

UHL Research & Innovation: Quarterly Trust Board Report October 2015

Author: Director of Research & Innovation Sponsor: Acting Medical Director

Paper J

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.
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.

The Trust Board's attention is drawn to the difficult problem of finding appropriate space to develop a Hope Unit at Glenfield for which an important charitable partner is offering significant funding.

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: [TBC]

6. Executive Summaries should not exceed [1 page](#). [My paper does / does not comply]

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

UHL R&I Quarterly Trust Board Report 1 October 2015

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

In Q4 14/15 UHL initiated 95 clinical trials, making UHL the 17th most prolific trust. These figures confirm an increase over the year, as anticipated, after 2 quarters where the numbers fell.

Table 1: UHL Performance in initiating clinical research trials

	Number of Trials Initiated		
	2013/14	2014/15	2015/16
Q1	111	91	awaited
Q2	125	79	awaited
Q3	121	82	
Q4	116	95	

UHL is also judged by its performance in recruiting patients into initiated trials within 70 days. In Q3 2014/15 UHL achieved 70% against this target (national mean for similar trusts = 65%), and data submitted for Q4 show >80%. These figures represent a sustained improvement over the position 12 months ago, and NIHR has confirmed that UHL is amongst the Trusts that have avoided the financial penalty of a 5% 'top-slice' of Research Capability Funding (RCF) for 2015/16.

2.2. EM CRN

Recruitment into clinical trials up to end July 2015 stands at 3218. This represents a decrease over the recruitment for the similar period in 14/15 when UHL significantly exceeded targets (Table 2). This pattern is reflective of a regional and indeed national picture. UHL recruitment is expected to pick up with the commencement of large studies later in the year.

Table 2: Cumulative Recruitment Numbers of Patients into UHL Studies 2014/15 and 15/16

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Recruitment 14/15	950	2047	3007	4079	5314	6224	7282	8363	9169	10223	11266	12564
Cumulative Recruitment 15/16	1071	1880	2905	3218								

3. Projects in Development

Since the last Quarterly Trust Board Report three new projects have begun development and two existing projects are about to begin delivery:

3.1 New Projects.

3.1.1 National Centre for Drug Adherence Testing (NCAT)

UHL Chemical Pathology consultants have developed new methodology for detecting the presence or absence of prescription medications in the urine. This can be used to accurately judge adherence to prescribed medication. NCAT has been established to exploit this world leading technology. Three research grant applications have already been made and a business case to support a national NHS service is in preparation.

3.1.2 East Midlands Biobank

UHL will combine with Nottingham Health Sciences Biobank to form an East Midlands Biobank within Empath. This will allow researchers from UHL and University of Leicester to access clinical samples from extensively phenotyped patients for research purposes.

3.1.3 Leicester Institute for Precision Medicine (LIPM)

University of Leicester, College of Medicine, Biological Sciences and Psychology are developing a proposal for LIPM. UHL has been invited to be a LIPM partner. Many UHL strategic developments are closely aligned with the precision medicine agenda and discussions are underway with University colleagues about how to best provide partnership support this exciting development.

3.2. Existing Projects.

3.2.1. Life Study.

Life Study will collect information about babies and the determinants of their health, wellbeing and development. UHL is the second Life Study Centre. The Life Study Centre refurbishment is now complete, and the building is due for handover w/c 21/09/15. Recruitment to the Life study will begin week commencing 21/09/15.

3.2.2. The 100,000 Genome Project.

UHL is part of the East of England Genomic Medicine Centre (EEC GMC) with Cambridge, Nottingham and Norwich. After much planning, UHL will deliver the first patient samples into this project on 25/09/15.

4. RM&G, Contracting and Innovation Activities

4.1 Innovation Awards.

Colleagues from UHL have been shortlisted for the following awards:

4.1.1. Health Services Journal Awards:

- UHL Research & Innovation Team shortlisted for Clinical Research Impact Award
- Prof Nigel Brunskill with WLCCG and Baxter Healthcare 'Making and IMPAKT' shortlisted for Improving Care with Technology Award

4.1.2. Medipex Innovation Awards:

- Mr Jeremy Prydal: Early Detection of Lung Cancer Using High Resolution Autofluorescence Spectrometry

- Dr James Burton: A Novel Service of In-Centre Out-Patient Haemodialysis During the Night Improves Both the Patient Experience and Clinical Outcomes

4.3 NHS Health and Care Innovation Expo 2015

UHL was able to secure a stand at this Expo in Manchester. This was very successful, and UHL's stand was judged by the organisers to be the most visited, most effective and most successful stand in the exhibition.

4.2. 'Back Office' RM&G Activities

UHL's research management and governance team are involved nationally in Association of UK University Hospitals working group discussions around metrics. The UHL sponsor risk assessment and process is being used as the basis for a Sponsor Toolkit to be rolled out nationally by the NHS R&D Forum. On October 2nd, the national manager of NHS R&D Forum is coming to UHL for the day to look at how we do things in practice. UHL's Head of Research Operations is regularly asked to present nationally on our UHL sponsor processes, shared with University of Leicester. UHL has had multiple visits from other trusts to see how things work. Oxford University will soon visit to observe our processes. Our SOPs for the new processes following Health Research Authority (HRA) review are being shared nationally. The HRA are using UHL as an exemplar Trust. Most recently UHL and University of Leicester contributed jointly to the Information Governance workshop at HRA.

5. New/Existing Challenges

5.1 National Changes to Research Management and Governance (RM&G)

From December 2015 HRA will be taking over responsibility for many RM&G functions currently handled by the Trust. UHL has led the way in designing new processes to support this change (see 4.2). Nonetheless this is a major change in process and a programme of education across CMGs is underway to ensure understanding and compliance with HRA process.

5.2. Impact of 100,000 Genome Project on CMG Finances

There is a concern at CMG level that unfunded genetic tests may create a cost pressure for the clinical service supporting this project. It has been agreed that initially patients will be recruited with rare diseases only where there is a commissioned pathway for genetic tests. In the meantime there is a national conversation about un-funded tests.

5.3. New Process for Allocation of Clinical Research Network Funded Consultant PAs

CRN provides financial support to UHL consultants to deliver national portfolio adopted clinical research studies. UHL is an outlier in terms of the number of PAs allocated in this way (allocating more than other comparable trusts). UHL R&I are working closely with CRN to design new transparent criteria for a refreshed allocation process from Q1 16/17.

5.4 Hope Unit at Glenfield

Hope Against Charity are offering full financial support to develop a Hope Unit at GH to support clinical research in cancer at GH. So far it has not been possible to identify suitable space and the funding offered may be withdrawn.