RDI Committee
Annual Report
2024-2025

Table of Contents

SECTION I

Strategic Aim One: To foster RDI activity in the themes and strategic drivers prioritised in the "Caring for Ayrshire" programme.

Related NRS objectives and associated performance targets	1.1 Sustain and as appropriate improve the current level of research activity 1.2 Sustain and as appropriate extend the spectrum of research activity

RDI Dimension	Indicator	Target	Achieved 2024-2025
Primary Care	# projects	1	**5**
Care of the Elderly		1	**4**
Mental Health		1	**10**
Acute services		1	**127**
Changing demographics – New process introduced from 1st April 2025 to collect relevant data pertaining to the RDI Strategy (2025-26) using the OID Section of the R&D Submission Paperwork			
Increasing Elderly Population	# projects	2	**1**
Life Expectancy, Morbidity and Mortality		2	**1**
Changes in the Workforce Profile		2	**1**
Shifting Emphasis Away from Hospital-Based Care			
Admission Avoidance and Minimising Hospital Length of Stay	# projects	1	**4**
Localised Alternatives to Acute Hospital Attendance		1	**4**
Deployment of Digital Technologies to Optimise Patient Access		1	**4**
Securing Service Sustainability			
Addressing our Workforce Needs	# projects	1	**5**
Transformative Approach to Health and Care		1	**5**
Improving Efficiency and Effectiveness		1	**5**

RDI Dimension	Indicator	Target	Achieved 2024-2025
Research activity (Income)	% increase in commercial income	+ %15	Chief Scientist Office: £679,000 Eligible, non-eligible and commercial income: £242,205 From this, commercial income: £125,386 **+183%** Total: £921,205
Patient/ participant recruitment activity	# patients recruited to studies	Ongoing monitoring	**140** patients/participants

SA1 Narrative Insights

Engage with academic partners to promote collaborations with RDI NHS AA; support and participate as appropriate in grant applications. Engagement with universities included:

- Oxford University: (exploratory) evaluation of the NHS Ayrshire & Arran Dalmellington Community Health Hub
- Edinburgh University: (exploratory) Spiritual Care services
- Glasgow University: (exploratory) mental health and learning disabilities in adulthood
- UWS: (proposal development) research mentorship from a neurodiversity perspective
- UWS: Discussions with research and education leads at the School of Health and Life Sciences to establish closer collaborations between universities. Prof. William MacKay is conducting drop-in sessions at NHS A&A.

Chief Scientist Office (CSO) Advisory Board. The Head of RDI at NHS A&A was selected to represent non-nodal Scottish health boards (eight HB) at the Chief Scientist Office's National Advisory Board. The CSO is a division within the Scottish Government Health Directorates. Its vision is to enhance and expand high-quality health research in Scotland. This initiative aims to provide both health and financial benefits to the population, positioning Scotland as a globally recognized hub for health science.

The current strategy, titled Delivering Innovation through Research – Scottish Government Health and Social Care Research Strategy, outlines the approach and goals for advancing health research in Scotland.

SECTION 2

Strategic Aim 2: To contribute to achieving the "Caring for Ayrshire" measurable aims.

Related NRS objectives and associated performance targets	1.3 Increase the proportion of impactful research studies

RDI Dimensions	Indicator	Target 2024-2025	Achieved 2024-2025
Open studies (all RDI projects)	# New Studies for current year # Open Studies for current year	Ongoing monitoring	Total New Studies 2024/25 = **36** Total Open Studies = **204**
Measurable aims			
Improve the health of individuals	# projects that have contributed to measurable aim	4	**3**
Increase safety in procedures		2	**3**
Improve individuals' experience of our healthcare service		1	**5**
Improve patient flow pathway		1	**4**
Positive supply/demand workforce balance		1	**2**

SA2 Narrative Insights

Participate in relevant committees within the organisation to monitor the impact of previous research. Disseminate through communications the identified impact of RDI activities. Impact monitoring was not focalised in 2024-2025 as internal and external engagement with key stakeholders was prioritised. Impact monitoring mechanisms will be designed in 2025-2026.

SECTION 3

Strategic Aim 3: To scale up RDI activity across the organisation, promoting a research & innovation-driven culture.

