



research strategy 2017-2021



Health
South Eastern Sydney
Local Health District

South Eastern Sydney Local Health District

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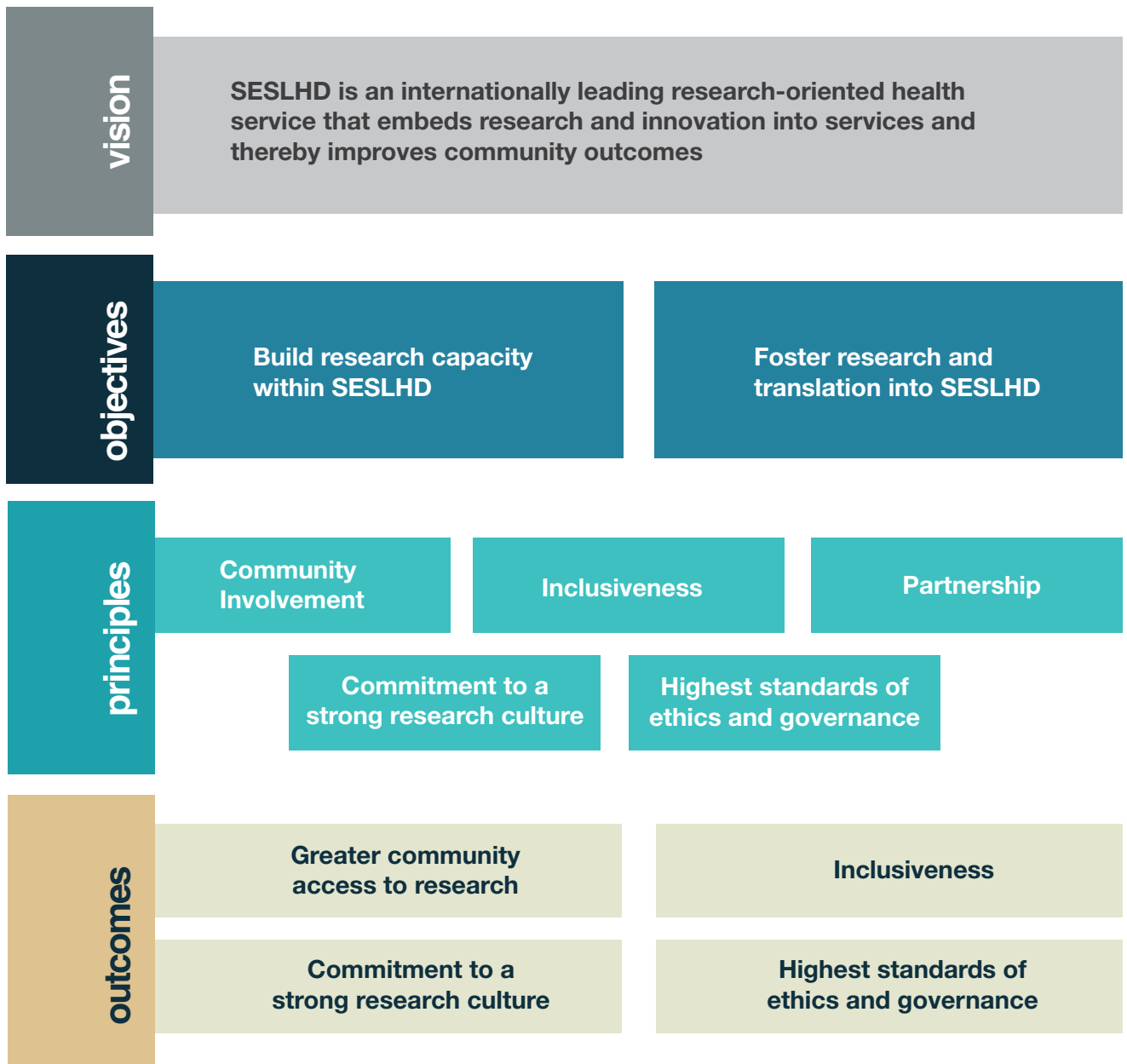


“Research is an intrinsic part of our core business and will drive innovation to improve the health of the community we serve.”

Gerry Marr, CE, SESLHD

1. Research strategy **at a glance**

In line with the purpose of South Eastern Sydney Local Health District (SESLHD), the research strategy is focussed on applied and translational research that is directly relevant to improving health care and the wellbeing of patients and the community. It spans prevention research within communities through to clinical research within hospitals and services.



2. The **importance** of research

“We are committed to research. Research is the backbone of our ability to provide leading-edge healthcare to our patients and communities.”

Michael Still, Chair of the Board, SESLHD

The Research Strategy 2017 – 2021 places research at the heart of SESLHD’s work to improve individual care and community health and wellbeing. It builds on our history of research excellence within our different facilities.

Health services with a strong research culture deliver better care because:

- new knowledge is created that translates into improved services and outcomes
- a strong research culture attracts and retains high quality staff
- research creates a culture of enquiry and innovation in clinical practice
- research opportunities strengthen community ties.

