

**Report to the Meeting of the**

**Oxford Health NHS Foundation Trust**

**Board of Directors**

**March 2017**

**Research and Development Report**

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# Clinical Quality and Care

Participation in research produces widespread benefits for patients and, more generally, improvements in quality of care. A Censuswide comsumer poll of 3,000 people in England, commissioned by the NIHR published data in September 2014 saying that 95% of those as responding stated that it is very important that the NHS carries out clinical research, with 85% or people agreeing that they would be very or somewhat willing to take part if they were diagnosed with a medical condition or disease. This accounted for the main factor that was most likely to motivate them into taking part, along with if a friend/family member was taken seriously ill and didn’t have the treatment they needed. The majority of those surveyed said that clinical research takes place within the NHS, Universities and Clinical Trials Units. Oxford health NHS FT has strong links to the University of Oxford, which has been rated as the world’s best university for clinical, pre-clinical and health subjects for the past 5 years (2011- 2016 THE World University Rankings), top ranked in the Research Excellence Framework 2014 for research quality in Psychology, Psychiatry and Neuroscience and third highest University in the areas of mental health and dementia in the RAND report commissioned by NIHR in 2015. In addition Oxford Health NHS Foundation Trust was the top ranked mental health Trust in the Mental Health Highlight Area in the NIHR RAND report

# Networks and Collaborations

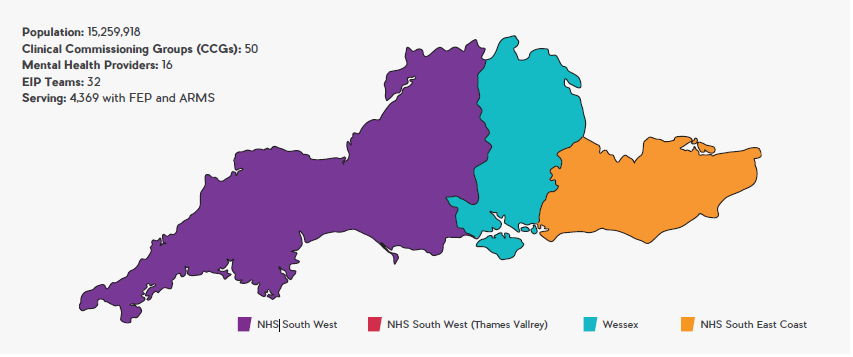
## Oxford Academic Health Science Network (OAHSN)

The OAHSN announced in February 2017 that the AHSNs will be relicensed from 2018, however there will be significantly less funding, with an indication that core funding will be further reduced to 40% of the initial 2013 funding. Current funding for network managers and relevant staff will continue until June 2017, with funding for clinical PAs continuing until the end of March 2017. Consultation processes will be initiated in line with appropriate Human Resource processes. These changes are necessary to ensure the OAHSN partnership aligns future work programmes to national priorities and expectations (<http://www.oxfordahsn.org/wp-content/uploads/2017/02/170202-Oxford-AHSN-Board-decision-letter-2-Feb-17.pdf>)

Oxford Health NHS FT is hosting three OAHSN themes;

* Early intervention led by Prof Belinda Lennox and Dr Matthew Broome for the Thames Valley, Matt Williams (Manager)
* Anxiety and Depression led by Prof David Clark and Ineke Wolsey (Manager)
* Dementia led by Dr Rupert McShane
  + 1. **Early Intervention Theme**

In 2015, NHS England (South) commissioned Oxford Academic Health Science Network (AHSN) to establish the South Region EIP Programme. The South Region spans across the south of England covering a population of over 15 million, 50 Clinical Commissioning Groups and 16 mental health providers.



The highlights from the South EIP Annual Report 2016-2017 are:

* All 16 providers have reported achievement of the 14-day referral to treatment time standard.
* The percentage of people waiting no longer than 14 days for treatment has risen from 64% in September 2015, to 83% in September 2016
* Of the 1,722 who were reported to be smokers 65.8% were referred to Smoking Cessation services, an increase from 21% in 2015
* The proportion of individuals and families receiving Family Interventions for Psychosis has also risen from 17% in 2015 to 24.9% in 2016
* There is an average spend of £5,203.37per person accessing EIP in the region, ranging from £2,599.89 to £8,057.63 per person with psychosis. None achieved the estimated £8,250 spend per patient required to ensure access to fully NICE concordant care.
* Eleven EIP providers out of the 16 providers have seen an increase in their annual budget for EIP whilst 3 have seen no change and 2 have reported a decrease in their EIP annual budgets.
* 12.4 % of people with first episode psychosis had received 2 or more sessions of Cognitive Behavioural Therapy for psychosis (CBTp). It is important to note that NICE guidelines for psychosis and schizophrenia recommend 16 sessions of CBTp. To reduce the ambiguity of what is meant by ‘delivery of CBT for Psychosis’ the audit asked EIP teams to state the number of people who had accessed 2 or more sessions of CBTp.
* 41.5% people with first episode psychosis in our region received a comprehensive physical health check. This falls significantly short of the 90% target, set nationally via the physical health Commissioning for Quality and Innovation (CQUIN) standard

Whilst some of the above achievements are encouraging, the general lack of extra investment in EIP continues to pose the greatest risk to delivering the EIP standards.

#### Findings specific to OHFT

* Number of people accessing EIP - There has been an overall increase in caseloads across the region from 4205 in 2015/16 to 4369 in 2016/17, a 4% change. OHFT has seen an increase in the EIP caseload over 43% during that period, with an increase in caseload from 292 to 427.
* First Episode of Psychosis (FEP) Caseload as Percentage of Predicted Prevalence (16-65 year populations) – OHFT is showing a FEP caseloads as percentage of prevalence of 54%, with the regional average being 51%
* EIP Annual budgets – The overall EIP budget has increased from £19,126,957 in 2015/16 to £22,186,963 in 2016/2017 (16% increase). OHFT has seen an increase of 32% funding from £1,364,578 to £1,795,881.
* EIP investment per patient – The regional investment per patient has risen from £4,428.68 to £5,203.37 (12% increase) over the last 2 years. OHFT has seen a decrease per patient from £4,673.21 to £4,205.81 (10% decrease) during this time.
  + 1. **Anxiety and Depression Theme**

The Anxiety and Depression Network had been awarded a further two years funding until April 2018 to continue its work in improving patient outcomes and reducing variation in psychological treatments for common mental health disorders (Improving Access to Psychological Therapies - IAPT services). However, the Oxford AHSN has decided to refocus its activity and ‘defund’ all clinical networks half way through this funding period leaving the A&D Network in a difficult position, unable to fulfill its commitments unless alternative funding can be found. Our service leads and commissioners have found the network very valuable and have expressed a wish to continue and we are currently looking for alternative funding.

#### Project 1: Enhancing recovery rates in IAPT services

The A&D network is pleased to report that enhanced recovery rates achieved to date have been maintained *and* services continue to increase their absolute numbers of patients successfully treated without increased resources. This increased efficiency is thought to be partly due to services getting even better all the time at accurate assessments and therefore right treatment first time (the network initiated ICD coding workshops facilitated by a national expert when it had become evident that there was a clear relationship between accurate and high rates of ICD coding at assessment and recovery rates). The network also provided free of charge advanced and bespoke training and development opportunities to staff on treatment of some of the anxiety disorders which are not achieving high enough recovery rates such as Agoraphobia, Panic Disorder, PTSD and Social Anxiety Disorder which has resulted in better outcomes for patients.

The network is half way through its’ first pilot for the Durability of Clinical Gains study which aims to look at long-term clinical gains as well as effective relapse prevention strategies including post-discharge support and Mindfulness courses.

The Durability of clinical gains project has seen a high level of participation from our very successful and participative Patient Forum which meets every 2 months to provide hands-on support and consultation and feedback to all our projects.

#### Dissemination of new service innovations

The A&D network pro-actively supported successful bids for new funding for Early Implementer Integrated IAPT projects across Thames Valley. These are additional, co-located services which will provide integrated treatments for patients suffering with Long Term Conditions and co-morbid anxiety and/or depression. The Network was also instrumental in securing £60,000 for a health economics evaluation of the above projects looking at use of primary and secondary care health care services before and after treatment. We are very pleased to be working on this with Professor David Stuckler, Professor of Political Economy and Sociology at the University of Oxford. At the time of writing this report it is not clear how we can deliver on our commitments for this.

#### Collecting Routine outcome Measures in CAMHs: Children and Young People (CYP) IAPT project

Work continues with all CAMHs services to continuously improve ROMs collection but the challenges in this area are greater than ever although we have seen a small percentage increase in the vast majority of services. The network has started additional activity in an effort to bring about change including work on attitudes to collecting outcome measures (staff) and relevance of some of the outcome measures used (patients). We have also evaluated the effectiveness of teaching sessions on collecting outcome measures and made changes as a result.

