

# Universities' Report to STHFT Board of Directors

19<sup>th</sup> February 2014

## University of Sheffield

### 1. The Tooke Report

The University asked Professor Sir John Tooke, Head of UCL's School of Life and Medical Sciences and President of the Academy of Medical Sciences to undertake a review of biomedical sciences last year. The Report has been shared with STHFT and complements the work undertaken by Professor David Newby for STHFT on clinical research. The overall conclusions are that we must seek more integrated working between Departments and Faculties, select a small number of key areas for major development given the pressures on research funding, and show no compromise in supporting only areas of excellence or with the clear potential to achieve this. Professor Richard Jones FRS, PVC for Research and Innovation, is leading a working group to take actions forward.

As another part of the University's response to this report, the Faculty of Medicine, Dentistry and Health has established a Clinical Research Working Group with the following objective: to identify the strengths, weaknesses, opportunities and threats that relate to clinical and translational research undertaken by the University of Sheffield and make recommendations to the University, the Faculty of MDH and the STHFT on actions. It is anticipated that the remit of this group will widen to include the SCHFT and Sheffield Care Trust within 6 months.

### 2. INSIGNEO

The INSIGNEO Institute for *in silico* (or computational) medicine at the University of Sheffield was established in 2012 as a major interdisciplinary, cross-institutional initiative that coordinates the research activities of over 100 academics at the University of Sheffield and clinical consultant staff at STHFT (see <http://insigneo.org/>). The primary function of INSIGNEO is computational modelling for the development of stratified (or precision) medicine. Stratified medicine is a rapidly developing and critically important area of research based on identifying subgroups of patients with distinct mechanisms of disease, or particular responses to treatments. This allows clinicians to identify and develop treatments that are effective for particular groups of patients. Ultimately stratified medicine will ensure that the right patient gets the right treatment at the right time.

Many of the projects need state of the art imaging, sensing and modelling to generate detailed simulations of disease processes. Professor Marco Viceconti is the Scientific Director of INSIGNEO and he is currently working with colleagues from the STHFT on the development of a 'Digital Phenotyping Hub' (a phenotype is the observable physical or biochemical characteristics of an organism, as determined by both genetic makeup and environmental influences). This Hub links to a recent expression of interest submitted by Professor Paul Griffiths in response to call from the MRC: 'Enhancing UK's Clinical research Capabilities and Technologies (Innovative technologies for stratified and experimental medicine)'. He has submitted an outline case for a new imaging facility with associated computational resources (£11m, with £3.7m matched funding from the University). Two Senior Clinical Fellows and a Senior Clinical Lecturer have been appointed in January by the Faculty of Medicine, Dentistry and Health to support this initiative.

3. *Clinical Research Office (CRO); Appointment of an NIHR Research Development Officer*

This post is jointly funded between the University of Sheffield and STHFT. The following is a brief outline of the duties of the post, which is designed to increase the level of funding that we obtain from the NIHR:

Provide specialist knowledge and guidance, and take responsibility for driving the development and award of NIHR funding within the Faculty and STHFT Academic Directorates. Identify new opportunities and negotiate with cross-Faculty/STH research groups to ensure relevant colleagues apply for appropriate NIHR awards. Work with the Faculty Director of Research and Innovation and STHFT Director of R&D to identify areas of critical mass and make recommendations on policy and practice.

4. *Sheffield Cancer Research Centre*

Cancer Research UK (CR-UK) have decided to cut back the number of Centres across the UK from 18 to 15, with 4 Centres not renewed for 2014-2017. Unfortunately Sheffield was one of the CR-UK Centres that was not renewed. Feedback from CR-UK indicated that their decision was due primarily to a lack of focus and critical mass, as well as insufficient CR-UK programme funding in the Sheffield Centre. Although the loss of funding per se (around £300K p.a.) is not a major problem for the Centre, the loss of the prestigious CR-UK centre status could be a significant setback Sheffield's reputation as a centre of research excellence. In the next few months the University will be developing plans to increase annual cancer research income from £6m to £10m. We will also continue to seek high quality individuals working in Sheffield's areas of strength, namely bone oncology and the tumour microenvironment, as well as more basic aspects of cancer research in collaboration with the Faculty of Science.

5. *Research Excellence Framework (REF) 2014*

In November 2013 the University submitted the work of approximately 1000 research staff to the REF. The primary purpose of the REF is to inform the selective allocation of the funding councils research funding (£1 billion) to HEIs with effect from 2015-16. The assessment also provides accountability for public investment in research and produces evidence of the benefits of this investment (through impact case studies), and provides benchmarking information and establishes reputational yardsticks.

The Faculty submitted the research outputs of 220 staff and 27 case studies evidencing the impact of the Faculty's research. Expert panels meet this year to assess the returns and the results published in December will inform funding from 2015/16. As a measure of the effective integration of NHS-employed researchers in University research, STH staff were eligible to be returned as Category C staff with 2 outputs (compared with 4 for University staff). A total of 15 STH staff, whose outputs were judged to meet the quality threshold for inclusion, were returned in this category.