

Reference Number: FOI202425/574
From: Private Individual
Date: 31 March 2025
Subject: Community/patient public involvement on research board

I am conducting an FOI-based study to explore the current state of community and/or patient public involvement and engagement (PPIE) within high-level agenda setting health research boards in NHS Trusts/Board in the UK.

May I please ask for the following information under the FOI act.

Q1 Does your NHS Trust/Board have an executive board where health research strategy for the hospital/s is set? e.g a Research and Innovation Board or other relevant high-level board.

A1 Yes

Q2 If yes, is there a PPIE (patient public involvement engagement) representative on this board with the specific remit to provide insights into research agenda setting from the perspective of a patient with lived experience of health issues or as a member of the public/community? [I am not referring to the presence of a lay chair].

A2 Yes, via the research governance committee.

Q3 Is there a PPIE advisory structure (e.g. board, committee, panel) which provides PPIE insights to inform the work of the executive board? (not within individual study groups - I refer to high level feedback into your research strategy meetings).

A3 The trust is working on the strategy for Liverpool Acute Adult Services (LAASP) Collaboration - there is PPIE representation on the development of the strategy.

Q4 If yes to question 2, 3, 4 or 5, please provide the most recent minutes/agenda with a list of members with designated roles/remits (not names).

A4 PPIE attended first meeting this month - minutes not available yet for LAASP.

See attachments

- [Agenda Strategic R&I Committee 18.02.2025](#)
- [Item 1 agenda R&I Committee 13.02.2025](#)
- [Item 2 draft R&I Committee Minutes 16.01.2025](#)
- [Item 3 Strategic R&I Committee minutes 10.09.2024](#)

Some redactions have been made to the above attachments; this Information exempted is under Section 40: Personal data. Providing this information would likely identify individuals involved.

Q5 Are PPIE representatives remunerated?

A5 Yes

Q6 Do you require PPIE representatives to do any training? If yes, please specify e.g NIHR training or in house-training.

A6 Yes, our patient ambassador has received training. Both NIHR, local and wider training.

Q7 I realise that some of this information may already be available. However, I was unable to locate it. So, if it is, please provide me with a link to the data.

A7 Information no held – not publicly available.

Meeting of the Strategic Research & Innovation Committee

Date: Tuesday 18th February, 2.00pm – 3.30pm
Venue: Microsoft Teams


Agenda

1	Apologies for Absence	Chairman	
2	Declarations of Interest	Chairman	
3	Minutes of meeting held on 9 th December 2024	All	Item 3
4	Action Log	All	Item 4
5	Research Strategy/Implementation review	JW/SP	Item 5
6	Research SOF	JW/SP	Presentation
7	Ongoing and Planned Research Projects Report	JW/SP	Verbal
8	Partnership working and update from partners	A	Verbal
9	Research news & Key successes	A	Verbal
10	HINWC update	P	Presentation
11	Report on Innovation agenda	T	Presentation
12	Minutes from the last operational R&I Committee	J	Item 11(a-b)
13	Strategic R&I Work Plan	Chair	Item 12
14	Strategic R&I Terms of Reference	Chair	Item 13
15	Date and time of Next Meeting: Tuesday 13 th May 2025, 2.00pm – 3.30pm, MS Teams		

Operational Research & Innovation Committee

Date of Meeting: Thursday 13th February 2025
Time: 13:00 - 14:30
Venue: MS Teams

Agenda

1.	Apologies for absence 	Chair	Verbal
2.	Minutes of meeting held on Thursday 16 th January 2025	Chair	Item 2
3.	Action Log:	Chair	Item 3
4.	<u>Research Projects:</u> <u>Service Evaluations:</u> <u>Clinical Audit:</u> <u>Research Outcomes and Impact:</u>		
5.	Governance Updates 5.1 Research Clinical Governance Policy and Procedural Updates 5.2 Lab SOP	Chair NT	Item 5.1 Item 5.2
6.	Strategy Updates		
7.	Performance 7.1 Research Performance Update	Chair	Item 7.1
8.	Finance		

9.	Any other business		
	Date and time of next meeting Thursday 6 th March 2025 @ 13:00-14:30		

Operational Research & Innovation Committee

minutes

Minutes of the Research and Innovation meeting held on Thursday 16th January 2025, 1pm – 2.30pm

Present:

Clinical Lead for Research (Chair)
Head of Governance
EP Clinical Research Fellow
University of Liverpool
Research IT systems Lead
Consultant Cardiac Surgeon
Senior Research Nurse
Divisional Accountant, Hosted Services
and Research and Innovation
Patient Research Ambassador
Research Governance Manager
Respiratory Consultant
Finance Officer
Clinical Trials Manager
University of Liverpool
Study Coordinator
Consultant Cardiothoracic Radiologist
Senior Research Scientist
Director of Research Operations
Research Matron
Study Coordinator
NIHR Academic Clinical Lecturer & ST7
Respiratory Medicine
Pharmacy Receptionist

In Attendance:

Research Reception/Administration
Assistance Apprentice (Minutes)
Cardiac Diagnostics

Apologies for Absence:

Consultant Cardiac Surgeon
Pharmacist - Knowsley Community
Respiratory Service

1. Apologies for absence

Apologies noted above.

2. Minutes of meeting held on 12th of December 2024

The minutes of the meeting held on 12th of December 2024 were reviewed and approved.

