

Research in the Trust

Report for Quality Academy

November 2021

This report provides an update on research activities in the Trust, highlighting some of the activities of our research teams and provides information on some of the developments that are happening.

APPLIED HEALTH RESEARCH

BORN IN BRADFORD

Born in Bradford is an internationally recognised research programme which aims to find out what keeps families healthy and happy. We use this information to work with the local authority, health, education and voluntary sector providers across Bradford district to develop, implement and evaluate ambitious programmes to improve population health. We have a vast 'city of research' infrastructure which includes detailed health and wellbeing information on Bradfordians enrolled in our three birth cohort studies and a connected routine dataset of health, social care and education data for over 700,000 citizens living in Bradford and Airedale. We host a range of initiatives to improve health working with the local authority, health, education, cultural and voluntary sector providers. These include the Better Start Bradford Innovation Hub, Bradford Inequalities Research, the Healthy Families theme of the Yorkshire and Humber Applied Research Collaboration, Connected Bradford, Join Us: Move Play, the LEAP and various other externally funded applied health research studies.

You can find out more about our research programme at www.borninbradford.nhs.uk .

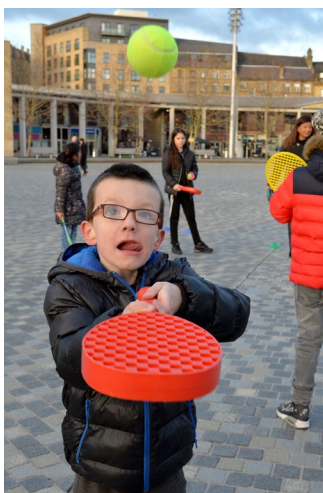
New grant success- Age of Wonder

Our oldest BiB children are reaching adolescence. This is a really important period where young people experience many changes to their bodies, their minds, their emotions and their social lives. They also enter this period in a time of unparalleled disruption caused by the pandemic.

We are delighted to have been awarded £7million from the Wellcome Trust to fund the latest extension to the BiB research programme: 'Age of Wonder'. Age of Wonder will be a seven-year project capturing this journey through adolescence and adulthood for the BiB cohort of children and their peers (up to 30,000 young people) with the aim of creating a detailed picture of every aspect of what it's like to grow up in Bradford. We will use our findings to help improve the life changes of young people growing up in Bradford in the future.

Over the past 6 months Born in Bradford (BiB) have continued the *COVID-19 research programme* exploring the impacts of the pandemic on the families of Bradford. We have recently completed our third survey with parents and children and will use this information to look at the trajectories of outcomes over the pandemic with a focus on mental health, financial and food insecurity. In children we will also look at the impact on schooling, socialisation and physical activity. We have worked with similar studies across the UK to pool our findings, in particular looking at risk factors for long COVID and long COVID symptom clustering and the impact of the pandemic on mental health and health care disruption. We continue to work closely with policy makers within Bradford District and use our findings to inform policy and practice, which in turn increases action to protect, support and improve the lives of those within our community. We were delighted to receive an Achievement Award from the MJ in September 2021 in recognition of this pioneering work. You can find out more about this research here: <https://www.bradfordresearch.nhs.uk/c-sag/>

The physical activity research team was awarded £6 million by Sport England in June 2021 to continue the work of the JU:MP programme and create a step change in physical activity levels for children and young people across the north of Bradford. JU:MP is taking a whole systems approach and is currently mobilising 15 work streams across eight Neighbourhoods in the defined JU:MP area. Local action plans are being created with stakeholders to drive systems change at the neighbourhood level. Exciting, innovative and successful projects



have started, including: the co-production of a derelict wasteland into a vibrant greenspace for the community, working with schools to create organisational change for physical activity, integrating physical activity into Islamic Religious Settings through training and support manuals and the development of a health and wellbeing gaming app (JU:MP App). Alongside the implementation of the project there are three ongoing evaluation work packages which aim to capture 1) the 'process' of change at the levels of the child and family, the neighbourhood, and policy and strategy 2) organisational behaviour change 3) the effectiveness of the programme. To evaluate effectiveness the research team are conducting a quasi-experimental controlled

trial. The team are currently working in primary schools to recruit and measure physical activity and BMI in over 1200 children. This baseline data is on target to be collected by early 2022.

