



**Royal Papworth Hospital**  
NHS Foundation Trust

# Royal Papworth Hospital NHS Foundation Trust Research and Development Report to the Board

7<sup>th</sup> July 2022

Patrick Calvert and Vikki Hughes



# Contents



**Royal Papworth Hospital**  
NHS Foundation Trust

Executive Summary	<a href="#"><u>Page 3</u></a>
Research Activity	<a href="#"><u>Page 4</u></a>
Finance	<a href="#"><u>Page 8</u></a>
Benchmarking	<a href="#"><u>Page 9</u></a>
Other News	<a href="#"><u>Page 13</u></a>
The Future	<a href="#"><u>Page 14</u></a>

# Executive summary



**Royal Papworth Hospital**  
NHS Foundation Trust

## **Purpose**

This paper provides an overview of the status of the Research & Development Department and the potential for growth with the opening of the HLRI.

## **Headlines**

Research is a cornerstone of Royal Papworth Hospital and everyone is rightly proud of the wide variety of research conducted at the Trust covering all clinical specialities. The types of research range from first in patient medicinal and device studies through to studies evaluating quality of life after cardiac surgery. The department also houses a UK Clinical Research Collaborative accredited Clinical Trials Unit, which manages multicentre grant funded and more recently industry funded studies.

Research and Innovate is one of the 6 strands of the Trust's strategy and the department is actively working towards developing the Trust as a centre for research and development, fully nurturing our expertise and creativity in a structured way for the benefit of patients.

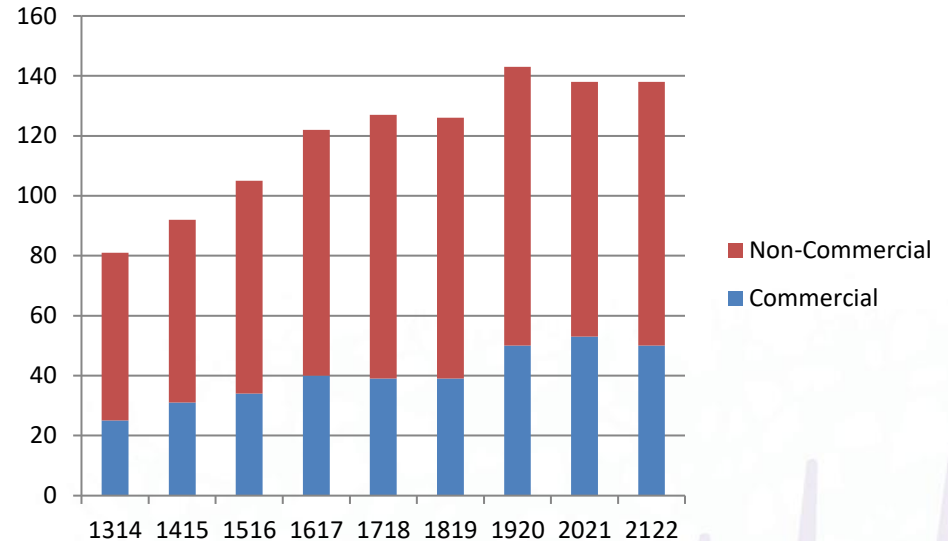
This report includes information on research activity, including the numbers of patients recruited and the types of studies. In addition, there is an update on the finances. Research & Development activities within the Trust are funded through a variety of mechanisms. These include a Trust budget, grant income, income from the local Clinical Research Network and income from commercial trials.

# Number of NIHR portfolio studies

The graph shows the number of portfolio studies (both recruiting and in follow-up) over the previous 9 years. In addition, there are usually around 5 non-portfolio studies running at any one time.

There was a significant increase in the number of studies between 2013 and 2018. However growth has now plateaued.

For growth to resume there is a need for an increase in the R&D establishment both within the governance team to be able to approve studies and the operational delivery team to be able to ensure delivery of the studies to time and target.



