

<p><b>Subject:</b></p>	<p><b>Board Performance Report, Quarter 1 – 2015/16 Research and Innovation</b></p>
<p><b>Prepared by:</b> <b>Sponsored by:</b></p>	<p><b>Dr Greta Westwood, Deputy Director of Research &amp; Innovation</b></p>
<p><b>Purpose of paper</b></p>	<p>To brief the Board on research performance by Clinical Service Centre against local and national bench marks.  <b>For Information only</b></p>
<p><b>Key points for Trust Board members</b>  <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i></p>	<ul style="list-style-type: none"> <li>• Clinical Service Centre Senior Management Team and Research Leads have received Quarter 1 2015 report</li> <li>• Research recruitment is 129% of Q1 goal</li> <li>• PHT now the <b>5<sup>th</sup> most research active</b> large acute NHS organisation (n=42)</li> <li>• Research income £1,020,504 at Q1 (2014/15 full year - £4,534,555)</li> <li>• Patients and staff recruited into research studies between October and September each year contributes to the funding allocation at the start of the following financial year. Funding is activity based &amp; weighted by the complexity of the study. Weighted recruitment at <b>Month 9</b> of current activity based period is 5000 more than in the whole of the previous year.</li> <li>• Recruitment performance against our national peers - 5<sup>th</sup> (42 large acute NHS organisations) Ambition to be in top 20%</li> <li>• PHT is research active in 20 of 24 the nationally described specialities</li> <li>• PHT is ranked in the <b>top 3 nationally</b> for recruitment in the following specialities: haematology, ophthalmology, gastroenterology, respiratory, children &amp; ageing</li> <li>• PHT is ranked in the <b>top 10 nationally</b> for recruitment in the additional following specialities: cancer, injuries &amp; accidents, dermatology, hepatology, renal, critical care &amp; MSK</li> <li>• PHT accountable for not achieving a 70-day national target (research approval pack received to first patient recruited) in 7% of all clinical trials (2014/15 13%)</li> <li>• 80% of all commercial studies have achieved expected recruitment goal within agreed timelines (85% 204/15)</li> <li>• Research approvals 100% compliant (15 days)</li> <li>• Only 35% of consultant workforce research trained (static) since last quarter</li> </ul>

<b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i>	For information
<b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i>	<ul style="list-style-type: none"> <li>To begin to report innovation activity in Quarter 2 2015/16</li> <li>Greater scrutiny on 70 day target for commercial studies</li> </ul>
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	N/A
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	N/A

<b>Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register</b>	
<b>Strategic Aim</b>	<b>Strategic Aim 2: Develop a reputation for excellence in innovation, research and development and education in the top 20% of our peers</b>
<b>BAF/Corporate Risk Register Reference (if applicable)</b>	
<b>Risk Description</b>	
<b>CQC Reference</b>	

<b>Committees/Meetings at which paper has been approved:</b>	<b>Date</b>

# Research & Innovation Performance Board Report

## Quarter 1

### April 2015 – June 2015

Data obtained: 5<sup>th</sup> August 2015

NB: This is not a real time report so allow the six week data upload time when reviewing this report

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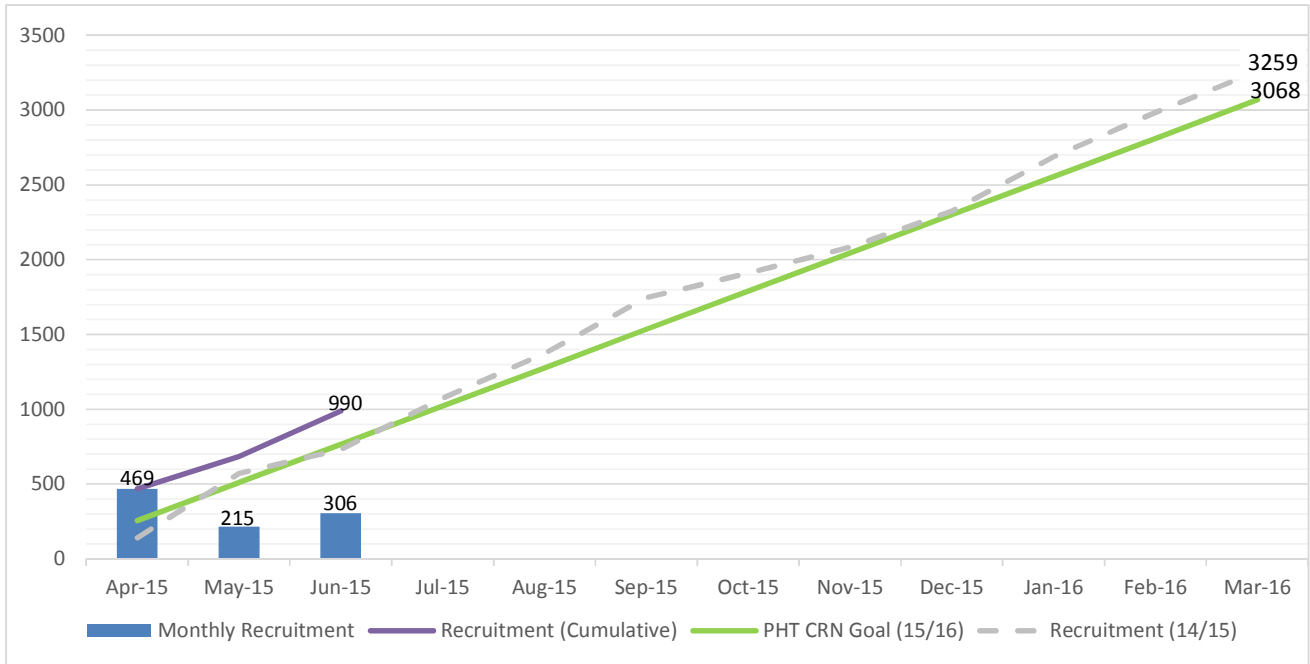
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Improving Lives  
Through Excellence

