

Trust Board Paper V

To:	Trust Board		
From:	Kevin Harris – Medical Director		
Date:	28 August 2014		
CQC regulation:			
Title:	R&D in UHL: Quarterly report		
Author/Responsible Director: Director of R&D/Medical Director			
Purpose of the Report: To inform the board of current activity and challenges in R&D			
The Report is provided to the Board for:			
Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
Summary / Key Points: UHL has an extensive R&D portfolio and is recognised nationally and international for excellence in many of its areas. 2013/14 was good year for initiation of studies and recruitment R&D faces some challenges around delivering to recruitment targets – but an action plan is in place. A number of new exciting initiatives are in the pipeline.			
Recommendations: The Board is invited to consider this summary and recommend contents and format of future reports.			
Previously considered at another corporate UHL Committee? No			
Board Assurance Framework:		Performance KPIs year to date: yes	
Resource Implications (eg Financial, HR): Yes			
Assurance Implications: yes			
Patient and Public Involvement (PPI) Implications: yes			
Stakeholder Engagement Implications: N/A			
Equality Impact: considered and no impact			
Information exempt from Disclosure: No			
Requirement for further review? Quarterly report to the Trust Board			

UHL R&D Quarterly Trust Board Report August 2014

1. Introduction

This is the fifth Trust Board Report since the R&D Committee became an executive committee and this report comprises a summary of the current situation. The report describes current performance against metrics, projects under development and new challenges.

2. Research Performance

UHL's performance in initiating and delivering research is monitored by the NIHR Central Commissioning Facility and the Clinical Research Network. In addition Research activity can now be reported at the UHL CMG level to reflect the recently introduced clinical structure.

2.1 NIHR reports UHL in the first division (out of 4) for research performance in initiating clinical research. In Q4 13/14 UHL initiated 116 clinical trials making UHL the 11th most prolific trust. Therefore in terms of number so trials initiated UHL performs well.

UHL is also judged by its performance in recruiting patients into initiated trials – the benchmark is to recruit the first patient into a trial within 70 days of submission by the investigator of a valid research application. Here UHL's performance is 36.1%, thus leaving significant room for improvement. Indeed NIHR will be comparing performance from Q4 13/14 with that in Q2 14/15 and is expecting to see a significant improvement from all trusts. Failure to show an improvement may result in a 5% reduction in research capability funding (RCF) from NIHR for 15/16 (for 14/15 UHL received circa £1.8 million RCF).

We have developed an action plan and communications strategy to mitigate this risk. The action plan has been discussed at Trust R&D Exec and is circulated with the minutes of the last meeting. We have designed a logo and text reminder to researchers to publicise the importance of the 70 day target (Figure 1). This has been well received and several other trusts have requested our permission to use this logo in their organisations with due recognition for UHL.



Did you know that you have 70 days to consent a research participant from the date of valid application submission? The R&D team can help you meet your study's targets. Contact us at RDDData@uhl-tr.nhs.uk

Figure 1. UHL's Logo and Reminder to Researchers of 70 day target

2.2. The last report received from the Clinical Research Network was from LNR CLRN in May 2014. The UHL hosted Clinical research Network East Midlands is still in the process of refining its data reports for trusts. For the year 13/14 recruitment of patients in UHL clinical studies exceeded targets, with over 10,000 patients recruited. This is a significantly positive outcome (Figure 2).

