

NHS East Riding of Yorkshire Health and Care Partnership

NHS North Lincolnshire Health and Care Partnership

NHS North East Lincolnshire Health and Care Partnership

NHS Hull Health and Care Partnership

Research & Development

Annual Report

(April 2022 - March 2023)

Contents	Page(s)
Executive Summary	3
Governance Arrangements	3
Introduction	4
Background	4
SECTION 1	5
1.1 NIHR Portfolio Study Activity and Participant recruitment	5
1.2 Letters of Access	9
1.3 Funding Streams	9
1.3.1 Excess Treatment costs	9
1.3.2 Excess Treatment Costs Status Updates	10
1.3.3 Research Capability Funding (RCF)	14
1.3.4 Clinical Research Network (CRN) primary care infrastructure funding	14
1.3.5 Small Grants scheme	14
1.4 Engagement and Strategic R & D Work	15
1.4.1 NIHR Engagement Work	15
1.4.2 Research Engagement Network Development Programme	16
1.4.3 R&D Health and Care Partnership Strategic Work	17
1.5 Way Forward	17
Recommendations	17
Glossary of Terms	19
References	20
Appendices:	
*NHS East Riding of Yorkshire Health and Care Partnership	
*NHS North Lincolnshire Health and Care Partnership	
*NHS North East Lincolnshire Health and Care Partnership	
*NHS Hull Health and Care Partnership	
<i>* Health and care Partnership(s) Appendix and end of study reports supplementary to main report.</i>	

Executive Summary

This is the first joint Humber Health and Care partnership(s) Research and Development Annual report which has been formulated by the Research and Development Shared service. The R & D shared service currently has a Memorandum of Understanding (MoU) to provide a research management function across the four Humber Health and Care Partnership(s) / Places.

The overarching service offer is to deliver the following:

- The four Humber health and Care Partnerships with an advisory and strategic Research and Development Service.
- Advice and guidance to meet the requirements within the Health and Care Act (2022) for Research and Development.
- Promote, advise, and support the Research and Development agenda.
- Encourage and support the need to embed research, robust evaluation, and the use of evidence into the core business of the four Partnerships.

Note: From the 1st of July 2022 the Health and Care Act gained Royal Assent and ICS/ICB had new legal duties for research, CCGs were abolished. Local / Place based Health and Care partnerships have evolved.

Governance Arrangements **

The reporting structure and governance for each of the four Partnerships is under review, but whilst this is confirmed the lines of responsibility are as previously outlined:

The **Chief Officer** is accountable for ensuring a clear duty to promote research and the use of research evidence.



This duty is delegated to the **Director of Quality and Governance/Executive Nurse and/or Medical Director** who will have Research and Development on their portfolio.



All PLACE officers are encouraged to help foster a culture that seeks out research evidence and applies this evidence in decision-making to support a strong infrastructure that is supportive of Research and Development.

**** Note: The governance arrangements are under review.**

Introduction

The purpose of this Humber Research and Development (R&D) Annual Report 2022-23 is to present information to the senior leadership team and / or relevant Committee(s) for the Humber Health and Care partnership(s)/Places on the R&D activity covering the period: **1st April 2022 to 31st March 2023**. The joint Annual report focuses on the R & D response from the COVID 19 situation and any locally grown non-COVID R & D studies and the further transition/development work going forward into the Humber and North Yorkshire Integrated care system or Board.

The format of the report is in two main sections and there are separate appendices to reflect any local initiatives and narrative(s) specific to individual Partnerships.

The first section provides the following:

- Tabular data and information on the National Institute for Health and Care Research (NIHR) portfolio Study Activity for 2022/23.
- A status update report on the open Excess Treatment Costs across Humber.

The second section provides the following:

- An overview of the development work for the Innovation, Research and Improvement system (IRIS) across the Humber and North Yorkshire ICB and how this may feed into the four partnerships.
- The way forward and recommendations.

To ensure a local partnership(s) based narrative is given consideration; separate appendices have been added and are specific to individual Health and Care partnerships.

Background

In 2022-23 the role of Research & Development (R&D) has continued to develop treatments in COVID 19. With the innovative trial design and the unique opportunities the NHS environment offers clinical and epidemiological evidence has been gathered to inform national policy and generate new treatments and diagnostics. The learning from the research successes needs to be translated across health and care settings to drive forward and foster and deploy resources into research and innovation.