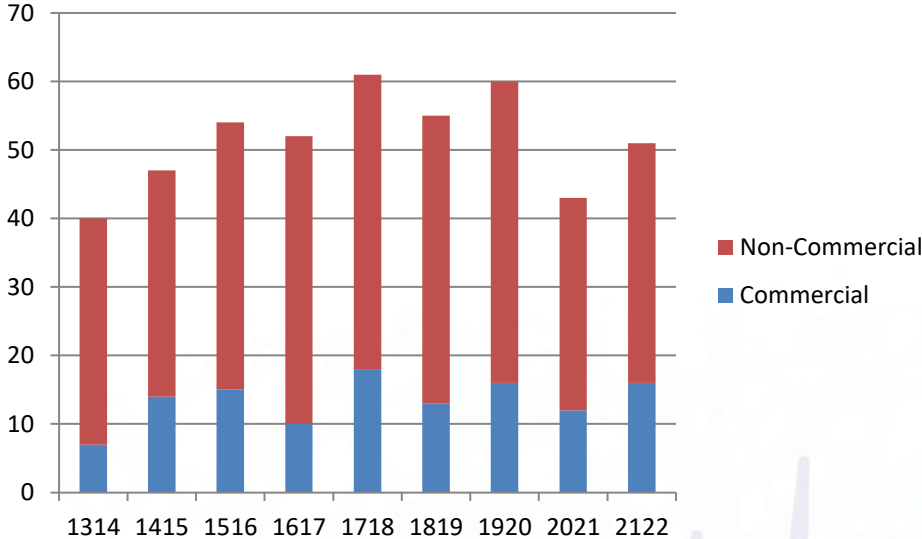
# Portfolio studies actively recruiting

The graph shows the number of actively recruiting portfolio studies over the previous 9 years.

In 2013/14, 20% of the recruiting portfolio studies were sponsored by Papworth which has increased to 48% in 2021/22. This shows the success of the Research PA process with Research PAs being awarded directly to research active clinicians.

A similar process is now required for non-medical researchers for this trend to grow and broaden our research portfolio.

Each of these studies requires input from our clinical trials unit, which is working at capacity. Increased infrastructure is required to support further growth of RPH studies, increasing our profile and reputation.



