# NHS Golden Jubilee

### **Meeting: NHS Golden Jubilee Board**

### **Meeting date: 29 May 2025**

### **Title: Golden Jubilee Research Institute Annual Report**

### **Responsible Executive/Non-Executive: Mark MacGregor, Medical Director**

### **Report Author: Catherine Sinclair, Head of Research**

## 1 Purpose

**This is presented to NHS Golden Jubilee Board Committee for:**

### Awareness

### Discussion and approval

### This report relates to a:

* Annual Report

### This aligns to the following NHSScotland quality ambition(s):

* Safe
* Effective
* Person Centred

**This aligns to the following NHSGJ Corporate Objectives:**

* Leadership, Strategy and Risk
* High Performing Organisation
* Optimal Workforce

## 2 Report summary

## 2.1 Situation

An Annual Report was requested by Finance and Performance Committee. It covers the 24/25 reporting period. Note that the Q4 performance report is attached as an appendix.

For ease of reference, the quarterly and annually reported Key Performance Indicators are listed in the tables below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| KPI | Quarterly reporting | Quarterly target | Actual Q1 | Actual Q2 | Actual Q3 | Actual Q4 | Target 24/25 | Actual 24/25 |
| 1 | Number of approved research projects | 10 | 10 (100% target) | 7 (70% target) | 11 (110% target) | 10 (100%) | 40 | 38 |
| 2 | Participant recruitment (exclude blood sampling studies) | 200 | 378 (189% target) | 144 (72% target) | 199 (99.5% target) | 188 (94% target) | 800 | 909 |
| 3 | Income is maintained close to target | £375K | £346,471(92% target) | £580,548(154% target)  | £549,947(147% target | £506,245(135% target) | £1,500K | £1,983,211 |
| 4 | The number of research project audits is in line with target | 3 | 3 (100% target) | 2 (67% target) | 2 (67% target) | 3 (100% target) | 10 | 10 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Annually reported | Actual 22/23 | Actual 23/24 | Actual 24/25 |
| 5 | Number of journal publications with NHS Golden Jubilee quoted | 119 | 114 | 109 |
| 6 | Number of projects sponsored by NHS Golden Jubilee approved in year | 10 | 4 | 8 |
| 7 | Number of Principal Investigators | 30 | 29 | 39 |

NHS GJ Board is asked to note the increase in activity relating to patients recruited, and to income, and to note the significant increase in the number of active research projects from 98 in April 2024 to 121 in April 2025.

## 2.2 Background

Research is a critical healthcare activity because it facilitates the development of new drugs, devices and procedures which results in ongoing improvements in healthcare. The Jubilee hosts three national services - Advanced Heart Failure (AHF), the Scottish Pulmonary Vascular Unit (SPVU) and the Scottish Adult Congenital Cardiac Service (SACCS). Research in these three areas can only take place a specialist locations like the Golden Jubilee. In addition the Jubilee’s high throughput service - arthroplasty and cataract surgery - provide a unique environment for certain types of research.

## 2.3 Assessment

### 2.3.1 Quality/ Patient Care

Research positively impacts on patient care as follows:

**Enabling access for patients to state of the art drugs, devices and procedures**. These are generally provided by the research project sponsor, or though the provision of Excess Treatment Costs, and can replace clinically indicated drug, device or procedure. Examples include:

* The LIGHTRAY projects (24/CARD/24 and 24/CARD/05). The objective of these projects is to evaluate two different dosing methods for a drug called Sotatercept - a medication used to treat pulmonary arterial hypertension (PAH) in adults. The sponsor will provide the drug for the duration of both trials. The drug is licensed for use in the USA at an estimated cost of $25,000 per month. The project provides a way for patients to access a state of the art drug. Three patient are currently enrolled in these projects.
* CRAAFT-HF (24/CARD/10). This project looks at the use of catheter ablation to treat patients with heart failure and atrial fibrillation. The comparison is between medical therapy alone (current treatment), and medical therapy plus ablation (study treatment). The ablation procedure is termed an Excess Treatment Cost (i.e. in excess of the current treatment cost) and is provided by the Chief Scientist Office (£210,000). At this site, 42 participants will be recruited to each treatment arm.
* CHIP-BCIS3 (21/CARD/09). This project looks at the use of a heart pump device call Impella - a percutaneous ventricular assist device (PVAD) used to support the heart by temporarily assisting its pumping function. Patients are randomised to standard treatment (stent without Impella) and the study treatment (stent procedure with Impella). Impella is not part of standard care so is paid for by the Chief Scientist Office (Excess Treatment Cost of £79,576). Six participants will be recruited to each treatment arm.

