
Role and responsibilities, general and RECOVERY.

How have the pressures on the Trust altered across the timeline of the COVID-19 pandemic?
How has this affected the priorities/prioritisation/emphasis.
What or who drove recruitment.
Who led on recruitment, medical staff or research nurses? Model?
What were/are the barriers to recruitment.
How have they changed
Competing interests?

What learning was there from the first wave that has been used in the second and subsequent waves?

What do you think about the processes of RECOVERY study?
How have the changes to the RECOVERY study impacted on recruitment?

Have any patients asked directly to be entered onto a research study.
How does it make you feel being part of UPH research.

Any other factors that have affected recruitment to the RECOVERY study that have not been touched on?

Thanks.