NHS Golden Jubilee

Meeting:	**NHS Golden Jubilee Board**
Meeting date:	**28 May 2026**
Title:	**Golden Jubilee Research Institute – Performance Report 2025/26**
Responsible Executive/Non-Executive:	**Mark MacGregor, Executive Medical Director**
Report Author:	**Catherine Sinclair, Head of Research**

1 Purpose

This is presented to NHS Golden Jubilee Board for:

- Discussion
- Decision

This report relates to a:

- Annual Operation Plan

This aligns to the following NHS Scotland 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

This report provides an overview of the Golden Jubilee Research Institute's performance for the financial year 1 April 2025 to 31 March 2026, against agreed Key Performance Indicators (KPIs) covering research approvals, participant recruitment, income generation, audit activity, publications, sponsored research, and research capacity. The purpose is to provide Board assurance on research activity, governance, and contribution to organisational objectives.

2.2 Background

The Golden Jubilee Research Institute supports delivery of high-quality clinical research across multiple specialties, aligned with national research priorities and NHS Scotland strategy.

Performance is monitored quarterly through defined KPIs and reported annually to support oversight, demonstrate governance compliance, and inform strategic planning for future years.

2.3 Assessment

Overall performance in 2025/26 was mixed but robust. Key strengths include financial over-performance, sustained audit delivery, growth in research capacity, and increased publication output. Areas requiring continued attention include participant recruitment trajectories, research approvals timing, and workforce governance metrics.

2.3.1 Quality/ Patient Care

- 34 research projects were approved during the year (85% of target), with strong recovery and over-delivery in Q4.
- 699 participants were recruited to eligible studies (excluding blood-sampling-only studies), representing 87% of the annual target, with improved performance in the second half of the year.
- Research activity remained aligned with patient safety, ethical approval, and Good Clinical Practice requirements.

Overall impact on patient care is positive, supporting access to innovation and evidence-based treatments.

2.3.2 Workforce

- The number of active Principal Investigators increased to 39, reflecting continued expansion of research engagement across clinical areas.
- Staff sickness absence fluctuated during the year but remained broadly comparable to organisational benchmarks.
- Appraisal completion and mandatory training compliance declined towards year-end, particularly following rollout of national “Once for Scotland” learning reforms.

These issues are recognised and are being addressed through local management actions.

2.3.3 Financial

- Total research income for 2025/26 was £2.09m, exceeding the £1.5m target (139% of plan).
- Over-performance was driven by strong commercial activity and increased Chief Scientist Office (CSO) support.
- This financial position strengthens research sustainability and supports future investment in infrastructure and workforce.

2.3.4 Risk Assessment/Management

- No critical research governance risks were identified during the reporting period.
- Audit activity met and exceeded target (11 audits completed), providing assurance over compliance and quality.
- Workforce capacity, recruitment performance, and mandatory training compliance are recognised as areas of managed risk and are subject to routine monitoring

2.3.5 Equality and Diversity, including health inequalities

- Research activity continues to support inclusive participation and equitable access to research where appropriate.
- Equality considerations are embedded within study design, sponsorship arrangements, and participant information processes.
- No adverse equality impacts have been identified.

An impact assessment is not required for this performance report.

2.3.6 Climate Emergency and Sustainability

- Research activity is primarily delivered within existing clinical pathways and facilities, minimising additional environmental impact.
- Increased use of digital systems (e.g. electronic consent, remote monitoring) supports sustainability objectives.

2.3.7 Communication, involvement, engagement and consultation

- Performance is reviewed internally through Research management structures.
- The report supports transparency and organisational assurance through formal governance routes.

State how his has been carried out and note any meetings that have taken place.

- Research & Development Steering Group meeting - 21 April 2026

2.3.8 Route to the Meeting

- Research & Development Steering Group meeting - 21 April 2026
- Clinical Governance Committee – 12 May 2026

2.4 Recommendation

- **Decision**

NHS Golden Jubilee Board is asked to receive, discuss and approve the Golden Jubilee Research Institute's performance, governance oversight, and contribution to organisational objectives during 2025/26

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Report

Research Institute

Performance Report

Reporting Period: 1 April 2025 - 31 March 2026

Report prepared April 2026

Contents

Section 1 – Key Performance Indicators

Overall performance in 2025/26 was mixed but robust. Income and audit activity exceeded targets, research capacity continued to grow, and publication output reached its highest level in four years. While research approvals and participant recruitment fell below annual targets, performance improved in the latter half of the year, and underlying indicators suggest continued momentum into 2026/27.

- **Research approvals**: 34 projects approved against a target of 40 (85%), with strong performance in Q4 exceeding the quarterly target.
- **Participant recruitment**: 699 participants recruited in the financial year against an annual target of 800 (87%).
- **Income**: £2.09m achieved against a £1.5m target (139%), exceeding target in every quarter.
- **Audits**: 11 audits completed against a target of 10 (110%), meeting or exceeding target overall despite some quarterly variation.
- **Publications**: Journal publications have increased to 141 in 25/26, the highest level across the four-year period, reversing a gradual decline seen between 22/23 and 24/25.
- **Sponsored projects**: The number of NHS Golden Jubilee sponsored projects approved fluctuated year-on-year, with 6 approved in 25/26, broadly in line with recent performance but below the peak of 10 in 22/23.
- **Principal Investigators**: The number of PIs has grown steadily from 26 to 39, reflecting continued expansion of research capacity and engagement across the organisation.

