

NBTC PATIENT BLOOD MANAGEMENT WORKING GROUP

CONFIRMED MINUTES OF PRINCIPAL INVESTIGATORS' MEETING

Association of Anaesthetists

20 November 2012

Present:	Adrian Newland (AN)	
	Mike Murphy	NBTC Secretary
	Shubha Allard	Consultant Haematologist
	Teresa Allen	NHSBT Assistant Director Customer Service
	Stephen Bassey	Transfusion Laboratory Manager
	Rebecca Gerrard	NHSBT Head of Better Blood Transfusion
	Victoria Griffin	NHSBT Stakeholder Relations Manager
	Kenneth Halligan	Patient Representative
	Kate Pendry	Consultant Haematologist
	Megan Rowley	Consultant Haematologist
	Toby Richards	Consultant Vascular Surgeon

1. Welcome and Introductions

LW welcomed Emanuele Di Angelantonio as a new PI in Donor Health based in Cambridge.

2. Matters Arising and Action Points

The Minutes of last meeting on 14th November 2011 were approved as a correct record.

All items in the Action Log except as noted below had been closed.

The development of policy on PhD students is on the R&D office workplan for later this year. CG and AT agreed to help develop the policy.

Action: NW to work with CG and AT to develop policy for PhD students

PIs were reminded that all Contracts, Confidentiality Agreements, Material Transfer Agreements etc. with outside organisations must be signed by a duly authorised individual. PIs asked to review documents held locally.

Action: PIs asked to review any contracts or agreements held locally and ensure they have been signed by either LW, NW or MS.

PIs to provide the R&D Office with an organisation chart of staff working for them. Some information had been received.

Action: PIs to provide the office with the data requested.

3. R&D Committee Update

LW provided a summary of the recent R&D Committee meeting held on 2nd July 2012.

This was the first meeting for the new Chair Christine Costello, a haematologist and non-executive director (NED) of NHSBT. Christine has served on the R&D Committee for several years. Bill Fullagar has stepped down as Chair but remains as a NED on the R&D Committee. George Jenkins has been appointed as the third NED member of the Committee.

Changes in the external advisors to the committee were also noted. LW said that Jacques Pirenne had been unable to commit to attending further meetings because of his clinical work and his request to step down had been granted. Lucio Luzzatto has indicated that he will step down after the November 2012 meeting. LW asked for suggestions as to replacements.

Action: All to send suggestions for external experts to LW

LW reported that this was the first time the R&D budget has been overspent. Reasons would be presented in the finance report, but R&D activity had increased and, because of better management, projects were not slipping as in previous years. Several resubmitted and new proposals were considered by the Committee who considered the quality of the submissions to be much improved. For the first time decisions about prioritising projects because of budgetary constraints had to be made. Individual PIs had been told of the outcomes, and in due course this information would be made generally available.

The output from the two Workshops in which PIs had participated, on platelet immunology and *in vitro* preparation of red cells, were used to inform the committee's decisions.

LW reported that the INTERVAL project is progressing well, and the procedures for recruiting and processing donors have been embedded well within existing donor sessions. LW wished to express her thanks to the enthusiastic staff and session teams for making this happen. At the RDC, Rob Bradburn (Finance Director) confirmed that funding for Phase 2 would be available subject to a decision on the progress for Phase 1 from the Trial Steering Committee.

One of the largest areas of research, involving the groups of Anstee and Toye, is the *in vitro* production of red cells. The Committee approved continuation of this work until 2015 but expressed a desire for a clear process for translating the findings into clinical practice..

Another research project that was approved was the continued development of diagnostic blood test for prion disease. At the November 2011 meeting it was decided that, given the uncertain extent of any future vCJD outbreak, clarification on the likely future need for this assay was required before committing any further expenditure. Epidemiological evidence from the UK Blood Services' Prion Working Group was presented to the RDC in July which recommended that it would be premature to terminate research into test development. This was accepted by the Committee and further funding was approved until 2015.

4. Project and Workpackage Reporting

NW reported on the future workplan for the RDC. The June 2013 meeting would have a focus on project progress reports, and the November 2012 meeting would review Workpackage progress reports. The deadline for submission of reports, which must be reviewed by the relevant Strategy Groups, is 1st October.

The Committee were pleased to note the improved RAG status reported by most projects. In future the RDC have asked to only review reports from those projects for which there are issues with progress or scope. The Committee considered that the RAG status reports were a positive improvement, building confidence within the RDC. They also recognised the amount of work that goes into chasing late progress reports and have requested that in future the R&D Office do not chase-up late submissions. Any papers not received by the deadline will miss the meeting. The R&D Office agreed to take more care to issue receipts for papers submitted.

Action: LH to acknowledge receipt of project progress reports.

