

**Queen Victoria Hospital NHS Foundation Trust  
Research & Innovation Annual Report**

Report covering the period from  
April 2022 to March 2023

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<b>1.</b>	<b>Executive Summary</b>
	<ul style="list-style-type: none"> <li>We are pleased to report that Research has had an exceptional year, with activity in high quality National Portfolio studies having increased by <b>41%</b> over the previous year – our best ever performance.</li> <li>The R&amp;I Budget has been carefully managed, and despite having increased staff costs we have ended the year £36K ahead of budget.</li> <li>Our main performance metric is recruitment to studies, and in 2022-23 we recruited 772 participants, of which 754 were to National Portfolio studies. This represents an increase of <b>34%</b> in total recruits over the previous year, and an increase of <b>41%</b> in key National Portfolio studies.</li> <li>The key objective by which the CRN measures our performance is a 'Value For Money' (VFM) measure. This year, our cost-per-weighted-recruit was £65 – an impressive <b>54%</b> improvement over the previous year. This strong performance will help to guarantee our future CRN funding.</li> <li>We faced some challenges with long-term staff sickness during the year, but were able to juggle work so that we could continue to support a full programme of research activities.</li> <li>We are proud that two of our clinicians acted as Chief Investigators on National Portfolio studies (Charles Nduka, Baljit Dheansa). These are studies that we have initiated and designed ourselves, and which have been adopted onto the prestigious National Portfolio – the UK gold standard for high quality clinical research.</li> <li>We also took part in the national anonymous Participant in Research Experience Survey, with 116 respondents. This showed that <b>88%</b> of our respondents felt that their participation was valued; <b>93%</b> agreed that research staff always treated them with courtesy and respect; and <b>86%</b> said that they would consider taking part in research again. Respondents commented on the friendliness and professionalism of research staff, and of the benefits of taking part - both for themselves and for future generations.</li> </ul>

<b>2.</b>	<b>Introduction</b>
	<p>As the Director of Research &amp; Innovation, it gives me great pleasure to introduce the annual Research and Innovation Report for 2022/2023; my first since starting this exciting role few months ago.</p> <p>As you will see in this year's report, The Research &amp; Innovation team has worked very hard to increase the research activity by 41%, while achieving very positive responses from our research participants.</p> <p>This year we had our best year ever for recruitment, and have continued to run a wide range of existing studies, as well as initiating new research projects. The department continues to grow a robust research portfolio with an active presence as part of the regional CRN and at a national level. We have seen an increase in patient recruitment, maintaining a positive financial position.</p> <p>It is this time of the year when I would like to thank the whole R&amp;I team and the researchers for their work, and all the members of the Research Governance Group for their continuous support for the research we run at the Queen Victoria Hospital.</p> <p>Mr Mohamed Elalfy</p>

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3.	Service aim, objectives and expected outcomes
	<p>Research &amp; Development improves outcomes for patients both at QVH and in the wider NHS. This is achieved through a research programme which focuses on quality, transparency and value for money.</p> <p>R&amp;I at QVH is performance-monitored by our local CRN and by the R&amp;I Governance Group. Research activity is tracked by the CRN on a daily basis via an interactive online system (EDGE), as well as via regular meetings and reports.</p> <p>One key objective by which the CRN measures our performance is a ‘Value For Money’ (VFM) measure. This year, our cost-per-weighted-recruit was £65 – an impressive <b>54%</b> improvement over the previous year. This will help to guarantee our future CRN funding.</p>

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4.	Activity analysis/ achievement										
	<p><b>Research Activity</b></p> <p>The number of patients receiving NHS services provided or sub-contracted by the Queen Victoria Hospital NHS Foundation Trust in 2022-23 that were recruited during that period to participate in research approved by the Health Research Authority was <b>772</b>, of which <b>754</b> were recruits to National Portfolio studies. This represents a <b>41%</b> increase in National Portfolio activity over the previous year, reflecting the significant increase in activity following the pandemic.</p> <p>Participation in clinical research demonstrates QVH's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. In 2022-23, QVH staff were involved in 91 publications, helping to disseminate the knowledge gained from their work.</p> <p>QVH took part in conducting 22 clinical research studies in 2022-23, of which 19 were Portfolio studies, as per the tables below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Project short title</th> <th style="width: 15%;">Start date</th> <th style="width: 20%;">Principle Investigator</th> <th style="width: 10%;">National Portfolio study</th> <th style="width: 10%;">Recruitment in 2022-23</th> </tr> </thead> <tbody> <tr> <td>Melatonin for Anxiety prior to General anaesthesia In Children (MAGIC)</td> <td>22/06/2022</td> <td>Ed Pickles</td> <td>Yes</td> <td>0</td> </tr> </tbody> </table>	Project short title	Start date	Principle Investigator	National Portfolio study	Recruitment in 2022-23	Melatonin for Anxiety prior to General anaesthesia In Children (MAGIC)	22/06/2022	Ed Pickles	Yes	0
Project short title	Start date	Principle Investigator	National Portfolio study	Recruitment in 2022-23							
Melatonin for Anxiety prior to General anaesthesia In Children (MAGIC)	22/06/2022	Ed Pickles	Yes	0							