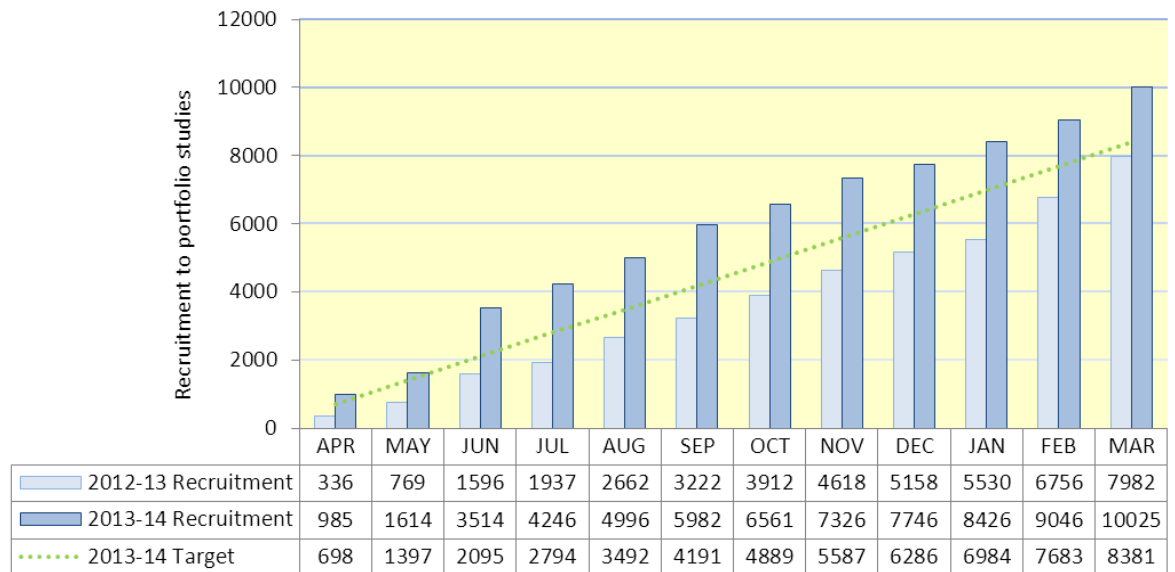


Figure 2. UHL recruitment of patients into clinical studies by month and financial year.

3. Projects under development

There are currently 3 major projects in development.

3.1. Adult and Children's Clinical Research Facility. UHL has received capital funding to refurbish the Union Offices in LRI into a Children's Clinical Research Facility. This will be adjacent to the existing clinical research facility at LRI and will enable the establishment of a new joint Adult and Children's Clinical Research Facility. This will increase capacity for clinical research and maximise potential income from commercial studies. We have had enquiries from other Trusts about the possibility of contracting out clinical research capacity and a scoping exercise is currently underway to assess capacity implications of the new development.

3.2 The Life Study. UHL has been invited to develop a strategic partnership to host The Life Study. Led by academics from University College London the Life Study will collect information about babies and the determinants of their health, wellbeing and development. UHL will be one of a small number of centres hosting this important study. The aim is to recruit at least 50% of 11,000 deliveries annually at UHL. Participation will result in significant reputational enhancement for UHL and will generate R&D income from the Clinical Research Network based on recruitment levels.

Premises have been identified for refurbishment into the Life Centre and a capital solution appears to have been found. It has been agreed that UHL will now put this refurbishment out to tender. The aim is to have The Life Study centre completed and supporting recruitment by early 2015.

3.3. The 100,000 Genome Project. The aim of this project is to deliver advances in genomics to improve the lives of patients with rare/inherited diseases and cancer. In essence the programme aims to bring increased understanding of genomics, and to bring genomics into the clinical arena where it can be embedded, where appropriate,

as part of clinical care. UHL is bidding to become a Genomic Medicine Centre as part of an East of England Consortium comprising Cambridge, Derby, Norwich and Nottingham, in addition to UHL. Extensive discussions have taken place, and this proposal is fully supported by all Trusts at a senior level and by the EM AHSN. The deadline for first stage application is end Aug 2014 with a second stage application later in the year. If successful, UHL will begin recruiting to this project in Jan 2015.

4. New Challenges

The achievement of the 70 day target is a significant challenge and income is at stake. However a mitigation strategy is in place, and R&D staff are being trained to support delivery of research targets. In addition the recent appointment of an R&D Communications Manager will help disseminate messages and maintain profile.

The new EM CRN has not yet finalised how it will be managing its financial allocation process for 15/16. This is leading to some uncertainty, but relationships are good and we remain optimistic that the process and outcome will be fair and equitable.

**Nigel Brunskill – Director of R&D
August 2014**