R&D has continued to support the partnerships in the period of transition to still promote the use of research and research evidence by engaging with academia, the Yorkshire and Humber Clinical Research Network and R & D support of the National RESTART work programme to generate interest and engagement in non-Covid research work streams.

This is underpinned by the NIHR publication; *Best Research for Best Health: The Next Chapter* (June 2021) which sets out the seven key areas of national strategic focus that are identified below:

- Build on learnings from the research response to COVID-19 and support the recovery of the health and social care system.
- Build capacity and capability in preventative, public health, and social care research.
- Improve the lives of people with multiple long-term conditions through research.
- Bring clinical and applied research to under-served regions and communities with major health needs.
- Embed equality, diversity, and inclusion across NIHR's research, systems and culture.
- Strengthen careers for research delivery staff and under- represented disciplines and specialisms.
- Expand NIHR work with the life sciences industry to improve health and economic prosperity.

This helps to shape and influence the direction of travel for R and D and inform the National work being undertaken by NHS England (NHSE) to better embed and capitalise upon research within the integrated care systems. NHS England recently launched on the 13th of March 2023 the Research framework; *Maximising the Benefits of Research – Guidance for Integrated Care Systems (8th March 2023)* that details how ICS(s) can fulfil their research duties and offers guidance on how ICBs can develop a wider strategy which can align to local and national research priorities.

[NHS England » Maximising the benefits of research: Guidance for integrated care systems](#)

1. SECTION ONE

The data below is presented in tabular format and details the National Institute for Health and Care Research (NIHR) portfolio study activity across the individual Humber Health and Care Partnership(s), the number of independent contractors that are research active, how as a system, Humber and North Yorkshire are rated and the number of participants engaging in studies. The data set gives the research activity in 2022-2023 comparing it 2021-2022.

The details of the NIHR Studies for each Place are presented in the Health and Care Partnership(s) appendices.

The section also includes the number of Letters of Access (LOAs) that have been authorised enabling a research team(s) to have access into a primary care site(s).

1.1 NIHR Portfolio Study Activity and Participant Recruitment.

Figure 1 shows the number of GP practices that were research active in 2022-23 and gives a comparison to the previous year 2021-22. The National Institute for Health and Care Research (NIHR) data gives a break down across the four Places, there has been a slight reduction across two of the Places (NL and ERY) and a noted decline in NEL Place in the number of GP practices who have been recruiting into NIHR Portfolio studies going from 6 sites to 3.

This is further evidenced by the pie charts (**Figure 1.1 and 1.2**) which present the percentage of GP practices recruiting into NIHR studies and demonstrates that across the Humber sub system **one** of the Places (Hull) has nearly reached the high-level objective set by the NIHR of *45% of GP practises engaging or participating in NIHR studies* attaining 44% of GP member practices in Hull engaging in research.

The outlier in the data set appears to be North East Lincolnshire that has 'dipped' in activity from **26%** of GP member practices engaging or participating in NIHR studies to **13%** in 2022-23, this correlates with the 'dip' in the number of GP sites in NEL recruiting into NIHR studies.

This highlights the need for sharing of good practice, growth, and wider opportunities in primary care that links in with the national drive to 'reboot' the national primary care strategy for research on a Place and regional/system wide level.

Figure 2, page 8 provides the data of how Humber, Coast and Vale Integrated Care system compares against the other ICS(s). Humber, Coast and Vale are ranked second in the level of activity with **42% of practices recruiting**.

Figure 3, page 8 shows the number of participants recruited into NIHR trials across the four Places for 2022-23 in comparison to the previous year 2021-22.

There has been a noted reduction in the number of recruits in primary care across two of the Places (Hull and NEL), but overall, across the sub system there has been a high recruitment into a study in East Riding of Yorkshire and Hull called the SAFER trial which in ERY has generated over **3,000** participants.

The aim of the SAFER trial is to determine if screening for Atrial Fibrillation (AF) (including paroxysmal AF) to people aged 70 and over leads to reduced incidence of stroke compared to usual care and what impact it has on other key outcomes (both harm and benefit).

The SAFER trial will recruit approximately 100,000 consented patients from approximately 200 practices, with an average follow-up of 5 years (all participants will be followed up through electronic records until 2028).

