

TRUST BOARD PUBLIC – FEBRUARY 2015

Agenda Item Number: 36/15
Enclosure Number: (4)

Subject:	Quarter 3 – Research and Innovation
Prepared by:	Dr Greta Westwood, Deputy Director of Research
Sponsored by/Presented by:	Ursula Ward, Chief Executive
Purpose of paper	Information: Research activity by Clinical Service Centre and performance against national benchmarks Decision: Content of future reports
Key points for Trust Board members <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>	<ul style="list-style-type: none"> • This is the first research activity report to the Board • CSCs now received Quarter 3 report • CSCs now nominated CSC Research Leads • These reports follow recommendations from the LiA event (September 2014) to improve research activity transparency and ownership at CSC SMT level • The format can be amended to meet the Board's requirements • Research recruitment is only at 76% of Q3 goal • More research studies open than 2013/14 • Research income £2,917,678 at Q3 (86% of 2013/14 total income) • From Quarter 4 research income will be recorded by funding stream, including innovation income • Planned 2015/16 research spend will be decided when CRN Wessex funding allocation is known • Recruitment performance against our national peers will be reported in Quarter 4 report
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	To decide if this report contains all the information required by the Board
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	To report Quarter 4 research activity and performance in May 2015
Consideration of legal issues (including Equality Impact Assessment)?	N/A
Consideration of Public and Patient Involvement and Communications Implications?	N/A

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register

Strategic Aim	Strategic aim 2: Develop a reputation for excellence in innovation, research & development and education in the top 20% of our peers.
BAF/Corporate Risk Register Reference (if applicable)	N/A
Risk Description	N/A
CQC Reference	N/A

Committees/Meetings at which paper has been approved:	Date
None	

Research and Innovation Performance Board Report

Quarter 3

1st April - 31st December 2014

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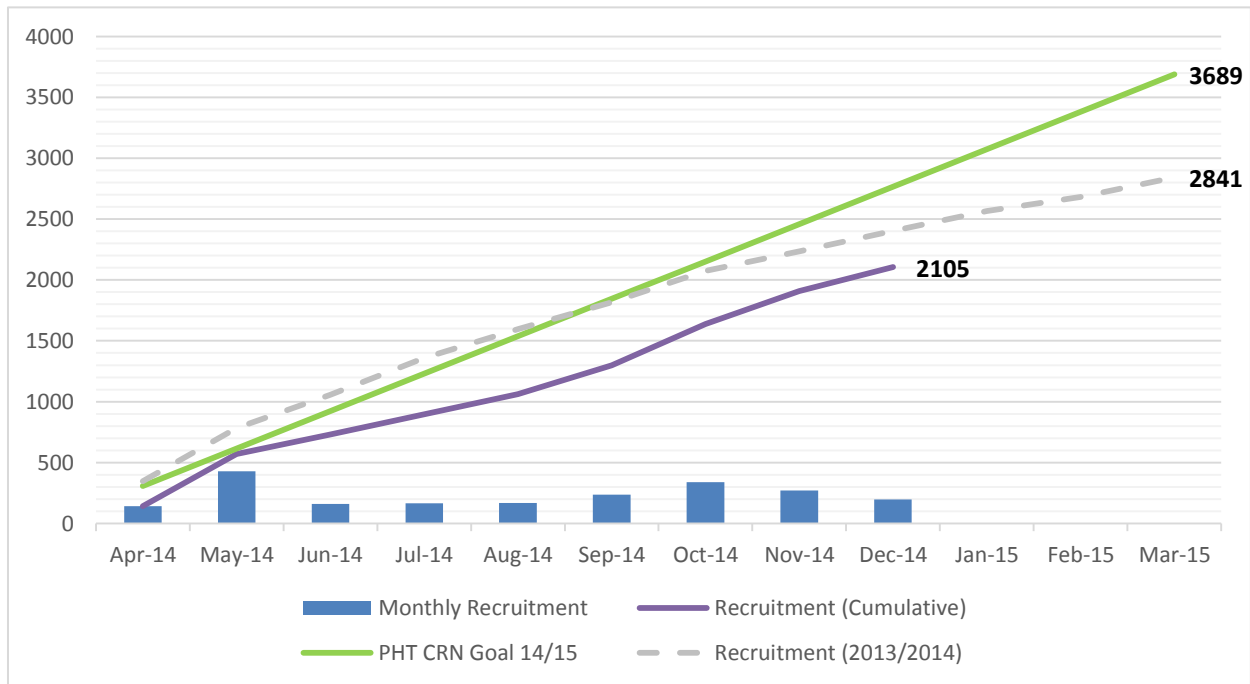
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SECTION 1: RESEARCH RECRUITMENT

