MINUTES OF THE PROCEEDINGS

at the

Twenty-sixth Meeting of the

COUNCIL

of the

IMPERIAL COLLEGE OF SCIENCE, TECHNOLOGY AND MEDICINE

The Twenty-sixth Meeting of the Council was held in the Council Room, 170 Queen's Gate, South Kensington Campus, Imperial College London, at 10:00 a.m. on Friday, 11th May 2012, when there were present:

The Baroness Manningham-Buller (Chair), Mr. I. Conn, Mrs. P. Couttie, Professor M.J. Dallman, Mr. P. Dilley, Professor D. Griffiths, Mr. S. Heath, Professor Dame Julia Higgins, Professor J. Kramer, Ms. J.R. Lomax, Professor J. Magee, Professor Sir Anthony Newman Taylor, Mr. J. Newsum, Mr. S. Newton, Ms. K. Owen, Professor S.M. Richardson, Mr. M. Sanderson, the Lord Tugendhat and the President & Rector and the Clerk to the Court and Council.

In attendance:

The Assistant Clerk to the Court and Council.

WELCOME

The Chair welcomed Mr. John Neilson, the newly appointed Clerk to the Court and Council, and Professor Dot Griffiths, the Acting Principal of the Imperial College Business School, to their first meeting of the Council.

MINUTES

Council – 10th February 2012

1. The Minutes of the twenty-fifth Meeting of the Council, held on Friday, 10th February 2012 were taken as read, confirmed and signed.

MATTERS ARISING

2. The Chair reminded members that, once the minutes of Council meetings had been formally approved, they became public documents and were published on the College website. She asked the Clerk and Assistant Clerk to ensure that commercially sensitive or confidential information was handled appropriately in the published minutes.
CHAIR’S REPORT

3. The Chair said that nearly 1000 alumni were expected to attend the first Imperial Festival and it was hoped that many more members of the public would also visit the College over the weekend. The Festival would showcase the exciting research being conducted at the College and she congratulated all the staff involved in bringing the Festival to fruition.

4. The Chair reported that the Rector’s formal title had changed to President & Rector with effect from 30 April 2012. The advertisement for the Provost had been published on the same day and adverts for the next President & Rector would be published later in May. Interviews for the Provost would be held in October with those for the President & Rector being held in November. Turning to the search for new Council members, she said the Nominations Committee would be using Korn Ferry to help it identify suitable non-executive members to fill the remaining vacancies on the Council.

5. Finally, she said that, although there would not be time for a strategic discussion at this Council meeting, she had agreed with the President & Rector that the Council would consider the staff experience at the next meeting in July.

PRESIDENT & RECTOR’S REPORT

6. The President & Rector reported on his recent visit to China; while in Beijing he had met with the President of Tsinghua University, Professor Chen Jining, who was an Imperial alumnus. Professor Jining was keen for Tsinghua University to establish a closer relationship with the College. He then reported that the Chancellor of the Exchequer, the Rt. Hon. George Osborne, would open the new Imperial Centre for Translational and Experimental Medicine at the College’s Hammersmith Campus on 28 May. The Rt. Hon. David Willetts, the Minister of State for Universities and Science, would also be visiting the College on 12 June to give the annual Impact lecture. Finally, he reported that interviews would be held for the post of Chief Operations Officer in the coming week and that applications had now closed for the post of Pro-Rector (Education).

MEASURING CHRONIC RISKS (PAPER A)

7. The President & Rector introduced Paper A. The Risk Committee had drawn a distinction between acute risks (those which might have an immediate impact) and chronic risks (those with the potential to destabilise the College’s world-leading position over time) and had asked the Management Board to identify the chronic risks facing the College. At the Committee’s last meeting the College had been asked also to consider how these longer term risks might be measured. Rather than looking at all the identified risks, as a first step a set of measures for the first such risk, the student experience, had been developed for discussion with the Council. If the Council endorsed the suggested approach, similar metrics would be developed for the remaining chronic risks and discussed in more detail with the Risk Committee.

8. The Council welcomed the report, and suggested that the College should also consider how to mitigate these and the other chronic risks. Without a clear understanding of the mitigating actions, it was difficult to assess whether the metrics were appropriate or if
mitigation was having any effect. The President & Rector said that the importance of making improvements in the student experience was recognised across the College and a number of mitigating actions had already been agreed. Departments had all developed individual action plans, which were now being implemented, and the College was also putting in place other reforms on a College-wide basis. The action plans were being shared at the Faculty and College level so that departments could also learn from best practice elsewhere. The Council was assured that the resource requirements of these action plans were being considered and would feed into the College’s planning round, so that the necessary investment in improving the student experience would be made.

9. The metrics noted in the paper relied to a large extent on external student surveys. Members asked if the College undertook its own internal surveys. The Council was reminded that the National Student Survey (NSS) was of final year students only. It could therefore take a long time for the College’s actions to have a visible effect on its results in these surveys. Internal student surveys were conducted with students in all years and could provide more responsive feedback on the effectiveness of the College’s actions. However, these would not provide a point of comparison with the performance of other institutions and did not feed into national league tables, as the NSS did.

10. It was suggested that an additional chronic risk was a potential failure to market the College globally and to establish and maintain links with other high quality institutions across the world, which could undermine the College position and reputation over the longer term. Another potential risk was the changes to the NHS and the way in which its funding was distributed. These could have a significant effect on teaching and research in the Faculty of Medicine and it would have to work closely with all its partner trusts, and in particular with the Imperial College Healthcare NHS Trust if it was to mitigate these risks effectively. The Chair suggested that the Council should be provided with a briefing on recent NHS changes and their potential impacts on the College, so that members could better understand this complex area.

Action: President & Rector; Principal of the Faculty of Medicine

11. While it was recognised that the Risk Committee was responsible for keeping the College’s strategic risks under review, it was suggested that the Council would also benefit from a regular review of these risks and how they were being mitigated and it was noted that the UK Corporate Governance Code (the Turnbull Code) recommended that boards should, at least annually, conduct a review of the effectiveness of risk management and internal control systems. Much of this would be undertaken by the Risk and Audit Committees, but members agreed that the Council should itself review the College’s strategic risks at least once a year.

ACADEMIC HEALTH SCIENCES PARTNERSHIP (AHSP) (PAPER B)
ACADEMIC HEALTH SCIENCES CENTRE (AHSC) (PAPER C)

12. The Principal of the Faculty of Medicine, Professor Sir Anthony Newman Taylor, presented Papers B and C and reminded the Council that the AHSC concept was intended to integrate research and clinical practice through an active partnership between a university and a hospital or hospitals. Of the 5 AHSCs which had been designated in the UK, the College had been unique in initially adopting a fully integrated model with a joint appointment of the Principal of the Faculty of Medicine and the CEO of the Trust. Following the recent separation of these roles, the Lord Darzi had been asked to review the operation
of the AHSC and make recommendations. The review had recognised that the integrated structure had worked well at the top, but that greater integration between the College and the Trust at the operational level was now required to realise fully the benefits of translating research into patient care.

13. Professor Sir Anthony had chaired a joint College/Trust working group which had been established to respond to the Lord Darzi’s recommendations. Both the Imperial College Healthcare NHS Trust and the College were supportive of the main recommendations. Both had agreed to establish a Strategic Partnership Board and a Joint Executive Group. Although it had also been agreed that there should be an AHSC Director, the Trust and the College believed this should be separate from the Biomedical Research Centre Director. Similar consideration had been given to the other recommendations; the details of which had been accepted and which should be adjusted were set out in Paper C. The next stage would be to agree a timetable for implementation with the Trust. This would need to be done quickly because the AHSC redesignation programme was due to start next year. Ensuring the AHSC continued to be recognised as one of the 5 designated AHSCs was very important for both the College and for the Trust.

14. In the same period as redesignation, the Trust would also be continuing with its application for Foundation Trust status. This was a complex process and required the Trust to meet stringent financial criteria, which would be much more challenging in the context of constrained NHS funding. Foundation Trust status would give the Trust a greater degree of financial and operational independence and achieving this was an important aim for the Trust.

15. Members asked if the risks associated with this close involvement with the NHS outweighed the benefits provided to the College by its being a part of the AHSC. In particular, there was a concern that funding problems in the NHS could impact on the College and put at risk the College’s own objectives and priorities. The management effort required to build a fully integrated partnership with the Trust would also be considerable. The President & Rector said there was a compelling case for the College to translate its excellent medical research into clinical practice and that the best way of achieving this was through the AHSC. Provided the risks were understood and ameliorated as far as possible by the College, implementing the agreed recommendations contained in the report would have significant benefits for the College. The main risks were reputational. Although the College could be affected by any financial problems experienced by the Trust, it would not be liable for the Trust’s finances.

16. The Council was reminded that the College’s relationship with the Trust was complex. The Trust and the College shared premises on the Hospital campuses. Many College staff had clinical responsibilities while NHS staff were responsible for teaching delivery, the latter being funded by the SIFT (Service Increment for Teaching). The Trust was also recognised as a Biomedical Research Centre for which it received funding from the Department of Health (worth £120M over 5 years – the single largest BRC grant), which was intended to fund research conducted with the College. Finally the Trust shared the College’s name and, as was acknowledged in the Darzi report, it would be important for the College and the Trust to resolve some outstanding Intellectual Property issues and to formalise the AHSC relationship through a Joint Working Agreement. Given this complex relationship with the Trust it was suggested that the College seek to agree a way forward that encompassed all of these interactions, rather than dealing with each in a piecemeal fashion.
17. It was noted that the AHSC appeared to have a complex organisational structure. It was confirmed that the AHSC did not itself have a budget, nor did it have any financial delegations. Both the College and Trust remained as autonomous bodies in their own rights. The dual reporting lines in the governance structure were intended to provide a way of coordinating and managing the relationship between the College and the Trust without compromising their independence within this structure.

18. The Council recognised that the organisational and structural changes being made to the NHS, together with the financial restrictions it faced, would be extremely challenging for all NHS Trusts. Although the College’s close relationship with the Imperial College Healthcare Trust was vital to the College, it was right that the risks presented by this close relationship should be properly managed. The Council agreed that the Lord Darzi’s recommendations, as amended by the joint College/Trust working group, should provide a sound basis for managing these risks and for ensuring that the very real benefits of translating high quality research in the College into healthcare in the wider community could be realised.

Resolved:

That Lord Darzi’s report be accepted by the Council, subject to the adjustments recommended by the Joint College/Trust review group

19. Turning to the proposal that the College should be a founder member of Academic Health Sciences Partnership (AHSP) in North West London, Sir Anthony noted that this too was an initiative arising from Lord Darzi’s review. It anticipated the Department of Health’s suggestion that AHSCs should use their research capabilities to improve healthcare across the wider population through the establishment of networks with a variety of healthcare providers. The proposed AHSP would cover a population of more than 2 million and would therefore also meet the Department of Health’s aims. Although the AHSP (which would be established as a company limited by guarantee) would not have control over budgets, it was expected that these sorts of networks could be very influential within the NHS. Membership of the AHSP would be on an equal basis with each member having a single vote and all making the same contribution to the AHSP (expected to be £100K per annum). The AHSP wanted to make use of the College’s name and call itself Imperial College Health Partners, this use of the name to be subject to a licence agreement, which would allow the College to retain control over its name and thereby manage any reputational risks.

20. Members queried whether the AHSP would have a natural end point, or if provision was made in its governing documents for it to be wound up, as it was always prudent in joint ventures such as this to be clear about how the company could be closed down. The President & Rector said that the company would not hold any assets and he confirmed that provision for its winding up was included in its governing documents.

Resolved:

(i) That, subject to the President & Rector’s acceptance of the terms of the Memorandum of Understanding, the Members Agreement and the Articles of Association of the Company, the proposal that Imperial College should join the Academic Health Science Partnership as a full member, as set out in Paper B, be approved.

(ii) That, subject to terms of the Trade Mark Licence agreement between the College and
the AHSP, the AHSP be granted permission to use the College’s Name in its title “Imperial College Health Partners”.

(iii) That the President & Rector be given delegated authority on behalf of the Council, to enter into all and any documentation and agreements necessary for the College to be a member of the Company Limited by Guarantee to be known as “Imperial College Health Partners”.

**ORIENT HOUSE ACQUISITION PROPOSAL (PAPER D)**

21. The Chief Financial Officer, Mr. Sanderson, presented Paper D. It was proposed to purchase Orient House and to use it to provide additional accommodation for postgraduate students. As with the other postgraduate accommodation now being provided by the College, occupancy risks were felt to be minimal. There was still a shortage of accommodation for postgraduate students at the College, the proposed rents were competitive in comparison with the private sector and any shortfall could be met by making it available to postgraduate students at other London universities. It had been decided to purchase the property because this would provide better value for money than renting the property. Mr. Sanderson confirmed that the purchase would be funded from the College’s cash holdings and would not affect significantly the College’s financial position nor its other capital plans.

22. The President & Rector noted that the College would be rationalising and improving its student accommodation as part of its accommodation strategy and that a number of similar proposals might come before Council in the future. Members agreed that the Council should review the College’s vision and long-term strategy for accommodation so that these proposals could be seen in context. Mr. Sanderson was therefore asked to present the Accommodation Strategy at a future Council Meeting.

23. The ICU President, Mr. Heath, said he was concerned that students had not been consulted on this or on some other issues that impacted students directly. Although he supported the purchase of Orient House, students had not as yet been consulted on the overall accommodation strategy. He asked if the Union could in future be consulted on this strategy other student-related issues before they were presented to the Council. The President & Rector confirmed that the accommodation strategy would be discussed with the students’ union.

Resolved:

(i) That the acquisition of Orient House for the purchase price of £20.6M, as set out in Paper D, be approved.

(ii) That the Rector and the Chief Financial Officer be given delegated authority on behalf of the Council, to enter into all and any documentation and agreements necessary for the acquisition of Orient House.

**GIFTS ACCEPTANCE POLICY (PAPER E)**

24. The Council considered the proposed Gifts Acceptance Policy (Paper E). The Policy had
already been considered by both the Audit Committee and the Risk Committee and amended in accordance with their comments.

25. It was noted that the Policy stated that any gifts should not “create unacceptable conflicts of interest”; this implied that some conflicts might be acceptable. It was suggested that this should be revised to state that gifts should not create a material conflict of interest. With this proviso the Council approved the proposed Policy.

Resolved:

That the proposed Gift Acceptance Policy, Process for Reviewing Gifts and proforma, as set out in Paper E, be approved.

IMPERIAL WEST UPDATE (PAPER F)

26. The Chairman of the Imperial West Syndicate, Mr. Newsum, presented Paper F and noted that the planning application had now been submitted to Hammersmith and Fulham Council. The neighbouring authority, Kensington and Chelsea opposed the application, but authority to rule on it rested with Hammersmith and Fulham and then with the Mayor of London. A decision was expected in June. In the meantime Mr. Newsum had agreed to meet with representatives from the St Helen’s Residents’ Association, which opposed the College’s plans, to hear their concerns. It was confirmed that the commercial elements of the project were aligned with and supported the intended academic activities at the campus and that the development was not viable without the proposed partnerships with the private sector, which would help to fund the project.

DATES OF COUNCIL MEETINGS (PAPER G)

27. The Council received the proposed dates of Council meetings to 2016.

Resolved:

That the dates for Council Meetings for the years 2012 to 2016, as set out in Paper G, be approved.

FINANCIAL MANAGEMENT REPORT (PAPER H)

28. Paper H was received.

COLLEGE FUND REPORT (PAPER I)

29. Paper I was received

DEVELOPMENT BOARD UPDATE (PAPER J)

30. Paper J was received.
MAJOR PROJECTS (PAPER K)

31. Paper F was received for information.

STAFF MATTERS (PAPER L)

32. Paper G was received for information.

SENATE REPORT (PAPER m)

33. Paper M was received for information.

ANY OTHER BUSINESS

34. There was none.

NEXT MEETING

35. The Clerk reminded members that the Council’s next Meeting would be held on Friday, 13 July 2012. Members agreed to cancel the Council Dinner on Thursday, 12 July.
MEASURING AND MONITORING CHRONIC RISKS

A Note by the Rector

CHRONIC RISKS

1. Council’s Risk Committee, chaired by Rob Margetts, requested that the Rector prepare a paper on Chronic Risks to the College. This paper was discussed at the Risk Committee on 13 March 2012 and is included at Annex A.\(^{(1)}\)

2. In contrast to acute risks which could hit the college with high impact, perhaps suddenly, chronic risks were identified as long-term considerations with the potential to destabilise the College’s world-leading position over time.

3. The paper conveyed that they key to handling these chronic risks would be early identification and mitigation to ensure incremental damage does not become critical. The five chronic risks identified were:
   a. Failure to provide excellent student experience
   b. Under-funding of research
   c. Sustainability of physical infrastructure
   d. Over-dependence on international students
   e. Inability to grow the College fund

MEASURING AND MONITORING CHRONIC RISKS

4. The Risk Committee concluded that the next step should be to agree how best to measure, monitor and decide on where ownership of these risks should reside. These activities would need to be done in a way so that Council could review high-level progress periodically. As an initial step towards this, a sample traffic light measurement has been developed for the first of the chronic risks – failure to provide excellent student experience (see following pages below).

5. This is not proposed as a comprehensive set of measurements for a broad concept like student experience, but selects two high level and high impact measures (the National Student Survey (NSS) and international/national university rankings) in order to present an overview of the College’s performance in these key areas.

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1. Annex A contains information which is confidential and commercially sensitive and has therefore been omitted from the published minutes.
STUDENT EXPERIENCE RISK OWNERSHIP

6. Council will recall from its discussions last year where the College performance in the NSS is lagging (assessment and feedback, teaching and academic support), and how this impacts on some league tables (notably the Sunday Times and Guardian). It will also recall that all Departments have ‘Departmental Action Plans’ to address these issues and that these are overseen by the Faculty Principals.

WAY FORWARD

7. Depending on Council’s reaction, similar measures, monitoring and ownership would also need to be developed for the other four chronic risks (as well as any more chronic risks that are identified in the future).

