

R&I Quarterly Trust Board Report

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Trust Board paper G

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	ESB 2/2/21	Discussion and Assurance
Trust Board Committee		
Trust Board		

Executive Summary

Context

Research has played a central role in the response to COVID-19. UHL has been very active in COVID research and is a top performer in the UK. Trial delivery has been very successful overall the partnership working in clinical research in LLR has had results with national recognition

Questions

1. Are the Board content with the level of information provided?
2. Do the Board have any comments about performance or suggestions for improvements?

Conclusion

1. Research has been very successful and high profile at UHL in the last 12 months and should be fully supported.

Input Sought

We would welcome the Trust Board's input to reconfirm the importance of clinical research at UHL and UHL's commitment to future support, especially for infrastructure re: bids.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[No]

2. Supporting priorities:

People strategy implementation	[No]
Investment in sustainable Estate and reconfiguration	[No]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[Yes]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
- How did the outcome of the EIA influence your Patient and Public Involvement ?
- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?		
Organisational: Does this link to an Operational/Corporate Risk on Datix Register		
New Risk identified in paper: What type and description ?		
None		

5. Scheduled date for the **next paper** on this topic: [date] or [TBC]
6. Executive Summaries should not exceed **5 sides** [My paper does/does not comply]

UHL R&I Quarterly Trust Board Report March 2021

1. Introduction

This report describes how UHL R&I has responded to the COvid-19 pandemic, how this has impacted on previous research and future planning.

2. Research Performance

2.1 Recruitment into COVID-19 Studies

Since the last R&I report in January 2020 much has happened locally, nationally and internationally. UHL generally has around 1000 clinical trials open at any point in time. Not all are actively recruiting and some are in follow-up. At the start of the pandemic it was necessary to pivot existing research activity towards Covid-19 research studies that were badged as Urgent Public Health by DHSC.

Recruitment data is shown below.

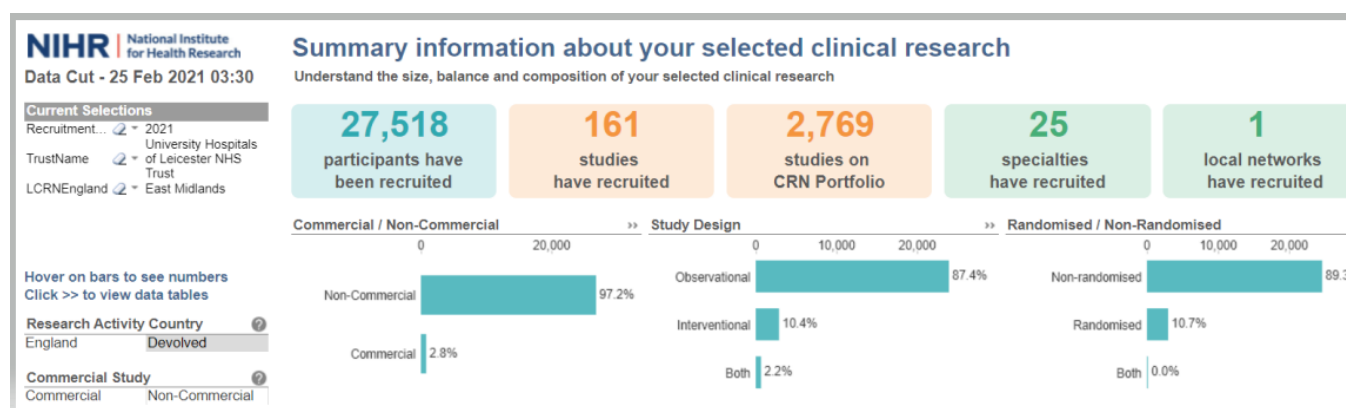


Figure 1: Total Portfolio Recruitment for UHL 2020/21

Therefore, for comparison, the last 5 yrs annual recruitment into portfolio studies for UHL is:

2020/21	27,518
2019/20	12,678
2018/19	13,204
2017/18	10,105
2016/17	11,462

Thus, this research effort at UHL has been very successful. Delivery of the RECOVERY Study in particular has been exceptional (>1,300 participants) and UHL has done more than twice as much as the next well performing Trust. In the REMAP CAP study UHL is the second highest recruiting Trust. The performance at UHL has been mentioned in Prime Minister's press briefing and widely reported. The UHL R&I

Team has advised senior colleagues at NIHR and DHSC about approaches Covid-19 trial recruitment.

UHL is currently the highest performing acute NHS trust in England, as measured by CRN portfolio study recruitment numbers.

2.2 Recruitment into Non-COVID-19 Portfolio Studies

As a consequence of the focus on COVID-19 studies activity in non-COVID studies is significantly reduced

The numbers of CRN portfolio trials opened at UHL in 2020/21 is reduced:

2016-2017	131
2017-2018	164
2018-2019	145
2019-2020	144
2020-2021	85

Table 1. Number of portfolio studies opened at UHL over each of last 5 years.

