

# Research and Innovation Committee Chair's Report 9th November 2021

# Public Board Meeting 25 November 2021

Presented for:	Information
Presented by:	Dr Phil Wood, Chief Medical Officer (Chair)
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<b>Previous Committees</b>	

Trust Goals		
The best for patient safety, quality and experience		
The best place to work		
A centre for excellence for research, education and innovation		
Seamless integrated care across organisational boundaries		
Financial sustainability		

Key points		
1. To provide an overview of significant issues of interest to the Board, highlight key risks discussed, key decisions taken, and key actions agreed from Research and Innovation Committee meeting		
held on Tuesday 9th November 2021.		

## 1. Introduction

This is the eighth Chair's Report from the newly established Research & Innovation (R&I) Committee, which provides an overview from the draft minutes of the meeting held on Tuesday 9th November 2021 highlighting issues, risks discussed, and key actions agreed. This meeting was held via TEAMS.

# 2. Significant Issues of Interest to the Board

## **Leeds Hospitals Charity**

Esther Wakeman and Rebecca Baldaro-Booth joined the meeting to update the committee on the Charity's 5 year strategy. The aim of the strategy is to grow the Charity's income and use that funding for the benefit of patients and healthcare in the Trust. Contained in this is a specific R&I strategy which has 6 key goals:

- 1. Partnership with R&I at LTHT: enabling those goals to be delivered
- 2. Addressing health inequalities and rare diseases
- 3. Improving outcomes within a 10 year period
- 4. Potential to be a centre of excellence
- 5. Future leaders with an emphasis on diversity and inclusivity
- 6. Health Technologies and Innovation

The strategy is also looking at broadening out the number of individuals who can access funding from the charity - historically it has been too tied to those who "own" designated funds and there is a lack of diversity across professions and genders. It also sets out the ambition of the Charity to achieve membership of the Association of Medical Research Charities (AMRC). The new strategy was welcomed by the committee.

# **Research Operations Report**

The research operations report highlighted the strong recruitment performance in the year to date and the additional investment that has been secured to the end of the financial year from the Clinical Research Network to help address some of the challenges with the local setup and approval process (due to the numbers of studies) as evidenced by NIHR metrics. The mechanisms that are in place to ensure strong clinical leadership and accountability for research across the organisation were discussed; these include a regular forums for CSU research leads to come together and forums for research delivery leads. Together these allow the central team to understand where major issues or needs are and work to ensure that they are dealt with. The Research Academy is also going from strength-to-strength and opportunities are being explored with NIHR to expand its reach.

#### **NIHR Biomedical Research Centre**

The application for the next BRC was submitted on 20th October 2021 for £28.5m. Themes in the new application were MSK Disease, Surgical Technologies, Cardiometabolic Disease, Haematology, Infectious Disease and Pathology. The anticipated start date is December 2022 and the process is anticipated to be very competitive. Forward planning is happening for the remainder of the current BRC, in particular looking at how the pay awards impact on the overall budget allocation. A number of large grants have recently been awarded. Work on COVID vaccine responses in immunodeficient patients with RA has had impacts on local and national guidance on how these patients should be managed in terms of their booster vaccinations.

#### **NIHR Clinical Research Facility**

Feedback from the 2020/21 NIHR Annual report has been received; this was universally positive with all measures ranked as being "green". The NIHR acknowledged the work done to re-badge the portfolio. A new application for 5 year funding for the CRF was submitted at the end of September for £10.9m. The outcome is expected in January with funding (if awarded) starting in September.

#### **NPIC (National Pathology Imaging Co-operative)**

The committee were updated on the progress with the programme, particularly in relation to the completion of a number of significant milestones associated with capital procurement. A challenge with setting up the storage infrastructure is the global chip shortage. The programme is behind track due to COVID, but Bradford and Airedale have now got their scanners and other WYAAT Trusts will get their scanners later this year. These delays have allowed closer working with sites on project plans and long-term finances at a Director level. In parallel to the deployment the research aspects have also been progressing. Extensive work is

continuing around QA work and Leeds hosts the European Centre for Quality Assurance as part of the EU's BigPicture consortium. A programme has also commenced with Genomics England to scan all slides associated with the 100k Genomes project and this is part of the long-term sustainability.