# Participant recruitment - overview

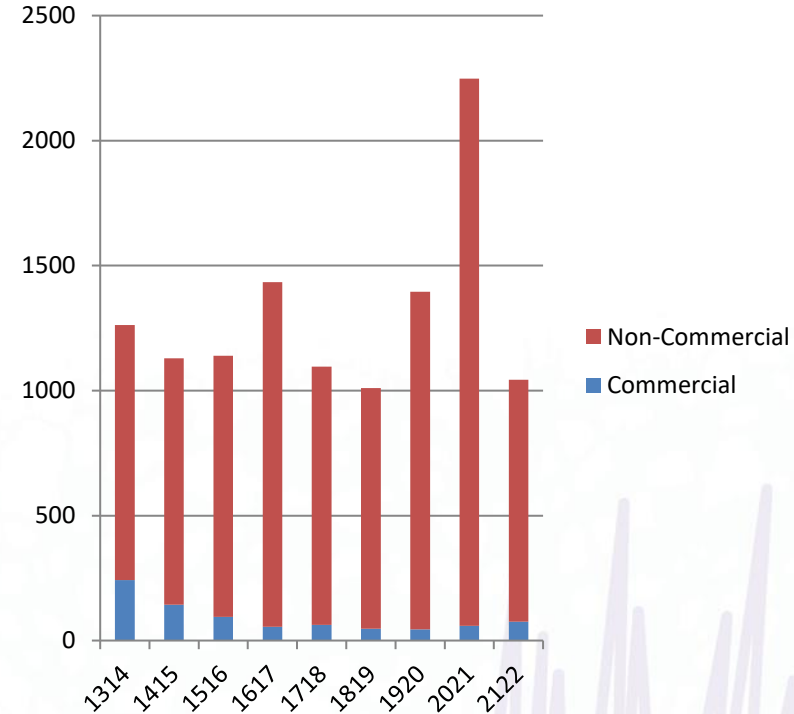


**Royal Papworth Hospital**  
NHS Foundation Trust

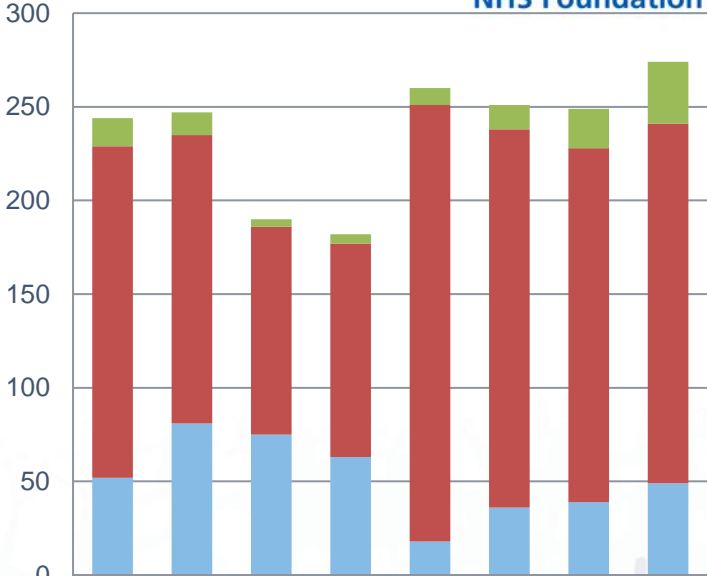
Recruitment numbers have been relatively stable over the last 9 years excepting a spike of recruitment to COVID studies.

The complexity of studies has evolved, with more studies requiring complex visits or longer follow-up. This is reflected in the number of staff required to run the studies and the income received (see later slides).

Over 55% of the patients we recruited into portfolio studies sponsored by RPH in 2021/22, again highlighting the success of the Trust in promoting research, and the value of the research PAs offered to the Consultant body within their job plans.



# Participant recruitment – quarterly breakdown

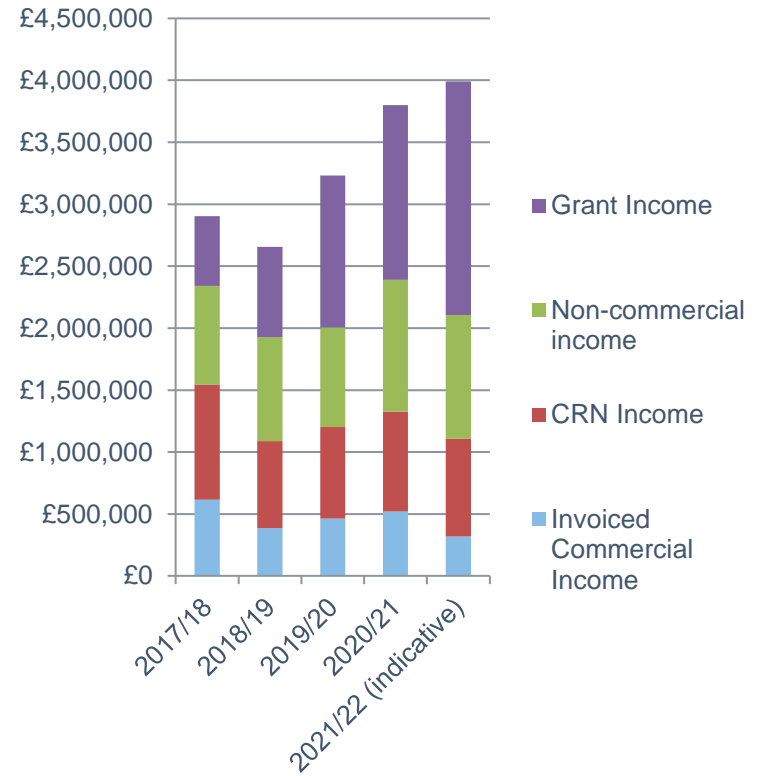


	Q3 2017/ 2018	Q4 2017/ 2018	Q1 2018/ 2019	Q2 2018/ 2019	Q1 2021/ 22	Q2 2021/ 22	Q3 2021/ 22	Q4 2021/ 22
Commercial Studies	15	12	4	5	9	13	21	33
Observational Recruitment	177	154	111	114	233	202	189	192
Interventional Recruitment	52	81	75	63	18	36	39	49