KPI	Reported quarterly	Quarterly target	Actual Q1	Actual Q2	Actual Q3	Actual Q4	Target 25/26	Actual
1	Number of approved research projects	10	10 (100% target)	7 (70% target)	6 (60% target)	11 (110% target)	40	34
2	Participant recruitment (exclude blood sampling studies)	200	176 (88% target)	141 (70% target)	191 (96% target)	191 (96% target)	800	699
3	Income is maintained close to target	£375K	£468,741 (125% target)	£460,847 (123% target)	£545,147 (156% target)	£618,096 (165% target)	£1,500K	£2,092,831
4	The number of research project audits is in line with target	3	2 (67% target)	4 (133% target)	2 (67% target)	3 (100% target)	10	11

	Reported annually	Actual 22/23	Actual 23/24	Actual 24/25	Actual 25/26
5	Number of journal publications with NHS Golden Jubilee quoted	119	114	109	141
6	Number of projects sponsored **by** NHS Golden Jubilee approved in year	10	4	8	6
7	Number of Principal Investigators	26	28	37	39

KPI 1: Research project approvals

Approval numbers fell short of the annual target; however, performance strengthened in Q4, exceeding the quarterly target. This reflects later-year approvals of more complex sponsored and multi-site studies and suggests that the shortfall is primarily one of timing rather than reduced activity.

The combined target for Q1-Q4, 2025/26 was to approve 40 projects. A total of 34 projects were approved within this timeframe, falling short of the target.

Appendix 1 provides a lay summary for each project.

KPI 2: Participant recruitment (excluding blood sampling studies)

The combined recruitment target for Q1 - Q4, 2025/26 was 800 participants. A total of 699 participants were recruited during this period, falling short of the target. Appendix 2 includes all recruitment activity for transparency; however, totals for KPI reporting exclude NOVEL and DART blood sampling only studies.

Detailed information can be found in Appendix 2.

KPI 3: Income is maintained close to target

Income significantly exceeded target (£2.09m vs £1.5m), driven primarily by growth in commercial research activity and increased CSO allocation. This level of over-performance strengthens the financial resilience of the Research Institute and supports future investment in research infrastructure and capacity.

The annual income target for 2025/26 is £1.5 million. This includes invoiced income from commercial research, non-commercial research, and the Chief Scientist Office (CSO) allocation. In Q1 - Q4, the total invoiced income was £2,092,831, exceeding the annual target of £1,500,000. The table below provides a summary of income received by the Golden Jubilee Research Institute for the 2025/26 financial year.

2025/26	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
Invoiced income - commercial research	£269,637	£235,513	£204,272	£283,275	£992,697
Invoiced income for non-commercial research	£37,854	£64,084	£105,665	£82,786	£290,389
Invoiced income (non-commercial research – other)	£0	£0	£73,960	£90,785	£164,745
CSO Research Support fund	£161,250	£161,250	£161,250	£161,250	£645,000
Total invoiced income	**£468,741**	**£460,847**	**£545,147**	**£618,096**	**£2,092,831**

Note: The CSO Research Support Fund allocation for 2025/26 is confirmed as £645,000 which is £65,000 more that the allocation last year. Please note that the stated amount excludes funding allocated to the NRS Cardiovascular Specialty Group.

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

Source of income	**Explanation**	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**
Commercial research	Per patient fees	£373,961	£558,035	£391,292	£766,800	£992,697
Non-commercial research	Per patient fees	£158,583	£222,369	£203,815	£496,060	£290,389
Non-commercial research (other)	Income for directly funded research posts, grant income	£173,102	£197,182	£66,054	£140,351	£164,745
CSO income		£475,000	£475,000	£484,000	£580,000	£645,000

Total		**£1,180,646**	**£1,452,586**	**£1,145,161**	**£1,983,211**	**£2,092,831**

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

During the 2025/26 financial year, 11 research audits were completed. Audit reports are available upon request.

GJ Ref Number	Study Title	Risk Assessment Score	Date of audit	Status
22/CARD/37	ARTEMIS	8	23/05/2025	Complete
19/ORTH/03	Persona Partial Knee Study	9	23/06/2025	Complete
24/CARD/24	LIGHTRAY	7	18/08/2025	Complete
6 different projects	Stratified audit - delegation log	N/A	22/09/2025	Ongoing
Remote monitoring of external site	INVEST-CTO (University Hospitals Bristol & Weston Trust)	N/A	16/09/2025	Complete
Remote monitoring of external site	INVEST-CTO (St Georges University Hospital)	N/A	16/09/2025	Complete
24/CARD/15	Genephit	10	20/10/2025	Complete
25/CARD/03	Accuracy of wrist worn pulse oximetry in Pulmonary Hypertension	8	17/11/2025	Complete
25/CARD/18	PHOENIX	3	26/01/2026	Complete
23/CARD/34	SSO2	6	06/03/2026	Complete
25/CARD/04	HARP-UK	7	17/03/2026	Complete

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

The number of peer-reviewed journal publications increased to 141 in 2025/26, with overall impact factors remaining consistent with previous years. Interventional Cardiology produced the highest volume of publications during this period, while Thoracic Surgery generated the fewest.

Appendix 3 provides a detailed breakdown or publications and impact factors.

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

The number of projects sponsored by NHS Golden Jubilee provides an indicator of research activity originating within the organisation. There is a clear strategic intent to increase this number over time.

The relatively low number of multi-site sponsored studies reflects historical capacity limitations rather than lack of opportunity. The appointment of a Clinical Trials Project Manager is expected to address this constraint and represents a key enabler for growth in 2026/27.

	2022/23	2023/24	2024/25	2025/26
Single-site	7	2	7	5
Multi-site	3	2	1	1
Total	10	4	8	6

KPI 7: The number of Principal Investigators

This is calculated using the March 2026 research project portfolio report and relates to projects that are either actively recruiting, or are in follow-up. The number of PIs slightly higher than last year at 39. 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.

Appendix 4 provides a detailed breakdown.

