

RESEARCH STRATEGY 2015-2018

1. The overall aim of the STH research strategy remains one of increasing the profile, quality and quantity of clinical research and that it is viewed as an essential and valued activity by all members of the organisation and the wider Sheffield community. Research excellence leads directly to improved patient outcomes, both by attracting high quality employees and embedding a culture of the highest standards of healthcare delivery underpinned by evidence.
2. Since the previous research strategy was endorsed in 2013, Sheffield Teaching Hospitals NHS Foundation Trust has continued to pursue its overall aim of increasing both the quantity and quality of research. The Trust has increased the number of patients participating in research, currently hosts the Yorkshire and Humber CLAHRC, leads a national programme of technology research (D4D) and has been awarded two NIHR programme grants in the last 18 months. However, the failure of our applications to renew the two Biomedical Research Units in Cardiovascular Medicine and Metabolic Bone, the Cancer UK Centre, relatively low recruitment of patients in some areas into research studies and the difficulty in meeting the national metrics for recruiting the first patient into trials and achieving targets for recruiting to time and target indicates that more needs to be done if we are to reach and exceed the level of our competing institutions.
3. The Trust receives funding returned through the NIHR Yorkshire and Humber Clinical Research Network (CRN) to support the 'portfolio' research activity of the Trust. The proportion we receive is calculated by a formula incorporating the number of eligible studies and their complexity together with the number of patients recruited (accruals). The amount secured by the Trust is now clearly identified and the Trust (and its directorates) can ensure it is directed towards advancing the Trust's research interests. The Trust also receives additional funding (Research Capability Funding) whose purpose is to assist in building research capacity and sustain researchers between grants. RCF is payable on certain funding streams (BRUs, Research for Patient Benefit grants, NIHR programme grants, CLAHRC, D4D and to NIHR Senior Investigators). Future funding from NIHR is likely to be performance based with Trusts who fail to meet key performance targets, penalised by loss of income.
4. STHFT hosts the Yorkshire and Humber CRN and works closely with Caroline Pickstone (the Chief Operating Officer) and her colleagues. The allocated share of research monies has modestly increased as a proportion of the amount allocated across the region due to the increasing amount of Portfolio Activity, the more sophisticated approach to measuring research activity developed by the NIHR CRN CC and recruiting more patients into studies. The Trust needs to ensure that STH drives both a local and regional agenda. Where possible and appropriate, clinical investigators in STH should ensure regional influence by leading regional specialty groups.
5. The failure of applications to renew both musculoskeletal and cardiovascular medicine BRUs has prompted a refocus of our approach. The following issues contributed to the failure of both applications. An insufficient number of internationally competitive senior investigators returned in either Unit at the time of the application, failure to attract additional senior investigators with strong track records from other institutions, a

relatively small number of clinical academics in the University with expertise/track records in clinical research and few NHS clinicians who undertake high quality clinical research, generating portfolio grant funding and high quality publications.