### Dementia Theme

The position of the AHSN Dementia Clinical Network is in transition at present because of the decision to stop funding the Dementia and other Clinical Networks from June. It is currently waiting to hear whether the CLAHRC are able to fund the manager and clinical PAs time. This will impact on the decision regarding the pursuit of MSNAP accreditation in Oxford Health. Additional funding will also be sought for Maureen Cundell two days weekly on this, or its replacement, quality improvement programme. Currently, the plan is that this will be funded internally through her clinical team, though this is not finalised.

If supported by the CLARHC is agreed then two new areas will be pursued: driving assessment and imaging.

* The Driving project has two arms. The first is exploring the introduction of a computerised cognitive testing battery which is run by a Canadian company. Ultimately, the success of this pilot will depend on how patient the company is with rather slow progress in its introduction, and on NICE’s view of the battery. The second is exploring the use of a telematics dongle to derive a signature of safety to drive in older people.
* The imaging project aims to work with the BRC to make research imaging available clinically, and to introduce software for automatic assessment of hippocampal volumes.

There is an expectation to expand the webinar programme in conjunction with HETV to support the use this platform across a broader range of subject areas.

The care home and post diagnostic support networks will continue as now, helping interest groups to develop quality improvement initiatives

The ‘young people in dementia’ workstream is completed.

## Oxford Academic Health Sciences Centre (AHSC)

The ASHC will submit a separate report to the Board regarding activity across the four partner organization in Oxford. These reports will be on a biannual basis

# National Institute of Health Research Infrastructure

## NIHR Collaboration in Leadership in Applied Health Research and Care (CLAHRC)

### Project Update

The project update spreadsheet presented to the CLAHRC Management Board on February 7 2017 has been supplied to inform the Trust Board as per the approved lines of reporting.

#### Theme 1 – Service Redesign

The following projects have been adopted to the Theme 1 portfolio:

|  |  |  |
| --- | --- | --- |
| **Project Code** | **Project Title** | **Project Lead** |
| P2-1.08 | Evaluation of integrated CAMHS model in Buckinghamshire | Mina Fazel/Apostolos Tsiachristas |
| P2-1.12 | Pilot Study of True Colours in BIRSH (Brief Interventions for Repeat Self-harm) outpatients BOLT ON AWARD | Keith Hawton |

P2-1.08 CAHMS Evaluation has now received approval and recruitment for both a quantitative and qualitative researcher post is underway. Advertising for a CLAHRC funded research assistant embedded in the RA team within Oxford Health is ongoing.

#### Theme 6

|  |  |  |
| --- | --- | --- |
| **Project Code** | **Project Title** | **Project Lead** |
| P2-6.05 | Baseline measures of cardiovascular disease risk and glycaemic control among participants in a low energy diet trial (DROPLET) BOLT ON AWARD | Nerys Astbury |
| P2-6.06 | Salt Switch APP BOLT ON AWARD | Sarah Payne Riches |
| P2-6.07 | Online Supermarket BOLT ON AWARD | Sarah Payne Riches |

#### General Update

The CLAHRC continues to generate impact in the form of academic publications, patient benefit and cost savings to the NHS.

Following a recent bolt on project funding round (up to a maximum of £10,000 to be spent within financial year 2016/17) 4 additional projects were funded (P2-1.12; P2-6.05; P2-6.06; P2-6.07).

The Department of Health are undertaking a 2 month rapid review of the infrastructure due for refunding, including the CLAHRC’s. Following this consultation period, it is expected that a decision on whether CLAHRC’s will be offered another funding competition will be announced within 3 months.

Tony Sotirou outlined at the Directors meeting that Chris Whitty will be conducting an exercise requesting that the infrastructure identify research questions that are a priority for addressing the public health issues for the next 10 – 20 years.

The CLAHRC Annual Symposium is scheduled for June 6 2017. The CLAHRC are working closely with Oxford Health to showcase innovative CLAHRC collaborative projects as well as trust successes in self-management (Recovery College). The Symposium will bring our collaborators together to review the successes of the CLAHRC and form links to feed into the CLAHRC 3 bid.

The Management Board (February 7, 2017) approved a more ambitious program of PPI work as a strong foundation of PPI has been successfully embedded in the CLAHRC. A program of PPI research will be jointly funded by the BRC and CLAHRC starting April 1, 2017 and lead by Professor Louise Locock. In addition, the CLAHRC are linking with the NIHR Infrastructure in the region to plan a series of PPI led science week style events.

The CLAHRC are planning to hold a joint Industry event in collaboration with the CRN and AHSN in September 2017 with the 1 aim of strengthening industry links across our organisations and to identify areas of potential collaboration and innovative areas of technology.

## NIHR Diagnostic Evidence Co-operative (DEC)

* There have been 15 formal company interactions in the last year, covering mental health, cardiovascular, infection and antimicrobial prescribing, wearable patient monitoring, and multiplex diagnostic platforms which have the potential to cover a range of conditions.
* A Paper on point of care (POC) diagnostic needs in primary care, UK specific, has been published in Family Practice (https://academic.oup.com/fampra/article-lookup/doi/10.1093/fampra/cmw018)
* Professor Ann Van den Bruel and Dr Philip Turner contributed content to the O’Neill Review on Antimicrobial Resistance in 2016. Professor Van den Bruel was subsequently interviewed on the topic on the BBC News
* Dr Philip Turner spoke at Public Health England’s Tuberculosis symposium at the Royal College of Surgeons in October 2016
* Innovate UK Small Business Research Initiative Phase I Award: This industry collaboration award covered the development of a point-of-care test for chronic obstructive pulmonary disease (COPD) exacerbations in primary care, with the aim to stratify patients to treatment with antibiotics or steroids. The DEC performed a health economics modelling exercise and provided clinical and methodological guidance throughout. Funded to £150K, this project completed in December 2016
* Innovate UK Small Business Research Initiative Phase II project: We have continued to support our phase I collaborator (above) to apply for Phase II funding. The second phase of funding (worth £2m total if funded) will cover the continued development and trialling of the proposed diagnostic for COPD exacerbations
* Innovate UK Innovation in Health and Life Sciences Round 1 call: The DEC and other collaborators supported 2 industry-led applications to this call, covering the prioritisation of biomarkers on a new point-of-care multiplex diagnostic, and an advanced diagnostic for fatty liver disease
* Small Business Research Initiative (SBRI Healthcare, General Practice of the Future: The DEC supported three industry collaboration applications for this call, covering diagnostics for colorectal cancer, and two different multiplex diagnostic platforms.
* NIHR i4i: The DEC together with researchers from the Oxford University Hospitals and the University of Manchester Hospitals supported an industry led application to i4i to cover the development of a diagnostic to assist in the rule-out of acute myocardial infarction.
* Projects being prepared for publication include a review of existing horizon scan reports on the level of evidence for new tests, a review on diagnostic accuracy evidence informing health economic analyses, and real world validation of POC tests in urgent care settings
* Ongoing projects include a collaboration with the OUH Clinical biochemistry laboratory to evaluate normal ranges and correlations of tests taken in the community, A systematic review of the impact of various POC tests on patient outcomes and a methods comparison study of different thermometry devices
* The next Diagnostics Forum will be from 16-17 May 2017 at Lady Margaret Hall with the theme 'Diagnostics in Times of Change'
* The Diagnostic Evidence Workshop was held at Worcester College in September 2016, with another scheduled for autumn this year (we were able to provide a number of MRC-funded places to SMEs at the last workshop)
* The UK’s first national AMR diagnostic workshop was organised by the DEC in January in Oxford in collaboration with Leeds DEC and the Knowledge Transfer Network
* The DEC has been funded through the MRC Pathway to Discovery fund to run a series of 6 health technology for tomorrow seminars, covering e-health, wearable technologies and imaging devices for use in acute community settings. Companies developing exciting technologies are invited to present at the seminars, which are followed by panel discussions and networking sessions

## MedTech and In Vitro Diagnostic Co-operatives (MIC)

The newly established NIHR MIC aim to provide research infrastructure funding of £14m over five years for leading NHS Organisations to act as centres of expertise:

* To develop new concepts, demonstrate proof of principle and devise research protocols for new medical devices, healthcare technologies or technology-dependent interventions that are applicable across the NHS. This will address clinical areas or themes of high morbidity and unmet need for NHS patients and healthcare technology users, which have not benefited from a high degree of innovation;

and/or

* To catalyse the generation of evidence on commercially-supplied IVDs that is required by the NHS and by industry. This will be developed through follow-on research funded from other sources and includes evidence that demonstrates the benefit to patients and the healthcare service. The focus here will be on clinical areas or themes where evidence of the clinical validity, clinical utility, cost-effectiveness and care pathway benefits of IVDs has the potential to lead to improvements in healthcare services and the quality of life of NHS patients.