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Melanoma Wide Excision Trial - MelMarT-II	23/06/2022	Siva Kumar	Yes	0
Flexor tendon repairs - FIRST Study	17/10/2022	Asit Khandwala	Yes	10
MINDfulness And Response In Staff Engagers (NHS)- MINDARISE-V1.3	08/11/2022	Sally Collins	Yes	12
Unlicensed Medicines Risk Assessments in NHS Trusts	19/04/2022	PhD study	No	0
SQUEEZE	21/09/2022	Julian Giles	Yes	42
PETS	20/09/2022	Simon Booth	Yes	76
MIDI (MR Imaging abnormality Deep learning Identification)	04/10/2021	Ian Francis	Yes	325
Organisational resilience questionnaire development and validation	24/01/2022	external	Yes	0
QoL and functional outcomes after Mandibulectomy Reconstruction	30/04/21	Jag Dhanda	No	18
SAVER	29/10/2021	Zaid Sadiq	Yes	7
GenOMICC	05/05/2021	Julian Giles	Yes	0

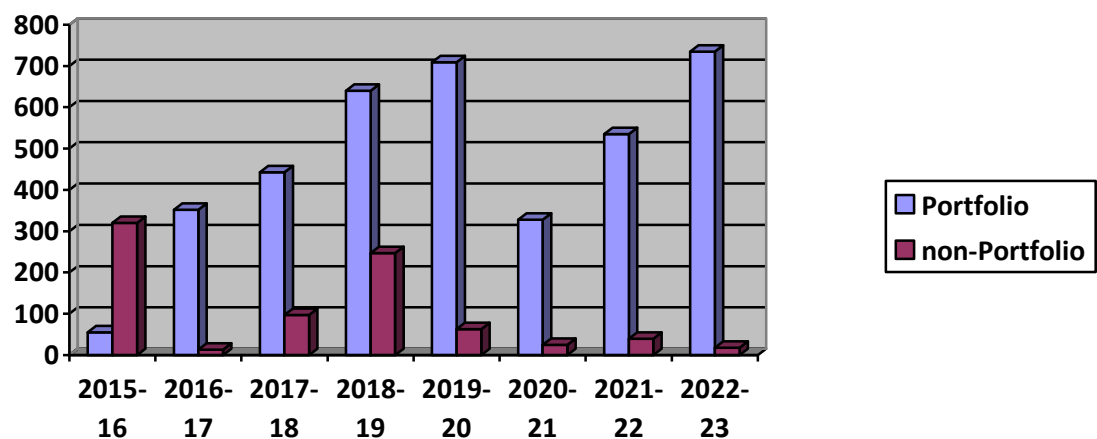
NEON - digital Nerve, suture Or Not	18/11/2021	Rob Pearl	Yes	1
Are subjective pain scores related to facial muscle activity? - EMG pain scores	15/09/2021	Charles Nduka	Yes	4
TEARS	12/11/2018	Raman Malhotra	Yes	0
XEN45 in Angle Closure Glaucoma	22/11/2018	Gok Ratnarajan	Yes	0
Perioperative Quality Improvement Programme: Patient Study	03/05/2017	Julian Giles	Yes	194
Validation of MIRROR application for facial paralysis	11/03/2021	Charles Nduka	Yes	paused
Investigation of Potential Biomarkers in the Role of Scar Formation	16/03/2016	Baljit Dheansa	Yes	22
Molecular basis of chronic inflammatory and degenerative diseases	30/11/2015	Asit Khandwala	Yes	61
Clinical Characterisation Protocol for Severe Emerging Infection	03/02/2021	N/A	Yes	0

Is MGI or upper marginal entropion a contributing factor in the development of SLK	25/02/21	Raman Malhotra	No	0
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## Our work on NIHR Portfolio studies

Recruitment to NIHR National Portfolio studies is recorded and monitored via a national interactive database, and the level of CRN funding received by the Trust is partly determined by these accrual figures. In the past seven years, the number of Portfolio participants recruited has greatly exceeded the number of non-Portfolio recruits, reflecting a successful strategic push to increase the proportion of Portfolio studies we undertake. Activity was considerably impacted during the height of the COVID19 pandemic, but this year we had a **41%** increase in participant recruitment over the previous year, at **754** recruits.

