

Strategic Research & Innovation Committee

minutes

Minutes of the Strategic Research & Innovation meeting held on 10th September 2024

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

1. Apologies for Absence

Apologies noted above.

2. Declarations of Interest

All meeting participants were asked to declare any interests in respect of items listed on the agenda. All participants confirmed that they had no interests to declare beyond those that may already be known and on Trust registers.

3. Minutes of the previous meeting on 16th July 2024

Minutes of the previous meeting on 16th July 2024 were agreed as an accurate record of the meeting.

4. Action log

Action 1: JW provided an update on the research SOF and noted that this will be slightly delayed due to the change in staffing. Shirley Pringle, Director of Research Operations will be involved in this. It was agreed to bring the final version of the SOF back to the December 2024 meeting.

Action 2: JW has met with Mary Liley, Head of Fundraising to discuss charitable funded research. Further updated to come back in December meeting.

5. Research Strategy Update

JW informed colleagues that the plan is to rewrite the research strategy for December 2024 and added that it is time for a complete refresh and to move on from People, Processes and Pounds as the books are now balanced within Research. There is a hope that the new strategy will be targeted at the things that the Trust needs and the plan is to get feedback and input from clinicians to set ambitious targets.

JW also presented an overview of the 'Trust Funded Research PA Allocation Proposal'. Which is 10 Trust funded PAs to support research at LHCH on a rolling two-year program.

The benefits of research include, improvement of population health, individual patients get better care and outcomes, income generation and commercial investment, institutional reputation enhancement and engaged researchers.

Sources of funding external to the Trust for this initiative include University funded academic appointments, research body funded posts, grant support and commercial supported.

JW noted that the current LHCH PA allocation is currently almost exclusively medical and largely unknown. There is also a disparate allocation across divisions, sub specialities and individuals. There is a huge variation in comments and achievements.

The potential benefits of moving to the new proposal are that the Trust will demonstrate absolute commitment to research. There will also be a transparent, fair, and competitive application process. The new process will not be limited to medication staff and will avoid historic performance reward.

JW provided an overview of the proposed timeline and comments and questions were welcomed and KW queried whether there will be any provisions in place for patients and families to impact the research projects that are undertaken. JW noted that this will be incorporated into the patient application form. The applications will mirror the strategy and there will be some patient driven focus into the strategy.

IJ noted the changing of culture and this needs to be considered within the strategy. JW agreed that it is important to demonstrate an absolute commitment on behalf of this Trust to fund research.

IJ also noted that the sort tool that other Trusts are currently using is about research readiness for nursing, midwifery and AHPs. This is a self-assessment used to help teams support research. JW stated that it needs to be made clear that research is not just for medics and MK agreed that research culture should be spread among non-medical staff.

JW raised a query on whether charitable funding could be used to support research for Allied Health Professionals. BB confirmed that charitable fund applications go through the Executive team and CFC for approval. BB also noted that Research is one of the three areas that the Charity would like to focus on and would encourage applications.

BB asked whether there was further clarity on what other comparable Trusts do in terms of the PA allocation for research activity. JW confirmed that this is varied across trusts.

BB raised a further query on who is going to judge the applications that are submitted. JW confirmed that a committee will be put together.

BB requested that the presentation is circulated to colleagues.

6. Partnership working and update from the partners

IJ provided an update on LJMU and noted that the University is currently going through a restructure, and this has been considered positive. Health, Science, Engineering and Technology will come under one faculty.

7. Research news and key successes

There was nothing to update at this meeting.

8. Report on Innovation agenda

TP provided an innovation update to colleagues and presented an overview of the innovations at LHCH proposal.

TP noted that LHCH's mission is to be the best, leading and delivering outstanding heart and chest care and research. LHCH has a well-development research programme and strong improvement culture in support of this mission. LHCH has not historically had a structured focus on innovation.

The proposal is to work to increase innovation within the Trust through the development of a coordinated and supported innovation programme.

The key elements that need to be in place to deliver a successful innovation programme include; resources, processes and governance, partnership and relationships and culture. TP highlighted the proposed next steps in these areas and comments and questions were welcomed.

JW noted that it is good to have clarity of thought and noted support for comments on change management.

KW stated that once the innovation strategy is decided, it would be good to see it presented on Trust induction day. TP agreed that this is part of the culture.

TP agreed to invite Health innovation NW Coast to the next meeting and engage with Liverpool Health Partners.

BB queried whether there would be enthusiasm for a Clinical Lead in Innovation. MK confirmed that there is a need to define the role further.

TP

9. Minutes from the last operational R&I committee

Colleagues were asked to note the minutes from the last operational R&I Committee. JW noted that these meetings have a standard format, and the performance reporting is undergoing an overhaul and added that this ties in with the SOF.

There were no further comments or questions.

10. Strategic R&I Business Cycle

SR&I Colleagues were asked to note the Strategic R&I business cycle. There were no further comments or questions.

Date and time of next meeting:

9th December 2024, 1.30pm – 2.30pm, MS Teams