NIHR MICs will replace the current NIHR Healthcare Technology Co-operatives and NIHR Diagnostic Evidence Co-operatives but will incorporate and retain the remits of both.

Oxford Health NHS FT, in partnership with the Oxford AHSN, Oxfordshire CCG and Oxford University Innovation applied for a MIC in Community Healthcare in the recent funding round. A decision regarding successful applications is currently pending, with funding due to start in January 2018.

## NIHR Oxford cognitive health Clinical Research Facility (CRF)

The CRF is a single managed entity hosted by OUH in partnership with OHNHS Foundation Trust. The CRF provides a flexible and integrated neuroscience resource that facilitates the efficient and timely conduct of experimental neuroscience including high intensity early phase experimental medicine research and early phase clinical trials.

The main research areas include; Adult Mental Health Disorders, Dementia, Precision Psychological Treatments and Neurological Conditions.

### Outputs

Data submitted for the annual return on activity between 1st April 2015 and 31st march 2016 shows that 44 studies were undertaken, with 2902 subjects recruited to those studies during the time frame. In addition the CRF has produced 37 publications in peer reviewed journals.

The CRF provides specialist clinical research study and trial support for many activities for a range of studies, including both commercial and non-commercial sponsors studies, with a focus on experimental medicine.

#### Key examples of the research undertaken

* A randomised, double-blind, placebo-controlled, single-dose, study of the effects of SEP 363856 and Amisulpride on bold fMRI signal in healthy male and female volunteers with high or low schizotype characteristics. This study was a collaboration between UO and p1Vital (SME) funded commercially (Sunovion). This was the first phase 1 study incorporating markers of efficacy with a novel candidate treatment (SEP 363856) for positive and negative symptoms in schizophrenia. Preclinical data suggested key effects of this compound on neurochemical and behavioural markers for schizophrenia, but its effects on humans were unknown.
* Exploration of the short-term physical and psychological effects of lithium in mood instability. (OXLITH) The Oxford Lithium Trial is a double-blind, randomised, placebo-controlled study of 6-week lithium treatment in participants with bipolar disorder and mood instability, designed to develop a valid experimental medicine model for bipolar disorder. The aim is to identify early clinical, neurocognitive and biological effects that may predict treatment response and inform drug development. The capacity to deliver this trial is an example of the CRF being central to the integration of both translational neuroscience and the clinical service, e.g. specialist scanning expertise and facilities are on site as is the Bipolar Disorder Research Clinic. OXLITH’s aim is to improve the understanding of underlying mechanisms in bipolar disorder and inform badly needed new drug treatments for mood stabilisation.
* Stem cells for Biological Assays of Novel drugs and predictive toxicology, ([www.stembancc.org](http://www.stembancc.org) ). This is a high profile EU Innovative Medicines Initiative (IMI), biorepository cohort study. The aim of the project is to generate and characterize 1,500 human induced pluripotent stem (iPS) cell lines to improve the drug development process in neuropsychiatry and other disorders. StemBANCC partners include pharmaceutical companies (e.g. Roche, Merck, Eli Lilly, Pfizer, Astra Zeneca), research institutions and small and medium enterprises. The CRF has recruited and screened the Bipolar Cohort to target and are completing the follow up phase of the study.
* Collaborative Oxford Network for Bipolar Research to Improve Outcomes (CONBRIO). The cognitive neuroscience of mood instability. COMET ('Cognition and Mood Evolution across Time') aims to explore mood instability and cognitive function in individuals who show symptoms of mood disorder, and compares this to individuals without mood instability thereby identifying novel phenotypes. Mood instability and cognitive function is assessed using daily app-based tasks presented on an iPad, as well as MRI and MEG neuroimaging. “Wearable" technologies are used to capture activity patterns and physical state to better understand the underlying neurobiology and physiology of mood instability as well as identify potential treatment targets.
* A clinical biomarker study of immunological phenotypes associated with monoaminergic anti-depressant response, and the brain and cognitive phenotypes associated with variation in peripheral C-reactive protein (CRP) levels, in patients with major depressive disorder (MDD). This study (BIOdep) is designed to identify peripheral and central markers of neuroinflammation in depression and is a ‘Wellcome Trust Consortium for Neuroimmunology of Mood Disorders and Alzheimer’s Disease’ study a public-private partnership with collaborations between 7 academic and 4 industry partners (Janssen, Lundbeck, GSK, Pfizer) looking at the effect of inflammation on Alzheimer’s disease and treatment-resistant depression.
* Investigating the physiological effects of tACS using TMS (transcranial magnetic stimulation). This study investigates the physiological underpinnings of oscillatory activity in the brain, using TMS to probe excitatory and inhibitory activity, before, during and after driving oscillations at specific frequencies using transcranial alternating current stimulation (tACS). The work will not only allow us to understand more about the pathophysiological processes underlying abnormalities in a range of clinical conditions, the first step in developing treatment strategies, but will allow us also to explore the potential of driving oscillatory activity using tACS as a putative therapeutic intervention.
* Improving patient assessment after stroke: The Cambridge and Oxford Automated Screening Test (COAST). COAST a collaboration with an SME OUNCE technology, aims to develop an automated screening test on a tablet platform, integrating the Oxford Cognitive Screen and the Cambridge cognitive battery BRIDGE.
* Industry funded high intensity trials over the past year have been primarily in dementia research. They included A randomised, placebo-controlled, parallel-group, double-blind, efficacy and safety trial of MK-8931 in subjects with mild to moderate Alzheimer's disease. (EPOCH). MK-8931 is a BACE-1 inhibitor which aims to slow the progression of Alzheimer's Disease by reducing cerebral amyloid production, and therefore the formation of amyloid plaques, which are a key pathological marker of AD.
* Psychological Studies - The psychological treatment research conducted on OxCADAT benefits from a close collaborative relationship with the AHSN Depression and Anxiety Network. This network oversees all of the Improving Access to Psychological Therapies services in the Thames Valley area (12 Clinical Commissioning Groups and treatment of over 30,000 patients per year). This ensures that the treatment developments that arise from OxCADAT’s research are rapidly disseminated in the local NHS with the outcomes that they achieve being closely monitored

### Occupancy

The occupancy metrics reported in the 2015/16 NIHR annual return reflected a weighted average across the three sites which make up the Oxford Cognitive Health Clinical Research Facility. Data for the Warneford site is collected electronically with data for the non-Warneford sites collected annually via a manual process.

The 2015/16 occupancy of 62% reflected a 3% increase on the 59% reported for FY15.

The Warneford site is the largest element of the facility and its occupancy during the period was 44% compared to 36% for the previous year.

### Renewal of CRF funding

The CRF was awarded renewal of NIHR funding (3.7M over 5 yrs) commencing April 2017. The funding is hosted by OUH.

The CRF sites had originally included the Warneford, Experimental Psychology and a research centre at the John Radcliffe. Following the OH BRC award the CRF has realigned resources to be fully consistent with the scope and priorities of the funding stream. A key objective is to maximize alignment with BRC themes.

As such CRF support will be removed from Experimental Psychology, and will be extended into the acute (physical) hospital setting by an extension of the Acute Vascular Imaging Centre (AVIC) which now includes dedicated beds in addition to the acute imaging facilities and hyperacute capacity.

### Strategy and research Objectives

The strategy and objectives remain largely unchanged. The primary objective is to deliver new therapies tailored to the needs of individual patients by breaking down disciplinary boundaries, taking advantage of scientific, technical and infrastructural capabilities that cut across disorders.

#### Short-term objectives

To build further the capability in translational neuroscience, to support phase Ib-III trials of pharmacological and psychological interventions and, working in partnership, to create a seamless cross AHSC ecosystem for clinical research in Oxford. A specific, overarching objective is to ensure that the CRF is closely aligned with the plans for the £250 million UK Dementia Research Institute. There is to be an expansion of capabilities at the John Radcliffe Hospital, to support more medically intensive experimental medicine studies in neuroscience. This development will also allow expansion of the clinical focus to include neurological conditions including multiple sclerosis, epilepsy, stroke and Parkinson’s Disease. In addition there is increased working closely with industry with plans to develop more strategic relationships in the drug discovery for mental health.

#### Medium-term objectives:

To realise plans for purpose built integrated and coordinated neuroscience research and clinical facilities across Oxford. Work has been initiated for a joint University-NHS Masterplan to develop the Warneford as a Brain Health Centre for translational neuroscience. The Masterplan is driving the joint development, the first stage of which is the £4.5 million upgrade of the Oxford Centre for Human Brain Activity (opened April 2016). At the John Radcliffe Hospital, a key objective is to support medically intensive, including hyperacute, studies needing collocated intensive care facilities

#### Long-term objective

To deliver an efficient translational pipeline, fueled by Oxford’s unrivalled scientific infrastructure and expertise, deploying the very best science to deliver new therapies for patients mental, cognitive and neurological disorders.