## SECTION 1: RESEARCH RECRUITMENT

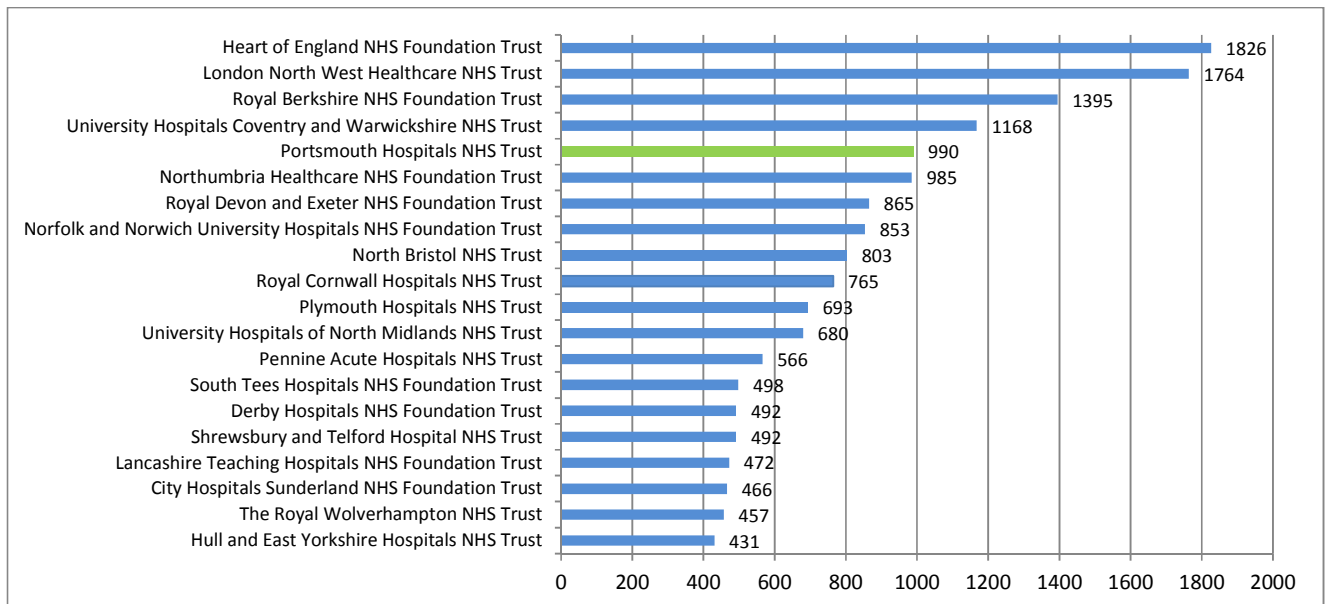
**CHART 1.1 PHT PORTFOLIO (NON-COMMERCIAL/COMMERCIAL) MONTHLY AND CUMMULATIVE RECRUITMENT SET AGAINST WESSEX CLINICAL RESEARCH NETWORK (CRN) GOAL**



Source: NIHR Open Data Platform.

Chart 1.1 shows all PHT monthly and cumulative Portfolio recruitment for April-June 2015 set against the recruitment goal set by the Clinical Research Network (CRN) Wessex and recruitment in 2014/15. Portfolio recruitment includes all patients and staff recruited into high quality research studies as defined by the National Institute of Health Research (NIHR) and adopted onto the NIHR Portfolio. This chart does not include recruitment into other studies i.e. student studies etc (non-portfolio). Chart 1.2 shows the ranking of the first 20 large acute NHS organisations (total n=42). PHT is 5th (12%); the aim is to remain in the top 20% among our peers.

**CHART 1.2 PHT POSITION IN ENGLAND BY 2015/2016 RECRUITMENT (LARGE ACUTE TRUSTS ONLY)**



Source: NIHR Open Data Platform

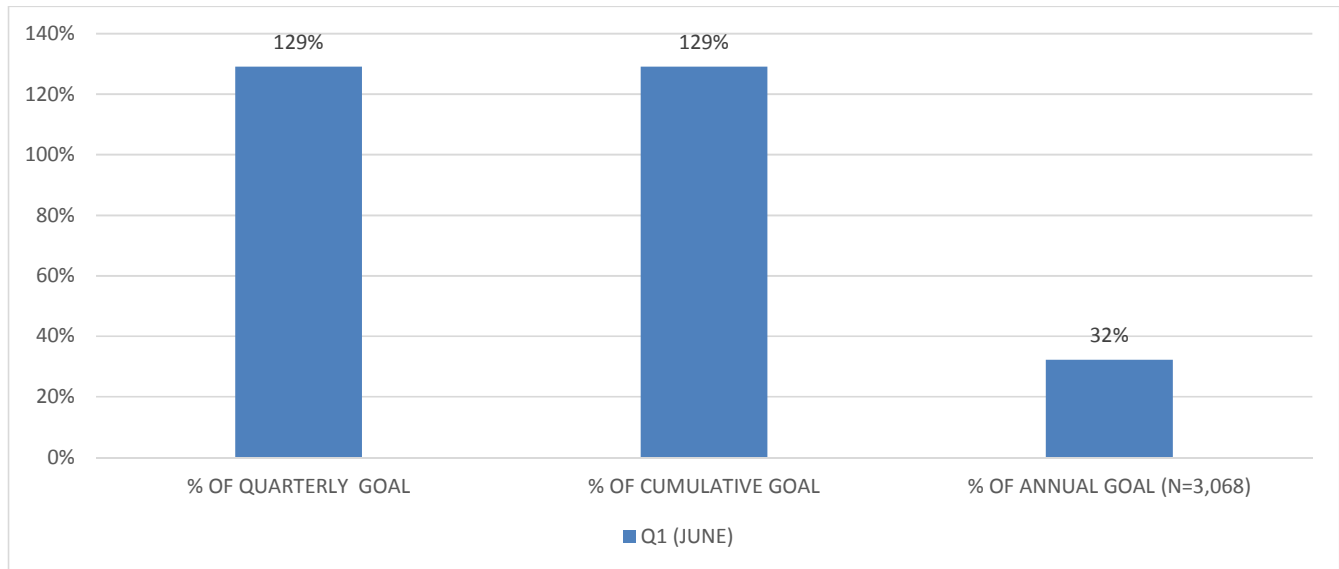
**Table 1.1 & Chart 1.3 PHT PORTFOLIO RECRUITMENT AGAINST QUARTERLY AND ANNUAL GOALS**

