

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 November 2011

COMMITTEE: UHL RESEARCH AND DEVELOPMENT COMMITTEE

CHAIRMAN: Mr M Hindle, Trust Chairman

DATE OF COMMITTEE MEETING: 10 October 2011

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

There were no specific recommendations for the Trust Board arising from the Research and Development Committee meeting held on 10 October 2011.

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

There were no other key issues identified by the Committee for consideration by the Trust Board.

DATE OF NEXT COMMITTEE MEETING: 7 November 2011

**Mr M Hindle, Trust Chairman
28 October 2011**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE UHL RESEARCH AND DEVELOPMENT COMMITTEE
HELD ON MONDAY 10 OCTOBER 2011 AT 2.30PM IN THE BOARD ROOM, VICTORIA
BUILDING, LEICESTER ROYAL INFIRMARY**

Present:-

Mr M Hindle – Trust Chairman (Chair)
Professor C Brightling – Professor of Respiratory Medicine
Professor D Field – Professor of Neonatal Medicine
Dr K Harris – Medical Director
Dr D Hetmanski – Assistant Director of Research and Development
Mrs S Khalid – Chief Pharmacist
Professor B Morgan – Professor of Cancer, Imaging and Radiology
Mr P Panchal – Non-Executive Director
Professor D Rowbotham – Director of Research and Development
Mr S Sheppard – Assistant Director of Finance
Dr A Thomas – Reader and Consultant in Medical Oncology
Mrs J Wells – Patient Adviser
Professor D Wynford-Thomas – UHL Non-Executive Director and Dean of the University of Leicester Medical School

In attendance:-

Mrs H Majeed – Trust Administrator

RESOLVED ITEMS

ACTION

110/11 APOLOGIES

Apologies for absence were received from Professor R Baker, LNR CLAHRC Director; Mr M Lowe-Lauri, Chief Executive; Professor N Samani, BRU Director; Dr A Tierney, Director of Strategy and Mr M Wightman, Director of Communications and External Relations.

111/11 MINUTES

Resolved – that (A) the Minutes of the Research and Development Committee meeting held on 12 September 2011 (paper A refers) be confirmed as a correct record, and

(B) the contents of the associated action notes (paper A1 refers) be confirmed as a correct record.

112/11 MATTERS ARISING REPORT

Members reviewed the contents of the Matters Arising report (paper B refers) and discussion took place regarding the following items:-

- (a) in respect of Minute 97/11/1 – the Committee Chairman agreed to contact Mr Lotto, Director of Research, East Midlands Congenital Heart Centre (EMCHC) to confirm the preliminary meeting date for the EMCHC Research Board, and
- (b) in respect of Minute 103/11 – the Director of Research and Development advised that the key players of the new BRU had had an initial informal meeting and the first UHL BRU Board meeting was scheduled to take place in January 2012. The new BRUs would be in place in April 2012. The Medical Director commented that at the informal meeting it had been agreed that the Vice-Chancellor, University of Leicester Medical School might hold a reception for the success of the BRU – the Director of Research and Development and the Dean of the Medical School agreed

Chair

DRD/

to discuss this outwith the meeting.

DMS

Resolved – that the matters arising report (paper B) be received and noted and the action described above be taken forward accordingly.

Chair/
DRD/
DMS

Post-meeting note: Mr Lotto, Director of Research, EMCHC had confirmed that the first EMCHC Board meeting would take place on 20 October 2011.

112/11/1 Research and Development Committee Membership (Minute 94/11)

The Committee Chairman confirmed that the Trust Board at its meeting on 6 October 2011 had approved the appointment of Mr P Panchal, Non-Executive Director and Mrs S Khalid, Chief Pharmacist as full voting members to the R&D Committee.

Resolved – that the position be noted.

112/11/2 Schools Outreach Project (Minute 97/11/1)

Mrs J Wells, Patient Adviser provided a verbal update on the outcome of the Schools Outreach Project Scheme which had taken place in July 2011. The feedback received from the Heads of Schools had been positive and it was intended that further such schemes would be organised in the future.

A sample copy of the questionnaire that the students were required to complete at the end of the project was circulated by the Patient Adviser for members to view. The Medical Director suggested that future such questionnaires should be branded with UHL logo rather than using Leicester Children's Hospital logo.

