Committee Chair's Report

Committee:	Research and Innovation Committee
Date of meeting:	9/9/2024
Chair:	Dr Peter Bamford (Clinical Director)

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
An application to the NIHR Capital bid 2025 has just been submitted looking for £1.5 million investment in replacing our modular Cytotoxic/Biologics unit in Martindale house. This is a vital support service to the research department and the bid was jointly written with pharmacy. The Countess has also bid for a large i4i NIHR/Innovation grant to look at how we can use AI to manage our waiting lists, risk stratify them and identify high risk patients who need rehab. This project is part of our strategy to increase funding and host research from the Countess site, something that is essential if we are working towards University hospital status. Planned progress with consolidating and defining the research relationship with the university have stalled due to the late notice withdrawal of a planned meeting between the boards of both institutions. Since the cancellation of the event in March there has been little contact from University of Chester. Have asked CEO to discuss with Vice Chancellor to determine what has happened as all looked very promising in through winter. Some concern from across the trust that CRU not yet operational since the open day in December – addressed in email from medical director explaining that the opening had to be completed before the unit was ready due to demands from the funders. However, despite there having been some issues with turning non clinical space into clinical space the unit is now ready to accept patients. We expect to see a slow but steady increase in activity in the space as the number of trials increases. Mobile research vehicle – We have now used the vehicle for several events so far with each visit increasing our understanding of how we might use the asset more in future, and enabling the development all of the risk assessments and operating manual from the learning gained from such events. We have been successful in a funding bid to fund

a program of engagement activities with the local community including taking the vehicle out to schools/events/universities.

ASSURE

Capital:

The committee was updated on the recently successful NIHR capital bids.

- NIHR 2023 (£229k)
    - ECG machines – operationalised in the hospital
    - Echo/CPET Machines – ordered and awaiting delivery
- NIHR 2023 (Part 2)
    - £1.2 Million funding allocated to the development of new IR suite
- NIHR 2024 - £535k awarded over three years

  2024-5
    - Immunostainer, Microtome and Microscope for Histopathology
    - Aseptic unit upgrades

  2025-26
    - Two lower limb doppler ultrasound scanners
    - Portable x-ray machine
    - Image intensifier for theatres
- 2025-26 – £90k additional funding for development of primary care research hubs at Tarporley and Ellesmere port – both facilities due to open in June 2025

Staffing metrics:

As a department we have achieved excellent compliance with mandatory training – 91% completion across all staff groups.

Sickness currently very high stands at 10.96%. Multiple members of staff all having planned procedures in second half of last financial year. All members currently back to work. Position should improve as year progresses

Appraisal sit at > 92%

Multiple vacancies with plans for increased recruitment into specialty research nurse roles e.g.vascular research nurse

Activity:

5th successive year with more than 1000 recruits to trials - for example

- 2024/25 1,046 (33 studies)
- 2023/24 1,578 (48 studies)

- 2022/23 1,133 (51 studies)
- 2021/22 1,515 (44 studies)
- 2020/21 3,092 (40 studies)

- 58 studies open.
- 36 closed to recruitment & in follow up.
- 24 closed & follow ups complete.
- 8 feasibility/set-up
- 10 expressions of interest
- 7 Project in set-up
- 11 suspended

Governance:

Monthly meeting ensure all datix reviewed within the month

Building towards decreased setup times for trials with all trials being looked at and any barriers removed to the setup process

Multiple new SOPs have been written and now out for consultantion before ratification at July executive board.

Development of Research strategy starting with Chris Smith 19th June

Development of Team charter also to be completed over summer.

ADVISE

We have received static funding from the newly formed Northwest Research Delivery Network (RDN) for the current financial year.

If fully staffed we have recurrent commitments more than our income, of approximately £181k per annum. This has continued to be mitigated by vacancies we have carried this year and as such we believe this represents minimal risk due to the contingency funding that has been built up by the department. An additional mitigation is the income received by the research department generated by completion of trials (£52k in the last year).

As we now move towards a fully staffed model, we aim to mitigate the predicted overspend with additional funding streams to include an increase in additional income to the department through meeting targets on commercial and NIHR trial delivery. In addition, we will look to identify non-recurring funding opportunities through the financial year.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Outline of risks recently discussed:

Recent funding bid for NIHR research funds – there were a number of bids being developed out with the research department – all funding bids for research funding need to come through he research department.

Recruitment/Delivery: Some recent issues with recruiting to vacancies. Appreciate there has been increased scrutiny on new posts across the trust. As a self-funding department which generates most of its funding from external sources, we are keen to ensure that

these posts can be recruited into to maximise the potential for increased revenue streams needed to grow the department.

IT: The network link from the main hospital to Bache Hall ceased to exist more than a year ago - solutions identified and business case approved in principle by the Capital Management Group – subsequently some works have been completed by the university – now needs reassessment of the capital ask to complete the works.

Finance: Introduction of new NHSE Guidance on reinvestment of research generated funds needs implementing currently awaiting a draft of a new financial policy from research manager and research accountant who are working on this.

Histopathology: Ongoing issues with capacity due to shortfall in number of consultants and support staff to handle research queries etc

Governance – Need to develop consent SOP which will be led by Team Leaders