6. Issues in 5 prompted an external review by David Newby from the University of Edinburgh. His main recommendations were:
 - Implementing a small working group to develop and implement strategy
 - Capacity building for academic clinicians
 - Prioritising disease areas undertaking excellent research
 - Maximising the efficiency of the Clinical Research Office and Clinical Research Facility
 - Addressing deficiencies in infrastructure
 - Incentivisation for clinical researchers
7. It is important that the Trust aligns its Biomedical Research Strategy with those of the University of Sheffield (who are currently updating their strategy after commissioning their own external academic review conducted by Sir John Tooke) and Sheffield Hallam University. The University is likely to focus on 2-3 themes which are internationally competitive across the bio-scientific research pathway from basic through to applied. Trust investigators, working in these areas, will be able to link with academic colleagues to develop proposals in these areas. The University will also support 2-3 cross-cutting platforms (likely to include Clinical Trials, INSIGNEO, and imaging). These initiatives will allow Trust researchers across all directorates to develop partnerships in more applied clinical research areas. Once published, the implications for STH of the University of Sheffield, Faculty of Medicine, Dentistry and Health research strategy, and the Sheffield Hallam Medical research strategy, will be considered by the STH Research Committee and included as an appendix to the minutes of the relevant meeting.
8. It is vital to continue to develop and strengthen a multi-professional approach in order to cement STH as a vibrant, research active organisation. This will be achieved through building capacity and capability in professions who work alongside medical staff in both clinical and research practice. The Trust, working with its academic partners, will offer opportunities for nurses, midwives, allied health professionals, scientists and technicians to engage in research and development at all levels. Sheffield Hallam University (SHU) is a significant partner in training pre-registration and post-registration AHPs and has entered a formal collaborative initiative with STH to pursue joint research opportunities and capacity development supported by a joint Research Development Officer.
9. In line with the developing vertical integration of the Trusts healthcare services to include community, primary care and preventative services there is an increasing focus on research around alternative models of service delivery and the promotion of health and wellbeing. A recent initiative in this area is the Trusts lead role in the development of a National Centre for Sport and Exercise Science which is exploring the potential of "physical activity as medicine" to promote health, reduce disability, enhance employability / productivity and generally contribute to the health and wellbeing of the population as whole.

10. One of the keys to improving research performance is to engage the support and interest of Trust directorates. Clinical Directors, Nurse Directors and General Managers need to be persuaded that excellence and performance in research is a Trust priority. All directorates should have a formally appointed research lead who will be responsible for developing a directorate research strategy (to be approved by the STH Research Committee through the Director of R&D). An agreed strategic plan for each directorate will be used as the basis for performance review and delivery on key research targets, which will be agreed annually with each directorate (Appendix 1).
11. We have now created eight Academic Directorates. These are Clinical Directorates with a significant critical mass and producing a high quality and volume of internationally recognised clinical research of sufficient quality to be awarded Academic Directorate status. Going forward, the Trust will consider further applications for Academic Directorate Status; those designated will need to demonstrate comparable excellence in both the volume and quality of their clinical research portfolio. They will also need to demonstrate commitment and enthusiasm for academic work by the Clinical Director, Nurse Director and General Manager. Academic Directorate research leads will be recognised by a formal title (“Research Director”), and will be recognised by the Universities and remunerated for time spent in this role. Continued Academic Directorate designation will depend upon a transparent process (with annual review) based on performance against agreed Directorate objectives (Appendix 2). All other Clinical Directorates will be expected to appoint a Research Lead who will also be remunerated for their contribution to research as appropriate. All Research Directors and Research Leads will be required to attend the quarterly Research Leads Meetings which will be chaired by the Chief Executive, Medical Director or R&D Director.
12. The Trust and the Faculty of Medicine, Dentistry and Health and STH have implemented a Clinical Research Office to provide a unified service for the stimulation, patient & public involvement, support, training, governance and costing of clinical and applied health research across the two institutions. It is designed to be researcher-centred, providing an initial point of contact for researchers. It will support the research strategies of both organisations and all clinical researchers in the continual drive for research excellence. Dr Peter Sneddon was appointed Director in May 2013. The CRO has moved to purpose built long term accommodation on D Floor of RHH and co-locating with the Yorkshire and Humber officers of the CRN and CLAHRC. We need to continue to work to ensure that the CRO supports investigators to prepare competitive grant applications, recruit patients into trials, meets the 70 day target for first patient recruited and recruitment to time and target metrics.
13. The Trust has secured NIHR funding to support the Experimental Medicine work of the CRF. We will continue to work to ensure that eventually all clinical research within the Trust is conducted under the auspices of the CRF. We also need to start now in preparing an application for renewal of this grant to be submitted in 2016. It is likely that a successful renewal application will require:
 - 1) sufficient high quality senior investigators with strong publication track records

2) a convincing research plan across a range of specialties including a range of nationally/internationally competitive studies building on the work being undertaken within the current grant funding.

