

Name of Sub-Committee:	Research & Innovation Sub-Committee
Chair of Sub-Committee:	Professor Philip Kloer, Medical Director and Deputy CEO
Reporting Period:	Meeting held on 14 th November 2022
Key Decisions and Matters Considered by the Sub-Committee:	
<p>The Research & Innovation Sub-Committee (R&ISC) met on 14th November 2022. The purpose of this report is to provide the People, Organisational Development and Culture Committee (PODCC) with a summary of the key points against the agenda items.</p>	
Research & Development (R&D)	
<ul style="list-style-type: none"> • R&D Financial Report – report noted and accepted <ul style="list-style-type: none"> • The month 6 financial position shows a small overspend, due to staffing costs. However, this was an in-month forecast and the final position was expected to be breakeven at the end of the month. • R&D Team Activity Report – report noted and accepted <ul style="list-style-type: none"> • R&D performance was good. • The Key Indicators (KI) remained on a par with other Health Boards in Wales, and even exceeded some. Recruiting to Time and Target KI was 67% for portfolio studies (the highest was Cardiff Vale Health University Health Board at 68%). • Recruiting to Time and Target KI was at 0% for commercial studies for this period. This is due to the University Health Board only supporting a small number of studies. Plans are in place to increase the number of commercial studies. • Progress Against the R&I Strategy – report noted and accepted. <ul style="list-style-type: none"> • A small number of actions were not delivered against their original timeline. Revised deadlines have been added to the action plan and all actions will still be completed this year. • Delayed actions of concern are the provision of clinical facilities at Bronglais and Wthybush General Hospitals, and the feasibility of a BioBank. These were discussed further in separate agenda items during the meeting. • R&D Facilities Update <ul style="list-style-type: none"> • Work on establishing clinical facilities at Wthybush General Hospital (WGH) had not progressed as much as Bronglais General Hospital (BGH). • The cost quoted for upgrading and IT works at Ty Aeron in BGH had increased. R&D were looking into a number of avenues for potential funding to cover the cost of the works. • R&D continue to keep Health and Care Research Wales (HCRW) informed of the costs required for the BGH facilities at Ty Aeron, and funding was being sought internally through the Health Board. It is expected that the upgrading work would be completed by the end of the financial year. Once funding is confirmed, BGH facilities would be downgraded as a risk on the R&D Risk Register. • BioBank Update <ul style="list-style-type: none"> • A Business Case for consideration by HCRW and the Welsh Government, detailing the case for developing the West Wales Bioresource Centre was submitted to R&I Sub-Committee. 	

- R&D would convene a small expert panel to scrutinise the business case before it is submitted to Welsh Government. The Director of Therapies, Director of Finance and the Board Secretary had been contacted to nominate a member of their Divisions to be part of the panel. Cardiff University and a pre-existing BioBank were also invited to sit on the panel. Professor Kerry Hood would be invited to Chair the panel.
 - R&D aim to bring the panel together in December to sense check the business case. A separate Extra-ordinary R&I Sub-Committee meeting will be held in January to discuss the feedback from the panel.
- **R&D Department Risk Register – report noted and accepted**
 - Risk 1160 is the only directorate risk and refers to the requirement for additional Principal Investigators. Further progress against the actions to mitigate the risk has been achieved and is detailed below under the Risks/Matters of Concern section.
 - The following risks have been reviewed and updated:
 - Risk 1035 (Lack of research facilities in Bronglais Hospital) – **extreme** (Score 16)
 - Risk 1036 (Lack of facilities in Withybush Hospital) - **high** (Score 9)
 - Risk 1161 (Reduced income for R&D) – **moderate** (Score 6)
 - Risk 1492 (Reduction of HCRW funding/fixed term staffing) – **moderate** (Score 6)
- **R&ISC Group Reports – reports noted and accepted**
 - An update report on the Sponsorship Review Group (SRG) was submitted to the R&I Sub-committee for assurance.
- **HCRW/National Developments**
 - A new framework has been put in place by HCRW to guide research activity in the NHS (including a setoff expectations Health Boards will need to comply with). HCRW have appointed LP as Chair of the Development Group.
 - Ongoing discussions continue with HCRW on the financial implications of the next year. HCRW have asked for a needs based review. Requests for funding for 2023/24 have been submitted.
- **Standard Operating Procedure (SOP) Report – reports noted and accepted**
 - A new Research & Development (R&D) Standard Operating Procedure (SOP) to enable the escalation of serious or persistent issues of non-compliance with research standards and/or legislation, where the Research Quality Management Group (RQMG) has been unable to reach a satisfactory and timely resolution, was submitted to R&ISC for approval, together with a flowchart providing a route map to follow.
 - The R&D SOP, RDSOP-20: Management and Escalation of Research Non-Compliance and associated R&D Flow Chart (FC), RDFC-03: Research Non-Compliance Decision Tree were presented to the Strategic Management Team on 17/10/2022 for information.
 - Two further supporting documents have been drafted: R&D Guideline RDG-22: Guideline for Categorisation of Research Non-Compliance (listing examples of what may constitute a minor/major/serious/critical non-compliance) and R&D Template RDT-42: Research Non-Compliance Reflection and Learning Template (for the individual/s involved to record lessons learned as a result of research non-compliance).

