The Hillingdon Hospitals NHS Foundation Trust
Research and Development (R&D) Annual Report for 2017/18

1. Summary
The Hillingdon Hospitals NHS Foundation Trust’s main research activity is recruiting patients into high quality non-commercial and commercial National Institute for Health Research (NIHR) portfolio adopted multi-centre studies. We receive funding from the NIHR Clinical Research Network (CRN) North West London (NWL) to support this activity.

2. Research Income 2017/18
The Activity Based Funding (ABF) for 2017/18 from the CRN NWL was based on previous research activity, predicted activity and a performance premium based on the number of closed studies that Recruited to Time and Target (RTT). There are also study complexity weights funding ratios - 11 for interventional, 3.5 for observational and 1 for large scale studies. Fig 1 shows our recruitment to different complexity study types.

In addition, there is targeted investment for cancer, maternity and pharmacy and an allowance for Research Set-up & Management (formally called Research Management and Governance (RM&G)). In 2017/18, the Trust received a total of £334,398.25 from the CRN NWL to support NHIR portfolio adopted research activity. We did not qualify for the capacity building funding of £20,000 from the Department of Health (DoH) in 17/18 as a minimum of 500 patients had to be recruited in a specific time frame to be eligible. Commercial and non-commercial research income (from sponsors) is also included in Table 1 below.

Our research funding is broken down as follows:

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding Stream</th>
<th>Funding 2017/18</th>
<th>Projected funding 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRN NWL</td>
<td>Research Activity-Based Funding (ABF)</td>
<td>219,109</td>
<td>209,743</td>
</tr>
<tr>
<td></td>
<td>Research Set-up &amp; Management</td>
<td>£26,484</td>
<td>23,781</td>
</tr>
<tr>
<td></td>
<td>CRN targeted investment</td>
<td>£40,272 (partially supports 3 research posts in cancer)</td>
<td>£40,272 (partially supports 3 research posts in cancer)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>£23,003.25 (Research Midwife x 9 months)</td>
<td>£28,500 (0.6 WTE Research Midwife)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>£25,530 (0.5 WTE clinical trials pharmacist)</td>
<td>£25,530 (0.5 WTE clinical trials pharmacist)</td>
</tr>
<tr>
<td><strong>Total CRN</strong></td>
<td></td>
<td>334,398.25</td>
<td>327,826</td>
</tr>
<tr>
<td>Department of Health</td>
<td><strong>Capacity Building funding from DoH</strong></td>
<td>0</td>
<td>£20,000</td>
</tr>
<tr>
<td>Commercial Income</td>
<td></td>
<td>64,049</td>
<td>47,000</td>
</tr>
<tr>
<td>Other Income from Non-commercial studies</td>
<td></td>
<td>15,400</td>
<td>15,412</td>
</tr>
<tr>
<td><strong>Grand Total R&amp;D Income</strong></td>
<td></td>
<td>413,847.25</td>
<td>410,238</td>
</tr>
</tbody>
</table>

Table 1
** A funding stream from the DoH to support research capacity building

The above funding supports seven WTE R&D staff (mainly research nurses and trial coordinators) (Appendix 3). The workload demands on the R&D team are increasing just to maintain the current
level of activity e.g. there are increased levels of reporting and performance management by the CRN.

Our projected funding for 2018/19 is lower than previous years (Appendix 1). NWL CRN was expecting a 5% increase in their funding from the DoH for 18/19. All the NWL CRN finance modelling that was done prior to the announcement of the regional allocation was that Hillingdon’s funding allocation was expected to stay the same or increase slightly. However, the regional allocation had a reduction of 3.8% rather than an increase from the previous year. Unfortunately, we have had a knock-on decrease of 4 % equiv to £12,070. The regional decrease appears to be down to two factors;

- The DoH added a deprivation score index into the national modelling. This meant that all 3 London regions had a reduction and money was directed to the North.
- A greater amount of the national pot was allocated to performance (and consequently less to activity where our region does well). Our region had a year of poor delivery to time and target the year before which impacted on the allocation.

The London CRNs are having discussions with the DoH in order to avoid this decrease in future.

In order to continue to maintain/increase funding from Research we need to;

- increase our patient recruitment into NIHR adopted clinical trials
- supplement income by participating in commercial trials
- continuing to explore research options in specialities which are not research active
- use the CRN Strategic Work Force (no cost to us) to help increase our recruitment
- carry out thorough feasibility so that studies reach targets
- submit business cases to the CRN for additional income when opportunities arise.