Recognising the low level of intervention required for the SAFER trial from GP sites, engagement is under way to explore if the study team will require any additional sites so potentially wider interest can be explored in other parts of the sub system, for example in North East Lincolnshire.

Although some of the recruitment activity in primary care has 'dipped' further re-engagement work is underway on a national and regional 'footprint' to identify how and what needs to be addressed to support R & D more in primary care and whether there needs to be a more national targeted approach.

Figure 1



Figure 1.1

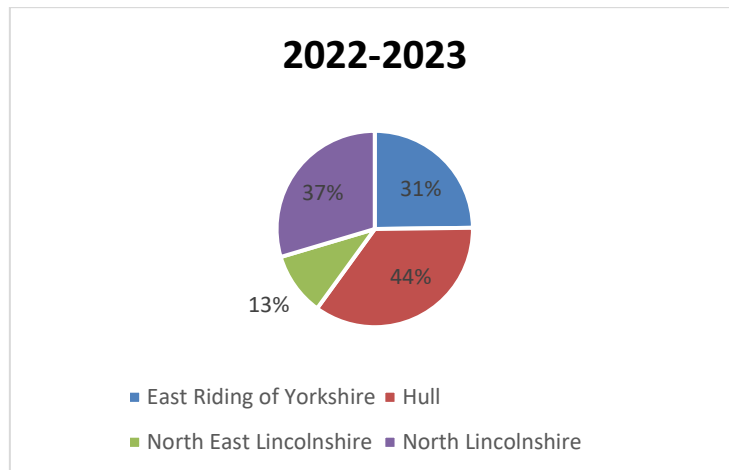


Figure 1.2

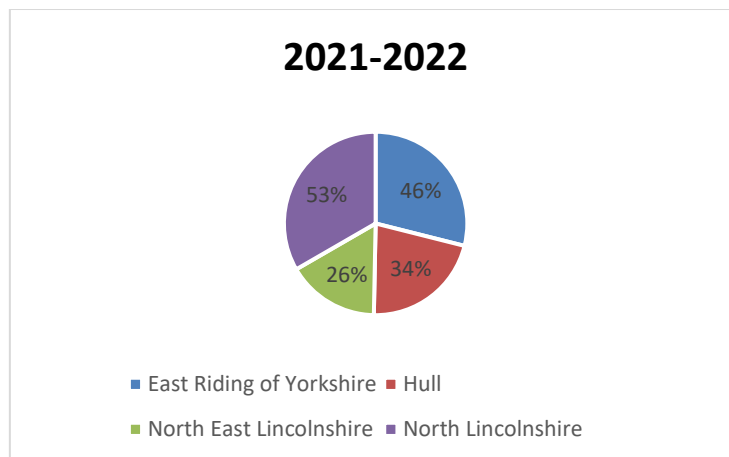
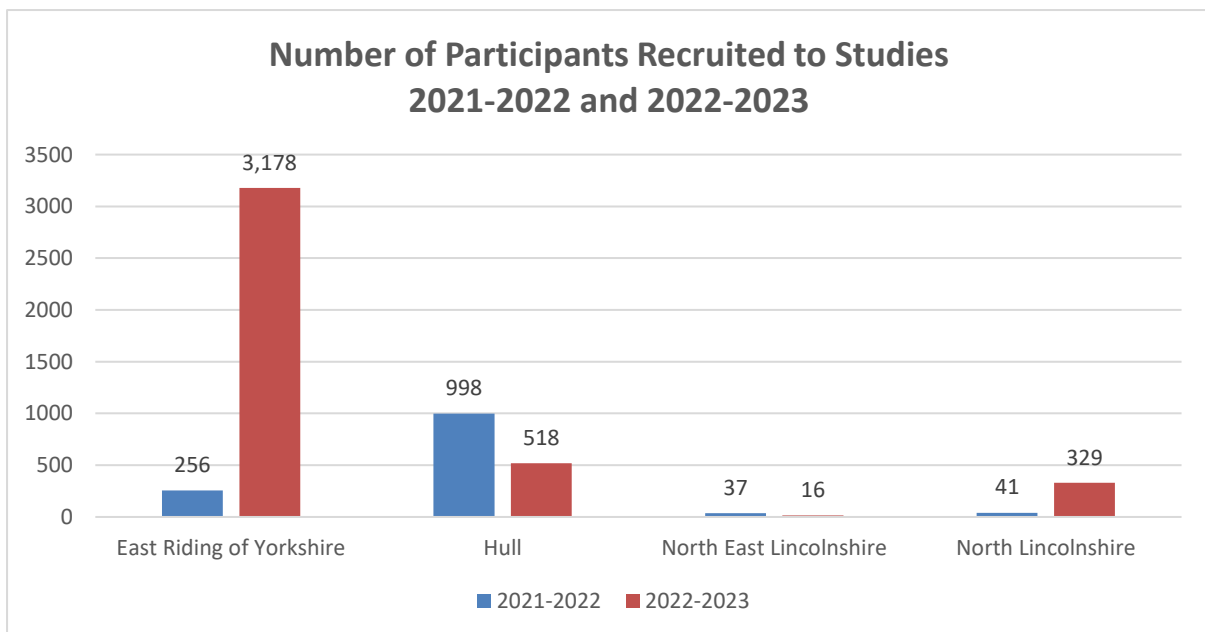