14. The Trust has partnered with the Faculties of Engineering and Medicine, Dentistry and Health in the University of Sheffield in supporting the Institute of Insilico Medicine, INSIGNEO. INSIGNEO offers opportunities for Trust researchers to forge unique research partnerships with bioengineers, mathematicians and computer scientists in addressing clinical problems and developing research proposals.

15. The Trust has joined with others in our region to form the Yorkshire and Humber Academic Health Science Network. Working with them we will coordinate our efforts to increase the quality and quantity of clinical research (including commercial studies) and increase the numbers of patients participating in research.

16. We will build incentives for NHS employees to participate in studies and thereby increase research capacity. We have secured financial support from Sheffield Hospital Charity and Weston Park Hospital Cancer Charity to free the clinical time of some clinicians to allow them to obtain further funding and undertake clinical studies. As resources permit we will increase the amount of funding for this purpose and award it on a competitive basis.

17. The specific objectives for the next 3 years are to:

- i) Develop, support and monitor Clinical Directorates to ensure that they increase research activity. Academic Directorates will act as role models in:
 - a. Meeting NIHR metrics
 - b. Increasing research capacity and output
 - c. Generating NIHR grant and other income to conduct research which is nationally leading and internationally competitive

Academic Directorate status will be awarded (and maintained) by a transparent process based on performance against agreed objectives (Appendix 2).

- ii) Ensure that the Trust research strategy is aligned to the strategies of the University of Sheffield and Sheffield Hallam University. STH investigators will be able to access support both in areas identified as key themes by the University and to the cross-cutting platforms as they emerge. We will construct and maintain a joint STH/Universities research strategy.
- iii) Incentivise researchers by:
 - a. Maintaining financial support for clinical time currently provided by the Sheffield Hospitals Charity
 - b. Incorporating time for research (i.e. PAs for doctors) as part of the annual job planning round allied to delivery of key targets within 2-3 years

- c. Create a Clinical Research Academy, by providing time for research through the award of 'PAs'/clinical time awarded following open competition. The clinicians in receipt of awards would use that time to work in ScHARR to develop research grants with input from the CTRU and RDS, having all the appropriate institutional support available to them.
 - d. Maintain financial support for bursaries and PhDs for bioengineers from the University of Sheffield, working in INSIGNEO to develop research projects with clinicians.
 - e. Continue a transparent process whereby the University continues to provide a 'promotion track' for STH clinicians to achieve honorary academic titles (Readership and personal Chairs)
- iv) Ensure that the Clinical Research Office meets the need of researchers.

We will establish and publish performance reporting systems to operationalise research and development, and integrate it into the core business of the Trust. These will include key activities of the Office including:

- Ensuring a framework for continuing good and efficient governance, rapid approval of projects and guaranteeing the Trust can meet standards of MHRA, FDA and HTA inspections
 - Ensuring that support services meet the need of researchers
 - Maintaining a research informatics system to underpin research activities
 - Providing an efficient Research Finance service to ensure costs of studies are calculated accurately and rapidly and maximum income is recouped
 - Delivering a research communications strategy working with the University and Trust communications teams. This will include engaging the Sheffield public and STH workforce of the value, benefit and need for clinical research
 - Promoting and facilitating public and patient involvement in research.
- v) Develop research activity and maximise research income. Over the last 3 years the Trust has increased the number of patients participating in portfolio research by 46%. We aim to sustain this level of activity over the next 3 years. We will give equal priority to ensuring that the Trust reaches and meets its targets of ensuring that patients reach the two NIHR targets of first patient recruited within 70 days of receipt of a valid application and recruiting patients to time and target.
- vi) Further develop the CRF to ensure a balanced profile, sustain and build the CRF experimental medicine portfolio and extend best practice across STH. By the end of 2018 we aim to be conducting >80% of research activity under the auspices of the CRF.