***Patients who consent to take part in a research projects will normally make several return visits.*** During these visits, patients will discuss their health with the attending research nurse, research fellow, or consultant, and will usually have additional physical examinations, labs and imaging. This gives patient confidence in their recovery and adds valuable information to their Patient Record.

### 2.3.2 Workforce

Research positively impacts on the workforce as follows:

* Gives an alternative career choice for most healthcare professions including nursing, administration and healthcare science.
* Enables the wider Golden Jubilee staff group to get involved in research through the requirement for very specialist imaging etc.

Establishing safe staffing levels for areas out with wards is challenging however, for research support staff (research nurses and healthcare scientists) this is starting to be addressed through the introduction of a Research Patient Management System called EDGE.

For research administration, this is more challenging however, recent information demonstrates that additional staff will be needed to achieve the strategic direction of increasing the number of projects in general, and specifically, the number of home grown projects which will need specialist research project management capability.

It should be noted that, of the 39 Principal Investigators, 28 are consultants employed by the Jubilee. 3 PI’s are from the other professional groups - nursing, physiotherapy and administration.

### 2.3.3 Financial

The years following the pandemic were very challenging however, income generated by research activity in the 24/25 financial year is higher that it has ever been. Given the ongoing increase in research project numbers, this trend it likely to be maintained however, that is not certain.

In addition to direct income, research provides cost efficiencies through externally employed staff (mainly the University of Glasgow) contributing to clinical care, and the provision of drugs and devices which sometimes replace the Standard Care drug/device.

### 2.3.4 Risk Assessment/Management

The Research Institute risk register is discussed at each Research & Development Steering Group meeting. The actions relating to each risk are reviewed, and any change in risk level discussed. The risk register is available however, for ease of reference, risks are listed below:

1. Support department capacity.
2. Research workforce - Pharmacy.
3. Research workforce - R&D Office staff.
4. Research finance.
5. Research Quality.
6. Breach of regulations.
7. Research Strategy.

### 2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is an annual report.

### 2.3.6 Climate Emergency and Sustainability

The main impact on sustainability is that research remains a largely paper based activity. This is due to the regulations that govern research involving human subjects however, the current revision of the [ICH GCP guidelines](https://database.ich.org/sites/default/files/ICH_E6%28R3%29_Step4_FinalGuideline_2025_0106.pdf) allows for a less paper based approach.

The EDGE database supports the change in regulation, and the Golden Jubilee’s aim to reduce the use of paper, because it has electronic Investigator Site Files (ISF) and electronic Delegation Log capability. These can be made mandatory only for projects sponsored by the NHS Golden Jubilee.

### Communication, involvement, engagement and consultation

Colleagues working in the Research Institute have a long held aim of using social media and the Golden Jubilee website to highlight research capability, and to provide a source of information concerning the research that takes place. The R&D Office is currently working with the Communications Department to take this forward.

### Route to the Meeting

Finance and Performance Committee – May 2025

## 2.4 Recommendation

 Decision – NHS GJ Board is asked to discuss and approve the NHS Golden Jubilee Research Institute Annual Report 2024/25.

## List of appendices

The following appendices are included with this report:

Appendix No 1, Research Institute Annual performance report 2024/25

#### Appendix 1

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**Research Institute**

**Performance Report**

**Reporting Period: 01 January 2025 – 31 March 2025**

**Report prepared April 2025**

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# Section 1 – Key Performance Indicators

### Summary

**Reported every quarter**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| KPI |  | Quarterly target | Actual Q1 | Actual Q2 | Actual Q3 | Actual Q4 | Target 24/25 | Actual 24/25 |
| 1 | Number of approved research projects | 10 | 10 (100% target) | 7 (70% target) | 11 (110% target) | 10 (100%) | 40 | 38 |
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| 4 | The number of research project audits is in line with target | 3 | 3 (100% target) | 2 (67% target) | 2 (67% target) | 3 (100% target) | 10 | 10 |

**Reported annually**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Actual 22/23 | Actual 23/24 | Actual 24/25 |
| 5 | Number of journal publications with NHS Golden Jubilee quoted | 119 | 114 | 109 |
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| 7 | Number of Principal Investigators | 30 | 29 | 39 |

**RAG key**

|  |  |
| --- | --- |
| 100% or above  |  |
| Between 50 and 99%  |  |
| Between 1 and 49%  |  |

### KPI 1: Research project approvals

The target for Q4, 24/25 was 10. ten projects were approved. This section provides details for each project. Note that the information is from the lay summary section of each ethics application.