As a district, we embarked on the Journey to Excellence following the release of the Road Map to Excellence 2014-2017, underpinned by the Triple Aim framework of quality of care, health of the population and value and financial responsibility. The Journey to Excellence is implementing whole of system improvements as we deliver responsive, safe and equitable services to the community.

This research strategy has been developed collaboratively. All SESLHD staff were invited to contribute through workshops, surveys, committee memberships and clinical councils. A significant number accepted the invitation and actively participated. Our research partners also participated in the workshops. As we continue on our Journey to Excellence, the collaboration and support by all staff in progressing the Research Strategy 2017 – 2021 will remain pivotal to our success in delivering the best possible health care.

SESLHD will fully fund a new position of Research Director. One of the first tasks of the new Research Director will be to develop a sustainable funding strategy.

3. Strategic drivers of the research strategy

An analysis of trends in health research suggests that national and international investors in research within health services are increasingly interested in:

- research driven by the priorities of health services and the populations that they serve
- the establishment of an efficient and effective process supporting translation of research to have a positive impact on care and communities
- the engagement of patients and communities in research
- the development of implementation science
- districts that leverage partnerships with universities, medical research institutes (MRIs) and other districts/services
- harnessing the potential of clinical and population health data for research
- a uniform and efficient approach to clinical trials and research governance.

The value of health research for local health districts is articulated through the NSW Health and Medical Strategic Review (2012), which notes the importance of a culture that supports research at every level within health service organisations. The Research Strategy 2017 – 2021 is consistent with the direction and strategy within that review in that it aims to:

- foster translation and innovation from research
- build globally relevant research capacity.

A qualitative assessment found that the main enablers of research within LHDs were:

- developing a positive research culture
- developing and implementing strategic plans for research
- supportive local leadership
- protecting research time for LHD staff
- focusing on research translation and implementation
- developing partnerships with universities, MRIs, other LHDs, pillars and shared services
- implementing workforce research training and development.

A snapshot of research conducted within SESLHD up to 2016 is being prepared in a separate report by the SESLHD Research Support Office.

4. **Scope** of research

In line with its mission, SESLHD will focus on applied and translational research that is directly relevant to improving health care and the wellbeing of patients and the community. It will be conducted by SESLHD staff.

The strategy encompasses:

- any and all SESLHD clinical and preventive services, whether they be in the community or in a hospital
- all disciplines and professions – medicine, nursing, allied health, population health, quality improvement and more
- clinical research, clinical trials, health services research, population health, improvement science, implementation research and more.

Pure discovery research will remain within the purview of universities and Medical Research Institutes, and outside the scope of SESLHD research.

Inward-facing and fragmented research groups monopolised by one research leader is an obsolete research model – the future has arrived. We must operate as 'one' to maximise our internal and external collaborations.

Gerry Marr, CE,
SESLHD

Staff at all levels within SESLHD, across all disciplines, are vital conduits to ensure that evidence from their research is translated into practice so we can improve the health and wellbeing of the community.

James Mackie,
Medical Executive Director,
SESLHD

I would be so proud to work for a District where research was viewed as part of the core business of serving our community. I'm excited about the opportunity to create a positive research culture within SESLHD.

SESLHD staff,
workshop participant

5. Our research **vision, objectives & principles**

Our vision

SESLHD is an internationally leading research-oriented health service that embeds research and innovation into services and thereby improves community outcomes.

Objectives

1. Build research capacity within SESLHD
2. Foster research and translation into SESLHD

Principles for health research within SESLHD

- **Community involvement** – the community has an active role in our research so that it addresses the concerns of patients, communities and clinicians. We strive to give all our communities, including disadvantaged and priority population groups, the opportunity to be part of our research
- **Inclusiveness** – our health research is multidisciplinary, multi-professional and undertaken in partnership with individuals, communities, facilities, services and organisations
- **Commitment to a strong research culture** – our health research is valued as a central driver of health service quality excellence and innovation, and is supported by our culture, our structure and the human resource environment
- **Partnership** – our health research is strengthened through partnerships with other research and health service organisations
- **Highest standards of ethics and governance** – our health research is conducted with the highest standards of research ethics and governance.

Outcomes

By 2021 SESLHD will have achieved:

- **Greater community access to research** – there will be equity of access across all patients, clients and communities to take part in research
- **Practice and innovation rooted in research evidence** – a culture that utilises evidence from research and improvement science to drive innovation within services
- **A strong culture of research** – a culture that values and promotes research that is integrated across the district, with an increase in research capacity and productivity
- **Greater engagement in research** – more SESLHD staff and community members engaged in research.

“In the future, when patients and communities receive care in our hospitals or services, it would be wonderful if they were also proud to be coming into a high quality research organisation.”

SESLHD staff,
workshop participant



“In the future, when patients and communities receive care in our hospitals or services, it would be wonderful if they were also proud to be coming into a high quality research organisation.”

SESLHD staff, workshop participant

6. Priorities and actions

The Research Strategy 2017 – 2021 is guided by two major objectives. Nine associated priority areas have been developed so that all in the district can benefit from this research strategy. There is an emphasis of developing infrastructure and building research capacity that can be applied equally and inclusively across all campuses and clinical and preventive services. Over time, SESLHD research strengths may emerge that can be considered for prioritisation in future research strategies.