8. Council is asked to provide guidance as to whether this approach is useful, and if so the frequency with which it would wish to receive high-level traffic light reports.
UPDATE ON PLANS TO FORM AN ACADEMIC HEALTH SCIENCE PARTNERSHIP

A Note by the Rector

INTRODUCTION

1. The Council will recall that in November I reported on the intention to form an Academic Health Science Partnership (AHSP), as proposed by Professor the Lord Darzi. At that time, I reported that the intended purpose of the AHSP was to bring together providers of primary, secondary, tertiary, community and mental healthcare in North West London to work with Imperial to pursue higher quality care for patients. One of the significant benefits of the sort of partnership proposed was that it would provide opportunities to conduct clinical trials at a large and meaningful scale and to apply research findings to benefit a greater number of patients. Given the area covered by the AHSP, it has the potential to improve the health and care of a local population of up to 1.9 million people. As I reported in November, several healthcare providers had already agreed to take part in the development of the AHSP alongside the College and the Imperial College Healthcare Trust. Although there are risks associated with a partnership involving such a wide range of institutions (of which more below), the development of partnerships such as this is clearly seen as a crucial way forward for the NHS and other AHSCs have made or are making similar arrangements with the other hospitals in their immediate vicinity.

2. Significant progress has been made since the Council’s discussion in November and it is now proposed that the AHSP will form as a Company Limited by Guarantee by end May 2012, subject to approval from the individual partner organisations over the next few weeks. It is proposed that the Company will take then name “Imperial College Health Partners”.

3. This note highlights key areas of significance for the College, and seeks formal approval from the Council for the College to be one of the founder members of the AHSP, for the AHSP to use the use of College’s name in its title, and to delegate authority to the Rector to approve and sign the legal paperwork on behalf of the College, along with the other partners, once the documentation is ready.

ORIGINS, PURPOSE & STRUCTURE OF THE ACADEMIC HEALTH SCIENCE PARTNERSHIP

4. Following changes in leadership last year, the College, Imperial College Healthcare Trust (ICHT) and the Strategic Health Authority announced in June 2011 (1) the appointment of Professor the Lord Darzi as interim chairman of a new Academic Health Science Centre Strategy Board with a remit to review the AHSC and make recommendations on its future development. Lord Darzi developed proposals to establish an AHSP to complement the AHSC (2) and those plans are about to come to fruition with the launch of the AHSP as a Company Limited by Guarantee, which will be the vehicle through which the AHSP’s activities will be coordinated.

1. The announcement of Lord Darzi’s appointment is available at: https://workspace.imperial.ac.uk/secretariat/Public/CollegeNotices/10-11/101118AcademicHealthScienceCentre.pdf
2. The full report can be found at: http://www.ahsc.org.uk/plans.htm
5. The key purpose, structure and characteristics of the AHSP are set out in the following sections.

MISSION

6. The proposed Mission of the AHSP is:

“To bring about real, practical improvements to the quality of healthcare delivery across and the health of the whole population, principally that of North West London but extending also to the population of the UK as a whole and beyond. The Partnership will build on translating the existing research and innovation infrastructure of each of the Partners to strengthen the coordination and adaptation of innovation, and exploit commercial opportunities from harnessing the expertise of leading healthcare providers. In particular, the Partnership will fulfil this Mission by:

a. Achieving population wide health benefits in NW London and beyond through collaborative research and the more systematic dissemination of proven innovation and best practice (closing the gap between "what we know and what we do");

b. Contributing to and co-ordinating the health system improvements and developments in NW London from a provider and academic perspective;

c. Participating fully in the healthcare workforce education, training and leadership development agenda through the forming Local Education and Training Boards (LETB) which will be responsible for setting the strategy and commissioning budget of £260million in NW London. As provider led boards it is proposed to constitute the NW London LETB within the partnership, subject to confirmation from Health Education England;

d. Exploiting commercial opportunities in the UK and beyond. There is growing demand in a number of countries to work with NHS healthcare providers at all levels but the NHS has traditionally been slow in taking up these opportunities compared to countries like the US. Part of the problem has been a lack of coordination and scale. The partnership will therefore help exploiting the income raising and broader economic opportunities arising from our combined capabilities, location in London, and reach across an extensive population in terms of research, trials and incubating innovations in health delivery and governance.

7. The AHSP itself will not take on the functions or running of services of its members, which remain separate independent legal entities. It will operate through a series of projects or programmes involving staff from across the member organisations augmented by a small core staff within the partnership Company to lead and facilitate these activities.

NAME OF AHSP

8. The planned members of the AHSP have proposed that it should be called “Imperial College Health Partners” and have asked for permission to use the College’s name in this way. There is clearly a reputational risk associated with this use of the College’s name. Recognising this, it is proposed to protect the College’s name by means of a Trade Mark Licence agreement
between the College and the AHSP. Heads of Terms for the Trade Mark Licence have been discussed with the Partners as follows:

a. The AHSP will be free to use the name as part of Company’s name in connection with the activities of the Company identified as within the mission statement of the Partnership at the time of the trademark licence and as part of the domain name in relation to the Company’s website. The name may only be used in relation to other activities with the prior written permission of the College.

b. The licence shall be worldwide but the name shall be used in respect of the UK only (other than use on the Company’s web pages and as part of the domain name in relation to the Company’s website). Any other uses must be approved unanimously by the Partnership Board.

c. The College can withdraw its name from the name of the AHSP if it considers that the activities of the AHSP would cause a significant detriment to the College’s reputation, or if the College itself left the AHSP.

MEMBERSHIP

9. The initial membership will include almost all the NHS trusts in North West London, spanning community, mental health, acute and specialist/tertiary providers including Imperial College Healthcare, the Royal Brompton and Harefield, and Chelsea & Westminster trusts. The College is the only academic partner involved in the launch. A list of those organisations currently planning to be members of the AHSP at its launch is provided at Annex A.

10. There is scope for other organisations to join the AHSP in the future, including other Higher Education Institutions (HEIs), subject to agreement by the Board of the AHSP. The AHSP has also sought to engage GPs in the governance and membership of the organisation to facilitate its focus on the health of the population; this remains a work in progress.

LEADERSHIP AND MANAGEMENT

11. The AHSP will employ a small core staff, led by a Managing Director. Final interviews for the Managing Director are due in mid-May. The selection panel includes the Rector.

12. Professor the Lord Darzi will continue as interim Chairman of the AHSP Board for the time being.

13. The Rector, or Deputy, will have a seat on the Board of Directors of the AHSP, which will comprise one of the Chair or CEO of each Partner, together with the AHSP’s Chairman and Managing Director.

FUNDING & LENGTH OF COMMITMENT

14. Individual partner organisations are obliged to commit to membership for a minimum period of 3 years. The financial contribution per member is expected to be £100k per annum each to support the core staff and infrastructure, and pump prime some project activity. All members are
expected to make the same level of contribution (i.e. the contribution of each member is not weighted to reflect the size of each organisation).

POTENTIAL LIABILITIES

15. The potential liabilities for each member are limited. Members and former Members shall be liable to contribute to any losses of the Partnership and on the same basis shall share liability for the acts and omissions of the Partnership. Losses and liabilities shall be shared equally between those Members and former Members who were Members in the year in which the liability was incurred, irrespective of when the liability came to light, subject to a maximum contribution equal to the amount of their annual membership fee in the relevant year in which the liability was incurred. The aggregate liability of each Member and former Member shall be limited to an amount equal to the highest year’s annual membership fee the Member or former Member paid (or ought to have paid) during the period for which they were Members.

16. This means there are no “last man standing” issues where the last member holds all the liabilities of Company, since former members of the partnership (or their successor organisations) retain their liabilities from their time as members.

LINK WITH THE AHSC

17. The AHSP is separate from, but complementary to, the AHSC between Imperial College and Imperial College Healthcare NHS Trust (ICHT). The College and ICHT are both joining the AHSP as separate members, each with their own vote. The AHSP’s emphasis will be on spreading best practice across all its the members whereas the AHSC, which includes the Biomedical Research Centre, will continue to focus on the tripartite mission of clinical service, research and training, to speed up the translation of research from bench to bedside. The AHSP might also be a vehicle to support the subsequent translation to larger groups of patients of discoveries made in the AHSC.

18. A separate report on strengthening the AHSC has been submitted by Lord Darzi, and the College and Trust have prepared a joint paper setting out the steps they intend to take together in response to its recommendations, which is the subject of a separate paper.

KEY BENEFITS TO THE COLLEGE

19. The benefit of membership for the College, and the use of its name within the name of the Company Limited by Guarantee, principally lies in the opportunity for its discoveries to have broader impact on a wider population beyond its principal existing NHS partner. This might be through larger scale clinical trials or population-based studies.

20. Establishing a wider partnership to complement its AHSC also puts the College on a similar footing to other AHSCs who have established formal academic health science partnerships with broader groups of NHS providers. A suite of announcements made on Life Sciences on 5 December 2011, including the “NHS Innovation, Health and Wealth” report (3) included plans to

establish Academic Health Science Networks (or partnerships), to complement AHSCs, as an important step in spreading best practice and increasing the uptake of innovations for the benefit of patients and to support wealth creation and economic growth. Our planned AHSP might also be able to benefit from income that is anticipated to flow to and through these AHSNs once they have passed a DH designation process.

21. The AHSP also provides an avenue to enhance relationships between the College and the NHS providers who provide undergraduate medical student placements for our students.

KEY RISKS AND MITIGATION MEASURES

22. As noted above, the key risk to the College is reputational, given the intention of the AHSP to use the College name in its own name. This is mitigated through protecting the name through a Trade Mark Licence (under terms summarised at paragraph 8), through the College being an active member of the Board of Directors, and in the project-based activities of the partnership. The College will also be involved in the appointment of the first Managing Director (paragraph 11).

23. The College could, in theory, find itself in competition with the AHSP, should both organisations wish to undertake similar activities elsewhere in the UK as set out in its Mission statement (paragraph 6). Overseas, the planned Trade Mark Licence would, however, require a unanimous decision of the Board of Directors to enter into relationships or activities outside the UK.

CONCLUSION AND ACTION

24. Forming “Imperial College Health Partners” will be beneficial to the College in facilitating greater impact for a the healthcare for, and health of, a wider population-base around the College’s West London footprint by working in partnership with NHS providers, and potentially others, in the area. The principal risks have appropriate mitigation, the costs are modest and liabilities are limited.

25. Council is invited to consider this development, including the planned use of the College’s name, and if it sees fit, permit the Rector to sign the legal documentation to form the Company Limited by Guarantee with the other partners launching the AHSP, as soon as the papers are ready.

K. O’Nions.
April 2012
LIST OF MEMBERS INTENDING TO BE INVOLVED FROM LAUNCH

Imperial College of Science, Technology and Medicine
Central London Community Healthcare NHS Trust
Central North West London NHS Foundation Trust
Chelsea and Westminster NHS Foundation Trust
Ealing Hospital NHS Trust
Hillingdon Hospitals NHS Foundation Trust
Hounslow and Richmond Community Healthcare NHS Trust
Imperial College Healthcare NHS Trust
North West London Hospitals NHS Trust
Royal Brompton and Harefield NHS Foundation Trust
West London Mental Health NHS Trust
West Middlesex University Hospital NHS Trust
PAPER C – DECISION ITEM

JOINT COLLEGE/TRUST RESPONSE TO LORD DARZI’S REPORT ON THE AHSC

A Note by the Principal, Faculty of Medicine.

1. Following receipt of Lord Darzi’s second report from the AHSC Review, two meetings have been held within the College, followed by a subsequent meeting with senior executives of the Trust, to prepare a joint response for Council and for Trust Board. The joint response and Lord Darzi’s report accompany this cover paper.

2. We agreed with, and fully supported, the aims expressed within Lord Darzi’s report, and with the majority of the recommendations made. During discussions with the Trust we have focussed on the potentially contentious areas set out below. Where we have proposed alteration to the recommendation within Lord Darzi’s report, this is identified as ‘adjusted’, with the change specified.

<table>
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<tr>
<th>Recommendation</th>
<th>Status (Agreed as recommended in Review report, Adjusted, Under development, Still under discussion)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolve IP and formalise relationship through a signed Joint Working Agreement</td>
<td>Agreed</td>
<td>IP discussions already in hand.</td>
</tr>
<tr>
<td>Appoint AHSC Director</td>
<td>Adjusted</td>
<td>AHSC Director role agreed, but separate from BRC Director</td>
</tr>
<tr>
<td>Establish Strategic Partnership Board</td>
<td>Agreed</td>
<td>The SPB will replace previous top level AHSC governance, which had cross representation on each other’s Boards. Precise membership TBC. Possibility of an independent chair still under discussion, and will be kept under review.</td>
</tr>
<tr>
<td>Establish Joint Executive Group</td>
<td>Agreed</td>
<td>Precise membership and chairmanship TBC</td>
</tr>
<tr>
<td>Establish Sub-committees of JEG</td>
<td>Adjusted</td>
<td>SPB and JEG to form first and for them to determine sub-structures on advice of AHSC Director once appointed</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Status (Agreed as recommended in Review report, Adjusted, Under development, Still under discussion)</td>
<td>Comment</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Research Director</td>
<td>Adjusted</td>
<td>Faculty-Trust Joint Director of Research and Director of BRC (as at present)</td>
</tr>
<tr>
<td>Formulate joint research strategy</td>
<td>Under development</td>
<td>Critically linked to FoM research strategy. A key priority for the new Principal once in post</td>
</tr>
<tr>
<td>Establish Delivery Groups</td>
<td>Agreed</td>
<td>Challenge of aligning organisational groupings of SIDs in Faculty of Medicine and CPGs in Trust. Aim to do this in phases, start with strongest contenders first</td>
</tr>
<tr>
<td>Possibility of others joining AHSC in due course</td>
<td>Still under discussion</td>
<td>Not ruled out, but criteria and timescales to be confirmed</td>
</tr>
</tbody>
</table>

3. We would recommend Lord Darzi's report be accepted by Council, subject to the adjustments recommended by the Joint College/Trust review group.
Executive Summary

1. In January 2012, Lord Darzi’s second report from the 2011 AHSC Review programme was submitted to the Rector of Imperial College [the College], Chairman of Imperial College Healthcare NHS Trust [the Trust], and Chief Executive of the Strategic Health Authority. This second document followed release in late 2011 of the first AHSC Review report which focussed on the opportunity to launch an Academic Health Sciences Partnership (AHSP) across North West London. The new report, entitled The Academic Health Sciences Review [the Review], focuses on the future of the Academic Health Science Centre at the College and the Trust. The report is attached as Appendix A to this paper.

2. Following the Review’s submission, the College and Trust have come together to consider the Review’s findings and recommendations, and propose next steps for operationalising the vision set out within the document. The response below has been developed through a series of focussed discussions, initially conducted internally within each of the AHSC partner organisations, and thereafter jointly within a working group established by the AHSC Joint Executive Forum (Membership at Appendix B). The resulting Joint Response is provided below for review by the Trust Board and College Council in May 2012. A summary of the key elements of the Joint Response is as follows:

- The College and Trust [hereafter termed ‘we’] are highly supportive of the Review’s reaffirmation of the value of the AHSC model and agree with the Review conclusions that the future success of the Imperial AHSC is best served through facilitating integration through delivery - ensuring that bottom up innovation interfaces effectively with top down management and strategic development.

- We consider the boundaries of the Imperial Academic Health Science Centre can most appropriately be defined through a clear focus on tertiary and quaternary care, with community and population care models falling within the remit of the AHSP system.

- We believe that, in evaluating the Imperial AHSC against the ‘Spectrum of Integration’ model shown in the Review, our present relationship can be said to be operating in the ‘Collaboration’ model, with aspirations towards the ‘Partnership’ model (see footnote for Review definition of these models).

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1 Extract from Review document: Exhibit 2 – Spectrum of integration in Academic Health Science Centre organisations

**Collaboration Model:**
- Hospital and university are separate entities, though some cross-governance (e.g. dean sits on hospital board)
- Collaborative boards decide common strategic plan for AHSC
- Bid for research grants jointly

**Partnership Model:**
- University involved in hospital governance
- Strategic alignment and joint decisions on AHSC development (e.g. investments, recruiting)
- Operating departments are responsible for all three missions (care, teaching and research)
• We agree that the two organisations should now proceed to formalisation of the AHSC partnership through completion and signing of an agreement document (including IP and trademark issues) as soon as is practicable, with an intention of finalising an agreement by the end of July 2012 for Council/Board approval in the Autumn.

• We advise that resolution of agreements on IP and trademark should proceed immediately, acknowledging in particular that an agreement on IP relating to the BRC is required by NIHR to be in place before the close of 2012. Action is underway already between the Trust and the College to take this forward.

• We wish to proceed with creation of ‘Delivery Groups’, and believe that, in the first instance, the model can most successfully be delivered through establishment of delivery groups for a selected number of specialties, where impact and added value can be demonstrated swiftly in time for re-authorisation.

• We support the creation of the proposed ‘AHSC Director’ role which has, as its primary purpose, the objective of facilitating and networking across the partnership (and externally) to support the AHSC’s success as an academic and healthcare delivery model. Moreover this role will help drive engagement and pull-through of innovation from the AHSC into ICHT clinical service and the emerging AHSP.

• We consider that the BRC directorship role should remain separate from that of AHSC Director, recognising that delivery of the focussed translational research agenda of the BRC programme is a significant task in its own right (having clear accountability lines through to NIHR) and should therefore remain clearly distinguished from delivery of the wider AHSC strategy and culture within the management structure.

• We fully support creation of the proposed Joint Executive Group [JEG] and Strategic Partnership Board [SPB].

• We support the development of a joint organisational and individual performance assessment framework, and of an effective internal communications programme, to strengthen the AHSC culture at all levels. We consider that this must be an early focus of the JEG and Delivery Groups once established.

**Decision**

3. The Trust Board and College Council are requested:

• to read and consider Lord Darzi’s Review document (see Appendix A).

• to consider the Joint Response - as summarised above and set out in more detail below.

• (if it sees fit) to approve the position and action plan set out within this document (advising on amendments as appropriate) to be jointly taken forward between the College and the Trust.
The Joint Response.

Part 1 - Response to Sections 1-4 of the Review - Context, Case for Change, Lessons from around the World and Vision for our Academic Health Science Centre.

a) Endorsing the value of the AHSC mission and defining the Imperial model

4. The College and Trust welcome the reaffirmation of the value of the AHSC vision set out within the Review, and note the timely re-statement within the Context section of the basis on which formal Department of Health AHSC designation is achieved and retained. We note in particular the importance of ensuring and evidencing a robust and constructive relationship between the ‘core’ partners within an AHSC at the point of redesignation. In this regard, we are mindful that redesignation activity for UK AHSCs will be taking place from Q4 2013.

