

Minutes of the Trent Comprehensive Local Research Network Board

**Thursday 17 May 2007
11.00 – 12.30**

Hilton Nottingham

Present:

Dr Tanwer Ahmed (United Lincolnshire Hospitals NHS Trust)
Andrew Beardsall (Bassetlaw PCT)
Mick Bond (Derbyshire County PCT)
Professor Richard Donnelly (Derby Hospitals NHS Foundation Trust)
Professor Chris Evans (Nottinghamshire Healthcare NHS Trust)
Corinne Gale (Derbyshire Mental Health Services Trust)
Dr Michael Hewitt (Sherwood Forest Hospitals NHS Trust)
Lynne Moody (Lincolnshire Teaching PCT)
Amanda Sullivan (Nottinghamshire County PCT)
Daniel Wolstenholme (Chesterfield Royal Hospitals NHS Foundation Trust)

Apologies:

Professor Oleg Eremin (United Lincolnshire Hospitals NHS Trust?)
Dr Brian Ferguson (Lincolnshire Partnership NHS Trust)
Professor CJ Hawkey (Nottingham University Hospitals NHS Trust)
Mike Sandys (Derby City PCT)
Dr Niro Siriwardena (East Midlands Ambulance Service NHS Trust)

In Attendance:

Cliff Bailey (Acting Chair)
Louise Bleasdale (UKCRN)
Dr Jonathan Gower (UKCRN)

1) Welcome and introductions

The Acting Chair welcomed attendees to this first meeting of the CLRN Board. Members introduced themselves.

2) Introduction to the Comprehensive Research Network

Dr Jonathan Gower gave a presentation on CRN.

It was confirmed that the Clinical Director and Board will decide where resources are allocated across the CLRN and that support should follow activity on portfolio studies.

Questions were raised regarding the process for working with industry and it was confirmed that an industry adoption process is in place which looks at each study individually.

Members expressed concern that CLRN budgets would be hard to manage given that they were also required to support Topic Specific Research Networks. This would be compounded by the lack of co-terminus boundaries and complete geographical coverage.

It was confirmed that CLRN budgets can be used flexibly if additional management costs are required but noted that the aim was not to pay for a replication of existing R&D management infrastructure.

Action: UKCRN to ensure the CRN presentation is available to Board members

3) **Role of the Network Board**

The Acting Chair outlined the role of the Network Board and members were asked to refer to the draft remit/terms of reference.

It was noted that the Board cannot influence the adoption of projects onto the UKCRN portfolio but that the CLRN can decide what research areas it wants to participate in. The Clinical Director, supported by the Board will have a role to ensure that all local interests are supported.

Members questioned how activity which falls outside of the UKCRN portfolio, i.e. student research would be supported.

4) **Ratification of Clinical Director**

The Acting Chair asked the Board to consider the ratification of Professor Oleg Eremin as Clinical Director of the Trent CLRN.

Members commented that the ways the Clinical Director post was configured didn't necessarily draw out the sort of individuals required and questioned how many applications had been received in this region. It was also noted that not all Board members knew Professor Eremin and that there was no local input into the interview process.

A potential conflict of interest was also highlighted which the Board felt might question the credibility of the Clinical Director.

The Acting Chair suggested that clarification be sought regarding Professor Eremin's other roles and potential conflicts of interest.

The Acting Chair also suggested that ratification be postponed until further clarity had been sought. If the Board felt they couldn't ratify this appointment be agreed the role would be need to be readvertised.

Action: UKCRN to seek further information from Professor Eremin regarding his other roles and potential conflicts of interest then email the Board members with further details

5) **Membership of the Board**

The Acting Chair asked for comments regarding membership and whether other key groups should be members, i.e. Higher Education Institutions and Topic Specific Clinical Research Networks.

Members noted that significant expansion would dilute the effectiveness of the Board.

The Chair asked members to notify UKCRN should they require any additional members to be invited. It was agreed that membership would be just NHS organisations initially

and that further discussion would take place at the next Board meeting where the Clinical Director could input into the discussions.

It was also suggested that membership should be as inclusive as possible in year one then membership be reviewed and potentially rationalised.

6) Nominations for Board Chairman

The Acting Chair asked the Board to consider the appointment of a Chairman.

Professor Richard Donnelly offered to take this role in year one and this was accepted by Board members.

7) Next Steps

The Acting Chair suggested that the Board meet again within 4 to 6 weeks to clarify the appointment of the Clinical Director.

The support of the UKCRN CC was offered to organise the next meeting.

The date of the next meeting of the Trent CLRN Board is to be confirmed