**24/CARD/11** – PROSERA-Ext - An Open-label Extension Study Evaluating the Long-term Safety and Efficacy of Seralutinib Orally Inhaled for the Treatment of Pulmonary Arterial Hypertension (PAH).

PI – Colin Church; SPVU Research Delivery Team, site target recruitment is 2.

Sponsor – GB002, Inc.

This is an open-label, single-arm study to evaluate the long-term safety, tolerability, and efficacy of orally inhaled seralutinib in subjects with Pulmonary Arterial Hypertension (PAH). PAH is a progressive, ultimately fatal disease that affects the daily activity and quality of life of patients. The purpose of this study is to examine the effects of seralutinib in patients who have already completed a “blinded” clinical trial (in which the effects of seralutinib are compared to a placebo). This Phase 3 study is supported by data from the Phase 2 TORREY study, in which participants taking existing therapy for PAH were randomised to receive seralutinib or placebo for 24 weeks. The TORREY study demonstrated a statistically significant improvement in its primary endpoint, pulmonary vascular resistance (PVR).

Seralutinib was formulated to be inhaled so that it is delivered right where it is needed. This also means the amount of medication in the body is reduced. This study includes a treatment period with regular visits to the clinic (10 visits in the first year and every 16 weeks after that), and a follow-up visit 4 weeks after end of treatment. The study treatment is a powder that is inhaled with a dry powder inhaler device, taken twice daily. At the end of the study patients are asked to complete a User Survey to evaluate ease of use and satisfaction with the study medication. The follow-up period will begin at the end of study visit. The total number of participants to be enrolled is expected to be approximately 300 but will depend on the number of participants completing a previous seralutinib study who are eligible and consent to participate in this OLE study

The study involves procedures including physical examinations, vital signs, ECG, Six Minute Walk Test (6MWT), and pulmonary function tests. Some patients may also receive additional CT-scans of their chest.

**24/CARD/18** – STICH3-BCIS4 - A multicentre randomised trial of surgical versus percutaneous revascularisation of ischaemic left ventricular dysfunction (iLVSD) in the United Kingdom, with embedded internal pilot and health economic analysis.

PI – Aadil Shaukut; Interventional Cardiology Research Delivery Team; site target recruitment target is 28.

Sponsor – University of Leicester.

Heart failure affects 1-2% of the population and is increasing in prevalence due to a growing, ageing, more sedentary population, and improved management of heart attacks. Heart failure causes severe, debilitating symptoms, high rates of mortality, frequent long hospitalisations, and costs the NHS £2 billion per year (2% of the total NHS budget). Coronary artery disease (CAD) is the most common cause of heart failure, responsible for 52% of cases in patients under 75 years of age, and is the primary cause of heart failure where the heart is not pumping sufficient blood.

We are comparing two treatments to restore blood flow to the part of the heart where flow is limited or blocked: Percutaneous coronary intervention (PCI) - a minimally-invasive procedure that restores blood flow from the inside. Coronary artery bypass (CABG) - surgery where a bypass (detour) is created around a blocked section of an artery.

Both PCI and CABG are currently offered to patients in the NHS. This trial aims to understand which type of procedure is better for patients with ischaemic left ventricular dysfunction (iLVSD) plus CAD, which type will lead to a better quality of life for the patient and which is better resource-wise for the NHS.

**23/CARD/13 –** TRICS IV **-** Transfusion Requirements in Younger Patients Undergoing Cardiac Surgery.

PI – Nawwar Al-Attar; Cardiac Surgery Research Delivery Team, site recruitment target is 15.

Sponsor – St Michael’s Hospital and Mount Sinai Hospital.

Heart surgery is one of the most frequent surgical procedures and 50% of patients having heart surgery are <65 years of age. During heart surgery, the use of a heart-lung machine and blood loss typically leads to anaemia. Anaemia occurs when there are lower than normal levels of red blood cells (RBCs) and haemoglobin, which carries oxygen to the rest of the body so that it can remain healthy and work properly. Anaemia could potentially lead to heart attack, kidney failure, stroke, or death.

To lower the risks associated with anaemia during and after heart surgery, there is a very high chance that patients will need to receive a red blood cell transfusion.

