

## R&I Committee Chair's Report

**Trust Board**  
**28 September 2023**

<b>Presented for:</b>	Information and Assurance
<b>Presented by:</b>	Chris Schofield, Acting Committee Chair
<b>Author:</b>	Christopher Herbert: Director of Operations – Research and Innovation
<b>Previous Committees:</b>	Summary from the meeting held on 19 September 2023

<b>Our Annual Commitments for 2023/24 are:</b>	
Effectively develop and deploy new assets (buildings, equipment, IT)	✓
Reduce healthcare associated infections	
Improve staff retention	✓
Deliver the financial plan	✓
Reduce average length of stay by 0.5 days per patient	
Achieve the Access Targets for Patients	
Support a culture of research	✓

<b>Risk Appetite Framework</b>				
<b>Level 1 Risk</b>	(✓)	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
Clinical Risk	✓	Research, Innovation & Development Risk - We will deliver agreed minimum research and innovation priorities with health, social care, voluntary, education and private sectors	Open	Moving Towards

<b>Key points</b>	
1. An overview of research in the Leeds Cancer Centre and Respiratory teams was presented to the Committee. Both Teams highlighted the lack of dedicated time for research in job plans for clinical colleagues as a barrier to the growth of research.	Information

2. Research delivery performance remains strong with recruitment on track to meet the targets set for 2023/24	Information
3. The Innovation programme continues to deliver against its objectives with external funding secured for a number of projects since the last meeting.	Information
4. Research finances are rated “green” with all workstreams on track to achieve their goals.	Information

## 1. Introduction

This is the sixth Chair’s Report from the Research & Innovation (R&I) assurance Committee of the Board, which provides highlights of the meeting held on Tuesday 19<sup>th</sup> September. This meeting was a Teams meeting.

## 2. Significant Issues of Interest to the Board

### Oncology Research Team Presentation

Kevin Franks and Sarah Kent gave an overview of solid tumour research in the Leeds Cancer Centre CSU. The vision for Oncology CSU is to embed a culture of research and innovation across all Clinical Teams and have a clinical trial open for all patients including those from underserved communities. In recent years, there has been a significant growth in the number of commercial studies which has contributed to a much-improved financial position for the Oncology Research team. A local governance board (Cancer Clinical Trials Review Approval Board) oversees which trials will go ahead in Oncology and supports monitoring of performance issues. A dedicated research clinic for lung trials has supported increased recruitment into a number of studies over the last 12 months. Challenges still exist in the overall financial position, the limited clinical time for supporting research and, whilst improved, there are still challenges with study setup with external as well as internal issues highlighted. The reliance on radiology capacity for both scanning and reporting scans was also highlighted as a challenge as there is frequently insufficient capacity for this. This need for additional radiology capacity was further discussed as part of the risk review.

### Respiratory Research Team Presentation

Clair Favager and Daniel Peckham gave an overview of respiratory research at LTHT. Since 2019 there has been a significant growth in respiratory research. The number of consultants supporting research has grown to 11 from five and the supporting delivery Team has also grown. The range of specialities which are research active has also grown and the Team showcased how they have been leading recruiters into a particular commercially-sponsored trial. Daniel Peckham showcased how research is embedded in the Cystic Fibrosis Team and how this is a model they would like to replicate across the whole Respiratory Team. This embedding has led to a national recognition of excellence for Cystic Fibrosis research in Leeds nationally. The challenges faced by the Team included a lack of dedicated research space and protected time for clinical staff for research leadership.

A key theme that came from both presentations was that of the lack of dedicated time that clinical staff had for doing research despite a desire to do research. It was also noteworthy

that both teams had a focus on ensuring that there was a balance between income generating commercial trials and non-commercial trials which are important clinically but which bring less income.

The Committee reflected on both presentations and the Team's desire to grow research but questioned the strategic focus of the Trust for the desire for growth versus partnership with local acute providers with strong reputation for specific clinical areas of research. Both Teams were insightful to the need to grow commercial income to support non-commercial studies.

### **Research Portfolio and Performance**

Ai Lyn Tan presented an overview of the research performance and portfolio to the end of July. Recruitment into clinical trials is ahead of trajectory for the year to date and the metrics associated with recruitment to time and target are slowly improving month on month.

The ongoing work to improve study setup metrics was also highlighted as this remained poor. Benchmarking data for other Trusts was shared, demonstrating stronger performance with peers and the Team confirmed they had planned sessions with other organisations to learn how performance can be improved. The Committee suggested that the Team seek legal advice on how the delays in timescales with waiting for signed contracts could be overcome by proceeding at risk prior to contract signature.

The response created by the Team to the O'Shaughnessy review was also discussed and the commonality with the themes in the research performance and portfolio paper noted. The Committee were not assured of how the gaps identified within the report were to be closed by the Trust, recognising the need for the leadership ambition to be defined by the organisation and that monitoring the performance via the matrix set out in this Research Portfolio and Performance report did not provide assurance of closing these gaps.

### **Risk Register**

The Committee reviewed the R&I risk register, noting there were currently four risks having a score of 12 or above however since the last Committee meeting, three risks had reduced in score.

### **NIHR Surgical MedTech Co-operative**

Vee Mapunde presented an update on the work of the National Institute for Health Research (NIHR) Surgical MedTech Co-operative and shared the annual report recently submitted to NIHR. The recent bid to the NIHR for funding for a "Healthtech Research Centre" was highlighted to the Committee with the outcome of that due by the end of September. Should the funding not be awarded, issues relating to the closure of the LTHT hosting this work were discussed.

### **Partnerships, Innovation and International**

Chris Herbert presented an overview of ongoing work around innovation and business partnerships. The work supporting the recent BtLW stakeholder engagement event was highlighted as was the continued progress with the Radiology AI initiative. Continued successes in securing external grant funding for projects were presented, including funding for three projects with Israeli companies from the Israeli Innovation Agency. The wider work developing innovation partnerships with other regional NHS Trusts who want to adopt some of the approaches developed in Leeds was also highlighted. The Committee explored the

re-active work to date and the shift required to be proactive in attracting partnership working to internal initiatives.

### **Research Finances**

Claire Gaunt presented the finance report for month 5. Plans are on track to achieve the Waste Reduction Programme (WRP) and performance against the R&I Financial Improvement Plan show that activities in the financial sustainability /financial governance improvements and financial skills development workstreams are all running at low risk. The Committee were assured by the comprehensive report and commended the grip and governance this provided.

### **Standing Agenda Items**

There were no new issues to escalate to the CRR and no issues for escalation to NHS England/Improvement, CQC or to the Board..

The information received within the meeting reported the Trust remained within its defined risk appetite.

### **5. Publication under the Freedom of Information Act**

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

### **6. Recommendation**

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

Christopher Herbert  
Director of Operations: Research and Innovation  
20<sup>th</sup> September 2023