

**TRUST BOARD – 02 APRIL 2015**

**Quarterly Research and Innovation Report**

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<b>DATE:</b>	26 <sup>th</sup> March 2015
<b>PURPOSE:</b>	Quarterly update on R&I issues, for Board information and assurance.
<b>PREVIOUSLY CONSIDERED BY:</b>	n/a
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input type="checkbox"/> 2. An effective, joined up emergency care system <input type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 8. Enabled by excellent IM&T
<b>Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:</b>	PPI is embedded within all areas of Trust R&I activity
<b>Please explain the results of any Equality Impact assessment undertaken in relation to this matter:</b>	
<b>Organisational Risk Register/ Board Assurance Framework *</b>	<input checked="" type="checkbox"/> Organisational Risk Register <input checked="" type="checkbox"/> Board Assurance Framework <input type="checkbox"/> Not Featured
<b>ACTION REQUIRED *</b>	
For decision <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>
	For information <input checked="" type="checkbox"/>

- ♦ We treat people how we would like to be treated
- ♦ We do what we say we are going to do
- ♦ We focus on what matters most
- ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

- tick applicable box

# UHL R&I Quarterly Trust Board Report April 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 Q1 14/15 UHL initiated 79 clinical trials, making UHL the 18<sup>th</sup> most prolific trust (previously 11<sup>th</sup>). This represents a reduction over previous quarters (see Table 1).

There are several potential reasons for this. Firstly researchers may have held back from submitting studies to ensure that they have developed studies sufficiently to meet the 70 day target. If this is the case then study numbers should eventually recover.

**Table 1: UHL Performance in initiating clinical research trials**

	Number of Trials Initiated	
	2013/14	2014/15
Q1	111	91
Q2	125	79
Q3	121	
Q4	116	

A data cleansing exercise is underway in order to ensure that trial initiation data held by UHL and the CRN accurate and correctly reconciled, we believe that there may be some studies missing from this list.

UHL is also judged by its performance in recruiting patients into initiated trials within 70 days. Q2 2014/ (75%) showed a significant improvement over Q4 13/14 (36%), and it is pleasing that this improvement has been maintained in Q3 2014/15 (70%). NIHR had indicated that Trusts failing to show significant improvements will face a 5% 'top-slice' of Research Capability Funding (RCF) for 2015/16. Whilst we are awaiting confirmation from NIHR, we believe we will avoid this penalty.

### 2.2. EM CRN

The last report received from the EM CRN was received in March 2015. The data show that for the year 14/15 UHL is exceeding patient recruitment targets based on a 9% increase over 2013/14 recruitment. This is a significantly positive outcome (Table 2).

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Aspirational target = 13/14 + 9%	910	1820	2730	3640	4550	5460	6370	7280	8190	9100
Cumulative Recruitment 14/15	941	2033	2996	4071	5306	6206	7245	8293	8897	

### 3. Projects under development

There are currently 6 major projects in development.

#### 3.1 *Precision Medicine Catapult*

In Feb 2015 a team from Innovate UK visited University of Leicester who have made a bid to host the Precision Medicine Catapult (PMC). If awarded, the PMC will bring a multi-million investment in infrastructure and staffing to support the development of precision medicine across the UK. The team were hosted by a high level group from both University and Trust, and visited key University and Trust facilities, including the BRUs and UHL's diagnostic, pathology and clinical areas. The Innovate UK team were very impressed by the Leicester bid and the outcome is awaited. Innovate UK have made it clear that, whatever the outcome, Leicester will be a significant delivery partner for the PMC.

#### 3.2 *East Midlands Breathomics Pathology Node (EMBER)*

The University of Leicester has been successful in an application to MRC to establish EMBER. This application led by the University of Leicester but supported by and partnered with UHL will bring a £3.2 million investment to establish a National and International Breathomics Centre, capable of improving the diagnosis, classification and stratification of patients, by creating a pipe-line for new, non-invasive, diagnostic tools, and providing training in next generation pathology.

#### 3.3. *Adult and Children's Clinical Research Facility.*

There is an intention to refurbish the Union Offices in LRI into a Children's Clinical Research Facility. This will increase capacity for clinical research and maximise potential income from commercial studies. There remains a shortfall in capital funding and charitable funds have been approached to help bridge the funding gap.

#### 3.4 *Hope Unit at Glenfield Hospital*

The Hope Against Cancer Charity has offered funding support to refurbish a suitable clinical area into a satellite recruitment centre at Glenfield Hospital, associated with a small laboratory for clinical sample processing. Finding suitable space has proven difficult and a resolution to this is awaited.

#### 3.5 *The Life Study.*

Life Study will collect information about babies and the determinants of their health, wellbeing and development, and UHL will be the second Life Study Centre. Planning is well advanced and UHL colleagues attended the recent Life Study Launch event at the House of Lords. A staffing model has been developed and key appointments made. Recruitment is planned to begin in ~6 months.

#### 3.3. *The 100,000 Genome Project.*

UHL and partners have been successfully awarded Genomic Medicine Centre status. UHL will be part of the East of England Genomic Medicine Centre (EEC GMC) with Cambridge, Nottingham and Norwich. This project has a high national profile and much hard work is underway locally and nationally to make this a success.

### 4. Contracting and Innovation Activities

Examples of recent innovation projects:

- Astra Zeneca have purchased the content of an online respiratory rehab programme developed at UHL, for £60,000. This money has been allocated to the inventor and Trust according to the relevant UHL IP policy.

- Entertainment Learning in Health Education won an NHS Innovation Challenge Prize, £10,000 as reported in HSJ.
- UHL R&I are developing a Trust-wide PPI group to input into Research projects and Innovation activities for researchers who do not have access to this in their own areas.

UHL R&I will be prominently represented at UHL's first Nursing and Midwifery conference at the Big Shed in April 2015.

## **5. New/Existing Challenges**

### *5.1 EM CRN Financial Allocation Process 2015/16*

The EM CRN has now announced their 2015/16 budget allocations. The outcome for UHL is a reduction of ~5% compared to 2014/15. According to the CRN financial model based on activity and historical apportionment UHL is currently some distance from fair share allocation. We have begun working with CRN to rectify this.

### *5.2 NIHR Research Capability Funding Allocation 2015/16*

We are awaiting notification of our RCF budget for the coming year. The priority is to use this strategically where possible to support BRU re-applications.