The Healthy Places team continues to implement its plans for BiB Breathes and ATHLETE. ATHLETE, which will examine urban and chemical exposures among participants across 15

European cohorts, has begun its recruitment of a BiB sub-cohort of children who previously participated in the HELIX European Consortium study. ATHLETE has also recruited two primary schools in Bradford and a further two in Barcelona to recruit citizen scientists to monitor air quality on their commutes to and from school. This data will be used in co-production workshops with children, parents, teachers, and local stakeholders to develop interventions to reduce their urban exposures.

BiB Breathes, which will evaluate the impact of the Bradford Clean Air Zone and work with primary school citizen scientists to monitor air quality over this period, has recruited 12 primary schools and over 130 children so far. The two projects have piloted personal and static monitors and questionnaires. A questionnaire was launched to understand the pre-implementation travel behaviours and perception of the incoming Clean Air Zone among BiB participants and the wider Bradford community; this has so far been completed by over 1000 BiB participants and 590 members of the general public. BiB Breathes has attracted media attention, with the project featured on radio (BBC Radio Leeds, Radio Ramadhan, BCB Bradford and Beyond drive time), television ([BBC Look North](#), [Channel 4 news](#)), and print media ([Telegraph & Argus, article 2](#)). A [documentary](#) and [animation](#) explaining the project have also been produced.



Connected Bradford links pseudonymised health and care data across the Bradford region into a single database. Since October 2020, the database has been hosted on the Yorkshire Humber Care Record (YHCR) Population health Management platform and supports analysts and researchers who have a specific project to access the anonymised data. Connected Bradford also received approval from the Department for Education to link pseudonymised education data to healthcare data for the Bradford population and its dataset is currently in the process of uploading this to the YHCR platform. Work is underway to transform this data into a data model to support region wide data analytics. Connected Bradford has also been successful in the EHDEN project and is one of the [UK partners](#).

The Bradford Inequalities Research Unit (BIRU) is working with Bradford District & Craven CCG to reduce health inequalities in the central locality of Bradford; with the West Yorkshire Health Care Partnership to reduce inequalities in identification and access to care for women with perinatal mental ill health; with Bradford Council Children's Services to complete a needs assessment of 0-5s in the District. Over the past 6 months, the BIRU identified the South Asian community's lack of readiness to engage with advance care plans within End-of-Life care services and the health service systems lack of readiness to engage

this community. The findings from this report are being disseminated and plans are in place to improve readiness.

The BIRU are also working with Connected Bradford to build a research data platform to understand how to reduce unplanned hospital admissions. To date we have begun to explore patterns of unplanned hospital admissions at BRI and the conditions for which patients are coming into the hospital at a higher rate than in the district or nationally. Of note the rates of admission for mental health and asthma are incredibly high in the central locality.

Our Perinatal Mental health project has recently completed a West Yorkshire wide survey with health professionals, and is proud to have successfully reached and interviewed women from ethnic minority / disadvantaged backgrounds who have had perinatal mental health concerns but not received support from services. The learning from this work will help services across West Yorkshire to reduce the inequalities in access to support for these women. Our 0-5 needs assessment has just been completed and highlights huge inequalities



in children's early health, wellbeing and socio-emotional development across different areas of the district. This work is now being disseminated to inform local commissioning and service delivery to reduce inequalities. There are also plans to transform this needs assessment into a live child record that shares information from different services to better support children's needs through a recent data

accelerator award from the Government's Department for Levelling Up, Housing and Communities .

We are now well into the second phase of the Better Start Bradford Innovation Hub, a partnership between Better Start Bradford and Born in Bradford which provides a centre for evaluation for the Better Start Bradford programme funded by the National Lottery Community Fund. The Innovation Hub team have been continuing to work closely with the BSB and project delivery teams to further develop and adapt plans for evaluation, adjusting to the challenging context of COVID-19 and its profound impact on the delivery of projects and services for families. Despite this challenge, learning from project evaluations this year has supported decision making by programme partners and wider stakeholders, informing future planning at a district level. Learning from the Innovation Hub has also been disseminated through a number of workshops and seminars delivered to a range of stakeholders including local authority teams and VCS organisations as well as students at Bradford College.

Central to the Innovation Hub's plans for evaluation is the Born in Bradford's Better Start (BiBBS) birth cohort, recruited on site by our BiBBS Community Research team. Over the last 6 months the BiBBS team have not only maintained recruitment of families into the BiBBS cohort, surpassing a new milestone of 3500, but have also continued to support the delivery of essential maternity services through administration of the Glucose Tolerance Test clinic.