A similar trial (TRICS III) was recently completed. It included about 5000 patients aged >18 years undergoing heart surgery using the heart-lung machine, comparing the restrictive transfusion strategy to the liberal transfusion strategy. The results of this study showed that the restrictive transfusion strategy was favoured in elderly patients, but we don’t know yet which transfusion strategy is best for younger patients.

TRICS IV will help us see if there is a difference in health outcomes in patients between the ages of 18-65 who receive red blood cell transfusions based on the ‘liberal’ versus ‘restrictive’ transfusion strategies. The ’restrictive’ strategy will use a lower haemoglobin level, and the ‘liberal’ strategy will use a higher haemoglobin level for transfusion triggers. If a restrictive transfusion strategy in younger patients might lead to harm, a study is needed to make sure that these patients are given a transfusion at an appropriate haemoglobin level. If younger patients are not experiencing harm rom a restrictive transfusion strategy, then they should not be exposed to the risk of being transfused unnecessarily.

**23/CARD/22 –** F-CUSToS - Feasibility study for Randomised Controlled Trial of Custodiol-HTK vs St Thomas’ solution for cardioplegia and cold static storage of UK donor hearts in cardiac transplantation.

PI – Philip Curry: Cardiac Surgery Research Delivery Group; site recruitment target is 8.

Sponsor – Royal Papworth Hospital NHS Foundation Trust.

Background: Donor hearts are injected with a preservative fluid to protect them during transport to the transplant recipient. Currently, there are two different fluids used for this purpose in the UK, St Thomas’ solution and Custodiol-HTK. St Thomas’ is the standard fluid used in most UK transplants. Some animal studies and data from previous transplants have suggested that Custodiol-HTK may preserve the heart better. However, we do not know if this is true, because no one has ever tested this in a controlled way in humans.

Aims: We aim to conduct a randomised controlled trial (RCT) - the gold standard in research - to compare the two fluids. To test whether there is truly a difference, we need to collect data from around 450 patients. This will take a long time. Therefore, we first want to test if enough patients will consent to take part in the study to make it realistically possible. This is called a feasibility study.

Methods: We intend to ask all UK heart transplant recipients whether they wish to be involved in the trial. If they do, we will randomly allocate hearts to receive either Custodiol-HTK or St Thomas' solution before they are transplanted. We will do this for 50 hearts, which should take less than 1 year. The primary aim of the project is to see if more than two-thirds of eligible heart transplant recipients consent to take part and go on to receive a heart that has been correctly randomised.

Benefits: We believe that by conducting this feasibility study we can prove that it is possible to conduct the RCT. We believe that by conducting the RCT we can finally answer the question: “Which preservative fluid should we use in heart transplantation?” and, if one is shown to be better, change practice in the UK, saving the lives of transplant recipients.

**24/CARD/10 –** CRAAFT-HF: Cryoballoon/Radiofrequency Ablation of Atrial Fibrillation versus Medical Treatment for Heart Failure

PI – Roy Gardner; Interventional Cardiology Research Delivery Group; site recruitment target is 84.

Sponsor – University College London.

Atrial fibrillation (AF) is a common heart rhythm disorder that causes an irregular heart beat and is a cause of heart failure (HF). Treatments include drugs to slow the heart rate, anti-arrhythmic drugs or ablation of the heart to help preserve normal rhythm. A number of trials have suggested that ablation may be superior to drug treatment to reduce hospitalisations or prevent early death. However, these studies have been small and the results not applicable to the general population with AF and heart failure in the UK. This international study will compare optimal medical therapy with catheter ablation versus optimal medical therapy alone to see if catheter ablation reduces unplanned heart failure hospitalisations and death rates and improves quality of life.

**23/ORTH/03 -** OPAL - Occupational support for Patients undergoing Arthroplasty of the Lower limb trial.

PI – Swati Chopra; Orthopaedic Surgery Research Delivery Team; site recruitment target is 40.

Sponsor – South Tees Hospitals NHS Foundation Trust.

Hip and knee joint replacements relieve pain and improve function in patients with arthritis. One in four patients are in work at the time of their hip or knee replacement surgery, equivalent to 50,000 people in the UK each year. Many patients get back to work after surgery, however, the time this takes varies considerably. A lengthy recovery time can affect patients’ physical and mental wellbeing. Patients receive little or no return-to-work support from their hospital or GP specific to their individual needs and work situation. As part of an earlier research study we developed an ‘occupational’ (back-to- work) programme (known as OPAL) that supports return-to-work after surgery. We now need to assess whether this is effective in supporting a timely, safe and sustained return-to-work.

