

Research and Innovation Committee Chair's Report

Trust Board
31st July 2025

Presented for:	Information
Presented by:	Chris Schofield
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Previous Committees:	NONE

Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	
Be in the top 25% for patient experience and efficiency in outpatients	
Support each other to act with kindness and compassion	
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	
Make best use of our estate, equipment and digital assets	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
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

Key points	
1. Claire Greenwood, a Tissue Viability Nurse at the Trust presented on her research journey, the impact her work has created and the challenges she faced establishing her research career.	Information
2. A risk associated with patients in research trials receiving either the wrong imaging scan or an excess of imaging scans was	Assurance

discussed at the Committee. Assurance was provided that actions were being undertaken to mitigate this risk and that the risk should be escalated to the next meeting of the Quality Assurance Committee.	
3. The ongoing work around R&I finances was discussed with the progress against the development of an I&E report for R&I highlighted.	Assurance
4. A proposal to allow companies to use the Innovation pop-up as their registered office was discussed and the Committee were content for this service to be established. The board are asked to endorse this decision.	Decision

1. Introduction

This is the eleventh Chair's Report from the Research & Innovation (R&I) Committee, which provides highlights of the meeting held on Wednesday 16th July 2025. This meeting was held in person at the Research and Innovation Centre and online via Microsoft TEAMS. In light of Non-Executive Director (NED) recruitment, and delays to appointments from NHS England, the Trust was unable to populate the Research and Innovation Committee in July with regular NED members, however there was consistency of the respective Committee Chair. Actions and decisions from the meeting will need to be endorsed by the Trust board.

2. Significant Issues of Interest to the Board

Staff Story

Claire Greenwood presented on her research journey. Claire is a Tissue Viability Nurse who started her career at the Trust in 2006 as a staff nurse in 2006. In 2009 she started work as a Clinical Nurse Specialist in Tissue Viability and her manager (who was doing a PhD at the time) encouraged Claire to also do a PhD because of her natural level of curiosity and recognition that there is not robust evidence for nursing practice with decisions made purely on preferences and experience. She also recognised that there were too many woundcare products on the market which had little evidence of benefit. Claire secured funding from Leeds Hospitals Charity in 2012 for her PhD which she completed in 2020. Post completion of her PhD, she returned to a purely clinical job as there was no research time within her job plan. Claire was successful in securing bridging funding in 2021 which allowed her to develop the PRESSURE-3 trial (funded by a £1.6m National Institute for Health and Care Research (NIHR) HTA grant). An academic clinician job description was finalised for her in the Trust in 2023 and she has recently been successful in securing a Senior Clinical and Practitioner Research Award (SCAPRA) from NIHR which will fund 50% of her time for research for the next 5 years.

The focus of Claire's PhD work was heel ulcer prevention as there was little evidence for any of the devices on the market on whether they were effective. The outcome of her PhD was that offloading helps but that patients did not like the devices so use compliance was low. The outputs were presented at both the UK Society for Tissue Viability conference and the European Wound Management Association. Following on from her PhD, Claire has

been involved in the development and running of the “PRESSURE-3” trial which is evaluating the clinical and cost-effectiveness of early use of heel off-loading devices and constant low-pressure devices for the prevention of Category 2 or higher heel pressure ulcers in patients with hip fractures. This is aiming to recruit >3,000 participants nationally across 20 sites and is the largest ever wound prevention trial carried out.

A major contributory factor to Claire’s successes to date has been the research environment in Leeds and the long-term collaboration with Professor Jane Nixon and others within the Clinical Trials Research Unit at the University of Leeds. As well as collaborations in Leeds Claire also has collaborators in Canada and at Herriot-Watt University in Edinburgh. However, Claire has also faced major challenges, the main one being the lack of a career pathway in the Trust for nursing staff who want to undertake research, and no dedicated time in her job plan, even having gained her PhD. Claire also described her perception that research is not really understood or seen a priority within tissue viability or her wider CSU.

