

Strategic Research & Innovation Committee

minutes

Minutes of the Strategic Research & Innovation meeting held on 18th February 2025

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

1. Apologies for Absence

Apologies noted above. It was noted that this is Bob Burgoyne's last meeting as Chair of the committee and Manoj Kuduvalli, Medical Director will be taking over as Chair.

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 9th December 2024

Minutes of the previous meeting on 9th December 2024 were agreed as an accurate record of the meeting.

4. Action log

Action 1: Phil Jennings attending to present an Health Innovation NW Coast. Action closed.

5. Research Strategy/Implementation review

SP provided an update and informed colleagues that unfortunately the SOF was not ready in time for this meeting, however presented the watch and drive metrics. SP confirmed that it is expected that this will go to Board of Directors

SP also presented an update of the research strategy and noted that strategy includes a focus on; People, Process and Pounds and provided an overview of the current team as it stands.

An overview was provided of the current processes and structure of the research department and LHCH, which include; Strategic Research Committee, monthly 1:1 with key members of staff, 3 monthly reporting to Ops Board and Board of Directors, adopting a SOF, Operational Research Committee, weekly study review including performance, finance and governance, research group meetings and ensuring attendance at C&M Research Directors, CRF Board, CRN groups

SP also provided an update on the time to target RAG analysis. This is a high-level objective set by the NIHR CRN and includes the percentage of closed to recruitment commercial contract studies which have achieved their recruitment target of 80% and the percentage of closed to recruitment non-commercial studies which have achieved their recruitment target of 80%.

An update on the research pipeline was also provided and it was noted that there is a decline in studies and this is due to, lack of patient population, unsuitable study inclusion and exclusion criteria and lack of PI capacity to support.

In terms of research finances, CRN income is in-line with budget and there is a small overachievement relating to training and other non-pay expenses incurred by R&I. Both invoicing and EDGE activity has increased over the previous months but the level is still below that required to breakeven. The shortfall will be met from deferred accounts. The amount transferred from the research account in order to return a balanced year to date position is £200k. There is a small overspend in pay related to 2024/25 pay awards and a small underspend in non-pay.

SP informed colleagues that recently there was a LAASP collaboration, specific research working group. There was an initial meeting 13th January 2025. There is a strategic document to follow, however the priorities are undecided. There is a hope that this will create a positive

research culture and leadership with secured funding, shared governance and a flexible work force. Research areas include Cardiothoracic Surgery, Anaesthetics and ITU, Cardiology and Respiratory.

Comments and questions were welcomed, and KW noted that during a recent national clinical trials knowledge sharing meeting, it became apparent that the LHCH is in the top two for rejecting research studies. KW noted that work has been done with SP to revisit studies and SP added that the team would be happy to revisit studies that have been rejected in the past to see if these are feasible.

Chair noted that it is noticeable that across the whole of the Liverpool Trusts, the proportion of commercial trials is really low and queried whether the funding from NIHR will make a difference. SP confirmed that it will make a difference, as there will be a hub to monitor this and the condensed delivery will help.

BB asked whether it is possible to have the draft strategy ready for May 2025, as it would be good to see some progress. SP agreed to speak to JW about getting this to the May meeting. MK agreed that LHCH do need a local strategy and the sooner the better.

6. Research SOF

Discussed above.

7. Ongoing and Planned Research Projects Report

SP updated that there are 10 studies are in set up at the moment and noted that the priority is the commercial portfolio.

8. Partnership working and update from partners

There was nothing to update at this meeting.

9. Research news and key successes

SP informed the committee that Target Lung has recruited its 700th patient and this will be communicated via a LHCH comms.

10. HINWC Update

Phil Jennings, Chief Executive Officer, Health Innovation NWC attended Strategic R&I Committee to provide an update on; the national picture, innovation delivery and C&M. PJ noted upcoming plans such as; Life Sciences Sector Plan, Innovation and Adoption Strategy and the 10 year Health Plan.

In terms of research and innovation PJ presented an overview of the Health Innovation network and how this can support the governments ambitions for the future. PJ added that each health innovation network is fully-embedded in their local health and research ecosystem. This drives economic prosperity and growth in all parts of the country and ensure that everyone benefits from innovation.

PJ also provided an overview of the C&M Research and Innovation landscape which includes 17 Trusts, 349 GP Practices and 559 Pharmacies.

Comments and questions were welcomed and TP noted the examples of where Health innovation North West Cost have already worked with clinicians at LHCH and there is already a really strong relationship with the Trust. PJ noted that LHCH is host for HINWC and there has recently been a lot of work such as work relating to heart flow and Care Cube software for the Cath Labs.

Chair asked for clarity on what is the route to contact HINWC. JP confirmed that the team would be happy to be contacted. There is also a commercial team that would be available for help.

A query was raised on who makes a decision on whether a research idea could be sponsored. PJ noted that everyone would have an initial meeting, however not everything could be sponsored. Priority would be given to those ideas that meet a need that is already being signalled. PJ added that HINWC are a government funded organisation.

Chair asked whether there is anything that can be done to raise awareness for HINWC at LHCH. TP noted that awareness raising is important. TP also noted the LHCH innovation strategy, however noted that LHCH need to fit into the innovation ecosystem. TP also noted that there is an innovation sub workstream across the Liverpool Group and there is an innovation steering group set up as part of this. In light of this it was noted that the time for a stand-alone innovation strategy may have passed.

11. Report on Innovation agenda

TP noted that Board will need an update on developments since the first action to develop an innovation strategy. TP also added that it will be important to harness the agency and individuals that can help.

KW added that there needs to be engagement with Clinicians that want to do research. MK added that there have been some constraints in the past on research, however this is getting better, and it is hoped that more and more individuals can do research. MK also added that innovation extends beyond just clinical research.

Chair agreed with the points made above and added that to go ahead and just write an Innovation Strategy was inappropriate, because it was unclear what innovation was and how broad it was. Chair also added that this cant be done in isolation and needs to be done within the system

MK also noted the LHCH collaboration with Boston scientific and Medtronic and would consider this innovation and has great potential. TP added that James Thomson, CFO is the SRO of the commercial programme and will be closely involved in the emerging commercial relationships.

12. 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.

13. 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.

BB confirmed that LCCS can be removed.

MK suggested that the research strategy be discussed at every meeting.

It was agreed to make those changes and approve at the next meeting.

14. Strategic R&I Terms of Reference

Strategic R&I colleagues were asked to note the Strategic R&I Terms of Reference.

It was agreed that some work needs to be done on the Terms of Reference and it was agreed that MK and TP will take a look at this and bring to the next meeting for formal approval.

MK/TP

Date and time of next meeting:

13th May 2025, 1.30pm – 2.30pm, MS Teams