## Income received for R&D activity

Income from research activity continues to grow year on year, covering all staff and research related activity in the Trust.

The 2021/22 figures are indicative as only 9 months of data were available. The biggest growth in income is from RPH grant income and supporting other non-commercial studies.





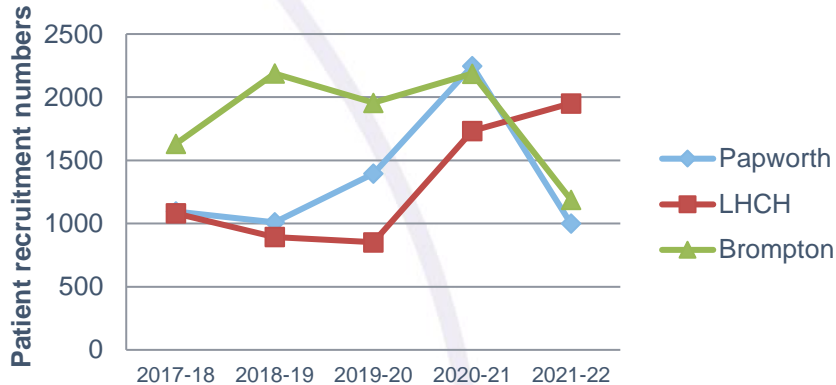
# Benchmarking (page 1 of 4)



We picked 2 Trusts to provide context for the level of research activity at RPH. These are the Royal Brompton & Harefield and Liverpool Heart and Chest (LHCH).

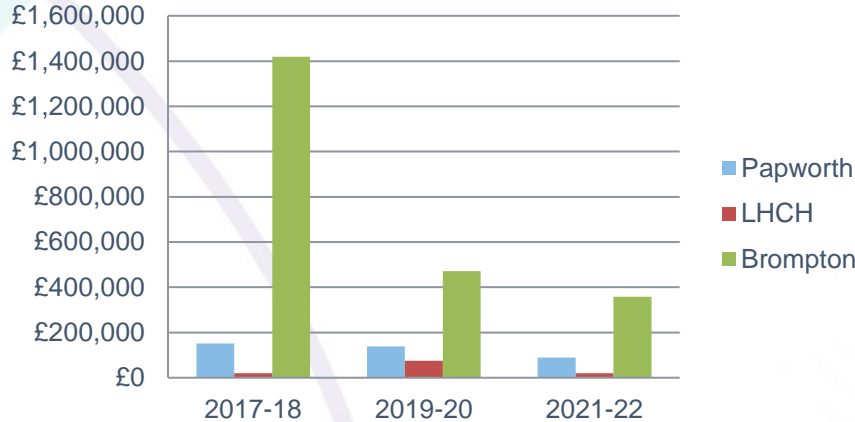
We looked at recruitment to portfolio studies and the amount of Research Capability Funding received (an indicator of how much NIHR grant funding has been received).

## Recruitment to portfolio studies



The increased recruitment at LHCH in 2021-22 is due to a single-centre study which accounts for 1100 participants.

## Research Capability Funding



The Brompton get more RCF funding than RPH, perhaps due to closer links with their University.

