

# UHL Research and Innovation: Quarterly Report May 2018

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**Trust Board paper K**

## Executive Summary

### Context

UHL is a Trust active in Research and Innovation (R&I). This report describes current R&I performance against metrics, projects under development, new challenges and potential threats.

### Questions

1. Is UHL performing well in the delivery of quality research at expected volume?
2. Are large projects planned with appropriate partners and managed appropriately?
3. Are upcoming challenges understood?

### Conclusion

1. UHL performs well in delivering high quality research as judged by NIHR and LCRN data, recruitment remains under continuous scrutiny.
2. A larger number of large projects are in development, some being close to start date. There is a wide range of NHS and Academic partner engagement.
3. A number of challenges are recognised and planning is in place to mitigate risks.

### Input Sought

Report is presented for information and assurance.

# For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Yes]

3. Related Patient and Public Involvement actions taken, or to be taken: [Insert here]

4. Results of any Equality Impact Assessment, relating to this matter: n/a

5. Scheduled date for the next paper on this topic: [August 2018]

6. Executive Summaries should not exceed 2 pages. [My paper does comply]

7. Papers should not exceed 7 pages. [My paper does comply]

# UHL R&I Quarterly Trust Board Report May 2018

## 1. Introduction

This report describes current R&I performance against metrics, projects under development, new challenges and potential threats.

## 2. Research Performance

The activity of UHL in initiating and delivering clinical research is performance monitored by both the NIHR Central Commissioning Facility (NIHR CCF) and the East Midlands Clinical Research Network (EM CRN). In turn the UHL R&I Office reports research CMG level activity and performance to each CMG via the R&I Executive Committee.

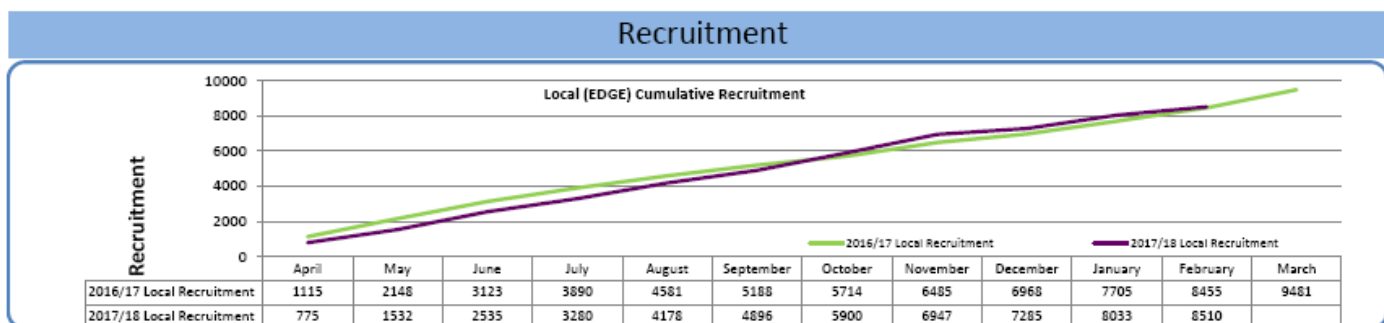
### 2.1 NIHR CCF

UHL is also judged by its performance in initiating and delivering clinical trials to time and target. In Q3 2017/18 this figure has been excellent and represents a sustained performance. In terms of initiating research, UHL remains in 12<sup>th</sup> place in League 1 (of 7) and delivers 94.9% of trials to benchmark for time and target.

### 2.2. EM CRN

Recruitment into portfolio clinical trials for 16/17 was approximately 20% lower than the same period in 15/16. Therefore, UHL R&I analysed recruitment and established an action plan to actively manage for 17/18. Consequently, recruitment in 17/18 is broadly in line with that for 16/17. However for 17/18, recruitment for one high recruiting study was re-allocated from UHL to primary care – this would have added approximately 1600 recruits to the total. Thus if 17/18 recruitment had been counted as in 16/17, UHL would be around 1600 recruits higher.