CHART 1.1 ALL PHT PORTFOLIO (NON-COMMERCIAL/COMMERCIAL) RECRUITMENT AGAINST WESSEX CLINICAL RESEARCH NETWORK (CRN) GOAL

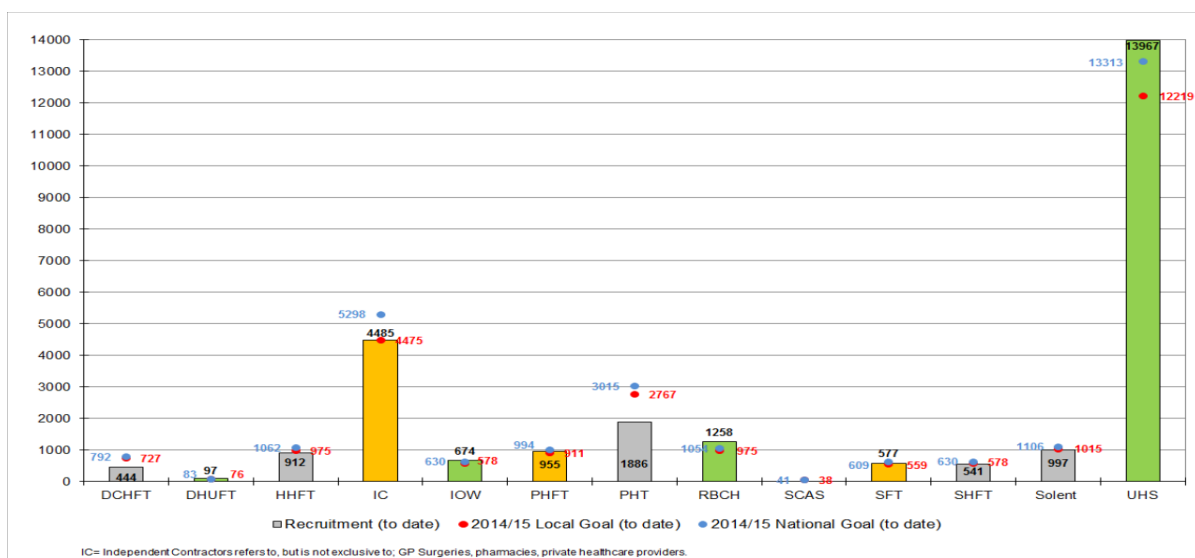


Source: NIHR Open Data Platform. **Please note:** the recruitment data for the last month is partial data and will increase in the following report

Table 1.1 shows all PHT portfolio recruitment from April -December 2014 set against the recruitment goal set by the Clinical Research Network (CRN) Wessex and recruitment in 2013/14. 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 research recruitment in Wessex NHS Organisations against CRN goals.

CHART 1.2 PORTFOLIO RECRUITMENT AGAINST WESSEX CLINICAL RESEARCH NETWORK (CRN) ORGANISATION GOAL (MONTH 9)

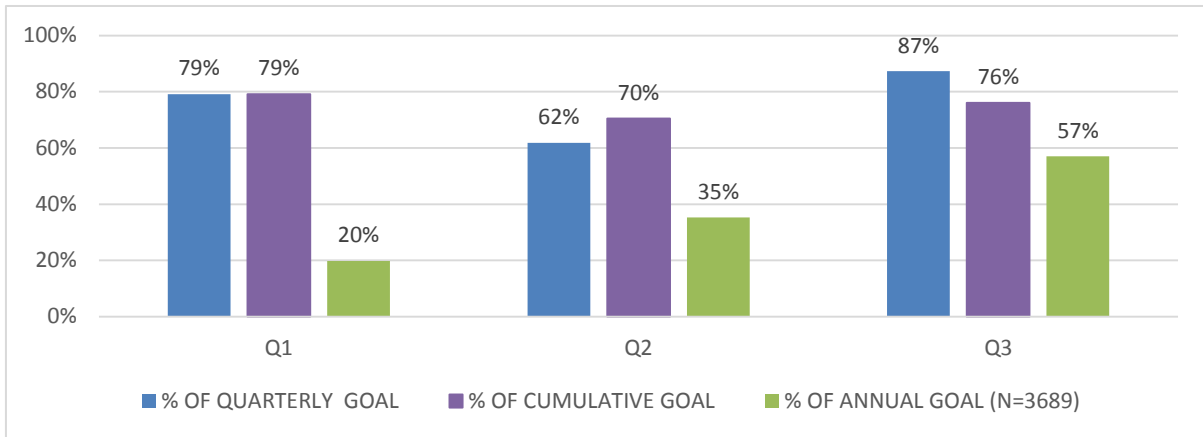


Source: Wessex CRN Performance Report, 5th January 2015 (Original Source: NIHR Open Data Platform)

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

QUARTER 14/15	RECRUITMENT	CUMULATIVE RECRUITMENT	CUMULATIVE GOAL	% OF QUARTERLY GOAL	% OF CUMULATIVE GOAL	% OF ANNUAL GOAL (n = 3689)
Q1	730	730	922	79%	79%	20%
Q2	570	1300	1845	62%	70%	35%
Q3	805	2105	2767	87%	76%	57%
Q4	-	-	-	-	-	-