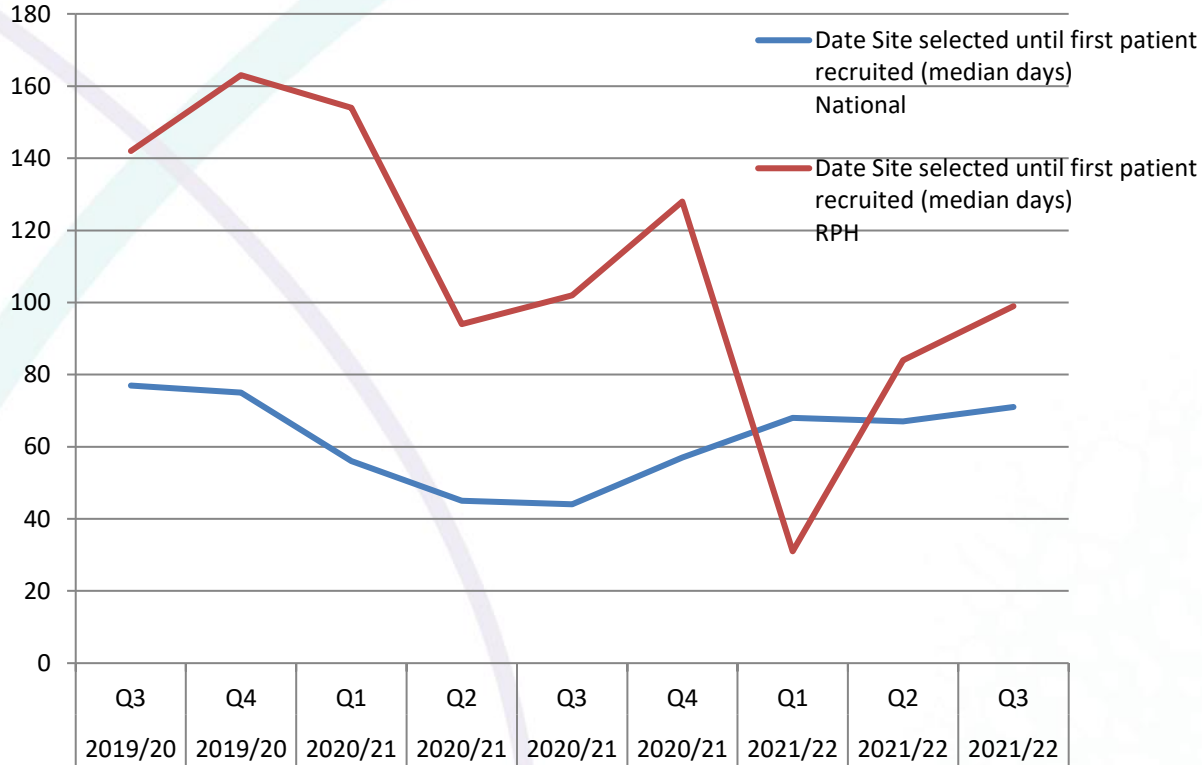
In 2021-22 LHCH received the recruitment minimum, indicating no current NIHR grants.

# Benchmarking (page 3 of 4)

Time taken from date site selected to first patient recruited



**Royal Papworth Hospital**  
NHS Foundation Trust



Performance in the NIHR CRN metrics from date the site was selected until first patient recruited (median number of days, higher is worse).

Our performance is worse than average. It was improving until Q1 21/22 but has slipped again.

The temporary (bank staff) investment in the Governance Team is starting to show improvements. This metric is being closely monitored.