The number of recruits into non-COVID-19 portfolio studies is also reduced:

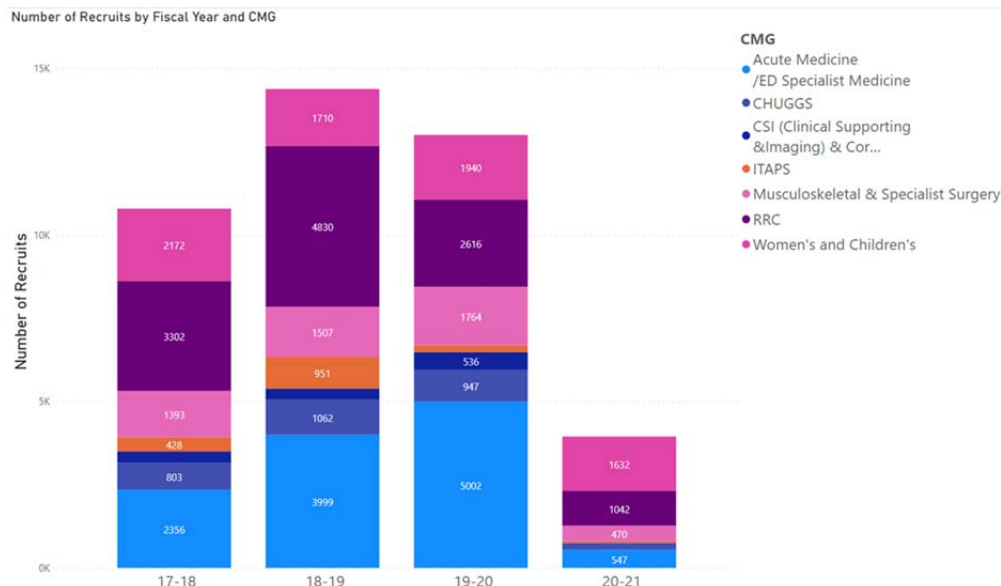


Figure 2: Non-COVID-19 Recruitment for UHL

The pandemic has had an adverse effect on commercial research income because many commercial trials had to be halted during the pandemic, and in these studies

income follows recruitment. This is a national issue not restricted to UHL. The UHL R&I team has prioritised recruitment into commercial studies where appropriate.

2.3 Recovery, Resilience and Growth

NIHR and CRN are aware that non-COVID-19 portfolio activity is significantly reduced and industry are requesting clarity from NIHR about RRG of commercial trial activity. RRG is a national programme led through NIHR to get non-COVID work moving again.

At UHL, in the first wave all non-COVID-19 research was paused, other than essential studies that supplied treatments to patients unavailable outside clinical trials (eg in cancer). All research staff were re-deployed to COVID-19 studies and UHL began recruiting to multiple COVID-19 trials. After the first wave these non-COVID-19 studies were re-started although with the second and third waves non-Covid recruitment has been reduced again, but without formally pausing studies. The R&I Team have managed clinical research through the pandemic via a weekly Zoom meeting with relevant invitees from UHL, UoL, LPT, and CCGs. Circa 70 colleagues attend the meeting chaired by UHL Director of R&I. A weekly R&I Senior Team meeting deals with short term strategy and hot operational issues. This structure will allow UHL to respond quickly to national drivers of RRG.

3.0 Recent Awards

3.1 NIHR Leicestershire Patient Recruitment Centre (LePRC).

NIHR announced the establishment of five PRCs across England to increase participation in late-phase commercial research studies and UHL was successful in its application via Leicestershire Academic Health Partners. LePRC opened in late 2020 and has been active in vaccine studies. The LePRC is recruiting to essential Covid vaccine trials and has quickly exceeded its recruitment targets to become one of the highest recruiting sites in the world with over 500 participants recruited in around one month of activity

3.2 Leicester led new Covid-19 studies.

Leicester researchers have been successful in obtaining funding for national Covid-19 studies.

PHOSP-COVID – PI Chris Brightling – will study outcomes in patients after discharge from hospital following Covid-19 infection

UK REACH – PI Manish Pareek – is a study into ethnicity and COVID-19 outcomes in healthcare workers.

Your COVID Recovery – PI Sally Singh - forms part of NHS plans to expand access to COVID-19 rehabilitation treatments for those who have survived the virus but still have problems with breathing, mental health problems or other complications.

3.3 Hope Unit Extension

An extension to the Hope Clinical Trials Facility at LRI opened in Dec 2020.

Funded by the Hope Against Cancer charity, this doubles the capacity of the unit.

4.0 Leicestershire Academic Health Partners

The LAHP Board meets quarterly, most recently in Dec 2020. The partners have been closely involved and busy with the COVID-19 response but three other projects are underway:

- Ethnicity and inequalities in health outcomes
- Health Data Access, Discovery and Sharing Through a Data Asset Platform
- Investigating Inequalities in Care and Patient Outcomes in NHS Provider Trusts
- Mass COVID-19 Screening of NHS Staff and University Students and Staff:
An NHS/Academic Partnership across LLR

Updates will be provided in future reports.

5.0 Existing NIHR Infrastructure

Both the Leicester NIHR Biomedical Research Centre and NIHR Clinical Research Facility have been given 5 month extensions to current contracts. A new bidding process expected to commence around April/May 2021. Discussions to plan themes and partners have already commenced.