

Meeting title:	Public Trust Board	Paper K			
Date of the meeting:	6 th October 2022				
Title:	R&I Quarterly Trust Board Report				
Report presented by:	Prof Nigel Brunskill, Director of R&I				
Report written by:	Prof Nigel Brunskill, Director of R&I				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously	N/A				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
No

Impact assessment
<p>The report highlights the delivery and performance of R&I at UHL, progress of important research, engagement activities and newsworthy items.</p> <p>These elements have a largely positive impact on staff and patients and highlight efforts around EDI in research. Good research outcomes and accompanying media coverage has a positive impact on reputation.</p>

Recommendation

The committee is asked to receive and note the quarterly update report on Research and Innovation.

UHL R&I QUARTERLY TRUST BOARD REPORT

OCTOBER 2022

1. INTRODUCTION

This report describes UHL R&I activities, performance and delivery in the last few months.

2. RESEARCH PERFORMANCE

2.1 Recruitment into CRN Portfolio Studies

Since the last R&I report in April 2022 there is some legacy COVID-19 urgent public health research activity, but other study activity has moved back towards business as usual.

	19/20	20/21	21/22	22/23
New Studies Approved	168	131	200	97
Commercial studies approved	51	34	53	32

Table 1. Clinical Trial activity at UHL 2019-2022

The last 6-year annual recruitment into portfolio studies for UHL is:

2022/23	3,850 (to end August 2022)
2021/22	10,227
2020/21	31,479
2019/20	12,678
2018/19	13,204
2017/18	10,105

Table 2. Portfolio Study Recruitment at UHL

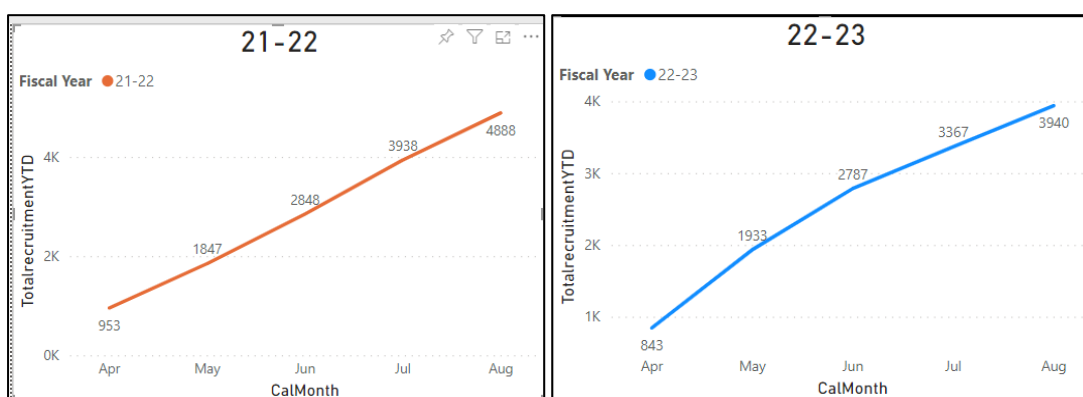


Figure 1: Comparative Monthly Portfolio Recruitment for UHL 21/22 vs 22/23 (data to end August)

2.2 Performance Analysis

Compared to 2021/22 recruitment is approximately 900 recruits less at end August 2022 and thus the trend is lower recruitment in 22/23.

- i. The reduction in recruitment Y2D and forecast lower recruitment from June 22 onwards is because the three largest recruiting studies for the last quarter have ceased recruiting.
- ii. There has been a change in the portfolio mix at UHL with an increased emphasis on commercial activity to improve the financial position.
- iii. There has been a decreased emphasis on high volume observational studies
- iv. There is a 'long tail' of COVID study follow ups.
- v. There is a natural reduction in recruitment cycle over the 5 years of NIHR Infrastructure as the current funding cycle closes out.

2.2.3 Management of the Clinical Research Network Study Portfolio

Nationally, both commercial and non-commercial CRN portfolio recruitment is below desired levels and attempts to increase commercial research activity have only been moderately successful. There is a national Reseat and Recovery action plan to streamline the CRN research portfolio and as a sponsor of research UHL has been asked to help manage the portfolio and to close studies where possible if not delivering.

The anticipation is that this will result in the closure of a significant number of studies nationally, allowing Trust R&I departments and CRN to focus on studies with the best likelihood of delivery.