Section 2. Research Governance

GJRI Reference	*Document name*	*Version*	*Review date*
GJRI 000	Research Quality Framework	3.0	August 2024 (delayed due to update to GCP regulations to Revision 3)
GJRI 001	Informed Consent	4.0	October 2027
GJRI 002	Research Project Protocol Peer Review	4.0	November 2026
GJRI 003	Review and Approval of Amendments	4.1	March 2029
GJRI 004	Delegation Log - Guidance	4.0	August 2028
GJRI 005a	Externally Sponsored Projects SOP	1.0	April 2028
GJRI 006	Monitoring and Audit of Clinical Research Projects - Policy	3.0	May 2026 (to be circulated to RDSG for virtual review and approval)
GJRI008	Guidance for setting up and maintaining a Research Site File.	3.0	February 2028
GJRI009a	Serious Adverse Event Reporting - Hosted projects	3.0	April 2025 (for review on 21 April 2026 RDSG meeting)
GJRI009b	Serious Adverse Event Reporting - Sponsored projects	1.0	NEW (for review on 21 April 2026 RDSG meeting)
GJRI 010	Research Archiving Policy	3.0	Aug 2027
GJRI 011	Training for staff engaged in Research	2.0	November 2026
GJRI 012	Management of Intellectual Property	4.1	December 2024 (approved by RDSG, pending approval by Board Committee)
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	2.0	January 2028
GJRI 024	Principal Investigator – role and responsibilities	2.0	July 2028
TBC	Sponsored projects - guidance SOPs		New documents - in workplan

Section 3. Staff Governance

Sickness/absence (Power BI sickness % dashboard)

	Research Governance (Headcount = 5/6, WTE= 5.8/6.8)	*Research Support (Headcount = 24, WTE = 19)*	*NHS Golden Jubilee (Headcount = 2757, WTE= 2,473)*
January 2025	4.1%	0.8%	7.0%
February 2025	27.5%	4.5%	6.5%
March 2025	3.5%	4.1%	6.0%
April 2025	0	4.7%	5.9%
May 2025	0	9.0%	5.9%
June 2025	3.3%	0.4%	6.3%
July 2025	7.3%	6.1%	7.0%
August 2025	0	6.4%	7.1%
September 2025	0	5.6%	7.5%
October 2025	5.4%	1.6%	7.2%
November 2025	5.4%	0.8%	7.3%
December 2025	10.5%	5.7%	8.2%
January 2026	18.1%	5.5%	7.0%
February 2026	1.75%	7.8%	7.6%
March 2026	5.62%	8.9%	6.9%

Appraisal completion rate (Power BI workforce 'over time' dashboard)

	Research Governance (complete/ headcount, %)	*Research Support (complete/ headcount, %)*
January 2025	33% (2/6)	75% (15/20)
February 2025	50% (3/6)	89% (17/19)
March 2025	33% (2/6)	84% (16/19)
April 2025	20% (1/5)	84% (16/19)
May 2025	20% (1/5)	78% (14/18)
June 2025	20% (1/5)	79% (15/19)
July 2025	83% (5/6)	80% (16/20)
August 2025	83% (5/6)	75% (15/20)
September 2025	80% (4/5)	85% (17/21)
October 2025	80% (4/5)	70% (14/20)
November 2025	80% (4/5)	62% (13/21)
December 2025	80% (4/5)	48% (10/21)
January 2026	80% (4/5)	57% (12/21)
February 2026	40% (2/5)	50% (11/22)
March 2026	40% (2/5)	50% (11/22)

Mandatory learning (Power BI workforce 'over time' dashboard)

Course (following introduction of Once for Scotland courses; new courses in bold)	*Research Governance % compliance March 2026*	*Research Support % compliance March 2026*
Child protection and adult support and protection	**50**	**34**
Cyber security	**50**	**28**
Fire Safety	83	86
Fraud awareness	**50**	**24**
Manual handling	83	79
Prevention and management of violence and aggression	**50**	**31**
Safe information handling	66	79
Understanding equality, diversity and human rights	83	79
Why infection prevention and control matters	83	90

Section 4. Risks & Incidents

Three incidents (12390, 13743, and 154322) relate to the entrance door of the Research Nurse open-plan office. These incidents are currently under review.

Appendix 1 - Research Projects approved 01 April 2025 - 31st March 2026

***Note**: Each project summary is generated by Copilot using a standard prompt ("please provide a short summary of…") and by uploading the Participant Information Sheet (or the protocol for non-consenting projects). This produces a brief, consistent summary for each project.*

1. 24/CARD/35 – PROTECT - A randomised placebo-controlled trial of AdTIMP3 to prevent coronary artery bypass graft failure.

PI – Nawwar Al-Attar; Gene Therapy Research Delivery Team, site target recruitment is 12.

Sponsor – NHS GG&C / University of Glasgow.

PROTECT is a first-in-human clinical study testing a new, low-dose gene therapy (AdTIMP-3) to help prevent vein grafts from narrowing or blocking after coronary artery bypass surgery. During surgery, one vein graft is treated with the gene therapy and another with a placebo, both applied outside the body before grafting. The study primarily assesses safety, with participants followed through imaging, blood tests and clinic visits for up to five years.

2. 25/COLO/01 – PROPHER - Patient reported outcomes after parastomal hernia treatment - a prospective international cohort study.

PI – Susan Moug; Surgical Research Delivery Team; site target recruitment target is 50.

Sponsor – University of Birmingham.

PROPHER is an international prospective cohort study examining how treatment for parastomal hernias affects patients' quality of life. Adults with a parastomal hernia, managed either surgically or conservatively, are invited to complete questionnaires at baseline and at 3, 6 and 12 months (and longer in some cases). The study collects patient-reported outcomes alongside clinical details to understand the impact of different management approaches and to improve care for future patients.

3. 22/CARD/24 – PACeS - Anticoagulation for new-onset post-operative atrial fibrillation after CABG.

