

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 April 2011

COMMITTEE: UHL RESEARCH AND DEVELOPMENT COMMITTEE

CHAIRMAN: Mr M Hindle, Trust Chairman

DATE OF COMMITTEE MEETING: 7 March 2011

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

- **Proposed additions to the Membership of the Research and Development Committee (Minute 27/11 refers).**

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

- **The Research and Development Strategy (Minute 27/11 refers);**
- **Laboratory Accreditation (Minute 32/11 refers), and**
- **Application for Respiratory BRU (Minute 36/11 refers).**

DATE OF NEXT COMMITTEE MEETING: 11 April 2011

**Mr M Hindle, Trust Chairman
1 April 2011**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE UHL RESEARCH AND DEVELOPMENT COMMITTEE,
HELD ON MONDAY 7 MARCH 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 (except for Minute 28/11 and 30/11/1 only)
Professor D Field – Professor of Neonatal Medicine
Dr D Hetmanski – Assistant Director of Research and Development
Mr M Lowe-Lauri – Chief Executive (except for Minutes 28/11, 30/11 and 32/11)
Professor B Morgan - Professor of Cancer, Imaging and Radiology
Professor D Rowbotham – Director of Research and Development
Mr S Sheppard – Assistant Director of Finance
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:-

Mrs G Belton – Trust Administrator

RECOMMENDED ITEMS

27/11 MEMBERSHIP OF THE RESEARCH AND DEVELOPMENT COMMITTEE

The Chairman presented paper 'D', which proposed that an invitation was extended to Professor N Samani, BRU Director and Professor R Baker, LNR CLAHRC Director, to attend future meetings of the Research and Development Committee in the capacity of non-voting, co-opted members. This recommendation was made on the legal and procedural basis that the 'voting' membership of any Board Committee should be confined to those who were 'voting' Board members.

It was intended that these additional appointments to the Committee would facilitate greater involvement of the BRU Director and the LNR CLAHRC Director in helping to shape the Research and Development Strategy, and lead to improved communication with staff in terms of the messages communicated regarding the strategic direction of Research and Development within UHL.

The Committee supported this proposal for onward recommendation to the Trust Board for formal approval.

Recommended – that this proposal be supported and recommended onto the Trust Board for formal approval.

RESOLVED ITEMS

ACTION

28/11 APOLOGIES

Apologies for absence were received from Dr K Harris, Medical Director, Mr P Panchal, Non-Executive Director, Dr A Thomas, Reader and Consultant in Medical Oncology and Dr A Tierney, Director of Strategy.

29/11 MINUTES

The Minutes of the last meeting were agreed as an accurate record, with the exception that the Chief Executive considered that Minute 16/11 (Presentation from the Acute Care Division)

overestimated the level of support for the suggested establishment of a 'Clinical Business Unit' for the purpose of research and development. It was considered more appropriate for the directorate to work with the Director of Research and Development to determine an appropriate model of working. The Director of Research and Development confirmed that he had since met with Mr Palmer, Research Service Manager, who was aware of this position.

Resolved – that (A) the Minutes of the Research and Development Committee meeting held on 7 February 2011 (paper A refers) be confirmed as a correct record, subject to account being taken of the above referenced information, and

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

30/11 MATTERS ARISING FROM THE MINUTES

30/11/1 Matters Arising Report

Members reviewed the contents of the Matters Arising report (paper A2 refers), noting that it had not yet been possible to agree a date for Professor Mellon to attend the Committee to give a presentation on Urology Research due to his clinical commitments on a Monday afternoon, which was the time when all Research and Development Committee meetings were scheduled. The issue remained work in progress and members would be updated accordingly.

Resolved – that this information be noted.

30/11/2 NIHR Feedback on Programme Grant Applications – Respiratory Medicine (Minute 15/11/2)

Resolved – that this item be addressed under Minute 36/11 and Minute 37/11/1 below.

30/11/3 Establishment of an Oncology Clinical Trials Facility (Minute 15/11/3)

The Director of Research and Development reported verbally, noting that the business case relating to the Oncology Clinical Trials Facility had been approved at the meeting of the Commercial Executive held the previous week. One of the caveats of the approval had been the need for Charitable Funds Committee approval of two applications submitted for the use of appropriate charitable funds to both refurbish the unit and purchase relevant equipment. The Chairman of the Research and Development Committee, who was also Chairman of the Charitable Funds Committee, confirmed that the Charitable Funds Committee had approved these two applications at its meeting held on 4 March 2011, as verified by the Trust Administrator.

It was noted that the Dean of the University of Leicester Medical School was due to attend a meeting with the Hope Foundation that evening, and it was agreed appropriate for him to provide a verbal update on progress (as detailed above) at this time.

D,ULMS

Note was also made of the view expressed by the Commercial Executive that the business case could be more ambitious, and of their request that plans for phases 2 and 3 of the development were submitted to a meeting of the Commercial Executive in one year's time.