3. Research Activity 2017/18
During 2017/18 we had 70 open studies of which, 85.7% were NIHR portfolio adopted non-commercial studies. Commercial research made up 11.4% of our activity. Student research projects accounted for 2.9% which is unfunded.
We recruited 485 patients into a total of 43 studies (Appendix 4). In addition, 124 staff took part in Health Services & Delivery research surveys. When compared to other similar sized Trusts in London, our activity appears to be on par. We exceeded our target by 33% which was greatly helped by taking part in the following studies: High-Intensity Specialist-Led Acute Care (HiSLAC), NICE guidelines and the place of the Faecal Immunochemical Test as a triage tool for predicting bowel cancer (NICE FIT) and the Pregnancy Lifestyle study in Maternity. A letter of thanks was received from the NIHR NWL CRN Clinical Director (Appendix 5). Figure 2 below shows the research activity in our research active specialities for 2017/18.

The remainder of the 27 open studies are either now closed to recruitment with patients in follow-up, awaiting close-out visits, having queries being resolved or archiving is in progress.

### Table 2

<table>
<thead>
<tr>
<th>Commercially funded studies*</th>
<th>11 (14%)</th>
<th>8 (11.4%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>79</td>
<td>70</td>
</tr>
</tbody>
</table>

*Most commercial studies are also NIHR portfolio adopted

### 4. Research Management & Governance

Since the Health Research Authority (HRA) approval process was introduced on 1st April 2016 our focus is now on assessing, arranging and confirming our capacity and capability to deliver studies. The NIHR CRN has set us a local objective that 80% of studies achieve set up within 40 calendar days (from “Date Site Selected” to “Date Site Confirmed”). This is usually achievable with simple observational studies but presents more of a challenge with interventional studies that involve contracts, costings, collaboration with other hospital services etc. We achieved 65% as opposed to 66% in NWL (Appendix 2). The R&D Manager is the only person in the dept who carries out this task which can mean longer set up time during periods of annual leave or other demands. It would not be practical to have other research staff (nurses, trial coordinators) cover as it involves a different skill
set and would take them away from recruiting to their own studies which would reduce our accruals. If our ambition is to increase the number of new studies being initiated in the Trust and to meet the 80% target then additional support will be required for the R&D Manager.

The local Governance arrangements include an R&D steering group, attended by the Medical Director, and reporting into the Regulation and Compliance Committee. A review of all facilities and procedures was undertaken prior to the CQC inspection to ensure there were no concerns around facilities or storage of specimens.

5. Workforce Development
The Trust regularly reviews its R&D workforce deployment to allow it to be responsive to the organisation and researchers. This ensures that local researchers have the skills and resources to recruit patients in a timely manner. Trust R&D staff are encouraged and supported to attend CRN training courses and conferences appropriate to their areas of work. Senior staff within the R&D team mentor and train junior staff. We provide face-to-face and electronic Good Clinical Practice (GCP) training.

6. Supporting Life Sciences Industry (commercially funded research)
One of the Department of Health’s primary research objectives is to support the pharmaceutical industry in developing new drugs and treatments. We have eight open commercial studies with one new Ophthalmology study in set-up. Many of these commercial studies involve blood sampling and use of a laboratory to process the samples and freeze them at very low temperatures to maintain their integrity. R&D previously had access to the Trust pathology laboratory to do this. Since the switch over to North West London Pathology we no longer have easy access to this service and we will now be required to pay for its use. In order to support such commercial studies R&D will need its own laboratory room, a minus 80°C freezer, capability to centrally monitor freezer temperatures continuously, deal with temperature excursions, and have the ability to recall historical data. Without these resources we will be unable to participate in many commercial and non-commercial genetic studies. Our performance RTT for Commercial open studies was below target (Appendix 2). Unfortunately, recruitment into our interventional commercial Haematology Cancer studies was very low mainly due to very strict inclusion/exclusion criteria and changes to those criteria since opening one of the studies due to urgent safety measures. One commercial observational ophthalmology study that was behind target at the time of the results has now exceeded target. We had two closed commercial studies one of which did not RTT. Failure to meet these targets will be addressed by carrying out very thorough feasibility for new commercial interventional studies to ensure that we meet this target and asking Principal Investigators to attend Feasibility Committee meetings.

7. The Future
The Trust’s ambition is to increase research activity, collaborate with Brunel Partners Academic Centre for Health Sciences (BPACHS) and others. This is building on Research and Quality Improvement being two of the five workstreams within the BPACHS partnership. In order to realise these ambitions, it will be imperative for R&D to have;

- additional office space
- additional R&D staff especially for research management
- a clinical consultation room to see research patients
- an R&D laboratory room
- a -80°C freezer
- capability to centrally monitor freezer temperatures and deal with excursions out-of-hours
- research to be a greater priority for trust divisions and support departments
We are currently writing an R&D Strategy that addresses the above points which will be presented to the Trust Board in the near future.