The OPAL occupational support programme provides personalised, targeted support for people in a range of jobs. As part of the programme, patients receive a variety of resources to help them plan their return-to-work. This includes access to a trained co-ordinator who helps and supports them before and after surgery. We will compare the OPAL occupational support programme against standard care.

All adults listed for elective primary hip or knee replacement from a minimum of 14 UK hospitals, who are in paid or unpaid work, will be invited to take part. Consenting participants will then be randomly assigned (using a computer) to receive either the OPAL programme or standard care. We aim to recruit 742 participants over 15 months. We will ask participants to complete questionnaires for 12 months following surgery in relation to when and how they return to work, and their normal activities. From these, we will understand if the OPAL programme helps to reduce the length of time until full, sustained return-to-work. We will find out if the cost of care differs between the two groups, to determine whether one is better value for money for the NHS.

**23/CARD/18** – LIMIT -Low INR to Minimize bleeding with mechanical valves Trial.

PI – Nawwar Al-Attar – Cardiac Surgery Research Delivery Team; site recruitment is 20.

Sponsor – Hamilton Health Sciences Corporation.

Heart valves control blood flow through the heart. If they are damaged, patients may need heart surgery to replace the diseased valve with a mechanical valve. Mechanical heart valves require life-long blood thinners to prevent blood clots from forming. These clots can cause strokes or valve failure. The only approved blood thinners for mechanical valves are vitamin K antagonists (VKA). The amount of VKA that a patient takes is adjusted to achieve a degree of blood thinness called the International Normalized Ratio

(INR). If the INR is too high, the risk of bleeding is higher, while an INR that is too low increases the risk of blood clots. Recommended INR targets for patients with mechanical heart valves aim to prevent blood clots while keeping the risk of bleeding low, but these recommended targets are based on low quality evidence.

Newer mechanical valves are thought to be at lower risk of clot formation and may not require the INR targets to be as high as once believed. A summary of studies on higher versus lower INR targets suggests that lower INR targets may prevent blood clots just as well as higher INR targets with less risk of bleeding. A large study comparing a lower INR target to standard INR targets in patients with a mechanical heart valve is needed to determine the optimal target. We have demonstrated conducting such a study is feasible. In the Low INR to Minimize bleeding with mechanical valves Trial (LIMIT trial), patients are randomized (like the flip of a coin) to either a low INR target or to the current recommended INR target. Patients who have had their aortic heart valve replaced with a mechanical valve for at least 3 months are eligible. We will enroll 2625 patients from 30 centres internationally to evaluate the safety and efficacy of a common, lower INR range in patients with bileaflet aortic mechanical valves. The LIMIT trial will increase the safety of using blood thinners in patients with mechanical heart valves.

**24/CARD/21** - CHOICE ICD - To co-develop and test an eHealth intervention to improve knowledge, attitude and experience in patients living with anImplantable Cardioverter Defibrillator

PI – Roy Gardner; AHF Research Delivery Team; site recruitment is 64.

Sponsor – Ulster University.

The role of the implantable cardioverter defibrillator (ICD) is to monitor heart rate and discharge a small electrical discharge or shock if the heart rate becomes life threatening. Previous studies have found that patients and family members have requested more information about their ICD, how it works and how to live well with the device. This study will build on this evidence by designing, in collaboration with patients, family members and professionals (PPI), an online resource (APP) to provide up to date information to reduce anxiety and improve quality of life.

The CHOICE-ICD APP will be easy to use with up to date information on the ICD, day to day practical advice, as well as animation clips, 2-3 minute patient videos and a virtual reality option. A total of 128 patients will be randomized to receive the intervention (Choice-ICD APP, and BHF booklet) or usual care (BHF booklet). The CHOICE-ICD APP will be made available to 64 patients awaiting or with a recently implanted ICD in Belfast and Clydebank. Patients will use the APP for 3 months, with follow-up at 3 months and 6 months. During follow-up, the patients randomised to the Choice-ICD intervention will have the option to access the VR component of the intervention. Patients and family members will be asked at each of the 3 stages to complete validated questionnaires, and at 6 months invited to share their thoughts in a focus group on the choice-ICD intervention. For example, how well the APP worked and if they would use it again. Anonymized data will be downloaded from the APP, such as the content viewed and the time spent on each topic.

**24/CARD/12** – MATRIX-2 - Monotherapy with a P2Y12 inhibitor followed by a direct-acting oral anticoagulant in patients with ATRial fIbrillation undergoing suprafleX Cruz coronary stent implantation.