The Centre for Applied Education Research (CAER; www.caer.org.uk) has been working on expanding the evidence active network across Bradford schools, aiming to greatly increase the capacity of Bradford schools to engage with research and evidence. In 2020/21, we piloted a network of Research Champions in 35 schools in Bradford, and this has been expanded to 50 schools in 2021/22. CAER are also directly contributing to the curriculum for the Bradford Birth to 19 initial teacher training programme for the next intake of around 80 new teachers. CAER continues to support school leaders in responding to the pandemic, with the webinar series that directly links head teachers with health professionals, services and researchers, and the free mental wellbeing service for school leaders and staff. CAER also hosts a number research studies, including a project funded by the Department for Education, aiming to speed up Autism Spectrum Condition diagnoses, and a project funded by the Department of Health and Social Care examining the feasibility of installing air filters in schools.

The Leap, (BIB is lead partner) was established by a consortium of Bradford based organisations who are passionate about the role that arts and culture play in positively transforming the lives of people and places who are underserved and the project is about supporting community-led culture. With funding from Arts Council England's Creative People and Places programme and Bradford Council, Bradford 2025 and other partners the Leap are working to broaden and strengthen participation in the arts and culture in areas of Bradford District that are considered to have been historically low. Most recently the Leap and Bradford Council have secured partnership funds of £250,000 from Heritage Lottery Fund for the Heritage Action Zone programme. The funds will be used to produce a heritage strategy for Bradford District, provide outreach, grants and development support for community led heritage projects. This is a pilot programme aiming to provide learning and tools for an expanded future initiative. Further information about The Leap can be found at <https://www.theleapbradford.co.uk/>.



We are pleased to see our research activities becoming more vibrant post-lockdown, with achievements and major milestones reached in our projects.

LUNS Questionnaire

A simple and reliable method for identifying longer term unmet needs after stroke.

Our longer-term unmet needs assessment tool (LUNS) to assist identifying stroke patients' needs at individual and service level (LUNS Team, Forster, 2013) continues to grow internationally. This tool is being implemented worldwide. To date there is a published translation in Dutch (Groeneveld et al., 2017), and researchers in Portugal, France, Korea and China and many more are undertaking translation.

In most recent development, the preliminary data from the Korean translated version of the tool shows good validity and reliability. Colleagues in English speaking countries are also using the tool to assess and improve their stroke services.

The Home-based Extended Rehabilitation for Older People (HERO) trial has successfully achieved its recruitment target of 743. We have recruited frail elderly trial participants on discharge from an acute hospitalisation (+/- associated intermediate care), to a randomised



controlled trial evaluating the clinical and cost effectiveness of a home-based exercise programme for older people with frailty. The programme is delivered swiftly following discharge from acute hospital and intermediate care rehabilitation as extended rehabilitation for up to 6 months. The intervention is presented in a manual and delivered/supported by local NHS community therapy services. The programme is graded, progressive and individually tailored to the participant. An embedded process evaluation has been successfully completed, with publication of those results pending the completion of the main trial follow-up and data analysis. We anticipate final follow-up data collection in autumn 2022, with a data analysis and write up phase to spring 2023. Further information regarding the trial design and prior pilot work can be found at: <https://www.bradfordresearch.nhs.uk/HERO>. Or follow progress and further announcements on Twitter: [@HEROtrial](https://twitter.com/HEROtrial)

Our CARE75+ cohort study of community-dwelling older people (aged 75 years and over) has resume its recruitment at multiple sites, with 1,323 recruitment to date. In addition, we are pleased to roll-out our new CARE75+ REMOTE version. The CARE75+ REMOTE is designed as an extension of CARE75+ using remote methods of consent and assessment, including telephone, postal or web-submission options, depending on participant preferences. Outcome measures include activities of daily living, mood, health related quality of life, comorbidities, medications, frailty, informal care, healthcare and social care service use. Consent is sought for data linkage and invitations to participate in additional studies (sub-studies).

CARE75+ REMOTE is designed using a remote model that does not require face-to-face interactions to support data collection in the circumstances of a global pandemic. In addition, CARE75+REMOTE will also provide a highly efficient, sustainable model of data collection which will run alongside the face-to-face assessment schedule. For more



information please visit our CARE75+ website:
<https://www.bradfordresearch.nhs.uk/care75/>

Our care home research work is also progressing well. The HARP study in care homes - evaluating a new tool to assess residents' posture - is up and running. We have had great engagement from our participating homes. Currently we have recruited 25 residents and 6 staff from two homes and staff trainings have been provided. Our model pelvis has been on the road to support the staff training sessions!