5. The Review documents the diversity of AHSC models around the globe (Section 3), and we have spent some time considering where the current Imperial AHSC might be considered to sit within the ‘Spectrum of Integration in Academic Health Science Centre Organisations’ shown at Exhibit 2. At the present time we consider that the Imperial AHSC could be said to be operating somewhere between the ‘Cooperation’ and the ‘Collaboration’ models, with aspirations towards the ‘Partnership’ model. For the foreseeable future we consider that neither the College nor the Trust will be seeking to establish a fully integrated model. In reaching this conclusion we have taken note of the effect of the present constraints on Trust finances, and suggest that a careful transition closer towards a ‘partnership’ based model might follow the Trust’s award of Foundation Status. This remains an issue which will require close and careful monitoring and discussion in the run-up to, and beyond, AHSC redesignation.

6. We propose that the boundaries of the Imperial Academic Health Science Centre will be most appropriately defined through a focus on tertiary and quaternary care at AHSC level, with community and population care models falling within the remit of the AHSP system. It is anticipated that a focus for the AHSC on tertiary and quaternary activity will provide clarity of purpose and a clear point of transition into the wider AHSP model. The AHSC will focus squarely on innovation, interface with industry and high quality translational medicine (Translation 1), and will then reach out through AHSP processes to support uptake of innovation in clinical practice (Translation 2). Conversely a strong focus by the AHSP on population health will greatly facilitate the interactions necessary for population-based translational medicine. We note the above approach aligns closely with the vision set out by the Department of Health for the future relationship between the AHSCs and the developing ‘Academic Health Science Networks’ model2. Clarification of the AHSC’s role and boundaries by means of the above definition will inform the work programme for establishing an appropriate culture across the partner organisations.

b) Strategy for supporting the mission

7. We fully endorse the approach set out in the Review for delivery of AHSC working through an integrated approach in the three core aspects of: Structures; Processes and Behaviours. Furthermore, we welcome and support the identification of the ‘Six Factors for Success’ through review of successful worldwide AHSC models:

1 - Shared strategic direction
2 - Innovation emphasis
3 - Integration at a division level
4 - Autonomy at a local level
5 - Performance management based on three themes
6 - Investment in recruitment
8. We consider that the input received via the Staff Survey and stakeholder engagement programme undertaken as part of the Review\(^3\) has been invaluable in developing a holistic view of attitudes towards, and perceptions of, the current AHSC partnership between the College and the Trust. We are pleased to see the continuing strength of commitment to the vision of the AHSC evidenced by the Staff Survey responses, and note the roughly equal split of views on both sides of the partnership regarding the extent to which there has been effective implementation to date of structures and cultures to support realisation of that vision.

c) Integration through Delivery

9. We agree with the conclusions drawn by the Review from the Staff Survey responses that the AHSC is yet to penetrate fully at delivery level across our respective organisations. We agree that creating a structure and environment which drives the partnership and innovation culture into every level will be key to ensuring the success of the Imperial AHSC going forward. The Group therefore firmly supports the concept set out within Section 4 of the Review of a new ‘organising principle for the AHSC – Integration through delivery’.

10. In studying the Review and considering the next steps for translating this principle into action, we have considered whether the Imperial AHSC should immediately aim to implement an integrated approach and structure for management of all of its activity, or whether this approach should (at least in the initial period) be targeted at specific areas and activities where greater integration would provide most notably improved outcomes. We feel that the latter proposition reflects a more realistic set of expectations of the nature of the current collaboration on which our partnership can move forward, most particularly within the timeline of the AHSC reaccreditation.

11. We note that, at present, Faculty of Medicine Schools, Institutes and Departments (SIDs) relate to multiple Clinical Programme Groups (CPGs) (and vice-versa). The extent of management time and effort required to maintain relationships and communicate to align objectives is significant and, in some cases, unmanageable. We therefore support the goal of working towards a simplification of the structures across the two organisations to provide a clearer framework for alignment of activity. We believe, however, that such realignment would be for the medium to longer term, and should be progressed based on lessons learned from the focussed development of a number of ‘first wave’ Delivery Groups during 2012/13 and through to 2014.

12. Recognising the complexities in aligning all delivery groups with the proposed BRC themes we propose an initial focus on establishing a ‘first wave’ of Delivery Groups where focussed development might yield significant benefits and impacts within a relatively quick timeframe. We would propose targeting the following areas:

- Cardiovascular
- Rheumatology
- Neurosciences
- Endocrine, Metabolism and Diabetes
- Respiratory Infection
- Surgery and Surgical Technology
- Experimental Medicine (ITMAT)

13. In identifying the above, we have sought to capture areas of activity for which the creation of Delivery Groups would realistically yield evident benefits within a 1-2 year timeframe, and so can

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\(^{3}\) [Section 2b of the Review]
be used as exemplars internally and externally of the AHSC model in action. We propose that, following agreement of these and/or other areas as a first phase of Delivery Groups, our next steps should be identification of a Chair for each of the above, and establishment of clear and rigorous terms of reference. Such terms should be developed taking full account of the evidence provided by the Review through the Staff Survey and the case studies of worldwide successful models. Furthermore, they should be established in line with the guiding principle that Delivery Groups must, a priori, provide a point of interface between the academic and clinical activity wherein research, education and service issues are addressed on an equal footing, with equal time designated to each aspect on the routine agenda of meetings and activities within the group.

14. We propose that a programme of staged development, monitoring, evaluation and promotion of AHSC working in these areas should form a clear set of work packages, to be locally managed at Delivery Group level, and reported through the AHSC Director role (see paras 21-23 below) into the JEG and SPB, as appropriate.

15. In establishing the longer term development programme for the Delivery Group structure, we will undertake reviews of all specialties and service areas to identify areas of clinical service and education/training which, whilst not directly engaged in activities relating to BRC themes, are seen as key enablers to high quality research and education activity.

Part 2 - Response to Section 5 - From vision to reality: making this work

a) Formalising the Agreement

16. We fully support the recommendations of the Review that the Trust and College should now proceed to formalisation of its relationship through a corporate agreement model. Work to progress this will be led by Mr Brendan Farmer on behalf of the Trust, and the College Secretary designate (Mr John Neilson) on behalf of the College.

b) Resolving the Issue of Intellectual Property

17. In line with para 16 above, we support the recommendation that IP terms should now be agreed between the Trust and College. It is a requirement of the NIHR Biomedical Research Centre contract with the DoH that IP terms relating to BRC activity be formally agreed between College and Trust by the end of the calendar year, and we propose that development of an agreement relating to the AHSC now be taken forward in tandem with this activity (leads Mr Brendan Farmer/Mr John Neilson).

c) Appointment of AHSC Delivery Group Chairmen and an AHSC Director

18. AHSC Delivery Group Chairmen: we propose creation of a standardised job description for the AHSC Delivery Group Chairmen (leads Prof Sir Anthony Newman Taylor/ Dr David Taube / Prof Dermot Kelleher / Prof Jonathan Weber) to be approved by the JEG and SPB upon their establishment.

19. AHSC Director: we support creation of a role within the structure which has, as its primary purpose, the objective of facilitating and networking across the partnership, and outside the organisation, to make the Imperial AHSC a success as an academic and healthcare delivery

* Pending Mr Neilson’s uptake of the post on 1 May, it is proposed that the FoM Principal, Prof Anthony Newman Taylor act as Principal for the College in this regard, liaising as appropriate with College Officers and legal advisors.
model. The concept of an ‘Academic Medical Director’ might helpfully be used to describe the nature of this role. To date such a role has not existed in the Imperial AHSC structure.

20. In considering the post of AHSC Director as constructed within the Review, we have identified the following concerns

• that there is potential for this role, as currently configured, to interrupt the relationship between the CEO and the Principal. In creating a new structure, and refining the requirements of this new role, it will be important to reaffirm that a robust collaborative relationship between the Principal and Chief Executive to promote the interests of the joint AHSC mission and realise its benefits, remains the key tool for maintaining integrated decision-making at the executive level.

• specifically in terms of the proposed combination of the new post with that of the BRC Director role, there is concern that there may, consequently, be undue weighting within the AHSC Director’s management and financial focus towards a single element of the tripartite mission.

• we agree that the Principal should take ultimate responsibility for research governance and strategic direction.

21. We propose that the role be maintained as separate from that of BRC Director and Trust/College Research lead. We would further propose to establish an AHSC Director position which maintains, as its core focus, the balanced development of the AHSC as a model, through:

• leading on implementation of strategies for strengthening the AHSC innovation culture.

• driving the development of a strong interface between grass-roots innovation and top down strategic development.

• coordinating and reporting on the activities of the Delivery Group Chairman

• evidencing and promoting the value of the AHSC model in furthering all three elements of the mission.

• ensuring an effective interface with the AHSP.

22. Joint activity is underway to develop an appropriate job description for this post, with a view to recruitment in summer/autumn 2012 (leads Prof Sir Anthony Newman Taylor/Mark Davies). It will be vital to ensure that the individual recruited is a clinical academic of substantial standing within the healthcare arena.

d) Leadership Structures

23. We fully support the creation of the proposed Joint Executive Group (JEG) and Strategic Partnership Board (SPB).

24. We propose that a key principle for the JEG should be to maintain streamlined membership and strong chairmanship. We consider that, as a minimum, the meeting membership should consist of:

• Chair
• Trust Chief Executive
• Principal of the Faculty of Medicine
25. In considering the future governance of the JEG, we have discussed the approach to be taken towards ensuring appropriate stewardship and management of the various funding streams available to the AHSC partner organisations. We believe that, through the Trust CEO, Faculty Principal and BRC Director’s membership of the JEG, representation would be achieved for the three key streams of resource which might be called on in implementing the AHSC tripartite vision (core NHS funding, HEFCE/other academic funding, NIHR funding) respectively. The membership of the AHSC Director would provide advocacy on behalf of AHSC partnership.

26. With regard to the sub-committees proposed by the Review, we suggest that the requirement to form such sub-committees should be considered in depth by the JEG upon its formation, examining each area in turn and defining an appropriate structure for supporting integrated working and joint decision-making in respect of each activity. The exception to this is the proposed Research & Development Committee which we consider a key requirement of any joint committee structure going forward.

e) Ensuring we are pulling in the same direction: common measures of success

27. We fully support the principles of this approach and suggest this becomes a key work package for the AHSC Director upon appointment, reporting to the JEG.

f) Ensuring we are pulling in the right direction: a single research strategy

28. We consider a single strategic research programme is a vital component of ensuring the success of the AHSC relationship. In line with discussions set out above regarding the J.E.G. it is envisaged that strategic development would occur within a Research & Development Committee, with oversight and sign-off residing with the J.E.G. The J.E.G. would be responsible for ensuring that the strategy was appropriately balanced with the tripartite mission as a whole, and agreeing on appropriate resource allocation to underpin the strategy from across the various dedicated NIHR/HEFCE and other supporting funding streams.

g) Aligning our resources to our intentions

29. We fully support the Review recommendations regarding this activity, and advise that allocation of resources to support the tripartite mission should be a key function of the JEG, in line with SPB guidance (See para 25 above).

h) Making doing the right thing the right thing to do

30. We support the further development of the framework for shared appraisal described within the Review as a strong starting point for establishment of a common approach to communicating and evaluating individual and organisational success in line with the AHSC mission. Again we propose that, on appointment, the AHSC Director should take a lead role in coordinating this process across the organisations.

i) Empowering the AHSC Delivery Group Chairmen

31. It is clear that Delivery Group Chairmen must be appropriately empowered to deliver the required cultural shift and evidenced benefits of greater integration. The framework for such empowerment must be defined by the Joint Executive Group upon its establishment, and
communicated and championed by the J.E.G. and through the AHSC Director at all levels of the organisations.

j) Cultural transformation

32. We are committed to developing a focussed and sustained communications programme to support and progress the requirement for a change in behaviours across the Trust and College. Again, it will be for the J.E.G. to lead on engaging relevant stakeholders, and ensuring an appropriate programme is established and maintained.

Conclusion.

33. The Trust and College would wish to formally express their thanks to Lord Darzi for the enormous contribution to the ongoing development of our AHSC partnership made by this AHSC Review. We are grateful for the strong evidence base now provided for the direction we are taking, and believe we now have a clear and robust action plan going forward (See Appendix C), to translate the vision set out within the Review into a renewed and strengthened culture of collaboration.

34. We invite the Trust Board and College Council to consider the response above and proposed action plan, advise on any issues for further clarification or discussion, and (if they see fit) provide approval for this approach in order to proceed to implementation.
Foreword

This review was commissioned by Imperial College ("the College"), Imperial College Healthcare NHS Trust ("the Trust"), and NHS London to chart a path for the future direction of Academic Health Sciences Centre (AHSC) which was created in 2007, and formalised two years later. During the course of the Review, I have determined that there are two principal areas to address: the future of the Academic Health Sciences Centre at the College and the Trust, and the exciting opportunity to launch an Academic Health Sciences Partnership (AHSP) across North West London. I have considered each in separate reports.

The conclusions in this Review are based on the excellent and expert advice, guidance and support I have received from the AHSC Review Steering Board; an examination of the evidence of successful academic-clinical collaboration; on extensive engagement with staff at the College and the Trust; on technical advice regarding specific areas (e.g., legal arrangements); and on the support of a small but dedicated team. The conclusions I have reached are, of course, my own. Yet they reflect a strong consensus that has emerged both within the College and the Trust.

This report aims to become a foundation for a strong, vibrant and prosperous working relationship between Imperial College Healthcare NHS Trust and Imperial College. It in no way implies a relationship that is either privileged or exclusive; other NHS organisations could join into the arrangements outlined in this report, or conclude their own agreements with the College. This is a starting point not a final conclusion on academic-clinical collaboration in North West London. Notably, in taking forward the conclusions of this report, the leadership of the College and the Trust should have regard to the presence of the College at the Royal Brompton & Harefield and Chelsea and Westminster.

* * *

The benefits to patient care, to research, and to education and training from closer collaboration are clear and they are substantial. At this moment – as the health and education sectors face the greatest squeeze on funding in a generation – the urgency to stand together with common purpose is as irresistible as it is necessary.

PROFESSOR THE LORD DARZI OF DENHAM PC, KBE, FMedSci, FREng (Hon)

1 Members of the AHSC Review Steering Board included Professor Sir Anthony Newman Taylor, Mr Mark Davies, Professor David Taube, Professor Stephen Richardson, Professor Martin Wilkins, Mr Crispin Simon
Review of the Academic Health Science Centre at Imperial College and Imperial College Healthcare NHS Trust

1. Context

a) Policy context: the purpose of Academic Health Sciences Centres

The UK has an excellent record of innovation in the health sector. We have a large and vibrant research sector in life sciences which – regardless of current challenges – remains internationally respected in both its quality and output. Our pharmaceutical and biomedical industries are world-leading. London is emerging as a global hub for life sciences. Government policy has supported this cornerstone of ‘UK plc’ through significant investments in Biomedical Research Centres and Biomedical Research Units, with the goal of reinforcing economic competitiveness and bridging the gap between discovery and evidence.

Yet paradoxically, the NHS has been a poor customer. Where the UK has been quick to innovate, the NHS has been slow to adopt. New drugs and interventions that can cure illness, alleviate pain and suffering, or improve the speed and success of recovery, have been invented here but have been of benefit to patients overseas first.

Academic Health Science Centres were conceived as the way in which the NHS could bridge the gap between evidence and implementation. They were to achieve this in two core ways: as beacons of excellence showing the benefits of closer collaboration between the healthcare sector and the university sector; and to act as leaders in the local health economy, helping to catalyse action and bring essential stakeholders together to solve common problems and improve the quality of care received by patients. In short they were to ‘close the gap between what we know and what we do’.

b) Origins of the Imperial Academic Health Science Centre – and boundaries

In 2007, Imperial College Healthcare NHS Trust and Imperial College London came together to form the UK’s first Academic Health Science Centre (AHSC), following the report ‘Healthcare for London: A Framework for Action’ which had identified both the opportunity and the necessity for such arrangements to take place.

This reflected the significance of the opportunities presented by closer collaboration between the healthcare and academic sectors, as well as the reality of the importance of the relationship between the College and the Trust – a relationship which one observer accurately characterised as “symbiotic”. This is confirmed by the evidence.
Today, there are some 1,336 active or pending studies that are sponsored by the University and taking place in the Trust. Indeed, of those, nearly half are exclusively taking place at the Trust, with no other partners involved. Patients are able to benefit from participation in this research; indeed, it is part of the reason that outcomes at the Trust are regarded as excellent. There are 812 joint clinical-academic appointments. In education and training, there are more than 520 undergraduate and postgraduate doctors in training within the Trust at any one time, and the Trust receives nearly £60m per annum in E&T monies (including SIFT and others).

In 2009, Academic Health Science Centres were put onto a formal footing through the NHS Next Stage Review, *High Quality Care for All*, and a process of application, review and designation. At the heart of this was an international peer review that scrutinised both past achievements and future plans. On the advice of the review panel, the Imperial AHSC was joined by four other leading centres, officially designated to their new status by the Secretary of State for a period of five years.

First, the Secretary of State wrote to all organisations congratulating them on having achieved the designation – and the “enormous potential benefits” it could bring – but also warning that designation was necessarily conditional, and could be withdrawn if the AHSC did not meet its goals. In short, AHSC status must be earned and retained; it is based on future prospects as much as historic achievements.

Second, the Department of Health’s position on the nature of AHSC relationships is unequivocal. In his March 2009 letter to the previous Chief Executive and Principal, Ian Dodge, Director of the Policy Unit at the DH stated:

“...The Department of Health recognises the AHSC partnerships as designated in March 2009 for a period of five years and will not be constructing a process whereby the Department would recognise additional ‘core’ members. However, I would also like to stress that the Department sees AHSCs broadening their base to include affiliates some of whom will be ready to be full partners by the time of the next designation process”

As the letter makes clear, AHSC status is determined by the strength of the relationship between the ‘core’ members at the time of the designation process.

c) What is the Imperial AHSC?

For the collaboration between academia and healthcare to achieve excellence in clinical service, research, and education and training, each AHSC seeks an integrated approach in three core aspects:

- **Structures**, both those unique to the AHSC itself, and alignment of the substructures of participating entities
- **Processes**, such as joint definition of priorities and resources, common measures of success, aligned incentives
- **Behaviours**, the cultural dynamic that exists and is the key to unlocking the collaboration that embraces creativity and innovation
At its inception, the decision was taken to drive forward the AHSC from the top-down, through the appointment of the same individual to be both the Principal of the Faculty of Medicine within the College and the Chief Executive of the Trust. This joint appointment was chosen as the point of integration, so that collaboration could be developed from the top of the organisations to the bottom. It was supplemented with a set of joint governance arrangements that included the AHSC Steering Committee and the Clinical Programme Board (with committees on research, clinical practice, education and training, and capital planning). The other main integrative action was the creation of a Joint Research Office, and the appointment of single Director of Research, spanning the Faculty and Trust.

