The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE TRUST BOARD

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Nick Lyons, Medical Director	Decision		High	Med	Low
	Discussion	✓		✓	
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Antonia Hardcastle	Strategic				
	Operational				
	Governance	✓	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Well-led (new indicator from Sept 2018)				

Meeting Date: 31st July 2018

Report Title: Research Update July 2018

PURPOSE:

To update the Board on Research & Development

SUMMARY:

We have achieved another tranche of Department of Health Research Capacity Funding
Recruitment to trials is increasing
We are holding a large research event on inflammatory Bowel disease (first event in the region)
Funding for this financial year was reduced by 6%
Future funding model has been agreed by partners, with a 10% cap and collar

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓		✓		✓	✓

RECOMMENDATIONS:

The Board is asked to note the contents of the report

NHS
The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

Research Update July 2018

The Queen Elizabeth Hospital is a partner organisation of the National Institute for Health Research (NIHR) clinical research network (CRN) in the Eastern region. We are funded to recruit patients into clinical trials and studies that are on the NIHR portfolio. In order to maintain our funding we have to meet the CRN targets as well as to recruit and time and target on our studies.

We also signpost and help with Trust sponsored studies, and Innovation and Intellectual property.

1. **Recruitment**
   The last financial year we exceeded our recruitment targets again. We recruited 872 participants into studies, against our target of 525. This is an increase of 8% on the previous year. These participants were taking part in 50 clinical trials, 851 were recruited to non-commercial trials, and 21 were recruited to commercial trials. So far this year we have recruited 267 registered participants into 26 different studies, and are on target to meet the networks demands of 571 participants. Areas of expertise include critical care, anaesthesia and pain, cancer, gastroenterology and musculoskeletal diseases.

2. **Recruitment to time and target**
   The NIHR assess all Trusts in their ability to set up and recruit patients with certain time frames. This is a measure of the efficiency of the research department. The Trust has set up 79% of trials within the 40 day target (4th fastest out of 28 Trusts), and 63% recruited their first participant within 30 days (4th best in the region).

3. **Finance**
   We received a 6% decrease in our budget from the clinical research network this financial year. This deficit has been covered by our clinical trials income and should not impact the Trust. 3% of the cut was due to the network as a whole failing and being fined, which was passed on to the partner Organisations. The other 3% was due to us not delivering sufficient interventional trials; this was due to staffing levels. We did achieve Department of Health Research Capacity Funding again. We are trying to earn more money by participating in commercial clinical trials, (which are worth c. £4,000 per patient), however we need a dedicated research clinic room in order to fully succeed.

A new financial model has been agreed by the partnership organisations. This is a mixture of fixed funding, recruitment (both raw and weighted numbers) and delivery to commercial studies. The impact of this on the Trust is unknown at present, but there is a 10% cap and collar which may keep some stability in the department.

4. **Research Dissemination**
   This is working towards the new CQC indicators on research in the well-led domain.
   We have increased our activity in promoting the department. We have a twitter account, a new leaflet describing our department; have provided a short video about research to be used in all Induction and have excellent informatics and posters on display around the Trust. We had a first successful Clinical Trials day in the Trust, where 140 staff completed a short questionnaire about their knowledge of the research department. We are analysing the results at present. We are hosting an Inflammatory Bowel Disease day in King's Lynn in November. The aim of which is to increase awareness, highlight our research studies and our strength in gastroenterology research.

5. **Other Highlights**
   - The cancer research team was highly commended for all their work in cancer trials, by the Clinical Research Network; and our cancer research nurses won best non-clinical award and best poster award at a conference earlier this year.
   - We have been applauded by a Stoma trial team for using a specialist stoma nurse as a Principal Investigator to deliver their study.
   - Three requests from commercial pharma companies to run their study here in King's Lynn – they usually only go to Addenbrookes…..but we are getting known for delivering commercial studies well.

Recruitment to non-commercial studies

	Patients recruited 2016-2017	Patients recruited 2017-2018	Patients recruited 2018-2019
Cancer/haematology	139	128	36
Diabetes	3	4	
Renal disease	18	22	12
Paediatrics/reproductive health	11	28	3
Health services	52	88	67
Musculoskeletal	28	24	17
Anaesthesia/pain	163	193	33
Critical care/A&E/surgery	73	77	13
Gastroenterology	203	168	57
Ophthalmology	10	4	
Stroke, cardio	8	62	19
Hepatology	15	8	
Primary Care	49	2	8
Dementia/mental health/ageing	36	58	
Dermatology	4	0	
Public Health		6	2
TOTAL	812	872	267