We are excited to commence our work in developing a portfolio of research studies aimed at promoting wellbeing and improving the lives of women in later life. The ASR has won a small funding award from the University of Leeds, which we will use to set the scope for future work through listening to older women and exploring their priorities through a series of direct engagement events. Starting with a small scale patient and public involvement exercise we will progress to larger, facilitated focus groups with older women from the CARE75+ cohort who have already consented to be approached for future research prioritisation work.

Our Unit is hosting a Patient and Public Involvement (PPI) event in November where we are welcoming all members of our PPI groups to hear updates of our projects and seek their ideas on, and participation in, emerging work.

ACTEARLY

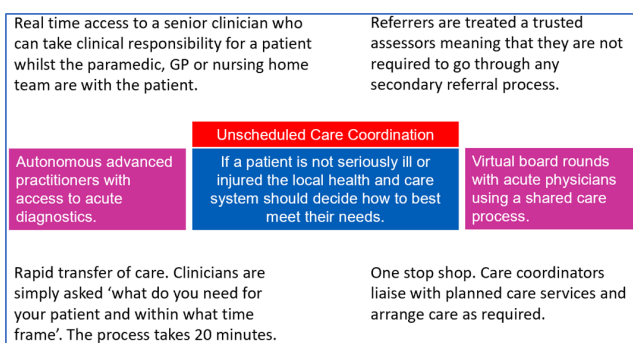
ActEarly is a UKPRP funded collaboration between Bradford and Tower Hamlets in London. The ActEarly vision is to create City Collaboratories in areas of high child poverty that provide research ready, people-powered and data-linked test beds to co-produce, implement and evaluate multiple early life interventions to prevent disease and reduce inequalities. Highlights from our second year include further external (NIHR) funding to support ActEarly data infrastructure with local authorities; significant UK Government investment in our Glasses in Classes Healthy Learning initiative allowing 9,000 pupils in at least 225 English schools to potentially benefit; 22 further knowledge transfer activities across a range of forums and networks including leading scientific and local government journals, conferences (including COP26 where our ActEarly Healthy Places short film is being shown – see <https://www.youtube.com/watch?v=2Q7-TJlkbKw>), international and national scientific networks, and community events; two successful national consortium virtual workshops attended by members, partners, our local authority Chief Executives as well as representatives from our communities; a national local government award for our Bradford COVID-19 Scientific Advisory Group (CSAG) and COVID-19 response in Bradford; NIHR Clinical Research Network (CRN) funded research practitioners based in both our local authorities.

NIHR | Applied Research Collaboration Yorkshire and Humber

We have recently received our feedback on our latest annual report to NIHR, with good progress noted on all of our objectives. NIHR thanked YH ARC for '*a tremendous year's work*'. Highlights from the period since the previous report to the Quality Academy include:

- We have been successful in our application to NIHR for a further **£750,000 to support adolescent mental health research in our region** over the coming three years. This funding will be used to establish an innovative mental health trials platform in our region, linking to the world leading Born in Bradford study.
- Success in a joint application with colleagues in YH ARC and YH AHSN, focusing on the evaluation of **Unscheduled Care Coordination Hubs**, an innovative care model developed by NHSE&I Emergency Care Improvement Support Team (ECIST) and piloted during the pandemic as a new way of managing unscheduled care demand and reducing avoidable hospital