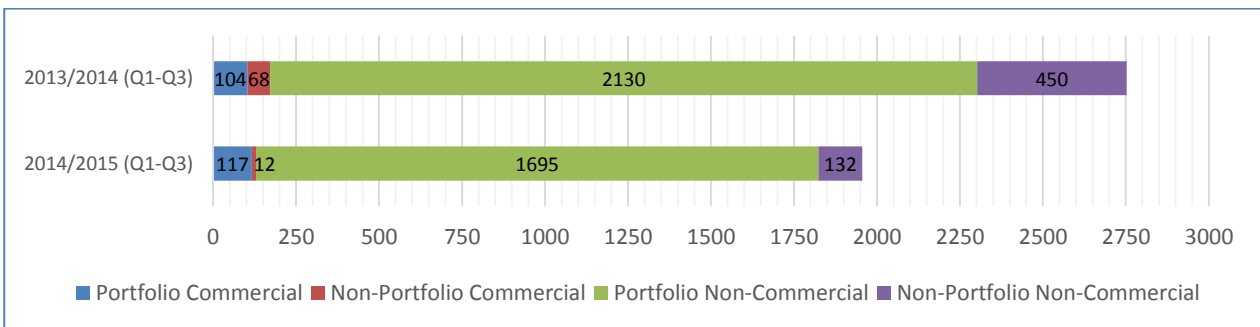
CHART 1.3



Source: NIHR Open Data Platform

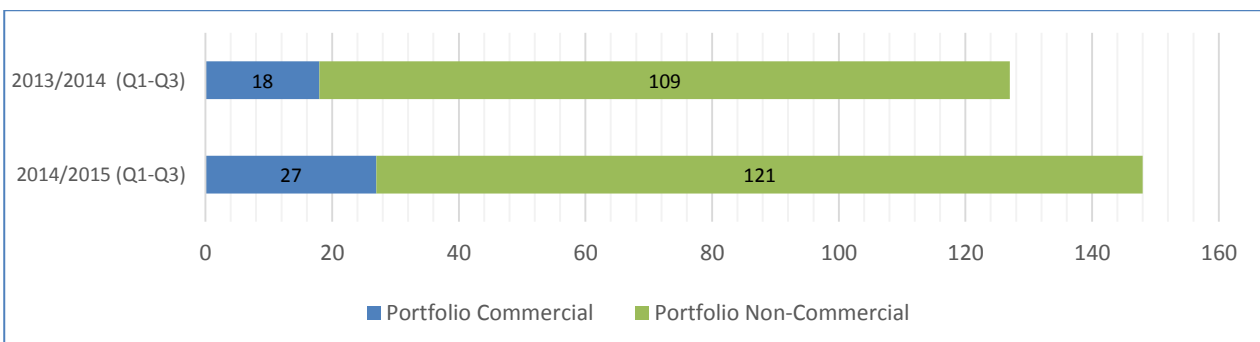
All research recruitment (portfolio and non-portfolio) by commercial/non-commercial research in Q3 2014/15 and in the same period in 2013/14 is shown in Chart 1.4. The numbers of portfolio studies by funding type (commercial/non commercial) are shown in Chart 1.5.

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

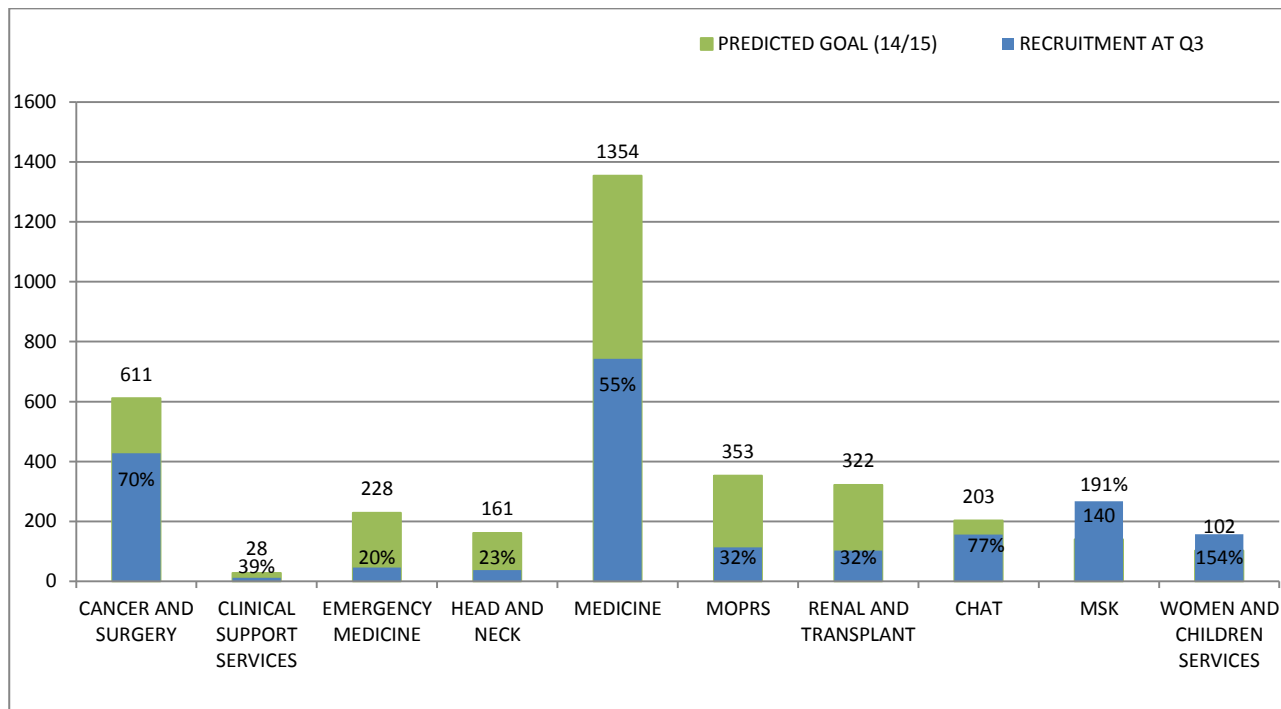


Source: NIHR Open Data Platform (Portfolio data), Edge™ Research Management System (Non-Portfolio data)