**TABLE 1.1**

QUARTER 15/16	RECRUITMENT	CUMULATIVE RECRUITMENT	CUMULATIVE GOAL	% OF QUARTERLY GOAL	% OF CUMULATIVE GOAL	% OF ANNUAL GOAL (N=3,068)
Q1 (JUNE)	990	990	767	129%	129%	32%
Q2	-	-	-	-	-	-
Q3	-	-	-	-	-	-
Q4	-	-	-	-	-	-

Source: NIHR Open Data Platform

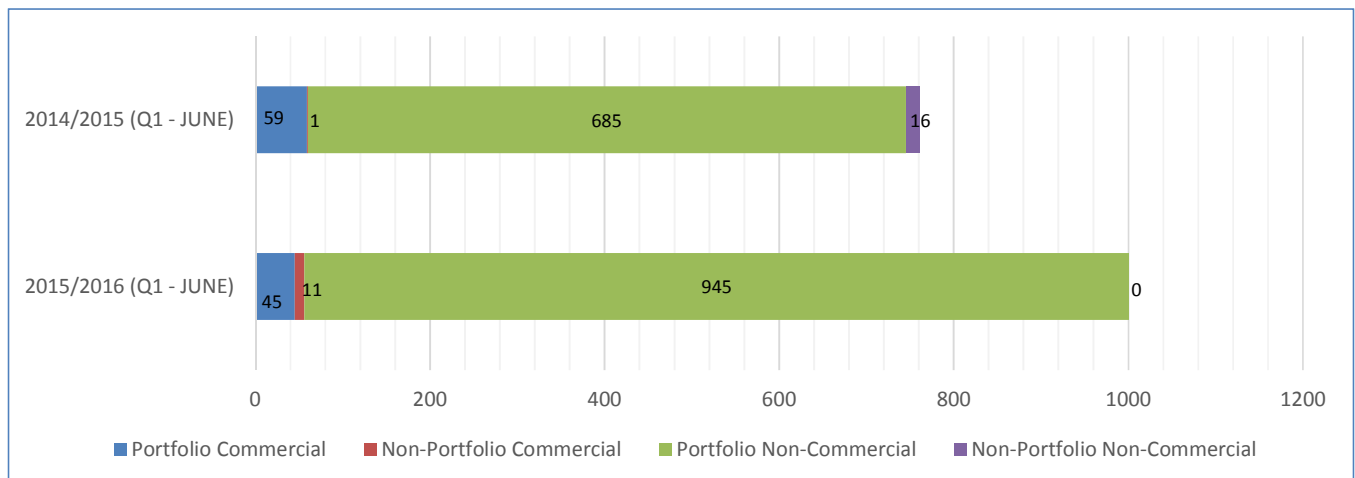
**Chart 1.3**



Source: NIHR Open Data Platform

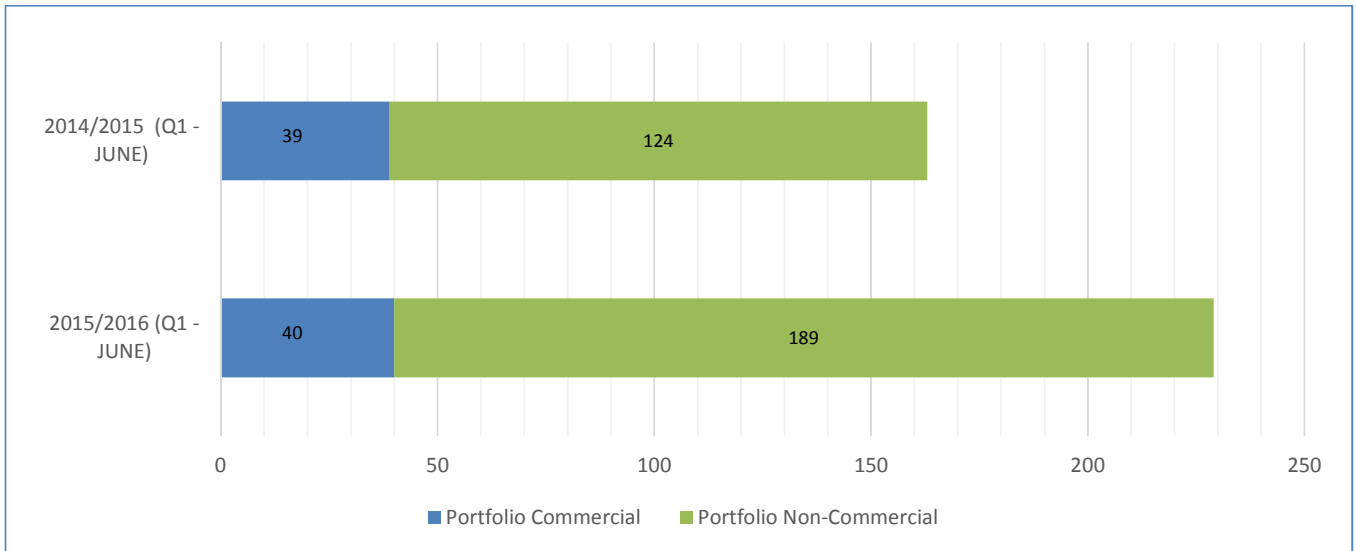
All research recruitment (portfolio and non-portfolio) by commercial/non-commercial research in Q1 (April-June) 2015/16 and in the same period in 2014/15 is shown in Chart 1.3. The numbers of portfolio studies by funding type (commercial/non commercial) are shown in Chart 1.4