- vii) Ensure the Trust implements the key steps to ensure it meets the objectives for increasing participation in research as part of the Yorkshire and Humber AHSN.
- viii) During the first 12 months we will:
 - a. appoint 5 fellows to the Clinical Research Academy (by July 2015)
 - b. have awarded appropriate PAs for research (by July 2015)
 - c. have endorsed the appointment of research leads in all directorates (by December 2014)
 - d. have conducted formal annual reviews of performance in 4 Directorates (by April 2015)

This strategy will be underpinned by the introduction of a new, metrics-based Performance and Operating Framework (POF). The first priority will be to develop a POF for each STH Directorate and then review other key elements of the Trust's research infrastructure (Support Directorates, CRO, CRF) to ensure they are meeting the needs of researchers. We will also review other key relationships (CLAHRC, INSIGNEO, RDS, CTRU, D4D) to agree how they could be developed for the benefit of both parties.

Appendix 1

Introduction of a new Performance and Operating Framework (POF) to support the delivery of the STH Research Strategy

We propose that the STH Research Strategy will be underpinned by the introduction of a new, metrics-based, Performance and Operating Framework (POF). The first priority will be to develop a POF for each STH Directorate and then to review other key elements of the Trust's research infrastructure in due course. We propose that once agreed, the research performance indicators will be incorporated into the Trust wide dashboard.

1. The aim of the POFs will be:

- To develop effective performance management processes that will ensure delivery of the objectives described in the STH Research Strategy.
- To ensure that each Trust Directorate has in place a strategic plan and operational plan to deliver improvements in research performance through agreed (SMART) objectives.
- To enable the research performance of each Directorate to be monitored and assessed objectively by the STH Research Committee against a range of metrics.
- To allow Academic Directorate status to be awarded on the basis of a transparent process based on performance against agreed Directorate research objectives.
- To enable to STH Research Committee to direct investment towards Directorates on the basis of both future strategic plans and past performance on delivery of objectives.

2. Summary of the key elements of the STH research Performance and Operating Framework (POF) for STH Directorates

- Each Directorate will produce documents describing:
 - The directorate's Research Strategy.
 - An Annual Plan, including an operational plan for the delivery of the directorate's (SMART) research objectives.
 - A quarterly update and annual report on the delivery of metrics and KPI's against target over the past year.
 - An annual impact statement on benefits to patients and the public.
 - An annual commentary from the Directorate research leads reviewing their performance (see Table 1 below for proposed format).

Table 1. Draft template for directorate progress report

Clinical Research Objectives - Performance Summary																
Specialised Cancer Services Directorate																
Objective	2014/15 Target	2014/15 performance					2015/16 performance					2016/17 performance				
		Q1	Q2	Q3	Q4	Year to date	Q1	Q2	Q3	Q4	Year to date	Q1	Q2	Q3	Q4	Year to date
1	Number of research active staff															
2	Number of publications															
3	Number of grants applications															
4	Number of grants awarded															
5	Total value of grants awarded															
6	Amount of grant income to STH															
7	Number of active portfolio studies															
8	Total number of patient accruals															
9	70 day benchmark															
10	Recruitment to time and target															
11	Directorate specific KPIs															
12	Patient and public benefits															
Directorate commentary on performance:																

- The research performance of each Directorate will be reviewed by the STH Research Committee and Academic Directorate status awarded (or renewed or removed) on the basis of the proposed strategy and past performance on delivery of objectives.
- The current 8 Academic Directorates will be reviewed first, with a rolling programme of 2 presentations at each STH Research Committee meeting, including an oral presentation from the Research Director supported by the above documents.
- New applications for Academic Directorate status will also be reviewed by the STH Research Committee after appropriate documentation has been provided to the committee.

3. Key performance indicators for the Performance and Operating Framework for STH Directorates

The type of metrics that we propose to use to monitor directorate research performance are summarised below. These are chosen to support our research strategy’s key aims of increasing our research income, improving the quantity and quality of our research outputs and recruiting more patients into research studies more quickly in order to meet national target timelines.

It will be important for the successful implementation of the POF that all metrics and targets are agreed in advance with the directorate research lead, so that they are fully engaged in the process. Therefore, we propose that the first step in the implementation of the POF is a consultation process with all directorate research leads to agree appropriate metrics and KPIs.