It was agreed that this item should constitute a standing item on the agenda for future meetings of the Research and the Development Committee for the time being.

DRD/TA

Resolved – that (A) this verbal update be noted,

(B) the Dean of the University of Leicester Medical School be requested to provide a verbal update on progress with the Oncology Clinical Trials Facility to the Hope Foundation at a meeting scheduled that evening, and

D,ULMS

(C) it be agreed that this item constitute a standing item on the agenda for future meetings of the Research and Development Committee.

DRD/TA

30/11/4 Patient Adviser Liaison with Paediatrics Research Group (Minute 15/11/6)

The Director of Research and Development reported verbally to advise that it would be appropriate to apply for CLRN funding for the purpose of implementing a Schools Outreach Project, as this project would be within the remit for such funding. It was agreed that Mrs Wells, Patient Adviser, would inform Dr Pandya accordingly. It was also agreed that the Director of Communications and External Relations would seek the input of Mr K Mayes, Patient and Public Involvement Membership Manager, in assisting Dr Pandya in completing an application for funding.

Resolved – that (A) this information be noted,

(B) Mrs Wells, Patient Adviser, be requested to brief Dr Pandya accordingly, and

JW

(C) the Director of Communications and External Relations be requested to seek the input of Mr Mayes, Patient and Public Involvement Membership Manager in assisting Dr Pandya in completing an application for funding.

DCER

30/11/5 Progressing Cardio-Respiratory Research at UHL (Minute 22/11)

Resolved – that this item be addressed under Minute 36/11 below.

30/11/6 Children's Research within UHL (Minute 23/11)

The Director of Research and Development reported verbally, noting that he had recently met with the Clinical Business Unit Manager for Children's Services, and advised members of the impetus there now was in the progression of this issue. The issue of Children's Research was also on the agenda for a meeting being held in the Children's CBU that day.

Resolved – that this information be noted.

31/11 RESEARCH AND DEVELOPMENT STRATEGY

The Director of Research and Development presented paper 'B', which detailed the draft Research and Development Strategy, and he sought members' initial comments on its contents. In his presentation of the strategy, the Director of Research and Development noted that, since dissemination of this document to Research and Development Committee members prior to today's meeting, another page had since been incorporated which was a generic UHL page in strategy documents. He also confirmed that there was now a reference to international partnerships within the document, as well as to regional and national partnerships.

In their consideration of this draft strategy, members:

- (i) noted the Director of Communication and External Relations' comments regarding the removal of the four objectives from the diagram at the bottom of page 4;
- (ii) suggested that it would be beneficial to include more specific information in terms of the Trust's aims (e.g. to be in the top quartile in x number of years or to have increased its research portfolio by x amount in 5 years etc);
- (iii) queried how the Trust's strategy converged with the University strategy;
- (iv) considered that the strategy should include information which helped the reader to understand what set University Hospitals of Leicester NHS Trust apart from its contemporaries;
- (v) queried the audience for, and intended recipients of the strategy – it was noted

that the strategy had a strong internal audience, and that additional information should be incorporated into the document to enhance the connection with a wider external audience;

- (vi) noted that whilst the strategy detailed aspirational information, further information was required in terms of how these aspirations would be achieved;
- (vii) considered that the following information required incorporating into the document (a) the time horizon for intended achievements, (b) further information regarding anticipated staff numbers and the anticipated portfolio development relating to that (c) information regarding intellectual property and (d) information regarding the Trust's strategic competitive advantage;
- (viii) considered that further elements for consideration and incorporation into the strategy included information concerning where R & D enhanced quality of service (either directly or indirectly) and how it was mainstream business for the Trust, and
- (ix) agreed that the Chairman would meet the Director of Research and Development outwith the meeting to provide detailed views and suggestions on the strategy.

**Chair /
DRD**

Resolved – that (A) the contents of the draft R & D Strategy be noted,

(B) the Chairman be requested to meet with the Director of Research and Development outwith the meeting to provide further detailed views and suggestions for the incorporation of additional elements into the strategy, and

Chair

(C) the Director of Research and Development be requested to amend the strategy based upon comments received from members at today's meeting and following the above referenced meeting with the Chairman.

DRD

32/11 LABORATORY ACCREDITATION

Further to Minute 20/10/1 of 15 March 2010, the Assistant Director of Research and Development reported verbally on this item, noting that following the Trust's loss of CPA accreditation the previous year, all eight Trust laboratories were now fully CPA accredited, as documented on the CPA website.

Members made note of the significant work undertaken by the Assistant Director of Research and Development and Mr A Folwell, Contracts Manager in Pathology, in the provision of quality data to relevant companies and sponsors, which had provided them with relevant reassurance during the time of loss of accreditation that the data and related analysis undertaken by the Trust was correct.