The Patient Adviser expressed disappointment over the press coverage and lack of response from the City Council in relation to this project. The Medical Director suggested that the involvement of Ms L Kendall, local MP might raise its profile – the Patient Adviser agreed to feedback this at the next planning meeting on 31 October 2011.

The Committee Chairman thanked the Patient Adviser for her contribution to this project and its positive outcome.

Resolved – that the position be noted.

112/11/3 R&D Scorecard (Minute 102/11)

The Assistant Director of Research and Development presented an updated Research and Development Scorecard (paper C refers) for quarter 1 of 2011-12 and noted the following revision in particular:-

- Recruitment to non-portfolio studies - further to the last meeting, a thorough investigation of the database and reporting system had brought to light that in 2010-11, there had been a double-count of a group of studies already included in the CLRN return. This had been amended on the scorecard and as a result the 2011-12 target had been reduced accordingly. Errors in the recruitment reporting system had been corrected and the actual non-portfolio recruitment for quarter 1 (2011-12) was '880' rather than '305' as previously reported at the R&D meeting in September 2011. However, the '880' figure was still low compared to the previous year. The Committee Chairman queried whether the issues relating to the double-count had now been resolved with CLRN – in response, it was noted that CLRN recruitment figures were unaffected by the errors in non-portfolio system. It was also noted that different systems were used by UHL and the CLRN and steps had been taken to prevent double-counting in the future.

The Director of Research and Development advised verbally that during quarter 1 of 2010-11, the recruitment to studies was at its peak, however, since then there had been a sudden dip. This would therefore affect the income received by the Trust for these studies and also risks to reputation. He also noted that there had been delays (from the Division and HR department) in the recruitment process of research posts, hence, the R&D department would now be over-seeing the recruitments and thereby co-ordinating and centrally monitoring these posts. This would also be included within the scorecard.

ADRD

Resolved – that (A) the revised R&D scorecard for quarter 1 of 2011-12 be received and noted, and

(B) the recruitment of research posts be included as an indicator for monitoring within future iterations of the R&D scorecard.

ADRD/
TA

113/11 RESEARCH AND DEVELOPMENT IN THE WOMEN'S AND CHILDREN'S DIVISION

Professor D Field, Consultant Neonatologist tabled paper D, a report on the initial focus to research and development within the Women's and Children's Division specifically in relation to portfolio and commercial studies.

The table on page 1 of the paper provided the following details regarding the Division:-

- (a) number of clinical academic staff;
- (b) number of clinical academic staff active in clinical research;
- (c) number of clinical staff with NHS contracts active in clinical research, and
- (d) number of staff currently leading for NIHR portfolio studies.

In discussion on The Infant Mortality & Morbidity Studies (TIMMS) – neonatal academic activity, it was noted that 26 staff were in place and further grant funded appointments were being made. This study hosted three major clinical databases. A formal collaboration with National Perinatal Epidemiology Unit in Oxford particularly in relation to trials had been established. Currently, there were plans for two NIHR programme grant bids using obstetric collaborators from outside Leicester. A preferred bidder was also being sought.

In relation to neonatal unit activity, recruitment to one new NIHR portfolio study had commenced and a contract for potentially two more studies was in the pipeline. A research nurse would be applying for NIHR PhD fellowship.

The following points were highlighted in particular by the Consultant Neonatologist in respect of the 12 month R&D plan for the Women's and Children's Division:-

- identify real level of activity;
- map existing funding to activity;
- identify individuals interested to engage in research;
- identify areas for potential investment, and
- aim to establish one new commercial and one new NIHR adopted study within each CBU.

The following issues were brought to members' attention:-

- the need to identify research versus clinical service trade-offs;
- in one major Trust, one-third of all NIHR recruitment (all specialties) was from Women's services – given that, UHL had one of the biggest obstetric unit, there was a need to maximise recruitment and undertake collaborative working due to lack of experience. The Chief Pharmacist advised that a Research Fellow within Pharmacy worked with the Paediatrics team and suggested an opportunity to strengthen expertise in relation to links with commercial organisations - It was agreed that the Chief Pharmacist and the Consultant Neonatologist would discuss

CP/CN

- outwith the meeting, and
- the need to concentrate on network type studies.

In discussion on the PAs for research work in the Children's CBU, the Consultant Neonatologist offered support in allocating this and expressed an interest in being a part of assigning the role of an Advisor for R&D.

