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| The Royal Wolverhampton NHS Trust | |  |
| Trust Board Report | | |
| Meeting Date: | 24 th April 2017 | |
| Title: | Research and Development Directorate Report | |
| Executive Summary: | This performance report provides a summary of research and development operational activity during the time period April 2016 to the end of March 2017. | |
| Action Requested: | To receive the report for assurance | |
| Report of: | Research & Development Director | |
| Author: | Dr J Cotton, R&D Director | |
| Contact Details: | Tel 01902 694218 Email jamescotton@nhs.net | |
| Resource Implications: | Finance, workforce, time, facilities | |
| Public or Private: (with reasons if private) | Public Session | |
| References: (eg from/to other committees) | Nil | |
| Appendices/ References/ Background Reading | Divisional Research Activity 2016/17. | |
| NHS Constitution: (How it impacts on any decision-making) | <p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences  Cross community working  Best Value  Accountability through local influence and scrutiny | |
| Background Details | | |
| 1 | <p>Overview</p> <p>This report reflects R&D performance from April 2016 up to end March 2017. The R&D Directorate and research teams across the Trust have had a successful year in terms of research activity. A total of 2594* participants have been recruited into research studies open across the Trust, with recruitment of participants into Portfolio studies currently showing as 2300* - exceeding (115%) the annual stretch target set for 2016/17.</p> | |

The R&D Directorate provides a number of complementary additions to existing patient care, treatment and choice. Feedback from research participants confirms that they value the opportunity to take part in research and that they feel supported and cared for when doing so.

Achievements for period April 16 – March 17

- Patient feedback and engagement processes in place.
- Continued high ratings from external study monitors.
- A breakeven position on our CRN: West Midlands funding allocation.
- National recognition for top recruitment into trials in a number of clinical areas.

The Directorate will continue to address the following challenges during 2017/18:-

- Increasing recruitment into all research studies
- Improving performance against NIHR High Level Objectives for
 - study set-up
 - first recruit
 - time to target
- Maintain high levels of patient and monitor satisfaction
- Addressing R and D accommodation shortcomings

*Correct as at 07/04/17. NIHR data cut-off date for upload of Portfolio recruits 28/04/17.

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2.1 **NIHR WMN CLRN Performance Targets (RWT)**

R&D Performance

Since April 2016, a new process of issuing approval for NHS research has been in place. Research approval is now given at national level by the Health Research Authority (HRA), alongside REC and MHRA approvals where required. This removes the duty on individual organisations to give permission for research, instead, Trusts are required to review and confirm local capacity and capability to deliver the approved research.

This change in process has been accompanied by a change in national performance targets.

- (a) NIHR High Level Objective (HLO) 1 – Increase the number of participants recruited into NIHR CRN Portfolio studies.

The Trust 16/17 target for recruitment into NIHR Portfolio adopted studies was 2000.

Table (a) provides the recruitment as at end Q4 2016/17 for the Trust into NIHR Portfolio studies, whilst all Trust research activity as at 31/03/17 is presented in Table (b).

Table (a) – Portfolio study Recruitment Report Update

| Target 2016-17 | No. of participants recruited 2016-17 | % Recruitment against annual target |
|----------------|---------------------------------------|-------------------------------------|
| 2000 | 2300* | 115% |

Table (b) – Study Participation 2016/17

| Study Category | No. of Active Studies (Recruiting/Follow-up) | Recruitment 16/17 |
|----------------------------|--|-------------------|
| Portfolio - non-commercial | 167 | 1853 |
| Portfolio - commercial | 59 | 447 |
| Portfolio own account | 4 | 0 |
| Non-commercial (other) | 30 | 290 |
| Commercial (direct) | 1 | 4 |
| Total | 261 | 2594 |

- (b) NIHR HLO 2 – Increase the proportion of studies recruiting to time and target.

The target for this indicator is 80%.

At RWT, 34% of non-commercial studies and 38% of commercial studies recruited to time and target during 2016/17.

(Local Clinical Research Network (LCRN) overall achievement for this indicator 72% and 53% respectively)

- (c) NIHR HLO 3 – Increase the number of commercial contract studies

42 commercial portfolio studies were opened at RWT during 16/17. This represents an increase 8% on the total number opened during 15/16, an excellent achievement against this indicator.

- (d) NIHR HLO 4 – Proportion of studies achieving set up at site within 40 calendar days

The target for this indicator is 80%.