#### Implications of revised CRF from April 2017

* Staff and Management. Discussions are underway with key colleagues at the Warnefored, AVIC, OHFT, OUH to ensure staff resources and management are developed collaboratively and efficiently.
* Recruitment numbers. The realignment of resources mean that there will be a key focus on high intensity experimental medicine studies which by their nature is likely to mean lower overall annual recruitment numbers. It is important when considering numbers recruited that the ‘intensity’ (ie staff/infrastructure resources) is considered at the same time.

## NIHR Biomedical Research Centre (BRC)

Oxford Health NHS FT (OHFT) in partnership with the University of Oxford (UO) submitted a full BRC application in June 2016. In September 2016 the partners were notified that the application was successful for the establishment of the only completely new BRC awarded in the 2016 round and are to receive £12.8 million over the next five years. This is particularly important in the area of mental health and dementia as OH BRC is only the second BRC (South London and Maudsley NHS FT (SLaM)) in this area of medicine, although other comprehensive BRCs (Cambridge University Hospitals NHS Foundation Trust, University College London Hospitals NHS Foundation Trust, University Hospitals Bristol NHS Foundation Trust) to receive funding for specific mental health and dementia themes.

The hub of the new centre will be based at OHFT Warneford Hospital site. The site also houses the University of Oxford’s Department of Psychiatry and its associated research centres and facilities.

The strategy is to bring the best science to the complex problems facing research into mental disorders and dementia with the aim to use digital and other new technologies to produce scalable solutions with global application and transform our discovery science into new treatments and diagnostic tools, delivering precision care that is strongly informed by patient involvement, ethical and economic consideration.

### Overarching short – term objectives

* Establish the OH BRC with effective management structure and cross-theme collaboration, ensuring that infrastructure is developed to facilitate conduct of externally funded research.
* Deliver a fully developed Patient & Public Involvement strategy
* Establish an effective clinical interface for the BRC between basic research and clinical care

### Long Term Objectives

* Deliver high level of leveraged funding and value for money from NIHR investment
* Provide demonstrable and effective translation of basic science into benefits for patients
* Realise our vision of a Brain Health Centre on the Warneford site
* Transform research in psychiatry by incorporating the full potential of biomedical concepts and advances

### BRC Themes

* ***Adult Mental Health: Innovation in Diagnosis and Treatment (Theme Lead: Professor Paul Harrison)*** - The aim of the theme is to transform the technical and conceptual approaches to adult psychiatric disorders, innovating and implementing new diagnostic and therapeutic advances to provide more effective, and more cost-effective care.
* ***Older adults and dementia (Theme Lead: Professor Clare Mackay***) - The aim of this theme is to preserve cognitive health in later life. The BRC experimental medicine infrastructure will work synergistically with £150 million external funded molecule-to-man platforms and scientific programmes, and its extensive external collaborations to identify and test interventions that will delay onset and slow progression of age related cognitive decline.
* ***Precision Psychological Treatments (Theme Lead: Professor Anke Ehlers)*** - The aim of this theme is to capitalise on the digital revolution to develop and further refine classleading psychological treatments and to develop delivery systems that vastly increase their scope for ameliorating mental health problems.

### BRC Cross Cutting Themes

* ***Informatics/digital health (Theme Lead: Professor Simon Lovestone)*** - The aim of this cross-cutting theme is to add strength and depth to Research Themes by building on existing platforms developed at Oxford, and through working with the Research and national collaborations, develop an integrated approach to using multiple data streams for translational research and experimental medicine in mental health and dementia.
* ***Neuroimaging and Cognitive Neuroscience (Theme Lead: Professor Kia Nobre) -*** The development of sensitive biomarkers is essential for patient stratification and treatment evaluation for clinical trials. The Cognitive and Imaging Biomarkers theme will establish a comprehensive ‘Brain Health Assessment’, comprised of a menu of well validated, targeted, and sensitive cognitive and imaging assessments, designed in partnership with clinicians and patients, for application in experimental medicine.
* ***Clinical research infrastructure and experimental medicine (Theme Lead: Professor Catherine Harmer)***- This theme will transform the methodology and structure for informed decision making about novel treatment development and RCT design. This enables early identification and testing of new treatments for mental and cognitive disorders. It also provides a vehicle for precision treatment based on validated markers of individual therapeutic response.
* **Patient and Public Involvement and Ethics (Lead: Professor Ilina Singh)** -This theme will develop an ethical framework for PPI in mental health, to ensure that PPI has explicit and sturdy ethical foundations and to provide guidance to researchers, funders, industry and policy-makers on the moral challenges of PPI, and how to resolve them. it will enable PPI to become a substantive element of good research.
* ***Education and Training (Lead: Professor Elizabeth Tunbridge)-*** This theme will work closely with other mental health and dementia themes funded in the 2016 to increase opportunities and build upon the Oxford Health (OH)/Oxford University (OU) partnership’s world-class biomedical and clinical training to equip staff and trainees with the unique skills required for successful translational mental health research.

### BRC Preparations

Preparations for the start of the BRC in April 2017 have seen a hive of activity:

* **BRC Theme leaders meetings** have been established. The group meets on a monthly basis to discuss and optimize budgets and synergies across the themes in order to maximize outputs.
* **BRC Steering Committee** has been established. Thecommittee will be responsible for the operational, strategic and scientific direction of the NIHR Oxford Health BRC. Terms of Reference appended to this document
* **Theme Budgets.** The Head of R&D Finance has worked with the theme leads to set budgets over first and second years of the funding award
* **Funding of posts:** It has been agreed that the funding of new posts will be on a fixed term contract for three years with a potential of extension following a mid-term review. Where possible new posts will be NHS employed.
* **Year 1 Funding:** The funding for year one is 50% of that of the remaining four years. This year one funding is primarily to support existing posts that enabled the BRC bid. Discussion are ongoing and plans are forming for the funding of posts from year 2 onwards
* **Governance Structures** have been established. The newly established Research Management Group (RMG) will receive quarterly reports from the BRC and provide an opportunity for additional strategic collaborations across NIHR infrastructure in Oxford. (see section 8)
* **Contracting.** The NIHR have recently released the BRC Contract for review. A co-ordinated response from across both Oxford BRCs is underway.
* **Reporting and Metrics.** Work is to start on the mechanisms for data collection for the NIHR quarterly and annual returns. Discussion taking place with OUH to establish a potential mechanism using existing data capture tools.
* **Collaborations with other BRCs.** Contact has been made with other BRCs to look at synergies and ways of collaborating across the NIHR infrastructure.
* **Launch Event.** A launch event is scheduled for 31st of March to officially open the OH BRC.
* **Signs.** New signs are being approved and ordered for display around the Warneford site to direct people to the appropriate locations.
* **BRC Website.** A new BRC website is currently under construction

## NIHR Clinical Research Network (CRN)

OHFT remains the top recruiting NHS trust to the mental health portfolio, and CRN: TV&SM being the top network for recruitment to the mental health portfolio. There are a wide range of studies (trials and observational research) available for a range of service users (bipolar, schizophrenia, MDD, sleep disorders, psychosis). The Research Implementation Manager who led the successful team of research assistants embedded within clinical teams resigned in December 2016. The post has since been filled by an internal candidate progressing their career.

The Oxfordshire out of hours services are now running an antibiotic study, and another study is in set up in the service. This is a wonderful opportunity to expand the research portfolio to non-mental health and dementia.

Recruitment to dementia studies is strong, and the CRN has already exceeded its recruitment target, with OHFT contributing 455 of the target of 1300. Six of the studies currently recruiting are commercial trials. All these trials have met 70 day target and have or are expected to meet/exceed recruitment targets. Notably the Merck APECS trial randomized 11 participants (target 6), and was the highest recruiting NHS site in the UK.

Further work needs to be completed if OHFT are to be included in the single costings for commercial studies as current proposals would incur a cost to the Trust and there are no funding to subsidise commercially funded studies.

Due to increased experimental studies running in the Clinical Research Facility, the CRN is working with the Trust on a business case to conduct later phase trials outside of the CRF. The Whiteleaf Centre as well as either Warneford or Littlemore sites are being investigated.

## Summary of Funding Timeframes

|  |  |  |
| --- | --- | --- |
| **Infrastructure/Award** | **Current funding timeframe** | **Renewal/relicensing timeframes** |
| AHSN | 2013 to 2018 | March 2018, although funding may now cease in July 2017 with limited renewal |
| AHSC | 2014 to 2019 | 2019 |
| CLAHRC | Jan 2013 to Dec 2018 | To be confirmed. Potential call for renewal in late 2017 for funding to commence in January 2019 |
| DEC | Extended until Dec 2017 | Replaced by MIC |
| MIC | NA | Jan 218 to Dec 2022 |
| CRF | Sept 2012 to March 2017 | Successful application for funding from April 2017 to March 2022 |
| BRC | NA | Successful application for funding from April 2017 to March 2022 |
| CRN | April 2014 to March 2019 | To be confirmed |

# Research Set Up, Management and Governance

## Contract Review Processes

An agreement between OHFT and OUHFT to undertake the review of non-standard or modified contracts from a legal perspective to ensure the Trust obligations are appropriate is ongoing and working effectively.