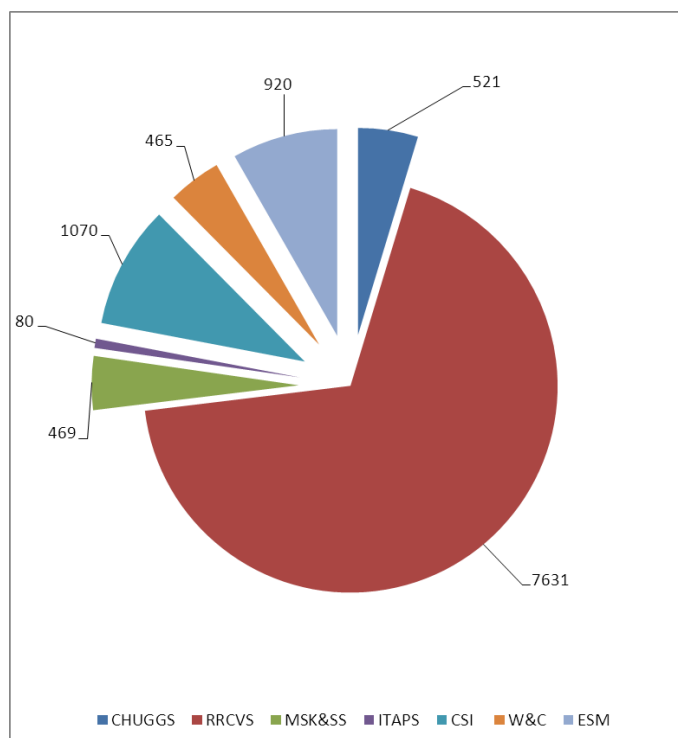
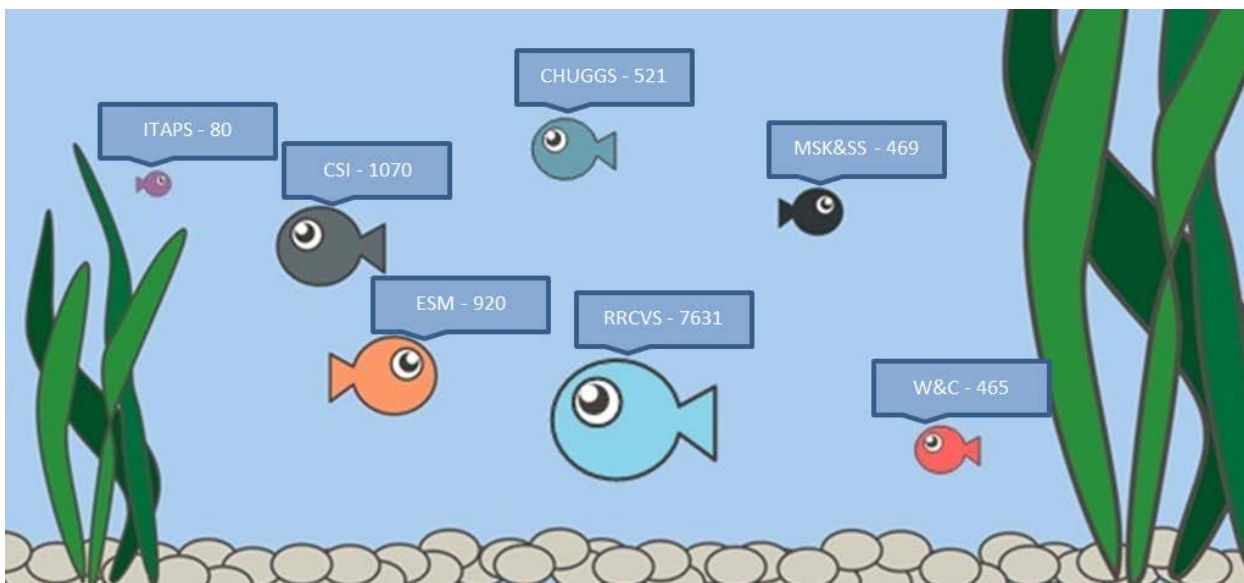
## University Hospitals of Leicester NHS Trust - Partner Dashboard 2017/18 CRN East Midlands



## 3. Recruitment Target Setting for 2018/19

An approach to recruitment target setting in UHL was discussed at R&I Executive. It was agreed that internal targets should be set according to the projected level of activity in the Trust for the coming year. EDGE, the local portfolio management system is now mature enough to project recruitment targets for the forthcoming year in this way. The target is based on numbers of studies forecast to be active in the year, and numbers of patients forecast to recruit by investigators to each study. Data from 16/17 and 17/18 indicate that UHL may expect to exceed this target by ~10% due to new unanticipated recruitment in the year.