Objective 1	Objective 2
Build research capacity in SESLHD	Foster research and translation within SESLHD
A - Develop a research leadership structure within SESLHD	F - Engage the community in research
B - Develop a one-stop information shop for research within SESLHD	G - Develop research networks across clinical and preventive service streams
C - Workforce research capacity and development	H - Harness population and clinical data for research
D - Foster external research partnerships	I - Develop translational pathways, communication and collaboration
E - Funding to support research within SESLHD	

“Establish the right leadership, governance, systems, processes and management structures for health research to be supported and flourish within SESLHD. Provide training for management and staff and accountability to staff. Include consumers at all stages in research projects.”

SESLHD staff survey participant

Objective 1

Build research capacity in SESLHD

Priority A – Develop a research leadership structure within SESLHD

Develop a governance structure to support research and appoint a Research Director to oversee the implementation of this strategy and research across the district

- A1** Appoint a Research Director who will report to the Medical Executive Director and be a member of the District's Clinical and Quality Council.
 - A2** Research will be a standing item on the agenda of the District Clinical and Quality Council.
 - A3** Establish a Research Directions Committee with representation from across the district and professional disciplines, consumer and community members.
 - A4** Include research accountabilities and performance indicators for all clinical and management leadership roles at all levels throughout the organisation and main committees.
-

Priority B – Develop a one-stop information shop for research within SESLHD

Create a Research Development Office that reports to the Research Director and provides support and information about: research funding opportunities; technical support for research; current research projects, experts and partnerships; research training and mentoring

- B1** Review and redesign research management within SESLHD to create a Research Development Office that is customer-focused and an enabler of research.
 - B2** Review and redesign ethical and research governance approval processes within SESLHD to reduce red tape, improve timeliness and make it easy to do research.
 - B3** Conduct a baseline audit of researchers, capabilities, outputs, research infrastructure and external funding. Maintain a current list of research activity across SESLHD.
 - B4** Create a centralised research information hub within the research development office that contains information about research and researchers within SESLHD, as well as: available research funding opportunities, tools, training, administrative support, technical support, statistics, research design, research mentoring, health economics, the processes for ethical review and site specific authorisation, and grant writing support. Not all activities, tools and support listed need to be held within SESLHD because some support could be done in a sharing/outsourcing agreement with other LHDs or university partners.
 - B5** Implement a research infrastructure sharing scheme across the District.
-

Priority C – Workforce research capacity and development

Make research training courses and mentorship programs available to all staff. Review human resources policies and procedures to enable staff to conduct research.

- C1** Develop human resources processes/policies for staff to be involved in research. These policies would involve developing career progression pathways, backfill/dedicated time policies to enable staff to conduct research, reviewing the need for research support positions, reviewing the equity of the policies for professional development, and enabling staff to attend conferences.
 - C2** Develop a research workforce development strategy.
 - C3** Develop a suite of research training activities (e.g. clinical trials, analytics and research design) that are available to all staff.
 - C4** Review standard position descriptions and add research accountabilities and expectations into senior clinician and manager roles for all new recruits.
 - C5** Support and facilitate conjoint appointments with external universities.
-