Note: this study was suspended shortly after approval because the stent is no longer used at the Jubilee. If the type of stent is changed, the study may re-open.

PI – Paul Rocchiccioli - Interventional Cardiology Research Delivery Team; site recruitment is 64

Sponsor – Insel Gruppe AG.

Patients with atrial fibrillation (AF) with indication for long-term oral anticoagulation undergoing undergone successful percutaneous coronary intervention (PCI) with one or more Supraflex Cruz stent implantation are routinely treated with a combination of antithrombotic medications. In this study we would like to investigate whether treatment with a single antithrombotic drug (“monotherapy strategy”) is associated with benefits compared to the currently recommended combination therapy of antithrombotic medications (“standard-of-care strategy”). Participants will be randomly allocated to one of the two groups. The antithrombotic treatment regimen will then be prescribed according to group assignment. All drugs used in this study are approved and used in clinical practice. The duration of participation is 15 months. After completion of the study, the patient will receive antithrombotic therapy according to routine care.

**24/CARD/33** - Accuracy and predictive value of echocardiography in pulmonary hypertension screening: impact of the revised haemodynamic threshold in clinical guidelines.

PI – Martin Johnson; SPVU Research Delivery Team.

Sponsor - NHS Golden Jubilee

Pulmonary hypertension (PH) is a condition that happens when the blood pressure in the circulation of the lungs is too high, leading to serious symptoms and irreversible damage to the heart over time. Identifying it early is key to prevent this damage and heart failure.

The best way to diagnose PH is to directly measure the blood pressure inside the right side of the heart and the blood vessels of the lungs. This is done directly inside the right heart and lungs in a procedure called right heart catheterisation (RHC). However, catheterisation involves going into the body, exposing patients to x-rays, and cannot be done at every hospital.

An alternative way of measuring the pressure in the right heart is cardiac ultrasound imaging, or echocardiography (echo). This does not involve any equipment entering the body or radiation and can be done in most hospitals. Echo can estimate the pressure in the heart and lung vessels to work out whether a patient might need RHC.

New guidelines for pulmonary hypertension have lowered the pressure threshold that leads to diagnosis. Previous studies about how well echo and invasive measurement compare in PH mostly use the older definition. It is important to know how well echo can predict PH under the new guidelines, especially for patients with mild PH that echo might miss.

To test this, the study will compare echo and catheterisation results previously collected while patients attended the Golden Jubilee National Hospital for pulmonary hypertension testing. The main study aim is to confirm how sensitive and specific echo is for PH testing compared with RHC, looking at how this is affected by using the new threshold. If echo is also reliable for mild pulmonary hypertension, it may reduce invasive tests and unnecessary patient risk.

### KPI 2: Participant recruitment (excluding blood sampling studies)

The target for Q4, 24/25 was 200, Recruitment was under target for this quarter with 188 participants recruited (this excludes NOVEL which is a blood sampling project).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | AHF | AHF (NOVEL) | Anaes/ CC | Cardiac Surgery | Colorectal  | Int Cardiol | Ortho Surgery | SACCS | SPVU | Thoracic Surgery | Total |
| April 24 | 5 | 91 | 13 | 0 | 10 | 102 | 2 | 3 | 1 | 1 | 137 |
| May 24 | 6 | 74 | 9 | 1 | 5 | 112 | 3 | 4 | 2 | 1 | 143 |
| Jun 24 | 0 | 91 | 8 | 0 | 5 | 78 | 3 | 2 | 1 | 1 | 98 |
| July-24 | 2 | 91 | 8 | 0 | 4 | 14 | 2 | 6 | 8 | 0 | 44 |
| August 24 | 1 | 95 | 9 | 2 | 9 | 12 | 3 | 6 | 17 | 0 | 59 |
| September 24 | 4 | 85 | 11 | 0 | 4 | 19 | 0 | 0 | 1 | 2 | 41 |
| October 24 | 18 | 88 | 13 | 1 | 9 | 18 | 1 | 4 | 7 | 0 | 71 |
| November 24 | 18 | 51 | 11 | 4 | 10 | 27 | 0 | 0 | 1 | 2 | 73 |
| December 24 | 12 | 57 | 10 | 1 | 10 | 17 | 1 | 0 | 1 | 1 | 55 |
| January 25 | 9 | 75 | 10 | 3 | 10 | 16 | 3 | 0 | 2 | 0 | 53 |
| February 25 | 13 | 77 | 10 | 1 | 13 | 19 | 3 | 0 | 1 | 1 | 61 |
| March 25 | 14 | 74 | 8 | 2 | 10 | 16 | 21 | 0 | 2 | 1 | 74 |
| Total | 102 | 956 | 120 | 15 | 99 | 450 | 42 | 25 | 46 | 10 | 909 |

