FIFE RESEARCH GOVERNANCE GROUP MEETING
MINUTES
LECTURE HALL 2, EDUCATION CENTRE,
QUEEN MARGARET HOSPITAL, DUNFERMLINE

22 JUN 2017

Present:
Dr. Frances Elliot, Medical Director, NHS Fife (FE)
Dr Amanda Wood, R&D Assistant Director, NHS Fife (AW)
Dr Fay Crawford, Senior Research Advisor, NHS Fife (FC)
Julie Aitken, Trials Facilitator, NHS Fife (JA)
Dr Jackie Fearn, Consultant Clinical Psychologist, NHS Fife (JF)
Mike Ghattas, NHS Fife Research Informatics Analyst and
Co-ordinator (MG)
Elena Beratarbide, eHealth Quality & Governance Manager (EB)
Dr Allyson Bailey, Commercial Research Manager, NHS Fife (AllyB)
Andy Parker, Principal Pharmacist Technical Services (AP)
Dr Helen Reddy, Director of Research Strategy, Policy & Support, St.
Andrews University (HR)
Dr Richard Malham, Research Policy Officer, St. Andrews University (RM)

In Attendance:
Roy Halliday, R&D Support Officer – minutes (RH)

1.0 CHAIRPERSON’S WELCOME/APOLOGIES AND OPENING REMARKS
Apologies;
Prof. Alex Baldacchino, R&D Director, NHS Fife
Dr Gordon McLaren, Consultant in Public health
Prof Geoff Dickens, Professor in Mental Health Nursing, Abertay University
Dr Norma Clark, AHP MH Clinical Services Manager/Lead
Occupational Therapist, NHS Fife
Prof. David Harrison, Dir of Research St Andrews University
Dr Caroline Ackland, Scientific Officer & Regional Manager, EoSRES
Graeme Boyle, Senior R&D Manager, TASC
Gwen Stenhouse, management accountant
FE welcomed all and introductions were made. Dr Helen Reddy and Dr
Richard Malham introduced themselves and discussed their roles at St.
Andrews University

2.0 MINUTES OF THE LAST MEETING
These were accepted as an accurate record. Actions were discussed and
action list updated.

STANDING ITEMS

3.0 OVERSIGHT OF R&D OPERATIONAL GROUP (OPS) MINUTE
This was reviewed and accepted.

4.0 DELIVERY AGAINST R&D STRATEGY

4.1 CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH AS
PART OF ROUTINE PRACTICE

4.1.1 COMMUNICATION
Discussed the ways in which R&D advertised itself to NHS Fife via
bimonthly bulletins and awareness raising session which are currently
being arranged.

| 4.1.2 | **NRS FELLOWSHIPS**  
AB and AW had recently met with both NRS Fellows and their supervisors. Updates were given and both are doing what they had planned. Further progress meetings to be arranged for 6 months time. | RH |
| 4.1.3 | **TERMS OF REFERENCE RESEARCH GOVERNANCE GROUP**  
The revised ToR were reviewed, EB queried whether Lesly Donovan, General Manager, eHealth & IM&T should attend this meeting in addition to representation from Information Governance, EB to discuss with Lesly.  
FE also queried whether the SIRO (Senior Information Risk Officer) should be involved with this group, which it was agreed would make sense that they are.  
It was agreed that the ToR could now be signed off, to be reviewed again in one year. | EB, RH, RH/AW |
| 4.1.4 | **DEFINITION OF RESEARCH**  
A discussion had taken place last week with FE, AB, AW, GMC and JF. It was agreed that there are different definitions of research and whilst this group deals mainly with the governance of research defined by the CSO’s strict research definition, it was also felt important not to exclude “research” under the wider definition. There is often confusion with service evaluation, audit and research, and although they all share common methods, they are different. GMC was going to discuss further with Director of Public Health the governance relating to service evaluation, audit and research in the wider context.  
FE and AW will discuss this further. | GMC, FE, AW |
| 4.1.5 | **R&D WEBSITE – DATA USE INFORMATION PAGE**  
AllyB has drafted a document and she has sent to AW for review. EB to be included in this review. | AllyB/AW/EB |
| 4.1.6 | **MEDTECH/INNOVATION SCOTTISH HEALTH TECHNOLOGIES GROUP**  
GMC had offered his apologies for this meeting so this will be discussed at the next meeting. | |