PI – Nawwar Al-Attar; Cardiac Surgery Research Delivery Team, site recruitment target is 30.

Sponsor – South Tees Hospitals NHS Foundation Trust.

PACeS is an international clinical trial studying the best way to prevent blood clots and stroke in patients who develop atrial fibrillation (AF) after coronary artery bypass graft (CABG) surgery. Participants who develop AF are randomly assigned to receive either standard antiplatelet treatment alone or antiplatelet treatment plus a blood-thinning anticoagulant for three months. The study follows patients for six months to compare safety and effectiveness, with the aim of improving future care for patients who develop AF after heart surgery.

4. 23/ANAES/04 – GlucoVITAL - Observational mechanistic sub-study of the volatile vs total intravenous anaesthesia for major non-cardiac surgery trial

PI – Ben Shelley: Anaesthetics/Critical Care Research Delivery Group; site recruitment target is 20.

Sponsor – Queen Mary University of London.

GlucoVITAL is an observational sub-study of the VITAL anaesthesia trial, investigating how different types of general anaesthesia affect blood sugar levels during and after major non-cardiac surgery. Participants already taking part in the VITAL trial wear a continuous glucose monitor for up to 10 days around the time

of surgery, provide small blood samples before and after surgery, and have routine follow-up during their hospital stay. The study aims to understand whether better control of blood sugar may reduce post-operative complications, with minimal additional risk to participants.

5. 24/CARD/27 – REVALVE - Redo transcatheter aortic valve implantation for the management of transcatheter aortic valve failure.

PI – Stuart Watkins; Interventional Cardiology Research Delivery Group; site recruitment target is 8.

Sponsor – Leeds Teaching Hospital NHS Trust.

REVALVE is an international observational study investigating the best ways to manage failure of a previous transcatheter aortic valve implantation (TAVI). It follows patients whose failing TAVI valve is treated using standard care options chosen by the clinical team: redo TAVI (implanting a new valve inside the old one), surgical removal and replacement of the valve (SAVR), or optimal medical therapy (with or without balloon valvuloplasty). Participants are followed for up to five years (or one year for medical therapy) to collect information on outcomes, safety and valve performance, with optional sub-studies using imaging or computer modelling to further improve future treatment strategies.

6. 24/CARD/28 - PHOCUS - A phase 2, randomized, placebo-controlled trial to assess the efficacy and safety of mosliciguat in participants with pulmonary hypertension associated with interstitial lung disease.

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

Sponsor – Pulmovant, Inc.

This is a Phase 2, randomised, placebo-controlled clinical trial assessing the safety and effectiveness of an investigational inhaled medicine, mosliciguat, in adults with pulmonary hypertension associated with interstitial lung disease (PH-ILD). Participants are randomly assigned to receive either mosliciguat or placebo for 24 weeks, followed by a long-term extension phase in which all participants receive mosliciguat, potentially for several years. The study involves regular clinic and virtual visits, use of a dry-powder inhaler, home monitoring of vital signs, imaging, blood tests, and lung and exercise assessments, with the aim of improving understanding and future treatment of PH-ILD.

7. 24/CARD/34 – A phase 1, randomized, double-blind, placebo-controlled study to evaluate the safety, tolerability, pharmacokinetics, and harmacodynamics of single escalating doses of pf-07868489 in healthy adultparticipants and repeat doses in participants with pulmonary arterial hypertension

PI – Colin Church – SPVU Research Delivery Team; site recruitment is 1.

Sponsor – Pfizer Ltd.

This is a Pfizer-sponsored Phase 1/2 randomised, double-blind, placebo-controlled clinical trial (Protocol C5001001, Part B) studying an investigational injectable medicine, PF-07868489, in adults with pulmonary arterial hypertension (PAH). The aim is to assess the safety, tolerability and biological effects of repeated doses of PF-07868489 when given alongside standard PAH treatments. Participants are randomly assigned to receive either the study drug or placebo by subcutaneous injection at six visits over approximately 10 months, with regular hospital visits, blood and urine tests, heart monitoring, exercise testing and two right-heart catheterisations. The study is voluntary, does not replace usual clinical care, and may help improve understanding and future treatment of PAH, although direct benefit to participants is not guaranteed.

8. 25/CARD/03 - Accuracy of wrist-worn pulse oximeter SpO2 measurements in patients diagnosed with Pulmonary Hypertension

PI – Martin Johnson; SPVU Research Delivery Team; site recruitment is 20.

Sponsor – NHS Golden Jubilee.

This is a single-visit research study investigating how accurate a wrist-worn pulse oximeter (smartwatch) is at measuring blood oxygen levels in people with pulmonary hypertension. About 20 patients in Scotland will take part in a one-off study visit lasting around three hours. During the visit, oxygen levels measured by the smartwatch are compared with standard finger probes and direct blood samples under different conditions, including rest, gentle exercise, and a controlled low-oxygen test similar to aircraft cabin conditions. The study aims to determine whether smartwatch oxygen monitoring could be useful for safely monitoring pulmonary hypertension in everyday life, although there is no direct clinical benefit to participants.

9. 25/CARD/04 – HARP-UK - Heart attack research program in the United Kingdom.

PI – Colin Berry - Interventional Cardiology Research Delivery Team; site recruitment is 50

Sponsor – NHS Golden Jubilee.

HARP-UK (Heart Attack Research Programme – UK) is a long-term NHS research study investigating the causes of heart damage in people who experience a heart attack despite having little or no blockage in their heart arteries ("open arteries"). The study uses advanced imaging already part of routine care (OCT scans during angiography and heart MRI), blood tests, and questionnaires to better understand vessel damage, biological markers, and the possible role of psychological stress. Participants may be followed up every six months by questionnaire and review of medical records for up to 10 years. There is no direct benefit to participants, but the research aims to improve future diagnosis and treatment of this type of heart attack.