We will ask each directorate to specify in their Annual Plan those metrics that it considers to be the best indicators of their performance, as the relative importance of each metric will be

different in each directorate. These should all be SMART metrics, i.e. Specific, Measurable, Agreed, Realistic and Time limited.

- **Number of research active staff**
 - Indicator of how much staff resource is allocated to research.
- **Number of research publications**
 - The number of publications is an indication of the research activity of a directorate. The directorate should highlight publications with a high impact factor which is frequently used as an indicator of its relative importance
- **Number of grant applications submitted**
- **Number of grants awarded**
 - This metric shows the number of externally funded grants awarded to a directorate in any given time period (N.B. This number does not reflect the size or complexity of a grant)
- **Total value of successful grant applications**
- **Amount of income to STH**
- **Number of active portfolio studies**
 - Indicates the number of active and recruiting portfolio studies in each directorate
- **Total number of patient accruals to studies**
- **70 Day Benchmark for recruitment of first patient to a clinical trial**
 - National target that we must report each quarter to NIHR. Allows our performance as a Trust to be compared to other reporting Trusts
- **Recruitment to time and target (RTT)**
 - National target that we must report each quarter to NIHR. Indicates whether clinical trials are recruiting the number of participants to time and target as originally agreed. Allows our performance as a Trust to be compared to other reporting Trusts
- **Directorate specific KPIs**
 - Each directorate should include any additional metrics for their research outputs that are not adequately captured in the above metrics. These metrics should be developed by the directorate and agreed in advance with the STH Research Committee
- **Patient and public benefits of research**
 - Each Directorate should include in its report an impact statement on the benefits to patients and the public of its research activity with specific examples where possible.

4. Directorate reporting of performance metrics

To facilitate monitoring of directorate performance by the STH Research Committee, each directorate will produce a progress report on their metrics using the type of template illustrated in Table 1. Each directorate will be required to update the table on a quarterly basis and, at the end of each year, provide a commentary on their performance against targets set for that year.

5. Assessing the relative performance of STH Directorates

The performance of each directorate will be illustrated by ascribing a RAG rating to each of the metrics in Table 1. We suggest a rating system of Green = above 90% of target, Amber = above 80% and Red = 70% or below. To facilitate comparison of the relative performance of each directorate, this data will then be combined into a single table, in the format illustrated in Table 2 below.