Claire’s future work will be focused on building a wider portfolio of research across the wider wounds portfolio. The recent SCAPRA award means she is now an NIHR Academy members which brings access to training and networks she never previously had which will be of significant benefit to her. She has funding to go and spend some time in Canada with her collaborators and to bring back learnings about a very different service model for wound management to Leeds. She also wants to embed research into the Chief Nurse CSU and support others to get into research as she was supported herself.

The Committee thanked Claire for her presentation and noted the alignment with themes in some of the other stories that had previously been presented and the challenges between the day-to-day service pressures and having time to add value through research.

Risks

There was a lengthy discussion about the risk associated with patients in research receiving either the wrong imaging scan or an excess number of imaging scans. The score of this risk has increased since the last meeting of the Committee (from 12 to 16) and is now outside the Trust’s Risk Appetite. Assurance was provided of the actions that have been put in place since these incidents were identified, but it was noted that incidents such as these are reportable to the CQC and that there have been 6 such instances in the last 3 months. It was agreed that this risk should be escalated to the next Quality Assurance Committee meeting for oversight of the investigation work and corrective actions that will need to be implemented.

Research Delivery Performance

Performance metrics associated with research delivery showed that recruitment into research is currently behind the target trajectory, but that the data is consistent with that for the same reporting period in 24/25 and assurance was provided that the team believe that the annual recruitment targets will be delivered. The leading team for recruitment in year is the Women’s Health team, reinforcing the potential in this area. 31% of the Trust’s research portfolio is commercially sponsored. Data on trials recruiting to time and target showed that this metric is still behind the target level of performance but measures to improve performance have been introduced, including the appointment of a dedicated individual to However, data relating to median time for study setup was ahead of target for the year, reflecting the significant improvement that has been made with regards to this area of activity in the Trust. The Committee were briefed on new national metrics introduced by

NIHR/DHSC relating to commercial study setup times and the challenges in meeting these metrics due to factors that are outside the control of the Trust.

Finally, data was shared with the Committee showing the high degree of satisfaction that patients participating in research experience. >90% of the 925 participants in the survey said that they felt that research staff had valued the participation in research, had valued their participation in research and would consider taking part in research again.

Finances

The overall R&I forecast for 2025/26 is currently a £604k deficit position against both the NPIC financial target and the R&I £1m cost improvement target (for which just over £500k has been identified to date). There is lots of development work continuing with R&I finances to further unpick historic positions, but the key risk associated with R&I Finance is pay inflation as R&I does not receive pay awards centrally and so any uplifts in salary have to be passed onto funders where that is possible. The NIHR position on inflation is unclear as some parts of NIHR allow inflation to be reclaimed and others are less clear.

Work on creating an overall income and expenditure position for Research and Innovation was presented to the Committee and the work was commended by the Chair. The improvement from the historic £4m deficit position when the integrated R&I department was created was noted along with the ongoing work that is being done to ensure that overhead distributions are appropriate, that research income accruing outside the R&I CSU is factored in to the overall position and changing the view amongst some consultants that research income is “their money”. It was commented that the wider benefits to individuals (e.g. publications, conference presentations) also need to be taken into account alongside the overall financial position of the R&I CSU.

Innovation Activity

A summary of the wide range of events and business development activities that are ongoing to deliver the strategic objectives associated with the Innovation workstream was provided for assurance. A summary of the all IP assets that either have commercial agreements in place or which are actively being progressed was also shared with the Committee. Finally, a proposal for the innovation pop-up to be used as a registered address for businesses was outlined to the Committee. There was agreement that this service should be established as it would be beneficial for the Old Medical School Innovation Centre as it would help create a cluster of registered addresses in close proximity. The Committee Chair recommends that that Trust Board endorse this decision.

Communications

Jessica Hardman was introduced as the new Head of Communications for Research and Innovation. The communications plan is currently being refocused so that research and innovation can really be embedded across the Trust. The short-term plan for the next 3 months is in place and the focus is to ensure that any communications reflect the ambitions set out in the NHS 10 year plan. Future work will cover wider ambitions across the city and ensure that commercial benefits are realised.

3. Publication under the Freedom of Information Act

This paper is exempt from the requirements of the Freedom of Information Act 2000 as it is commercially sensitive.

4. Recommendation

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

Christopher Herbert
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21st July 2025