10. 25/CARD/05 - An open-label extension study to evaluate safety and tolerability of sotatercept (MK-7962) administered using a weight-banded approach in participants with Pulmonary Arterial Hypertension (PAH) on standard of care.

PI – Martin Johnson; SPVU Research Delivery Team. Site recruitment target is 3.

Sponsor - Merck Sharp & Dohme LLC.

This is an open-label extension clinical trial (MK-7962-031, LIGHTRAY Extension) for adults with pulmonary arterial hypertension (PAH) who previously completed the LIGHTRAY study. All participants receive the investigational medicine sotatercept, given as a subcutaneous injection every three weeks, with the dose determined by weight-banded ranges rather than exact body weight.

The purpose of the study is to evaluate the long-term safety and tolerability of sotatercept when used alongside standard PAH treatments. Participants may remain in the study for up to 30 months, depending on when sotatercept becomes commercially available, and may attend clinic visits or (if eligible) self-inject at home with regular follow-up. The study involves routine monitoring, blood and urine tests, and safety assessments. Participation is voluntary, there may be side effects, and while individual benefit is not guaranteed, the findings aim to improve future treatment of PAH.

11. 24/CARD/25 - 4D Flow MRI to assess flow dynamics in the right ventricular outflow

PI - Niki Walker; National Services Research Delivery Team; Site recruitment target is 10.

Sponsor: NHS GG&C

The 4D-RV study is a research project using a specialised MRI technique called 4D flow MRI to better understand how blood flows through the right ventricular outflow tract and pulmonary valve in adults who have previously had a surgically implanted right-sided (pulmonary) heart valve. The aim is to identify flow patterns that may explain why these replacement valves can become damaged over time.

Participants attend a research appointment at the Golden Jubilee National Hospital, usually on the same day as a routine heart MRI. The study adds around 10–15 minutes to the standard scan and involves health questions, routine observations, a contrast injection, and the additional 4D flow MRI sequence. A small number of participants may also be invited to attend an optional second scan 2–4 weeks later. Participation is voluntary, there is no direct personal benefit, and findings may help improve future care for people with repaired congenital heart disease

12. 25/CARD/11 - Optimum therapy for those with Atrial Fibrillation aFtEr Completing miTral valve repair surgery - The AFFECT trial

PI - Kasra Shaikhrezai; Cardiac Surgery Research Delivery Team; Site recruitment target is 40.

Sponsor: South Tees Hospital NHS Foundation Trust

The AFFECT trial is a UK research study comparing two types of blood-thinning medicines used after mitral valve repair surgery in people who also have atrial fibrillation (AF). After surgery, participants are randomly assigned to receive either a vitamin K antagonist (VKA, such as warfarin) or a direct oral anticoagulant (DOAC). Both treatments are already routinely used in clinical practice.

The aim is to determine which treatment better prevents complications such as blood clots and stroke, while minimising bleeding risks, and to assess the overall costs to the NHS. Participants may be followed

for up to four years, mainly through questionnaires and telephone or online follow-up, without additional hospital visits beyond normal care. Taking part is voluntary, there is no guaranteed personal benefit, and the results are intended to guide future treatment recommendations for patients undergoing mitral valve repair surgery.

13. 25/CARD/08 - EVEREST - A randomised controlled trial of renin-angiotensin system inhibition for reduction of cardiovascular events after takotsubo cardiomyopathy

PI - Paul Rocchiccioli; Interventional Cardiology Research Delivery Team; Site recruitment target is 24.

Sponsor: University of Aberdeen / NHS Grampian

The EVEREST study is a UK-wide research trial investigating whether people who have had takotsubo cardiomyopathy ("stress-induced cardiomyopathy") should routinely be prescribed renin–angiotensin system (RAS) inhibitor medications, which are drugs commonly used to relax blood vessels and treat heart conditions such as high blood pressure and heart failure. At present, there is no clear evidence on whether these medications improve long-term outcomes for people after a takotsubo episode.

Participants are randomly assigned to either receive a RAS inhibitor (such as an ACE inhibitor or angiotensin receptor blocker) or not receive one, and are followed for at least two years (and up to six years for early participants). The study mainly involves completing regular questionnaires and reviewing NHS medical records; no extra hospital visits are required as part of the research. The aim is to determine whether RAS inhibitors reduce future heart problems and improve quality of life, helping to establish clear treatment guidance for patients with takotsubo cardiomyopathy.

14. 24/CARD/15 - GeneFIT - A Phase 2, adaptive, double-blinded, placebo-controlled, randomized, multi-centre trial to evaluate the efficacy, safety and tolerability of intracoronary infusion of AB-1002 in adult subjects with New York Heart Association (NYHA) Class III heart failure and non-ischemic cardiomyopathy.

PI - Colin Berry; Interventional Cardiology Research Delivery Team; Site recruitment target is 5.

Sponsor: Asklepios BioPharmaceutical, Inc

This is a Phase 2, randomised, double-blind, placebo-controlled, multi-centre clinical trial (ASK-CHF2-CS201 / GenePHIT) evaluating the safety, tolerability and potential effectiveness of AB-1002, an investigational gene therapy, in adults with NYHA Class III heart failure due to non-ischaemic cardiomyopathy.

Participants are randomly assigned to receive intracoronary infusion of either AB-1002 (low or high dose) or placebo, in addition to their usual heart failure treatment. AB-1002 is delivered via cardiac catheterisation and uses a viral vector to improve calcium handling in heart muscle cells, with the aim of improving heart function. The study involves screening, treatment, and 52 weeks of follow-up, followed by up to four years of long-term follow-up, including clinic visits, imaging, exercise testing, blood and urine samples, questionnaires, and an optional cardiac biopsy.

Participation is voluntary; risks include those associated with gene therapy and invasive cardiac procedures, and benefit is not guaranteed, but results may inform future treatments for heart failure.