**CHART 1.4 ALL COMMERCIAL AND NON-COMMERCIAL RECRUITMENT (PORTFOLIO AND NON-PORTFOLIO)**



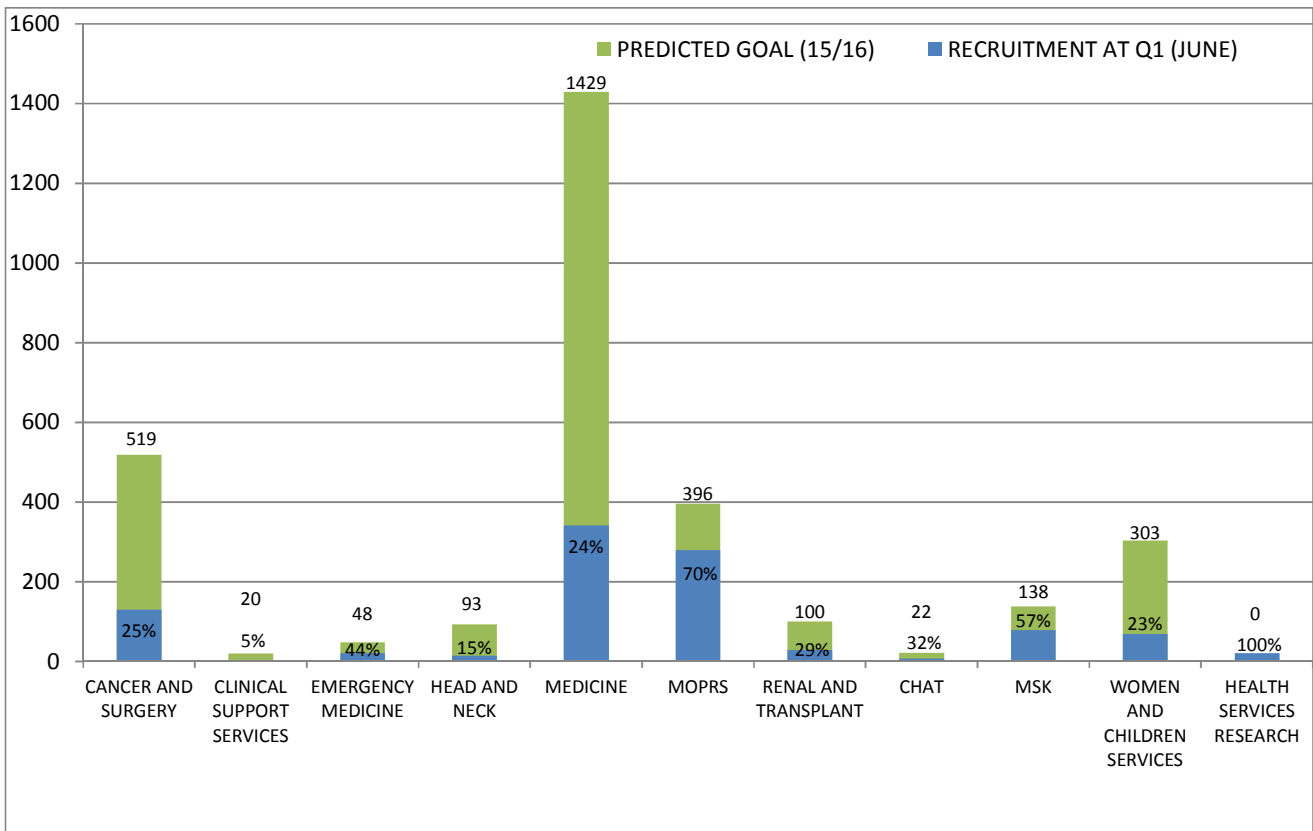
Source: NIHR Open Data Platform (Portfolio data), Edge™ Research Management System (Non-Portfolio data)

**CHART 1.5 NUMBER OF STUDIES BY FUNDING TYPE**



Source: Edge Research Management System (15/16 data) EPS Research Manager 9 (14/15 data)

**CHART 1.6 Q1 RESEARCH RECRUITMENT BY ALL CLINICAL SERVICE CENTRES AGAINST ANNUAL RECRUITMENT GOALS**



Source: NIHR Open Data Platform.

