REPORT TO THE TRUST BOARD July 2014

Paper Title:	Research Board Update Ros Given-Wilson		
Sponsoring Director:			
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Purpose: The purpose of bringing the report to the board	To update the board on the work of the Research Board		
Action required by the board: What is required of the board – e.g. to note, to approve?	For information		
Document previously considered by: Name of the committee which has previously considered this paper / proposals	N/A		

Executive summary

Key points in the report and recommendation to the board

1. Key messages

The Research Board is in its early stages, and is developing its membership and work programme

It has reviewed the Research Strategy 2013-18, and the Research Annual plan 2014/15, and the more details Implementation plan

It has reviewed Performance on research KPI's – covered further in the CEO report.

2. Recommendation

TO NOTE

Key risks identified:

Are there any risks identified in the paper (impact on achieving corporate objectives) – e.g. quality, financial performance, compliance with legislation or regulatory requirements?

None discussed at the meeting

Related Corporate Objective: Reference to corporate objective that this paper refers to.	Drive research and innovation through our clinical services.
Related CQC Standard: Reference to CQC standard that this paper refers to.	NONE

Equality Impact Assessment (EIA): Has an EIA been carried out? No

If no, please explain you reasons for not undertaking and EIA. This strategy does not impact service provision. The expectation is that all eligible patients will be approached for inclusion within any specific trial



Appendix A:

1. EQUALITY IMPACT ASSESSMENT FORM - INITIAL SCREENING

Headline outcomes for the Equality Delivery System (EDS)

- Better heath outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment				
				15 Oct 2010				
1.1 Who is responsible for	1.1 Who is responsible for this service / function / policy?							
1.2 Describe the purpose of the service / function / policy? Who is it intended to benefit? What are the intended outcomes?								
1.3 Are there any associated objectives? E.g. National Service Frameworks, National Targets, Legislation, Trust strategic objectives								
1.4 What factors contribute or detract from achieving intended outcomes?								
1.5 Does the service / policy / function / have a positive or negative impact in terms of the protected groups under the Equality Act 2010. These are Age, Disability (physical and mental), Gender-reassignment, Marriage and Civil partnership, Pregnancy and maternity, Sex /Gender, Race (inc nationality and ethnicity), Sexual orientation, Region or belief and Human Rights								
1.6 If yes, please describ	e current or pla	nned activities	to address the impac	ot.				
1.7 Is there any scope for new measures which would promote equality?								
1.8 What are your monito	oring arrangeme	nts for this poli	cy/ service					
1.9 Equality Impact Ratin	ng [low, mediun	n, high]						
2.0. Please give your rea	sons for this rat	ing						



TRUST BOARD - Research Board Update

The Trust Board has previously agreed to increase the scrutiny and visibility of the research agenda. It would be beneficial as St George's aims to increase the range of research, the size of the portfolio and the numbers of investigators involved. To that end, the Research Board (RB) has been set up and two meetings have taken place, chaired by Dr Judith Hulf.

Membership of the Research Board

Membership so far mostly consists of office holders and it was agreed that Divisional Management representation needed to be strengthened. This will be resolved by the next meeting. It is then intended that research-active staff will also be involved.

Research Strategy and Implementation

Five key objectives were identified for the Board to focus on in 2014/15:

- Oversight of specific initiatives to promote a research culture and remove barriers to research. In particular this would include oversight of communications initiatives such as the proposed PI Forum.
- Review divisional performance including progress of research sabbaticals.
- Oversee transition to new CRN structures and funding model.
- Oversee contribution by St George's to the CLAHRC.
- Oversee transition of Clinical Research Facility to Trust CRF transition.

An implementation plan was presented at the meeting to oversee these objectives over the next 12 months and will be kept under continuous review.

Clinical Research Facility

The HR implications and TUPE process of transition of the CRF from SGUL to the NHS completed on 1st June. The service still has operational aspects of integration to review and implement. This involves agreeing the footprint of the CRF, IT integration and review of Trust operational policies to integrate research participants if necessary. The primary issue in this quarter is resolving the physical space agreement.

Key Performance Indicators

The Corporate scorecard was reviewed briefly – but at the time we were awaiting the publication of the NIHR 2013/14 Q4 analysis report. (To note – this has now been published and is covered in the CEO update to the board, and updated scorecard information). The board noted the positive trajectory on the 70 day target and the expectation of increases in CRN recruitment. The board noted that 'Meeting Target recruitment' was more difficult to influence given the number of legacy studies involved.

Collaborations

Key staff from the Trust are active members of the Health Improvement Network (HIN), and shaping and driving forward delivery of the HIN's annual plan. The CLAHRC has a launch event scheduled for early July and contracts between CLARHC members and the host, King's College Hospital, are almost finalised.

Strategic Initiatives

It was agreed to discuss at the December RB potential strategic initiatives: St George's NHS focused: across the Medical School; and developments with King's Health partners.