At RWT, 49% of studies were set-up within 40 days during 2016/17.
(LCRN overall achievement for this indicator - 55%).

(e) NIHR HLO 5 – Proportion of studies achieving first participant recruited within 30 days of date site

The target for this indicator is 80%.

At RWT, 75% of non-commercial studies recruited within 30 days during 2016/17.

(LCRN overall achievement for this indicator – 66%)

45% of commercial studies recruited within 30 days during 2016/17.

(LCRN overall achievement for this indicator – 33%).

3 Overall Research Performance

The overall research performance across the Trust for 2016/17 is illustrated in Appendix 1.

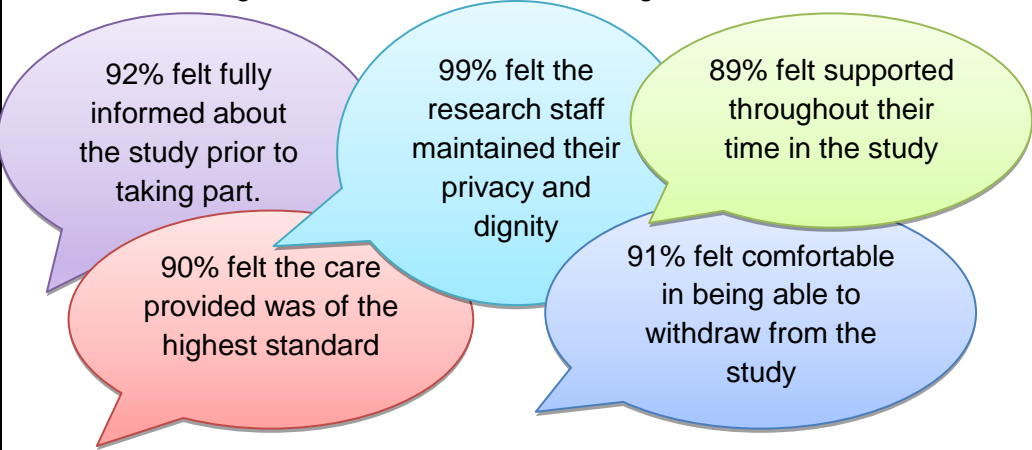
The Trust has received notable success and national recognition for research activity in a number of clinical areas this year, including:

Dermatology, Rheumatology, Haematology, Oncology and, most recently, Cardiology where RWT was the best recruiter in the UK for the COMPLETE International Cardiovascular study and ranked 4th in the world.

(COMPLETE Trial - A randomised, comparative effectiveness study of complete versus culprit-only revascularisation strategies to treat multi-vessel disease after primary percutaneous coronary intervention for ST-segment elevation myocardial infarction (STEMI) – Dr Ben Wrigley, Consultant Cardiologist and study Principal Investigator at RWT).

RWT is participating in the Shared Haemodialysis Care (SHC) Scaling up programme lead by Sheffield Teaching Hospital NHS Foundation Trust. The aim of this programme is to support people who receive haemodialysis treatment in hospital to be more independent and confident in participating in aspects of their own treatment.

The PI for the study at RWT is Dr Babu Ramakrishna, with the target recruitment of 50 patients having been achieved. A letter from the programme clinical lead, Prof Martin Wilkie, has been received thanking the Trust for their involvement in the study and requesting support with sharing the progress of the Shared Haemodialysis Programme within the Trust.

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| <p>4</p> <p>4.1</p> <p>4.2</p> <p>4.3</p> | <p>Patient & Public Involvement</p> <p><u>Engagement in Research</u></p> <p>In addition to the 2594 patients recruited into research trials during 2016/17, nearly 5000 have been screened for eligibility against the 261 active trials.</p> <p><u>Patient Survey</u></p> <p>The R&D Directorate continue to proactively seek the views of research participants through a questionnaire distributed to all participants recruited into a study more than 6 months but less than 12 month previously.</p> <p>Our most recent patient experience questionnaire, including 512 participants of research during 2015/16, showed the following levels of satisfaction:</p>  <p>In addition, 97% of participants felt research is important to improve healthcare services. 74% would consider participating in research again. 87% would recommend participating in research to a friend or family member.</p> <p>A dedicated email address for patient research enquiries is available: randdpatientenquiries@nhs.net</p> |
| <p>5</p> | <p>Governance</p> <p>As part of our on-going commitment to quality and performance, the R&D Directorate continues to review and support quality assurance in line with European and UK regulator standards.</p> |