# Benchmarking (page 4 of 4)

## Recruitment to time and target



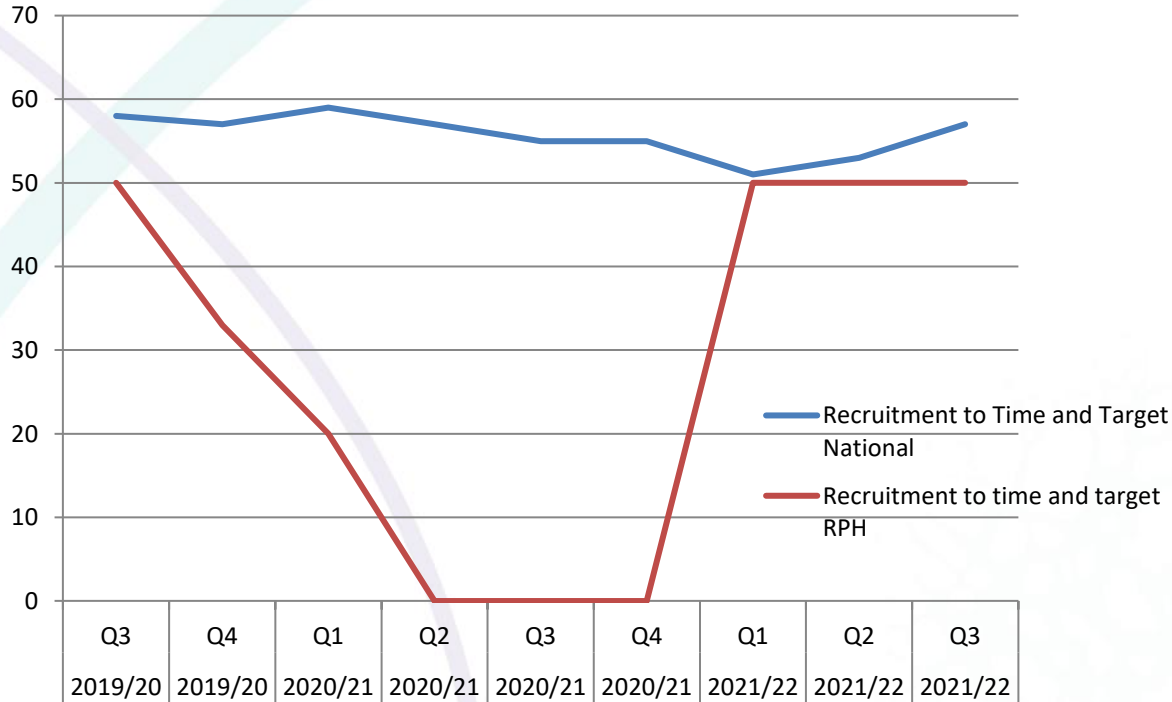
**Royal Papworth Hospital**  
NHS Foundation Trust

Performance in the NIHR CRN metrics for recruitment to time and target are shown, higher is better.

Our performance was worse than average, during 2020/21. Most of our capacity was directed to COVID with a halt for many RPH studies.

The 2021/22 showed a strong recovery.

This metric is being closely monitored.



# Other news

Dr Ian Smith has taken on the role of Medical Director – we thank him for his hard work and service as Clinical Director of R & D over the last 9 years.

Patrick Calvert has been appointed the new CD, supported by Robert Rintoul as Deputy CD and Claire Martin (Assistant CD).

HLRI due for opening on 11<sup>th</sup> July with Mark Toshner, Director of the Clinical Research Facility which is key to collaboration and innovation between RPH, University of Cambridge and Industry.

University of Cambridge have updated their titles and the affiliated posts for NHS staff. PMAC informed of open application process which will close on 20<sup>th</sup> July and will occur on an annual basis. This opens the door to closer working with the University and potential of more grants attracting Research Capability Funding being available to RPH.

# The Future

Development of a Research and Development Strategy for next 5years – expected Q4 2022

Undertaken extensive consultation with stakeholders:

External: University of Cambridge (inc Patrick Maxwell, Ken Smith, Martin Bennett, Mark Gurnell)

Industry: Meeting planned with Astra Zeneca Board and Senior Executive Team 26.7.22

Internal: All Clinical Directors and Departmental Operational Managers and RPH Staff Poll

## **Aims:**

1. Understand the priority which RPH staff attribute to Clinical Research
2. Understand how we can promote and encourage more staff to be involved in research
3. Ensure that participation in Clinical Research is accessible to all staff including non-medical
4. Lay out a clear strategy to ensure that RPH develops Clinical Research of Global renown by collaboration with University and Industry partners