Related NRS objectives and associated performance targets	1.4 Sustain and as appropriate improve the responsiveness of approval times (for R&D and Ethics approval) 1.5 Research improves NRS workforce retention and recruitment 1.6 Public awareness of health research in Scotland

RDI Dimensions	Indicator	Target 2024-2025	Achieved 2024-2025
Scale-up activity			
Secured CF	% of progress in securing permanent CF (five days per week =100%)	50%	**90%**
Development of Research & Innovation mentoring programme	# of members of staff involved in the mentoring programme	50	**57** 17 mentees 4 mentors NHS AA staff 3 mentors RDI Department 13 guest speakers 20 (+1) Research Champions
Secured time for staff involved in research projects	# of members of staff with secured time for R&I	To be discussed with HHRR and service leads	Ongoing process
An increased conversion rate of feasibility studies	% conversion rate	2%	Conversion of Feasibilities to Expressions of Interest = **4%** (see narrative in Appendix I: strategic AIM 3)
Sustain and Improve approval times	% improvement of approval times	30 days	Average **32 days** for 29 studies

SA3 Narrative Insights

Design a mentoring programme and research fund. The designed scheme comprises four levels:

1. **Mentoring**: Providing an introduction into research in healthcare settings through online training, training with the RDI team on the basics of clinical trials and research governance and seminars with guest speakers. Introductory level.
2. **Research Fellowship**: mentoring healthcare professionals in supporting current research projects. Developing level.
3. **Associate Principal Investigator (API) Scheme**: supporting professionals to gain experience in PI roles. Intermediate level.
4. **Academic Fellowships and Grants**: Facilitating applications for Principal Investigator, Doctoral and Postdoctoral fellowships, as well as grants, through external funding organisations (CSO, NRS, NIHR, ESRC, British Academy, UKRI, etc.). Advanced level.

Research Champions Forum (RC). The RC forum aim to play a crucial role in promoting and supporting research activities, thereby fostering a culture of research. A call for applications resulted in 21 RC selected. The introductory session took place recently.

Pilot mentoring programme with one service area

Piloting to start on 01/04/2025.
Mentoring started with Nursing, AHP and Psychology.

Engage with heads of areas to increase research staff time and engagement. Throughout the year, group and individual conversations were held with service managers, clinical directors, leads, the Director of HR, and the Director of Infrastructure and Support Services.

There is a strong interest and commitment to supporting staff engagement in research, within the constraints imposed by service pressures. More diverse and effective methods of communicating research opportunities were agreed upon and are currently being developed and implemented to ensure these opportunities reach a wider audience.

Organise and deliver RDI presentations to service areas: Presentations delivered 2024-2025 include:
Introduction to Research Champions Forum
Head of Dermatology Dr Honan on RDI Services
Clinical directors' forum
Pharmacy Directorate

Scheduled Presentation include:
Ayrshire Psychiatry Teaching Day 17th April
Presentation to Renal clinicians arranged for 29th April
Presentation to Senior MH Nursing team 18th June

Design and implement an action plan to increase the conversion rate of feasibility studies: Feasibility monthly meetings are in place to troubleshoot/improve operational logistics as a team with closer contact with Heads of Service which has proved to be positive. Presentation was added to the Research Champion Forum session and there are plans in place to contact the Forum members as key contact staff. A new national Site Identification Process and digital platform is being piloted with staff training to follow which is expected to have a positive impact on the productivity around the feasibility process.

Implement EDGE: EDGE is a global Clinical Research Management System used across various health board regions in Scotland. All studies which involve our Research Nurse team are added to this system to allow study management. The Finance section of EDGE has recently started being utilised to ensure that we receive all study income due. To date, the SUBCUT and Traits studies have been uploaded to the platform.

RDI at NHS Ayrshire & Arran has set up a local EDGE users' group who link in with the national EDGE Super Users group to keep up to date with all available activity within the system.

SECTION 4. PHARMACY REPORT

The full cost avoidance report for April 2024 to 2025 is attached to this document.

Estimated cost avoidance 2024-2025	**£64,127**

The Clinical Trials Pharmacy team (CTP) is currently involved in 8 CTIMP studies open to recruitment and 3 closed to recruitment which they are still dispensing/or receiving deliveries of medication for patients. The team continues to provide pharmacy oversight for another 2 studies and assist the research nurses with queries related to medication. They have also been involved in the close out process and archiving processes for a number of studies since the last RDI committee session (December, 2024).

The CTP team are continuing the review of pharmacy SOP's and pharmacy site files as part of the MHRA inspection readiness process and are working closely with the wider RDI team to ensure all our processes link up.