		Non Commercial Portfolio trials Target setting for 18-19											
		7%	7%	10%	8%	8%	7%	10%	10%	3%	9%	9%	12%
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CHUGGS	521	39	38	50	40	43	38	50	52	18	47	45	62
RRCVS	7631	569	563	729	579	632	556	727	766	259	685	654	911
MSK&SS	469	35	35	45	36	39	34	45	47	16	42	40	56
ITAPS	80	6	6	8	6	7	6	8	8	3	7	7	10
CSI	1070	80	79	102	81	89	78	102	107	36	96	92	128
W&C	465	35	34	44	35	39	34	44	47	16	42	40	56
ESM	920	69	68	88	70	76	67	88	92	31	83	79	110
Total Recruit	11,156	832	824	1,066	846	924	813	1,063	1,120	378	1,002	956	1,332



#### **4. 2018/19 CRN Budget for UHL**

The approved UHL budget from CRN for 18/19 is £4,295,887. This is an increase of £198,103, or 4.83% over 17/18.

#### **5. Ongoing Projects and Recent Awards**

##### *5.1 Delivery of the Joint UHL/UoL Strategy*

Detailed senior discussions are underway about the optimum future shape of the relationship between UHL, UoL and other potential partners, over the next 5 years to embed academic excellence into health service delivery. There is a presentation and options appraisal planned at UHL Trust Board Thinking Day in June 2018 and with the President and Vice Chancellor of UoL in July 2018.

##### *5.2 100,000 Genomes Project*

The 100,000 Genomes project ends in October 2018. Thereafter, following clinical transformation, genomic medicine will become embedded in routine clinical care.

##### *5.3 BRC and CRF*

Both these flagship projects are running well and currently preparing their annual reports.

##### *5.4 Leicester's Research Live Conference – 'Celebrating our Success'*

This event, targeted at all researchers active at all of Leicester's hospital sites including University staff, was held on 27<sup>th</sup> Feb 2018 at Stamford Hall. It was a sell-out with >250 registrants. The day included presentations from Senior Leaders, talks, panels, Q&A sessions, workshops, exhibitions and the importance of great public and patient involvement. Social media coverage was extensive and feedback was excellent.

##### *5.5 National R&I Leadership*

UHL Director of R&I has been invited to become a member of the Health Research Leadership Organisation to advise NIHR and DoH on R&I issues from the NHS provider perspective.

#### **6. Projects in Development**

##### *6.1 Senior NIHR Appointments*

One application (of 2) from UHL/UoL for NIHR professorship has progressed to the interview stage in June 2018.

##### *6.2 British Heart Foundation*

Colleagues from UoL Dept of Cardiovascular Science have applied to become a British Heart Foundation Centre of Excellence.

##### *6.3 Midlands Health Alliance*

Joint discussions have been held between Leicester, Nottingham and Birmingham to develop plans for a Midlands Health Alliance based around the NIHR BRCs in these cities but also pulling in other NIHR infrastructure.

#### **7. Innovation/Enterprise Activities**

EDGE is our local electronic research portfolio management system. Leicester featured prominently in the EDGE National Conference with presentations from Leicester's Hospitals, Leicester CTU, and LCRN East Midlands. We are seen as an exemplar of how to maximise the use of EDGE for digitally managing research platforms. Discussions are underway with Edge and Microsoft about the integration of platforms for the delivery of data and information to researchers and the establishment of a Partnership of Excellence.

## **8. New/Existing Challenges**

### 8.1. Delivery of 100,000 Genome Project.

A major upcoming challenge is mainstreaming genomic medicine into clinical practice. Various Trust groups have been established to address this.

### 8.2. Hope Unit at Glenfield

Efforts continue to identify suitable space for Hope Unit at Glenfield Hospital.

### 8.3 Research MRI Scanner at GH

The installation of a new MRI scanner at GH may be delayed due to a change in capital spending limits for the Trust. This is an important development on which several other research bids depend.

Nigel Brunskill, April 2018