**TABLE 1.2 SUMMARY OF RESEARCH RECRUITMENT BY CSC & SPECIALITY SET AGAINST MONTHLY & ANNUAL RECRUITMENT GOAL**

Speciality	Recruitment (June 2015)	Goal (2015/16)	% of Goal (2015/16)	Goal (June 2015)	% of Goal (June 2015)	% of Total		Number of		Number of	
						Recruitment by Speciality (June 2015)	Recruitment by CSC (June 2015)	Non- Commercial Studies	Non- Commercial Recruitment	Commercial Studies	Commercial Recruitment
Cancer	87	456	19%	114	76%	9%		49	81	5	6
Haematology	35	62	56%	16	226%	4%	13%	6	35	-	-
Surgery	8	1	800%	0	3200%	1%		5	8	-	-
Infectious diseases and microbiology	1	20	5%	5	20%	0%	0%	3	1	-	-
Injuries and emergencies	21	48	44%	12	175%	2%	2%	5	21	-	-
Ophthalmology	14	93	15%	23	60%	1%		3	11	3	3
Ear, nose and throat	-	0	-	0	-	-	1%	2	-	1	-
Oral and dental health	-	0	-	-	-	-		-	-	-	-
Cardiovascular disease	31	122	25%	31	102%	3%		4	30	4	1
Dermatology	20	100	20%	25	80%	2%		4	20	-	-
Diabetes	40	321	12%	80	50%	4%	34%	5	40	-	-
Gastroenterology	146	530	28%	133	110%	15%		7	146	-	-
Hepatology	10	48	21%	12	83%	1%		3	1	7	9
Respiratory disorders	94	308	31%	77	122%	9%		6	68	4	26
Ageing	264	300	88%	75	352%	27%		2	264	-	-
Dementias and neurodegeneration	8	47	17%	12	68%	1%	28%	4	8	-	-
Stroke	7	49	14%	12	57%	1%		6	7	-	-
Renal disorders	29	100	29%	25	116%	3%	3%	10	29	2	0
Anaesthesia, perioperative medicine and pain management	-	0	-	-	-	-	1%	-	-	-	-
Critical care	7	22	32%	6	127%	1%		9	7	-	-
Musculoskeletal disorders	78	138	57%	35	226%	8%	8%	12	78	3	0
Children	52	251	21%	63	83%	5%	7%	18	52	1	0
Reproductive health and childbirth	17	52	33%	13	131%	2%		8	17	-	-
Health services and delivery research	21	0	-	0	-	2%	2%	3	21	-	-
<b>Total</b>	<b>990</b>	<b>3,068</b>	<b>-</b>	<b>767</b>	<b>-</b>	<b>100%</b>	<b>100%</b>	<b>174</b>	<b>945</b>	<b>30</b>	<b>45</b>
% of Goal (June 2015)	129%										
% of 2015/16 Goal	32%										
Number of Non-Commercial Studies	174										
Number of Commercial Studies	30										

Source: NIHR Open Data Platform, Edge™ Research Management System



**TABLE 1.3 RESEARCH RECRUITMENT BY CSC & SPECIALITY PHT RANKED AGAINST ALL LARGE ACUTE TRUSTS (n=42) IN ENGLAND**

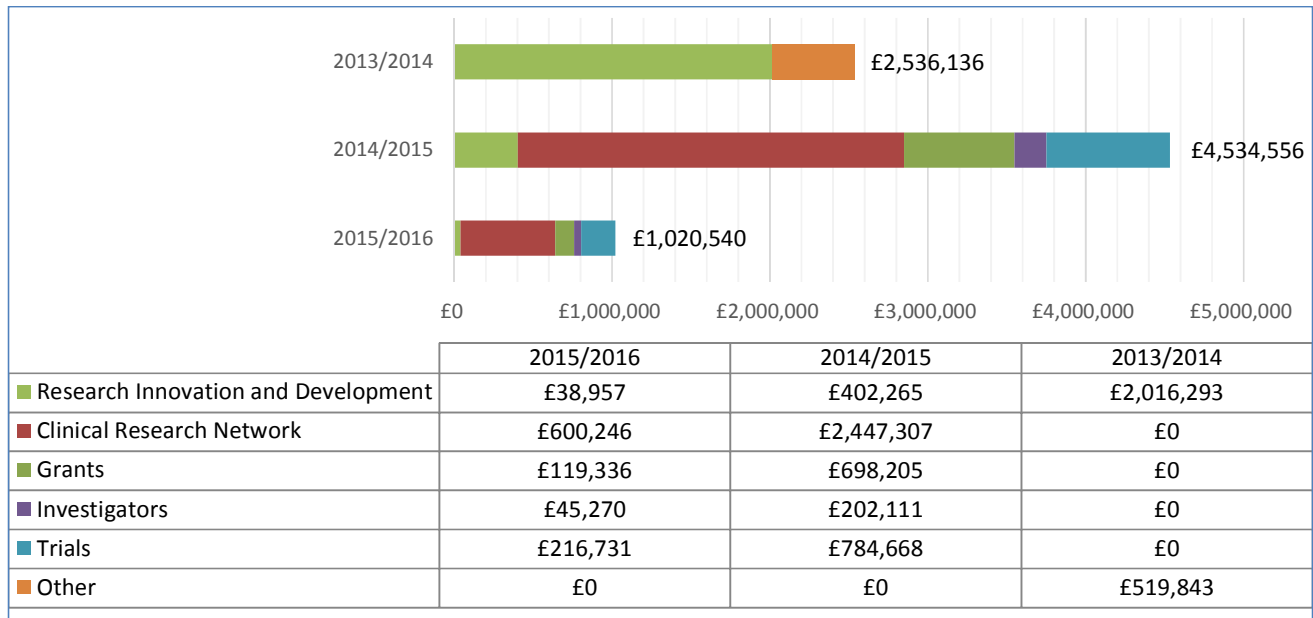
CSC	Speciality	Ranked Position in June 2015	Ranked Position in May 2015	Change (May - June)
Cancer and Surgery	Cancer	6	7	▲ 1
	Haematology	1	5	▲ 4
	Surgery	24	13	▼ -11
Clinical Support Services	Infectious diseases and microbiology	14	-	-
Emergency Medicine	Injuries and emergencies	10	8	▼ -2
Head and Neck	Ophthalmology	3	6	▲ 3
	Ear, nose and throat	-	-	-
	Oral and dental health	-	-	-
Medicine	Cardiovascular disease	18	8	▼ -10
	Dermatology	7	6	▼ -1
	Diabetes	11	16	▲ 5
	Gastroenterology	2	2	○ 0
	Hepatology	7	9	▲ 2
	Respiratory disorders	2	3	▲ 1
MOPRS	Ageing	2	1	▼ -1
	Dementias and neurodegeneration	-	8	-
	Stroke	17	33	▲ 16
Renal and Transplant	Renal disorders	10	16	▲ 6
CHAT	Anaesthesia, perioperative medicine and pain management	-	-	-
	Critical care	7	3	▼ -4
MSK	Musculoskeletal disorders	4	14	▲ 10
Women and Children's Services	Children	1	2	▲ 1
	Reproductive health and childbirth	26	20	▼ -6
Health Services Research	Health services and delivery research	16	10	▼ -6