## Expressions of Interest

The Trust regularly receives queries from commercial sponsors and researchers to determine OHFT interest or potential capacity within a clinical service to deliver a research project. Once completed the sponsor will determine whether they want to pursue the setting up of the study within the Trust and will conduct a site visit to review facilities etc. Once the sponsor has satisfied their requirements it may lead to the set up and conduct of the study within the Trust.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1st April 2015 to 31st March 2016** | **1st April 2016 to date** | **April 2016 to end of Feb 2017** |
| Number of Expressions of interest | 101 | 44 | 73 |
| Number of Expressions of interest that led to study set up | 67 | 6 | 25 |

## Research Pipeline

Routine pipeline meetings assess capacity and capability of clinical trial research taking place within the Trust. This requires specific directorate and finance authorization for most studies. If the study is a clinical trial involving drugs feasibility will also be assessed by the CRF Clinical Lead, Division 4 Research Delivery Manager and the NIHR Mental Health Lead, TV&SMCRN.

## Health Research Authority (HRA)

The new HRA process has not been without its issues and has taken some time to bed in and for Trusts to fully understand the implications and to develop new systems to accommodate this new process. The HRA has been inundated with requests for approvals and has acknowledged a large backlog of studies that are now being cleared and processing times are now coming down. However unlike the Research Ethics Committees, the HRA are not restricted by timelines so the ability of researchers to predict the timeframe for HRA approval to be completed is somewhat limited.

In terms of the R&D office processes it is expected that Sponsors to provide a completed Statement of Activity (SoA) form at the earliest opportunity to the R&D office.

The R&D office will ensure that an appropriate feasibility assessment is completed, ahead of HRA approval being issued. Once HRA approval is in place the R&D office will issue a letter confirming capacity and capability. In addition the Trust will provide the sponsor with a pdf copy of the agreed SoA form, which will form an agreement between the Trust and the sponsor for the research project ahead of the research commencing. The SoA form should be the same version as that listed in the HRA approval letter via the Pipeline Meetings attended by the Head of R&D Finance, the Research Support Manager, CRF manager/s and the Research Delivery Manager (CRN: TVSM)

If the sponsor requires a more formal contract to be in place then the sponsor should forward a copy of the agreement to the R&D office at the earliest opportunity. The Trust will expect sponsors to use the standard commercial and non-commercial model agreements to be used where appropriate. A full costing template will need to be completed and provided at the same time to enable the contract and costing review to commence ahead of HRA approval. Once the contract is fully executed the Trust will issue a formal letter confirming capacity and capability ahead of the research commencing.

The R&D office will work with researchers and sponsors to ensure a swift process of confirming the Trust’s capacity and capability to deliver the study to time and target. The team require that authorisation has been obtained from the appropriate Service Director, responsible for the Directorate where the research activity will take place before Trust Management Approval is provided to the research team.

## Study Data Capture

The R&D office received an updated version of the Research Portfolio Management System (RPMS) in January 2017. The RPMS runs on the OXNET server, a secure NHS server system. The updated database has some new and enhanced functions and will be used to its full potential to provide reports and data on research activity, including recruitment, to ensure a more robust and accurate understanding of research activity taking place within the Trust. The R&D office are being supported by the system developer to ensure a speedy understanding and usage of the new system.

## Monitoring and Auditing of Research Projects

Auditing visits for a number of studies hosted by the Trust have been arranged and will shortly take place for some of the Trust hosted research projects.

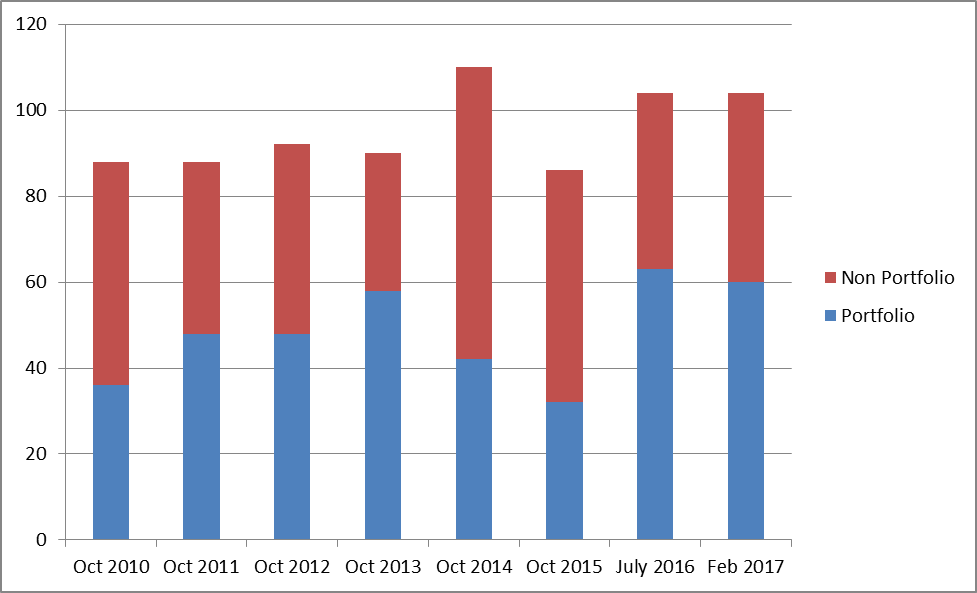
## Safety Reporting

The safety group has been assessing serious adverse events (SAE) reports for trends and potential areas of concern. A report was presented of all SAEs logged for review by the SC to the newly created Research Management Group meeting in January 2017. The Trust’s Ulysses system also provides details on serious adverse events involving Trust patients and is an additional system for maintaining patient safety oversight.

# Studies and Participant Recruitment

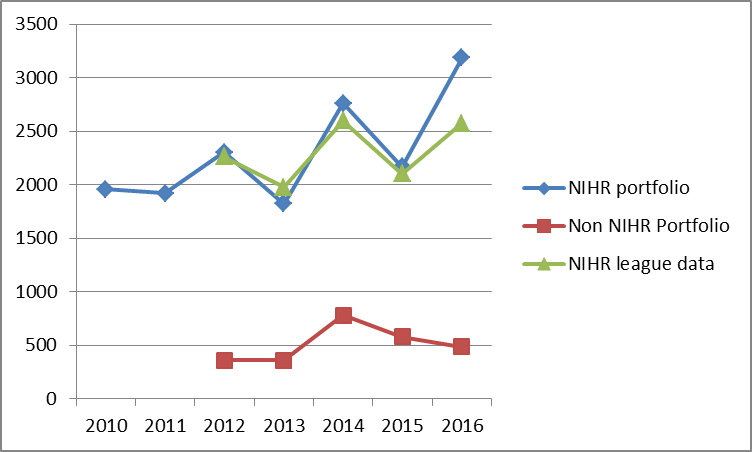
## Studies

The number of research studies ongoing within the Trust at the end of Jan 2017 was 104, 60 of which are adopted onto the NIHR portfolio. The graph below shows the increase in the number of portfolio studies over the last six years.



## Participant Recruitment

The figure below shows the number of participants recruited to research studies over the past six years. The NIHR publishes league tables on an annual basis and these appear different to the figures collected internally due to reporting differences and potential lag time. Currently the number of participants recruited to NIHR portfolio studies to date for 2016/2017 is estimated to be 1639 into NIHR portfolio studies and 342 participants into non portfolio studies. The data was migrated between two systems during the years, although data has not been lost work is ongoing to ensure accurate capture of recruitment figures.



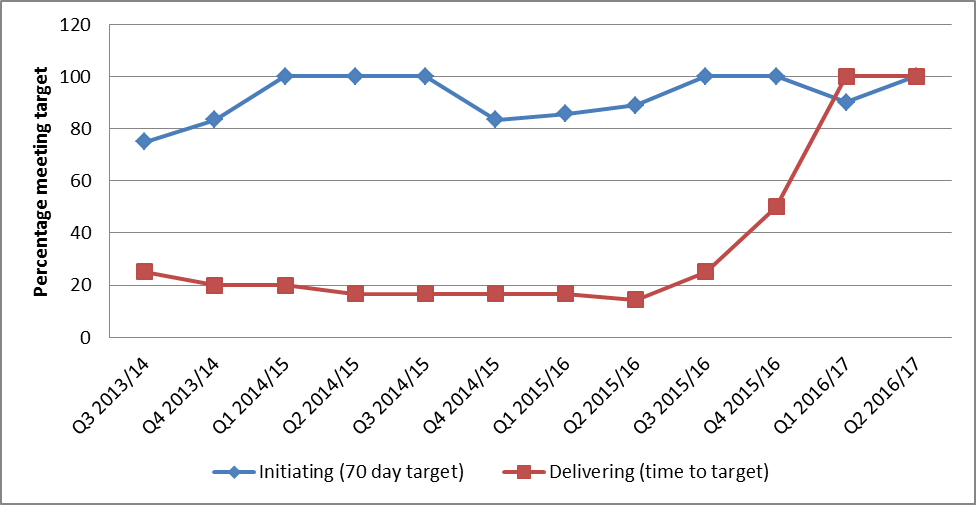
## NIHR Metrics and Targets

NHS organisations are expected to provide the NIHR with quarterly Performance Initiation and Delivery (PID) reports, detailing the number of studies that recruit the first participant into a clinical trial within 70 days of the organisation receiving a valid research application and the number of commercially sponsored and funded studies recruiting the expected number of participants (time to target).