SECTION 5. FINANCE FULL REPORT

See document attached

SECTION 6. OTHERS

- **MHRA Inspection readiness.** Discussions are underway to arrange MHRA preparation training over the next few months and Mock Inspections planned for next year.
- **Working Instructions**
  - SOP 7 Amendments v05.1
  - SOP 9 Recruitment Figures v02.0
  - SOP 17 Obtaining Informed Consent v01.2

- WI01 and WI 01-07 Documenting Informed Consent Process, Confirmation of Eligibility & Study Participation v01.1
- WI02 CAPA v01.1
- WI19 Collaboration agreement v01.0

- Drones-**CAELUS**-Future Flight 3 Programme. The project is completed. There is no information available yet regarding the next steps of implementation.
- **Other innovation projects**
  CIVTECH (Esther Aspinall and Katrin Bjornsson): Adora has developed an AI app to support individuals in their menopause. Letter of intention signed on 26/03/25 by NHS AA's medical director to conduct pilot. Pilot will entail offering the app to staff and patients. All patients accessing menopause-related services will be offered access to the app, regardless of whether they consent to participate in the study.

  Hello Lumino currently developing online interface and psychological programme content to support individuals experiencing hot flushes. Not ready for piloting yet.

- **Communications/engagement**
  - New external NHS A&A RDI site: Research, Development and Innovation (RDI) - NHS Ayrshire & Arran
  - New Innovation Athena site: NHS A&A Innovation
  - New Viva Engage channel: Viva Engage - AA Research, Development & Innovation. 121 members

APPENDIXES

Appendix I: strategic AIM 3: An increased conversion rate of feasibility studies

During 2024-2025 there were **436** Feasibilities received and processed locally.
Commercial = **389**
Non-commercial = 47

Expression of Interest (EOI) submitted by speciality:
Total = **17** (Commercial **11/** Non-Commercial 6)

Table. EOI submitted by Speciality

Speciality	**No EOI**	**Selected as a site**
Cancer 2 Breast, 1 Prostate, 1 AML	4	**Yes for 3**
Cardiovascular	3	No
Hepatology	1	No
MSK	1	No
NDN	1	No
Orthopaedics	1	No
Primary Care	1	No
Respiratory	2	No
Stroke	2	No
Surgery	1	**Yes**
Total	**17**	

Table. Reasons for Declined Feasibility, totals

Ca4	No support department capacity	1
Pa1	Insufficient patient population	17
Pa2	Patients not treated locally	24
Pa3	Pathway not provided at site	7
Pr3	Inclusion/Exclusion criteria limiting	1
In1	Study not of interest	38
In2	PI does not have time to lead study	**55**
In3	No response from local investigator	**143**
In5	No investigator identified locally with an interest in this specialist area of research at present	1
ND	No additional details given	8
Other		110

Appendix II: Strategic Aim 3, section 3: 2024-2025 NRS 30-day Clock Target to achieve R&D Management Approval

The recording of the clock days has been relaunched, but the process of baselining and setting new targets has been paused until the UK Approvals are reset. NRS has advised that there is currently no official target for local reviews. However, the RDI team has set an internal target of 30 days for monitoring.

Total no. of studies approved 2024/25 = **29 on the clock**

Approval times
Mean (average) = **32 days**

Over 2024/25 Reasons identified for clock time over 30 days

- Delay in return of localised OID (LOID) and Local Information Appendix (LIA) from research team (internal)
- Awaiting Caldicott approval
- Research Passport signature delay (internally)
- Local study team A/L / sickness
- Review delays

Table. Action Plan

Assessment	Plan	Implementation	Evaluation	Comments
Delay in return of localised OID (LOID) and Local Information Appendix (LIA) from research team (internal)	Explain how this would have an impact on the clock times.	Give local research team a deadline from returning LOID and LIA	Deadlines now set up	Progress positive
Awaiting Caldicott approval	To reduce time on the clock	Liaise with IG on a strategy	This involved 1 study only	Risk of repeating remote but being monitored
Research Passport signature delay (internally)	Review current processes	Update SOP	SOP updated and out for review before approval	Process should improve any previous delays
Local study team A/L / sickness	Alert Sponsor promptly	Communication with Sponsor/NRS and study team	Communicatio n with local study team in place	Being monitored and doesn't appear to be causing any major concerns
Review delays	Prompt & timeous follow up on reviewers	Utilise clock alerts on SReDA and monitor at project meetings	Monitored and discussed and weekly RG Team meeting	No issues to raise but will continue to monitor and report any issues