Source: NIHR Open Data Platform

## SECTION 2: FINANCE

The majority of PHT Research and Innovation (R&I) income is from the CRN Wessex and is shown in Chart 2.1.. It is assumed the 'other' category in 2013/14 was commercial and trial income as we were unable to report by category in 2013.

**Chart 2.1 RESEARCH AND INNOVATION INCOME (2013/14 to Q1 2015/16)**

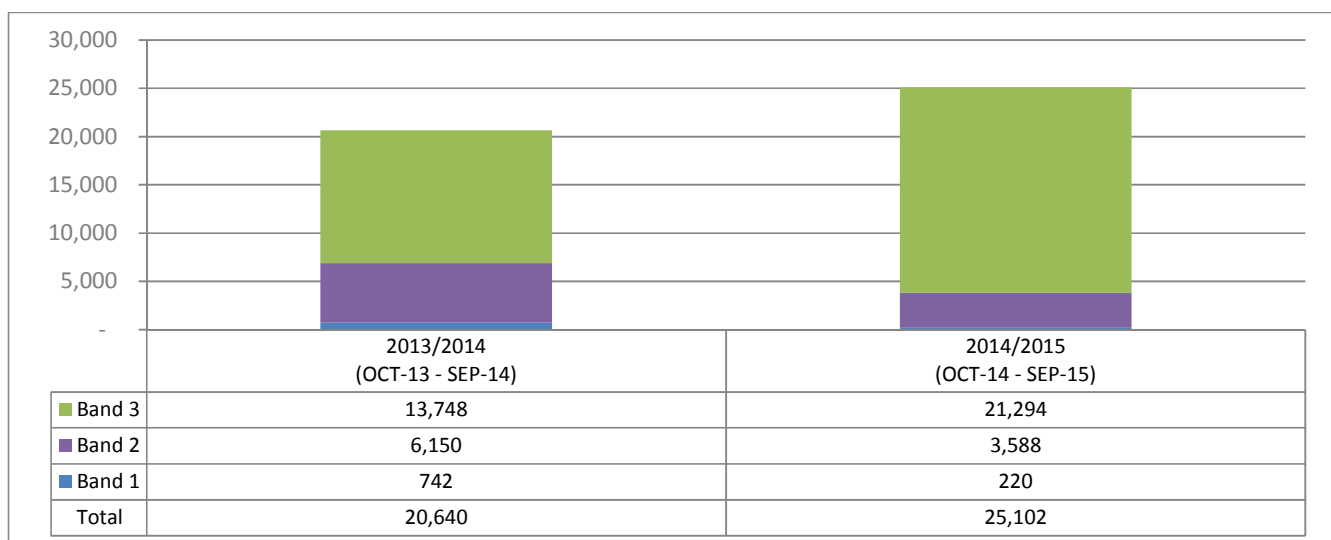


Source: PHT Finance Department

NIHR Clinical Research Network (CRN) funding is activity based and all recruitment between October and September each year contributes to the funding allocation at the start of the following financial year. Recruitment is weighted depending upon the complexity of the study and banded 1-3 accordingly, shown in Chart 2.3 by CSC.

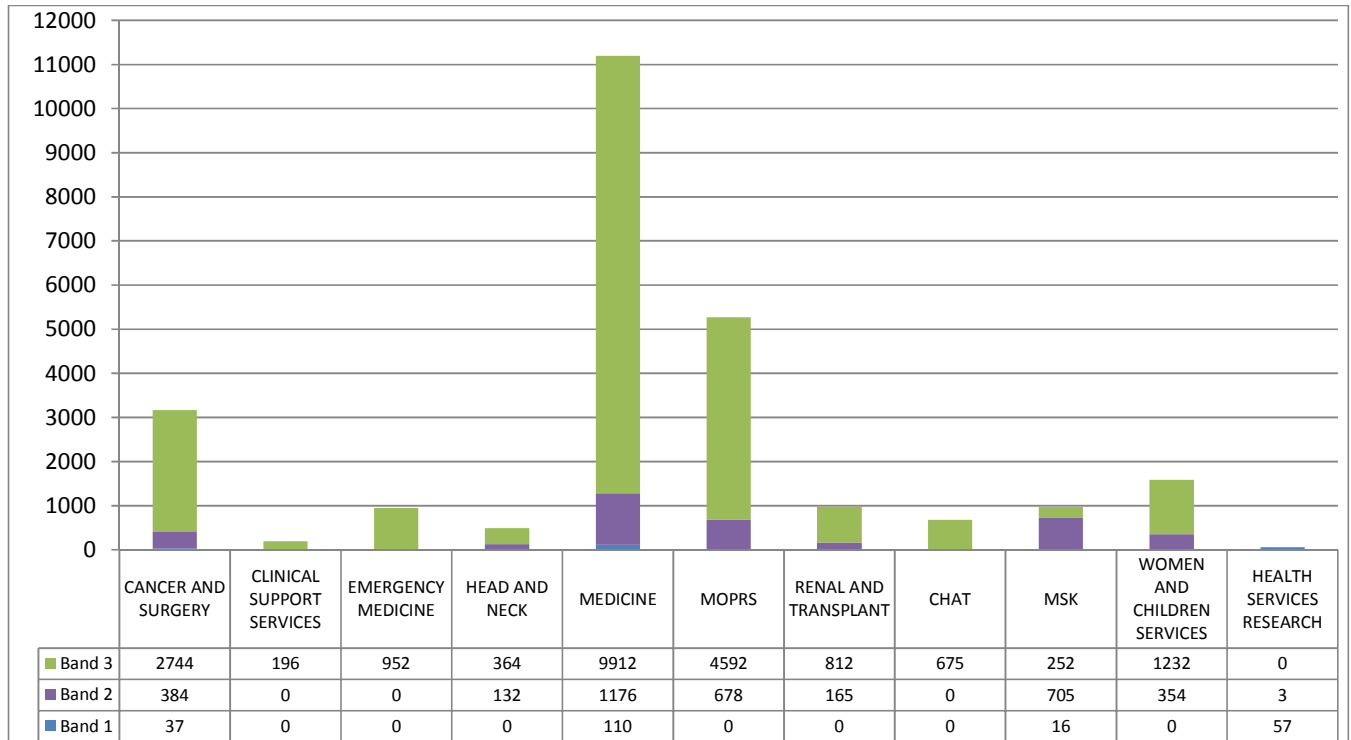
- Band 1 are observational studies recruiting >10,000 participants
- Band 2 are other observational studies
- Band 3 studies are interventional studies