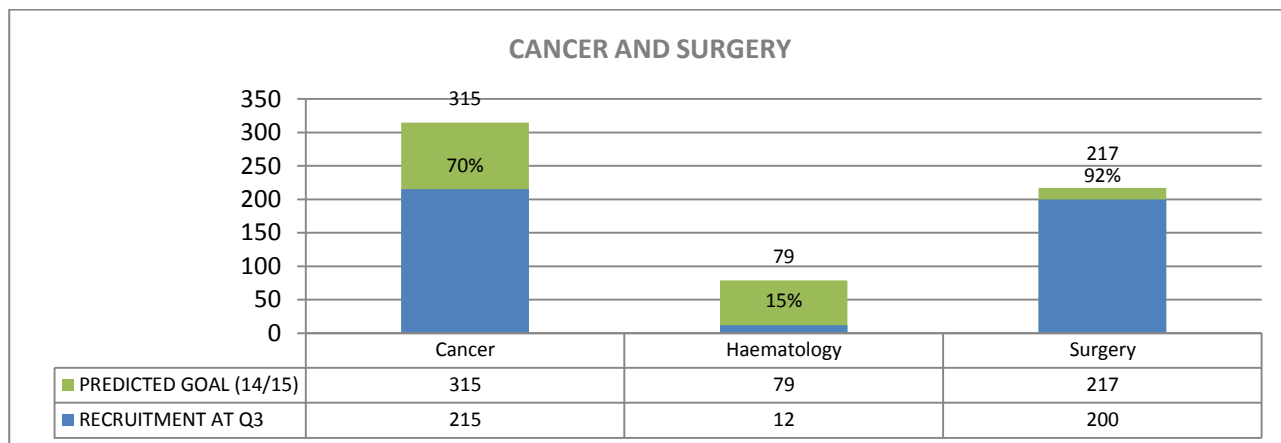
CHART 1.5 NUMBER OF STUDIES BY FUNDING TYPE



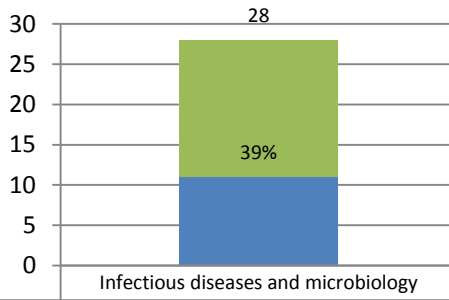
Q3 RESEARCH RECRUITMENT BY ALL CLINICAL SERVICE CENTRES AGAINST RECRUITMENT GOALS



Q3 RESEARCH RECRUITMENT BY SPECIALITIES WITHIN CSCS AGAINST RECRUITMENT GOALS

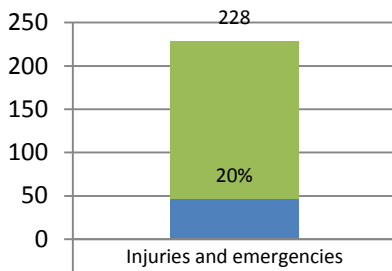


CLINICAL SUPPORT SERVICES



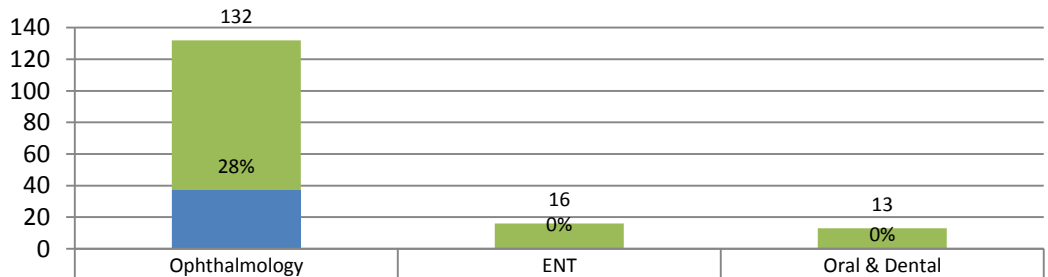
■ PREDICTED GOAL (14/15)	28
■ RECRUITMENT AT Q3	11

EMERGENCY MEDICINE



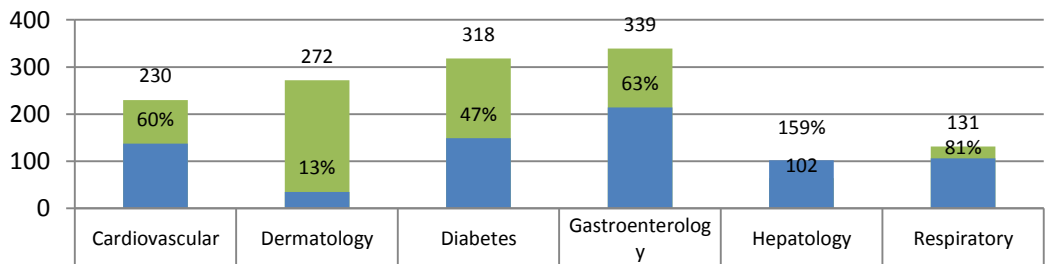
■ PREDICTED GOAL (14/15)	228
■ RECRUITMENT AT Q3	46