Priority D – Foster external research partnerships

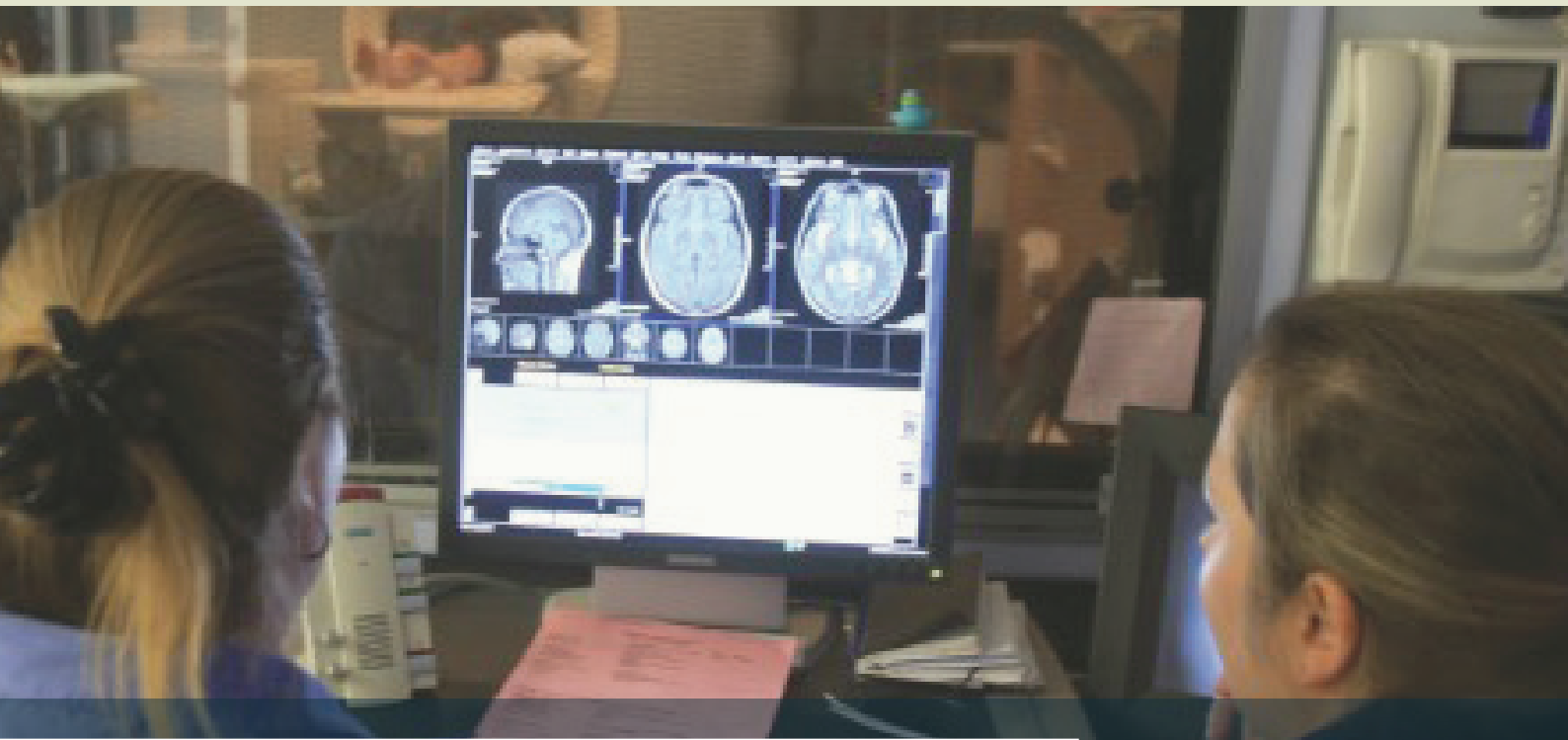
Create and foster research partnerships that can generate evidence to support SESLHD priorities and build capacity within SESLHD staff

- D1** Develop a research partnership strategy that includes criteria for engaging in research partnerships with external agencies.
 - D2** Strengthen existing partnerships (e.g. Academic Health Science Partnership, the St George and Sutherland Medical Research Foundation, the Prince of Wales Hospital Foundation, South Eastern Sydney Research Collaboration Hub (SEaRCH) and other partnerships arising from health precinct developments at Prince of Wales, St George and Sutherland).
 - D3** Renegotiate the research arrangements with partner universities in line with this research strategy and gain joint acknowledgement of SESLHD for all research jointly undertaken.
 - D4** Grow LHD-led research within research partnerships so as to leverage external skills to drive the SESLHD's research agenda.
-

Priority E – Funding to support research within SESLHD

Attract external research funding into SESLHD and support local research that is complementary to existing funding sources currently available within SESLHD

- E1** Develop a research fundraising strategy including developing business cases for capital support from government and philanthropy that is complementary to existing endeavours.
- E2** Collaborate and directly engage with existing foundations and hubs, such as the Prince of Wales Hospital and St George and Sutherland Medical Research Foundation and SEaRCH, to raise the profile of research within SESLHD.
- E3** Conduct a whole of organisation pilot to develop infrastructure or proof of concept in a priority area through a competitive process.
- E4** Establish a competitive process to provide seed funding to support priority research and infrastructure development that is complementary to existing available research funds.
- E5** Identify additional sustainable long term research support and funding.



“I think many staff have great ideas, but need assistance to translate them into research – having access to people who are experts in the right type of research we wish to do (in the clinical setting), who we can access to bounce ideas off to obtain advice regarding study design, ethics and data analysis, would be very beneficial.”

SESLHD staff survey participant

Objective 2

Foster research and translation within SESLHD

Priority F – Engage the community in research

Create and foster a culture of participation in research within SESLHD so that all patients and communities are invited to take part in research (where appropriate)

- F1** Develop a community engagement strategy so that SESLHD can offer every service user of SESLHD services, including disadvantaged and priority populations, the opportunity to be involved in research such as clinical trials, tissue banking and the use of their health data for research. This would need to address issues such as informed consent processes and creating a culture among staff where recruiting to research is part of their roles and is perceived as giving an opportunity to patients. This strategy would need to be consistent with SESLHD's Community Partnership Strategy and involve the Community Partnerships Unit.
- F2** Explore the possibility of developing SESLHD as a research organisation where every patient is given the opportunity to participate in all available and relevant ongoing research/clinical trials.
- F3** Develop and implement initiatives to increase clinical trial participation including coordination across the District.
- F4** Develop and implement initiatives to increase all research participation across the District with a targeted suit of initiatives for the disadvantaged and priority population groups.

Priority G – Develop research networks across clinical and preventive service streams

Develop research networks across clinical and preventive services and improvement initiatives to ensure that research is embedded into SESLHD services.

- G1** Establish research leaders across all clinical and preventive services who will foster and coordinate research.
- G2** Ensure secretariat support for research networks is provided by the research development office.
- G3** Develop translational research hubs within new health precinct redevelopments and link with external partners.
- G4** Develop research networks and clinical improvement analytics capacity within quality improvement initiatives (e.g. the iiHub).
- G5** Strengthen clinical trials infrastructure and coordination across SESLHD.