QVH Research Participant Recruitment 2015-2023



## External Funding

### Core funding

The CRN awarded the Trust **£197,138** core funding in 2022-23, plus £3351 additional funding, and £6000 Specialty Lead Funding. The CRN determines its level of funding partly using an algorithm based on the number of patients recruited to Portfolio studies over the previous two years. This activity-based funding formula is a key driver for how research work is prioritized at QVH.

Funding was allocated according to CRN guidelines in the following way:

Resource	Allocation
Lead Research Nurse B7	31,722
Senior Research Nurse B7	32,971
Research Nurse B6	45,419
Research Nurse B6	43,983
Research Nurse B6	33,008
CRN Specialty Leads	6000
Office/IT/consumables/training	2169
Overheads	11,164

The Trust also received **£2250** from the Brighton and Sussex Medical School to support the IRP students who undertake fourth-year research projects at the hospital.

The R&I Budget has been managed very carefully, and despite having increased staff costs we have ended the year £36K ahead of budget.

5.	Involvement & Engagement
	<h2 style="text-align: center;">Patient and Public Involvement and Engagement</h2> <p>QVH continues to work to find meaningful ways to involve patients and members of the public in its research activity. We are fortunate to have on our R&amp;I Governance Group two very involved patient representatives, who take an active role in advising on and monitoring the research activities of the Trust. Patients are also sometimes involved in the early stages of research projects via focus groups, which feed into protocol development.</p> <p>QVH participated in the national anonymous PRES (Participant in Research Experience Survey) questionnaire, and received back 116 completed forms. This is 15.7% of our yearly recruitment and well within the 12% required by the CRN.</p> <p>Data from PRES is reviewed regularly throughout the year and helps us better understand the experience of research participants and how we might improve their experience. The results are shared both internally and with our CRN.</p> <p>Overall, the PRES survey paints a positive picture of people’s experiences of taking part in research. Respondents comment on the friendliness and professionalism of research staff, and of the benefits of taking part, both for themselves and for future generations. <b>88%</b> of people felt that their participation was valued; <b>93%</b> felt that research staff always treated them with courtesy and respect; <b>86%</b> said that they would consider taking part in research again.</p> <h2 style="text-align: center;">Clinical Research Network (CRN)</h2> <p>The Trust is a member of the Kent, Surrey, and Sussex Clinical Research Network (CRN). We work with the CRN to maximize opportunities for Portfolio studies, identify new studies the</p>



Trust may participate in, and implement new national systems and structures. The CRN distributes R&I resources amongst its members according to an activity-based algorithm. The CEO sits on the CRN Partnership Board, and the Head of Research and the Director of Research & Innovation regularly attend CRN finance and performance meetings, working closely with the CRN Link Manager and her team. Meeting CRN targets is a priority area for the Trust.

## **Our people**

### **Clinical Research Staff**

We are proud that two of our clinicians acted as Chief Investigators on National Portfolio research studies in 2021-22 (Charles Nduka and Baljit Dheansa).

In 2022-23, the Trust supported one Lead Research Nurse (0.6WTE), one B7 Senior Research Nurse (0.7WTE), three B6 Research Nurses (2.61WTE), and one Research Assistant (0.2WTE).

Some clinical departments have their own arrangements for Research Fellows. These are funded by the departments themselves and are not managed by the R&I Department. In addition, we have identified nurses within different clinical areas who have been trained up to support research in their own department. One radiologist, Lisa Weeks, was nominated for a CRN award for her role in supporting the MIDI study.

### **Research Management and Governance**

The R&I Department presently consists of one Director of Research & Innovation, one Head of Research (0.66WTE) one Research Governance Officer (14.56h/wk), and one Research Assistant (0.2WTE).

Funding was received from the Clinical Research Network (CRN) to support research management and governance. Other income to support the R&I infrastructure comes from commercial studies, which in addition to paying general Trust overheads, contribute a fee for R&I Department services in assessing applications, setting up contracts, and implementing and monitoring studies.

## **Intellectual property and Innovation**

The Trust has engaged the services of NHS Innovations South East to assist with commercializing and developing its intellectual property.