15. 25/CARD/10 - DART - Diagnostic Advancement Through Specimen Collection Research and Testing

PI - Roy Gardner; AHF Research Delivery Team

Sponsor: JEMMDx Limited

DART is a research study inviting adults attending the Golden Jubilee National Hospital to provide a small blood sample to help develop and test new diagnostic blood tests for conditions such as heart disease, diabetes, infection, and kidney disease. Participation is voluntary, involves minimal risk, offers no direct personal benefit, and all samples and data are anonymised and handled confidentially in line with data protection regulations.

16. 25/CARD/09 - ACTIVE ROBO CONSOLE: ACTIVE control time and intraoperative ROBOtic CONSOLE teaching for surgical trainees.

Key Collaborator - Elizabeth Boyd

Sponsor - NHS Highland

The Active RoBO Console study is a Scotland-wide research project exploring how robotic surgery is taught and learned in the live operating theatre. Surgical trainees using robotic systems will have their console activity data, training records, and experiences collected through questionnaires, observation, and optional interviews to better understand current training practices and inform improvements in future robotic surgical training.

17. 21/CARD/03 - INDICES - Prevalence of iron deficiency, using different definitions, in patients undergoing elective cardiac surgery

PI - Zahid Mahmood; Cardiac Surgery Research Delivery Team; Site target is 100.

Sponsor: NHS GG&C

The INDICES study is an observational research study involving patients scheduled for elective cardiac surgery, aiming to determine how common iron deficiency is and which blood tests most accurately diagnose it. Participants provide blood samples before surgery and, for some, a small bone marrow sample taken during surgery, with follow-up through routine medical records to improve future diagnosis and management of iron deficiency in cardiac patients.

18. 24/ORTH/04 - ROBUST-KNEE - Radar based monitoring and innovative prehabilitation in TKA patients.

PI - Swati Chopra; Orthopeadic Surgery Research Delivery Team. Site target is 24.

Sponsor: NHS Golden Jubilee

ROBUST-KNEE is a feasibility study involving patients awaiting knee replacement surgery, evaluating whether blood flow restriction training can safely improve muscle strength before surgery and whether a contactless radar-based system can accurately monitor gait and movement. The study compares physiotherapist-led exercise with and without blood flow restriction to standard home exercise, with the aim of improving pre-operative preparation and informing future rehabilitation and monitoring approaches for knee replacement patients.

19. 25/CARD/17 - AVEIR - Leadless Pacemaker (LP) UK Registry

PI - Gareth Padfield; EP Research Delivery Team; Site target is 20

Sponsor: The Royal Brompton and Harefield Hospitals

The AVEIR UK Registry is an observational study collecting anonymised clinical data from patients who receive an AVEIR leadless pacemaker to assess its long-term safety and effectiveness in routine clinical practice. Participants receive standard care only, with follow-up data collected for up to five years as part of routine pacemaker monitoring, to improve understanding of patient outcomes and device performance in the UK.

20. 25/CARD/19 - EASi-HF reduced – A Phase III double-blind, randomised, parallel-group superiority trial to evaluate efficacy and safety of the combined use of oral vicadrostat (BI 690517) and empagliflozin compared with placebo and empagliflozin in participants with symptomatic chronic heart failure (HF: NYHA II-IV) and left ventricular ejection fraction (LVEF) < 40%.

PI - Roy Gardner; AHF Research Delivery Team; Site target is 5.

Sponsor: Boehringer Ingelheim

The EASi-HF Reduced Trial is a large international clinical trial evaluating a new investigational medication combination for adults with chronic heart failure and reduced ejection fraction (LVEF <40%). Participants continue their usual heart failure treatment and are randomly assigned to receive either the investigational treatment or a placebo, taken once daily, to assess long-term safety and effectiveness over up to several years.

21. 25/CARD/18 - PHOENIX Trial – A Randomised Controlled Trial of Pre-Emptive Pharmacogenomics in Acute Care Settings with Health Economic Evaluations.

PI - Colin Berry; Interventional Cardiology Research Support Team; Site target is 20.

Sponsor - NHS GG&C / University of Glasgow

The PHOENIX Trial is a randomised controlled study assessing whether pre-emptive pharmacogenomic testing can improve medication safety and effectiveness for adults starting new medicines in acute care settings. Using a simple cheek swab to analyse genes that influence drug response, the trial compares early access to pharmacogenomic results with standard care, aiming to reduce adverse drug reactions, improve treatment decisions, and evaluate potential benefits and cost-effectiveness for patients and the NHS.

22. 25/MISC/03 - Compliance Aids for Eye Drops After Cataract Surgery

PI - Dr Rana Khalil; Surgery / Anaesthetics Research Delivery Team; Site Target is 200.

Sponsor - NHS GG&C

This study evaluates whether an assistive device can help patients apply prescribed eye drops more easily and confidently after cataract surgery. Participants use standard eye drops for two weeks and an eye-drop compliance aid for two weeks, completing short questionnaires after each period to compare usability and experience, with the aim of improving post-operative care and eye health outcomes.

23. 24/CARD/26 - ViTAL-PH - A Phase 2, Multicentre, Open-Label Trial to Evaluate APL-9796 in Adult Participants with Pulmonary Hypertension.

PI - Colin Church; SPVU Research Delivery Team; Site Target is 2

Sponsor - Apollo Therapeutics

The ViTAL-PH study is a Phase 2, open-label clinical trial evaluating the safety, tolerability, and potential effectiveness of the investigational medicine APL-9796 in adults with pulmonary hypertension who have an implanted CardioMEMS™ pulmonary artery pressure monitor. Participants receive subcutaneous injections over an 18-month period with regular assessments, including blood tests, imaging, walk tests, questionnaires, and remote pressure monitoring, to help determine whether APL-9796 could offer a new treatment approach for pulmonary hypertension.

