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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 January 2012

COMMITTEE: UHL RESEARCH AND DEVELOPMENT COMMITTEE

CHAIRMAN: Mr M Hindle, Trust Chairman

DATE OF COMMITTEE MEETING: 5 December 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 5 December 2011.

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

- **Progress of the Clinical Trials Facility (Minute 129/11 refers).**

DATE OF NEXT COMMITTEE MEETING: 9 January 2012

**Mr M Hindle, Trust Chairman
29 December 2011**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE UHL RESEARCH AND DEVELOPMENT COMMITTEE
HELD ON MONDAY 5 DECEMBER 2011 AT 2.30PM IN THE BOARD ROOM, VICTORIA
BUILDING, LEICESTER ROYAL INFIRMARY**

Present:-

Mr M Hindle – Trust Chairman (Chair)
Professor R Baker – LNR CLAHRC Director
Professor C Brightling – Professor of Respiratory Medicine
Professor D Field – Professor of Neonatal Medicine
Dr K Harris – Medical Director (up to and including Minute 132/11/3)
Dr D Hetmanski – Assistant Director of Research and Development
Professor B Morgan – Professor of Cancer, Imaging and Radiology
Professor D Rowbotham – Director of Research and Development (up to and including Minute 128/11)
Dr A Thomas – Reader and Consultant in Medical Oncology
Dr A Tierney – Director of Strategy
Mrs J Wells – Patient Adviser
Mr M Wightman – Director of Communications and External Relations
Professor D Wynford-Thomas – UHL Non-Executive Director and Dean of the University of Leicester Medical School

In attendance:-

Mr N Doherty – Divisional Manager, Clinical Support Division (for Minute 126/11)
Mr H Mulla – Paediatric Medicines Research (on behalf of Mrs S Khalid, Chief Pharmacist)
Mrs K Rayns – Trust Administrator

RESOLVED ITEMS

ACTION

123/11 APOLOGIES

Apologies for absence were received from Mrs S Khalid, Chief Pharmacist; Mr M Lowe-Lauri, Chief Executive; Mr P Panchal, Non-Executive Director; Professor N Samani, BRU Director, and Mr S Sheppard, Assistant Director of Finance.

124/11 MINUTES

Resolved – that (A) the Minutes of the Research and Development Committee meeting held on 10 October 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.

125/11 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 112/11 – members received an update regarding continuing discussions with a view to arranging a BRU reception in April 2012, prior to the formal BRU launch;
- (b) in respect of Minute 112/11/2 – the Patient Adviser confirmed that she had fed back the Committee's comments relating to branding of the Schools Outreach Project;
- (c) in respect of Minute 117/11 – the Director of Research and Development advised

DRD

January 2012 R&D Committee meeting;

- (d) in respect of Minute 98/11 of 12 September 2011 – the Chief Pharmacist would be requested to provide an update on opportunities for collaboration with NUH in respect of CTIMP manufacturing facilities to the February 2012 R&D Committee meeting; **CP/TA**
- (e) in respect of Minute 103/11 of 12 September 2011 – the Director of Communications and External Relations confirmed that Professor C Day of Newcastle University had been approached in relation to BRU governance. The Chairman and the Director of Communications and External Relations would be further considering external and organisational awareness of the success of UHL's BRU applications in the light of feedback from a meeting attended by the Chief Executive on 5 December 2011 and would report back to the R&D Committee in January 2012; **Chair/DCER**
- (f) in respect of Minute 104/11 of 12 September 2011 – members received an update on the work in progress to identify potential areas for collaboration with other key Universities and Trusts. It was agreed that the Chief Executive would be requested to provide a verbal update to the R&D Committee in January 2012; **CE**
- (g) in respect of Minute 106/11 of 12 September 2011 – the Chief Executive would be requested to report on opportunities to rationalise the meeting structure between the Trust and the University to the R&D Committee in February 2012; **CE**
- (h) in respect of Minute 86/11/1 of 12 September 2011 – the Director of Research and Development and the Trust Administrator were requested to schedule a follow-up presentation by the Planned Care Division to the January 2012 R&D Committee meeting; **DRD/TA**
- (i) in respect of Minute 70/11/1 of 13 June 2011 – the Assistant Director of Research and Development was requested to:-
- arrange for the Chairman to receive a practical demonstration of the University system for real-time checking of references to UHL-led research (if required), and **ADRD/Chair**
 - explore any licensing or fee requirements to enable UHL to access the above system (as used already by the University). **ADRD**
- (j) in respect of Minute 72/11 of 13 June 2011 – Mr A Lotto, Consultant Cardiac Surgeon, would be invited to attend the R&D Committee in February 2012 to provide a report on progress with the East Midlands Congenital Heart Centre research strategy, and **ADRD/TA**
- (k) in respect of Minute 16/11 of 7 February 2011 – the Acute Care Division would be invited to attend the R&D Committee in March 2012 to present a progress report on the Division's R&D strategy. **ADRD/TA**