From a legal perspective, the Imperial AHSC is currently an unincorporated association between the College and the Trust. A draft legal agreement was prepared but never signed, as consensus between the College and the Trust could not be reached on intellectual property. Having reached an impasse in this area, and momentum having dissipated, the question of formalised arrangements was shelved. This is now the right time to reopen the debate and to resolve the outstanding questions; this report makes my recommendations to the Trust Board and College Council on a way forward.

d) Where we are now and the scope of this Review

The decision was recently taken to separate the appointment of Principal of the Faculty of Medicine and Chief Executive of the Trust. This reflects the significant challenges that each organisation individually faces – in a time of turbulence in both the health and education sectors. This decision – which I endorse – resulted in a number of unresolved governance questions.

Furthermore, given the challenges now faced by each organisation, it is all the more important to set the relationship on a new footing on an agreed, formal basis. Without this, there stands the real risk that focus drifts; that the potential benefits go unrealised; and that the next designation process leads to an unwelcome outcome for both the College and the Trust.

Given the reality of the depth and importance of the relationship between the College and the Trust – and the appropriate constraints of the AHSC designation process – my review considers the future direction of the Centre and the opportunities to launch a new partnership separately. It examines and makes recommendations on:

- the case for change;
- the vision of the Imperial AHSC;
- the mechanisms to realise the full benefits of collaboration; and
- how to take the proposals forward.

Each of these is considered in turn.
2. Case for change

a) Achievements 2007-2011

The collaboration between the College and the Trust has led to a number of notable successes. The most significant has been the £99 million capital investment in the ‘L Block’ on the Hammersmith Site – a University asset built on Trust land, which will provide a six-storey scientific research facility. ‘L Block’ is scheduled for occupation in 2012, as the flagship of the AHSC, integrating patient centred research with translational science activity. The site will form a unique location in the UK for the seamless interplay between research and clinical practice.

At St. Mary’s, the Surgical Innovations Centre will undertake 4,000 surgical cases and 20,000 outpatient visits annually. It will specialise in general and breast surgery and bariatric surgery, as well as gastroenterological and urology cases. It will also house Imperial College London’s clinical skills laboratory for undergraduate and postgraduate teaching, as well as the Hamlyn Centre for Robotics, which will continue the University’s ground-breaking research in the field of technology development and robotic surgery. What is learned in the Centre will have both national and international implications for the ways in which patients are cared for.

Imperial has also been at the forefront of initiatives to improve the health of the population of the north-west London sector. Through its commitment and leadership of the Integrated Care Pilot, the Trust will be able to ensure higher quality care for people with diabetes and the elderly over the age of 75. The project – conceived at Imperial – will cover a total list size of over 500,000 and includes nearly 100 GP practices, three community services providers, two mental health trusts, three local authorities, patient groups, and Chelsea & Westminster Hospital. Specialists from the Trust are participating in multi-disciplinary groups to improve care out-of-hospital; the Trust participates in the Integrated Management Board; and Imperial College will be leading the evaluation of the pilot.

The individual organisations have also continued to see success. At the College, research volumes have continued to enjoy steady and assured growth; spin-outs remain a distinct area of success; and the University remains a popular choice for high calibre undergraduates. The Trust has been designated as a site for a hyperacute stroke unit as well as a major trauma centre. These are just a small selection of very real and important achievements of which both organisations can justly be proud.

From my engagement with College and Trust staff, I found that recognition of these successes is a source of celebration, undoubtedly, but also of frustration, too. The achievements illustrate the enormous potential of deeper, enduring and effective collaboration between the Trust and the College. And yet, they also signal the scale of the benefits that are not yet realised – that the AHSC is yet to reach its full potential. The challenge for the AHSC is not that it has failed but rather that it finds itself circling in the foothills and yet to tackle the summit of seamless integration that delivers real benefits.
b) What I heard from staff at the College and the Trust

In developing the evidence base for this review, I commissioned a detailed survey from 51 members of staff in leadership positions at the College and the Trust. The results were neither good nor bad but did make clear that there are areas for improvement.

Across the three aspects of impact, the results were consistent. On the performance of the AHSC, the impact in the College, and the impact in the Trust respondents split into thirds:

- **Overall performance of the AHSC.** When asked how they rated the performance of the AHSC overall, the score was 2.76 of 5 (where one is the lowest, and five the highest). In the qualitative questions, around one-third said it had made a good-moderate start, one-third said it had been unclear, and one-third felt it has been poor or disappointing.

- **Impact of the performance of the Trust.** When asked whether the creation of the AHSC had improved performance (e.g., quality of care) at the Trust, the respondents split into thirds again. One-third felt that it had; a third felt that it was unclear, too early to tell, or were unable to judge, and the final third simply said: ‘no’.

- **Impact on the performance of the College.** Again, the results split into thirds, with a third of respondents identifying a positive impact on the performance of the faculty, a third stating that the impact had been limited or moderate, and a third stating that it had not had made no difference to performance.

These mixed results do not imply that the mission of the AHSC is unsupported. The results of the survey confirmed my hypothesis: that the vision and mission of the AHSC enjoy significant support, and it is the practical questions about how to translate these into the appropriate structures, processes and culture so that they are realised. Indeed, whilst two-thirds of respondents supported the vision and mission of the AHSC, a similar proportion found the specific objectives, structures and processes to be unclear or not ‘fit for purpose’. The issue does not arise in what the AHSC seeks to accomplish, but rather in the definition of its specific activities and how it actually delivers against its well-supported vision and mission – the practical structures and processes that need to be in place and the culture of innovation and collaboration necessary to foster improvements to patient care, research, and education and training.

**c) Functioning of the AHSC**

As the AHSC application made clear, both the Trust and the College have many aspects which are world-class. The test for the AHSC would be, therefore, whether the whole would be greater than the sum of its parts. From what I have observed during the course of this Review, it is difficult to attribute the achievements to the AHSC as a **construct in itself**. For the most part, the accomplishments observed have
been either the result of the efforts of the constituent entities alone, or have been projects pursued outside the AHSC structures and processes.

In essentials, the term “AHSC” has functioned as a shared frame of reference for the College and the Trust – a short-hand for describing joint initiatives rather than a set of institutionalised structures, processes and behaviours that have themselves either driven or enabled the successful implementation of defined projects or improvement initiatives.

To date, in common with the experience of all AHSC when newly founded, the AHSC at Imperial has not yet matured into an institution capable of defining its priorities, investing in programmes that support them, nurturing and supporting their success, and ensuring that they are scaled up. The structures, processes and culture that are required to achieve the AHSC’s stated mission are nascent:

- **On structure**, many of the mechanisms that were proposed in the initial application are yet to materialise. The Clinical Practice Group, the AHSC Capital Planning Board, and the Healthcare Education Board have not met on a regular basis. The existing Clinical Programme Groups and the Faculty of Medicine Centres, Institutes and Departments (CIDS) have not been aligned. Without a place for the leadership of both organisations to come together and provide direction for the AHSC, it is not possible for benefits of integration to be identified or realised.

- **The processes** of the AHSC failed to be created in large part because the structures were not put in place. Common metrics for success that span the College and Trust have not been defined. Job plans have not been standardised or revised. Appraisal processes are not aligned with the vision and mission of the AHSC. Specifically, performance measures relate to either the College or the Trust but rarely to both (e.g., research income, waiting times). This means that incentives are currently misaligned.

- **On culture**, the staff survey results were particularly significant. Fewer than one in five members of staff surveyed said that the AHSC had enhanced the culture and mindset of innovation in the Trust. One-third said that it had enhanced quality of care – but two-thirds said that it had not, or that improvements could not be attributed to the AHSC.

Without the appropriate changes to structures, processes and culture, for any individual, participating in the AHSC brings insufficient support and recognition. Finally, without structure or processes to define common clinical, research or education priorities, the AHSC as a whole lacks a strongly defined programme of work.
3. Lessons from other AHSCs around the world

I have reviewed leading AHSCs in the United States and Europe that are recognised for their quality of research, teaching and clinical performance. A summary of the AHSCs reviewed is shown in the exhibit below and case studies on each institution are available in the appendix.

EXHIBIT 1

National and international academic health science collaborations

Source: AHSC Team

Note: Oxford University and Oxford Radcliffe Hospitals have not officially been designated as an Academic Health Science Centre, though they aspire to this status.

a) AHSC organisational models

The structural organisation of AHSCs can be broadly described as a spectrum of integration (see exhibit below). World leading AHSCs have developed organisational structures that are collaborative, partnerships or integrated institutions. A successful AHSC does not require complete integration. However a coordinating strategic board that outlines the vision for the AHSC, coordinates joint planning and aligns key policies supports the successful collaboration necessary to manage an AHSC.
### Spectrum of integration in Academic Health Science Centre organisations

<table>
<thead>
<tr>
<th>DEGREE OF INTEGRATION</th>
<th>SEPARATE</th>
<th>DIALOGUE</th>
<th>COOPERATION</th>
<th>COLLABORATION</th>
<th>PARTNERSHIP</th>
<th>INTEGRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital and university are separate entities</td>
<td>“Some of our teams talk to each other but there is no formal footing”</td>
<td>“We are sure to talk to each other”</td>
<td>“We help each other out from time to time on matters of shared interest”</td>
<td>“We work together on projects with clear goals like joint ventures”</td>
<td>“Working together is ‘business as usual’”</td>
<td>“We aim to operate as one seamless institution”</td>
</tr>
<tr>
<td>No shared decision making or discussion processes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Researchers and doctors may organise ad hoc cooperation on individual projects when required</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital and university are separate entities</td>
<td>Regular informal discussions between senior members of organisations</td>
<td>Significant number of ongoing research projects between institutions</td>
<td>Hospital and university are separate entities, though some cross-governance (e.g. dean sits on hospital board)</td>
<td>Collaborative boards decide common strategic plan for AHSC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>University involved in hospital governance Strategic alignment and joint decisions on AHSC development (e.g. investments, recruiting)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospital and university form single legal entity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Shared or single governance structure (single CEO/dean or shared reporting line)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Common strategic plan is basis of operating management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Common operating departments</td>
<td></td>
</tr>
</tbody>
</table>

**At their most integrated, AHSCs are a union between a university and hospital. Both institutions shared a single management structure, governance and CEO. Researchers and clinicians form integrated teams in departments that cut across the hospital and university. Examples of this organisation are Johns Hopkins Medicine and UMC Utrecht, though other AHSCs like Duke Medical Centre are reorganising towards this model.**

Most of the AHSCs reviewed should be considered a collaboration or partnership. They have governance mechanisms that cut across both institutions, such as a shared Board of Trustees or Management Committee with representation from both institutions. This is the case at Massachusetts General Hospital, CHU de Liége and the Dartmouth Hitchcock Medical Centre. However, the hospital and university remain legally separate. Shared governance structures are responsible for leading joint ventures. Some directors also have posts in both the university and the hospital. These arrangements appear to be a natural evolution for institutions that have found regular cooperation mutually beneficial and wish to have a coordinating mechanism to manage their partnership.

At the opposite end of the spectrum institutions can be described as separate. These arrangements should not be considered AHSCs. None of the institutions reviewed met this description, though many institutions that are now AHSCs started from this point. The hospital and university have no formal mechanisms to coordinate cooperation at a senior level. Cooperation is at a local level between teams of researchers and clinicians working on individual projects. As the number of projects
shared between the hospital and university increases, mechanisms to manage the relationship emerge. It is from these initial relationships and dialogue that a new AHSC can emerge to manage the partnership between institutions.

A striking feature of the evolution from separate institutions cooperating on discrete projects to an integrated AHSC is how the locus of integration, the central coordinating point in the AHSC, becomes ever more senior in the institutions. The exhibit below charts this change from separate institutions where the locus is with individual teams cooperating to integrated institutions where the locus is the Chief Executive.

EXHIBIT 3

**Matrix of Academic Health Science Centre organisations**

<table>
<thead>
<tr>
<th>ORGANISATION LEVEL OF INTEGRATION</th>
<th>DEGREE OF INTEGRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jointly appointed CEO and top management</td>
<td>Integration</td>
</tr>
<tr>
<td>Formal joint working structures, e.g., joint board meetings</td>
<td>Integration</td>
</tr>
<tr>
<td>Integrated project governance, e.g., co-chairs of steering committees</td>
<td>Integration</td>
</tr>
<tr>
<td>Senior executives and department heads meet regularly over matters of common interest</td>
<td>Integration</td>
</tr>
<tr>
<td>Regular discussions about ongoing and potential research proposals</td>
<td>Integration</td>
</tr>
<tr>
<td>Individual researchers and clinicians work together on projects</td>
<td>Integration</td>
</tr>
<tr>
<td></td>
<td>Separate</td>
</tr>
<tr>
<td></td>
<td>Dialogue</td>
</tr>
<tr>
<td></td>
<td>Cooperation</td>
</tr>
<tr>
<td></td>
<td>Collaboration</td>
</tr>
<tr>
<td></td>
<td>Partnership</td>
</tr>
</tbody>
</table>

An integrated AHSC has a locus of integration at the chief executive level. The key reporting structures between the university and hospital pivot from this point. Integrated working and structures emanate down from the chief executive.

For AHSCs that are partnerships or collaborative ventures, the locus of integration is at the divisional or departmental level. Joint ventures between the institutions are not *formally* institutionalised at Board-level. The responsibility for coordination rests with division and department heads, solving cross cutting issues within discrete areas of the institutions. Joint working groups – at the most senior level – may be formed, but the institutions remain separate.

The AHSCs reviewed all have world-leading reputations despite their different organisational structures and levels of integration. It can be concluded that there is
no one way to organise a successful AHSC. However, my review has shown that there are key success factors to the successful operation of AHSCs.

b) Six shared success factors

EXHIBIT 4

We identified shared six ‘Secrets of Success’

<table>
<thead>
<tr>
<th>Shared strategic direction</th>
<th>Autonomy at a local level</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Shared governing board between institutions (e.g., CHU de Liége, UMC Utrecht)</td>
<td>▪ Local decision making and leadership</td>
</tr>
<tr>
<td>▪ Performance management tied to strategy (e.g., Duke, Dartmouth)</td>
<td>▪ Responsibility for strategy for delivering three missions at department level (e.g., John Hopkins, Mass General, CHU de Liége)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Innovation emphasis</th>
<th>Performance management based on the three themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ 20-30% of time protected for research (e.g. John Hopkins)</td>
<td>▪ Balance individual assessment based on individuals preference (e.g., Stanford)</td>
</tr>
<tr>
<td>▪ Researcher receives 35% royalties (e.g. John Hopkins)</td>
<td>▪ Balanced department dashboard to ensure wide focus (e.g., Duke, CHU de Liége, UMC Utrecht)</td>
</tr>
<tr>
<td>▪ Clinical Delivery Unit or Technology Transfer Office to coordinate with outside organisations (e.g., Dartmouth, John Hopkins)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Integration at a division level</th>
<th>Investment in recruitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Divisions based on key themes containing clinicians and researchers (e.g., Duke)</td>
<td>▪ Division chief heavily involved to ensure balanced portfolio of talents between 3 missions (e.g., Stanford)</td>
</tr>
<tr>
<td>▪ Medical divisions combine research and clinical focus in interdisciplinary teams (e.g., UMC Utrecht)</td>
<td>▪ Search Committee conducting comprehensive process (e.g., Stanford)</td>
</tr>
</tbody>
</table>

Six success factors from across the AHSCs reviewed stand out. They represent organisational principles, strategic emphasis and methods of operation.

The first success factor is that the AHSCs have a shared strategic direction. All the AHSCs have a form of cross cutting governance board that decides the strategy for the AHSC’s development. The strategy articulates any balance between the three missions, key areas for joint development and scientific areas for focus. Without this shared direction the AHSC can only be separate institutions operating under common branding.

In the absence of a strategic vision, the partnership can never be greater than the sum of the individual institutions. No additional value is created above and beyond the cooperation happening already between the university and hospital. To ensure that this shared strategic vision encompasses the whole of the AHSC, Duke and Dartmouth universities have both incorporated their strategic aims within their performance management systems. This has the advantage of ensuring that the strategy becomes the responsibility of every division and every individual in the AHSC.
The second success factor is that the institutions emphasise innovation. This emphasis distinguishes an AHSC from other teaching or clinical hospitals. The focus on innovation underpins the success of the three missions. Outstanding innovation is able to improve clinical practice through new knowledge and skills. Innovation naturally leads to training and education that allows the dissemination of new knowledge. Excellent clinical practice supported by outstanding innovation provides leading role models and best practice that educates and trains clinicians.

Johns Hopkins Medicine is a leading example of this focus. Every clinical employee has at least 20% of their time protected for research. This allocation will increase if the researcher is successful. Incentives are central to the Johns Hopkins Medicine institutional emphasis on research, with 35% of any royalties earned given to the inventor. As well as incentivising research, this mechanism creates a culture that prioritises dissemination and practical clinical uses of new research. Johns Hopkins Medicine also has a Technology Transfer Office that supports the patenting process, new start ups and maintains links with outside industry and entrepreneurs. Other AHSCs have a similar office or role, for example Dartmouth-Hitchcock has an Institute for Health Policy and Clinical Practice that focuses on disseminating research and Massachusetts General Hospital has a Head of Research.

The third success factor is integrating teams at a divisional level. Successful AHSCs are organised around interdisciplinary teams of researchers and clinicians. Duke University and UMC Utrecht have both adopted this approach. The key advantage is that the structure facilitates cooperative research and quick dissemination of clinical practice.

The fourth success factor is granting autonomy to divisions or departments. Johns Hopkins Medicine, Massachusetts General and UMC Utrecht have all given budgetary, strategic and operational responsibility for divisions to their directors. The directors are held to account by the governing board against the strategic objectives based on the three missions. This operational independence at a local level has encouraged innovation and team based cultures that underpin the success of the AHSCs.

The fifth success factor is basing performance management on the three part mission. This is not to say that every individual must make equal contributions to the mission. Stanford uses detailed job descriptions that specify the expected time each individual spends on each mission. This balance changes according to the individuals profile and motivations. Duke, UMC Utrecht and CHU de Leige all employ balanced department dashboards to ensure consistent department focus on the three missions. As part of this process medical divisions at UMC Utrecht must produce accounts for the three missions. By monitoring performance across the three missions a focus is maintained across the AHSC. The risk of skewing performance management in one direction, for example by only assessing research outputs, is that prioritisation of the missions moves in this same solitary direction.

