Department of Paediatrics Management Committee/Graduate Studies Committee Wednesday 28th October 2020 12:00-14:00 Via MS Teams

1. Apologies for absence

Matthew Wood, Dominic Kelly, Joanna Bagniewska and Ketlin Stroo.

2. Minutes of meeting 20th May 2020

Minutes of the meeting were accepted as an accurate record of the meeting.

3. Matters arising and Action Points from meeting 20th May 2020 (not covered elsewhere)

None noted

4. Graduate Studies Committee (CR/SL)

GDS Update:

- Inductions on Teams
- Open afternoon
- GSC on 15 October: GSSC scoring will change (more influence from Department, but not entirely clear) – 4 independent reviewers for students, interviews will happen on Teams
- Brexit in January, discussions on how funding will work
- Student Barometer
- Career development prospects and social cohesion

Barometer:

- 11 responses from Paediatrics
- Slight decline in satisfaction (92% to 90%)
- Biggest issues: Finance

Cost of Living Advice on careers

Survey being run amongst students on what sort of support is required

Current Student update:

- 5 student started
- 3 deferred, 1 deferral pending college approval
- Andi Roy's CSUK student joined
- 3 transfers, 2 confirmations due until end of term
- MSc by research open for applications

HU offered to make contact to industry partners for seminars or mentorship for students.

5. Administrative staff update (SO)

• Emily and Fiona have now taken up their dual Finance and Grant officer roles.

It is hoped this will improve levels of customer service and help also build some resilience across the finance team.

- Pauline Anwar is seconded to women's health for two years.
- Michelle Potter has moved across from Women's Health for 2 days a week. Michelle will help also provide further capacity within the grants team.

6. HR update (SWJ)

- Currently have 3 live recruitments. Since the last committee meeting in March, we have had 15 different recruitments and 17 people have been appointed. Since March 19 people have left and another 8 leaving between now and December. The largest workload has been the Casual staff on behalf of OVG who have taken on 88 new staff to help with the COVID trial. At present around 100 timesheets are being processed per month.
- Over the past 6 months we have been running the furlough scheme.
 We've successfully put 7 people on furlough since March. Gradually most of these have returned to work with the final 2 due back before the end of October.
- The results of the return to work survey carried out in July and August were discussed during past Town Hall meetings. The response rate was relatively low. We have been told that Medical Science Division will be running another survey during Michaelmas Term, and therefore will wait for this next survey to take place before other Departmental surveys will be structured.
- The HR and finance team are aligning their processes and have begun to put into place standard operating procedures based on joint policies.

7. RTOSW update (SO)

- Following completion of risk assessments, the Seminar and Star Room, located off the corridor have been successfully reopened for use by the undergraduate medical students. Nicky Gregg will be onsite to ensure that things run smoothly.
- Paediatric Neuroimaging will also resume some on-site activities located in the Women's Centre the office space is currently undergoing refurbishment work.
- The Department has been approached by colleagues at the trust to make use of some of the office space for NHS use. At the moment the plan is to offer 3 offices for a minimum 3 month period, whose approval for further temporary occupancy will then be given on a monthly rolling basis. Negotiations are underway with Shelly Segal, Paediatric Lead, on the precise terms of this agreement. The move will be effective from 16th of November. In return, the Department will also be provided a discount on space charges.

8. Finance update (GH/SO)

- Overall the University looks to have a high 2-digit million deficit. To
 mitigate this loss, a higher intake of students has been approved.
 However, this solution will likely have implications for the division and
 for the departments when thinking about accommodating these
 students in teaching and practical courses. We are supportive of the
 university's decision to have more students accepted although the
 consequences long term remain to be seen.
- The Department achieved a surplus of £1.2m at the end of the last financial year which represented a favourable variance against the budget forecast of £567,000. This balance was largely driven by the overhead income generated from the COVID-19 vaccine trial. Looking further ahead we have a projected surplus of £1.1m for the next financial year. The committee will receive a more detailed update on the Q1 position at its next meeting in February.

9. Income distribution policy (SO)

A paper has been put together for discussion, the main reason for this is to put in place principles to help guide the decision making when determining allocation of funds related to 3 separate scenarios. Scenario 1 concerns industrial funding; scenario 2 relates to residual balances, and scenario 3 deals with consultancy income.