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

126/11 RESEARCH AND DEVELOPMENT IN THE CLINICAL SUPPORT DIVISION

Mr N Doverty, Divisional Manager, Clinical Support attended the meeting to present an overview of the diverse range of research and development activities within the Division, noting that Dr S Campbell, Divisional Director had sent her apologies for this meeting due to illness. Paper copies of the presentation slides were tabled at the meeting (paper C refers). Further electronic copies of the presentation slides would be available from the

Trust Administrator upon request. Particular discussion took place regarding the following aspects of the presentation:-

- (a) post mortem imaging – members noted the potential benefits of developing further non-invasive cadaveric scanning opportunities and queried which other centres were being collaborated with on a national and international basis in this respect. Challenges associated with equipment availability and priorities for operational service delivery were considered, alongside expressions of interest from military, cultural and religious groups. The Divisional Manager reported on the cross-over of funding streams between the Department of Health and the Home Office and members agreed that the Divisional Director, Clinical Support would be requested to scope methods for raising political awareness of these funding issues; **DD, CS**
- (b) Medical Physics – the Divisional Manager invited any interested parties to visit the Medical Physics Department to see for themselves the work that was undertaken by this department;
- (c) opportunities to develop smarter ways of working to secure increased funding for formulation development would be explored by the Chief Pharmacist and the Chairman outside the meeting; **CP/Chair**
- (d) members considered the impact of the Empath Pathology Project upon R&D activity within the Pathology Department and requested that the Pathology Director include references to the R&D agenda and strategy within the next Trust Board report on Empath in February 2012; **PD**
- (e) the Breast Radiology service was currently focused on operational service delivery due to workforce recruitment challenges and this had significantly reduced the amount of research activity taking place;
- (f) the scope for all CBUs to improve their estimating processes for Clinical Support services input required for research studies – the Director of Research and Development noted that there was currently no robust and transparent system for accurately costing such activity. He undertook to contact the Assistant Director of Finance to provide an update on progress to the January 2012 R&D Committee meeting; **DRD/ADF**
- (g) the Director of Strategy queried the strategy for increasing availability of PET scanning and noted that the intention to seek an Acute Trust or commercial partner was being built into the Imaging Strategy accordingly, and
- (h) Professor Wynford-Thomas, Dean of the Medical School queried how engaged the Division was in the formation of other Divisional research plans at a strategic level. In response, the Divisional Manager noted the scope to improve cross-Divisional dialogue and increase the CBU level focus on knowledge transfer. The Chairman requested that the Director of Research and Development and the Director of Strategy work with the Clinical Support Division to scope the development of systems to predict future support for R&D activity, including the benchmarking of practices used by other Trusts. **DRD/DS**

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

- (B) the Divisional Director, Clinical Support be requested to scope methods for raising political awareness of funding issues relating to post mortem scanning;** **DD, CS**
- (C) opportunities to develop smarter ways of working to secure increased funding for formulation development be explored by the Chief Pharmacist and the Chairman outside the meeting;** **CP/Chair**
- (D) the Pathology Director be requested to include references to the R&D agenda and strategy within the next Trust Board report on Empath in February 2012;** **PD**
- (E) the Director of Research and Development to invite the Assistant Director of Finance to provide a progress report to the January 2012 R&D Committee meeting on the development of a system for accurately costing R&D activity;** **DRD/ADF**
- (F) the Director of Research and Development and the Director of Strategy be** **DRD/DS**

requested to work with the Clinical Support Division to scope the development of systems to predict future support for R&D activity, including the benchmarking of practices used by other Trusts.

127/11 R&D SCORECARD

The Assistant Director of Research and Development presented an updated Research and Development Scorecard (paper D refers) for quarter 2 of 2011-12. Discussion took place regarding the following aspects of the report:-

- (a) research activity and office performance were noted to be on track, but the Director of Strategy queried whether there was any scope to introduce more of a stretch target in respect of the office performance (median days to approval). The Assistant Director of Research and Development agreed to explore the development of an internal target in addition to the nationally specified target of 30 days; **ADRD**
- (b) recruitment rates to studies performance continued to cause some concern, but the Director of Research and Development provided assurance that the Leicestershire Northamptonshire and Rutland CLRN was not an outlier in this respect;
- (c) since the R&D Directorate had taken over the co-ordination and monitoring of recruitment to research posts, the recruitment backlog had been cleared and reporting on this workstream would be included in the next iteration of the R&D scorecard; **ADRD**
- (d) Professor D Wynford-Thomas, Dean of the Medical School queried the potential for under-counting within the reported numbers of grant applications and grant awards. Members discussed the significant time-lag between the applications and awards processes and queried whether the inclusion of a rolling record of the Trust's success rate between grant applications and awards would be helpful; **ADRD**
- (e) Professor D Field, Professor of Neonatal Medicine voiced concerns regarding appropriate handling arrangements for new commercial research enquiries and queried whether the first point of contact should be UHL clinicians or the R&D office. The Director of Research and Development and the Assistant Director of Research and Development reported on the partnership arrangements with Quintiles and the Trust's pathways for assessing feasibility. It was agreed that they would review the internal arrangements for handling commercial approaches and further develop the Trust's website in this respect, and **DRD/ADRD**
- (f) Professor R Baker, LNR CLAHRC Director initiated a discussion surrounding UHL's capacity to maintain R&D office performance in the event of a significant increase in the number of studies. In response, the Director of Research and Development briefed members on the capability of the R&D office staff, the quality of monitoring and networking arrangements already in place and the potential to build in additional R&D office resources in the event of additional funding being made available.