The sixth and final success factor is an investment in recruiting. This is to ensure a balanced portfolio of talents is maintained to underpin the three missions. Stanford invests significant time and energy in recruitment. This includes division chiefs’
heavy involvement in the recruitment process to ensure a balance of talent between teaching, research and clinical skill is maintained in each team. To support this balance Stanford uses very detailed job descriptions that specify the balance of clinical and research time for each individual. Search committees made from senior faculty members visit a candidate’s hospital or university to meet with peers, students, care teams and superiors. This ensures that excellent, rounded individuals are employed. This supports the success of the AHSC by ensuring that a balanced culture that addresses the three missions is maintained.
4. Vision for our Academic Health Sciences Centre

a) Vision and mission

All Academic Health Science Centres have a tripartite mission of excellence, based on the acknowledged benefits of academic-clinical collaboration across three domains. This means the achievement of clinical outcomes that are recognised as excellent; world-leading biomedical research; and education and training that is regarded as second to none. Indeed, when the Imperial AHSC was founded, its high ambitions were reflected in its mission and vision:

“The AHSC’s Vision is that the quality of life of our patients and populations will be vastly improved by taking the discoveries that we make and translating them into advances – new therapies and techniques – and by promoting their application in the NHS and around the world, in as fast a timeframe as is possible.

“The Mission of those working in the AHSC is to make it become one of the top five global academic health science centres, channelling excellence in research to provide world class healthcare for patients, within the next ten years. Achieving this challenging mission will significantly improve the quality of healthcare for the local community, London and the UK as a whole, and enhance the UK’s position as a global leader in biomedical research and healthcare.

“The NHS can be the best in the world, but it must support the development of the integrated approach outlined in this Vision document to achieve that goal. Whilst delivering care locally and nationally, the AHSC aspires to operate at a level comparable with the best international equivalents and it will demonstrate its success across a range of measures including healthcare, research, and wider economic benefits.”

From my engagement with staff, with experts, and through a review of the evidence on academic-clinical collaboration, I am convinced that the mission and vision of the AHSC are right and should stand.

b) A new organising principle for the AHSC: integration through delivery

At its founding, it was believed that the AHSC would achieve its integration and alignment through the appointment of the same individual as Chief Executive of the Trust and Principal of the Faculty of Medicine in the College. This would be reinforced through each party participating in the others’ core, existing governance mechanisms; and the creation of a super-structure of joint committees to guide the process of integration. This could be characterised as a top-down approach to turn the vision into reality.
As the first AHSC in this country, we faced a unique set of challenges that required a top-down model of leadership. In this phase, the first and most important task was to signal the unwavering commitment of the senior leadership of the College and the Trust, to persuade decision-makers locally, nationally and internationally that we were committed to the AHSC concept. It made sense, therefore, to focus our efforts on integration at the top.

Now our challenges are different. We must prove not merely that we are committed, but that we can create significant value in the substance of what we do and the innovation that is turned to practical improvements in patient care. I have, therefore, become convinced that we should enhance our approach by pursuing integration both ‘bottom-up’ and ‘top-down’. Integration should start at the bottom, at the frontline of research and clinical practice where innovation takes place. Changes to structures, processes and behaviour at an institutional level should be made in order to enable innovation and creativity to flow and to flourish: in the interactions between clinicians and academics who come together to solve common problems in search of higher quality care for patients.

This is precisely why we should organise integration around a real research, education and training, and patient care improvement programme. Through the Biomedical Research Centre (BRC) process, we defined a set of themes, which are described in the exhibit 4 below.

Exhibit 4:

**BRC Themes**

<table>
<thead>
<tr>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Cardiovascular medicine</td>
</tr>
<tr>
<td>Children and adolescent medicine</td>
</tr>
<tr>
<td>Endocrine, metabolism and diabetes</td>
</tr>
<tr>
<td>Haematology</td>
</tr>
<tr>
<td>Hepatology and gastroenterology</td>
</tr>
<tr>
<td>Infection</td>
</tr>
<tr>
<td>Stratified medicine</td>
</tr>
<tr>
<td>Imaging</td>
</tr>
<tr>
<td>Neurosciences</td>
</tr>
<tr>
<td>Public health</td>
</tr>
<tr>
<td>Renal medicine and transplantation</td>
</tr>
<tr>
<td>Reproductive medicine and development</td>
</tr>
<tr>
<td>Respiratory disease</td>
</tr>
<tr>
<td>Rheumatology</td>
</tr>
<tr>
<td>Surgery and surgical technology</td>
</tr>
<tr>
<td>Genetics and genomics</td>
</tr>
<tr>
<td>Bio-banking</td>
</tr>
</tbody>
</table>

Building upon these research themes, the services offered by the Trust, and the structures of the Faculty, I believe that we should now create an AHSC Delivery
Programme. This will be composed of all staff in the related area becoming AHSC Delivery Groups. By bringing together all staff through AHSC Delivery Groups, the goal would be for alignment and integration of Clinical Programme Groups (CPGs) and CIDS to emerge and evolve over time. The leadership of both the Trust and the College should come together to determine what the most coherent groups should be, taking the existing CPG structures, CIDS structures, and BRC themes as input to this determination. A clinical academic should be appointed as Chairman of each of these Delivery Groups. Initially, this role will be as the “bridge” between the College and the Trust; over time, this role should evolve such that the CPGs and the CIDS become integrated, and each has a Chairman, to whom a Director of Service, and a Director of Research, Education and Training report.

These should become the essential vehicles for delivering the AHSC’s tripartite mission, accountable to the Joint Executive Group (described below).

In relation to cardiovascular, these changes should be made in consultation with the Royal Brompton and Harefield NHS Foundation Trust; in relation to women’s health and paediatrics, these changes should be made in consultation with Chelsea and Westminster NHS Foundation Trust. This should recognise the important relationship between the College and these organisations.

c) Future horizons and our direction of travel

The ambition for a fully-integrated AHSC has not been diminished. I have heard strong support for the concept to be taken forward, but that it will be a journey that takes place over many years. As we look to the future, we should not lose sight of that goal. Specifically, I believe that the evolution of the AHSC should see three distinct phases:

■ **Integration around our shared delivery programme.** This is described above, and the following chapter explains what we need to do to translate this vision into practice. In its essence, this is about collaborating effectively with one another. I believe that implementation of this programme should commence immediately.

■ **Alignment, and integration, of our substructures.** Integration should begin around the delivery programme. Yet we should aspire for deeper integration, where our goal is not simply to collaborate but to work seamlessly together. In this phase, the Delivery Groups should be able to pass through an accreditation process to determine whether they are ready to move to a single leadership structure that would combine the leadership of the CIDS and CPGs. For now, a disruptive reorganisation of either entity should not be a priority; this task should take place once the Delivery Groups have demonstrated that they can create value.

■ **Creation of a virtually seamless institution.** The final phase would be to redefine the roles of Principal of the Faculty of Medicine and Chief Executive of the Hospital, and the creation of a seamless senior management team spanning both (constraints in the legal and accountability frameworks of the NHS and University sector may require divisible substructures). It would enable the
seamless setting of priorities and allocation of resources, and the full alignment of incentives. This will doubtless take time; indeed, it would be pre-emptive to try to define precisely when this could take place. With the right leadership and commitment, this could occur rapidly.

This description may sound linear; in reality, of course, it will not be. The journey may happen in phases, but each requires long periods of forging trust-based relationships, and building the consensus that is required to make progress. It means making decisions today that are mindful of our long-term vision and that help us to achieve it.

***

There is much that must be done to revitalise, reenergise and reengage ourselves in the AHSC vision and mission; from my perspective, the high goals that were set remain absolutely the right goals to aim for. I believe that the direction of travel described reflects the aspirations of my colleagues; there appears to be a quiet consensus of where we should go. The question, therefore, is not if – but how.
5. From vision to reality: making this work

For the AHSC vision to be realised, practical change is necessary. This means changes to the way that the AHSC is governed; changes to the way that we measure success; changes to what we do and how we work together; changes to legal structures and agreements. This chapter considers each of the issues in turn.

a) Formalising the AHSC through a Joint Working Agreement

The first step to bring the vision to reality is to formalise what exists today. At present the AHSC is a set of practices and informal agreements; no legal document has been signed between the Trust and the College. It is time for that to change, to set solid foundations for the future.

As part of this Review, I commissioned advice for the options available for the legal structure of the AHSC. In essentials, there are two choices: to formalise the relationship on a contractual model, or on a corporate model, with the new entity acting as the focal point of the AHSC (e.g., a company limited by guarantee). The principal task for a company would be the hosting of any joint resources (e.g., a Joint Research Office) whereas under the contractual model, the JRO would be hosted by one of the organisations.

It is my view that for the AHSC – that is, the bilateral relationship between the College and the Trust – the contractual model continues to be the optimal arrangement between the two institutions. The reason that this has not been in place to date is divergence on a substantive issue (described in section b), below) rather than disagreement on whether it is the right legal model in itself. It is worth noting that the contractual model is also that pursued by the University of Oxford and Oxford Radcliffe Hospitals NHS Trust, which have a similar emphasis on the bilateral relationship.

Such a ‘Joint Working Agreement’ would describe the goals of the AHSC, put its governance structures on to a sure footing, describe arrangements for collaboration and ownership of intellectual property, and, crucially, make provision for the dissolution of the AHSC (and the division of any jointly-held assets). Should the Trust or the College fail to come to terms on a substantive issue, then it would be for either the Trust Board or the College Council to make a determination on whether to dissolve the AHSC. Such a potential drastic step should provide a strong incentive for decision-making by consensus in the AHSC; that the terms are clear should also help to build confidence that the essential interests of both parties cannot be subjugated by the other.

b) Resolving the issue of intellectual property

The core reason that a formal, legal arrangement between the College and the Trust has not been put in place is due to an inability to reach a consensus on intellectual property. The scope of intellectual property is that created in the AHSC through the research efforts of the College and the Trust. This means research that leads to intellectual property that is generated either a) through the participation of NHS patients; b) takes place on NHS property, in NHS facilities, or using other NHS capital
assets; c) is financed by NHS monies. This means that intellectual property that is generated by the College more widely is not included; indeed, it would likely focus on translational research.

A process of negotiation is likely to be required in order to reach a consensus between the College and the Trust. In order to inform the discussion, I believe it is useful to outline the options that are available for the College and the Trust to come to an agreement. From my perspective, there are five options:

i. **Intellectual property – and revenue – accrues to the organisation that holds the contract of employment of the principal investigator.** The merit of this option is its simplicity: it reduces the likelihood of disagreement on ownership. Nevertheless, it fails to take into account other, important aspects.

ii. **Intellectual property – and revenue – accrues to the organisation that funds the research activity itself, and provides the capital base for the research to take place.** This provides recognition of the importance of research income. However, it fails to account for the value of the research infrastructure that exists, or any of the enabling environment for that matter. It seems insufficient.

iii. **A formula is developed that blends employment of staff, the revenue source of the research activity, and the capital base under which the research is performed, and this formula determines shares of revenue that is generated.** Such a formula could be developed, but this approach is technically complex. Not only would it be difficult to determine such a formula, it would be complicated to ascribe value to its principal components (e.g., the valuation of the capital intensity of the research activity or even the allocation of overhead).

iv. **Intellectual property ownership goes to the organisation that holds the contract of employment but revenue from that intellectual property is split evenly between the College and Trust.** Research has shown that successful joint ventures typical have an equal share between the parties. This approach would recognise the AHSC as a joint venture, and would remove the complexity of understanding what accrues to whom.

v. **Intellectual property – both ownership and revenue – accrues to a new AHSC investment fund.** The Trust and the College make a determination to build the asset base of the AHSC through the creation of a new fund that owns all the intellectual property created within the AHSC (as defined by the scope above). The fund would likely be a jointly-owned company that is controlled by the Joint Executive Group of the AHSC. If the assets are monetised, the income would be reinvested in AHSC research with the goal of building up a sustainable funding stream for the AHSC.

There is significant complexity involved in concluding an agreement that works with the grain of existing arrangements governing intellectual property in both the College and the Trust. These include, for example, the relationship between Imperial
College and Imperial Innovations, and the Technology Pipeline Agreement that has been put in place. The Trust and the College will need to determine their goals and then seek appropriate legal advice to ensure that these are reflected in legal agreements.

c) Appointment of AHSC Delivery Group Chairmen and an AHSC Director

As described above, my vision is for the AHSC to be realised from the bottom-up, through the appointment of AHSC Delivery Group Chairmen. Recognising the nature of the AHSC concept, it is essential that we move towards a position where the individuals that are appointed are recognised and respected as clinical academics. This recognises the important role of the AHSC in bridging the gap between the evidence-base established by research and the systematic implementation into day-to-day clinical practice. It will be vital that these individuals are appropriately empowered so that they can make the AHSC concept come to life; for that reason, ways of empowering the Delivery Group Chairmen are outlined in section i), below.

The Chairmen should report to a newly created role of “AHSC Director”. This role will need detailed definition to ensure that it is not in conflict with that of the Principal or the Chief Executive. In essentials, they will be responsible for the preparation of the joint research strategy (discussed below), the smooth operation of the joint governance mechanisms and for furnishing these decision-making structures with the necessary information to track the progress of the AHSC development. Their role, therefore, must be progressive and developmental and explicitly not executive. Their purpose is to facilitate progress not to drive it. As such, it is would be essential that the individual reported jointly to the Principal and Chief Executive, with direct line management responsibilities taken on by the employing organisation. And the Principal and Chief Executive must retain the accountability for making the AHSC a success. The Principal will remain the most senior academic and research leader for both the Faculty and the AHSC; the Chief Executive will remain the most senior manager in the Trust.

The AHSC Director should also become the BRC Director, responsible for the successful operation and renewal of the BRC, and the role of Director of Research for the Trust. Given the breadth of this new role, the functionality of Director of Research for the Faculty should revert to the Principal of the Faculty of Medicine, (the Principal will also be the senior responsible officer for the academic and research aspects of the AHSC, reflected in the fact that the AHSC Director will report to both the Principal of the Faculty and the Chief Executive of the Trust). As a consequence, the role of Joint Research Director will no longer be required, and the Joint Research Office should be transformed into an AHSC Office, providing appropriate support to the AHSC Director in the discharge of his duties as set out above.

d) Leadership structures

The leadership of the College and Trust must come together to set their common direction and to resolve any outstanding issues. I therefore propose that a Strategic Partnership Board is established. This Board should meet quarterly to confirm that
progress is being made towards the realisation of the AHSC vision of integration. It should meet on an exception basis when the Joint Executive Group is unable to reach a consensus on an issue of dispute, and where the Joint Working Agreement is unable to provide conclusive direction. It should also bear responsibility for oversight of the investment of joint intellectual property. In essence, this Board’s principal function is stewardship of the AHSC as an institution. I therefore propose that it includes a mix of executive and non-executive directors.

The other structures reflect the essence of working together: a Joint Executive Group should meet every month, initially, as the core decision-making body of the AHSC. Its role should be to oversee the work of the committees and approve (or not) the recommendations of the committees, which are the place where accountability for the work programme should sit. This group will make decisions on people, on the budget for the AHSC and allocation of resources, and recommendations to the Trust Board and College Council on major joint capital and people decisions that must be implemented by the two organisations separately. The proposed committee structure reflects two things: people and capital (the AHSC does not have a large operating budget). Further, it reflects the tripartite mission of the AHSC – excellence in the quality of patient care, excellence in research and development, and excellence in education and training. The proposed structure is illustrated in exhibit 5 below:

Proposed AHSC governance structure

![Proposed AHSC governance structure diagram](image-url)
The role and functions of each of these structures is described in more detail in exhibits 6 below:

**Exhibit 6:**

**Role and functions of governance structures (1/2)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Strategic Partnership Board</th>
<th>Joint Executive Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide holistic oversight of relationship between Trust and College to</td>
<td>• Provide holistic oversight of relationship between Trust and College to ensure delivery of</td>
<td>• Resolve/reconcile any issues unsolved by Joint Executive Group</td>
</tr>
<tr>
<td>ensure delivery of tripartite mission and vision</td>
<td>tripartite mission and vision and long-term integration plan</td>
<td>• Oversee and direct joint committees, resolving any disputes arising within them</td>
</tr>
<tr>
<td>• Agree strategic objectives and long-term integration plan</td>
<td>• Agree strategic objectives and long-term integration plan</td>
<td>• Resolve any operational issues between the Trust and College in fulfilling the Joint Agreement</td>
</tr>
<tr>
<td>• Oversee investment of AHSC IP fund</td>
<td>• Oversee investment of AHSC IP fund</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Capital Investment Committee</th>
<th>People Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop joint estates plan aligned to overall AHSC strategic objectives as</td>
<td>• Develop joint estates plan aligned to overall AHSC strategic objectives as described by</td>
<td>• Define and agree joint assessment framework for use by both College and Trust in</td>
</tr>
<tr>
<td>described by Strategic Partnership</td>
<td>Strategic Partnership</td>
<td>staff assessments</td>
</tr>
<tr>
<td>• Provide oversight of any joint capital investment programmes (e.g., L Block)</td>
<td>• Provide oversight of any joint capital investment programmes (e.g., L Block)</td>
<td>• Define AHSC-specific appointments, awards and research PAs</td>
</tr>
<tr>
<td>• Approve recommendations for AHSC appointments (e.g., AHSC Fellows) and</td>
<td>• Approve recommendations for AHSC appointments (e.g., AHSC Fellows) and awards</td>
<td>• Approve recommendations for promotions</td>
</tr>
<tr>
<td>awards</td>
<td>• Approve recommendations for promotions</td>
<td></td>
</tr>
<tr>
<td>• Resolve operational estates issues connected to the Trust and the College</td>
<td>• Resolve operational estates issues connected to the Trust and the College</td>
<td></td>
</tr>
</tbody>
</table>