HEAD AND NECK



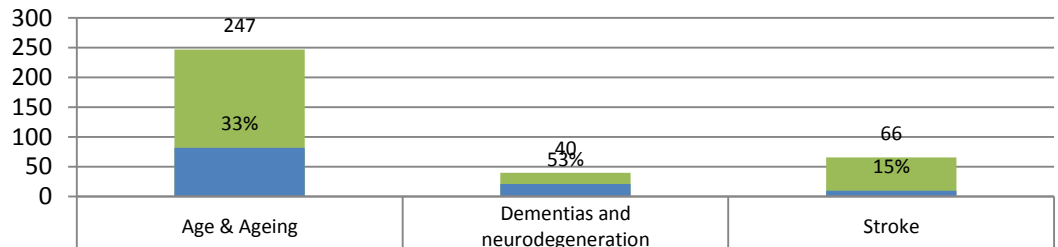
■ PREDICTED GOAL (14/15)	132	16	13
■ RECRUITMENT AT Q3	37	0	0

MEDICINE



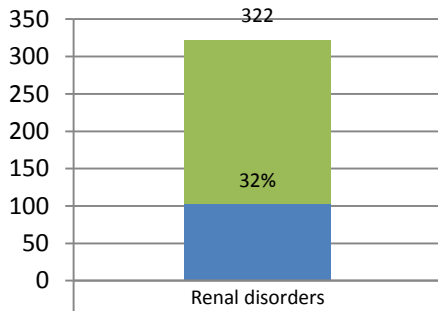
■ PREDICTED GOAL (14/15)	230	272	318	339	64	131
■ RECRUITMENT AT Q3	137	35	149	214	102	106

MOPRS



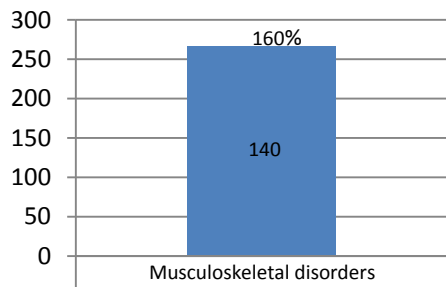
■ PREDICTED GOAL (14/15)	247	40	66
■ RECRUITMENT AT Q3	82	21	10

RENAL AND TRANSPLANT



■ PREDICTED GOAL (14/15)	322
■ RECRUITMENT AT Q3	102

MSK



■ PREDICTED GOAL (14/15)	140
■ RECRUITMENT AT Q3	267

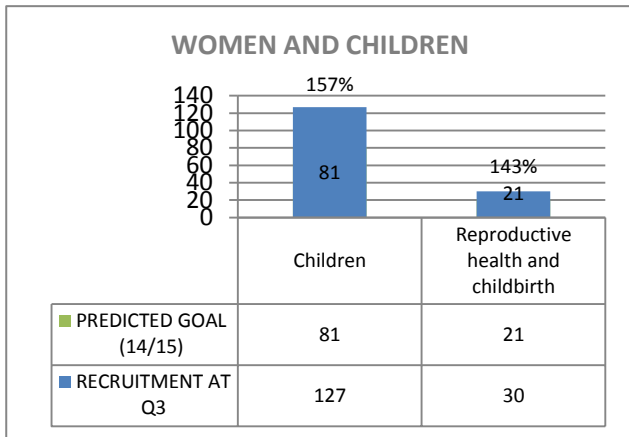
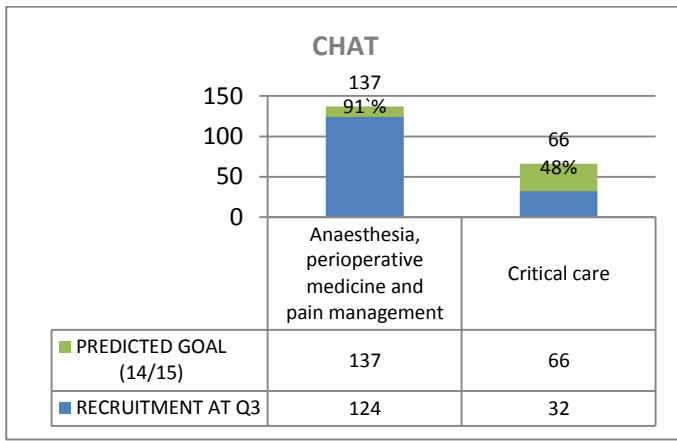


