



**National Institute for  
Health Research**

**Advisory Board  
8 September 2009**

**Note of meeting**

***Members Present:***

Candy Morris (***Chair***)  
Jane Austin (for Nigel Edwards)  
Angela Barnard  
Peter Beresford  
Mike Cooke  
Sally Davies  
Andy Haines  
Liam Hughes  
Danny Keenan

David Loughton  
Michael Moore  
Jonathan Sheffield  
Stephen Smye  
John Tooke  
  
Glenn Wells  
David King (for Programme Grants  
item)

***Apologies:***

Chris Beasley  
Simon Denegri  
Kathy Doran  
Nigel Edwards  
Russell Hamilton

***Secretariat:***  
Sally Bishop

Ron Kerr  
Bruce Keogh  
Malcolm Lowe-Lauri  
Patrick Maxwell  
Hilary Scholefield

**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:
  - Publication of National Ambitions for health research is still under discussion.

- Four NIHR regional roadshows had taken place to date and they were well attended. Events in the remaining regions would take place between October 2009 and January 2010. The Advisory Board said that these events should be held annually, but that it would be important to encourage more senior NHS managers to attend – particularly in the light of the imperatives to participate in research, which were listed in the recent letter to the Service (see Policy Update below). Jane Austen offered to help publicise the events to Confederation members. **Action: DH**

## Policy Update

Dame Sally updated the Board on the following issues:

- The NIHR had put in place all the strands of work that it had set out to. Work is now needed to pull all the strands together and ensure that the different parts of NIHR are working seamlessly. A new Head of NIHR Comms has been appointed (Robin Banerji) and he is drafting a Communications Strategy which will be discussed with the Advisory Board at the January meeting. RAND Europe has been appointed to take forward the work on NIHR metrics. A presentation would be made to the Advisory Board in January.
- David Flory and Dame Sally had sent a letter to the NHS in July outlining the requirements to support and facilitate health research. The Board welcomed this. Work is now being done to further strengthen the mention of research in the NHS Operating Framework and in the requirements for Quality Accounts. It was noted that research does not currently feature in the standards required by the Care Quality Commission, so further discussions were needed to try and get research included in an appropriate place. The Board expressed concern that Quality Accounts could not be audited in the same way that financial accounts are. Further thought is being given to this.
- Over the summer the NIHR had asked Trusts to bid for capital to support research. 172 applications had been received. 41 were successful and had been awarded shares of the £50 million budget.
- The NIHR had funded £2.25m of new research into Flu (H1N1). This had been successfully fast-tracked. The Board felt that it would be worth publicising the success of the fast-track process (although others urged caution and said that we ought to wait for the studies to deliver).
- The School for Primary Care had been re-constituted following the RAE and now had 8 academic departments as members.

Professor Richard Hobbs of Birmingham would be the new Director.

- Due to the quality of applications received, the NIHR had been able to increase the number of Doctoral Research Fellowship Awards from 12 in 2008 to 30 in 2009.
- The Government's Life Science Blueprint was launched in July. Copies can be downloaded from: <http://www.dius.gov.uk/ols>. The NIHR is already taking forward some of the recommendations including work to professionalise NHS Trust R&D offices (see below) and plans for an NIHR Office for Clinical Research Infrastructure (see below).

### **NIHR Programme Grants - NIHR (09)08**

David King, Director of NIHR Central Commissioning Facility, presented details about this programme. (*Copies of his slides are circulated with these minutes.*)

The Board made the following points:

- It is encouraging to see how the grants awarded match the objectives of the scheme.
- As research impact becomes a feature of REF, it will help to ensure that the impacts of the programme are fed through.
- The NIHR would need to consider the balance between the research funding it offers and the capacity of researchers to deliver.
- It would be important to find ways to help the weaker applicants learn how to do better. Possibilities included: making anonymised high quality applications available, encouraging organisations to be co-applicants – so that they can see the feedback, and; asking Directors of NIHR Programmes to maintain on-going dialogue with the NIHR Research Design Service (RDS) – so that the RDS can learn which areas people need help with.
- Some key areas such as end of life care and primary care were not included in the analysis of the grants awarded. **Action: NIHR to consider adding extra fields for key missing areas for future analysis of programmes.**
- This programme is focussed at the patient-end and this should be emphasised in order to attract more medical managers. They should also understand that obtaining an NIHR Programme Grant would lead to Trusts receiving additional NIHR funding. Medical Managers could be contacted about the programme via Sir Bruce Keogh's conference.

## **NIHR Research Support Services NIHR(09)09**

Dame Sally introduced this paper and the recently published NIHR Implementation plan. It aims to improve the quality, speed and efficiency of research and research processes in the NHS by facilitating the reconfiguration of NHS Trust R&D Departments within a national framework for the NHS Trust Research Support Services.

The Advisory Board made the following points:

- Most of the problems in Trust R&D Departments were caused because of an unnecessarily risk-averse culture in the Trusts. This might be more easily overcome with very senior (Chief Executive and Non-Executive Director) Trust involvement.
- The career paths of those working in R&D offices should be given some consideration.
- Some Trusts would be better collaborating and sharing resources as they would be below critical mass individually.
- The need to improve research management and governance, and the tools and benefits which the NIHR plan offers, should be tied in with the requirements to support research set out in the letter to the service.
- The NIHR could work with Monitor or the NHS Confederation to help get the messages across. (Jane Austin said that the Confederation were about to issue related papers which she would share with the Advisory Board). **Action: Jane Austin**
- The Leadership Council are re-writing a relevant document, which could present an opportunity for the NIHR.

## **NIHR Office for Clinical Research NIHR (09)10**

Dame Sally introduced the draft implementation plan. The Advisory Board welcomed the plan as constructive and useful.

## **NIHR Networks NIHR(09)11**

Stephen Smye introduced the paper, which showed recruitment to the NIHR research networks by funder and disease area.

Local network plans have been reviewed and details are available.

The Advisory Board said that the data showed clear gaps in some areas such as accident and emergency. Dame Sally agreed that it would be useful to

forward the data to NETSCC as it indicated areas of 'market failure' in research funding which they could consider picking up. **Action: DH**

Dame Sally reported that work was in train with doctors.net and NHS Choices to make details of research studies that are currently recruiting available to clinicians and patients.

The Advisory Board thought that it would be very helpful to let the NHS have details of recruitment levels to studies in each Trust. Scorecards make people more competitive. Dame Sally said that she would ask RAND to discuss with the Network Co-ordinating Centre what data could be made available. She would then communicate this to Trusts. **Action: DH**

There was no other business.

### **Date of Next Meeting**

6 January 2010.