Figure 2



Data cut: 10th April 2023

Figure 3



1.2 Letters of Access

Once the Health Research Authority (HRA) has determined whether a research study team member needs a Letter of Access (LoA) or Honorary Research Contract (HRC) undertaken as part of the governance review and approval of a study (HR Good Practices Resource Pack) the R&D service on behalf of the sub system and member GP practices review submitted Research Passports and provide the appropriate 'access' permission to the GP sites. This enables study teams to access GP practices across our Four geographical Places; dependent on what research activities the team will be undertaking and where.

The following table provides the number of LoA applications received, reviewed and prepared by the R&D office for the Four Humber Places from **1st April 2022 to 31st March 2023**.

	NHS East Riding of Yorkshire CCG	NHS Hull CCG	NHS North East Lincolnshire CCG	NHS North Lincolnshire CCG
No LoAs Provided:	39	42	38	38

The R&D service also received during this period and reviewed two LoA applications across the four Humber Places, which were considered invalid and incomplete with missing supporting information, or withdrawal of application by the study team.

1.3 Funding Streams

1.3.1 Excess Treatment Costs

A research study may result in care that differs from standard treatment in the NHS or is delivered in a different location. The associated NHS treatment costs may be less than or greater than the cost of standard treatment. If greater, the difference between NHS treatment costs and the cost of the standard treatment is referred to as the NHS Excess Treatment Cost(s) (*cited via the DHSC ETC Guidance, Version 2 March 2022*).

As from the 1st of April 2022 the organisational ETC threshold was lowered from 0.01% of operating budget to 0.001%.

As per the NHSE Research guidance launched in March 2023 the Integrated Care Board(s), as commissioners of services are responsible for ETCs in the services that are commissioned. A new ICB ETC payment model flowchart has recently been published which can be accessed at [Excess Treatment Costs - Payment Model Guidance \(google.com\)](#) ICBs will take on the commissioning responsibilities from NHSE as part of a delegation assessment framework.

1.3.2 Excess Treatment Costs Status Updates

The table below provides the **legacy** progress updates from studies that were allocated ETC funding across the Humber Places (previously CCGs) and are currently still open.

The relevant Places are identified within the table.

Study Title	BASIL III - Balloon vs Stenting in Severe Ischaemia of the Leg-3	Place(s)
Study Details	To determine which of three methods (plain balloon, drug-coated balloon, or drug releasing stent) keeps patients with severe limb ischaemia alive and with their leg intact, the longest.	ERY, HULL, AND NL
Study End Date	2019	
ETC Amount Approved	£5025.00	
Progress Update from the Study Team	<p>BASIL-3 has now completed recruitment activities.</p> <p>Actual Recruitment end date was 01/09/2021. Follow-ups now taking place, with visits progressing according to the study schedule.</p> <p>Planned closing is now 29/02/2024 (patients are followed-up for 36 months or less if before end of trial).</p> <p>Participants in the study have regular access to the Vascular team for advice and treatment and overall, the participants in the study are contributing directly to research that may benefit them and others in future - potential for preventing extra surgical procedures (amputations) and saving the local NHS time and money.</p>	
Study Title	HERO - Home-based Extended Rehabilitation for Older People	Place(s)
Study Details	To determine the clinical and cost effectiveness of a home-based exercise intervention for older people with frailty as extended rehabilitation following acute illness or injury, including internal pilot and embedded process evaluation	HULL
Study End Date	2021	
ETC Amount Approved	£13068.40	
Progress Update from the Study Team	Recruitment in Hull commenced in July 2018. Due to slower than anticipated recruitment rates, and an interruption due to COVID-19, the NIHR HTA approved a trial extension in order to recruit to target.	

