patient and public transparency.

Digital research delivery will use approved governance and secure data routes, including the HSC Honest Broker Service as the secure data environment and trusted research environment for Health and Social Care in Northern Ireland; the Northern Ireland Trusted Research Environment within the HSC Data Institute; the Northern Ireland Health Analytics Platform; Administrative Data Research Northern Ireland; and specialist sources such as the Northern Ireland Cancer Registry. Access will follow agreed application, information governance, Five Safes, accredited researcher and disclosure control requirements, with transparency for patients and the public about how data is used to support research and improvement.

The Trust will also explore federated analysis models, in which analysis is brought to the data rather than data being extracted and moved. Where appropriate, this may include contributing to regional, all-island and UK-wide secure environments, supporting multi-site analysis without transferring identifiable data, and using privacy-enhancing methods to reduce disclosure risk while improving research reach. Development will align with emerging UK approaches to interoperable secure data environments and federated research infrastructure.

AI-Enabled Research Delivery

AI-enabled tools may support research delivery by improving feasibility assessment, identifying eligible cohorts, supporting recruitment workflows, extracting and structuring research-relevant

data, generating real-world evidence, monitoring delivery performance and evaluating pathway outcomes.

Any use of AI will require a clear purpose, approved data access, human oversight, documented validation, information governance review and ongoing monitoring. AI outputs should be used to support clinical, research and operational decision-making, not to replace accountable professional judgement, and should not be used as the sole basis for clinical, recruitment, eligibility or care decisions without appropriate professional review.

AI-enabled research tools will be evaluated across technical performance, clinical validity, workflow fit, usability, equality impact, cybersecurity, cost, patient and staff acceptability and ongoing model performance. The Trust will distinguish between AI used to support research operations, AI being studied as an intervention and AI used as or within a medical device. Evidence and assurance requirements will be proportionate to intended use and risk, with public trust and professional accountability maintained throughout.

Investment and Value Case

Delivery will require sustained investment, workforce capacity and partnership funding. The value case should demonstrate how RDI contributes to better patient outcomes, earlier access to innovation, workforce development and retention, commercial income growth, service redesign, productivity and sustainability.

Implementation commitments, workforce assumptions and infrastructure developments will be subject to agreed annual planning, affordability assessment, confirmed funding and Trust governance approval.

Material RDI programmes will include proportionate health economic and value assessment from an early stage. Evaluation will consider patient outcomes, health inequalities, workforce impact, service capacity, total cost of care, affordability, implementation cost, opportunity cost, environmental impact and potential commercial or external income. This will support transparent decisions to stop, adapt, scale or invest.

The Trust will monitor the balance of its RDI funding across commercial, regional, academic, charitable and international sources, and will assess concentration risk where a large proportion of capability depends on a single scheme or time-limited award. Where dependency is high, the Trust will identify the posts, infrastructure and activity most at risk and plan transition or exit arrangements in advance.

- Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) investment and HSC R&D Division funding
- Commercial research income
- Academic partnership and grant funding
- Cross-border and international funding routes where applicable
- Charitable and innovation funds.

Risk Register and Mitigations

Risks will be reviewed quarterly by the RDI Steering Group, assigned to named owners, scored using the Trust risk approach and escalated through agreed governance routes.

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AI-specific risks, including bias, model performance, unclear regulatory status, inappropriate reliance on outputs and data quality issues, will be included in the RDI risk register where relevant.

Risk	Potential impact	Mitigation
Workforce shortages and limited clinical time	Reduced capacity to deliver research and innovation	Workforce planning, protected time, research champions and targeted recruitment
Funding continuity	Uncertainty over sustained posts and infrastructure	Diversified funding routes and commercial growth plan
Data governance complexity	Delays in digital research and real-world evidence activity	Clear governance pathways, information governance support and data access protocols
Commercial trial set-up delays	Reduced competitiveness and income	Process improvement, standard operating procedures and performance monitoring
Uneven research culture across directorates	Variable uptake and inconsistent participation	Research champions, communication, training and leadership support
Innovation adoption barriers	Evidence not translated into practice	Implementation support, evaluation and named pathway ownership
Limited participation from underserved groups	Risk of widening health inequalities	Inclusion plan, community engagement and monitoring of participation
AI bias or poor model performance	Inequitable recruitment, inaccurate outputs or unsafe decisions	Validation, bias assessment, equality review, clinical oversight and ongoing monitoring
Unclear regulatory status of AI tools	Non-compliance, delayed adoption or inappropriate deployment	Early review of research, regulatory, information governance and medical device requirements using relevant AI and digital regulation guidance
Inappropriate reliance on AI outputs	Reduced professional judgement or unsafe implementation	Human-in-the-loop governance, staff training, clear accountability and audit of AI-supported decisions

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Benefits Realisation Framework

Benefits will be assessed across patients, people, place and pipeline, following the pathway from research through evidence and implementation to outcomes and population impact.

Strategic activity	Output	Benefit	Measure
Expand research in routine care	More patients offered research opportunities	Earlier access to innovation and evidence-based care	Participation and recruitment rates
Strengthen inclusive research	More underserved groups participating	Improved equity and relevance of evidence	Participation by community and demographic group
Grow commercial research	Increased commercial portfolio	Earlier access to treatments and increased income	Commercial studies and income growth
Build a research-active workforce	More staff trained and engaged	Improved retention, capability and culture	Training rates, champions and staff participation
Use Encompass for RDI	Better patient identification and real-world evidence	Faster learning and improved pathway evaluation	Digital research use cases and outcome measures
Develop evidence-to-practice pathways	Research findings implemented in services	Improved quality and reduced variation	Number of pathways implemented

Governance, Reporting and Review Cycle

Implementation will be overseen through Trust Board oversight, executive leadership, the RDI Steering Group, clinical and operational delivery networks, directorate research champions, and finance, governance, digital and workforce support functions.

Where delivery priorities relate to education, audit, simulation, human factors, workforce capability, clinical academic pathways or innovation adoption, the RDI Steering Group will maintain appropriate links with MERIT to support alignment, avoid duplication and ensure that learning is escalated, implemented and shared through established Trust governance routes.

Reporting route	Frequency	Purpose
RDI delivery team review	Biweekly	Operational tracking and issue resolution
RDI Steering Group	Quarterly	KPI review, risk review and delivery assurance
Executive oversight	Biannually or as required	Strategic escalation and resource alignment

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Trust Board	Annually	Strategy assurance, impact and progress
Annual implementation refresh	Annually	Update priorities, milestones, risks and targets

Annual Delivery Plan Template

Field	Content
Strategic ambition	Link to one or more of the five strategy ambitions
Delivery priority	Link to one of the seven delivery priorities
Objective	What will be delivered this year
Actions	Main delivery actions
Owner and contributors	Named accountable lead and supporting teams or partners, which may include MERIT, medical education, audit, simulation, professional education leads, universities, directorates and clinical academic partners where relevant
Milestones	Key dates and outputs
KPI, baseline and target	Measure of progress, starting position and expected achievement
Dependencies and risks	Funding, workforce, digital, partner or governance dependencies and mitigations
Reporting route and status	Where progress is reported and current RAG rating

Final Statement

By aligning strategic ambition with practical delivery, this Implementation Framework will help the South Eastern Health and Social Care Trust strengthen its role as a research-active, innovation-enabled and learning health and care organisation. It provides the roadmap for moving from aspiration to action, supporting the Trust to learn, test, adapt and lead while delivering measurable benefits for patients, staff, services, partners and communities.