The Committee agreed that changes to project budget of up to 10% could be authorised by the R&D SMT provided the project remained within the original scope. Other changes will be referred to the RDC for review.

Maternity cover is normally dealt with as a agreed overspend, but discussions with NHBST HR and University partners if appropriate must take place. There should be a quick turn-around of change requests through the monthly R&D SMT meetings.

It was noted that the next round of project grant calls will be restricted to clinical studies and that these would be through a competitive call in 2013/14.

5. Financial Review

NW presented a summary of the financial position reflecting the outcome of the R&D Committee meeting. A forecast overspend of £300K for 2011-12 grew to an actual overspend of £1.3m by year end. The SMT were asked to explain this to NHSBT's Chair and state what steps had been taken to avoid a re-occurrence.

Going forward, an overspend is forecast in each of the next 3 years, but the Finance Director gave the assurance that this cost could be absorbed by the blood price levy. The introduction of new financial cost codes and improved monitoring by the R&D SMT would help to ensure that the forecast remained accurate. The use of the new cost centres will allow budget holders to get monthly Business Objects reports. Chris Sims and Paul Iliffe are in dialogue with budget holders for budget allocations and headcounts for 2012-13. PIs and budget holders were reminded that they are expected to know and monitor their budgets, and let the R&D Office know early of any issues.

In respect of R&D funding, it was noted that NHSBT receives three income streams from the Department of Health which are at risk annually. External funding was about one-third of overall income, this was thought to be low and PIs should aim to increase this to 50%. For the next meeting NW was actioned to prepare a breakdown of internal and external funding by theme.

Action: NW to provide a breakdown of internal and external funding by research Theme

Capital. For 2012-13 the capital allocation for R&D was £200K, with £1.7m requested. Successful applicants have been notified to purchase their equipment. PIs were urged to explore any external capital funding, and it was noted that the NHS national capital purchasing situation was dire.

6. HR Support and processes

MG presented draft proposals being worked on in HR to streamline the processes for recruitment and for awarding honorary contracts. The major change is that the Authority to Recruit form should be completed by the budget holder and forwarded to the R&D Office for consideration at the monthly R&D SMT.

MG also emphasised that the procedure for staff leaving also applies to honorary staff, and they must be 'terminated' correctly to allow their records to be removed correctly from the various systems.

There was a discussion around mandatory training and how NHSBT could get assurances from a business partner (e.g. a University) that NHSBT-paid staff who work within the University take part in an equivalent training programme. Under these circumstances it may be possible to remove them from NHSBT's mandatory training requirements.

7. R&D Strategy Groups.

The Research Strategy Groups form an integral part of realising NHSBT's research strategy. Feedback from operational staff has been positive also, with comments that knowledge and involvement in research and development is motivational and it raises the profile of R&D within NHSBT. Similarly, those PIs who had discussed their work at Strategy Group meetings had found value in the comments received and experience of operational colleagues.

The referral for peer review of the Tissues Strategy by the RDC highlighted the need for further work to develop the relationship between the Strategy Groups and the RDC.

There was a discussion on Intellectual Property issues and the potential to generate high costs through requests to our provider Stratagem. PIs were reminded that all approaches to Stratagem should be through Marion Scott. Similarly Chairs of Strategy Groups will be reminded that all contact with Stratagem should be through Marion Scott. The IP budget was wholly within R&D, but many request for freedom to operate searches were being made by operational colleagues, the cost for this should come from their budgets.

Action: MS to outline the process for obtaining support for IP advice

8. R&D Conference.

PIs were reminded of the arrangements for the R&D Conference which had been circulated. The guest speaker would be Professor Alberto Sanchez.

9. R&D Triennial Report

This was being prepared with a deadline for distribution at the R&D Conference. NHSBT Corporate Communications were responsible for the design and production. PIs had been asked for contributions, and those who had returned them by the deadline were thanked. A scientific editor was being used to help the design team.

As a separate but related project the information collected for the Triennial Report will be used to update the R&D pages on the NHSBT websites.

5. Any other business:

Monthly Communiqué:

Some PIs had not been receiving the monthly PI Newsletters.

Action: LH to review distribution list and send reports to AT [Closed]; PIs to nominate an alternative (backup) person in their team to receive the monthly newsletters.

Rare Disease BioResource:

WO reminded the group that there have been about 7000 'Rare Diseases' defined in man. A new generic ethical approval has been accepted for all rare diseases such that the same process can be used to enrol patients in trials or research irrespective of the disease. PIs requiring more information could contact Willem. He also said that the sequence of 5000 people with various rare diseases should be completed by next summer.

Open-Access to publically funded research:

WO brought attention to the recent announcement by David Willetts (Universities and Science Minister) that the government plans to make publicly funded scientific research immediately available for anyone to read for free by 2014. This will incur significant publication cost for researchers, possibly £3000 per paper, and these costs should be factored into new funding requests.