	<p>The study opened in 15 sites across Yorkshire and the South West England.</p> <p>Four internal Pilot sites opened initially in Dec 2017 and Jan 2018. The remaining main trial sites opened after May 2018. Hull commenced in July 2018.</p> <p>Recruitment rate was slower nationally than anticipated, with some sites performing better than others. The NIHR HTA approved a trial extension in order to recruit to target, and the recruitment period was extended to January 2021.</p> <p>Due to the effects of Covid 19, we paused recruitment to the trial in March 2020. We received a further extension to recruit to target through to end Oct 2021. Sites gradually reopened from Nov 2020. Hull reopened in March 2021.</p> <p>At close of recruitment, Hull had recruited forty participants to the trial. Twenty-two participants were randomised to receive the intervention.</p> <p>The trial has nationally recruited 743 participants to the main trial, and ninety-three carers have been consented to participate in the process evaluation aspect of the study (11 at Hull site).</p> <p>Safety data presents no concerns regarding the intervention safety.</p> <p>The trial intervention (Home-based exercise delivered by physiotherapy team) is being delivered in a timely manner to trial participants.</p> <p>There is no plan for outcome data analysis prior to the end of recruitment and 12-month follow-up. Our main challenge to recruitment nationally was researcher capacity, which was also the situation in Hull. Recruitment had been going very well, but research physiotherapist left the local site team in Sept 2019, with very little recruitment since this time, despite efforts by the site team to be creative in covering the role.</p> <p>As may be expected in this study population, dropout rates from the intervention are high. Reasons are due to many factors (illness, hospitalisation, death, change of social circumstances).</p> <p>To date twenty-two study participants in Hull have been randomised to receive the trial intervention. This is implemented following successful discharged home from hospital or intermediate care after an acute injury/illness causing hospitalisation.</p>	
--	--	--

	<p>Those randomised to receive the intervention receive further therapy in their own home from physiotherapy teams trained to deliver the HOPE programme intervention.</p> <p>The original pilot trial suggests that those frail individuals in receipt of the intervention will improve/maintain their physical functioning when compared to those who do not receive the additional intervention post-discharge.</p> <p>The exercise programme aims to increase strength, balance, and endurance toward increased functional capacity. The programme is 24 weeks in duration and aims to equip individuals with the ability to be self-maintaining at the end of the 24-week programme.</p>	
Study Title	CLASP – Cancer Life Affirming Survivorship in Primary Care	Place(s)
Study Details	The study aims to evaluate an online intervention offering lifestyle and wellbeing support for cancer survivors	ERY, HULL, NL and NEL
Study End Date	2019	
ETC Amount Approved	£878.40	
Progress Update from the Study Team	<p>Study closed March 2022.</p> <p>Currently awaiting paper to be published in the BMJ.</p>	
Study Title	MIDFUT – Multiple Interventions for Diabetic Foot Ulcer Treatment	Place(s)
Study Details	Phase II – the study will investigate the short-term efficacy of four treatment strategies compared to treatment as usual (TAU); Phase III will investigate the clinical and cost effectiveness of a maximum of two treatment strategies continued from Phase II compared to TAU in the treatment of hard to heal Diabetic Foot Ulcers.	ERY, HULL, NL and NEL
Study End Date	2022	
ETC Amount Approved	£1873.20	
Progress Update from the Study Team	<p>Recruitment end date now extended to August 2023.</p> <p>An amendment to the HRA was approved February 2022, to extend the recruitment period following approval of recovery plan.</p> <p>New timelines: recruitment end date August 2023;</p>	