Of the eight clinical trials submitted to the NIHR for initiating research, five were included in the analysis and all five met the target of recruiting the first participant within 70 days.

Two trials were included in the analysis for the time to target metrics of commercially sponsored and funded studies, of which both had met the target recruitment upon study closure.

There is an expectation that these metrics will continue under the new HRA system, although data on ‘receipt of a full research document set’ is more difficult to capture due to this new process.



# Pharmacy

There are currently 17 Clinical trials of Investigational Medicinal Products (CTIMPs) open for recruitment, with another three in contract negotiotions. Most of the medicines for these studies are stored at CPSU in Kennington, where they are managed by the pharmacy clinical trials team.

There is one CTIMP recruiting patients from Abingdon Out of Hours (OOH) service and in that case the clinical trials medicines are stored in the OOH site. The lead research pharmacist was involved in setting up this trial on this site. Further clinical trials are being considered for this site.

There are plans in place to develop the ECT suite at the Whiteleaf as a site for hosting clinical trials of medicines. Currently the plan is for these clinical trial medicines to be stored and dispensed from CPSU, Kennington. In time there may be scope to develop a temperature controlled storage area at the Whiteleaf centre, where clinical trial medicines could be kept.

# Case Records Interactive Search (CRIS)

CRIS Oversight Group meetings are attended monthly to discuss submitted applications and monitor the audit of CRIS searches. The group is chaired by the Medical Director and Caldicott Guardian and is attended by the CRIS Coordinator, Director of IT, Head of Information Governance, Head of R&D, two Carer/patient representatives, representatives from the trust Clinical Directorates, Trust Audit Team and University.

To date 10 applications have been approved by the Oversight Group, 8 of which are research questions, one service evaluation and one clinical audit question. CRIS users currently have access to a static data set from five years of Rio electronic health records and testing has now started on UK CRIS which will move to a live data set via CareNote and it will also offer opportunities for federated searches with the participating UK CRIS Trusts. The planned live date for UK CRIS is now 31st March 2017.

The service evaluation search is now complete and a report has been submitted to the Trust’s Drugs & Therapeutics Group. It will be used along with other supporting information relating to lisedaxamfetamine (evidence, licence etc) to make a request to Area prescribing committees in Oxfordshire and Buckinghamshire to include the drug in our shared care guidelines for ADHD.

The CRIS coordinator (Tanya Smith) is currently working closely with researchers, Trust clinicians and the clinical audit team to further promote CRIS. She ran two workshops at the Annual Medical Staffing Conference on 5th October 2016 at Sudbury House Hotel in Faringdon which provided an overview of CRIS to encourage further applications. She has received further interest after this conference.

There are now have a number of natural language processing (NLP) collaborations set up and further collaborations are also still in progress. These will provide the CRIS users with an automatic text reading facility for extracting relevant data from the free text fields within CRIS. Agreements have been set up via the research passport system for our collaborators at Manchester University and research passports are in progress for researcher at Wolverhampton University. All authorised researchers are provided with a virtual desktop, created by the Trust IT department, which restricts both access to the data and prevents the data from being removed from the Trust firewalls.

Consent for Contact is still in progress. CareNotes has now been updated to allow this information can be captured, in accordance with the CRIS ethics application. Once UK CRIS goes live the clinical teams will be contacted regarding this process.

# Trust Governance and Reporting Mechanisms

With the coming on line of the BRC funding it seems like the ideal opportunity to bring together stakeholders from research interested parties on a regular basis. Therefore a Research Management Group (RMG). The RMG is constituted as a stakeholder committee of those involved in research across the geographical coverage of Oxford Health NHS FT.

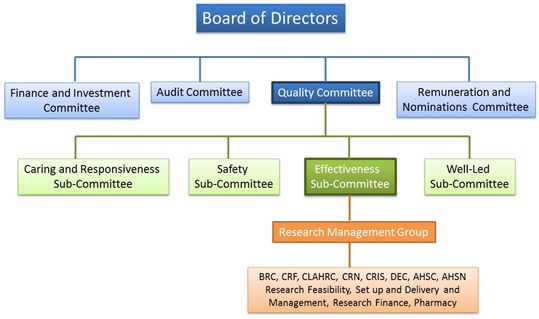
* OHFT R&D
* OHFT Clinical Directorates
* OHFT Biomedical Research Centre (BRC)
* Clinical Research Facility (CRF)
* Collaboration for Leadership in Applied Health Research and Care (CLAHRC)
* Diagnostics Evidence Cooperative (DEC)
* Thames Valley and South Midlands Clinical Research Network (CRN)
* Oxford University
* Oxford University Hospitals
* Oxford Academic Health Science Network (AHSN)
* Oxford Academic Health Science Centre (AHSC)

## Responsibilities of the RMG:

* Responsible for the strategic and scientific direction of the research undertaken with or in partnership with OHFT.
* Accountable for the assurances made to the Trust to ensure fulfilment of its responsibilities as a host organisation
* Oversee and monitor the financial position of research where there is involvement of the Trust and receive reports from the Head of R&D Finance which will highlight major areas of expenditure, anticipated changes or impacts on budgets and related funding.
* Receive quarterly reports from the following groups detailing metrics pertaining to activity, staffing, financial summary, areas of compliance/good practice, areas of unsatisfactory compliance/areas of risk, future issues or concerns and recommendations/discussion.
  + OHFT Biomedical Research Centre
  + Clinical Research Facility
  + Collaboration for Leadership in Applied Health Research and Care
  + Diagnostics Evidence Cooperative
  + Thames Valley and South Midlands Clinical Research Network
  + Case Records Interactive Search
  + Research Feasibility, Set-Up, Delivery and Management (including quality assurance)
  + Research Pharmacy
  + Research Finance

## Reporting and Governance

The RMG is a high level committee established to drive the collaborative research strategy across the Trust. The RMG will provide information and assurances to the Trust on the various research activities undertaken in conjunction with OHFT, including OHFT BRC, CRF, CLAHRC, DEC, TV&SM CRN, Case Records Interactive Search (CRIS), Research Feasibility, Set-Up, Delivery and Management (including quality assurance), Pharmacy and Research Finance, with a summary RMG report being submitted to the Quality Sub Committee: Effectiveness on a quarterly basis.



# Finance

The Trust receives research funding from various commercial and non-commercial organisations. These funding streams are outlined in the table below along with the FY17 budgeted values.

|  |  |
| --- | --- |
| **Type** | **FY17** |
| **National Institute for Health Research (NIHR)** |  |
| Study income | 856 |
| Clinical Research Facility via OUH | 717 |
| CLAHRC | 2,000 |
| RCF | 1,045 |
| NIHR Final Payments | 173 |
| **Total** | **4,791** |
| **Other Funding** |  |
| TVCLRN \ CRN Core Funding | 860 |
| TVCLRN \ CRN Network Funding | 381 |
| Non-NIHR CRF Income | 74 |
| Other grants (as lead) | 191 |
| Sub-contracted grants | 226 |
| Dendron related | 117 |
| **Total** | **6,640** |

The NIHR, Department of Health and CRN require the completion of detailed quarterly and annual returns to ensure all funding is used appropriately and within the year awarded. Any unused funding would need to be returned to the relevant funding organisation.

## FY17 Performance

At the end of period 10 the R&D performance was broadly in line with budget and it is expected to meet its budgeted £72k contribution to overheads target this financial year.

## Research Capability Funding (RCF)

Research active NHS organisations receive RCF to enable them to meet some, or all, of the research-related component of the salary of their researchers and research support staff working on clinical and applied health research, where that component is not already provided by another funding source.

The annual RCF allocation combines a percentage of the NIHR funding received in the previous calendar year with an allowance for each Senior Investigator associated with Trust.