### KPI 3: Income is maintained close to target

The annual income target is £1.5M. This includes invoiced income from commercial research, non-commercial research and the Chief Scientist Office (CSO) allocation. The total invoiced income for Q4 24/25 was £506,245 which is above the target of £375,000. The table below shows the summary of income to the Golden Jubilee Research Institute for 2024/2025.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2024/25 | Q1 | Q2 | Q3 | Q4 | **Total** |
| Invoiced income - commercial research | £160,537 | £271,088 | £223,114 | £112,061 | **£766,800** |
| Invoiced income for non-commercial research | £40,934 | £164,460 | £181,833 | £108,833 | **£496,060** |
| invoiced income (non-commercial research – other) | £0 | £0 | £0 | £140,351 | **£140,351** |
| CSO Research Support fund1 | £145,000 | £145,000 | £145,000 | £145,000 | **£580,000** |
| **Total invoiced income** | **£346,471** | **£580,548** | **£549,947** | **£506,245** | **£1,983,211** |

Note 1: The CSO Research Support fund stated value excludes funding for the NRS Cardiovascular Speciality Group.

The table below shows trends in GJRI income for this and the past four financial years.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source of income | Explanation | 2020/21 | 2021/22 | 2022/23  | 2023/24 | 2024/25 |
| Commercial research | Per patient fees | £285,820 | £373,961 | £558,035 | £391,292 | £766,800 |
| Non-commercial research | Per patient fees | £394,754 | £158,583 | £222,369 | £203,815 | £496,060 |
| Non-commercial research (other) | Income for directly funded research posts, grant income | £199,226 | £173,102 | £197,182 | £66,054 | £140,351 |
| CSO income |   | £363,785 | £475,000 | £475,000 | £484,000 | £580,000 |
|
|  Total |   | £1,243,585  | £1,180,646  | £1,452,586  | £1,145,161  | £1,983,211  |

### KPI 4: The number of research project audits is in line with target

In Q4, 24/25 financial year, 3 research project audits were carried out. Audit reports are available on request.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GJ Ref Number | Study Title | Risk Assessment Score | Date of audit | Status |
| 21/CARD/05 | INSIGNIA | 7 | 17/04/2023 | Complete |
| 21/CARD/15 | Integrated Flow Reserve in the Heart and End-organs of ACHD patients | 8 | 10/05/2024 | Complete |
| 22/ANAES/06 | IMPRoVE | 1 | 06/06/2024 | Complete |
| 21/COLO/01 | Colo-cohort | 2 | 28/08/2024 | Complete |
| 23/CARD/09 | Garden TIMI | 7 | 20/09/2024 | Complete |
| 24/MISC/01 | Interoceptive Based Intervention in Pulmonary Hypertension | 0 | 31/10/2024 | Complete |
| 24/MISC/02 | Adults with CHD- exploring their knowledge of their condition | 6 | 18/11/2024 | Complete |
| 23/CARD/12 | Librexia - Atrial Fibrillation | 7 | 27/01/2025 | Complete |
| 23/CARD/29 | TROPOS | 7 | 10/02/2025 | Complete |
| 24/CARD/08 | CorMicA-PCI | 6 | 25/03/2025 | Complete |

### KPI 5: Number of journal publications with NHS Golden Jubilee quoted

The number of journal publication remains stable with 109 in 24/25. The impact factor is also in line with previous years. Interventional Cardiology has the most publications, and SPVU the least.



###

### KPI 6: Number of approved projects sponsored by NHS Golden Jubilee

The number of projects sponsored by the Jubilee gives an indication of the number of projects that originate from the organisation. The strategic intent is to increase this number.

There is also a strategic intent of increasing the number of multi-site sponsored projects however, the major limitation on this development is that lack of a Project Manager - whose remit would be to manage the external sites. The establishment of a Project Manager post is a key remit.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2022/23 | 2023/24 | 2024/25 |
| Single-site | 7 | 2 | 7 |
| Multi-site | 3 | 2 | 1 |
| Total | 10 | 4 | 8 |

### KPI 7: The number of Principal Investigators



This is calculated using the April 2025 research project portfolio report and relates to projects that are either actively recruiting, or are in follow-up. The number of PIs has increased significantly - in line with the significant increase in the number of projects (121 compared to 98 in the last financial year). Of the 39 PIs, 3 are employed by the University of Glasgow, 3 by NHS GG&C and 2 are external to the Jubilee. The remaining 31 are employed by the NHS Golden Jubilee, 28 are from the medical staff group, and 3 from either nursing, physiotherapy or administration.