The Committee Chairman thanked the Consultant Neonatologist for his preliminary findings and suggested that a progress update be presented to the R&D Committee in October 2012.

CN

Resolved – that (A) the contents of tabled paper D be received and noted,;

(B) the Chief Pharmacist and the Consultant Neonatologist be requested to discuss the opportunities to strengthen expertise in relation to links with commercial organisations, and

CP/CN

(C) the Consultant Neonatologist be requested to present an update on progress with research and development in the Women's and Children's Division at the R&D meeting in October 2012.

CN/TA

114/11 FSF FUNDING

The Assistant Director of Research and Development tabled paper E, a report on the allocation of UHL FSF for 2011-12. There had been a 25% increase on 2010-11 allocation and the FSF allocation for 2011-12 for UHL was £1,061,752. Discussions had been held regarding the appropriate allocation of this funding to areas across the Trust. The proposed proportion of FSF allocated to support research areas was detailed in a table in section 2.1.1 of the paper. However, this proposal was awaiting final approval from the Director of Finance and Procurement.

Professor D Wynford-Thomas, Dean of the Medical School queried the process of allocation of funding to each investigator and noted the need for a link between the University of Leicester and UHL prior to allocations being made – in response, it was suggested that he would be copied in to emails regarding this. The Medical Director commented that the long term aim of allocation of funding needed to be broadly in line with strategy.

In discussion on the allocation of funding for 2012-13, it was noted that a proactive approach needed to be taken in order to get a fair, equitable and transparent allocation and this would be achieved by setting up a working group to decide on the future use of FSF allocations. It was noted that discussions needed to commence in December 2011 on the proposed use of the 2012-13 FSF allocation.

DRD

Resolved – that (A) the contents of tabled paper E be received and noted, and

(B) the Director of Research and Development be requested to set-up a FSF working group in December 2011 to proactively discuss the proposed use of the 2012-13 FSF allocation.

DRD

115/11 PARTNERSHIP WITH QUINTILES

Further to Minute 100/11 of 12 September 2011, the Assistant Director of Research and Development tabled a paper on the data from Quintiles. UHL's response rate to studies was 72% which compared favourably with other partners. The feedback from Quintiles indicated that UHL was a well-performing Trust. It was noted that Quintiles had funded a Feasibility Officer post at University Hospitals Birmingham NHS FT and it was anticipated that the same approach would be taken at UHL.

Resolved – that the tabled paper be received and noted.

116/11 ESTABLISHMENT OF AN ONCOLOGY CLINICAL TRIALS FACILITY

Dr A Thomas, Reader and Consultant in Medical Oncology, reported verbally that a procurement exercise (tender) for the Oncology Clinical Trials Facility was underway and costings were awaited. The Management of Change process for staff would be initiated and the job descriptions/plans would be reviewed.

Resolved – that this verbal information be noted.

117/11 REPORT BY THE PROFESSOR OF CANCER, IMAGING AND RADIOLOGY

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

118/11 LNR CLRN ANNUAL REPORT AND FINANCIAL RETURN RAG RATING

Paper F outlined a letter from the NIHR Comprehensive Clinical Research Network (NIHR CCRN) regarding the LNR CLRN annual report and year-end financial return for 2010-11 advising that the annual report had been RAG rated 'green'. NIHR CCRN had advised that whilst there was some evidence of progress in the development of PPI initiatives during 2010-11 across all CLRNs, development had been very inconsistent and more work was needed in this area in order to have a clear impact.

Resolved – that the position be noted.

119/11 MINUTES FOR INFORMATION

119/11/1 Joint UHL / UL Research and Development Committee

The Director of Research and Development advised that the Joint UHL / UL Research and Development Committee would be streamlined in view of the termly meeting structure of these meetings.

Resolved – that the position be noted.

119/11/2 Biomedical Research Unit Board

Resolved – that the Minutes of the Biomedical Research Unit Board meeting held on 26 September 2011 would be presented to the R & D Committee in November 2011.

TA

119/11/3 CLAHRC

Resolved – that the Minutes of the LNR CLAHRC Management Board meeting held on 26 July 2011 (paper G refers) be received and noted.

120/11 ANY OTHER BUSINESS

There were no items of any other business.

121/11 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD

Resolved – that there were no items to be brought to the attention of the Trust Board.

122/11 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Research and Development Committee be held on Monday, 7 November 2011 at 2.30pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.15pm.

Hina Majeed
Trust Administrator