## **Training and Development**

One physiotherapist is currently undertaking the national Associate PI training scheme.

It is a legal requirement that all staff involved in clinical trials complete Good Clinical Practice (GCP) training, and the Trust has facilitated this for staff – either by enabling access to off-site courses at other Trusts, or by paying for staff to do an individual online course. Commercial

companies also regularly run refresher GCP courses for staff involved in the clinical trials they run at the Trust.

This year our research staff also attended the British Burns Association Conference, a Skin Cancer study day, a Breast Reconstruction study day, an Eye Research study day, and Research in a Clinical Setting training.

### **CRN training**

The Trust also has access to training provided by the CRN for any studies which are accepted onto the National Portfolio. A wide range of courses are offered, including GCP training.

### **Research Design Service**

The NIHR Research Design Service South East offers a very good service in supporting staff making grant applications. They provide us with invaluable advice on study design, methodology, and statistics.

## **Governance**

R&I at the Trust is overseen by a Research & Innovation Governance Group. Its members include: Director of Research & Innovation, Chief Pharmacist/Clinical Trials Pharmacist, Anaesthetics Lead, Burns Lead, Corneoplastics Lead, Hand Surgery Lead, Maxillofacial Lead, Chief Nurse, Oncoplastics Lead, Healthcare Science Lead, Orthodontics Lead, Head of Research, Finance Department Representative, Designated Individual with Responsibility for Human Tissue Authority License, and External Academic Advisors from the University of Brighton. The Group also has two very active patient representatives who play a valuable role in advising on new projects.

The R&I Governance Group reports to the Quality and Risk Committee.

The Chief Nurse acts as the Trust's Nominated Consultee for research participants unable to consent.

**Trust policies which cover R&D:** Adverse Event Reporting Policy, Research Fraud Policy, Code of Practice for Researchers, Pharmacy policy for Clinical Trials, Intellectual Property Policy.

### **Sponsorship status**

Some research carried out at QVH is investigator-led ie designed and conducted by our own staff, and these require the Trust to provide structures to support pre-protocol work and peer-review, as well as the subsequent indemnity and management of active studies. We currently have two Chief Investigators at the Trust who have initiated QVH-Sponsored National Portfolio studies (Baljit Dheansa and Charles Nduka), as well as two Chief Investigators for non-Portfolio studies.

No research study may begin in the NHS without a Sponsor being identified. The Trust continues to offer its researchers the benefits of providing Sponsor status for single-site non-CTIMP non-Portfolio studies, although it is not funded to undertake this work.

### **Monitoring research**

All research that is externally sponsored is closely monitored to ICH-GCP standards by the Sponsor, who usually employs a dedicated Clinical Research Organisation or Clinical Trials Unit to undertake this work. Monitoring is performed via onsite visits, remote visits, and

	<p>regular reporting. QVH adheres to the specific SOPs provided for each individual research study, and to the terms of the contract. In 2022-23, zero issues were raised by sponsor monitors.</p> <p>The Trust also monitors the few research projects that it Sponsors internally, according to the guidelines laid down in the UK Policy Framework for Health and Social Care Research. Again, no issues were identified in 2022-23. We use the Edge online interactive system to manage and monitor research here at QVH.</p>
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<b>6.</b>	<b>Learning from Experience</b>
	<p>It has become apparent that supporting non-Portfolio studies (currently only 3 in 2022-23) takes up a disproportionate amount of time, for which we receive no funding.</p>

<b>7.</b>	<b>Recommendations</b>
	<p>We need to continue to focus on supporting and developing Portfolio studies. Non-Portfolio studies should be carefully considered before adopting them.</p>

<b>8.</b>	<b>Future plans and targets</b>
	<p><b>Specific targets for 2023-24:</b></p> <ul style="list-style-type: none"> <li>• Increase the number of commercial studies that we undertake</li> <li>• Maintain current level of recruitment activity</li> <li>• Remain within budget</li> </ul> <p>Progress towards these targets will be monitored by the CRN and by the R&amp;I Governance Group.</p>

<b>9.</b>	<b>Conclusions and assurance</b>
	<p>Research has had its best year ever, with a 41% increase in our key Portfolio work.</p> <p>R&amp;I maintained robust finances despite having to support increased staff costs, and ended the year £36K ahead of budget.</p>

<b>10.</b>	<b>Appendices</b>
	None

<b>11.</b>	<b>Report approval and governance</b>
	This annual report has been reviewed by our R&I Governance Group, as well as by the Quality and Governance Committee.