#### FY17 RCF Allocation

The FY17 RCF allocation is £1.045m which is a reduction of £0.365m on FY16 as detailed below:

|  |  |  |
| --- | --- | --- |
| Reduced study related RCF | (£366k) | Less study income (£359k), reduced NIHR rate (£7k) |
| Increased Infrastructure related RCF | £151k | More infrastructure income £178k, reduced NIHR rate (£27k) |
| Reduced Senior Investigator RCF | (£150k) | Net reduction of two investigators at £75k each |
| Total | (£365k) |  |

The Trust splits its RCF income between that earned by the Trust and Department of Psychiatry and that from the Department of Primary Care, the breakdown and year on year movements are shown in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| FY17 | Department of Psychiatry \ Trust (including CLAHRC) | Department of Primary Care | Total |
| Senior Investigators (SI) | Keith Hawton, Guy Goodwin, John Geddes, Mike Sharpe | Sue Ziebland, David Mant, Trisha Greenhalgh, Andrew Farmer |  |
| SI related RCF (£75k) | £0.300m | £0.300m | £0.600m |
| Study funding | £0.284m | - |  |
| Study related RCF | £0.095m | - | £0.095m |
| Infrastructure funding - CLAHRC  DEC | £2.0m | £0.271m |  |
| Infrastructure related RCF | £0.308m | £0.042m | £0.350m |
| Strategic contribution | £0.037m | (£0.037m) | - |
| Total | £0.740m | £0.305m | £1,045m |
| FY16 | £1,115m | £0.295m | £1,410m |
| *Increase \ (Decrease) on FY16* | *(£0.375m)* | *£0.010m* | *(£0.365m)* |

## Clinical Research Facility (CRF)

The existing NIHR CRF award which comes to an end in March 2017 encompasses activities taking place at the Department of Experimental Psychology (OxCADAT and OxCNC) and the Charles Wolfson Clinical Neuroscience Facility at the John Radcliffe Hospital as well as those on the Warneford site. The Warneford site CRF operates as one unit containing eight clinical rooms, pharmacy area, meeting room and associated office space although it is funded from a combination of NIHR and non-NIHR sources as detail below.

|  |  |
| --- | --- |
|  | FY17 Budget |
| Expenditure | (901) |
| Funding |  |
| NIHR Funding (funding in place until Mar 2017) | 717 |
| CRN: TV SM annual funding | 98 |
| Research Capability Funding (RCF) and other study income | 86 |

At the end of period 10 the CRF performance is broadly in line with budget and it is forecast to be in a similar position at year end.

## Clinical Research Network: Thames Valley and South Midlands (CRN)

The budgeted FY17 funding from the CRN of £860k for core staff and £381k for hosted network staff is shown in the table below along with the forecast year end position.

|  |  |  |  |
| --- | --- | --- | --- |
| **Division** | **Specialty** | **FY17 Budget(£k)** | **Forecast(£k)** |
| **Core Allocation** |  |  |  |
| Division 4 | Mental Health | 438 | 466 |
|  | Dendron and Neurological disorders (Dendron) | 137 | 123 |
|  | Division-wide (Division 4) | 196 | 191 |
| Cross-Divisional |  | 62 | 75 |
|  | Contingency & Other | 27 | 5 |
| **Total** |  | **860** | **860** |
| **Network staff** |  |  |  |
| Division 4 | Mental Health | 12 | 12 |
|  | Dendron and Neurological disorders (Dendron) | 47 | 41 |
|  | Division-wide (Division 4) | 3 | 3 |
| Division 5 | Primary Care and Ageing | 261 | 245 |
|  | Neurological Disorders (Memory Clinics) | 7 | 31 |
| Cross-Divisional |  | 51 | 48 |
| **Total** |  | **381** | **380** |

## Collaboration in Leadership in Applied Health Research and Care (CLAHRC)

The CLAHRC award commenced in January 2014 will run until December 2018 and is led by Professor Richard Hobbs from the University of Oxford, Department of Primary Care.

### CLAHRC Budgets

The CLAHRC theme budgets have been allocated in two phases. Phase 1 in 2014 for the first 2 ¼ years and phase 2 in 2015 following a mid-term review for the remaining 2 ¾ years. The budgets are listed below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Phase 1 Budgets** | **Theme Lead** | **FY14**  **(3 mths)** | **FY15** | **FY16** |
| Better Management of Psychiatric comorbidities | Mike Sharpe | 14 | 161 | 370 |
| Health Behavior and Behavioral Interventions | Sarah Lamb | 38 | 168 | 336 |
| Early Intervention and Service Innovation | John Geddes | 16 | 144 | 318 |
| Patient Self-Management (Chronic Disease) | Richard McManus | 46 | 226 | 380 |
| Patient experience and PROMS | Ray Fitzpatrick | 55 | 187 | 346 |
| Central and Support Costs | Richard Hobbs | 81 | 364 | 250 |
| **Total** |  | **250** | **1,250** | **2,000** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Phase 2 Budgets** | **Theme Lead** | **FY17** | **FY18** | **FY19**  **(9 months)** | **Total** |
| Service redesign | Belinda Lennox | 312 | 135 | 104 | 551 |
| Behavior change – exercise and rehab | Sarah Lamb | 267 | 248 | 160 | 677 |
| PROMS | Ray Fitzpatrick | 191 | 229 | 182 | 601 |
| Multi-morbidity | Mike Sharpe | 123 | 118 | 101 | 342 |
| Patient self-management | Richard McManus | 362 | 356 | 175 | 893 |
| Behavior change – weight and obesity | Susan Jepp | 268 | 217 | 155 | 641 |
| Central and Support Costs | Richard Hobbs | 477 | 697 | 623 | 1,795 |
| Total |  | **2,000** | **2,000** | **1,500** | **5,500** |

### Performance

The actual expenditure is forecast to be in line with budget at year end.

### Matched Funding

A fundamental requirement of the CLAHRC is the need to demonstrate matched funding committed by other organizations linked to CLAHRC activities. This needs to be at least to the same level as the NIHR funding. Identification of this funding is an on-going process involving the senior management team and theme leads. Based on current information the amounts identified are shown in the table below along with the minimum required by the NIHR and the amounts included in the application:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Matched Funding (£k) | 2016/17 | 2017/18 | 2018/19 | Total |
| Matched Funding identified | 3,102 | 1,457 | 1,057 | 5.616 |
| Minimum required by the NIHR | 2,000 | 2,000 | 1,500 | 5,500 |
| Included within the application | 2,078 | 2,075 | 1,606 | 5,759 |

## 

## R&D Income Summary FY17/8

The level of research funding is predicted to increase by £1.525m in FY18 as shown below

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **FY17 £k** | **FY18 £k** |  |
| **NIHR** |  |  |  |
| Study income | 856 | 1,120 | Two £2m plus Primary Care led grants starting soon |
| Clinical Research Facility via OUH | 717 | 658 | Same amount for CRF 1 and 2 but CRF 1 was over a shorted period |
| CLAHRC | 2,000 | 2,000 |  |
| BRC | - | 1,499 |  |
| RCF | 1,045 | 868 | The completion of a number of large grants has impacted the FY18 RCF and the effect of the grants listed above will not be seen until FY19 |
| NIHR Final Payments | 173 | - | All final payments have now been accounted for |
| **Total** | **4,791** | **6,145** |  |
| **Other Funding** |  |  |  |
| TVCLRN Core Funding | 860 | 860 | As at 25th Feb no detailed information received from the CRN regarding the FY18 budget other than an indication it will be in line with FY17 |
| TVCLRN Network Funding | 381 | 381 |
| Non-NIHR CRF Income | 74 | 194 | A number of studies currently in set-up |
| Other grants (as lead) | 191 | 48 | Studies coming to an end |
| Sub-contracted grants | 226 | 420 | A number of grants currently in set-up |
| Dendron related | 117 | 117 |  |
| **Total** | **6,640** | **8,165** |  |