We have received some detailed representations and feedback for scenario 3 and GH has requested SO to consult further with Division on this particular proposal. SO will revert back with a revised set of proposals for scenario 3 in due course.

<u>Scenario 1 industrial funding:</u> it is proposed here that unspent grant income above and beyond 120 FEC be redistributed to PI's general ledger fund with the condition that exact proportions be agreed on a case-by-case basis.

Scenario 2 residual project balances: it is proposed here that 20% of the residual balance on DI awards will be allocated to the department, as a contribution to its award management costs and the remaining 80% to the PIs general ledger fund. Exact proportions of funding to be allocated may alter if the value of the funds that remains unspent is deemed to be material and the figure identified within parameters for this would be around £50k.

The proposals are intended to provide some consistency of approach and set clear expectations for how these matters are dealt with. It is also important that they allow a degree of flexibility so that we can use discretion when applied to individual cases. It may be necessary to have a trial period during which time the impact of the policy will be monitored and any adjustments made, if needed.

Further policy papers would be produced in the weeks and months ahead, as part of a broader plan for documenting key departmental processes - the majority of which would be housed on a new intranet site planned for launch in the New year.

Discussion (main points):

It is noted for Scenario 1 that FEC above 120% is very uncommon and maybe this scenario should focus on the spend of leftover funds.

The department has running costs for each form of income and only some may be covered by overheads provide by the grant provider. Hence, a balanced portfolio is needed between the different grant forms and their provision of overhead incomes to make sure that as a department we can provide the support that is required and taken up by those who write grants and are successful in their research. Indeed, for every pound that comes into the department in form a research grant, around 35 to 40 pence is needed to cover the costs to administer the grant and provide the infrastructure necessary to carry out the research work. The management of unspent income should ideally be uniform across all departments. Important to note, some funders do require any leftover funds to be returned to them.

Certain grants have no overheads but support early career scientists. Here we wish to consider policies that are separately from those seeking to recover overhead costs from research spending.

SO has taken advice from the Division and other departments, and it is the intention to align any policy with that of the Division. How a separate policy from the divisional one is set-up needs careful consideration but as a principle we should maintain flexibility with regards to overhead income.

Scenario 1 and 2 were agreed in principle.

Colleagues in the Department that provide consultancy services do this in their own time. It has however been pointed out, that consultancy is helped by the fact that they are University of Oxford employees and the University is a recognized academic institution. It will therefore be necessary that further discussion are held with those who provide consultancy to understand the conditions relevant to enable consultancy work.

It was noted that Oxford Innovation should possibly be consulted for Scenario 3. It is unknown currently whether OUI could administer on behalf of the Department, but this will be checked and the terms of this will be determined.

A Scenario 4 should be considered where revenue from intellectual property is waived by the patent holder and transferred to the department. GH/SO will discuss further with Division and relate such a Scenario to statutory rules. AP and GH will continue this discussion offline.

10. AOB

Paediatric Academic Fellowship.

The plan is to continue the Paediatrics Academic Fellowship that was discussed last year to be implemented. This is separate to the formal NIHR academic

training program and is designed to be a mini ACF that allows local trainees an opportunity to get academic time while staying in the training program. This year we had 2 trainees. These are 1 year posts, and the trainee can stay in the program but do 50% research and those research costs are covered by the relevant research group. It is open to any of the groups within the department. At OVG there are two trainees who are doing each a 6-month block for research and then 6 month block for clinical. It is hoped to advertise this again, with the post taken up in September 2021 so ideally the post to be filled by March so they can give their six months notice. The name of the fellowship is now The Victoria Smallpiece Paediatric Academic Fellowship. It is hoped this will be advertised shortly and Pl's should start to think about what funds they have available and whether they would need a Clinical Research Fellow either as a 6-month block or 2-2.5 day a week approach. If this is taken as a 6-month block this time does count as out of program for research (OOPR). An update has been requested at the February meeting.

IDRM Update.

Progress is made with little delay with the building construction at ORC. Ground and first floor of the shell is completed and the entire shell structure is expected to be in place by the end of November (see: https://mclh.tv/?IDRM). A new state-of-the-art imaging facility will be shared between the Kennedy Institute and IDRM. Discussion with Division are on-going regarding the precise governance of the institute.

11. Date of next meeting: Wednesday 17th February 2021 1300-1500