#### **Health Professional Research Careers**

Since the last committee meeting 4x LTHT staff have been interviewed for NIHR Doctoral Fellowships. Of these 2 had received support from the charity through the internships scheme highlighting the benefit of the pump-priming process. 2x staff members from other NHS Trusts (Harrogate and Mid Yorks) have received mentorship from LTHT, highlighting the regional impact of this work. Claire Greenwood (Tissue Viability Nurse) has received post-doctoral funding from HEE/NIHR showing progression; this is often difficult for this group of people. The "Future leaders in research programme" from the Research Academy has been successful and will be celebrated later this month.

#### **Innovation**

Considerable progress has been made in the last quarter with the Innovation team and the Innovation pop-up with 6 workstreams:

- 1. Innovation and entrepreneurship training
- 2. Engagement across organisation
- 3. Business engagement
- 4. Events (virtual currently) to support community creation
- 5. Project development
- 6. Estates / Innovation District development

A set of metrics and targets have been implemented to measure performance, as has a membership model for staff and businesses who want to become part of the Trust's "Innovation Community". Since launching the membership model in mid-September 10 commercial organisations have joined the pop-up as have over 40 staff members. Significant work is being undertaken in developing training for innovation for LTHT staff and the Healthcare Entrepreneurship Exchange programme has recently completed with positive feedback from staff participating in it.

### **Real World Data**

The committee were appraised of the work that the Real World Data team (R-DIT) are undertaking, in particular the work going on to implement a common data model (Observational Medical Outcomes Partnership - OMOP) in the Trust. The committee were also updated in the progress that is being made in the development of a partnership with Flatiron around cancer data. Since the last meeting a data model has been agreed and signed off by the Information Governance Sub-Committee on 7th September. This has also been independently reviewed by DLA Piper. Other workstreams are focusing on staff and patient engagement and value exchange. Patient engagement work has shown that a majority of respondents support the collaboration with conditional responses focusing on reassurance about how cancer services at the Trust would benefit from the partnership. Where individuals do not support the partnership this tends to be to reflect a personal preference for their data not to be used, rather than an objection to the partnership as a whole. If a partnership were to be entered into then patients would have the ability to opt-out of data being shared. Staff engagement has identified positive responses to date, although maintaining the trust and confidence of patients and the wider public would be paramount. 7 key themes have been identified:

- An ability to improve the Trusts ability to match cancer patients to clinical trials
- Complementarity with existing digital pathology datasets, allowing for cohesion between the two programmes of work and enhanced research outputs
- Opportunities to improve service management from development and implementation of risk stratification tools
- Generation of standardised reports and dashboards for MDTs
- Highly curated data would support decision making during MDT meetings
- Providing insights on rare cancer types such as paediatric cancers
- Receiving data in a easily digestible, high quality and timely format

Work will continue on staff engagement and also on the negotiation of the IP and commercial aspects of the partnership to the Trust during the next quarter.

# **NIHR Surgical MIC**

The NIHR Surgical MIC programme has received a 12 month extension to the end 2023 and a business plan will be submitted to NIHR for this period. NIHR has been holding stakeholder workshops about the MICs with industry and other partners to help shape their future interaction. Mid- year review data showed strong performance across all MIC themes and a spread of projects across different technology development stages, although the impacts of COVID were notable in KPI's that were not going to be met.

#### **R&I Finances**

Claire Gaunt updated on R&I Finance activities and the action plan that is in place to support further development of financial support for R&I activities over the next 12 months. The development plan is continuing to progress well with impacts of that being seen, particularly in sharing the work across the team better for tasks such as costing. The information that researchers and infrastructure projects receive is also being reviewed with an emphasis on forecasting and data. COVID has had major impacts on research finances and work is going on to factor the income and expenditure associated with those to make sure this is all factored in. Linking research delivery activity and forecasting the income is a piece of work that is ongoing through the use of trackers.

# 3. Key Decisions Taken

# 4. Publication under the Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000

# 5. Recommendation

The Board is asked to receive and note the Research and Innovation Committee Chair's Report.

Dr Phil Wood Chief Medical Officer, Research & Innovation Committee November 2021