### 4.2 COLLABORATION WITH ACADEMIC/COMMUNITY PARTNERS

| 4.2.1 | GD had offered his apologies for this meeting but had emailed an update;  
- He is currently progressing with the organisation of a joint Abertay/NHS Fife meeting to look at potential projects, networking and collaboration.  
- A provisional offer of a place on NMAHP funded MbR has been made to Clare Danskine, Charge Nurse at Whytemans Brae  
- The current NHS Fife MbR Helen Skinner is due to submit her dissertation on Individualised Music for Dementia.  
- Unsuccessful application for AHSP funding for staff training in Borderline Personality Disorder | GD |
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<tr>
<th>Section</th>
<th>Topic</th>
<th>Description</th>
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<tr>
<td>4.2.2</td>
<td>HIC UPDATE RE NHS FIFE DATABASES</td>
<td>MG read from the report that had been attached to the agenda</td>
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<td>4.2.2</td>
<td>HIC UPDATE RE NHS FIFE DATABASES CONT</td>
<td>There are currently issues with trying to extract data from Microbiology’s systems which is needed urgently for a study into infections in care homes. Currently the data is not being received in the required format. FE asked if the DATIX team may be able to assist or if there was anyone from Laboratories that could help further. FE would discuss with Stephen Rogers.</td>
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<td>4.3</td>
<td>RESEARCH WITHIN GOVERNANCE FRAMEWORK</td>
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<td>4.3.1</td>
<td>R&amp;D SOPS WORK PLAN &amp; APPROVALS</td>
<td>JA added to her report that was attached to the agenda, advising that due to the initial launch of a full suite of SOPs, there was currently a large number of SOPs overdue for review. It was agreed the less critical ones could be identified and their review increased by six months to the end of 2017. There is one policy relating to GCP training currently out for review and is still awaiting comments.</td>
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<td>4.3.2</td>
<td>EAST OF SCOTLAND RESEARCH ETHICS SERVICE UPDATE</td>
<td>CA’s report had been attached to the agenda. Information had been circulated and AW advised the group that the new combined IRAS form goes live from 28th June.</td>
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<td>4.3.3</td>
<td>TISSUE GOVERNANCE – NHS FIFE TISSUE GOVERNANCE PROCESS</td>
<td>Although this policy was signed–off in March 2017 it was noted that we are still awaiting Prof Harrison to discuss the finalised policy with Pathology colleagues and identify who would sit on the approvals committee. FE to contact DH.</td>
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<td>4.3.4</td>
<td>RISK BASED PROGRAMME OF MONITORING UPDATE</td>
<td>JA added to her report that was attached to the agenda. The SLeX study requires a monitoring plan to be agreed as NHS Tayside have confirmed that a formal risk assessment (as previously documented) was never performed on this is a database study. The remaining two studies involve data only and monitoring will be restricted to reviewing approval agreements and requesting copies of the update reports sent to the funders.</td>
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<td>4.3.5</td>
<td>MHRA GUIDANCE ON ELECTRONIC PATIENT RECORD UPDATE</td>
<td>AllyB has met with Lesly Donovan, further meetings needed to progress.</td>
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<td>4.3.6</td>
<td>MHRA INSPECTION PLAN</td>
<td>The MHRA document had been attached to the agenda for viewing, its last review was in 2011. This document needs to be reviewed regularly to identify what has happened.</td>
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AW advised that an update will come to this group on an ongoing basis.

4.3.7 PHARMACY COST AVOIDANCE 16-17 SIX MONTH REPORT
Andy Parker discussed the report that had been attached to the agenda, noting the total cost avoidance from April 16 – Mar 17. FE asked the group to note that these figures were confidential and should not be divulged.

AW asked if we needed such a level of detail coming to this group due to its sensitivity. It was agreed in future that a complete breakdown would continue to go to the R&D Dept, with a summary total coming to this group.

AP also advised the group that a new Band 8A Clinical Trial’s Pharmacist has been appointed and will commence duties in August.

4.3.8 NHS FIFE RESEARCH/OPERATIONAL & GOVERNANCE RISK REVIEWS
These had been attached to the agenda with tracked changes. AB and AW had reviewed both and noted that a number of these risks could be closed and if the group was happy with the changes made. The changes were accepted.

4.3.9 PHASE II REVIEWS 2017
AW advised the group that the team had agreed to take on 3 Phase II studies to review. These were often lower risk than standard care.

4.3.10 NHS FIFE WIDE PROCEDURE FOR GOOD CLINICAL PRACTICE TRAINING
JA advised that this document had been circulated for comments which she was currently collating. The group agreed the document.

4.4 DEVELOPING RESEARCH KNOWLEDGE/SKILLS OF STAFF

4.4.1 INCLUSION OF R&D IN PDP/JOB PLANS
Discussed earlier - see action list updates.

4.5 PUBLIC PARTNERSHIP WORKING
4.5.1 Discussed earlier - see action list updates.

4.6 FINANCIAL SUPPORT/RESOURCES

4.6.1 R&D BURSARIES/INNOVATION GRANT UPDATES 2017-18
FC advised that there had been four applicants in March, two of which had been successful;
1 from Anaesthesia/Renal medicine: Dr Marcia McDougall, 1 from Addiction Services/microbiology: Dr Prince Agyirey Kwakye

Prince held a previous bursary for a project he is still working on.

4.6.2 REVIEW vs CSO 2016-17 TARGETS
AW advised that this is being drafted ready for review by the CSO and will go to the next Operational Group meeting. The CSO annual review is taking place on 08th August at the CRF.
| 4.6.3 | R&D FUNDING ALLOCATION  
A draft allocation for this year has been received but this is dependent on the CSOs funding from the UK Government. |
| 5.0 | AWARENESS RAISING SESSIONS  
These are currently being arranged and will be ongoing throughout the year. | RH |
| 6.0 | MEETING FORMAT  
It was agreed that the agenda be split into two categories, Governance followed by Capacity Building (1 hour for each) as a test for the September meeting, allowing core members to join for the part that is relevant to them |
| 7.0 | AOCB  
JA discussed a meeting she had been to with CRF Managers where they had mentioned the use of a tab on the Clinical Portal for uploading research related documents such as Patient Information Sheet and signed consent forms and wondered if this was something we should have in Fife. FE advised JA to discuss this possibility with Lesley Halliday in e-Health to see about taking this forward.  
JA also added that we now attach R&D stickers onto the outside of casenotes to let medical records staff know that the patient is involved in research and the file should not be destroyed without referral to R&D. Bright yellow labels have also recently been ordered to be put onto the inside cover of casenotes as an extra alert detailing the study in which the patient is a participant. | JA |
| 6.0 | DATE AND TIME OF NEXT MEETING  
14th Sep 2017, 10.00 – 12.00, Lecture Hall 2, QMH  
14th Dec 2017, 10.00 – 12.00, Lecture Hall 2, QMH |