The Hub Model



Source: NHS Emergency Care Improvement Support Team

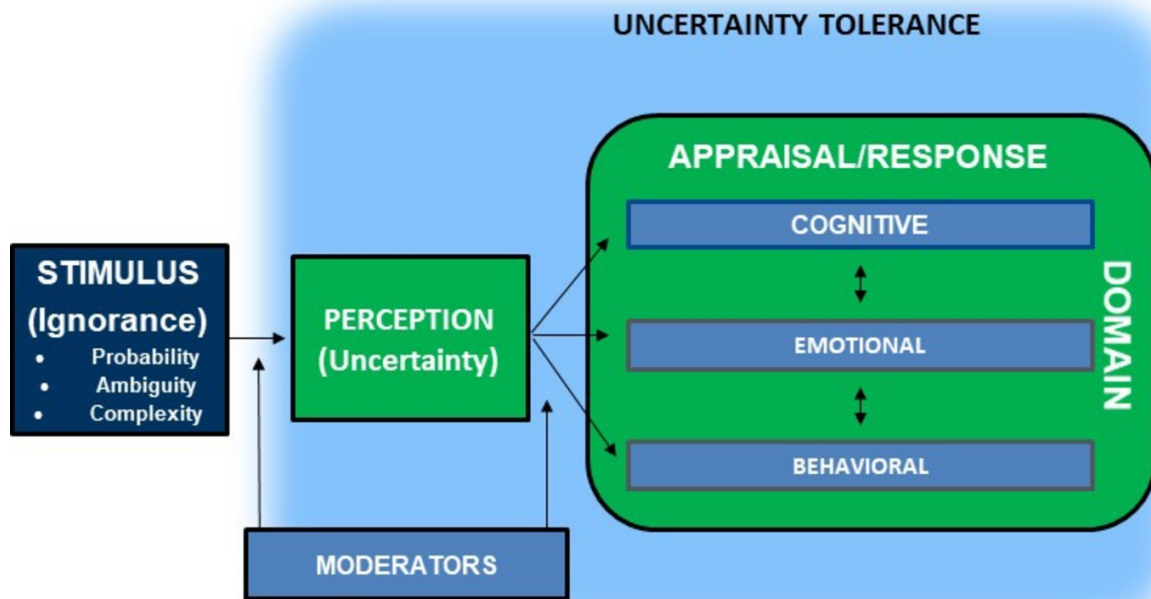
attendances. The aim is to provide real-time access to community health services for patients who were at immediate risk of attending hospital but are not seriously ill or injured. Hubs provide a fast tracked, comprehensive community based response for patients at immediate risk of attending hospital. Early findings from one pilot site estimate the Hub model has the potential to reduce conveyance to hospital by approximately 25%. **The project will receive £275,000 for this work, as part of the National Insights Prioritisation Programme.**

- YH ARCs Bradford Covid 19 Scientific Advisory Group (<https://www.bradfordresearch.nhs.uk/c-sag/>) won a national award for efforts to support local communities during the pandemic. The judging panel noted that “*this entry highlighted the strength of local partnerships and leveraging research and intelligence infrastructure during the early stages of the pandemic to deliver effective data-led public health interventions that saved many lives. Judges saw this approach as having a much broader application beyond the pandemic. It is commendable how it is now being used to tackle other long-standing health inequalities in Bradford.*”
<https://www.arc-yh.nihr.ac.uk/news-events-and-media/news/bradford-c-sag-wins-national-award-sept-2021>



Quality and Safety Research Team

Over the last 6 months we have been working closely with Brad Wilson and the Emergency Department (ED) to better understand the role of Uncertainty Tolerance in decision making, resource use and patient outcomes in ED. Emily Parker has now completed one study (interviews with junior doctors and specialist trainees) about how they manage uncertainty in their working life and what could be done to better support them in this. The second study, led by Dr Luke Budworth, explores how tolerance of uncertainty impacts on test ordering, decisions to admit and discharge patients and ultimately patient outcomes is ongoing and will report findings early in 2022. Both studies will be used to inform interventions to support clinicians in ED to manage the uncertainty that comes with the job. At the same time we are using our findings to further develop theories of uncertainty tolerance in healthcare e.g. Hillen et al., 2017 (see figure).



In September 2021 we received fantastic feedback from NIHR on our Patient Safety Translational Research Centre annual report. They were impressed with the scope of our work and the strides made to translate this work into practice e.g. via our www.secondvictim.co.uk website which we developed in collaboration with the Improvement Academy. We have also received an invitation from NIHR to apply for a renewal for this funding. Over the next 6-9 months we will be working hard to submit a joint BTHFT and University of Leeds application for a Patient Safety Research Collaboration (the new name for these research centres). We look forward to engaging with the Improvement and patient safety teams and the BTHFT Board in developing our vision for this research centre.

Our project 'PFI-SII' is well underway. This research aims to improve how patients and families are involved in investigations after they experience a serious healthcare incident. To understand how patients and families are *currently* involved in such investigations and what needs to change, the PFI-SII team analysed NHS Trust serious incident investigation policies, published research, and spoke to over 50 patients, families, NHS staff and lawyers. For the past six months we have drawn upon these findings to co-design, with a large community of stakeholders, new processes and resources to guide more meaningful



involvement of patients and families. Over the next year, we will be testing these processes and resources within our five partner organisations, including BTHFT, across 25 investigations, to understand their impact upon experience, learning and likelihood of seeking legal recourse.