Presentation

A presentation was made to the R&ISC:

Research Lead – a year on...

- Dr Pawan Dhruva Rao (PDR), Colorectal Consultant gave a presentation on his work.
- Dr Dhruva Rao gave an overview of the studies he has participated in and the plans in place to continue post-Covid.
- A number of studies are to begin in the next 3 months. Dr Dhruva Rao also highlighted some studies he would like to run in the future, if possible.
- Dr Dhruva Rao highlighted that there had been an increase in junior doctors approaching him wanting to be involved in studies.
- Dr Dhruva Rao was also exploring a number of apps/devices to aid clinical work.

Innovation

• Tritech Finance Update – report noted and accepted.

- As at the end of September 2022 (M6 reporting period) the closing balance is £83,656 surplus with a forecasted end of year position of £73,799 surplus. The TriTech Business Plan projects a forecast return of £39,237 surplus for 2022/23, therefore the current forecast exceeds plan.
- At the September 2022 R&ISC meeting, it was highlighted that an expected income of £34k in respect of a project with company Nurokor was at risk. The company defaulted against its payment schedule. The finance team instructed the debt collector agency to pursue the payment. The Finance team informed R&ISC at the November 2022 meeting that one invoice has now been paid, however £27k remained outstanding and with the debt company for action.
- Following discussions with Finance and the TriTech team, it was agreed that credit checks would now be completed for new companies. A maximum credit value would also be in place for new companies seeking payment upfront.

• Innovation & TriTech Activity Report – report noted and accepted.

- The Deputy Head of Innovation and Tritech position (previously 0.5 WTE) has been uplifted to a 1.0 WTE full time position in view of the growth secured and need to achieve sustainability. Following a successful interview process, Dr Matthew Lawrence has been appointed into that post.
- The business plan for the TriTech Institute was formally endorsed by the People, Organisational Development and Culture Committee on 18 August 2022 and full Health Board (In-Committee) on 29th September 2022.
- Quality and safety standards for the Tritech Institute are part of the new Quality Management system. A follow up audit is scheduled for November 2022 with auditors BSi.
- Two research projects have been agreed.
 - A podiatry project with Kaydiar has been signed off and is currently with the Ethics team for approval.
 - An orthopaedics project with Stryker has been approved, subject to the completion of the full R&D Capacity and Capability checks.
- £30k funding was expected from the Moondance initiative grant.
- A bid for funding from the National Institute for Health and Care Research for Technology Enabled Care Rapid Evaluation Team was unsuccessful. TriTech had been disappointed by the feedback received and had discussed with HCRW how to

better understand why the application was unsuccessful, and how to improve future bids.

- The internal audit has been completed. The final audit report was agreed and signed off by the Audit and Risk Assessment Committee (ARAC) on 18th October 2022.

- **TriTech Risk Register – report noted and accepted.**
 - The following ‘set-up’ risks have been closed:
 - Risk 1156 – “TriTech generates insufficient income to cover its cost recovery targets during the first year of its operation”. (Superseded by new Risk 1507)
 - Risk 1142 – “Resources aligned to TriTech from the Research & Development Service and Clinical Engineering unsustainable”
 - Risk 1158 – “Inability of TriTech to implement effective and robust systems and processes to meet regulatory requirements”

 - The following new ‘operational’ risks have been added to the Risk Register:
 - Risk 1506 - “Workforce retention”
 - Risk 1507 – “Financial Delivery Year 2”
 - Risk 1508 – “Clinical Leadership”
 - Risk 1509 – “TriTech Competitors”
 - Risk 1510 – “Timely Delivery of Project Outputs”
 - Risk 1511 – “Regulatory Climate”

- **National Developments**
 - The Welsh Government’s All Wales Integrated Innovation Strategy consultation process has now ended. Welsh Government have written to CEO’s of all Health Boards in Wales to ask for:
 1. Their Executive lead for this innovation action plan, with contact details
 2. A description of the current innovation and adoption infrastructure for their organisation strategy, leadership, resources, teams, budgets, programmes, partners)
 3. The organisation’s priority and need areas – to provide an ‘innovation pull’ focus for the ‘innovation push’ activity detailed above.

- **Intellectual Property (IP) Policy**
 - Following submission at an earlier R&I Sub-Committee it was agreed to review the Health Board IP Policy and draft a new policy for approval.
 - Draft IP policy (policy number 673) has been prepared with input from an external IP Specialist, NWSSP Legal and Risk, Corporate Legal, Information Governance, HR.
 - The Executive Team has reviewed the policy and requested additional information to establish the position across NHS Wales as there was concern over the revenue split provisions and whether they were appropriate.
 - Chair, Dr Phil Kloer recommended outlining the reason for reaching the percentage figures. He asked R&D to work with Lisa Gostling Workforce and seek her advice.

