



**National Institute for
Health Research**

Advisory Board

6 May 2009

Note of meeting

Members Present:

Candy Morris (***Chair***)
Jane Austin (for Nigel Edwards)
Angela Barnard
Sally Davies
Simon Denegri
Kathy Doran
David Foster (for C Beasley)
Andy Haines
Russell Hamilton
Danny Keenan
Ron Kerr

Bill Kirkup for Bruce Keogh
David Loughton
Malcolm Lowe-Lauri
Patrick Maxwell
Michael Moore
Hilary Scholefield
Stephen Smye
John Tooke

Secretariat:
Sally Bishop

Apologies:

Chris Beasley
Peter Beresford
Mike Cooke
Nigel Edwards
Liam Hughes
Bruce Keogh
Jonathan Sheffield

Welcome and apologies.

1. Candy Morris welcomed everyone to the meeting. Apologies are noted above.
2. No comments or amendments were made to the note of the last meeting.
3. Matters arising would be covered later in the agenda.

Policy Update

4. Sally Davies updated the Board on requirements of the NHS to participate in research which are now included in: the NHS Constitution; the NHS Operating Framework; the SHA duty to innovate and soon to be in Quality Accounts. It is proposed that a letter should be sent to the service soon laying out these requirements.
5. The Board were concerned that the requirements in Quality Accounts should be appropriate to each organisation – i.e. they might be different for teaching hospitals compared with PCTs. They asked for details about the National Quality Board. These can be found at:
www.dh.gov.uk/en/Healthcare/Highqualitycareforall/NationalQualityBoard/DH_095235
6. Sally Davies confirmed that DH R&D were working closely with HEFCE to ensure that the new REF metrics dovetailed with NHS needs.
7. Sally informed the Board that the National Ambitions for Health Research had been sent to No10. These had been derived by asking the research community what it will deliver for current research efforts in terms of benefits for patients over the next 10 years. Sally emphasised that the Ambitions were about accountability and stretching the research community rather than about priorities.
8. The Board warned that the announcement of the Ambitions would need careful handling to ensure that people understood that they were not priorities. The technology platform ambitions were helpful in that they could apply to most disease areas. The Board offered to look over any briefing/Q&A that was developed.

Action: DH
9. Sally Davies reported on the recent discussion of R&D and “innovation” at the Departmental Board. The Advisory Board were pleased that DH R&D and innovation colleagues were working together. They emphasised that local implementation of innovation was crucial.
10. The Board were also updated on plans for NIHR Regional Roadshows and Innovation EXPO.

Action: DH to send invitations to all of these events to the Board.
11. Danny Keenan updated the Board on the workplan of the new Care Quality Commission. The Board said that it would be important to push for research to be included under the periodic reviews, but even then, there were concerns that the timescales would be too slow (periodic reviews would be 3-5 years apart). The requirements about research in Quality Accounts were therefore even more critical. Trust should also be encouraged to describe their role in research and innovation in their

marketing activity since it would be a positive thing for patients to know about.

12. Sally Davies said that she would be keen to be involved through the CQC consultation.

Action: Danny Keenan

NIHR Networks NIHR(09)05

13. Sally Davies introduced the paper, which gave details about patient accruals to the NIHR networks by region. The Board found that data useful. They commented on the balance between observational and interventional studies.

Action:

- **DH to bring data about network funding by UKCRC category (disease area) and funder to next meeting.**
- **DH to send paper with 'health warning' to Candy so that she can send to SHA CE colleagues. This could be done on a quarterly basis.**
- **DH to present regional network information at the relevant roadshows.**

Office for Life Sciences NIHR(09)06

14. Sally Davies introduced the paper, which updated the Board on the aims of the new Office.

Action: DH and Malcolm Lowe-Lauri to arrange a report-back from the R&D/Industry group to the next Advisory Board.

Hot Topic – Professionalising R&D Offices

15. Sally Davies reported on the recent successful workshop aimed at dismantling the barriers to clinical research. It was clear that work was needed to help Trust R&D Offices facilitate research appropriately.
16. The Board agreed with this diagnosis. They said that the task facing R&D offices could be baffling. They suggested that:
- Standard Operating Procedures should be developed around standards, processes and time-lines. These should be based on best-practice, which in turn had been judged through consideration of **outcomes**. The NIII 'Productive Ward' work might be a model.
 - The R&D offices should focus on facilitation, and help to *researchers*.
 - If the offices are to have a name it should use 'Research *Facilitation*' or similar words rather than 'Research Support Services' since the latter suggests that they are there to apply bureaucracy rather than facilitate research. There was a view that the name of the office should not be prescribed centrally.

- The patient should be at the centre of this activity and patient benefit should be part of the narrative.
- A career structure would help to professionalise this function.
- A training programme could be offered.
- Work could be done with Trust Chairs and non-Execs (possibly with Monitor).
- The NHS Confederation were going to develop some guidance on how to be a good partner in research. This should dovetail and be discussed with DH R&D.

There was no other business.

Date of Next Meeting

8 September 2009