TABLE 1.2 RESEARCH RECRUITMENT BY SPECIALITIES WITHIN CSCS AND VARIANCE AGAINST Q3 GOAL

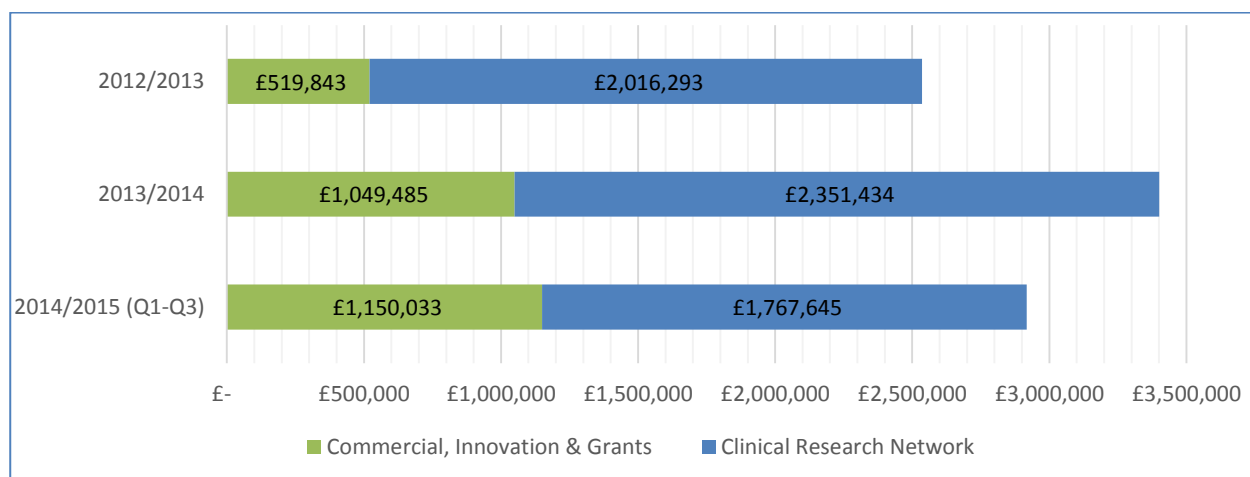
CSC AND SPECIALITY	RECRUITMENT AT Q3	PREDICTED GOAL (14/15)	PREDICTED GOAL (Q1 - Q3)	VARIANCE AT Q3
CANCER AND SURGERY	427	611	458	-31
Cancer	215	315	236	-21
Haematology	12	79	59	-47
Surgery	200	217	163	37
CLINICAL SUPPORT SERVICES	11	28	21	-10
Infectious diseases and microbiology	11	28	21	-10
Rehabilitation	46	0	0	46
EMERGENCY MEDICINE	46	228	171	-125
Injuries and emergencies	46	228	171	-125
HEAD AND NECK	37	161	121	-84
Ophthalmology	37	132	99	-62
ENT	0	16	12	-12
Oral & Dental	0	13	10	-10
MEDICINE	743	1354	1016	-273
Cardiovascular	137	230	173	-36
Dermatology	35	272	204	-169
Diabetes	149	318	239	-90
Gastroenterology	214	339	254	-40
Hepatology	102	64	48	54
Respiratory	106	131	98	8
MOPRS	113	353	265	-152
Age & ageing	82	247	185	-103
Dementias and neurodegenerative disorders	21	40	30	-9
Stroke	10	66	50	-40
RENAL AND TRANSPLANT	102	322	242	-140

Renal disorders	102	322	242	-140
CHAT	156	203	152	4
Anaesthesia, perioperative medicine and pain management	124	137	103	21
Critical care	32	66	50	-18
MSK	267	140	105	162
Musculoskeletal disorders	267	140	105	162
WOMEN AND CHILDREN SERVICES	157	102	77	81
Children	127	81	61	66
Reproductive health and childbirth	30	21	16	14
ADDITIONAL EXPECTED RECRUITMENT (UNASSIGNED)	-	187	140	-

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. From 2015/16 this report will show separate income streams by CRN, commercial, innovation and research grants. CRN funding is activity based (numbers recruited). This funding allows the reimbursement of NHS service support costs only.

Chart 2.1 RESEARCH AND INNOVATION INCOME (2012/13 to Q3 2014/15)



Tables 2.1 and 2.2 show the 2015/16 spending plans by CSC for medical and non-medical staff groups. Please note this is still to be confirmed against expected 2015/16 research recruitment and will be agreed in collaboration with the CSC Research Leads. Sessional payments for medical staff are transferred to CSCs to release clinical time for recruitment into portfolio studies. The 2015/16 funding allocation for clinical research fellows is yet to be decided.

Table 2.2 shows the planned 2015/16 non-medical spend to support research recruitment in each CSC. The majority of the non-medical staff are employed by Research & Innovation. Staff may support more than one CSC and this workforce will provide more flexibility in 2015/16 to improve recruitment across all CSCs.

Table 2.1

2015/16 MEDICAL SPENDING PLAN BY CSC (To be confirmed)

Clinical Service Centre	WTE	Forecast Spend
Cancer & Surgery	0.2	£20,000
<i>Consultant PA</i>	0.2	£20,000
Archer C	0.05	£5,000
Bradley K	0.05	£5,000
Cairns I	0.05	£5,000
O'Callaghan A	0.05	£5,000
Clinical Support	0.125	£15,000
<i>Consultant PA</i>	0.125	£15,000
Higginson A P	0.1	£10,000
Rahimi S	0.025	£5,000
Head & Neck		£0
Medicine	1	£109,000
<i>Clinical Specialty Lead</i>	0.3	£39,000
Aspinall R	0.1	£13,000
Bourne S	0.1	£13,000
Cummings Mike	0.1	£13,000
<i>Consultant PA</i>	0.6	£60,000
Aspinall R	0.1	£10,000
Bhandari P	0.1	£10,000
Cummings Mike	0.1	£10,000
Dignum	0.1	£10,000
Kalra P	0.1	£10,000
Williams J	0.1	£10,000
<i>Consultant PA - Military</i>	0.1	£10,000
Bourne S	0.1	£10,000
MSK	0.1	£10,000
<i>Consultant PA</i>	0.1	£10,000
Hull R	0.1	£10,000
Women & Children	0.6	£71,167
<i>Consultant PA</i>	0.6	£71,167
Scorrer Tim	0.1	£10,000
Tuffrey C	0.1	£10,000
Woolas RP	0.4	£51,167
Renal & Transplant	0.3	£33,000
<i>Clinical Specialty Lead</i>	0.1	£13,000
Lewis R	0.1	£13,000
<i>Consultant PA</i>	0.2	£20,000
Kirk A	0.1	£10,000
Lewis R	0.1	£10,000
CHAT	0.15	£18,000
<i>Clinical Specialty Lead</i>	0.1	£13,000
Pogson D	0.1	£13,000
<i>Consultant PA</i>	0.05	£5,000
Pogson D	0.05	£5,000
Grand Total	2.625	£276,167