Resolved – that (A) the revised R&D scorecard for quarter 2 of 2011-12 be received and noted, and

(B) the Director and Assistant Director of R&D be requested to progress the actions outline above in notes (a), (c), (d) and (e) above. **DRD/ADRD**

128/11 PROGRESS REGARDING BIOMEDICAL RESEARCH UNITS (BRUs)

Further to Minute 103/11 of 12 September 2011, the Director of Research and Development provided a brief verbal progress report on the NHIR recruitment arrangements for key BRU positions. Members considered the exploration of opportunities for adding value by creating shared posts to address any common themes and ambitions for the three separate BRUs. The Chairman also provided feedback from a recent speech by Dame S Davies, Chief Medical Officer in relation to the expected timescale of BRU funding income streams.

Resolved – that the verbal progress report be received and noted.

129/11 ONCOLOGY CLINICAL TRIALS FACILITY – UPDATE

Further to Minute 116/11 of 10 October 2011, Dr A Thomas, Reader and Consultant in Medical Oncology, provided a verbal progress report, noting that tenders for the Oncology Clinical Trials Facility had been received and a preferred bidder had been selected. The Quantity Surveyor was finalising the detailed plans currently and it was expected that work would commence on site in January 2012. Dr Thomas also briefed members on the progress of the Cancer UK application, which would be finalised and submitted before Christmas 2011. Responding to a query by the Director of Communications and External Relations, she confirmed that significant Corporate-level engagement in this application process had taken place at a recent meeting.

Resolved – that this verbal information be noted.

130/11 NOVARTIS MEETING – PROGRESS REPORT

The Assistant Director of Research and Development provided verbal feedback from a recent meeting with Novartis in respect of the way forward with trials and other aspects of mutual workstreams relating to diagnostic devices, diabetes monitoring, ophthalmology, respiratory and oncology developments. Responding to a query from the Chairman, the Assistant Director of Research and Development advised that no formal Minutes of the meetings were recorded but individual members kept their own informal notes. Professor D Wynford-Thomas, Dean of the Medical School suggested that it might be helpful for two knowledge transfer representatives from the University to attend future extended discussions with Novartis and he undertook to provide the Assistant Director of Research and Development with their contact details.

DWT

Resolved – that the progress report be received and noted.

131/11 MINUTES FOR INFORMATION

131/11/1 Joint UHL/UL Research and Development Committee

Members noted that there had not been any further meetings of the Joint UHL/UL Research and Development Committee since 1 July 2011 and that arrangements were in progress to streamline this meeting structure.

Resolved – that the position be noted.

132/11/2 Biomedical Research Unit Board

Resolved – that the Minutes of the Biomedical Research Unit Board meeting held on 26 September 2011 (paper E refers) be received and noted.

132/11/3 CLAHRC

The Minutes of the LNR CLAHRC meeting held on 30 September 2011 were received and noted as paper F. Professor R Baker, LNR CLAHRC Director briefed members on preparations for the next CLAHRC bidding process and it was agreed to request the Chief Executive to provide a progress report to a future meeting.

CE

Resolved – that (A) the Minutes of the LNR CLAHRC Management Board meeting held on 30 September 2011 (paper F refers) be received and noted, and

(B) the Chief Executive be requested to provide a progress report on preparation for the next CLAHRC bidding process to a future R&D Committee meeting.

CE

133/11 ANY OTHER BUSINESS

Presentations to the R&D Committee by PhD Graduates

The Director of Strategy updated the Committee in respect of work being undertaken within the Trust by 3 PhD graduates and suggested that the Committee might like to receive a presentation on each workstream. The Chairman requested that the Director of Strategy liaise with the Trust Administrator to schedule such presentations on the agenda for R&D Committee meetings during 2012. Discussion took place regarding the optimum duration for these presentations, which would be subject to containing the agenda within the 2 hours allocated for these meetings.

DS/TA

Resolved – that the Director of Strategy be requested to liaise with the Trust Administrator to schedule such presentations on the agenda for R&D Committee meetings during 2012.

DS/TA

134/11 **IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD**

Resolved – that progress of the Clinical Trials Facility be brought to the attention of the 5 January 2012 Trust Board meeting (Minute 129/11 above refers).

135/11 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Research and Development Committee be held on Monday, 9 January 2012 at 2.30pm in the Members' Room, Gwendolen House, Leicester General Hospital site.

The meeting closed at 4.08pm.

Kate Rayns
Trust Administrator