

# Research & Innovation 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		
Trust Board Committee		
Trust Board		

# Executive Summary

## Context

Moving forwards from COVID-19 UHL R&I is back towards business as usual and is in a good financial position. One large infrastructure bid has been successful and the outcome of another is imminent. UHL continues to play a full role in LAHP. Several newsworthy events are reported.

## 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 remains successful and high profile at UHL and is recovering to business as usual after COVID-19 and should be fully supported.
2. NIHR re-bids are of key importance.

## Input Sought

We would welcome the Trust Board's input reconfirming 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:
<b>Strategic:</b> Does this link to a <i>Principal Risk</i> on the BAF?		
<b>Organisational:</b> Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
<b>New Risk</b> identified in paper: What <i>type</i> and <i>description</i> ?		
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: [TBC]

6. Executive Summaries should not exceed **5 sides** [My paper does/does not comply]

# UHL R&I Quarterly Trust Board Report April 2022

## 1. Introduction

This report describes how UHL R&I has moved back towards business as usual in the context of evolving the COVID-19 pandemic and outlines significant achievements and other events.

## 2. Research Performance

### 2.1 Recruitment into CRN Portfolio Studies

Since the last R&I report in Nov 2021 there is some legacy COVID-19 urgent public health research activity, but much has ended or slowed significantly. Study activity has moved back towards business as usual.

	<b>19/20</b>	<b>20/21</b>	<b>21/22</b>
<b>Active studies</b>	1024	976	998
<b>Studies Approved</b>	168	131	200
<b>Commercial studies approved</b>	51	34	53

**Table 1. Clinical Trial activity at UHL 2019-2022**

In addition the R&I team are currently considering an additional 39 studies for which expressions of interest have been received from sponsors or CRN.

Participant recruitment has slowed since late 2021 corresponding to the timing of the Omicron wave of COVID-19. Current recruitment 2021/2222 data is shown below compared to 2019-2020.



**Figure 1: Comparative Monthly Portfolio Recruitment for UHL 2020/21 (data to mid Oct 2021)**

For comparison, the last 6 yr annual recruitment into portfolio studies for UHL is:

<b>2021/22</b>	9,357 (to early March 2022)
<b>2020/21</b>	31,479
<b>2019/20</b>	12,678
<b>2018/19</b>	13,204
<b>2017/18</b>	10,105
<b>2016/17</b>	11,462

**Table 2. Portfolio Recruitment at UHL**

## 2.2 Management of the Clinical Research Portfolio

The COVID-19 pandemic has had a profound effect on the national clinical trials landscape. 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 action plan to revitalise the NHS research portfolio and as a sponsor of research UHL has been asked to help manage the portfolio to enable research recovery based on the following guidance:

- Studies which have closed to recruitment should complete follow up as planned (as long as achievable within current clinical context).
- Studies which have achieved 100% of planned recruitment (have met target) but are still recruiting should close to recruitment (as would be expected under ethical approval) and complete follow up as planned.
- Studies that had difficulty recruiting before the pandemic and have persistent problems should be considered for closure (noting there will be occasions where low recruitment would be expected, such as rare disease studies).
- Studies which were recruiting well pre-pandemic or have been set up since, but are struggling to meet recruitment targets, should be assessed to determine the major factor in the lack of progress and whether it can be overcome in the current environment. If there are major issues such as the scientific question no longer being relevant, the delivery plan not being practicable, care pathways having changed or issues with NHS capacity and

capability (eg limited access to clinical support services and space), then consideration should be given to closure.

- Studies in set-up, particularly those that have been in set-up for some time, should be assessed to consider whether there are similar issues (as listed in bullet point 4) so these can be addressed before opening.
- Portfolio review should include patient and public involvement in order to help attend to the health, well-being and experiences of participants in the research and the interests of the relevant public contributors. It should also ensure that learnings from studies that may close are also captured and disseminated in the interests of patients and the public.

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

### **3.0 UHL R&I Finance performance**

The financial performance of R&I within UHL is strong. As of February 2022 the year to date position was showing a healthy surplus of £504k. This position reflects the recovery in research activity and corresponding income as we emerge from the acute stage of the COVID 19 pandemic. Of particular note has been the strong contribution from the Trust's flagship Patient Recruitment Centre which has seen a high level of income relating to commercial trials. R&I is expecting to continue to demonstrate good financial performance in the new financial year and build on our achievements to date.

### **4.0 Re-Bidding Process for NIHR Funded Infrastructure**

#### **4.1 NIHR Leicester Clinical Research Facility**

The bid for the NIHR Leicester CRF has been successful, with a three-fold uplift in funding to £4.1M.

This will fund studies in 7 research clusters:

- Acute Platforms
- Cancer
- Cardiovascular

- Diabetes and lifestyle
- Research Space/Children's
- Respiratory
- Renal

With support services in:

- Exercise
- Imaging
- Physiological measurements

The funding is largely to support staff who will directly deliver research studies. University Hospitals of Northampton NHS Group are partners in the Leicester CRF.

#### 4.2 NIHR Leicester Biomedical Research Centre

The interview was held on 6<sup>th</sup> April 2022, attended by a senior contingent from UHL, UoL and LU. Outcomes will be announced in May 2022.

## 5.0 Leicestershire Academic Health Partners

The LAHP Board meets quarterly, most recently in March 2022. A new MoU has been signed, enlarging the partnership with the inclusion of senior ICS leaders. At this meeting the LAHP Board discussed co-working with Leicester Precision Medicine Institute and the development of an ICS-wide research strategy.

## 6.0 Other R&I News

- 2 x NIHR Senior Investigator awards Prof Sally Singh and Prof Tim Coats (only institution outside golden triangle to receive more than 1 in this round); 1 x Emeritus Senior Investigator (Prof Kamlesh Khunti)
- Wellcome Trust Doctoral Training Programme – PhD opportunities for improving health inequalities in Leicester aimed at AHPs, nurses, midwives and junior doctors (applications window closes 8 April)
- New streamlined Capacity and Capability system to speed up research approvals process
- New partnership working with University Hospitals of Northamptonshire NHS Group (CRF & BRC bids, research governance)

- LLR Data for Research platform launched through Leicestershire Health Informatics Service
- 3 honorary professorships to NHS staff with University of Leicester (Adrian Palfreeman, Gerrit Woltmann, Damian Roland) and 6 associate professorships (Kath Higgins, Vikas Shah, Will Nicolson, Neil Bhardwaj, Aidan Bolger, Nagini Sarvananthan)
- Manish Pareek (Honorary Consultant in Infectious Diseases) promoted by University of Leicester to Professor of Infectious Diseases
- A study that recruited patients at Leicester's Hospitals has contributed to a change in NICE Guidance for the investigation of atrial fibrillation. A big thanks to our emergency medicine research team for delivering the IPED study, which provided evidence for using a portable ECG recording device for detecting AF for people with suspected paroxysmal AF.
- Baricitinib results from RECOVERY – significantly reduce mortality rates (86 patients recruited in Leicester)
- Dr Sohaib Rufai received Ulverscroft David Owen Prize for best research paper on children's ophthalmology in 3 years

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