	<p>follow up end date August 2024; overall end date February 2025. This provides additional time required to increase recruitment to the study.</p> <p>The Vascular Team has moved wounds research to the Allam Diabetes Centre at HRI. We now have clinics next-door to the podiatry team and will be working much closer with podiatry. This should help to increase our ability to screen and recruit to this trial.</p> <p>We have appointed x2 new research nurses and this should also help to increase our capacity to screen and recruit to this study.</p> <p>There was a pause in study due to delay in delivery of updated consoles, however new devices have been delivered and our site received greenlight to re-open 16.12.22. We are organising refresher training for Jan/ Feb 2023 with the MIDFUT team to provide an update on trial processes.</p> <p>We do not know which treatment is most effective at treating diabetic foot ulcers or whether one has more benefit over another, however participants in this study will help to answer this question and help us to improve the treatment of diabetic foot ulcers in the future and ultimately benefit other patients.</p> <p>Once recruited, participants are closely monitored and supported by the research team in addition to their routine care.</p>	
Study Title	Cryostat	Place(s)
Study Details	Cryostat-2: A multi-centre, randomised, controlled trial evaluating the effects of early high-dose cryoprecipitate in adult patients with major trauma haemorrhage requiring major haemorrhage protocol (MHP) activation.	ERY, HULL, NL and NEL
Study End Date	01/07/2020	
ETC Amount Approved	£16,000 pa	
Progress Update from the Study Team	<p>Study suspended from May 2020 during COVID and resource redeployment.</p> <p>Logistical difficulties and study nearing end prevented the study reopening locally.</p> <p>The study stopped locally in November 2021 and nationwide in December 2021.</p> <p>Closeout processes took place in 2022, with the final reports expected September 2023. Study contact is chasing the sponsors for the End of Study documents.</p>	

1.3.3 Research Capability Funding (RCF)

In 2022-23 across the four Humber Places no RCF funds were allocated via Department of Health and Social Care (DHSC). This is ring fenced money that must be used as per the national guidance and is allotted on specific criteria. The historical utilisation of spend is presented in the narrative in the appendix details.

1.3.4 Clinical Research Network (CRN) primary care infrastructure funding

Across the Humber 'footprint' the Clinical Research Network Yorkshire and Humber Primary Care infrastructure funding, funds twelve research clusters which is made up of 30 practices. Each cluster has established a business case to outline how they plan to spend the money; this is performance managed by the CRN Y&H Research Delivery Manager who meets with each cluster on a six-monthly basis. The research clusters are allocated a CRN Y&H Research Engagement Nurse who meets with them on a bi-monthly basis and provides support as required.

This Primary Care Infrastructure Funding can help build the capacity in primary care and is specifically for increasing the delivery of NIHR portfolio research studies in primary care. An example of how the funding can be utilised includes: giving protected time for a GP one hour a week, a practice nurse one day a week and administrative support half a day a week to help with the research work across the research cluster based on a hub and spoke model.

The CRN Yorkshire and Humber instigated a 'call' in February 2022 inviting unfunded GP practices in the Humber area to apply to attain PC Infrastructure funding for research capacity and infrastructure. Gilberdyke Health Centre was successful in their application and began receiving funding in March 2022.

A further call was instigated in February 2023, The Park Surgery and Yorkshire Health Partners LTD was successful in their applications with funding beginning April 2023.

South PCN in North Lincolnshire received 'unblocking the blocks' funding to allow them the resources to be able to conduct an urgent public health study during the pandemic and following this was awarded Primary care infrastructure funding to enable the PCN to further develop research within the PCN. Winterton and Riverside practices also received Primary care infrastructure funding in 2022/23.

In December 2022 James Alexander Family Practice and Humber Foundation Trust Practices applied for CRN Strategic Funding in addition to the Primary Care Infrastructure funding they currently receive. They have both been awarded funds for 23/24 to enable them to expand their team and increase the amount of research delivered within their practices.

1.3.5 Small Grants scheme

Historically, two of the Humber CCGs established an R & D small grants/bids scheme, this ran for several years. A 'blueprint' of this model was developed on the North bank and achieved some clear deliverables which could feed into the commissioning cycle with the aim of making an impact to the local health and care community. This was celebrated as an area of good practice that had started to be developed in North Lincolnshire and more widely.

The small grants/bids scheme generated links with local Higher Educational Institutions (HEIs), Royal Colleges and other relevant bodies, such as the Academic Health Science Network (ASHN), and strengthened and supported knowledge transfer, the translation of research into practice and the rapid implementation of evidence-based improvement(s) which translated into practice.