24. 25/CARD/15 - OLE MK-7962-038 - An Open-label Long-term Follow-up Study to Evaluate the Effects of Sotatercept When Added to Background Pulmonary Arterial Hypertension (PAH) Therapy for the Treatment of PAH.

PI - Colin Church: SPVU Research Delivery Team; Site Target is 2.

Sponsor - MercK Sharp & Dohme LLC

This study is an open-label, long-term follow-up clinical trial evaluating the safety and long-term effects of sotatercept when added to standard treatment in adults with pulmonary arterial hypertension (PAH). Participants who previously took part in a related sotatercept study receive subcutaneous injections every three weeks for up to approximately three years, with regular clinic visits and assessments to monitor their health, treatment response, and side effects.

25. 24/ANAES/03 - PROTECT-DIVERSITY - Diversity in perioperative research.

PI - Chiara Viviani: Anaesthetics / Critical Care Research Delivery Team; Site Target is 50.

Sponsor - Queen Mary University of London

PROTECT-DIVERSITY is a research study within the PROTECT programme that aims to improve access to peri-operative research by evaluating whether consent materials in multiple languages and different data-collection methods improve the accuracy and completeness of diversity information. Participants undergoing surgery are asked to consent using paper or electronic formats and to provide demographic information, helping researchers understand how best to collect protected characteristic data in clinical trials.

26. 25/ANAES/02 - PROTECT - A national perioperative platform trial to improve outcomes for surgical patients.

PI - Chiara Viviani: Anaesthetics / Critical Care Research Delivery Team; Site Target is 50.

Sponsor - Queen Mary University London

This document is the participant informed electronic consent (e-consent) form for the PROTECT programme, a national perioperative research platform that includes the main PROTECT study and embedded sub-studies (such as PROTECT-AEGIS, PROTECT-HFNO and PROTECT-DIVERSITY). It records participant agreement to take part, confirms understanding of voluntary participation, data use and confidentiality, GP notification, long-term data storage, and optional follow-up or proxy questionnaire completion, enabling streamlined consent for participation across the PROTECT platform.

27. 25/CARD/01 - Ex-vivo human heart perfusion: establishing a model for experimental cardiovascular research.

PI - Colin Berry - Interventional Cardiology Research Delivery Team; Site Target is 32.

Sponsor - NHS Golden Jubilee

This study aims to establish a feasible ex-vivo human heart perfusion model for cardiovascular research using donor hearts deemed unsuitable for transplantation. Explanted hearts obtained through NHS Blood and Transplant will be perfused and monitored for up to six hours to assess viability and functional parameters, and to compare outcomes based on different organ retrieval methods, with the goal of increasing the routine and ethical use of donated human hearts in experimental research.

28. 25/CARD/07 - REPRIEVED - REvascularisation for heart failure with PReserved ejection fraction and Ischaemia: EValuation of Efficacy and mechanistic Description.

PI - Aadil Shaukat - Interventional Cardiology Research Delivery Team; Site Target is 50.

Sponsor - Guy's & St Thomas' NHS Foundation Trust / Kings College London.

REPRIEVED is a randomised, placebo-controlled clinical trial investigating whether coronary artery stent procedures improve quality of life in people with heart failure with preserved ejection fraction (HFpEF) who also have coronary artery disease. Around 350 participants will be allocated to receive either a stent procedure or a placebo (dummy) procedure, with follow-up over six months to assess symptoms, heart function, and quality of life, aiming to improve future treatment for this common form of heart failure.

29. 25/CARD/22 - CYCLOPES - Implementation of a Standardized Algorithm for CoronarY CaLcificatiOnwith PlaquE Modification using UltraSound Guidance to ImproveProcedural and Clinical Outcomes.

PI - Francis Joshi - Interventional Cardiology Research Delivery Team; Site Target is 20.

Sponsor - Royal College of Surgeons in Ireland.

CYCLOPES is a multicentre clinical study evaluating whether a standardised, ultrasound-guided algorithm can improve the treatment of heavily calcified coronary artery disease during percutaneous coronary intervention (PCI). Patients undergoing routine stent procedures are treated using a structured calcium-modification pathway guided by intravascular ultrasound (IVUS), with follow-up over 12 months to assess procedural safety, consistency, and clinical outcomes.

30. 25/COLO/02 - Hear-U - Understanding Patient-Centred Outcomes following Umbilical Hernia repair: A Patient Focus Group Study.

PI - Susan Moug - Colorectal Surgery Research Delivery Team; Site Target is 24.

Sponsor - University of Glasgow.

HEAR-U is a patient and public involvement (PPI) study using focus groups to understand what matters most to patients following umbilical hernia repair. Adults who have had umbilical hernia surgery within the last three years take part in facilitated group discussions, either online or in person, to share their recovery experiences and views on important outcomes, with the aim of improving patient-centred outcome measures and future hernia research and care.

31. 25/CARD/32 - Nailfold Capillaroscopy in PH: Are Nailfold changes reversible with pulmonary vasodilator therapy?

PI - William Kerrigan - SPVU Research Delivery Team; Site Target is 60.

Sponsor - University of Glasgow.

This study investigates whether nailfold capillaroscopy, a simple non-invasive microscope scan of blood vessels in the fingernails, can be used to assess and monitor pulmonary hypertension (PH). Patients undergoing investigation for suspected or confirmed PH will have nailfold imaging alongside routine clinical tests to examine whether changes in nailbed blood vessels reflect disease severity and response to pulmonary vasodilator therapy, potentially offering a less invasive tool for monitoring PH in the future

32. 25/CARD/29 - Randomised Controlled Trial of Exercise Intervention as an Adjunct to Medical Therapy in Newly Diagnosed Patients with Pulmonary Arterial Hypertension.