3.0 LEGACY COVID STUDIES

Leicester researchers are leading important studies in COVID-19 that continue to recruit participants. One such study is PHOSP-COVID:



We will be joined by Dr Rachael Evans, Consultant Respiratory Physician and PHOSP-COVID lead co-investigator to discuss the study and new learning about long COVID.

4.0 UHL PEOPLE-CENTRED RESEARCH PROGRAMME

4.1 Conducting Research at UHL Survey

The R&I Team sent out a survey to all staff during May/June 2022 about conducting research at UHL. It examined current research activity and the needs and barriers that, once addressed, could increase the quantity and quality of clinical research for the benefit of patients and staff.

Although widely distributed, out of the Trust workforce, only 215 people responded. This could be attributed to 'survey fatigue', and work pressures which limited the capacity for staff to respond.

Nevertheless, our findings are congruent with similar national survey outcomes, and numerous papers in academic journals which suggests our findings are generalisable.

4.1.1 Key findings

- Respondents to the survey were from a range of clinical professions and non-clinical research support roles and had an overwhelmingly positive attitude towards research. 83 per cent of the 215 respondents had been involved in research in the past two years, and many indicated the ways they would like to be more involved in the future.
- A lack of time is the biggest barrier to conducting research, with a lack of support staff, understanding of the research processes, access to skills and training, and funding as other issues that prevent participation.
- There appears to be an unequal level of access to opportunities to conduct research, with real or perceived barriers being most acutely felt among clinical scientists and allied health professionals.
- Aside from differences due to profession, there is a perception that opportunities to conduct research are exclusive of women and people from ethnic minority backgrounds.

4.1.2 Recommendations

- Commitment to increase paid time in job plans for research for clinical staff, which would also aid with recruitment and retention
- Basic research training for all new staff in the corporate induction package, and mandatory Good Clinical Practice training for clinical staff where appropriate to their roles; how to be a principal investigator (PI)/co-PI for senior clinical staff
- Increase visibility of research and innovation across the Trust, with monthly 'all staff' newsletter and accessible 'how to' training in specific R&I processes - such as communications and PPI, study set-up, grant writing, ethics, and contracts – to make getting involved in research less daunting
- Better recording and access to data for research in current and future Electronic Patient Records (EPRs)
- Streamline R&I processes to reduce the administrative burden on research teams
- Get a better understanding of the real and/or perceived inequalities in conducting research and proactively seek ways to address these barriers
- 'Get Research Going' in areas of the Trust where there is a pipeline of research and who need some support to take this forward.

4.2 R&I Voices Programme

Three 'R&I Voices' sessions were held to engage R&I staff in conversation about what they like best and least about their current working conditions and how the R&I leadership could increase how it supports them to do their jobs well. In total 60 members of staff attended these sessions.

Sessions were hosted by members of the R&I senior leadership team, who facilitated discussion points and shared their own thoughts. Staff were also introduced to the concept of Shared Decision Making Councils and invited to reflect on whether this was something they wanted to develop for themselves.

4.2.1 Key findings

Staff shared many positives about their roles; in particular helping patients and working with their teams were seen as major contributors to fulfilling work. This suggests that baseline working culture is a positive one.

Common themes for improvements were around career progression, collaboration within other research teams and the R&I support service, the extent to which research is integrated into Trust core business, and recognition and feeling heard.

4.2.2 Recommendations

- A lack of links between teams is leading to a sense of isolation. Better sharing of information, clarity in how people are connected, and events to bring separated teams together – like research cafes and showcases - could begin to bridge this gap.
- Work also needs to be done to further embed research at a Trust level, which will help research teams feel valued by the organisation and enable them to deliver their work in a supportive environment.
- These sessions were seen as valuable by participants; something similar could be implemented on a more regular basis.
- Transparency, recognition and feeling heard were things people felt could be improved upon. R&I could consider methods to improve two-way communication, using written and verbal methods, with clear feedback on what has changed as a result of the communication to help people feel heard.
- Clearer pathways for career progression, particularly for non-medics and administrative and clerical staff, would help people feel they have a clear sense of direction for their futures.

4.3 NIHR Participants in Research Experience Survey (PRES)

The NIHR PRES is a national, standardised survey to gain insights into the experiences of participants in research studies, with a view to making improvements in the services offered. Since May 2022, we have mandated that the PRES is offered to all participants on new NIHR portfolio studies (rather than retrospectively). PRES results are published annually and are also trackable via a real-time public online dashboard.

4.3.1 Findings

As of 26 September, UHL has received 165 responses from research participants for 2022-23.