| 5.1 | <p><u>Monitor Feedback</u></p> <p>An increase in trial activity inevitably leads to an increase in external sponsor monitoring visits. During 2016/17, 349 visits have been conducted by study sponsor companies. Monitoring visits are undertaken by Pharmaceutical Companies, Charitable Organisations and University sponsors.</p> <p>The completion of monitor feedback forms after each visit provides the R&D management team with an independent level of quality assurance. Feedback received during the year rated 92% of quality indicator as good or excellent.</p> | | | | | | | | | |
|--|---|--|--------------------|-------------------------|------------------------------|---------|--------|-------------------------------|---------|-------------|
| 5.2 | <p><u>External Inspections.</u></p> <p>The Trust did not receive any external inspections relating to research activities during 2016/17.</p> | | | | | | | | | |
| 6 | <p>HR & Workforce</p> <p>Overall research workforce capacity spread across the Trust is provided within the Division report attached as Appendix 1.</p> | | | | | | | | | |
| 7 | <p>Claims/Complaints</p> <p>There are currently two complaints registered against the R&D Directorate. No patient safety complaints/claims registered. All documentation and additional supportive evidence has been provided to the Trust Legal Services for external review.</p> | | | | | | | | | |
| 8 | <table border="0"> <thead> <tr> <th><u>Nature of Complaints registered</u></th> <th><u>Complainant</u></th> <th><u>Parties involved</u></th> </tr> </thead> <tbody> <tr> <td>• Alleged breach of contract</td> <td>Company</td> <td>RWT/UW</td> </tr> <tr> <td>• Possible breach of PID data</td> <td>Patient</td> <td>RWT/Sponsor</td> </tr> </tbody> </table> | <u>Nature of Complaints registered</u> | <u>Complainant</u> | <u>Parties involved</u> | • Alleged breach of contract | Company | RWT/UW | • Possible breach of PID data | Patient | RWT/Sponsor |
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| • Possible breach of PID data | Patient | RWT/Sponsor | | | | | | | | |
| 8 | <p>Wolverhampton University/RWT Update</p> <p>During 2016/17, Professor for Clinical Practice and Innovation, Magi Sque, working in partnership with the Royal Wolverhampton NHS Trust and University of Wolverhampton researchers has been involved in the following:</p> | | | | | | | | | |
| 9.1 | <p><u>Project Completed</u></p> <p><i>Home from home?: A case study of the first year settlement experiences of EU nurses working in one NHS Trust.</i> Funded by Health Education England - North West. The researchers will be among the first with publications in this field. Comments received from HEE(NW) indicate the potential impact of this study: 'stimulated a great deal of dialogue', 'raised many pertinent and thought provoking issues', 'there is a huge amount of wealth in its findings', 'to inform the development of Best Practice Guidelines in Pastoral Care for international recruits'.</p> | | | | | | | | | |

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| 9.2 | <p><u>Project Funding</u></p> <p>Chen R. (PI), Sque M. Nevill A. Marie Curie EU Fellowship for Harry Wang from China, <i>Impact of environmental tobacco smoke on incidence and outcomes of dementia</i>. Project will use Chinese dataset and recruit sample of RWT patients. Euros 195,454.80. To commence January 2018.</p> |
| 9.3 | <p><u>Major Publications</u></p> <p>Morgan M. Kenten C. Deedat S. Farsides B. Newton T. Randhawa G. Sims J. and Sque M. (2016) Increasing the acceptability and rates of organ donation among minority ethnic groups: a programme of observational and evaluative research on Donation, Transplantation and Ethnicity (DonaTE) NIHR Programme Grants for Applied Research 4:4 http://dx.doi.org/10.3310/pgfar04040</p> <p>Galasinski D. and Sque M. (2016) Organ donation agency: A discourse analysis of correspondence between donor and organ recipient families. <i>Sociology of Health & Illness</i>, 38:8, 1350–1363.</p> |
| 9.4 | <p><u>Conference attendance</u></p> <p>Member of the Scientific Committee and Session Chair 4th ELPAT Congress, Organ Transplantation: Ethical, Legal and Psychosocial Aspects: Global Challenges, 22-25 April 2016, Angelicum Congress Centre, Rome; Italy. Four Abstracts accepted:</p> |
| 9.5 | <p><u>New Research Strategy for Nurses, Midwives and AHPs.</u></p> <p>With excellent support of the Steering Group we have developed a new, five-year (2017-2021) research strategy for RWT health professionals working in the caring sciences. Submitted for Policy Group approval 07 April 2017.</p> |
| 9.6 | <p><u>Service Evaluation</u></p> <p>Working with Rapid Intervention Team (RIT) at West Park, assisting with design of an evaluation of their service using a questionnaire, case studies, stats, and interviews with GPs. An RIT Nurse is also to write about experience with nursing homes. Purpose is to demonstrate cost savings, number of people kept out of hospital and patient satisfaction with the service. As RITs are new services across the country, this local project may be precursor to large scale project in the future. Report to be ready in May 2017.</p> |