“By developing research networks within our clinical and preventive services, we will ensure that research is embedded into the services we deliver.” James Mackie, Medical Executive Director, SESLHD

Priority H – Harness population and clinical data for research

Develop SESLHD population and clinical data as a key element of research infrastructure that can be accessed and used in research projects and quality improvement initiatives

- H1** Develop IT and clinical information strategies for data collected for clinical purposes to be made available for research and improvement, taking into account relevant research ethics and governance policies and guidelines (e.g. this could be incorporated into the clinical informatics strategy).
 - H2** Harness and support research infrastructure to make existing data available for research purposes (e.g. UNSW Australia E-Research Institutional Cloud Architecture, or ERICA).
 - H3** Link SESLHD datasets internally and to other data sources and use these data to explore patient outcomes, clinical variation and other issues of relevance to SESLHD.
 - H4** Develop partnerships with external experts to develop this capability.
 - H5** Offer training programs to improve data analytics capability across SESLHD.
-

Priority I – Develop translational pathways, communication and collaboration

Communicate and promote research within SESLHD as part of creating a positive research culture. Develop awareness about the research being conducted and by whom across SESLHD. Facilitate access to internal and external expertise. Foster collaboration and translation through the research networks, research development office and partnerships with industry and research partners.

- I1** Develop a research communication strategy. This could involve proactively promoting and communicating positive SESLHD research news stories through multiple channels and to a broad range of end users.
 - I2** Develop policies so that research conducted by researchers with conjoint appointments and/or within SESLHD acknowledges SESLHD in all publications and communications.
 - I3** Develop processes for monitoring, reporting and profiling research output and effort.
 - I4** Refresh the SESLHD Research website and maintain its currency.
 - I5** Develop research update e-newsletters and research annual reports.
 - I6** Plan and host district-wide research days and forums.
 - I7** Establish collaboration and communication mechanisms (e.g. roundtables, exchanges etc.) to foster collaborations within SESLHD and with external partners (industry and research organisations). This will involve developing processes for connecting research efforts across SESLHD and with external partners (Universities and MRIs) to share expertise and develop research collaborations.
 - I8** Develop translational pathways using the research networks, clinical and preventive services, the iiHub, and the translational hubs within the clinical precincts.
-

7. Implementation & timeframe

The implementation of this strategy will require leadership across all levels of the district and across all multidisciplinary groups. The table below contains a high level action plan to deliver on this strategy over a five year period. Over time, this implementation plan may have to be adjusted.

The Research Director will be responsible for implementing actions within each of these priority areas. The Research Director will need to draw on the expertise in other parts of SESLHD to implement these actions. The other groups within the District that are responsible for supporting the Research Director in relation to specific priorities are noted in the table below.

“We will spend the foundational period establishing the right leadership, governance and management structures for health research to be supported and flourish within SESLHD”

Gerry Marr, CE, SESLHD

Priorities	Other SESLHD Units responsible to support the Research Director
Foundational Period 0 – 12 months	
A1 – Appoint a Research Director and the Research Directions Committee	Medical Directorate/CE
A2 – Appoint a Research Directions Committee with representation from across the district and professional disciplines, consumer and community members	Medical Directorate/CE
B – Develop a one-stop information shop for research within SESLHD: planning and some initial functions	Medical Directorate
B1 – Review and redesign ethical and research governance approval processes within SESLHD to make it easy to do research, reduce red tape and improve timeliness	Medical Directorate
C1 – Develop human resources processes / policies for staff to be involved in research.	Human Resources
D1 – Develop a research partnership strategy which includes criteria for engaging in research partnerships with external agencies	Clinical and Preventive Services

Priorities	Other SESLHD Units responsible to support the Research Director
E1 – Develop a research fundraising strategy including developing business cases for capital support from government and philanthropy that is complementary to existing endeavours.	General Managers/Directors
F1 – Engage the community in research – develop a community engagement strategy	Planning, Population Health & Equity Directorate
G – Develop research networks across clinical streams and directorates	All Directorates and Clinical Streams
H – Harness population and clinical data for research: initial policy development	IT, Program Management Office (BIEU), Clinical and Preventive Services, Planning, Population Health & Equity Directorate
I1 – Develop a research communication strategy.	Media and Communications Unit

Medium Term 1 - 3 years	
B – Develop a one-stop information shop for research within SESLHD: produce the first SESLHD research activity report and host the first research forum and ongoing communications to promote research within and outside SESLHD	Media and Communications Unit
D4 – Grow LHD-led research within research partnerships so as to leverage external skills to drive the SESLHD’s research agenda	Clinical and Preventive Services
E – Funding to support research within SESLHD: make submissions to external bodies for research funding	Clinical and Preventive Services
E4 – Establish a competitive process to provide seed funding to support priority research and infrastructure development that is complementary to existing available research funds	Finance
F2 – Engage the community in research: develop and implement initiatives to increase clinical trial participation including coordination across the District.	Planning, Population Health & Equity Directorate; and facilities
H – Harness population and clinical data for research: have linked datasets developed, external partnerships, technological enablers, training	IT, Program Management Office (Business Intelligence Unit); Clinical and Preventive Services; Planning, Population Health & Equity Directorate