Local clinical networks were also utilised in the scheme to provide local insights and nurture a culture of being more research aware, to support the use of evidence for clinical improvement and to inform commissioning plans.

In addition, the small grants scheme promoted a commitment to increasing patient and public involvement and engagement in research studies both as participants and researchers and helped to raise the profile of quality improvement work.

The identified benefits of the small grants/bids process were:

- The generation of a wider interest in R & D, growing a broader skill set and knowledge base across a range of staff group(s).
- The resource and capacity for 'head space' time to undertake a specific research-based project/improvement or clinical effectiveness project.
- The scheme supported bids that were of relevance, at the time, to the CCG strategic priorities and helped to inform research knowledge/ service improvement/evaluation.
- The scheme supported locally grown work that help build a more evidence-based approach and encourage a culture that was underpinned by research evidence.
- It supported an ethos of knowledge informed commissioning which translated into practice and made a positive impact on patient outcomes.
- The process helped to widen patient and public engagement either as participants or as ambassadors of the R & D agenda.

Going forward the Health and Care Partnerships and wider Innovation, Research and Improvement (IRIS) work programme within the Integrated care system, with its existing small grants defined procedure, criteria and application process could be operationalised on a wider Humber sub system model encouraging and supporting a wider collaborative approach that builds on the partnership(s) arrangements. This potentially could bring in wider stakeholders such as the voluntary and community sector.

The breakdown and progress updates of any projects that have been supported by the small grants/bids process is in the relevant Health and Care Partnership appendices.

1.4 Engagement and Strategic R & D Work

1.4.1 NIHR Engagement Work

With the RESTART of the Non COVID work the shared R & D service has continued dialogue with the evolving Clinical Research Network Agile Research Team (CRN ART). The

team have been successfully recruiting into post(s) and stretch across the Humber, Coast and Vale Integrated care System.

They aim to support building the infrastructure and capacity to set up studies and reinvigorate dialogue of any 'blockages' in the system that may impact on the recruitment data and participants recruited into NIHR CRN studies. Regular dialogue has been instigated with the engagement research nurse for the Humber, Coast and Vale Integrated care system and the senior manager at the research network to encourage and support study set up in the localities and wider system.

Alongside this, the CRN holds monthly primary care delivery meetings, this is an arena where 'pipeline' and open studies are discussed, any issues are raised, and new studies are shared.

A member of the shared R & D service attends the meeting and provides any updates from an ICB perspective.

The Study support service in the Yorkshire & Humber clinical research network also relay any communications or expression of interest (EOIs) onto the shared R & D service, which is reviewed and as appropriate this is cascaded to the Place communications and engagement teams and is disseminated to the relevant collaborator, for example primary care.

1.4.2 Research Engagement Network Development Programme (REND)

Recent health care system legislation has indicated a strong commitment to growing research. Integrated Care Systems as set out in the Health and Care Act (2022) are required to facilitate and promote research, use evidence from research, and to involve people and communities in the development of health care provision. The collective ambition is to increase the numbers of people participating in research and the diversity of people taking part and ensure that research is more representative of our diverse populations and that communities are more actively involved in shaping the future of local health and care.

The REND programme aims to test and evaluate the feasibility of a variety of approaches to support ICSs to:

- Grow their local research networks with local stakeholders,
- Engage people in communities in doing this,
- Further develop a greater diversity of local participation in research,
- Generate evidence to demonstrate whether support for research networks across multiple organisations can be effective in increasing diversity in research.

In November 2022, a bid was made to NHSE with the proposal to initiate a research network inclusive of our coastal and port towns and communities. The application was successful and the Head of VCSE collaborative with the R & D support service and the Patient and Public engagement manager at the Yorkshire and Humber CRN have been initiating engagement and discussion along the coast with the aim to explore how VCSE organisations could develop and prepare to become part of the 'research ready' programme.

This could potentially form the 'building blocks' to grow the capacity and infrastructure needed with the coastal communities.

This has been a time limited funded piece of work from December 2022 until the end of March 2023, but there is potential that further funding could be secured into 23-24.

1.4.3 R & D Health and Care Partnership Strategic work

A review of the Humber four Health and Care Partnership (s) R &D strategy/vision work has been 'paused' not only due to the pandemic and the Covid trial work but with the legislative changes brought in from the Health and Care Act (2022) and the recently launched research guidance from NHSE. As the partnerships are embedded and the wider system becomes established, this work will need to be reviewed and re energised.