Headline figures:

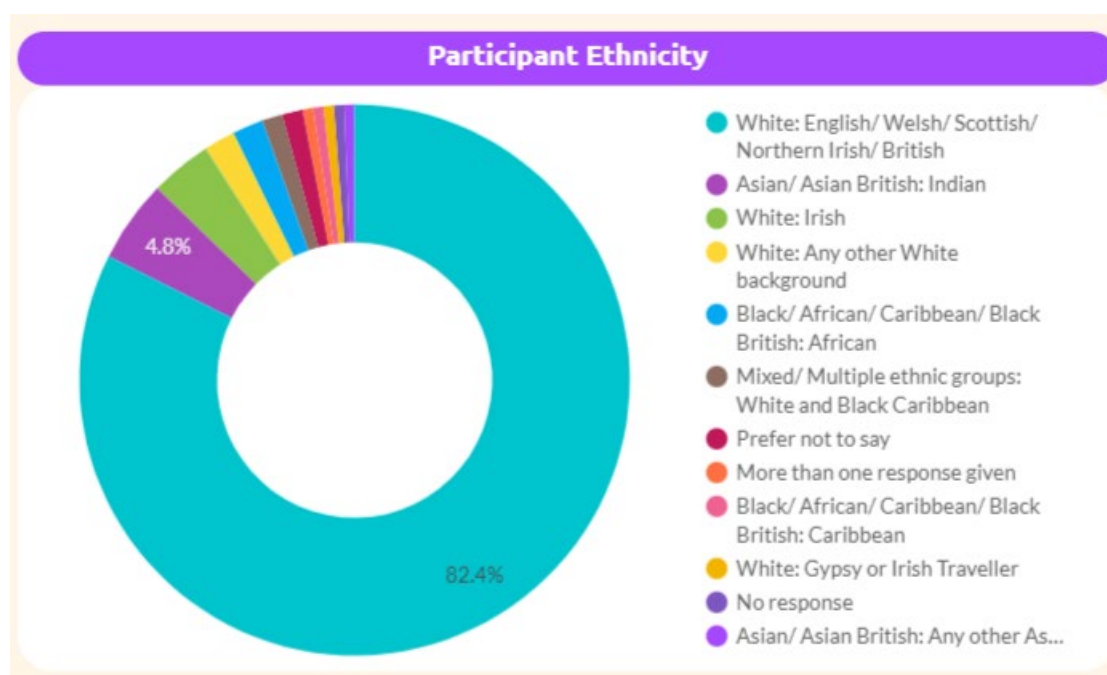
- 96% agreed or strongly agreed that staff treated them with courtesy and respect
- 94% agreed or strongly agreed that research staff valued their taking part
- 92% agreed or strongly agreed that the information they received before they joined the study prepared them for taking part

An area for improvement is in the number of participants who know how they will receive the results of the study (currently 71.9% said 'yes', or 'yes, to some extent'). While this is higher than the national average, more than 1 in 4 participants did not

agree with the statement. To improve this, we are working with public contributors and research staff on a project called 'Research Connected', which will design templates to help study teams and participants communicate more easily during and after the study.

The PRES also gives us the opportunity to monitor the ethnicity of our participants, with the caveat that not everyone completes the PRES and there may be some language barriers that could prevent some participants completing the survey (it is acknowledged by NIHR that the 8-page survey is word-intense).

Currently, 82.4% of participants who have completed the PRES at UHL are from a White British background. We acknowledge this does not reflect the make-up of the population we serve.



Some UHL studies are joining an East Midlands pilot to see if offering the PRES in different languages makes a difference to completion rates.

5.0 OTHER UHL R&I NEWS

Daily Mail/New York Post: [‘Do you REALLY need to walk 10,000 steps a day?’](#) – featuring Professor Tom Yates from NIHR Leicester Biomedical Research Centre (conclusion is 7-8k is enough, but intensity matters).

The Times: [‘Work getting you down? Try a standing desk’](#) [behind a paywall] – featuring Dr Charlotte Edwardson from NIHR Leicester Biomedical Research Centre (conclusion is height-adjustable desks reduce sitting by 1 hour a day and improve health and happiness).

Nature: [‘Heart disease after COVID: what the data say’](#) – featuring Professor Gerry McCann, who shared that people who had recovered after being hospitalised with COVID-19 had no greater rate of heart disease than did a group of people who had

similar underlying conditions but remained uninfected (small sub-study of PHOSP-COVID).

6.0 UP AND COMING...

17 November 2022 – Research and Innovation Conference/BRC & CRF Celebration event

18 January 2023 – Research and Innovation Awards evening

Nigel Brunskill

Sept 2022