Priorities	Other SESLHD Units responsible to support the Research Director
I – Develop translational pathways, communication and collaboration: implement the research communication strategy i.e. distribute e-newsletters, host forums, have a well maintained research section on the SESLHD website	Media and Communications Unit

Longer Term 3 - 5 years	
A – Develop a research leadership structure within SESLHD: evaluate and realign the research structure as necessary	Medical Directorate/CE
C – Workforce research capacity and development: review and further develop workforce research capability development	Human Resources
D – Foster external research partnerships: promote research projects focused on SESLHD's needs	Clinical and Preventive Services
D – Foster external research partnerships: use the research evidence produced from partnerships to support SESLHD services	Clinical and Preventive Services
E – Funding to support research within SESLHD: release competitive funding to support research within research streams; identify additional sustainable long term research support and funding	CE and Clinical and Preventive Services
E – Funding to support research within SESLHD: make submissions to external bodies for research funding	Clinical and Preventive Services and external partners
H – Harness population and clinical data for research: foster and conduct research with clinical data	IT; Program Management Office (BIEU); Clinical and Preventive Services; Planning, Population Health & Equity Directorate
I – Develop translational pathways, communication and collaboration: review and refine the research communication strategy, proactively support translational activities and collaborations	Media and Communications Unit

8. Monitoring and evaluation

Monitoring the implementation of this strategy and evaluating its outcomes will provide useful feedback to increase the likelihood of its success.

Monitoring and evaluation needs to cover:

- implementation processes
- indicators of research capacity building such as: number of staff attending training; staff accessing the research development office; staff satisfaction with the Research Strategy one-stop information shop
- indicators of research translation such as: case study examples of new services, practices, improvement that can be attributed to SESLHD research
- indicators of research productivity such as: publications and research grants awarded
- indicators of research management effectiveness such as: time for ethics and governance approvals.

SESLHD will use the following evaluation models:

- internal evaluation – the evaluation is designed, conducted and recommendations made internally
- external independent evaluation – the evaluation is designed, conducted and recommendations made externally
- a hybrid model whereby SESLHD engages an independent expert panel to provide recommendations on the effectiveness of this strategy to achieve its vision and objectives. SESLHD would collect and collate evaluation information, and an independent panel of experts would review and provide recommendations.

Appendix 1: About SESLHD

SESLHD covers a geographical area of 506 square kilometres from Sydney's CBD to the Royal National Park in the South. It provides a key role in assisting residents of Lord Howe Island and Norfolk Island with access to hospital and health services.

The District serves a diverse population of approximately 890,000 and this is expected to grow to almost a million by 2021, with the greatest percentage increase in those aged over 65.

South Eastern Sydney is one of the healthiest areas in Australia, though there are significant health inequalities. Poor health affects many Aboriginal people as well as people who are disadvantaged socioeconomically, including those who are homeless, unemployed for long periods and have mental illness. The greatest inequity exists for causes considered potentially avoidable, in particular major long-term conditions such as coronary heart disease, chronic obstructive pulmonary disease, lung cancer and diabetes.

SESLHD has six public hospitals with associated health services: Prince of Wales Hospital; Royal Hospital for Women; St George Hospital; Sutherland Hospital; Sydney / Sydney Eye Hospital; and Gower Wilson Memorial Hospital on Lord Howe Island.

The District provides a public residential aged care facility (Garrawarra Centre) and oversees two third schedule health facilities (War Memorial Hospital Waverley and Calvary Healthcare Kogarah).

SESLHD operates Child and Family Health and Community Health Centres, Oral Health Clinics and Community Mental Health Services that provide prevention, early intervention, community-based treatment, palliative care and rehabilitation services.

A range of primary health, population and public health services are also delivered to the community to protect and improve their health and wellbeing.

In April 2016, SESLHD was appointed as the official organisation to partner with Norfolk Island Health and Residential Aged Care Service (NIHRACS) to plan and deliver the range of health services required to meet the needs of Norfolk Island residents.



Vision

Working together to improve the health and wellbeing of our community

Purpose

The South Eastern Sydney Local Health District exists to:

- promote, protect and maintain the health of its community
- provide safe, quality, timely and efficient care to all who need it
- address gaps in health service access and health status.

Appendix 2: **Process of development**

The Research Strategy was developed between April and December 2016. Development was led by Dr James Mackie, Medical Executive Director, supported by: Adjunct A/Professor Mary Haines, Mary Haines Consulting; Professor George Rubin, Associate Medical Director; Alison Sneddon and Wendy Uptin, both from the SESLHD Strategy and Planning Unit; and the SESLHD Research Support Office.

The Chief Executive established two time-limited committees – a Research Strategy Steering Committee and an Advisory Committee – reporting to the Chief Executive and the Medical Executive Director.

The Research Strategy Steering Committee, comprising local and external leaders, provided advice on the strategy's broad direction. The Research Strategy Advisory Committee, comprising SESLHD research and clinical leaders drawn from a range of disciplines and sites, provided advice on local needs for research capacity and infrastructure.