The Chairman expressed thanks to Dr Hetmanski, Assistant Director of Research and Development and Mr A Folwell, Contracts Manager on behalf of the Research and Development Committee for the significant work they had undertaken in respect of this item.

Resolved – that this verbal information be noted.

33/11 RESEARCH SUPPORT SERVICES OPERATIONAL CAPABILITY STATEMENT

The Assistant Director of Research and Development presented paper 'C', which made reference to a set of Standard Operating Procedures (SOPs) designed to assure consistency of review and effective research management that had been developed for NHS Organisations by the NIHR Research Support Services Framework. The SOPs in use by UHL R & D would require only minor modification to comply and this process was progressing with colleagues from the University of Leicester as part of the Joint Research Office initiative.

The R & D Operational Capability Statement (RDOCS) was an integral part of the new RSS system, and was a new standard document for NHS organisations while operating within the NIHR Research Support Services. It was designed to set out the Trust commitment to health R & D and the roles and responsibilities of the different stakeholders in the Trust in delivering

these commitments. The RDOCS would be prepared by the R & D Department and agreed with the Director of R & D and other relevant stakeholders. Given that the development of an R & D Operational Capability Statement was a significant undertaking for a large Trust such as UHL, and following feedback received from the Department of Health's Research Governance Policy Liaison Officer, it was recommended that it would be submitted for review by the R & D Committee in May 2011 for onward recommendation to the Trust Board for formal approval.

In discussion on this item, members:

- (i) (in response to a query) noted the Assistant Director of R & D's confirmation that resources were available within the R & D Office to undertake this work, however acknowledged the time commitment involved;
- (ii) noted the intention that this information would be published on the Trust's website, and would be useful to external stakeholders such as the NIHR networks and potential sponsors;
- (iii) noted that, with specific regard to the SOPs, this represented a parallel activity to that being undertaken through the capability cluster and expressed concern regarding a potential duplication of activity in this respect. To avoid such a circumstance, it was agreed that the Assistant Director of Research and Development, upon receipt of relevant contact details from the Professor of Respiratory Medicine, would make contact with relevant individuals progressing this work through the capability cluster;
- (iv) noted that, in future, NIHR funding would follow research to organisations that adopted the principles of the Framework, and
- (v) expressed concern should this development be undertaken, and then not be utilised by the NIHR and others. The Chief Executive noted that the NIHR would welcome any ideas for further development and it was agreed that the Assistant Director of Research and Development would contact them for this purpose.

**PRM/
ADRD**

ADRD

Resolved – that (A) the contents of this report be received and noted, and the timescales involved in the production of these documents agreed,

(B) the RDOCS be submitted to the Research and Development Committee meeting in May 2011 for review and onward recommendation to the Trust Board for formal approval,

**ADRD/
TA**

(C) the Assistant Director of Research and Development, upon receipt of relevant contact details from the Professor of Respiratory Medicine, be requested to make contact with relevant individuals progressing similar work through the capability cluster to avoid duplication of activity (point iii above refers), and

**PRM /
ADRD**

(D) the Assistant Director of Research and Development be requested to make contact with the NIHR to provide relevant feedback (point v above refers).

ADRD

34/11 STROKE SERVICES / LRI SPACE REQUIREMENTS

Further to Minute 102/10/5 of 13 December 2010, the Director of Research and Development reported verbally to advise that the issue raised previously by Professor Robinson, Professor of Stroke Medicine, regarding research accommodation had now been resolved. Following the re-location of Stroke Services to the LRI, whilst Professor Robinson's base had remained as Leicester General Hospital, he now had access to facilities at the Leicester Royal Infirmary site. There were also plans, at a future point, for Professor Robinson to no longer work on a split-site basis.

Resolved – that this verbal information be noted.

35/11 EXTERNAL ADVISORY REVIEW FINDINGS – UPDATE ON CLAHRC ACTION PLANS

The Director of Research and Development reported verbally on this item, advising of the comprehensive CLAHRC action plans that had been implemented. The Chief Executive further noted that two new members had recently joined the CLAHRC Board, and were providing a valuable contribution to the Board in its continuing development. The potential value in considering issues around the long term implications of applied health research was noted.

Resolved – that this verbal information be noted.

36/11 APPLICATION FOR RESPIRATORY BRU

The Director of Research and Development introduced discussion on this item, noting that the NIHR had announced its intention to receive applications for Biomedical Research Centres (BRCs) and Biomedical Research Units (BRUs). The Trust would be submitting an application for a Respiratory BRU, and Professor Davies, Chair of Diabetes Medicine was currently exploring the feasibility of submitting an application for a BRU relating to diet and well-being.

The Professor of Respiratory Medicine briefed members on the intended process, involved staff members and related timescales involved in the Respiratory BRU application. The deadline for submission of the initial bid was 20 April 2011, with the final bid (should the Trust be invited) requiring submission by 20 June 2011.