## Section 2. Research Governance

|  |  |  |  |
| --- | --- | --- | --- |
| GJRI Reference | Document name | Version | Review date |
| GJRI 000 | Research Quality Framework  | 3.0 | August 2024 (in work plan) |
| GJRI 001 | Informed Consent  | 2.0 | October 2027 |
| GJRI 002 | Research Project Protocol Peer Review  | 4.0 | November 2026 |
| GJRI 003 | Review and Approval of Amendments | 3.0 | September 2026 |
| GJRI 004 | Delegation Log - Guidance | 3.0 | July 2025 |
| GJRI 006 | Monitoring and Audit of Clinical Research Projects - Policy  | 3.0 | May 2026 |
| GJRI008 | Guidance for setting up and maintaining a Research Site File. | 2.0 | July 2025 |
| GJR I009 | Serious Adverse Event Reporting  | 3.0 | April 2025 |
| GJRI 010 | Research Archiving Policy  | 2.0 | Aug 2027 |
| GJRI 011 | Training for staff engaged in Research | 2.0 | November 2026 |
| GJRI 012 | Management of Intellectual Property | 4.1 | December 2024 (in review) |
| GJRI 013 | Research Fraud and Misconduct Policy  | 4.0 | November 2026 |
| GJRI 014 | Honorary Research Contract / Letter of Access for researchers | 2.0 | June 2023 (awaiting national guidance) |
| GJRI 015 | Research Project Indemnity Guidance Document | 2.0 | November 2026  |
| GJRI 016 | Medical Emergency in the CRF | 2.0 | November 2026 |
| GJRI 017 | Management of Source data  | 2.0 | December 2026 |
| GJRI 022  | Management of Policies, guidance documents and SOPs  | 1.0 | September 2025 |
| GJRI 024 | Principal Investigator – role and responsibilities | 1.0 | May 2025 |

## Section 3. Staff Governance

**Sickness/absence**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Research admin/ governance (Headcount = 7) | Research Support (Headcount = 22) | Average for Board |
| January 2024 | 0.8% | 3.3% | 6.3% |
| February 2024 | 0 | 2.9% | 6.3% |
| March 2024 | 5.4% | 3.2% | 6.1% |
| April 2024 | 3.6% | 4.3% | 5.9% |
| May 2024 | 6.2% | 5.6% | 6.2% |
| June 2024 | 1.7% | 8.9% | 6.8% |
| July 2024 | 0% | 10.3% | 6.8% |
| August 2024 | 0% | 6.1% | 5.9% |
| September 2024 | 0% | 0.7% | 5.6% |
| October 2024 | 6.8% | 0.5% | 6.4% |
| November 2024 | 0% | 1.5% | 6.6% |
| December 2024 | 0% | 2.0% | 7.0% |
| January 2025 | 4.1% | 0.8% | 7.0% |
| February 2025 | 27.5% | 4.5% | 6.5% |
| March 2025 | 3.5% | 4.1% | 6.0% |

**TURAS completion rate**

|  |  |  |
| --- | --- | --- |
|  | R&D Office (Headcount = 7) | Research Support (Headcount = 22) |
| January 2024 | 50% | 57% |
| February 2024 | 33% | 57% |
| March 2024 | 50% | 61% |
| April 2024 | 57% | 63% |
| May 2024 | 57% | 67% |
| June 2024 | 57% | 70% |
| July 2024 | 57% | 65% |
| August 2024 | 57% | 68% |
| September 2024 | 57% | 61% |
| October 2024 | 57% | 70% |
| November 2024 | 57% | 70% |
| December 2024 | 43% | 74% |
| January 2025 | 43% | 68% |
| February 2025 | 57% | 82% |
| March 2025 | 57% | 82% |

**Mandatory learning**

|  |  |
| --- | --- |
| Course | % compliance |
| Fire Awareness | 78% |
| Mandatory Hand Hygiene | 81% |
| Manual handling theory module part A | 85% |
| Safe Information handling | 81% |
| Valuing diversity part 1 | 89% |

## Section 4. Risks & Incidents

One incident (12390) is currently under review.