University Partnerships

- Dr Leighton Phillips, Director of Research, Innovation and University Partnerships, attended a university partnership designated meeting with Welsh Government on 21st October 2022. He was asked to provide six slides to show what HDdUHB has achieved in the last six months, and plans for the next six months. While formal feedback is yet to be received, the initial feedback appeared positive.

- Professor Alison Kingston-Smith gave a presentation highlighting the work of Aberystwyth University.
 - An online workshop event for research awareness and working in partnership took place on 12th October 2022, jointly with AU and HDdUHB. The event was a mix of short research talks and breakout rooms. Thirty participants were involved from both organisations. Feedback was very positive and another event is being planned for 2023.
 - Aberystwyth University has welcomed the first intake of nursing students.
 - Two Strategic Outline Case projects (a Green Futures Innovation Park and a National Spectrum Centre) have been submitted to the Mid Wales Growth Deal. Both have been accepted for the next stage, the Outline Business Case.
 - Aberystwyth University submitted a multi-partner bid for funding to the Wellcome Trust for “Advancing climate mitigation policy solutions with co-benefits in G7 countries”. The project would be “sustainable rural transport for climate change and health (START). The bid was collaborated with a number of organisations including University of West of England (UWE), University College London (UCL), Oxford Brookes, Rural Health and Care Wales, Public Health Wales and others.

- Professor Ian Walsh from University of Wales, Trinity Saint David (UWTSD) highlighted that UWTSD had led a symposium with the Assistive Technologies Innovation Centre (ATiC) and HDdUHB in October 2022. The event went well and received very positive feedback. Professor Walsh thanked colleagues within R&ISC and HDdUHB who participated.
- Professor Walsh also highlighted that ATiC has won the Benefitting Society award in this year’s Green Gown Awards UK and Ireland, for a project on dementia.
 - Green Gown Awards celebrate the exceptional sustainability initiatives being undertaken by universities and colleges. The Benefitting Society award recognised ATiC for its innovative research collaboration with Swansea enterprise eHealth Digital Media Ltd.
 - The Seeing dementia through their eyes (Living with Dementia) project involved research by the ATiC team over a period of just over a year to inform a series of 10 new films from Newton-based eHealth Digital Media.
 - The project used advanced User Experience (UX) and human behavioural research tools, such as eye-tracking and facial expression recognition technology, in the creation and evaluation of the films.
 - The films are available on eHealth Digital Media’s PocketMedic platform, which delivers high-quality health information films ‘prescribed’ by clinicians to support their patients in managing their health. As the learning materials are screen-based and not published or print-based, they are readily accessible to end users with minimal carbon footprint.
 - Professor Walsh noted the importance of technology and collaborative working.

Matters Requiring People, Organisational Development & Culture Committee Level Consideration or Approval:

- **BGH clinical research facilities risk:** The lack of clinical research facilities in BGH remains an extreme risk, until funding for the IT infrastructure can be secured. The project is now on the list of vital capital schemes.
- **IP Policy:** There remains no IP policy in place. However a draft policy is being worked on for consideration.

- **BioBank:** It is understood that HDdUHB would not be able to invest at the level required to support this model, therefore, the consultants will develop a business case for consideration by HCRW and the Welsh Government, using the treasury five case model. If external funding for this option cannot be secured, the default is for Option One: 'Stop running HDdUHB's BioBank' to be adopted with a clear exit strategy from the current BioBank arrangement.
- **Commercial Studies** - Recruiting to Time and Target Key Indicator was time & target was at 0% for commercial studies for this period. A plan is in place.

Risks / Matters of Concern:

RISK 1160 (Directorate Risk)			
TOPIC	CAUSE	SCORE	ACTIONS
There is a risk of a decreasing research portfolio, both in amount as well as diversity	This is caused by a lack of research leadership across HDdUHB (staff able to act as Principal Investigators)	12	Clinical Director will engage with the executive medical director to influence the case for protected research time for PIs.
			eg. Offer of research time to current senior clinicians to augment capacity. eg. Promote use of SPA time for research.
			Clinical director will engage with speciality leads to encourage them to add a section to their meeting to discuss R&I (as well as audit and QI)
			Increase University posts and regionalised working.
			eg. Increase honorary or formal Senior Lecturer and chair posts. eg Follow clinical work streams e.g. oncology
			The Board must help drive the R&I agenda as set out in new strategy
Clinicians on all sites have been invited to put in expressions of interest in new leadership roles for 1 session per week			

Planned Sub-Committee Business for the Next Reporting Period:

Future Reporting:

In addition to routine business, the R&ISC will receive reports on:

1. Draft ToRs 2023-24 for R&ISC, and its Groups RQMG, SRG and TIG
2. R&ISC Annual Report 2022-23
3. Annual Reports for R&ISC Groups RQMG, SRG and Tritech & Innovation Management Group
4. New R&ISC Work Plan for 23-24
5. New R&I Strategy Action Plan for Year 3 (23-24)
6. Revised IP Policy
7. BioBank Feasibility Update & Business Plan
8. Update on R&D facilities
9. Update on clinical leadership
10. Final documents: The Escalation Standard Operating System (SOP) and associated Flow Chart

Date of Next Meeting:

Monday, 13th March 20223