**Role and functions of governance structures (2/2)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Care Innovation Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Track and monitor impact of AHSC on improvement of quality of patient care</td>
<td>• Track and monitor impact of AHSC on improvement of quality of patient care</td>
</tr>
<tr>
<td>• Ensure quality improvement initiatives in the Trust</td>
<td>• Ensure quality improvement initiatives in the Trust</td>
</tr>
<tr>
<td>• Maximize input from the College</td>
<td>• Maximize input from the College</td>
</tr>
<tr>
<td>• Define measurement and metrics framework</td>
<td>• Define measurement and metrics framework</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Education &amp; Training Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Oversight of operational aspects of education and training across College</td>
<td>• Oversight of operational aspects of education and training across College and Trust</td>
</tr>
<tr>
<td>and Trust</td>
<td>• Focus on improvement of quality of education and training</td>
</tr>
<tr>
<td>• Resolve any operational issues</td>
<td>• Resolve any operational issues</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Research and Development Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Approve Joint Research Strategy proposed by Trust</td>
<td>• Approve Joint Research Strategy proposed by Trust</td>
</tr>
<tr>
<td>• Research Director and College Director of Research, for ultimate approval</td>
<td>• Research Director and College Director of Research, for ultimate approval by Joint</td>
</tr>
<tr>
<td>by Joint Executive Group</td>
<td>Executive Group</td>
</tr>
<tr>
<td>• Oversee Theme Research Strategies and develop proposal on AHSC-specific</td>
<td>• Oversee Theme Research Strategies and develop proposal on AHSC-specific research</td>
</tr>
<tr>
<td>research funding (for approval by Joint Executive Group)</td>
<td>funding (for approval by Joint Executive Group)</td>
</tr>
<tr>
<td>• Resolve operational research issues connected to the Trust and the College</td>
<td>• Resolve operational research issues connected to the Trust and the College</td>
</tr>
</tbody>
</table>

**SOURCE:** AHSC Review; Review of existing governance models of AHSCs in the UK; Steering Board

THE AHSC REVIEW | IMPERIAL 2011
I have consulted with members of the AHSC Review Steering Board, and with their guidance, have proposed membership of these committees. This proposal will need to be finalised and approved by the Trust Board and the College Council. The proposed membership is described in exhibit 7 below:

### Proposed membership of governance structures

<table>
<thead>
<tr>
<th>Strategic Partnership Board</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trust</strong></td>
<td><strong>College</strong></td>
</tr>
<tr>
<td>• Chairman</td>
<td>• Rector</td>
</tr>
<tr>
<td>• Non-Executive Director</td>
<td>• Associate Non-Executive Director, member of council</td>
</tr>
<tr>
<td>• CEIO</td>
<td>• Principal</td>
</tr>
<tr>
<td>• Others to be nominated by Trust and University</td>
<td>• Others to be nominated by Trust and University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Joint Executive Group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trust</strong></td>
<td><strong>College</strong></td>
</tr>
<tr>
<td>• Chief Executive</td>
<td>• Principal</td>
</tr>
<tr>
<td>• Others to be nominated by Trust and University</td>
<td>• Others to be nominated by Trust and University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital Investment Committee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trust</strong></td>
<td><strong>College</strong></td>
</tr>
<tr>
<td>• Director of Estate</td>
<td>• Director of Estate</td>
</tr>
<tr>
<td>• Others to be nominated by Trust and University</td>
<td>• Others to be nominated by Trust and University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People Committee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trust</strong></td>
<td><strong>College</strong></td>
</tr>
<tr>
<td>• Trust Lead for Clinical Excellence Awards</td>
<td>• University and faculty lead for academic promotion</td>
</tr>
<tr>
<td>• Director of HR</td>
<td>• Director of HR</td>
</tr>
<tr>
<td>• Others to be nominated by Trust and University</td>
<td>• Others to be nominated by Trust and University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care Innovation Committee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trust</strong></td>
<td><strong>College</strong></td>
</tr>
<tr>
<td>• Medical Director or nominated CPG lead</td>
<td>• Nomination CID</td>
</tr>
<tr>
<td>• Others to be nominated by Trust and University</td>
<td>• Others to be nominated by Trust and University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education &amp; Training Committee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trust</strong></td>
<td><strong>College</strong></td>
</tr>
<tr>
<td>• Director of Postgraduate Medical Education and Training (new role)</td>
<td>• Director of Postgraduate Medical Education and Training</td>
</tr>
<tr>
<td>• Others to be nominated by Trust and University</td>
<td>• Others to be nominated by Trust and University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research &amp; Development Committee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trust</strong></td>
<td><strong>College</strong></td>
</tr>
<tr>
<td>• AHSC director</td>
<td>• AHSC Director</td>
</tr>
<tr>
<td>• Others to be nominated by Trust and University</td>
<td>• Others to be nominated by Trust and University</td>
</tr>
</tbody>
</table>

**SOURCE:** AHSC Review; Review of existing governance models for AHSCs in the UK; Steering Board

### e) Ensuring we are pulling in the same direction: common measures of success

It is essential that the tripartite mission of the AHSC is reflected in the ways in which success of the AHSC is measured. Today, there is no overarching framework to answer the simple question: are we heading in the right direction to achieve our goals? At the most basic level, so long as the Trust and the College define and measure success differently – either formally or informally – then our potential to succeed will be inhibited. The first step that the AHSC must take is to agree on a common framework that measures the strength of its tripartite mission. An example of potential metrics (developed elsewhere) is shown in the exhibit 8 below:
### A balanced footprint across research, teaching and patient care

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Metrics (exemplary, non-exhaustive)</th>
</tr>
</thead>
</table>
| Patient care    | 1. Range of clinical offering/scope  
|                 | 2. Volume of procedures (e.g., transplant, etc.)  
|                 | 3. Process (e.g., guideline adherence, pat. safety)  
|                 | 4. Results, e.g., risk adjusted mortality  
|                 | 5. Economics (e.g., cost of certain procedures)  
|                 | 6. Staff-to-students ratio  
|                 | 7. Beds per resident  
|                 | 8. Attractiveness to international talent  
|                 | 9. Alumni chairing department(s) in an AMC  
|                 | 10. Award-holding alumni  

| Research        | 1. Highly-cited researchers (number; % of faculty)  
|                 | 2. Top clinical and basic science publications  
|                 | 3. Number of high-quality clinical trials  
|                 | 4. Award-holding faculty  
|                 | 5. Patents (number; revenues from patents)  

| Education       | 1. Staff-to-students ratio  
|                 | 2. Beds per resident  
|                 | 3. Attractiveness to international talent  
|                 | 4. Alumni chairing department(s) in an AMC  
|                 | 5. Award-holding alumni  

1 Adjusted for purchasing power parity  
2 E.g., Nobel, Lasker, Gairdner

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However, these are measures of each of the constituent parts of the AHSC – its individual components – rather than the value that is created through their partnership. Accordingly, Imperial should immediately pursue a joint project with other AHSCs in the UK and internationally to build a common understanding of how to measure the value that they create in the outcomes that they achieve. Specifically, an AHSC must be the generator of knowledge capital, consisting of:

- **Human capital** (new knowledge, skills, ideas, practices)
- **Social capital** (new relationships, reputation, trust)
- **Structural capital** (new organising structure, routines, documents, tools)

It will be necessary to understand what activities AHSCs undertake, what that enables them to produce, and what realised value they create in terms of better outcomes for patients, more productive uses of public resources, and transferable lessons for other health providers in this country and overseas.

**f) Ensuring we are pulling in the right direction: a single research strategy**

The essence of the AHSC is that, acting in common purpose, the Trust and the College will achieve more together than apart. It is vital, therefore, that there is a single research strategy that ensures this alignment. The move to a single research strategy must be a top priority for the Faculty and the Trust. This process should be overseen by the AHSC Director, with the process supported and managed by the AHSC Office, who should also be responsible for tracking implementation and impact. The Joint Research Strategy should be put forward to the Joint Executive...
Group by the Principal and the Chief Executive, who retain the final decision on the proposal. The strategy should ultimately be approved by the Strategic Partnership Board.

g) Aligning our resources to our intentions

It is essential that the AHSC is able to match resources to priorities. At present, additional resources for research of £5-8m are released through the Cost Improvement Programme. These are then allocated by the Joint Research Director to specific areas within the College or Trust. Whilst the sums are relatively small when set in context of overall research spending, they nevertheless have the potential to have a catalytic effect in energising the AHSC.

Looking forward, therefore, the process should change to ensure greater alignment between resources and AHSC priorities. The Delivery Group Chairmen should be required to prepare a research strategy for their theme area that is aligned to the overall research strategy. For each theme, these strategies should explain: research priorities; the current state of research; the strengths and distinctiveness of Imperial versus other institutions; identified funding sources; specific programmes; an assessment of the impact on patient care; and an outline of the resource requirements.

The AHSC Office should be responsible for assessing these theme research strategies, with the oversight of the Principal, the AHSC Director, and the Medical Director of the Trust. The Directors should make a joint proposal on the allocation of resources for approval by the Joint Executive Group (described in section a), above). These funds should be performance managed by the AHSC Office to track their impact.

h) Making doing the right thing the right thing to do

For collaboration to succeed, the formal mechanisms that reinforce behaviour with the Trust or the College must be aligned to the goals of the AHSC. Both organisations operate separate and unrelated staff assessment processes that recognise and reward their individual rather than joint priorities. This means that positive contributions to the AHSC – or the other institution – are not recognised or formally encouraged.

I am convinced that there should be a jointly defined assessment process that recognises the breadth of the mission of the AHSC. This should complement existing performance-based KPIs (for example, research income in the College or waiting times and patient satisfaction in the Trust). It is essential that the framework that is designed is sufficiently flexible to encompass the full activities of both institutions; and yet reinforces the value of collaboration between institutions.

In Exhibit below (exhibit 9), I have defined five potential domains for the assessment, covering the breadth of the AHSC mission, and the leadership required to deliver it. I have also defined five performance levels. It is my view that we must set minimum expectations for all – that everyone in the Trust and the Faculty must be at least a
collaborative partner. We should then set the ambition that each individual should have at least one ‘major’ (defined as a domain in which they are on a trajectory to achieve a performance level of ‘significant contributor’ or higher) and at least one ‘minor’ (defined as a domain in which they are on a trajectory to achieve a performance level of ‘contributor’ or higher). This would become our leadership model.

Conceptual framework for a shared appraisal process to align incentives

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Service</td>
<td>Provision of care to the patients and population of the AHSC</td>
</tr>
<tr>
<td>Education &amp; Training</td>
<td>Provision of high quality and innovative education and training</td>
</tr>
<tr>
<td>Research</td>
<td>Contributions towards the research strategy and priorities of the AHSC</td>
</tr>
<tr>
<td>People Leadership</td>
<td>Effectiveness in leading other people e.g., as part of a clinical or research team</td>
</tr>
<tr>
<td>Institutional Leadership</td>
<td>Formal leadership roles in the university, trust, or the AHSC itself</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognised Leader</td>
<td>Acknowledged by peers internally and externally as a leader in their domain</td>
</tr>
<tr>
<td>Significant Contributor</td>
<td>Recognised by colleagues as making a significant contribution to a specific domain</td>
</tr>
<tr>
<td>Contributor</td>
<td>Makes a routine contribution to a specific domain</td>
</tr>
<tr>
<td>Collaborative Partner</td>
<td>No particular contribution but acts collaboratively with colleagues e.g., helps enrol patients in trials</td>
</tr>
<tr>
<td>Performance Issues</td>
<td>Does not work collaboratively with colleagues</td>
</tr>
</tbody>
</table>

Individuals would be able to decide what portfolio they would wish to pursue. However, each Department would seek to have a balance across all domains within their staff as a whole.

The framework described is designed to be a starting point for discussion. It will need to be tested, adapted, improved and detailed. This is part of the work that should be taken forward.

i) Empowering the AHSC Delivery Group Chairmen

For the AHSC to be successful, it will be essential to properly empower the Delivery Group Chairmen. I therefore recommend three ways in which this could be accomplished:

- Setting of priorities. Through the new approach to research strategy described here, it will give the Chairmen a substantive role in the definition of research priorities.
- Resources. Through the allocation of resources against theme strategies, Chairmen will be able to influence what gets done. In addition, a number of
Research PAs should be placed at their disposal (for themselves, and for allocation to their colleagues).

- **People processes.** Chairmen should have the following roles:
  - Participation in all appointment panels for all appointments within the CIDS and CPG in which the theme leader undertakes research, clinical service or education and training;
  - Initiator of nominations to the People Committee for newly-created AHSC Distinction Awards, AHSC Fellowships, and other honorary AHSC titles and awards (the definition of the precise structure of these titles and appointments should be an initial task of the newly-formed AHSC People Committee); and
  - Inclusion within the review process for the people assessments described above within the CIDS and CPG in which the Chairman undertakes research, clinical service or education and training;
  - Requirement for CPG and CIDS heads to consider any recommendation for promotion of colleagues within the CIDS and CPG in which the Chairman undertakes research, clinical service or education and training.

It is essential that these formal mechanisms are implemented so that the AHSC Delivery Group Chairmen are able to have impact and drive the AHSC as a whole forward – from the bottom up.

**j) Cultural transformation**

For the AHSC to succeed, it will rely on human relationships. This means that there must be a culture that is both supportive of innovation in its inception and receptive to innovation in its uptake. It requires a culture of collaboration that unlocks creativity.

During the course of this Review, it has become apparent that the culture across the two organisations is mixed. There are examples of strong relationships and excellent collaboration; equally, I have heard too many stories of frustration, of colleagues acting as adversaries and protecting their ‘turf’.

It is therefore recommended that the College and Trust prepare a cultural transformation plan for implementation across the two institutions, and a clear programme of communications ensuring that the new approach outlined in this report is understood by the personnel in both organisations.
CHAPTER 6. Where next?

Improving the quality of care that we are able to provide to patients is our purpose; care of the highest possible quality is our aspiration; and striving for it is our obligation. As this Review shows, there is an enormous amount of work that must be done in order to make the AHSC an ongoing and sustainable success. From implementing the governance framework to ensuring the alignment of incentives and performance measures, there is much detailed work left to do.

The proposals must now be translated into a specific action plan, with clear responsibilities and a timeline for implementation. This will likely require a dedicated team to take it forward. This should be the first task of an AHSC Director once they are appointed and with the support of a small but capable team, and must be approved first by the Principal and Chief Executive, and formalised by the Joint Executive and the Strategic Partnership Board.

* * *

The AHSC at Imperial has a bright future. I look forward to seeing it achieve its fullest potential, and stand ready to lend my support to help academic health sciences to succeed and to flourish.
Appendix B

Membership of Joint Response Working Group

- Professor Sir Anthony Newman Taylor (College – FoM Principal) – Chair
- Dr Rodney Eastwood (College Secretary)
- Professor Dermot Kelleher (College – FoM Principal Designate)
- Professor David Taube (Trust - Medical Director, clinical services)
- Mr Brendan Farmer (Trust - Director of Strategy)
Appendix C - Next Steps (2012 High level Action Plan)

April - June 2012  College and Trust officers initiate discussions to finalise corporate agreement terms, including resolution of IP and Trademark issues.

May 2012  Trust Board and College Council provide final approval for activity going forward to translate the recommendations of the AHSC Review into action.

June 2012  Job Description for the AHSC Director (for Board approval). Membership and Terms of Reference for each of the above also agreed. Advertisements placed

June/July 2012  Initial scoping led by Joint Executive Forum (pending formal establishment of JEG/SPB) of the framework for establishment of first wave of Delivery Groups from September 2012, including consideration of Delivery Group Chairman appointments.

Sept 2012  Formal Establishment of JEG and SPB. AHSC Director in post.

Sept 2012 onwards  Workstreams established, under responsibility of AHSC Director for
• development and monitoring of Delivery Group activity, including formal appointment of Delivery Group Chairmen
• communications programme
• Appraisal and KPI processes

December 2012  NIHR Deadline for completion of IP agreement. It is proposed that IP, Trademark and overarching corporate agreement terms should, in practice, be completed well before this external deadline, for approval through SPB and by Trust Board and College Council in Autumn 2012.
BACKGROUND

1. The College’s postgraduate accommodation strategy aims to deliver high quality accommodation options for the College’s 5000 postgraduate students within 30 minutes travel to South Kensington. The postgraduate accommodation will be marketed under the GradPad brand and sold, on 51 week contracts, to postgraduate students at all London HE institutions. However the College will have full authority to grant Imperial students the first choice of rooms, or exclusive occupation of the premises, should this be deemed necessary during the annual portfolio review. All GradPad rooms will be sold through a third party agency and the buildings operated by a facilities management provider, to enable greater flexibility of operations a step removed from Imperial. GradPad rents are priced above economic cost to produce a surplus.

2. This paper requests that the Council consider and approve the cash-funded acquisition of Orient House for GradPad’s postgraduate portfolio. Orient House, which provides 158 bedspaces in Imperial Wharf (SW6), meets the criteria established for postgraduate assets and would provide entry level rent prices. It also provides an attractive Internal Rate of Return on investment of 7.75%.

ORIENT HOUSE SPECIFICATION

3. This is a rare opportunity for the College to purchase a purpose built student residence, in a desirable zone 2 location, in Imperial’s key West London region. There is an under supply of similar development propositions which meet Imperial’s criteria for postgraduate accommodation assets. It also provides an immediate replacement for the cluster flat bedspaces at Clayponds, which will close at the end of the 2011-12 academic year.

4. Orient House provides 147 en suite double bedrooms in cluster flats with shared kitchen and lounge facilities, as well as 11 studios. The shared facilities configuration will allow GradPad to offer a greater choice of accommodation and entry level prices. Ownership of the building will enable the College to keep financial control, protecting Imperial students against the London rental market going forward. The layout of Orient House is ideal for the needs of postgraduates; the postgraduate forum held in February 2011 suggested that students wanted en suite rooms, multipurpose living areas- which the cluster kitchen/lounges provide- and a communal lounge.

5. Orient House is located within five minutes walk of Imperial Wharf Overground station, which has excellent transport links to most other London HE institutions (17 institutions are within 45 minutes travelling distance) and is easily accessible in less than 30 minutes from South Kensington. Imperial Wharf has a range of facilities for students and the amenities of the Kings Road and Fulham Broadway are only a short walk. The redevelopment of the Imperial Wharf/Chelsea Creek area of Fulham is ongoing and the attractiveness of the area, both in terms of its land value and local amenities, will only increase in the future. Chelsea Creek, the second phase of the area’s redevelopment, has seen land values increase by ~60% against Imperial Wharf- the first phase. Furthermore, Orient House is located in the London Borough of...
Hammersmith and Fulham, which is one of the most popular choices for Imperial students living in the private rental market due to its proximity to Imperial’s campuses, its student friendly amenities and comparatively low crime levels.

6. Along with GradPad’s other properties Orient House will encourage independent living under the residential support model, rather than housing academic staff as wardens. This enables the College to maximise revenue, with all bed spaces within the property on the market.

FINANCIALS

7. Heads of terms have been agreed with Unite, the current leasehold owners of the property, for purchase at £20.6m. This equates to £130k per bedspace for land and build; as a comparison Eastside equated to £580k.