Table 2. Draft template of table for collation of directorate metrics

Summary of metrics for Directorates - FY 2013 - 2014									
	Staff	Publications ¹		Active Portfolio Studies		Grant activity ²	Research Income ³	NIHR metrics ⁴	
Directorate	Total STH and UoS Research Active Staff	No. of Publications 2012 (of which basic in brackets)	No. of Publications 2013 (of which basic in brackets)	No. of Active Portfolio Studies	No. of Accruals into portfolio studies	Grants Submitted	STH Income (£)	% Clinical trials meeting 70 Day Metric (no. of reported trials analysed)	% Clinical trials meeting Recruitment to Time and Target (no. of reported trials analysed)
Accident & Emergency	10	23 (0)	19 (0)	3	20	5	62,417.00	100 (4)	
Cardiology & Cardiothoracic Surgery	41	22 (5)	52 (9)	25	696	10	279,499.00	70.8 (16)	29.2 (13)
Communicable Diseases	23	48 (19)	36 (9)	21	583	2	combined with Spec Med	0 (5)	50.0 (8)
Primary Care and Community Services	6	3 (0)	2 (0)	3	13	0	14,842.00		
Diabetes & Endocrinology	28	39 (2)	44 (0)	33	314	7	365,077.00	100 (18)	22.5 (18)
ENT	3	1 (0)	0 (0)	3	192	1	5,526.00		
Gastroenterology	23	31 (0)	25 (1)	16	648	4	32,481.00	62.5 (11)	0 (7)
General Surgery	27	26 (0)	16 (0)	9	130	5	652,773.00	0 (2)	50.0 (5)
Geriatric & Stroke Medicine	6	0 (0)	1 (0)	4	0	1	702.00		
Laboratory Medicine	16	40 (0)	19 (3)	5	39	0	25,583.00	100 (1)	
Medical Imaging & Medical Physics	50	40 (1)	32 (7)	3	2	0	260,061.00		
Neurosciences	112	141 (41)	151 (33)	67	1552	6	1,097,761.00	84.5 (39)	54.6 (86)
OGN	46	45 (0)	51 (3)	38	602	0	147,608.00	100 (11)	
Ophthalmology	24	7 (0)	23 (0)	9	302	1	113,944.00		
Oral & Dental	62	71 (18)	88 (18)	10	650	2	40,000.00		
Orthopaedics	14	9 (0)	25 (8)	2	13	1	11,036.00		
OSCCA	10	13 (0)	9(0)	10	189	1	10,139.00	50.0 (10)	0 (1)
Pharmacy	3	2 (0)	1 (0)	1	0	0			
Plastic Surgery	4	5	9	0	0	0			
Professional Services	62	21 (0)	37 (0)	8	10	3	66,233.00	50.0 (3)	
Renal Services	23	11 (0)	14 (5)	22	234	4	117,331.00	58.3 (15)	55.0 (17)
Respiratory Medicine	31	50 (13)	57 (17)	23	241	6	122,897.00	62.5 (16)	30.95 (26)
Specialised Cancer	117	51 (2)	39 (2)	117	651	4	471,028.00	47.8 (47)	45.3 (100)
Specialised Medicine	50	135 (10)	145 (5)	79	678	0	443,554.00	15 (33)	28.1 (62)
Specialised Rehabilitation	12	4 (0)	2 (0)	3	7	1	5,796.00	100 (1)	
Urology	15	64 (0)	49 (5)	9	17	1	73,763.00	0 (3)	100 (4)
Vascular Services	10	5 (0)	11 (0)	9	80	3	71,007.00	100 (7)	
Total	828	827¹	872¹	532	7863	68	£4,491,058	61.2% (242)	41.4% (347)

Notes

¹ Total number of publications across STH does not include duplicates between directorates; total is not sum of individual directorate reports

² Grant data only includes studies where STH are applicant or co-applicant and study is registered with the Clinical Research Office

³ STH income from Grants and Industry studies based on invoicing

⁴ Median figures provided

6. Directorate performance and future investment

We propose that STH Research Committee directs future investment of resources into directorates on the basis of both their future strategy and past performance as indicated by the delivery of their (SMART) objectives and metrics. This will provide a considerable incentive to directorates to improve their performance, deliver their research objectives and enhance their funding. Therefore, year-on-year, the Trust will move towards a performance-related investment programme that will drive improved research performance of the directorates.

7. Process for review of Directorate research strategies.

We propose that the new STH Research Strategy is launched in October 2014 at a meeting with all relevant stakeholders invited.

In order to implement the strategy, a project plan will be developed with the following key elements:

- Current Academic Directorates will be required to submit their POF documents by December 2014
- At its meeting in October 2014, the STH Research Committee will agree a rolling programme of all Directorate reviews from 2015 onwards
- Other Clinical Directorates will be invited to submit POF documents by April 2015
- New applications for Academic Directorate status will be reviewed by a sub-group of the Research Committee, consisting of Medical Director, Chief Nurse, R&D Director. Submissions will be considered annually in December, and successful Directorates will be designated as Academic Directorates from April of the following year.
- The POF documents and agreed objectives will be aligned to the Directorate Integrated Performance Reports as soon as possible and no later than April 2015.

Appendix 2

Criteria for being an Academic Directorate (From October 2014)

Academic Directorates fully integrate clinical service and research in order to provide the best opportunity for mutual benefit. In particular providing the optimal environment in which patients receiving clinical research can participate in research to their personal benefit.

Academic Directorates are intended to enhance the research profile of Sheffield Teaching Hospitals NHS Foundation Trust, the University of Sheffield and Sheffield Hallam University, while growing grant and industry research in both quantity and value.

