

# UHL Research and Innovation: Quarterly Trust Board Report

Author: Nigel Brunskill

Sponsor: Andrew Furlong

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## Executive Summary

**Trust Board paper N**

### 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 July 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 Q3 14/15 UHL initiated 82 clinical trials, making UHL the 18<sup>th</sup> most prolific trust. This represents a stable position compared to Q2 (Table 1). Figures for Q4 show a continued increase, although are still awaiting their verification by NIHR. Therefore study numbers are demonstrating a recovery, as anticipated, after 2 quarters where the numbers fell.

**Table 1: UHL Performance in initiating clinical research trials**  
\*Submitted – awaiting verification

	Number of Trials Initiated	
	2013/14	2014/15
Q1	111	91
Q2	125	79
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 70.5%. These figures represent a significant 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

The last UHL partner report from the EM CRN was received in May 2015 and represents the final report for year 14/15. These data show that for 14/15, UHL substantially exceeded 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	Feb	Mar
Aspirational target = 13/14 + 9%	921	1842	2762	3683	4604	5525	6445	7366	8287	9208	10129	11049
Cumulative Recruitment 14/15	950	2047	3007	4079	5314	6224	7282	8363	9169	10223	11266	12564

The CRN data also show that UHL provides research permissions quickly with >90% of portfolio studies receiving trust permission within 15 days.

### **3. Projects In Development**

There are currently 7 major projects in development, of which two are new since the last quarterly Trust Board report:

#### 3.1 New Projects.

##### *3.1.1 NHS Test Beds*

A bid has been made with the input and support of EM AHSN to establish an NHS England Test Bed across Leicester, Leicestershire, Rutland and Lincolnshire. Test Beds will evaluate the real world impact of new technologies to offer better care and better value for taxpayers by testing them alongside with innovative NHS service changes. The proposed Test Bed will take advantage of the Better Care Together change programme across LLR and a similar Lincolnshire based programme - Lincolnshire Health and Care Programme. The bid outcome is expected Summer 2015.

##### *3.1.2 Bridging the Gap – Antimicrobial Resistance*

Supported by UHL, the University of Loughborough has successfully obtained grant funding from EPSRC. The funding will stimulate the creation of an interdisciplinary research community and help to build research capacity and understanding of the global challenges in antimicrobial resistance. UHL staff will be essential contributors to this

#### 3.2. Existing Projects.

##### *3.2.1. Precision Medicine Catapult*

Following a two visits from Innovate UK the University of Leicester remains in the running 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. However the final national structure of the PMC remains under review by Innovate UK. Whatever the outcome, Leicester is strongly positioned to be a significant delivery partner for the PMC.

##### *3.2.2. 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.

##### *3.2.3. 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 remains a challenge and a resolution to this is awaited.

##### *3.2.4. 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. A local launch has taken place and has been widely reported in the local media. Refurbishment of the Life Study centre has commenced, a centre manager and other research staff have been appointed. Recruitment is planned to begin in Sept 2015. There is a trust steering group for this project.

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

UHL is part of the East of England Genomic Medicine Centre (EEC GMC) with Cambridge, Nottingham and Norwich. The UHL Research and Investment Committee

have approved the finances required to deliver this project in Leicester. UHL will lead on PPI for the project nationally. Recruitment of first patient is anticipated in Aug/Sept 2015. There is a trust steering group for this project.

#### **4. Contracting and Innovation Activities**

- We have initiated a new relationship with Medipex Healthcare Innovation Hub and will be working with Medipex to commercialise ideas arising from UHL R&I activity and to facilitate the innovation cycle.
- We will be working with Medipex to commercialise the Space for COPD programme developed at Glenfield
- UHL will host a workshop and have a stand at the NHS England Innovation Expo in September – one of only 2 trusts to do so

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

##### *5.1. NIHR Research Capability Funding (RCF) Allocation 2015/16*

Following the expiry of some NIHR funded activity and loss of NIHR Senior Investigators, UHL's NIHR RCF allocation for 15/16 was reduced to ~£1.25 million compared to ~£1.9 million in 14/15. This has now been transparently allocated with priority to strategically support BRU re-applications and Life Study.

##### *5.2 National Changes to Research Management and Governance (RM&G)*

From December 2015 Health Research Authority (HRA) will be taking over responsibility for many RM&G functions currently handled by the Trust. This is a major change in process and a programme of education across CMGs is underway to ensure understanding and compliance with HRA process. The focus of UHL R&I will move to assessment of study feasibility and delivery of studies to time and recruitment targets. A member of the R&I team will be allocated to each CMG to facilitate this.