PI - Colin Church - SPVU Research Delivery Team; Site Target is 40.

Sponsor - University of Glasgow.

This randomised controlled trial evaluates whether a structured, home-based exercise programme alongside standard medical therapy improves exercise capacity and quality of life in patients newly diagnosed with pulmonary arterial hypertension (PAH). Participants receive a personalised, remotely supervised 12-week exercise programme using provided equipment, followed by up to 12 months of activity monitoring and follow-up, to assess both short-term benefits and long-term adherence compared with medical therapy alone.

33. 26/ANAES/01 - Epi-SICCS - Epigenetic susceptibility to inflammatory complications after cardiac surgery.

PI - Ben Shelley -Anaesthetics / Critical Care Research Delivery Team; Site Target is 30.

Sponsor - NHS Golden Jubilee.

Epi-SICCS is an observational research study exploring how epigenetic changes influence inflammatory responses and the risk of organ dysfunction following cardiac surgery. Adults undergoing heart surgery provide blood samples before and after their operation, alongside completing recovery questionnaires, to examine links between epigenetic profiles, inflammation, and post-operative outcomes. The study aims to identify patients at higher risk of complications and inform future strategies to reduce inflammatory harm after surgery.

34. 25/CARD/25 - DIVIDE - DIVision of the Interlobar fissure in patients who Do not respond to Endobronchial lung volume reduction.

PI - Rocco Bilancia - Cardiac Surgery Research Delivery Team; Site Target is 15.

Sponsor - NHS Golden Jubilee.
DIVIDE is a feasibility and safety study evaluating thoracoscopic division of incomplete interlobar fissures in patients with severe emphysema who have not responded to endobronchial valve (EBV) treatment. The procedure aims to close collateral ventilation pathways so that previously inserted valves can function effectively, potentially offering a less invasive alternative to standard lung volume reduction surgery, with the goal of improving lung function and symptoms while reducing surgical burden and complications.

Appendix 2 - Participant recruitment 01 April 2025 - 31st March 2026

	AHF	AHF (NOVEL)	AHF (DART)	Anaes/ CC	Cardiac Surgery	Colorectal Surgery	Interventional Cardiology	Orthopaedic Surgery	SACCS	SPVU	Thoracic Surgery	Total
Apr	9	72		7	0	12	15	7	0	2	1	53
May	15	51		9	1	3	27	4	0	6	2	67
Jun	9	70		12	0	9	22	3	0	0	1	56
Jul	9	92		9	0	16	9	3	0	0	3	49
Aug	8	77		10	3	4	13	6	0	1	3	48
Sept	12	84	0	9	0	8	11	3	0	0	1	44
Oct	12	65	37	9	0	20	17	0	0	3	6	67
Nov	9	49	36	8	4	13	22	1	0	4	1	62
Dec	6	24	47	7	0	15	25	1	0	3	5	62
Jan	1	91	57	6	2	15	21	2	0	4	4	55
Feb	13	95	58	3	4	18	34	0	0	2	3	77
March	10	106	68	3	2	10	20	1	7	5	1	59
Total	113	876	303	92	16	143	236	26	7	30	31	699

Appendix 3 - NHS Golden Jubilee Journal Publications 2022/23 to 2025/26

	Advanced Heart Failure	Anaesthetics/ Critical Care	Cardiac Surgery	Colo Surgery	Interventional Cardiology	Orthopaedic Surgery	SACCS	SPVU	Thoracic Surgery	Total
Publications 2022/23	3	14	13	3	45	18	12	7	4	119
Publications 2023/24	7	11	13	4	42	20	8	7	4	116
Publications 2024/25	16	12	6	6	45	10	7	1	6	109
Publications 2025/26	12	13	7	9	58	16	15	9	2	141
Combined impact factor 2022/23	16.7	138.8	97.5	23.6	407.6	69.2	96.7	89.7	13.2	953.2
Combined impact factor 2023/24	74.5	45.4	117.9	30.3	777.6	63.0	66.9	71.7	63.1	1310.4
Combined impact factor 2024/25	384.6	48.9	24.4	24.6	677.9	38.7	49.9	3.7	115.0	1367.7
Combined impact factor 2025/26	116.0	72.8	117.8	32.1	905.1	38.3	81.0	60.3	5.8	1429.2
Average impact factor per publication 2022/23	5.6	9.9	7.5	7.9	9.1	3.8	8.1	12.8	3.3	67.9
Average impact factor per publication 2023/24	10.6	4.1	9.1	7.6	18.5	3.2	8.4	10.2	15.8	87.5
Average impact factor per publication 2024/25	24.0	4.1	4.1	4.1	15.1	3.9	7.1	3.7	19.2	85.2
Average impact factor per publication 2025/26	9.7	5.6	16.8	3.6	15.6	2.4	5.4	6.7	2.9	10.1

Appendix 4 - NHS Golden Jubilee Principal Investigators 2022/23 to 2025/26

	2026		2025		2024		2023		2022	
	PI's	Projects	PI's	Projects	PI's	Projects	PI's	Projects	PI's	Projects
Advanced Heart Failure	5	17	5	17	4	10	3	8	3	8
Anaesthetics & Critical Care	3	12	2	9	2	12	1	12	4	12
Cardiac Surgery	4	18	2	8	1	7	1	2	1	2
Colorectal Surgery	1	4	1	3	1	2	1	3	1	1
Interventional Cardiology	12	22	12	37	10	28	11	29	8	25
Orthopaedic Surgery	5	7	6	12	3	9	4	8	6	11
SACCS	3	6	3	4	2	3	1	2	0	0
SPVU	3	24	3	22	2	19	2	18	4	18
Thoracic Surgery	3	8	3	7	3	8	2	9	2	8
Total	39	118	37	119	28	98	26	91	29	85