**CHART 2.2 PHT WEIGHTED RECRUITMENT BY (ABF) PERIOD: OCT – SEPT (2014/15 9 MONTHS ONLY)**



Source: NIHR Open Data Platform

**CHART 2.3**      **WEIGHTED RECRUITMENT BY CSC IN ACTIVITY BASED FUNDING (ABF) PERIOD: OCT 2014 – SEP 2015**



Source: NIHR Open Data Platform.

## SECTION 3: RESEARCH TRAINED MEDICAL CONSULTANT STAFF BY CSC

All staff must be GCP (Good Clinical Practice) trained as a minimum to recruit patients to research studies. Table 3.1 shows the percentage of medical consultant staff who are GCP trained by CSC and those whose training is out of date. In total only 35% (35% in Quarter 4, 2014/15) of this staff group are GCP trained and therefore “research ready”. The aim is to increase this in 2015/16, our goal 75%.

**TABLE 3.1 RESEARCH TRAINED MEDICAL CONSULTANT STAFF BY CSC**

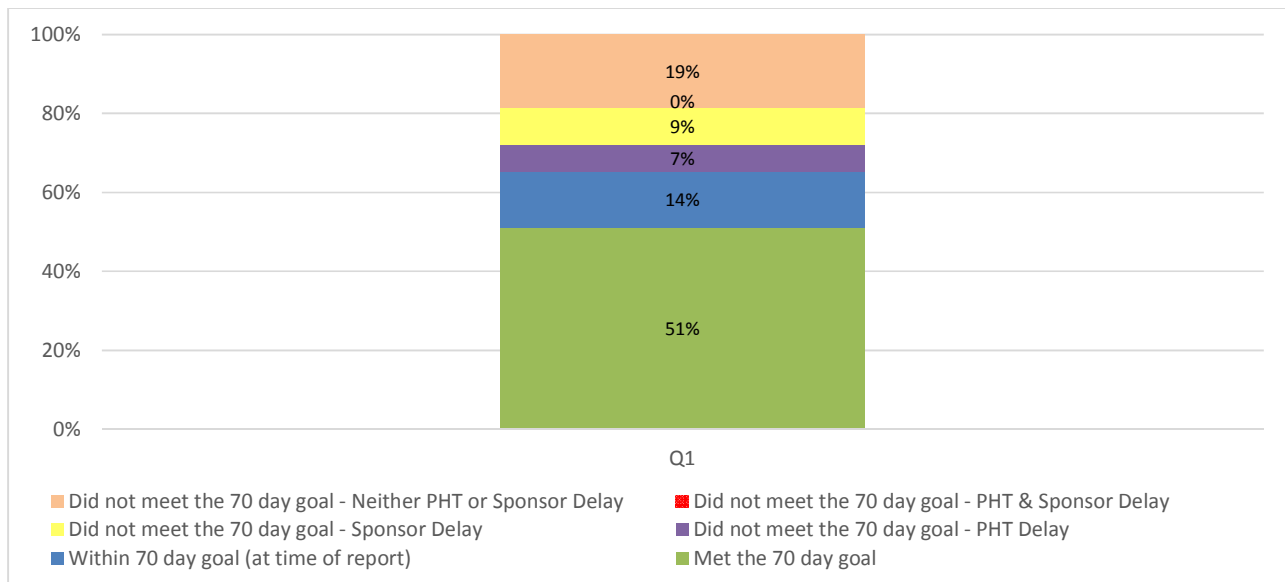
	July	August
<b>CHAT CSC</b>		
No	78%	72%
Out of date	5%	9%
Yes	17%	19%
<b>Clinical Support CSC</b>		
No	71%	69%
Out of date	2%	2%
Yes	27%	29%
<b>Corporate Functions</b>		
No	100%	100%
Out of date	0%	0%
Yes	0%	0%
<b>Emergency Care CSC</b>		
No	80%	80%
Out of date	0%	0%
Yes	20%	20%
<b>Head and Neck CSC</b>		
No	67%	67%
Out of date	9%	3%
Yes	24%	30%
<b>Medicine CSC</b>		
No	39%	35%
Out of date	17%	20%
Yes	43%	46%
<b>MOPRS CSC</b>		
No	61%	61%
Out of date	9%	13%
Yes	30%	26%
<b>Muscular Skeletal CSC</b>		
No	69%	69%
Out of date	0%	0%
Yes	31%	31%
<b>Renal CSC</b>		
No	12%	13%
Out of date	12%	0%
Yes	76%	87%
<b>Surgery and Cancer CSC</b>		
No	37%	35%
Out of date	10%	19%
Yes	54%	46%
<b>Women's and Children's CSC</b>		
No	46%	41%
Out of date	11%	18%
Yes	43%	41%