## Grant Applications

Grant applications take place on a regular basis submitted by various individuals and to a number of different funding bodies, activity since November 2014 is shown in the table below;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FY15 (Nov-Mar)** | **FY16 (Apr-Mar)** | **FY17 (Apr-Dec)** | **Total** |
| Outcomes of Grants submitted |  |  |  |  |
| Awarded | 1 | 11 | 6 | 18 |
| Unsuccessful | 14 | 18 | 6 | 38 |
| Submitted |  |  | 14 | 14 |
| **Total** | **15** | **29** | **26** | **70** |
| Funding applications |  |  |  |  |
| NIHR | 6 | 12 | 9 | 27 |
| Health Foundation | 2 | 1 | 1 | 4 |
| OHSRC | 2 | 1 | - | 3 |
| CSO, Scotland | - | 1 | - | 1 |
| Research Councils UK (RCUK) | 1 | - | - | 1 |
| MRC | - | - | 1 | 1 |
| Sub-contracted | 4 | 14 | 23 | 41 |
| **Total** | **15** | **29** | **34** | **78** |
| Funding Requested (£) |  |  |  |  |
| NIHR | 3,295,000 | 9,058,000 | 19,132,509 | 31,485,509 |
| The Health Foundation | 575,000 | 75,000 | 74,674 | 724,674 |
| OSRC | 14,000 | 1,500 | - | 15,500 |
| CSO, Scotland | - | 34,000 | - | 34,000 |
| Research Councils UK (RCUK) | 50,000 | - | - | 50,000 |
| MRC |  |  | 149,986 | 149,986 |
| Sub-contracted | 50,000 | 2,530,485 | 882,040 | 3,462,525 |
| **Total** | **3,570,000** | **11,698,985** | **20,239,209** | **35,922,194** |
| Grants Awarded |  |  |  |  |
| NIHR | - | 2 | 2 | 4 |
| Health Foundation | 1 | 1 | 1 | 3 |
| OHSRC | - | 1 | - | 1 |
| CSO, Scotland | - | 1 | - | 1 |
| Sub-contracted | - | 6 | 3 | 9 |
| **Total** | **1** | **11** | **6** | **18** |
| Funding Awarded (£) |  |  |  |  |
| NIHR | - | 5,078,000 | 16,652,900 | 21,640,900 |
| The Health Foundation | 75,000 | 75,000 | 74,674 | 224,670 |
| OSRC | - | 1,500 | - | 1,500 |
| CSO, Scotland | - | 34,000 | - | 34,000 |
| Sub-contracted | - | 1,533,485 | 75,922 | 1,609,407 |
| **Total** | **75,000** | **6,721,985** | **16,713,496** | **23,510,481** |

## Risks - Redundancy Costs

Where staff are funded from time limited awards there is a potential redundancy risk. This has always been monitored along with HR to identify and mitigate the risk on a case-by-case basis

The CRN reduced their level of funding for CRF staff this financial year and are looking to review their funding for R&D Governance and pharmacy support which may lead to a review of these posts. But as of 25th February no detailed information has been provided by the CRN. This was requested before Christmas but the only information received was that funding was expected to remain flat but could be reallocated between posts.

## Oxford Academic Health Science Network (OAHSN)

Oxford Health is hosting three of the nine OAHSN Clinical Networks. These are Dementia; Early Intervention in Mental Health; and Anxiety and Depression (detailed below).

|  |  |  |  |
| --- | --- | --- | --- |
| ***Network*** | ***Lead*** | ***Total Award*** | ***End Date*** |
| *Dementia* | *Dr Rupert McShane* | ***Total £536k,*** *£336k up to 31 March 16*  *Additional £200k has been agreed to fund the network until March 18* | *March 2018* |
| *Early Intervention in MH* | *Prof Belinda Lennox* | ***Total £433k,*** *£210k up to 31 March 16*  *Additional £211k has been agreed to fund the network until March 18* | *March 2018* |
| *Anxiety & Depression* | *Prof David Clark* | ***Total £490k,*** *£220k up until March 16*  *Additional £259k has been agreed to fund the network until March 18* | *March 2018* |

In February 2017 there suggestions that some of the AHSN network is funding is being withdrawn, information has been requested but as yet there has been no official clarification. Once this is received the impact will be assessed.

The OASHN is seen as a clinical development rather than research and is reported separately in the finance report to the Board.

# Staffing

The Research Implementation Manager, Alexandra Forrest resigned from her post on December 2016 and has been replaced by Jennifer Potts, a researcher within the Dementia teams.

Christine Dransfield has taken on the Senior Research Nurse for the Dementia nurse team following her acting up post in the role.

A number of staff from pharmacy, the R&D Office and two research assistants are currently on or expected to be on maternity leave over the coming months.

The Trust have created a new Associate Director of R&D role who will work with the Director and senior team to shape R&D going forward. The post is currently out to advert

A new role, Patient and Public Involvement (PPI) Manger has been created to support the objectives of the BRC. This role is currently being advertised

# Estates

There is currently a joint research office (JRO) between Oxford University Hospitals NHS FT (OUH) and the University of Oxford to support the streamline set up and management of research studies across the organisations. The JRO are currently located within the Churchill hospital but are expecting to relocate to UNIPART in Cowley, Oxford. Therefore there is a considerable opportunity to integrate research across the partners of the AHSC if the current research posts employed within Oxford Health NHS FT relocate to the same office space at a similar time. This move is also anticipated to include the move of the core team of the CRN. This will enable closer working relationships within the research arena for the benefit of researchers, patients and staff across organisation in order to streamline and speed up current processes. A consultation process has been undertaken with the R&D Office staff in addition CRN employed staff. A move date is still to be determined but it is expected to be within the next two to three months.

The space currently occupied by the R&D office staff in the main hospital at the Warneford site will become the BRC offices.

Due to the increase in the number of experimental medicine studies taking place on the CRF, in addition to the BRC pipeline that will flow through the CRF, it is no longer viable to undertake later phase research on the CRF. The CRN are drafting a business plan to look at alternative accommodation throughout the Trust to undertake late phase research, particularly that which is commercially sponsored. Potential alternatives are being explored at the Whiteleaf Centre in Aylesbury, Littlemore and Warneford sites in Oxford.

# Communications

The successful bid for the NIHR Oxford Health BRC has cemented R&D Communications as a crucial component of OHFT communications.

Representatives from OHFT Communications team and the University of Oxford jointly organised and attended a meeting with NIHR Communications team in January 2017. The relationships developed at this meeting have formed a positive and constructive foundation to building a communications strategy in the build-up to the launch of the BRC, and in ensuring fulfilment of the strict requirements of NIHR branding. NIHR Communications directly complemented the BRC bid video which was project managed by the team, and described it and wider communications materials as ‘exemplary’.

R&D Communications is currently organising the launch event for the BRC to be held on March 31, and scoping out signage that conforms to NIHR branding guidelines.

The main visual presence and representation of the Oxford Health BRC will be the new website, which is being built by R&D Communications and an independent web agency. R&D Communications circulated a brief for the website to five independent web developers, three of whom responded with a full quote and project breakdown. After further details were solicited, Thameside Media was commissioned to create the new website – [www.oxfordhealthbrc.nihr.ac.uk](http://www.oxfordhealthbrc.nihr.ac.uk) – which will launch on 31 March 2017. The writing of the content and supplying all visual assets for the website is underway. This and the bid film will be shown at the launch event.

Work is now completed in developing a page on the OHFT R&D site where studies connected with the Trust are displayed: <http://www.oxfordhealth.nhs.uk/research/about-research/trials>. An online form is now available for researchers to complete, which is emailed to R&D Communications to add studies to the website: <http://www.oxfordhealth.nhs.uk/research/toolkit/promote-research-trial>.

There has been a strong push by OHFT Communications team to promote research stories, with many local press stories and TV broadcasts. The news page on the R&D site reflects the dynamic production of research news, and the asset that this provides to the Trust as a whole: <http://www.oxfordhealth.nhs.uk/research/news>

Particular stories of note include:

* ‘Researchers offer hope for cure for some causes of schizophrenia’ A new study by Oxford Health researchers has found that specific antibodies may cause schizophrenia in some patients.  
  <http://www.oxfordhealth.nhs.uk/news/researchers-offer-hope-for-cure-for-some-causes-of-schizophrenia>  
  This study received widespread national coverage across the BBC and in national newspapers.
* ‘Coping with Self-Harm: A Guide for Parents and Carers – Highly Commended by the BMA’ A team of academics and clinicians at the University of Oxford and Oxford Health NHS Foundation Trust have collaborated to produce a guide which was ‘Highly Commended’ at the recent BMA Patient Information Awards.  
  <http://www.oxfordhealth.nhs.uk/news/coping-with-self-harm-a-guide-for-parents-and-carers-highly-commended>
* “£80 million for research into mental illness” A guest blog in ‘Mental Health Today’ celebrates the boost in funding to mental health research, which places Oxford Health at the heart of an exciting new era of treatment discovery for mental health disorders.  
  <http://www.oxfordhealth.nhs.uk/news/80-million-for-research-into-mental-illness>
* ‘Oxford Health researchers shortlisted for prestigious Health Service Journal Award’ featuring an interview with Dr Andrew Molodynsky and former Research Assistant team manager, Zandie Forrest on ‘That’s Oxfordshire’  
  <http://www.oxfordhealth.nhs.uk/news/oxford-health-researchers-shortlisted-for-prestigious-health-service-journal-award>

In addition work the examples below outline the proactive work that has been done that has received extensive media coverage:

* <http://www.oxfordhealth.nhs.uk/news/predict-study-aims-find-anti-depressants-work-faster-patients>
* <http://www.oxfordhealth.nhs.uk/news/supporting-people-dementia-carers>

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1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
2. *This paper (including all appendices) has been assessed against the Freedom of Information Act and the following applies:*

* *THIS PAPER MAY BE PUBLISHED UNDER FOI*

1. *This paper provides assurance and evidence against various Care Quality Commission Outcomes*