The criteria for Academic Directorate Designation will be:

1. The Directorate must be an exemplar for research in both recruiting patients into studies and developing the research abilities of members of the Directorate.
2. The Directorate must have a Strategic Plan which significantly contributes to the delivery of STH strategic objectives for research.
3. The Directorate must have a series of SMART research objectives as agreed by STH.
4. The Directorate must have (or have the potential to develop) a track record of delivering its objectives as demonstrated by its SMART metrics (Table 1). Since we will agree the objectives and metrics for each Directorate, criteria will differ between Directorates and be appropriate to any individual directorate, e.g. number of publication, number of trials etc.
5. The implementation of transparent and accountable financial arrangements must be in line with STH financial standards

Appendix 3

List of all current Directorate Research Leads with contact emails

Care Group	Directorate	Research Lead	Email Address
Emergency Care	Diabetes and Endocrinology	Professor Solomon Tesfaye	Solomon.tesfaye@sth.nhs.uk
	Gastroenterology	Professor David Sanders	David.sanders@sth.nhs.uk
	Geriatric and Stroke Medicine	Dr Charlotte Ruse	Charlotte.ruse@sth.nhs.uk
	Respiratory Medicine	Professor Ian Sabroe	i.sabroe@sheffield.ac.uk
	Accident and Emergency	Professor Steve Goodacre	s.goodacre@sheffield.ac.uk
Operating Services, Critical Care and Anaesthesia	Critical Care	Dr Gary Mills	g.h.mills@sheffield.ac.uk
	Anaesthesia and Operating Services		
Specialised Cancer, Medicine and Rehabilitation	Specialised Cancer	Professor Penella Woll	p.j.woll@sheffield.ac.uk
	Specialised Medicine	Professor Eugene McCloskey	e.v.mccloskey@sheffield.ac.uk
	Communicable Diseases	Professor David Dockrell	d.h.dockrell@sheffield.ac.uk
	Specialised Rehabilitation	Dr Kidingalil Mathew	Kidingalil.mathew@sth.nhs.uk
South Yorkshire Regional Services	Cardiology and Cardiothoracic Surgery	Professor Rob Storey	r.f.storey@sheffield.ac.uk
	Vascular Services	Dr Steve Thomas	Steven.thomas@sth.nhs.uk
	Renal Services	Dr Martin Wilkie	Martin.wilkie@sth.nhs.uk
Diagnostic and Therapeutic Services	Laboratory Medicine	TBC	
	MIMP	Professor Tony Barker	a.t.barker@sheffield.ac.uk
	Pharmacy	Mr Neil Hamilton	Neil.hamilton@sth.nhs.uk
	Professional Services	Dr Sue Pownall	Sue.pownall@sth.nhs.uk
Head and Neck Services	Oral and Dental	Dr Keith Hunter	k.hunter@sheffield.ac.uk
	Neurosciences	Professor Dame Pamela Shaw	p.j.shaw@sheffield.ac.uk
	ENT	Mr Jaydip Ray	Jaydip.ray@sth.nhs.uk
	Ophthalmology	Ms Mary Freeman	Mary.freeman@sth.nhs.uk
Surgical Services	General Surgery	Mr Sabapathy Balasubramanian	Sabapathy.balasubramanian@sth.nhs.uk
	Orthopaedics	Mr Andy Hamer	Andrew.hamer@sth.nhs.uk
	Plastic Surgery	TBC	
	Urology	Professor Chris Chapple	c.r.chapple@sheffield.ac.uk
Obstetrics Gynaecology and Neonatology	Obstetrics and Gynaecology	Dr Stephen Radley	Stephen.radley@sth.nhs.uk
	Neonatology		
Primary Care and Community Services	Primary Care and Community Services	Professor Wesley Vernon	Wesley.vernon@sth.nhs.uk

Appendix 4

Key time points

- Approved by TEG on 10 September 2014
- Approved by Board of Directors on 17 September 2014
- Approved by the Clinical Management Board on 19 September 2014
- Implementation from 1 October 2014