In discussion in respect of the Trust's anticipated BRU application, members:

- (i) (in response to a query) noted the Professor of Respiratory Medicine's intention to involve Professor M Barer of the University of Leicester Medical School in the application process. Also useful within the application would be the demonstration of partnership working through the existence of joint posts between the Trust and the University;
- (ii) made note of the request for clarification sought by the Trust from the NIHR in respect of the number of research papers requiring publication per annum from applicants;
- (iii) debated the issue of bibliometrics, noting that it could potentially prove useful to make contact with an independent third party regarding this;
- (iv) agreed that the Professor of Respiratory Medicine would request UHL's scores through the capability cluster (rank and score);
- (v) debated the experimental areas which the Trust could put forward as part of the application;
- (vi) made note of the Government announcement earlier that day about monies being invested into heart disease, dementia etc, and queried where within the Trust an overview was maintained of bids being submitted by the Trust and University to various bodies for funding. It was noted that the group that undertook this function within the University was the Research Implementation Group, the membership of which comprised the Research Theme Leaders. It was noted that, for the purpose of horizon scanning, it would be useful if the UHL Director of Research and Development could attend these meetings, and it was therefore agreed that, wherever possible, the UHL Director of Research and Development would attend such meetings in the future, and provide feedback to the UHL Research and Development Committee where relevant, and
- (vii) in terms of additional support required to facilitate this application, the Professor of Respiratory Medicine noted that administrative support would be required in terms of convening meetings and facilitating teleconferences etc.

PRM

PRM

DRD

In conclusion, it was agreed that the Professor of Respiratory Medicine would provide an update on progress at the next meeting of the Research and Development Committee,

gathering relevant members together before this time on an ad hoc basis, where appropriate. It was also agreed that he would present the business plan for the Bennion Centre at the next meeting of the Research and Development Committee.

PRM/TA

Resolved – that (A) this verbal information be received and noted,

(B) the Professor of Respiratory Medicine be requested to undertake the action outlined under points (iii) and (iv) above,

PRM

(C) the Director of Research and Development be requested to attend future meetings of the UoL Research Implementation Group, where possible, feeding back to the UHL R & D Committee as appropriate,

DRD

(D) the Professor of Respiratory Medicine be requested to:

(1) provide an update on progress at the next meeting of the Research and Development Committee, gathering relevant members together before this time on an ad hoc basis, where appropriate, and

PRM/TA

(2) present the business plan for the Bennion Centre at the next meeting of the Research and Development Committee.

PRM/TA

37/11 MINUTES FOR INFORMATION

37/11/1 Biomedical Research Unit Board

Members received and noted the contents of paper 'E', which detailed the Minutes of the meeting of the Biomedical Research Unit (BRU) Board held on 6 December 2010. This Committee had met again since the publication of these Minutes (although the Minutes relating to this later meeting were not available as yet) and the Chief Executive provided a verbal update to members on discussions at the recent meeting.

In discussion on this item, it was noted that confirmation had been received that current BRUs would be required to submit formal applications as part of the recent announcements relating to applications for BRUs and BRCs. Accordingly, Professor Samani, BRU Director, would be submitting such an application.

Resolved – that the Minutes of the BRU Board meeting held on 6 December 2010 (paper E refers) and the additional verbal information provided, be received and noted.

37/11/2 CLAHRC

Resolved – that the Minutes of the meeting of the CLAHRC Management Board held on 29 November 2010 (paper F refers) be received and noted.

37/11/3 East Midlands Health Sciences Cluster (EMHSC)

Resolved – that the Minutes of the meeting of the East Midlands Health Sciences Cluster held on 10 February 2011 be received and noted.

38/11 ANY OTHER BUSINESS

38/11/1 Raising the Profile of R & D within UHL

Further to Minute 15/11/4 of 7 February 2011, the Director of Communications and External Relations reported verbally to advise that the Research and Development Case Study relating to Diabetes Research was now on display in the Balmoral Centre at the LRI.

Resolved – that this information be noted.

38/11/2 MHRA Inspection

The Director of Research and Development reported verbally, advising that an MHRA Inspection was taking place during the following week.

Resolved – that this verbal information be noted.

39/11 **IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD**

Resolved – that the following items be brought to the attention of the Trust Board at its meeting on 6 April 2011:

- the recommended item concerning the proposed additions to the membership of the Research and Development Committee (Minute 27/11 refers);
- the Research and Development Strategy (Minute 31/11 refers);
- Laboratory Accreditation (Minute 32/11), and
- Application for Respiratory BRU (Minute 36/11).

40/11 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the UHL R & D Committee be held on Monday 11 April 2011 from 2.30pm until 4.30pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.10pm.

Gill Belton
Trust Administrator