3. Action Log

Please refer to item 3

4. Research projects

4.1 Does Mavacamten reverse left atrial modelling through reduction in LVOT obstruction and decreased SAM mediated mitral regurgitation?

Hypertrophic obstructive cardiomyopathy is a condition affecting the left ventricle, the main pumping chamber of the heart, and is a significant cause of sudden cardiac death. The ventricle walls become thickened causing an obstruction when blood leaves the heart. This in turn causes blood to flow backwards into the top chamber of the heart, the atrium, resulting in a larger chamber with reduced function. A new drug, Mavacamten, has shown to reduce the thickness of the ventricle walls and therefore reduce the amount of back flowing blood into the atria. This study will investigate if this reduced blood flow reverses the changes in the atria and improve its function back to normal levels.

The aim of this study is to investigate if Mavacamten can reverse atrial remodeling through reduction in LVOT obstruction and decreased SAM mediated mitral regurgitation following 6 months of treatment. Atrial remodeling will be assessed through left atrial diameter (LAD) and LA volume index (LAVi).

Questions and comments were welcomed

This project was given chairs approval

5. Governance Updates

5.1 Research Clinical Governance Meeting

- The target for recruitment to time and target for research is 80%. This has been achieved for our commercial research but needs further work to improve across the non-commercial portfolio.
- Incidents continue to be reported via InPhase with 2 reported in November 2024, none of which caused harm to patients. Two reports of good care were reported in November 2024. 41 incidents have been reported over the last 12 months.

- A trend was identified in incidents regarding medication returns, there were 14 incidents identified over the last 12 months concerning patients not returning medications appropriately or bringing back additional medication. A CAPA will be put in place to address this.

- Band 7 Senior nurse off on long term sickness, one new band 6 nurse starting in Feb 2025.

Questions and comments were welcomed

6. Strategy Updates

- There will be a regional strategy in research
- Changes in the macro system in terms of Liverpool Adult Acute Service Providers (LAASP). LHCH joining this year.
- 7 working groups – one on research, headed by L [REDACTED] from Liverpool Women's Hospital.
- Strategic documents for how the region plans to run research
- Research changes will mirror clinical changes

7. Performance

7.1 Research Update for December 2024

- Recruitment figures are on par with other trusts of similar size: 517 for the year of 2024.
- Time to Target RAG:
 - Now been changed to include all studies
 - Open studies overall RAG % = 67.9%
 - Open commercial studies (n=5) RAG % = 100% (no change)
 - Open non-commercial studies (n=48) RAG % = 58.3%
- Pipeline Updates:
 - No of EOI = 49
 - Studies in feasibility = 14
 - Studies in active set up = 6
 - No C&C has been issued since last tracker
 - Studies declined since last tracker = 3
 - Lack of patient population X2
 - Feedback of sponsor suitability X1
- Study Set up Metrics 24/25
 - 15 studies opened
 - 4 have LHP Partner as lead
 - 3 have LHP chief investigator
 - 3 have research imaging
 - Average number of days in set up is 185.92
- Grants:
 - 5 submitted during this financial year
 - Still awaiting a few outcomes for last financial year and this financial year
- Still in second behind St Helens Hospital on the PRES Leaderboard

Questions and comments were welcomed

Trial finder study has been awarded a grant – this was one of the pending outcomes.

EASY-BP Grant needs looking into as the figure is not correct

8. Finance

- CRN income is in line with the budget
- Income from deferred accounts – small overachievement relating to training and other non-pay expenses incurred by R&I
- Trial income – both invoicing and edge activity have increased over the previous months but the level is still below that required to breakeven. The shortfall will be met from deferred accounts
- Small overspend related to 2024/25 pay awards

Questions and comments were welcomed.

Proposed to review finances at the committee each month to ensure we break even.

9. Any other business

- Sponsored SOP was sent round to a group of PIs who have been involved in sponsored studies. They have provided their feedback so now planning a working group
- Been prepping for an MIHRA inspection through process mapping and SOP reviews. Escalation and transfer policies and risk assessments per study have been discussed. Regular audits for specific studies will be looked into as well.

10. Time and date of next meeting

Thursday 13th February 2025, 1.00pm – 2.30pm, MS Teams



Strategic Research & Innovation Committee

minutes

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

Present:

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

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

In Attendance:

[Redacted]
[Redacted]
[Redacted]

LJMU
Senior Executive Assistant (Minutes)

Apologies for Absence:

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

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

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: ■■■ provided an update on the research SOF and noted that this will be slightly delayed due to the change in staffing. ■■■, 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: ■■■ has met with ■■■, Head of Fundraising to discuss charitable funded research. Further updated to come back in December meeting.

5. Research Strategy Update

■■■ 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.

■■■ 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.

■■■ provided an overview of the proposed timeline and comments and questions were welcomed and ■■■ queried whether there will be any provisions in place for patients and families to impact the research projects that are undertaken. ■■■ 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.

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

■ 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. ■ stated that it needs to be made clear that research is not just for medics and ■ agreed that research culture should be spread among non-medical staff.

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

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

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

■ requested that the presentation is circulated to colleagues.

6. Partnership working and update from the partners

■ 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

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

■ 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 it 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. ■ highlighted the proposed next steps in these areas and comments and questions were welcomed.

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

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

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

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

9. Minutes from the last operational R&I committee

Colleagues were asked to note the minutes from the last operational R&I Committee. ■ 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