Workshops open to all staff were held at:

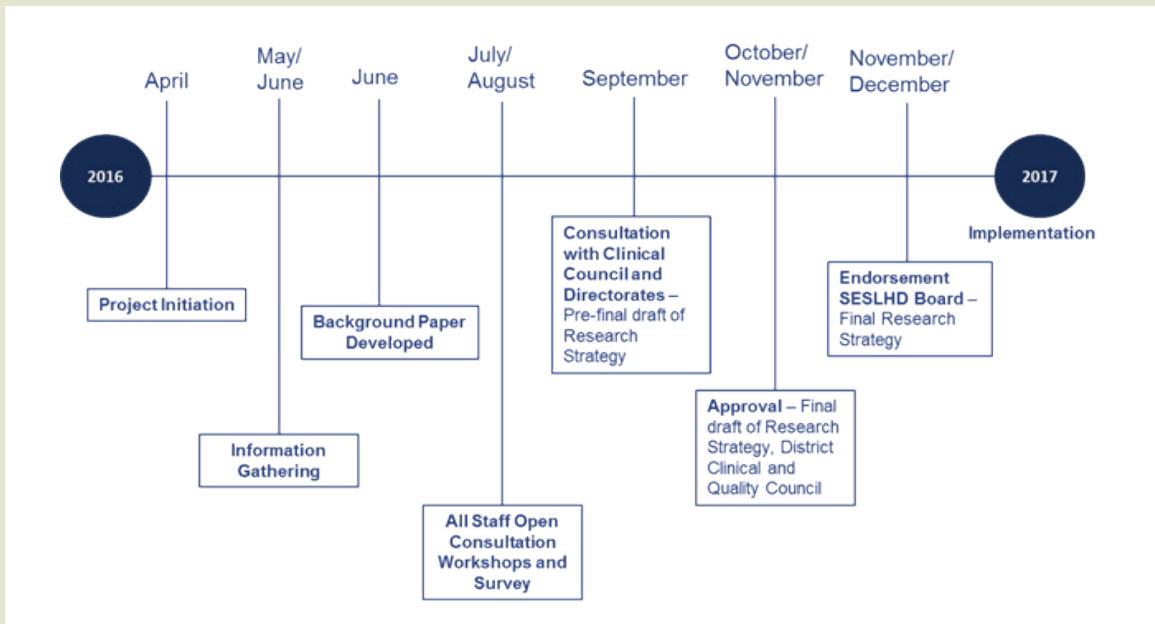
- Prince of Wales Hospital, 19 July (n=79)
- The Sutherland Hospital, 27 July (n=18)
- Sydney Hospital, 4 August (n=41)
- St George Hospital, 12 August (n=60)

A survey was conducted through this period, opening on 15 July and closing on 15 August (n=191). A consultation report containing the results from the workshop and survey is available upon request from the SESLHD Strategy and Planning Unit.

The pre-final draft Research Strategy will be reviewed by SESLHD's five Clinical Councils and Directorates. A final Research Strategy will be presented to the District's Clinical and Quality Council for approval. It will then be tabled at SESLHD Board for endorsement.

The process of development involves open consultation where all staff members and external partners have had the opportunity to share their views on the Research Strategy.

The figure below shows the process of development of the Research Strategy.



Research Strategy Steering Committee Members

- Mr Gerry Marr, Chief Executive, SESLHD (Chair)
- Professor Rodney Phillips, Dean Medicine, UNSW
- A/Professor Peter Gonski, Stream Director Rehabilitation & Aged Care, SESLHD
- Dr Michael Brydon, Chief Executive, Sydney Children’s Hospital Network
- Ms Julie Dixon, Director, Planning Population Health and Equity, SESLHD
- Dr James Mackie, Medical Executive Director, SESLHD

Research Strategy Advisory Committee Members

- Dr James Mackie, Medical Executive Director, SESLHD (Chair)
- A/Professor Amany Zekry, Clinical Streams Director Medicine, Director Gastroenterology, SGH
- Professor Brian Draper, Senior Staff Specialist, Older Person, MHS
- Professor David Goldstein, Medical Oncology, POWH
- Dr Samuel Harvey, Clinical Academic Mental Health, UNSW
- Dr Gregory Keogh, Clinical Stream Director, Surgery/Anaesthetics, PeriOperative, Diagnostics,
- Dr Jacqueline Close, Staff Specialist, Geriatric Medicine, POWH
- Professor Kate Moore, Professor of Obstetrics and Gynaecology, Head of Department of Urogynaecology, SGH
- Ms Margaret Holyday, Head of Department Nutrition/Dietetics, POWH
- Dr Nicholas Lintzeris, Director Drug and Alcohol, Langton Centre, SESLHD
- Professor Ritin Fernandez, Nurse Research Unit, SGH
- Professor Andrew Lloyd, POWH Infectious Diseases, POWH
- Professor Mark Harris, Scientia Professor & Executive, UNSW
- Professor William Ledger, Professor Obstetrics and Gynaecology, Head of School O&G, RHW
- Ms Suzie Daniells, Deputy Manager Nutrition & Dietetics, POWH
- Ms Hannah Graetz – Senior Physiotherapist, RHW
- Ms Jane Treløggen - Manager Organ & Tissue, SESLHD, SSEH Bone Bank
- Mr Scott Lamont – CNC, Executive Unit Nursing Services, POWH
- Mr Scott Brunero – CNC, Executive Unit Nursing Services, POWH
- Ms Janine Bothe – CNC, Surgery, SGH