Yorkshire and Humber Improvement Academy

The Improvement Academy is based within Bradford Institute for Health Research and undertakes *implementation* and *improvement* support across a Yorkshire and Humber footprint, with some work at national level. Our funding is obtained from a range of sources including research grants, bespoke commissions, regional and national programmes.

Current work and expertise

We have worked closely with both researchers and frontline clinical staff to develop evidence-based interventions that are feasible and credible in healthcare delivery contexts. Our current work falls within ten main areas.

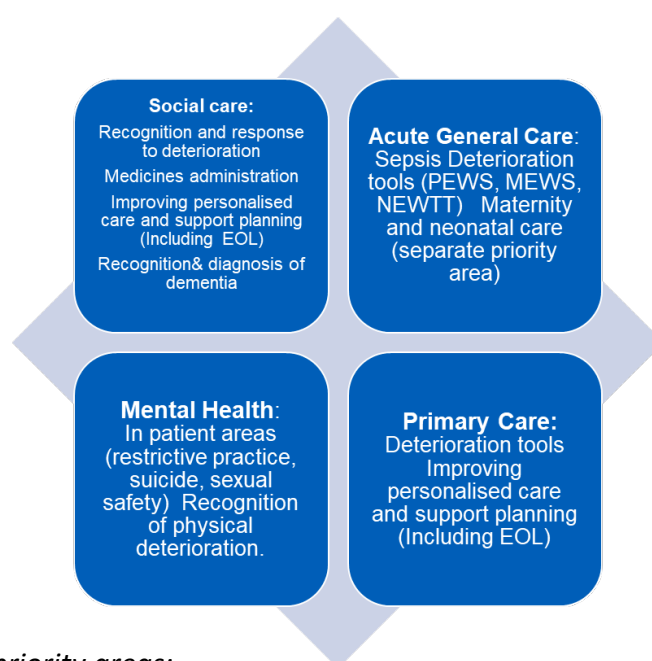


October 2021 update – focus on Patient Safety Collaborative

This quarter we will be providing an update focussing on our work delivering the Patient Safety Collaborative (PSC) for Yorkshire and Humber. The PSC is a yearly commission from NHS E/I and has been in existence for 7 years. In Yorkshire & Humber we deliver the PSC in partnership with the Academic Health Science Network.

Summary of work across healthcare settings:

The PSC extends across all healthcare settings including adult social care, acute general care, mental healthcare and primary care.



Progress update in priority areas:

We have been asked by NHS England and Improvement to support patient safety improvements in 5 main priority areas. Our progress and challenges, in relation to the aims, is reported below.

<p><u>Priority area 1: Managing Deterioration</u></p> <p>We aim to:</p> <ul style="list-style-type: none"> • support the spread and adoption of the acute Paediatric Early Warning Score (PEWS) • support an increase in the adoption of deterioration management tools (e.g. NEWS2, RESTORE2, RESTORE2 mini, SBARD etc.), and reliable personalised care and support planning encompassing end of life care principles • support Learning Disabilities, Mental Health and Dementia care management to manage patient deterioration in non-acute settings. 	<p>Progress:</p> <ul style="list-style-type: none"> • In spite of national delays to the release of the national PEWS tool we have identified paediatric teams in 4 test sites to carry out implementation testing. We will start testing in November and aim to spread across all Trusts in early 2022. • We have built a clear regional picture of use and quality of personalised care and support plans, identifying where there are gaps and where the PSC can add value. • We continue to work with partners in CCGs, Local Authorities and primary care networks in using deterioration tools in care homes (e.g. new End of Life Care module). • There has been good progress in building patient safety networks for ‘managing deterioration’ and for work in ‘Care Homes’. • There are challenges working with acute teams at the moment due to severe service pressures. This has meant that, for example, Sepsis may have slipped down the safety agenda due to COVID pressures but remains an issue.
<p><u>Priority area 2: Maternity & Neonatal care</u></p> <p>We aim to:</p> <ul style="list-style-type: none"> • Contribute to the national target of increasing the proportion of smoke-free pregnancies. • Support the spread and adoption of the preterm perinatal optimisation care pathway across England (95% or greater by 	<p>Progress:</p> <ul style="list-style-type: none"> • We have strengthened our working relationships with key partners, ensuring good coordination of our work across agencies working in support of maternal and neonatal care (MCN, ODN, LMS) to avoid confusion and duplication. Our patient safety network continues to strengthen, allowing focussed discussion of aspects of the work,