8. GradPad proposes to charge an average rent for an en suite bedroom at Orient House of £197 per week for a 51 week contract. This is based on an independent assessment of market rent levels in 2012/13 from Corporate Residential Management Ltd (CRM); this is detailed in Appendix 2.¹

9. Savills have undertaken an independent valuation of the building and, based upon Imperial’s anticipated rental values for the individual rooms types, have established a capital value of £20.3m. This value assumes that there will be limited acquisition costs associated with this purchase. The full Savills report is attached as Appendix 4.¹

10. Dixon Wright, the College’s independent property advisers, have provided additional advice with regards to this valuation and this advice is attached at Appendix 3.¹

11. Based on these income levels and as a cash funded acquisition Orient House provides the following investment returns to the College:
   - NPV: £499k
   - IRR: 7.75%
   - Payback within 13 years

CONCLUSION

12. Orient House represents an opportunity for the College to acquire a property that meets its strategic goal for postgraduate accommodation of high-quality student living within 30 minutes travel of South Kensington and which can provide an economic surplus on investment. At its meeting held on 30 March 2012, the Management Board agreed to recommend this proposal to the Council.

13. The Council is now asked to consider, and if it sees fit, approve the proposed acquisition of Orient House, based on a purchase price of £20.6m.

¹ Appendices 2, 3 and 4 include information which is confidential and commercially sensitive and have therefore been omitted from these published minutes.
Appendix One: Location and other GradPad properties
BACKGROUND

1. As part of the government’s reforms to higher education funding, the importance and financial value of philanthropic income to UK universities is expected to increase. At the same time, it is expected that donors and the fundraising process will come under greater scrutiny.

2. The report of the Lord Woolf Inquiry into the controversy surrounding the gift from the Gaddafi International Charity and Development Foundation to the LSE has highlighted the reputational risks that institutions face by association with controversial donors.

3. Related legislation includes the Bribery Act 2010, effective from July 2011, which provides a legal framework to combat bribery in the public or private sectors. It includes offences covering the offering, promising or giving of an advantage, and the requesting, agreeing to receive or accepting of an advantage. The Act requires the College to be wary of accepting any donation that could look like a bribe. In addition, under Charity Law, the College should not accept any donation that could affect its charitable status or where the source is unknown.

4. To reduce the risk of a gift being accepted that could compromise the College, a statement on institutional gift acceptance policy and a clear and robust process for the review of major gifts are needed. These will provide guidelines by which College fundraisers can operate and also serve as a statement of the institution’s values.

THE CURRENT SITUATION AT IMPERIAL

5. Imperial does not have a formal policy in place for reviewing and accepting philanthropic gifts. There are no guidelines on what can or cannot be accepted as a gift.

6. Currently, due diligence is conducted by prospect researchers in the Development Office. If nothing is uncovered at this stage, gifts are accepted by fundraisers on behalf of the College. Where there are doubts over a donor or the source of a donation, the case is escalated to the Director of Communications and Development for a decision on whether a gift can be accepted or not. As a result, ethical decisions are taken on an ad hoc basis by a combination of staff in the Development Office, the Director of Communications and Development, and in some circumstances, the Rector, and other co-opted senior members of staff.

THE SITUATION ACROSS THE SECTOR

7. Several UK universities have recently established or reviewed their gift acceptance policies. A search of material publicly available online has uncovered the gift acceptance policies of the universities of Birmingham, Bristol, Durham, Newcastle, Stirling and Goldsmiths College.\(^1\) It is

---

\(^1\) These are available online at:
understood that other institutions (including Aberdeen, Keele, and Oxford) have policies in place, though these are not readily available. Further guidance is available from the Council for Advancement and Support of Education (CASE). 2

8. A review of the policies available suggests that many universities have no strict rules on who they can and cannot accept gifts from. This contrasts with the charity sector, in which it is common for organisations to have fundraising policies that make explicit exclusions (e.g. most commonly arms and military services and tobacco).

9. However, these policies provide broad guidelines on situations in which a gift would be refused. These include:
   a. Where the purpose of the gift is incompatible with the institution’s mission, and current strategic plans
   b. Where a proposed gift arises from activity that involves tax evasion, environmental damage, public health issues, human rights violations, criminal activity or falsified academic research
   c. Where evidence exists that acceptance of the gift would: require action illegal under English law; create an unacceptable conflict of interest for the institution; expose the institution to financial liability; damage the institution’s wider reputation and cause negative press coverage or deter other donors 3

10. These policies also create a framework by which potentially controversial gifts can be reviewed. There is no consistent established means to do this but in each case, the process by which a decision is made is clear and established.

RISKS TO IMPERIAL

11. The current situation at Imperial College provides inadequate safeguards against reputational risks. It is possible that the lack of clarity about procedures for dealing with gifts and for deciding when gifts can and cannot be accepted may lead to a situation in which the College attracts negative publicity.

Bristol - http://www.bris.ac.uk/centenarycampaign/how/ethicafundraising.pdf
Durham - http://www.dur.ac.uk/resources/about/GapAacceptancePolicy.pdf
Goldsmiths - http://www.gold.ac.uk/acceptance-gifts/
Stirling - http://www.externalrelations.stir.ac.uk/development/ethic_gift/index.php

2. Available at:
http://case.org/Samples_Research_and_Tools/Principles_of_Practice.html
3 Adapted from Goldsmiths College: http://www.gold.ac.uk/acceptance-gifts
12. It is therefore recommended that the College agree a new gift acceptance policy and a process for dealing with gifts. This should be published on the College website and communicated to the wider College community and its stakeholders.

DECISION REQUIRED

13. The draft Gift Acceptance Policy and Process for Reviewing and Accepting Gifts, and associated proforma were presented to Development Board on 8 November 2011. The drafts were reviewed and revised in the light of recommendations made by the Development Board and discussions with staff within the College, and were subsequently agreed by Management Board on 27 January 2012. The revised drafts were presented to Audit Committee on 29 February 2012 and Risk Committee on 13 March 2012 and have been further revised following their recommendations.

14. Council is asked to discuss and, if it sees fit, to agree the draft Gift Acceptance Policy (Annex A: Council), and Process for Reviewing and Accepting Gifts and associated proforma (Annex B: Council).

15. Following agreement by Council, it is proposed that the Gift Acceptance Policy and Process for Reviewing and Accepting Gifts be published on the College website and communicated widely.

TE Miller
Director of Communications and Development
April 2012

Annexes:
A: Council. Gift Acceptance Policy
ANNEX A: COUNCIL

GIFT ACCEPTANCE POLICY

1. Imperial College London (the College) seeks and encourages charitable donations (gifts) from a range of sources including individuals, companies, charitable trusts and foundations, alumni and friends of the College. These gifts may be in the form of cash, property, works of art, shares, in-kind services or pro-bono voluntary work. Gifts are defined in accordance with the definition in use by the Council for Advancement and Support of Education (CASE). This defines philanthropic income as that which does not confer full or partial ownership of a deliverable on the funder in return for the funding. The gift must be owned in full by the receiving institution once it is received.

2. Gifts are accepted at the College’s discretion.

3. The mission of the College is: to embody and deliver world class scholarship, education and research in science, engineering, medicine and business, with particular regard to their application in industry, commerce and healthcare. It fosters multidisciplinary working internally and collaborates widely externally.

4. The College’s vision is:
   a. To remain a world-leading institution for scientific research and education.
   b. To harness the quality, breadth and depth of our research capabilities to address the difficult challenges of today and the future.
   c. To develop the next generation of researchers, scientists and academics.
   d. To provide an education for students from around the world that equips them with the knowledge and skills they require to pursue their ambitions.
   e. To make a demonstrable economic and social impact through the translation of our work into practice worldwide.
   f. To engage with the world and communicate the importance and benefits of science to society.

5. In considering the acceptance of a gift the following guidelines apply:
   a. Gifts should:
      1) Support the College’s mission, vision and strategic aims
      2) Be consistent with the overall objectives of the College
   b. Gifts should not:
      1) Compromise the College’s status as an independent institution
      2) Restrict or limit academic freedom
3) Create unacceptable conflicts of interest

4) Arise, in whole or in part, from illegal activity that might include:
   (a) Tax evasion
   (b) Fraud
   (c) Violation of international conventions on human rights or the environment
   (d) Suppression or falsification of academic research

5) Lead the College to contravene data protection and/or freedom of information legislation

6) Damage the College's reputation

7) Deter other donors

8) Inhibit the College from seeking gifts from other donors

9) Cause any other damage, including financial, to the College

10) Expose the College to potentially significant liability

11) Require the College to be involved in action that is illegal

12) Require the College to suppress or falsify academic research

13) Require the College to deviate from its normal hiring, promotion, and contracting procedures

14) Require the College to provide special consideration for admission to the donor or designate

15) In any other way be in conflict with the values and aims of the University

6. Gifts are not accepted where the sources are unknown or cannot be verified.

7. Where copyright or intellectual property issues or any other conditions are involved, they must be clearly understood, and it must be ensured that the College can comply with any associated requirements.

8. All gifts to the College must undergo a due diligence process performed by the Communications and Development division.

9. Any additional costs associated with the acceptance of a gift need to be clearly identified and agreed by the Director of Communications and Development.
10. The College will be transparent about gifts received, their sources and purposes. In cases where a donor wishes to remain anonymous, such anonymity will be respected for all public purposes. The College may disclose details of any donor where it is required to do so by law, by any governmental or other regulatory authority, or by order of a court.

11. Where a donor offers to make a donation with conditions attached, the College reserves the right to make the final decision on acceptance or refusal of the gift.

12. The College reserves the right to refuse or refund any gift thought not to meet these requirements.

TE Miller
Director of Communications and Development
April 2012
1. It is the responsibility of the Communications and Development Division to manage all potential charitable donations (gifts) in accordance with the following process, which is designed to minimise the College's exposure to risk and to ensure that potential gifts which may conflict with any of the criteria in the College's Gift Acceptance Policy are declined at an early stage in discussions. The process of referral to the Audit Committee (paragraphs 6-10) can be applied to all gifts, but it will be applied routinely on those that are above £100,000.

2. Upon initial contact, the donor is submitted by a development staff member or the individual in College who is responsible for soliciting the gift to the Communications and Development Division research team for due diligence, research, and review against the College's Gift Acceptance Policy.

3. The legal and reputational rights of potential donors will be considered as part of the due diligence process. A clear distinction will be drawn between rumour or speculation and matters of confirmed fact or legal finding, while also accepting that the College may wish to consider the reputational risks to the College that could be incurred through public perception of association with any potential donor.

4. If the due diligence process identifies no risk or unacceptable condition associated with accepting the gift, the relationship is agreed by the Director of Communications and Development and pursued by the fundraising team.

5. Where costs are associated with the gift, it is the responsibility of the Director of Communications and Development to decide whether these can be accepted.

6. Where the due diligence process identifies a potential risk or unacceptable condition associated with accepting the gift it is the responsibility of the Director of Communications and Development to refer a recommendation to the Audit Committee for their decision by completing and submitting the pro forma attached at Annex A together with a copy of the proposal prepared for or received from the potential donor. Referrals to the Audit Committee should be made as early as possible in the gift cultivation process.

7. Before taking a recommendation to the Audit Committee, the Director of Communications and Development should informally raise the concern with the Chief Financial Officer, the Chair of Development Board, and the Clerk to the Council for their informal advice.

8. If there are any areas where the Audit Committee requires more information on which to base their decision, these should be listed in the pro forma and returned to the Director of Communications and Development, who is responsible for resubmitting the donation to the Communications and Development research team for additional due diligence checks and for collating any additional information requested. Once any additional information required has been collected, it is the responsibility of the Director of Communications and Development to resubmit the case to the Audit Committee.
9. The Audit Committee’s decision should be recorded by the Committee Secretary using the pro forma attached at Annex B. The decision should be communicated and acted on appropriately and reported to Development Board.

10. If the Audit Committee is unable to make a decision, the case should be referred to Council for decision. It is the responsibility of the Director of Communications and Development to submit to Council the recommendation and additional information in the pro forma attached at Annex A together with the record of discussion of Audit Committee.

11. Donors whose gifts are accepted must accept and sign appropriate standard gift agreements to confirm that the management and governance of their gift will rest solely with the College.

12. At each of its meetings, the Audit Committee shall receive a list prepared by Communications and Development of all non-regular (i.e. not annual or monthly) gifts over £1K, including the name of the donor, that have been accepted since the previous meeting of the Audit Committee. The chair of Audit Committee has the right to request further information on any gift and, if necessary, to request that the Audit Committee take a decision on whether a gift should have been accepted. In these cases, it is the responsibility of the lead fundraiser for the gift to submit the recommendation and information in the pro forma attached at Annex A and a copy of the proposal prepared for, or received from, the potential donor to the Audit Committee.

13. Donors to the College will be monitored by the prospect management and research teams within Communications and Development. In the event of any significant risks being identified after a gift has been accepted, the case will be referred to the Council.

TE Miller
Director of Communications and Development
April 2012
ANNEX A

BRIEFING PROFORMA FOR AUDIT COMMITTEE

In the instance of proposed gifts where potential risks to the College have been identified through the due diligence process, this form must be completed and submitted to the Imperial College Audit Committee together with a copy of the proposal summary prepared for, or received from, the potential donor. It is the formal responsibility of the Audit Committee to decide whether a gift should be accepted. If it is decided to reject a gift, it is the responsibility of the lead fundraiser to decline the proposed gift. Decisions will be made in accordance with the College Gift Acceptance Policy.

<table>
<thead>
<tr>
<th>1. Name of the lead fundraiser for the proposed gift (the member of staff responsible for soliciting the gift)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Name of the lead Communications and Development fundraiser</td>
</tr>
<tr>
<td>3. Department / division / faculty (if applicable)</td>
</tr>
<tr>
<td>4. Name of potential donor</td>
</tr>
<tr>
<td>5. Value of proposed gift</td>
</tr>
<tr>
<td>6. Does the proposed gift arise from a solicitation from Imperial College or from an independent approach by the potential donor?</td>
</tr>
<tr>
<td>7. Are there any conditions attached to the proposed gift?</td>
</tr>
<tr>
<td>8. Please provide the results of standard due diligence checks on the potential donor</td>
</tr>
<tr>
<td>9. Please detail the current status of negotiations with the potential donor</td>
</tr>
<tr>
<td>10. Please detail all previous contact between Imperial College and the potential donor</td>
</tr>
<tr>
<td>11. Is there any potential or existing controversy surrounding the proposed gift or the potential donor which might disadvantage Imperial</td>
</tr>
</tbody>
</table>

☐ YES  ☐ NO

If yes, please provide details:
<table>
<thead>
<tr>
<th>College?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Have any concerns been raised about the potential donor or the proposed gift?</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>If yes, please provide details, including by whom the concerns have been raised:</td>
<td></td>
</tr>
<tr>
<td>13. Please provide full details of the proposed gift as an annex</td>
<td>☐ Attached</td>
</tr>
<tr>
<td>14. Please provide as much detail as is known on the potential donor as an annex</td>
<td>☐ Attached</td>
</tr>
<tr>
<td>15. Please attach any further comments as an annex</td>
<td>☐ Attached</td>
</tr>
</tbody>
</table>

**Authorisation of briefing**

<table>
<thead>
<tr>
<th>Lead fundraiser for the proposed gift:</th>
<th>Faculty Principal/ Head of Department (if applicable):</th>
<th>Director of Communications and Development:</th>
</tr>
</thead>
<tbody>
<tr>
<td>........................................</td>
<td>......................................................</td>
<td>........................................</td>
</tr>
<tr>
<td>Signature</td>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>........................................</td>
<td>Name</td>
<td>........................................</td>
</tr>
<tr>
<td>........................................</td>
<td>Date</td>
<td>........................................</td>
</tr>
<tr>
<td>........................................</td>
<td>......................................................</td>
<td>........................................</td>
</tr>
</tbody>
</table>
## ANNEX B

### DECISION OF THE AUDIT COMMITTEE PRO FORMA

This form must be completed by the Secretary of the Audit Committee in the instance of any proposed gifts submitted to the Committee for decision. If the Committee advises that the gift should be declined, it is the responsibility of the lead fundraiser to decline the gift. A decision will be made in accordance with the College Gift Acceptance Policy.

<table>
<thead>
<tr>
<th>1. Name of the lead fundraiser for the proposed gift (the member of staff responsible for soliciting the gift)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Name of the lead Communications and Development fundraiser</td>
<td></td>
</tr>
<tr>
<td>3. Department / division / faculty (if applicable)</td>
<td></td>
</tr>
<tr>
<td>4. Name of potential donor</td>
<td></td>
</tr>
<tr>
<td>5. Value of proposed gift</td>
<td></td>
</tr>
<tr>
<td>6. Does the Audit Committee require any more information before advice can be given?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>If yes, please provide details:</td>
<td></td>
</tr>
<tr>
<td>7. Does the Audit Committee advise that the proposed gift be accepted or declined</td>
<td>□ ACCEPTED □ DECLINED</td>
</tr>
<tr>
<td>8. Please provide as much detail as possible on the reasons why this advice has been given</td>
<td></td>
</tr>
<tr>
<td>9. Any further comments</td>
<td></td>
</tr>
</tbody>
</table>
IMPERIAL WEST REPORT

A Report by the Imperial West Project Manager

IMPERIAL WEST MASTERPLAN (PHASE 2) PLANNING APPLICATION

1. The Masterplan (Phase 2) planning application for the balance of the Imperial West campus was registered on 16 January 2012. The previously reported target planning committee of 11 April has been moved back to 15 May 2012, at the request of the GLA to avoid conflict with the Mayoral elections.

2. The key risks to the consent for planning remain: the height of the Residential Tower (Building F); the provision of affordable accommodation; the level of Section 106 contribution and; the GLA support through the Mayoral election period.

3. Positive support for the bulk, mass and height of the scheme has been received from the GLA stage 1 report, the Hammersmith and Fulham Architects’ Advisory Panel and the Design Council. As anticipated a negative response has come from Kensington and Chelsea who will be opposing the application.

4. The team are working with the College’s Director of Planning, the Education team at Hammersmith and Fulham and ARK Schools to negotiate the outreach/education offer as part of the new campus. The aim is to engage the College’s Outreach Department, providing opportunities for school children in the borough and wider context to engage in science. This is viewed as a critical element for the local authority who are keen to see direct benefits from the College’s increased activity base in the borough.