Source: PHT Human Resources data (07/07/15), R&I Researcher Database (07/07/15)

## SECTION 4: PERFORMANCE IN INITIATING & DELIVERING (PID) CLINICAL RESEARCH

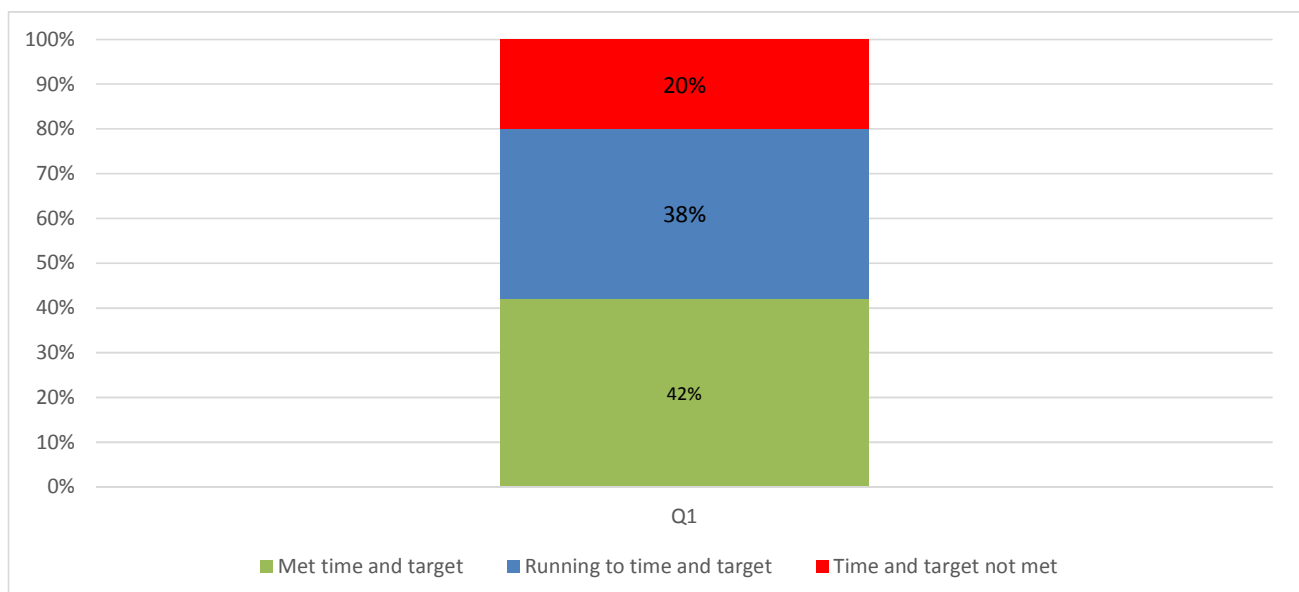
The Department of Health, via the National Institute for Health Research (NIHR) contracts, requires the quarterly publication of the 70-day benchmark for clinical trial initiation (Chart 4.1) and the recruitment to time and target for commercial contract clinical trials\* (Chart 4.2). These reports must be published on the public NHS organisation website. The 70-day performance measures the date the NHS organisation receives a valid research application to the time the first patient is recruited into that study. If a benchmark has not been achieved the reason for not doing so must be published. Research funding will be conditional on meeting the national benchmarks and performance will now affect funding (TBC).

**CHART 4.1 PERFORMANCE IN INITIATING CLINICAL RESEARCH (n = 43)**



Source: Original Source: PHT Performance in Initiating and Delivery Report, July 2015 (Original Source: Edge Research Management System). Clinical trial is defined as a: Clinical trial of an investigational medicinal product, Clinical investigation or other study of a medical device, Combined trial of an investigational medicinal product and an investigational medical device, Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice.

**CHART 4.2 PERFORMANCE IN DELIVERING CLINICAL RESEARCH (n = 50)**



Source: PHT Performance in Initiating and Delivery Report, July 2015 (Original Source: Edge Research Management System). Commercial\* is defined as a study both sponsored and funded by a commercial funder.

Table 4.1 shows the percentage (n) of studies approved in 15 days. PHT is now approving 100% of studies within this goal.

**TABLE 4.1 R&D APPROVAL TIMES FOR PORTFOLIO STUDIES**

Chart 1: CSP Metrics

	DCHFT	DHUFT	HHFT	IC	IOW	PHFT	PHT	RECH	SCAS	SFT	SHFT	Solent	UHS
April		100% [3]	83% [6]	100% [9]	67% [3]	100% [2]	75% [4]	90% [10]		0% [1]	50% [4]	100% [5]	100% [19]
May	100% [1]	0% [1]	60% [5]	100% [6]	50% [4]	60% [5]	83% [6]	100% [4]		75% [4]	50% [2]	67% [3]	100% [6]
June	80% [5]		100% [5]	100% [4]		100% [1]	100% [12]	83% [6]	100% [1]	71% [7]			92% [13]
July													
August													
September													
October													
November													
December													
January													
February													
March													

> 80% of study reviews in 15 days or less  
 60 ≤ x < 80% of study reviews in 15 days or less  
 < 60% of study reviews in 15 days or less

Source: Wessex CRN Performance Report, June 2015 (Original Source: NIHR Open Data Platform).