Consultations with external experts and partners

- Dr Antonio Penna, Director of the Office for Health and Medical Research, MoH
- Prof Rodney Philips, Dean, and Prof Mark Ainsworth, Associate Dean, UNSW Medicine
- Professor Louisa Jorm, Director, Centre for Big Data Research in Health UNSW
- Professor John Daly, Dean, Faculty of Health, UTS
- Ms Amanda Larkin ,CE, and Professor Michael Barton, Research Director, SWSLHD
- Professor Stephen Leeder Chair and team, WSLHD
- Mr Peter Christopher, CEO, St George and Sutherland Medical Research Foundation



Appendix 3:

Staff-identified opportunities and challenges for research within SESLHD

Tables 1-3 below highlight the main opportunities and challenges for research and bright ideas for the Research Strategy that were identified by staff across SESLHD. These opportunities, barriers and bright ideas are consistent with the experience of other LHDs within NSW.

Opportunity	Description
Willingness of and interest by staff to engage in research	SESLHD staff are a reservoir of research skills and demonstrate great interest to conduct research to support improvements to their clinical and preventive services. SESLHD staff are research workforce that are prepared to increase their participation in research and strengthen their skills through research training and professional development that would be available to all.
The patients and communities that access SESLHD services	Undertaking research with patients and communities within SESLHD with a focus on their needs of patients is an advantage SESLHD has over universities and medical research institutes. There is also the opportunity to conduct research with the disadvantaged and priority population groups and to focus on their needs.
Harnessing the available clinical, population health and operational data within SESLHD	SESLHD holds vast amounts of clinical, population health and operational data across an array of systems (e.g. eMR). These data could be used for research purposes.
Strengthening research partnerships between SESLHD, universities, medical research institutes and adjacent health districts	SESLHD has existing relationships with high quality universities and medical research institutes. The ability to share the expertise and resources held within these research partners could strengthen research focused on SESLHD priorities.
Collaboration and building capacity between clinical and preventive service departments and multi-disciplinary staff	There is a tremendous amount of knowledge and skills within the services of SESLHD. Facilitating collaboration within SESLHD will strengthen research. There is also an opportunity to build collaborations and research capacity by developing infrastructure, systems and support staff to enable research activity.

“We have so much data held within our clinical and preventive services – let’s make it easy to access it for collaborative research projects.”

SESLHD staff survey participant

Table 2: Main challenges identified by SESLHD Staff

Barrier	Description
Perception that research is not valued and research culture is poor	SESLHD staff reported a lack of a positive research culture that promotes, recognises and rewards research across SESLHD. For example, there is lack of recognition of academic clinicians within clinical and preventive services.
Lack of protected time to conduct research	SESLHD staff, in general, are not able to be released from clinical work to undertake research.
Lack of strong leadership, governance and management to make research flourish	There was a feeling of poor support and leadership for research across the District at all levels of leadership and management.
Lack of proactive research support structures	SESLHD staff reported not being able to access support to design, conduct and apply for funding for research.
Lack of knowledge of SESLHD research activity and how to connect with other researchers across SESLHD	<p>There is no visibility or communication across SESLHD of the breadth of research being conducted, details of research experts, the benefits of research, or information on how to participate in research.</p> <p>In addition, there was no mechanism to enable research collaboration.</p>
Lengthy and complex research management, governance and ethics processes	SESLHD staff felt that the processes and timeliness to approve research to commence were protracted and could be improved.
Funding to support research	There was lack of communication about funding opportunities available to SESLHD staff by external and internal funders. Funding to support the implementation of the Research Strategy was seen essential.

Table 3: Bright ideas to support research within SESLHD identified by SESLHD Staff

Barrier	Description
Set up a centre to coordinate and communicate all research being conducted within SESLHD	Dedicated research support needs to be developed to record, communicate and promote research that is conducted across SESLHD. This could involve websites, forums, seminars, conferences, eNewsletters. This function needs to provide mechanisms to support research collaboration within SESLHD and with external research partners. It would be overseen by a research director who is supported and mentored to implement the Research Strategy.
Provide a one-stop information research hub	Develop a service to provide information and research support to staff. This service could provide information about where to access the skill sets required to assist in developing ideas, writing projects outlines, fast-tracking research approval processes, applying for funding, and analysing data, as well as provide research training. The services that staff are referred to can either be within or external to SESLHD.
New HR policies promote research so that research can be embedded into clinical and preventive service delivery	Develop HR policies to promote research that cover issues such as: quarantining research time, create research accountabilities into senior clinical and management staff, and add research accountability in newly recruited senior positions.
Create staff research development activities	Facilitate access to research training and mentoring support. This training should be coordinated centrally but the activities and mentoring may be delivered by external experts.



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