TABLE 2.2 2015/16 NON-MEDICAL SPENDING PLAN BY CSC (TBC)

Clinical Service Centre	WTE	Forecast Spend
Cancer & Surgery	14.69	£401,778
Clinical Trials Assistant	3.5	£52,783
Data manager Cancer	1	£35,811
Pharmacist	0.5	£22,469
Radiographer	0.8	£39,836
Research Nurse	7.98	£214,253
Senior Research Nurse	0.91	£36,626
CHAT	4.1	£168,330
Research Nurse	3.3	£123,798
Senior Research Nurse	0.8	£44,532
Clinical Support	0.5	£24,330
Radiographer	0.5	£24,330
Research & Innovation	5.96	£178,786
Pathology	1	£24,697
Pharmacist	1.96	£54,438
Pharmacy Technician	2	£61,042
Respiratory- Laboratories Biomedical Scientist	1	£38,609
Emergency Medicine	0.6	£21,663
Nurse Practitioner	0.1	£4,980
Research Nurse	0.5	£16,683
Head & Neck	2.68	£90,740
Research Nurse	2.18	£77,294
Photographer	0.5	£13,446
Medicine	15.77	£595,473
Clinical Trials Assistant	2.31	£46,218
Radiographer	0.5	£43,794
Research Nurse	11.96	£440,626
Senior Research Nurse	1	£47,852
Renal & Transplant	3.42	£129,483
Research Nurse	3.01	£107,277
Senior Research Nurse	0.41	£22,206
Women & Children	5.2	£177,409
Research Midwife	2.2	£59,322
Research Nurse	2.2	£73,555
Senior Research Nurse	0.8	£44,532
Grand Total	52.92	£1,771,008

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 31% of this staff group are GCP trained and therefore “research ready”.

TABLE 3.1 GCP TRAINED MEDICAL CONSULTANT STAFF BY CSC

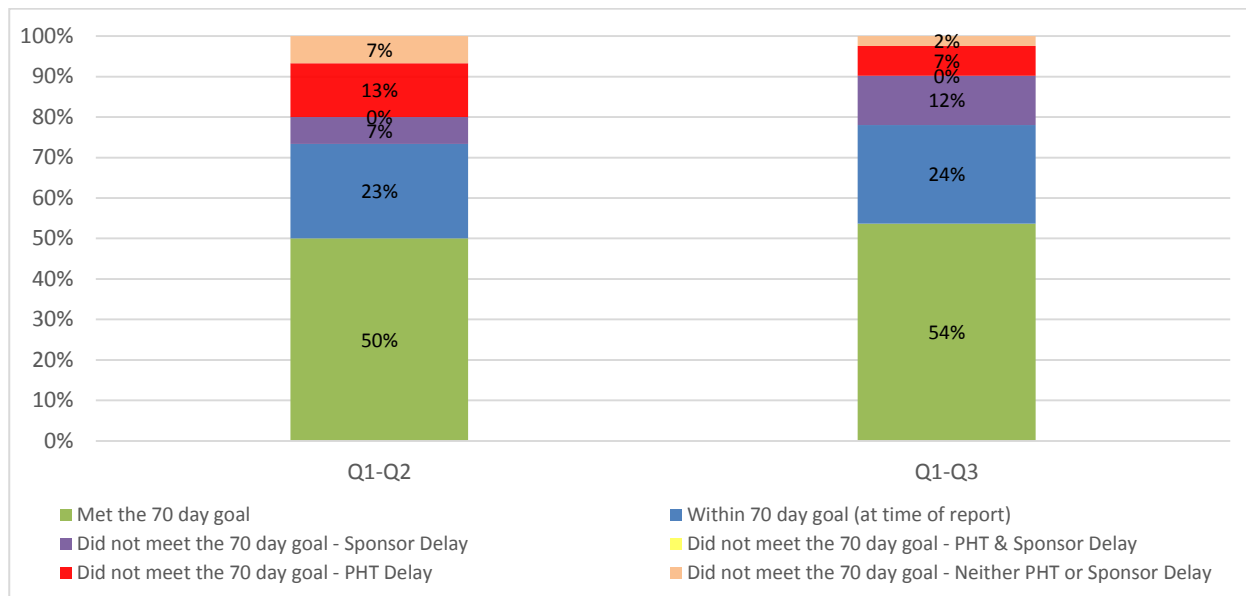
CHAT CSC	
Out of date	1.72%
GCP trained	8.62%
Clinical Support CSC	
Out of date	1.96%
GCP trained	27.45%
Emergency Care CSC	
GCP trained	4.00%
Head and Neck CSC	
Out of date	6.06%
GCP trained	24.24%
Medicine CSC	
Out of date	8.70%
GCP trained	45.65%
MOPRS CSC	
Out of date	8.70%
GCP trained	17.39%
Muscular Skeletal CSC	
GCP trained	31.03%
Renal CSC	
GCP trained	88.24%
Surgery and Cancer CSC	
Out of date	7.69%
GCP trained	53.85%
Women and Children CSC	
Out of date	10.81%
GCP trained	27.03%