Section 2 provides a brief insight into the development work that has been initiated to establish an Innovation, Research and Improvement system (IRIS) that have been linked into the generation of wider R & D conversations and will hopefully support the R & D agenda going forward across the Integrated care Board.

1.5 Way forward

The narratives in the respective Place appendices demonstrates the development work that has supported a commitment to R & D and how even following the impact of the pandemic, local R & D work streams have still been initiated. This is work that needs to continue to be facilitated at Place and be extended onto a wider system level that will aid the continuous improvement in the quality of the health and care services to the local population at Place and on a system wide level.

Some of the themes from the R & D deep dive work and stakeholder meeting(s) in 2020-21 helped to shape the wider ICB conversations going forward into 2022-23 and moving forward into the development of the Innovation, Research, and Improvement system (IRIS). This work programme has been identified by the ICB as one of the key priorities for 2023-24.

As it has been shown R & D was pivotal in developing and testing vaccine(s) in the pandemic and offered new and novel treatments. As the research recovery programme continues to emerge, going forward there are potential opportunities to build on the existing capacity and infrastructure and engage early career researchers to better embed and capitalise upon research at Place and within the integrated care landscape in Humber and North Yorkshire and make a real impact to patient care and service delivery.

Recommendations

- That SLT are asked to consider and discuss the first Humber Health and Care Partnerships R & D Annual report.
- That SLT are asked to consider and discuss the individual Health and Care Partnership(s) reporting data and the research activity across Humber.

- That SLT are asked to consider and discuss the narrative given for each of the relevant Health and Care Partnership(s) in a separate appendix and any additional reports.

Glossary of Terms

CRN	Clinical Research Network
DHSC	Department of Health and Social Care
CCG	Clinical Commissioning Group
HRA	Health Research Authority
HRC	Honorary Research Contract
HR	Human Resources
LoA	Letter of Access
ICB	Integrated care Board
ICS	Integrated Care System
MoU	Memorandum of Understanding
NHS	National Health Service
R&D	Research and Development
NIHR	National Institute for Health and Care Research
NHSE	NHS England
IRIS	Innovation, Research and Improvement Work programme
VCSE	Voluntary, Community and Social Enterprise organisations

References

NHS England (2023) Maximising the benefits of research. Guidance for Integrated Care Systems [online]. Available at:

[NHS England » Maximising the benefits of research](#) (Accessed 13 March 2023)

Department of Health (2010) 'Equity and excellence: Liberating the NHS' [Online]. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf (Accessed 12 September 2018)

Department of Health (2011) 'Government response to the NHS Future Forum report' [Online]. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216361/dh_127719.pdf (Accessed 12 September 2018)

Department of Health (2015) 'The NHS constitution' [Online]. Available at:

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#> (Accessed 12 September 2018)

Health and Social Care Act (2012) 'Embedding research as a core function of the health service' [Online]. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138273/C8.-Research-270412.pdf (Accessed 12 September 2018)

NIHR (June 2021) Best Research for Best Health. The Next Chapter.

<https://www.nihr.ac.uk/documents/about-us/best-research-for-best-health-the-next-chapter.pdf> (Accessed 25 May 2022)

NHS (2015) 'Delivering the Forward View: NHS planning guidance 2016/17-2020/21' [Online]. Available at:

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf> (Accessed 12 September 2018)

NHS England (2022) Excess Treatment Costs. National Management model for England. Version 2

<https://www.england.nhs.uk/publication/excess-treatment-costs-guidance-on-the-national-management-model-for-england/>

(Accessed 29th March 2023)

NHS England (2017) 'Supporting Research in the NHS: A consultation covering changes to simplify arrangements for research in the NHS and associated changes to the terms of the NHS Standard Contract' [Online]. Available at:

https://www.engage.england.nhs.uk/consultation/simplifying-research-arrangements/user_uploads/supporting-research-consultation.pdf

(Accessed 12 September 2018)

NHS England and NHS Improvement (2021) Making Research Matter: Chief Nursing Officer for England's Strategic Plan for Research Version 2
<https://www.england.nhs.uk/publication/making-research-matter-chief-nursing-officer-for-englands-strategic-plan-for-research/> (Accessed 25 May 2022)