Appendix 1 - Divisional Research Activity 2016/17

| April 16 – March 17 | KPI's | | | | | | | | | |
|--|-----------------|------------------------------|---------------------------|----------------------------------|--------------------------|---------------------------|-------------|---------------------|------------------------|-------------------|
| | Research Active | No. of NIHR Portfolio Trials | Accruals (NIHR Portfolio) | No. of open Non-Portfolio trials | Accruals (Non Portfolio) | No. of own account trials | Active PI's | Active CI's in dept | Linked Research Nurses | Linked CTAs/AHP's |
| Diagnostic Services Group | | | | | | | | | | |
| Radiology | Y | | | | | | | | | |
| Pathology/Clinical Chemistry | Y | 1 | 22 | 1 | 4 | 2 | | 1 | | |
| Theatres/ICCU Service Group | Y | 4 | 211 | 0 | 0 | 0 | 1 | 0 | 1 | 1 |
| Cardiology/Cardiothoracic Service Group | Y | 15 | 469 | 1 | 98 | 4 | 7 | 3 | 5 | 0 |
| Surgical Services Group | | | | | | | | | | |
| General Surgery | Y | 2 | 5 | 1 | 2 | 0 | 3 | 1 | 4 | 0 |
| Orthopaedics | N | | | | | | | | | |
| Urology | Y | 1 | 15 | 0 | 0 | 0 | 3 | 0 | 3 | 1 |
| Obs & Gynae | Y | 13 | 94 | 0 | 0 | 0 | 5 | 0 | 2 | 1 |
| Ophthalmology/Head and Neck Services Group | Y | 8 | 144 | 2 | 15 | 1 | 4 | 2 | 5 | 1 |
| Children's Services Group | Y | 19 | 58 | 3 | 0 | 0 | 11 | 0 | 3 | 1 |
| Total | | 63 | 996 | 8 | 119 | 7 | 34 | 7 | 20 | 4 |
| Division 2 | | | | | | | | | | |
| Adult Community Services | N | | | | | | | | | |
| Rehabilitation & Ambulatory Medical Group | Y | 13 | 80 | 0 | 1 | 1 | 7 | 0 | 3 | 1 |
| Medical Group | | | | | | | | | | |
| Respiratory | Y | 9 | 69 | 0 | 0 | 0 | 2 | 0 | 2 | 1 |
| Gastroenterology | Y | 27 | 252 | 1 | 0 | 6 | 3 | 3 | 2 | 1 |
| Diabetes | Y | 3 | 16 | 0 | 0 | 1 | 2 | 1 | 2 | 1 |
| Renal | Y | 11 | 256 | 5 | 163 | 2 | 2 | 1 | 2 | 1 |
| Rheumatology | Y | 22 | 265 | 1 | 0 | 0 | 2 | 2 | 8 | 2 |
| Dermatology | Y | 4 | 52 | 0 | 0 | 0 | 3 | 0 | 4 | 2 |
| Infectious Diseases | Y | 2 | 24 | 1 | 8 | 0 | 1 | 0 | 1 | 1 |
| Nutrition & Dietetics | N | | | | | | | | | |
| Emergency Services Group | N | | | | | | | | | |
| Therapies & Pharmacies Group | Y | | | 0 | 0 | 0 | 12 | 1 | 0 | 0 |
| Oncology & Haematology Group | Y | 73 | 268 | 3 | 3 | 1 | 18 | 0 | 11 | 5 |
| Total | | 164 | 1282 | 11 | 175 | 11 | 52 | 8 | 36 | 16 |
| Corporate / Health Service Delivery | Y | 4 | 0 | 10 | 0 | 1 | | | | |
| Medical Physics | Y | | | | | | | | | |
| Infection Control | N | | | | | | | | | |