Source: PHT Human Resources data (09/02/15)

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

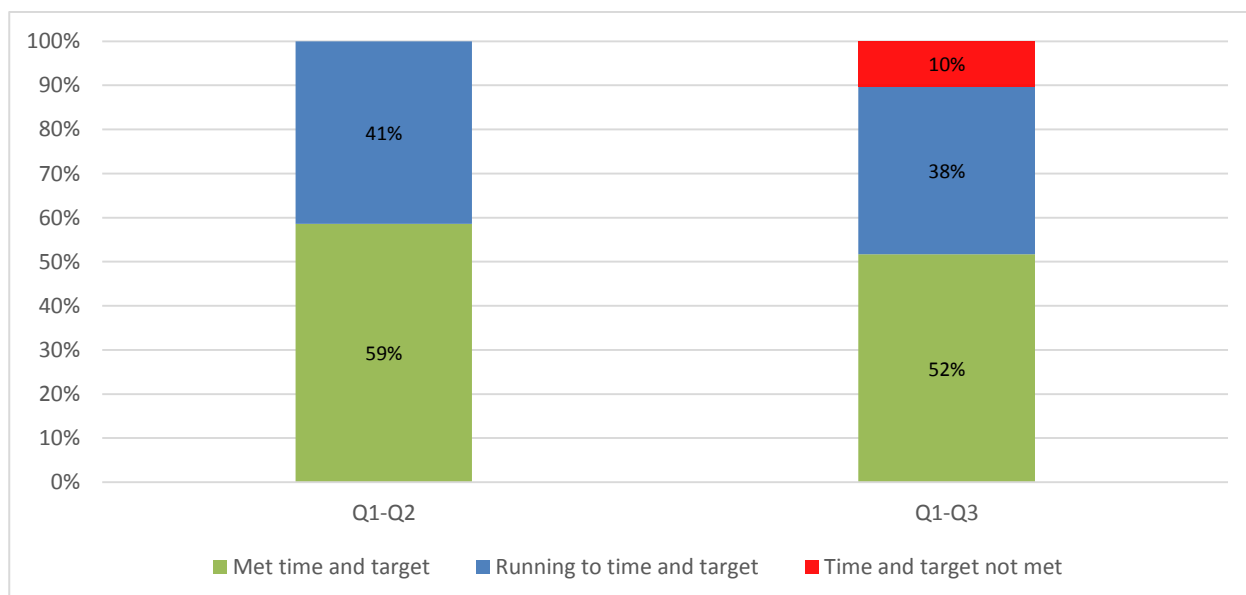
The Department of Health, via the National Institute for Health Research (NIHR) contracts, requires the quarterly publication of the 70-day benchmark for clinical trial initiation (Chart 4.1) and the recruitment to time and target for commercial contract clinical trials*(Chart 4.2). These reports must 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. Where the benchmark has not been achieved for a particular clinical trial, 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.

CHART 4.1 PERFORMANCE IN INITIATING CLINICAL RESEARCH



Source: 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



Source: PHT Performance in Initiating and Delivery Report, October 2014 (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

	DCHFT	DHUFT	HHFT	IC	IOW	PHFT	PHT	RBCH	SCAS	SFT	SHFT	Solent	UHS
April	50% [4]		0% [1]	100% [4]	40% [5]	86% [7]	88% [8]	33% [6]		75% [4]	50% [2]	100% [2]	73% [18]
May	100% [1]		50% [4]	86% [14]	0% [2]	78% [9]	57% [7]	38% [8]		100% [4]	50% [2]	100% [3]	58% [12]
June	67% [6]		100% [6]	94% [17]	100% [1]	75% [4]	57% [7]	0% [2]		67% [3]	33% [3]	100% [2]	68% [19]
July	100% [3]		88% [8]	100% [5]	0% [2]	0% [2]	50% [4]	14% [7]		100% [2]	100% [1]	100% [1]	69% [16]
August	100% [1]		100% [6]	100% [6]	0% [1]	67% [3]	50% [8]	50% [6]				100% [1]	67% [6]
September	0% [1]		100% [3]	100% [3]	0% [1]	100% [4]	70% [10]	0% [1]			33% [3]	100% [1]	79% [14]
October	100% [3]	0% [1]	86% [7]	100% [2]		100% [8]	90% [10]	60% [5]		60% [5]	100% [3]	80% [5]	75% [24]
November	100% [1]	100% [2]	60% [5]	100% [2]	33% [3]	100% [1]	100% [3]	100% [3]		80% [5]		100% [2]	94% [16]
December	100% [2]		100% [4]	100% [7]		80% [5]	100% [4]	100% [3]		100% [2]	0% [1]	83% [6]	83% [6]
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, 5th January 2015 (Original Source: NIHR Open Data Platform).