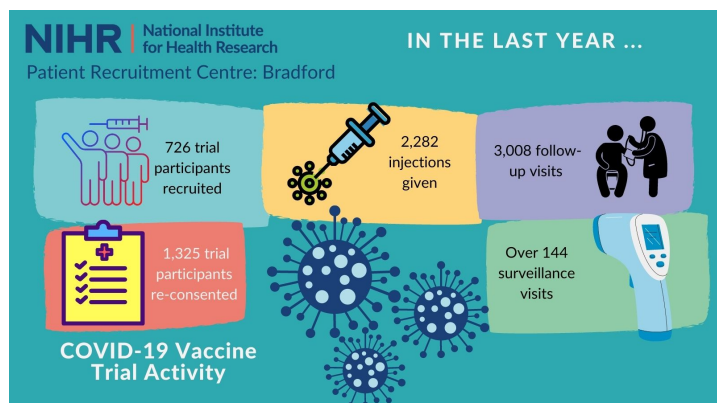
<p>March 2025).</p> <ul style="list-style-type: none"> • Support development of a national maternal early warning score (MEWS). • Support the spread and adoption of the neonatal early warning 'trigger and track' score (NEWTT2) to all maternity and neonatal services by March 2023. 	<p>e.g. inequalities in care.</p> <ul style="list-style-type: none"> • We have developed a 'core leaders group' to help us design and spread the work. • Progress made especially around the optimisation driver – better data is now available at unit level to promote sharing of good practice, QI projects in progress on normothermia and optimal core clamping.
<p><u>Priority area 3: Adopt & Spread</u></p> <p>We aim to:</p> <ul style="list-style-type: none"> • Support an increase in the proportion of patients in acute hospitals receiving every element for which they are eligible of the British Thoracic Society COPD discharge care bundle to 80% by March 2022. • Support an increase in the proportion of patients in acute hospitals receiving every element for which they are eligible of the asthma discharge care bundle to 80% by March 2023. • Support an increase in the proportion of patients receiving all elements for which they are eligible of the emergency laparotomy care bundle to 90% by October 2022. 	<p>Progress:</p> <ul style="list-style-type: none"> • There is a real issue with current capacity of respiratory teams to undertake any new improvement work on COPD and asthma, with some staff not yet back in substantive roles. We have managed to maintain some light touch support and provide networking and sharing opportunities. • Case finding continues to be a real challenge due to current red zone configurations of wards. • There are some innovative solutions around community support, e.g. My COPD/My 24 virtual models which we are sharing. • Interest from leads to undertake some work around Tracheostomy care and a regional event is being planned for April 2022.
<p><u>Priority area 4: Medicines Safety</u></p> <p>We aim to:</p> <ul style="list-style-type: none"> • Reduce medicine administration errors in care homes by 50% by 	<p>Progress:</p> <ul style="list-style-type: none"> • Initial engagement with care homes has been good but some issues with improvement readiness means that although we are managing to maintain work with a small group of homes to test the

<p>March 2024 (looking at learning from error, interruptions, safety huddles and communication)</p> <ul style="list-style-type: none"> • Reduce harm from opioid medicines by reducing high dose prescribing (>120mg oral Morphine equivalent), for non-cancer pain by 50%, by March 2024 (scoping stage). 	<p>interventions, we are unable to progress with others.</p> <ul style="list-style-type: none"> • Early learning from testing is showing clear correlation between interruptions and errors, focussing on reducing interruptions and introducing safety huddles this has led one home to achieve Bronze award for reducing incidents. • Three-way communications (Home, GP, and Pharmacy) has been more complex than first thought. We are now planning a focus group and other opportunities to work through and understand this better with key staff. Differing models of support from CCGs/PCNs make generalisations difficult.
<p><u>Priority area 5: Mental health</u></p> <p>We aim to:</p> <ul style="list-style-type: none"> • Reduce suicide and deliberate self-harm in inpatient mental health services, the healthcare workforce and non-mental health acute settings. • Reduce the incidence of restrictive practice in inpatient mental health and learning disability services by 50% by March 2024. • Improve the sexual safety of patients and staff on inpatient mental health units by 50% above baseline by March 2024. 	<p>Progress:</p> <ul style="list-style-type: none"> • The Mental Health Patient Safety Network has started and is being strengthened with good links being made with 3 ICSs and clinical networks as well as provider Trusts. • Our initial focus on reducing restrictive practice, supporting a small number of wards through QI projects, has received excellent levels of engagement and enthusiasm at ward and Trust level (5 of 6 MH trusts in Yorkshire and Humber have signed up). • We are currently scoping and better understanding needed around the suicide intervention.

