

Strategic Research & Innovation Committee

minutes

Minutes of the Strategic Research & Innovation meeting held on 16th July 2024

Present:	Bob Burgoyne	Non-Executive Director (Chair)
	Claudette Elliot	Non-Executive Director
	Liz Bishop	Chief Executive Director
	Prof Jay Wright	Clinical Lead for Research and Director of Research & Innovation
	Keith Wilson	Patient Research Ambassador
	Jonathan Mathews	Chief Operating Officer & Deputy CEO
	Thomas Pharaoh	Director of Strategy
	Prof Reecha Sofat	Head of Department Pharmacology and Therapeutics, University of Liverpool
In Attendance:	Ian Jones	LJMU
	Jennifer Ohlsson	Senior Executive Assistant (Minutes)
Apologies for Absence:	Prof Raphaela Kane	Pro Vice Chancellor, Faculty of Health, LJMU
	Manoj Kuduvalli	Medical Director
	James Thomson	Chief Finance Officer

1. Apologies for Absence

Apologies noted above.

2. Declarations of Interest

James Thomson and Thomas Pharaoh noted joint role with Clatterbridge Cancer Centre.

3. Minutes of the previous meeting on 14th May 2024

Minutes of the previous meeting on 14th May 2024 were agreed as an accurate record of the meeting.

4. Action log

Action 1: JW updated that research is currently in a transition period and JC has sent a paper and will circulate to the group. LB suggested that grant income and accruals need to be included in the SOF metrics. It also needs to be determined what goes to Operational Board, Strategic Board and Board of Directors. Further update to be brought back to the next meeting.

JW

Action 2: Innovation update on agenda for discussion. Action closed.

5. Research Strategy/Implementation review

JW provided an update on the research strategy. JW noted the changes within personnel including Jenny Crooks leaving and Shirley Pringle, due to start in September 2024.

JW noted that with a new Executive Team and new Research Team, there needs to be a new research strategy devised. JW updated that this is to be written between September and December 2024.

LB stated a keenness to see more content on the direction of travel within heart and lung. LB also noted that importance of considering the population need and how the strategy will align to this.

IJ also suggested that Nursing, Midwifery and Allied Health Professional research should be included in the strategy refresh.

CE suggested the involvement of the patients in developing strategy and that health inequalities needs to be a key focus of when writing the strategy.

It was agreed that the research strategy will be included on the action log for December meeting.

JW

6. Report of LCCS

JW provided an update on LCCS and informed colleagues that there currently seems to be a big issue around leadership and a lack of clarity on funding and where it sits. Concern has also been expressed around the governance arrangements for LCCS.

JW also added that themes have been agreed and it was suggested that how LCCS fits in with the research strategy is looked at.

7. Ongoing and Planned Research Project reports

JW asked colleagues to note the research performance report circulated prior to the meeting.

There were no further comments or questions.

8. Partnership working and update from the partners

RS informed colleagues that the Advisory board for a Veterans Study

has set up a charity to fund research. It was agreed that this advice should be forwarded onto Charitable Funds Committee and the research team.

LB noted that what the Charity want is some specific projects that the Charity can fund raise for and JW agreed to raise this at the next Operational Research Committee in September and arrange a meeting with Mary Liley, Head of Fundraising.

JW

IJ also informed colleagues that the LJMU has just appointed Dr Aleen Jones, which will extend across NHS partnerships.

9. Research news and key successes

JW informed the committee that the Trust has recently secured £125,000 from the Lord Liever Hume Trust, over 5 years to support the patient ambassador.

10. Report on Innovation agenda

TP provided an overview of the innovation position paper and noted that as a Trust we need to agree how we take forward innovation.

Timing is a consideration in this decision. It may be that the Trust have an ambition to develop a coordinated innovation programme but that the external NHS environment at this time prevents from making the investment necessary to do so. There is potential for the programme to become self-funding over time but LHCH investment will be required in the initial stages.

If it is agreed that LHCH should develop an innovation programme at this time in the way set out above there are a number of key next steps for immediate consideration such as; identifying a clinical lead for innovation, developing a case for management support, identifying programme management resources, reviewing the governance arrangements and engagement with the LHCH Charity.

These are the key next steps. The clinical lead and programme manager would then work together to develop a full action plan for the establishment of the programme, including actions to understand training needs, develop relationships with NHS and external partners, raise awareness, and begin to foster a culture of innovation.

Comments and questions were welcomed and BB noted that the key issue is whether the Trust feel they can carry on without a coordinated approach or move forward with the proper coordinated approach to Innovation. This will require people and investment.

IJ noted the importance of fostering a culture that enables staff wherever they are in the organisation to say whether something isn't working and needs change. It is important that everybody understands that LHCH is an innovative organisation.

JM agreed and added that LHCH has an innovative culture, however it is important not to hide away from the constraints that the Trust has in the

current NHS climate. Bigger innovation usually comes with investment and cost and it is important to figure out the balance with risk and reward. The financial risk needs to be understood.

The bigger picture and population health outcomes was noted and the potential opportunity to link the approach around innovation to the strategies.

LB stated that order and structure is needed and the team need to start having conversations with staff around the definition of innovation. It was agreed that this will be included on the Executive Meeting agenda for further discussion.

LB also suggested a Clinical Lead for Innovation to drive this forward.

11. Minutes from the last operational R&I committee

Colleagues were asked to note the minutes from the last operational R&I Committee. There were no further comments or questions.

Date and time of next meeting:

Tuesday 10th September, 2.00pm – 3.30pm, MS Teams