Research Activity and COVID -19

Although still supporting some COVID-19 related research work most of our 'normal' pre-pandemic research activity has resumed. At the end of September 2021 (Quarter 2), 7214 research participants have been recruited into research studies.

NIHR National Patient Recruitment Centre: Bradford



Our PRC team has continued to lead the delivery of the Novavax vaccine trial in Bradford; the work on this trial has been extremely intensive and time consuming. 726 participants were recruited and this last year there have been numerous follow up visits, surveillance visits and data queries.

As the Novavax study comes to a close the PRC team is working on other commercial trials with 2 studies currently open to recruitment, 3 given the 'green light' and recruitment is due to start shortly and 16 more in the set up/ approval process.

Work continues to raise the profile of the PRC initiative¹ (Bradford is one of five NIHR PRCs) with industry partners and Professor Dinesh Saralaya has recently represented PRC: Bradford at a recent Life Sciences Industry Event that took place last month².



¹ <https://www.nihr.ac.uk/explore-nihr/support/national-patient-recruitment-centres.htm>

² Photo courtesy of NIHR CRN.



We have also had our annual review meeting with NIHR Coordinating Centre; this went well and the team presented our study pipeline and the work that we will be concentrating on over the next 12 -18 months (work areas shown above).

Research engagement and CQC

Work has been undertaken by the Trust Research Matron to look at ways to best promote research in the clinical areas and to patients and improve on information and understanding that already exists. As research is now part of CQC requirements (W8 Trust Wide Well-led category) it is even more important that all Trust staff and patients are aware of the research that we do and how it can benefit patients and improve the care we deliver as a Trust. Work to date includes:

- Research Staff Survey conducted – although the response rate was small (~2% return rate) it highlighted that staff are not aware of research in their area or the research activities of the Trust and would like more information about research on a regular basis in a form of a newsletter and bulletins. Information on research activity is already included in ‘Let’s Talk’ and global emails but this will be extended to include a quarterly research newsletter,
- Research will be added to ward accreditation checklists and monthly ward manager audit lists to ensure that there is consideration/ focus about research opportunities and projects,

- Research sessions have been developed and delivered on trust induction for newly qualified nurses and AHPs increasing the awareness of research in the organisation,
- Artwork throughout the hospital sites and information campaign promoting the importance of research is progressing with medical illustration

Research Delivery Workforce

To improve the support and development of the clinical research teams the Trust Research Matron is implementing a model of shared responsibilities with clinical matrons for the Lead Research Nurses in the clinical areas. This shared responsibility will enable capacity, workload, training and appraisals to be co-ordinated in a much more comprehensive way and improve staff satisfaction and well-being.

City of Research – Research as One.



There is a strong ethos and track record of research collaboration within the Bradford and Airedale health care sector which has been in existence for many years including excellence in applied research, world class community research cohorts, data linkage and clinical research. Most recently this has been evidenced by the successful

delivery of the COVID-19 vaccine trials. This involved cross-site and sector working and doing things very differently at pace and scale and involved teamwork between providers and partners in the Bradford District and Craven areas including primary and secondary care, the Council, research champions and our local university. Additionally, the primary and secondary care R&D offices within Bradford and Airedale have also met regularly for over ten years to discuss research activity, management and governance and to share expertise and provide peer support.

In the light of the more formal arrangements of Integrated Care Systems which will be implemented over the next few years and the district's place based 'Act as One' response to the pandemic and future working, we aim to formalise our collaborative research working to create 'Research as One – a City of Research'. The City of Research 'footprint' will be one of the five places or Integrated Care Partnerships (ICPs) of the West Yorkshire ICS footprint facilitating easier integration of research activity as ICS delivery of services becomes more formalised and operational.

The process to create a City of Research has started with the following two areas of work:

- Development of a Memorandum of Understanding between NHS Organisations within Bradford and Airedale to formalise our synergistic working.

- A City of Research website has been developed and launched that is an ‘umbrella’ website for all our organisations’ research activity but more importantly hosts a research registry for our population to register their interest in taking part in the high-quality research we deliver (cityofresearch.org).

Further work will be ongoing between our organisations to develop our City of Research approach and identify further work packages that will consolidate and reinforce our ‘Research as One’ way of working. These will include:

- Governance and management synergies and opportunities, e.g. single research information management system, sharing recruitment,
- Workforce cross-cover and development and training opportunities,