5. Viability testing and direct negotiations on the size and nature of the s.106 agreement have progressed, the situation being complicated by the imposition of the Community Infrastructure Levy at £50 per sq ft from the GLA. Broad terms will need to be agreed for the determination date of 15 May and is anticipated that negotiations will continue up to at least the first week of May.

6. As expected, residents in the St Helen’s Residents’ Association continue to correspond with GLA, local authorities and College airing their concerns. Nothing new has been raised in their objections and the team remain positive that the campaign has not identified any material planning issues as the basis for opposition. In response to a request from the Residents’ Association to present a deposition to the Council a meeting has been arranged for them to present their concerns to the Chair of the Syndicate.

FOREST HOUSE

7. Good progress is being made in completion of the Forest House land. Contracts have been exchanged and the conditions of vacant possession and reinstatement of the access route have been progressed. Land Securities has informed the College that they anticipate a completion date of 31 May 2012.

John Anderson
Apr 12
PAPER G – DECISION PAPER

DATES OF FUTURE COUNCIL MEETINGS

A Note by the Clerk to the Council

1. Attached at Annex A is a proposed schedule for Council Meetings for the years 2012-13 to 2015-16.

3. The Council is invited to consider and, if it sees fit, approve the dates for future meetings as set out in Annex A.
# Proposed Dates for Council Meetings 2011 - 2016

<table>
<thead>
<tr>
<th>Month</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>No Meeting</td>
<td>No Meeting</td>
<td>No Meeting</td>
<td>No Meeting</td>
</tr>
<tr>
<td>September</td>
<td>Away Day</td>
<td>Away Day</td>
<td>Away Day</td>
<td>Away Day</td>
</tr>
<tr>
<td></td>
<td>Council Meeting (20 Sep 12)</td>
<td>Council Meeting (20 Sep 13)</td>
<td>Council Meeting (19 Sep 14)</td>
<td>Council Meeting (18 Sep 15)</td>
</tr>
<tr>
<td>October</td>
<td>No Meeting</td>
<td>No Meeting</td>
<td>No Meeting</td>
<td>No Meeting</td>
</tr>
<tr>
<td>December</td>
<td>No Meeting</td>
<td>No Meeting</td>
<td>No Meeting</td>
<td>No Meeting</td>
</tr>
<tr>
<td>January</td>
<td>No Meeting</td>
<td>No Meeting</td>
<td>No Meeting</td>
<td>No Meeting</td>
</tr>
<tr>
<td>March</td>
<td>Easter Sunday 31 Mar 13</td>
<td>No meeting</td>
<td>No Meeting</td>
<td>Easter Sunday: 27 Mar 16</td>
</tr>
<tr>
<td></td>
<td>No meeting</td>
<td></td>
<td></td>
<td>No Meeting</td>
</tr>
<tr>
<td>April</td>
<td>No Meeting</td>
<td>Easter Sunday 20 Apr 14</td>
<td>Easter Sunday: 5 Apr 15</td>
<td>No Meeting</td>
</tr>
<tr>
<td></td>
<td>No Meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>Gala Court Dinner (9 May 13)</td>
<td>Gala Court Dinner (15 May 14)</td>
<td>Gala Court Dinner (14 May 15)</td>
<td>Gala Court Dinner (12 May 16)</td>
</tr>
<tr>
<td></td>
<td>Court Meeting (10 May 13)</td>
<td>Court Meeting (16 May 14)</td>
<td>Court Meeting (15 May 15)</td>
<td>Court Meeting (13 May 16)</td>
</tr>
<tr>
<td>June</td>
<td>No Meeting</td>
<td>No Meeting</td>
<td>No Meeting</td>
<td>No Meeting</td>
</tr>
</tbody>
</table>
The Financial Management Report is commercially sensitive and confidential and consequently is not included with these minutes.
INTRODUCTION

1. With John Anderson moving within the College and vacating the Chief Executive role, the College Fund is reviewing how it operates. This review is ongoing and will have been completed before the next Council meeting, when a substantive paper on the issue will be submitted for consideration.

YEAR TO DATE 2011/12

2. At the consolidated level, the position of the College Fund in the 8 months since the start of the financial year is as follows -

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>31 Jul 11</th>
<th>31 Mar 12</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£m</td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Unitised Scheme*</td>
<td>100.0</td>
<td>107.3</td>
<td>7.3</td>
</tr>
<tr>
<td>Innovations</td>
<td>106.3</td>
<td>104.1</td>
<td>(2.3)</td>
</tr>
<tr>
<td>Non Core Property**</td>
<td>103.2</td>
<td>105.6</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>309.3</td>
<td>317.0</td>
<td>7.7</td>
</tr>
</tbody>
</table>

* Net of new donations, endowments and distributions
** Net of debt

UNITISED SCHEME

3. Asset Allocation – The funds redeemed from the Jubilee Absolute Return Fund have been reallocated across the Fund’s Global Equity holdings. In total £7.4m has been allocated to Global Equities – the majority across our existing holdings. This has moved Global Equities to 50% of the portfolio, with cash comprising 29%, which remains a defensive position in volatile markets.

4. Performance - For the eight months to March the College Fund Unitised Scheme generated a total return of 4.2%, a satisfactory return in what continues to be a turbulent market. This return is largely a result of the defensive position taken at the start of the year. A copy of the latest Asset Risk Consultant assessment of the Unitised Scheme is attached at Annex A for information.(1)

1. Annex A contains information which is confidential and commercially sensitive and has therefore been omitted from these published minutes.
5. **Imperial Innovations** – Imperial Innovations has released their interim results for this financial year, which show further the benefits for the business of the 2011 Rights Issue. So far £25.7m has been invested in the portfolio this year. The value of Innovations' investment portfolio has increase by £12.9m to £117m. Expanding its activities beyond Imperial, investments have been made in companies associated with the Cambridge (MISSION Therapeutics and Cambridge Communications) and UCL (£5m in Autifony Therapeutics). The Imperial Technology pipeline remains strong, with 165 invention disclosures, seven commercial agreements signed and 16 patents filed. Financially, the remaining equity raise instalment from last year’s right Issue has come into the company, meaning that the total level of fund available now stands at £109.5m. In terms of the share price, amid typical levels of volatility, the share price ended March at 326.25p, down from the end of February (350.00p).

6. **Development/Planning Schemes** -

a. **Wye** – The main development in relation to the non-core property portfolio has been a formal decision from the ‘Wye3’ Steering Committee and Ashford Borough Council (ABC) that the additional marketing period of the site for an educational tenant has been concluded, and has been carried out in an active and comprehensive way. The Steering Group comprised representatives of the local community and ABC, as well as Imperial’s Director of Capital Projects and Planning, the College Fund’s local representative, and our property consultants, Savills. The group was convened to ensure the marketing campaign was carried out in a comprehensive way, and, following independent verification, has now formally signed off the campaign, with no viable bids being received. This is a crucial step towards Imperial developing the mothballed site. The next step will be developing a mixed-use Masterplan for the site. With that in mind, 11 potential masterplanners from a range of backgrounds have been shortlisted, from which a small number will be invited to tender for the work. A critical part of the Masterplanning phase will be engagement with the local community – with this element forming a key part of the selection process for the masterplanners.

b. **Pembridge Gardens Annexe** – Work has been stepped up on re-drawn plans for the Pembridge Gardens Annexe. The scheme was rejected by Kensington and Chelsea’s planning committee on a split vote in July of last year. Since then work has concentrated on amending the contentious design elements of the scheme – namely the jagged roof scape and copper façade. The revised scheme has been positively received by the Council’s Architectural Assessment Panel (AAP), and the project team is targeting the Council’s July Planning Committee. Work between now and then will concentrate on the final design elements, finalising the affordable housing strategy for the application and confirming construction costs.

c. **Other Projects** – The £400k refurbishment of Ethos Flats 10 and 11 has been completed. The project coverts the two existing duplex flats into four units. The units – two one-bedroom flats and two two-bedroom flats – will be marketed from the 30th of April targeting a combined gross rental income of £2,400p/w, an uplift of £900p/w from what the two units were achieving previously. The success of this project over the next year will judge whether or not this strategy of development is followed across the rest of the duplex flats in the Ethos.
7. **White City: W12**

a. **Wood Lane Studios (Imperial West Postgraduate Scheme), progress on site** – Works are progressing on site, and the main contractor ISG have made improvements across all areas of delivery. However, they do remain behind both the contract completion date and their target recovery date. The contract date was always significantly ahead of the planned occupation date for the rooms. The main issue over the last month has been with the external cladding. Assurances have been received from the Contractor and Development Managers that all rooms will be ready for occupation on the 1st of September.

b. **Centre House** - Work on the refurbishment of Block C of Centre House is proceeding on time and on budget, with the first tenants moving into three floors of the building on the 30th March. These tenants were DNAe, a College spin-out company, who vacated their space in the Bessemer Building to move into the building. The programme to move DNAe into the space was incredibly tight, and the project team deserve credit for delivering the space on time. The rest of the building will be completed in May, and work continues on finding tenants for the remaining 3 floors.

SN
April 2012
The Development Update is commercially sensitive and confidential and consequently is not included with these minutes.
HEALTH & SAFETY

1. An incident occurred w/c 3rd March whereby, on entering the engine test laboratory in Mechanical Engineering, the door was sucked open with force out of the grip of a member of staff. Fortunately no injuries were sustained. The door slammed into a cupboard which sustained some damage. On investigation it was found that control systems had failed adequately to deal with a loss of air supply to a room with a large volume of air extract. Solutions are being developed to provide simple pressure relief damper systems to this area and rooms 242/258.

2. A reportable accident under RIDDOR happened on 16th March at the Wood Lane Studios project. A person working for the cladding sub-contractor was making his way along the scaffolding to the hoist when his head struck a supporting section of the scaffolding framework. The person was transported to hospital via an ambulance and was kept in overnight for observation. The person did not return to the site and we believe that he has left his company and gone to work somewhere else.

PROJECTS APPROVED & UNDER CONSTRUCTION

3. South East Quadrant 1st Phase (£76m). Retrofit works are being completed and recanting of labs is underway. Final cause and effect demonstration is to be carried out once these extra works are finalised. The above mentioned air pressure incident has led to further works inserting dampers.

4. L Block (£74m). Now partially occupied and only works are the retrofit to accommodate Cancer Imaging. Decision on biobank facility in the basement is due in June. Official opening takes place on 28th May.

5. ICT Data Centre Works (£1.45m). Installation is progressing. Scaffold has been erected and heavy ductwork will be lifted into place end of March. This is due for completion in mid-May.

6. ACEX Level 5 for Business School (£5.5m). This project has proved to be challenging in achieving satisfactory progress without causing disturbance to Aero staff. However a productive period of construction activity took place over the Easter period. Exams are being re-located to enable works to progress cost effectively to complete for the autumn term.

7. Mechanical Engineering Annex Over-cladding (1.2m). This is progressing well with the first of the window linings having been installed w/c 26/3. D&B Facades (the contractor) are working well and dealing with onsite challenges in a very pro-active manner. Anodised panelling installation will commence mid-April. The project is on programme for June completion. Artwork will be provided to the glazing for the Olympic Festival.

8. ACE Extension Over-cladding (£1.7m). D&B Facades are also progressing well in this over-cladding. Internal linings commence 16th April. The project is on programme for June
completion for Phase 1. Phase 2 is programmed for September for the Western end of ACEX. Level 2 ACEX entrance refurbishment starts May for completion in September.

9. **Aeronautical & Mechanical Engineering Project (AMP).** Contractor Parkeray commenced works on site this April on phase 1. This will link Mech Eng and Skempton. The team has been undertaking some in-depth safety/briefing sessions with lab managers on a room-by-room basis for phases 2-4 and we are confident we have an in-depth design brief. As a result of the in-depth briefing some rescheduling of time and costs was approved by PRB to optimise the programme.

**PROJECTS IN PRE-CONSTRUCTION**

10. **Chemistry in the Clinic.** Awaiting resolution of lease issues.

11. **Level 3 Commonwealth (£5.2m).** Currently out to tender: due to commence mid-July.

12. **Neptune Building (project for MRC in Trust space).** Design completed to Stage E and is being reviewed by the Trust and MRC. Further design work is now being funded by MRC for a further floor. Heads of terms for the space is underway. Once in place there will be an application to CERC/PRB for the project costs.

13. **Blackett – New Physics in Extreme conditions (£0.97m).** Significant asbestos removal started Monday 26/03/12.

14. **Wilson House.** Design fees were approved for the refurbishment of the existing building and this is underway with a view to undertake the works commencing October 2012 with completion August 2013. We are also working on the design of a new development to the rear to optimise the number of additional bed spaces. These would be available the following year.

**COLLEGE FUND PROJECTS**

15. **Pembridge Gardens (£3.7m).** On hold.


17. **Imperial West Post Grad Accommodation.** ISG are struggling with their cladding contractor; in supplying sufficient quality labour and completing area to the required quality. ISG are now predicting that they may overrun sectional completion dates. Meetings are being held at director level to deal with the issues.

**FRAMEWORK RENEWAL**

18. We have been asked to put the renewal on hold pending the new COO appointment and this has been implemented. We are making arrangements to extend existing framework contracts in the meantime.
CIVIC TRUST AWARD

19. This was awarded to the College for the Princes Gardens student accommodation (Southside & Eastside) at a ceremony at the beginning of March. The awards are given to the projects that make an outstanding contribution to the quality and appearance of the built environment. The judges considered that they were “high quality, attractive, contemporary buildings which respect and respond to their surroundings”.

SP Howe for S M Richardson
STAFF MATTERS

A Note by the Rector

COLLEGE SECRETARY AND REGISTRAR

Mr John NEILSON, currently Director, Financial Management, Ministry of Defence, has been appointed to the post of College Secretary and Registrar, with effect from 1 May 2012 in succession to Dr Rodney Eastwood, who retired with effect from 5 April 2012. Following his retirement Dr Eastwood will continue his association with the College as Rector’s Envoy, with effect from 1 May 2012.

ACTING PRINCIPAL OF THE BUSINESS SCHOOL

Professor Dorothy GRIFFITHS OBE FCGI FRSA, Deputy Principal of the Business School, has been appointed to the post of Acting Principal of the Business School, with effect from 18 February 2012 in succession to Professor David Begg, who retired with effect from 17 February 2012. Following his retirement Professor Begg will continue his association with the College as Rector’s Envoy for Business and Corporate Development, College Headquarters, Support Services and as Emeritus Professor of Economics, Business School, with effect from 1 July 2012.

DIRECTOR OF STUDENT RECRUITMENT AND ADMISSIONS

Dr Nicola ROGERS, currently Senior Lecturer in the Department of Medicine, has been appointed to the part-time post of Director of Student Recruitment and Admissions, in addition to her current responsibilities, with effect from 26 September 2011.

PROFESSORS

Professor Peter John BARNES FMedSci FRS, has been appointed to the post of Professor of Thoracic Medicine, National Heart and Lung Institute, Faculty of Medicine, with effect from 1 March 2012.

Professor Anne O’GARRA, has been appointed to the post of Chair in Infection Immunology, National Heart and Lung Institute, Faculty of Medicine, with effect from 1 February 2012.

Professor Keith WILLISON, formerly Professor of Molecular Cell Biology, Institute of Cancer Research, has been appointed to the part-time post of Chair in Chemical Biology, Department of Chemistry, Faculty of Natural Sciences, with effect from 1 April 2012, for a period of one year.

READERS

Dr Zoltan TAKATS, formerly Research Scientist, Institute of Inorganic and Analytical Chemistry, Justus-Liebig University, Germany and Head of Metabolic Diagnostic Laboratory, Department of Paediatrics, Semmelweis University, Budapest, Hungary, has been appointed to the post of Reader in Medical Mass Spectrometry, Department of Surgery and Cancer, Faculty of Medicine, with effect from 1 February 2012.
Dr Paul Gulab RAMCHANDANI, currently Senior Research Fellow and Honorary Consultant Child and Adolescent Psychiatrist, University of Oxford and Oxford Health NHS Foundation Trust, has been appointed to the post of Reader in Child and Adolescent Psychiatry (Clinical), Department of Medicine, Faculty of Medicine, with effect from 14 May 2012.

VISITING PROFESSORS

Professor Maria Francesca CORDEIRO, formerly Professor in Retinal Neurodegeneration and Glaucoma Studies, University College London, has been offered an association with the College as Visiting Professor in the Department of Surgery and Cancer, Faculty of Medicine, with effect from 1 January 2012 for a period of two years.

Professor Jeffrey Warren (Jeff) HAND, has been offered an association with the College as Visiting Professor in the Institute of Clinical Science, Faculty of Medicine, with effect from 1 January 2012.

Professor Zhiqiang LI, has accepted an association with the College as Visiting Professor in the Department of Mechanical Engineering, Faculty of Engineering, with effect from 1 March 2012.

RETIREMENTS

Professor Denis Victor AZZOPARDI, Professor of Neonatal Medicine, Institute of Clinical Science, Faculty of Medicine, retired with effect from 29 February 2012. Following his retirement he will continue in the same role on a part-time basis.

Professor John Christopher DAINTY, Chair in Applied Optics, Department of Physics, Faculty of Natural Sciences, retired with effect from 22 January 2012. Following his retirement he will continue his association with the College as a Senior Research Investigator, with effect from 1 October 2012, for a period of one year.

Professor Brian Geoffrey SPRATT CBE FRS FMedSci, Chair in Molecular Microbiology, School of Public Health, Faculty of Medicine, retired with effect from 31 March 2012. Following his retirement he will continue his association with the College on a part-time basis as Professor, Department of Infectious Disease Epidemiology, School of Public Health, Faculty of Medicine, with effect from 1 May 2012.

RESIGNATIONS

Dr David Jonathon LEAK, Reader in Applied Microbiology, Division of Cell and Molecular Biology, Faculty of Natural Sciences, resigned with effect from 15 April 2012, to take up an appointment as Professor of Metabolic Engineering, Department of Biology and Biochemistry, University of Bath.

Professor John PEPPER, Professor of Cardiothoracic, National Heart and Lung Institute, Faculty of Medicine, resigned with effect from 31 March 2012.
PAPER M – FOR INFORMATION

MINUTES OF THE SENATE

A Note by the Academic Registrar

1. The unconfirmed Minutes of the meeting of the Senate held on 22 February 2012 are attached. The following points are drawn to the attention of the Council.

Minute 1598 – Strategic Review of the Malaysia-Imperial Doctoral Programme

2. The Senate approved the withdrawal of the Malaysia-Imperial Doctoral Programme (MIDP), with effect from October 2012.

3. The MIDP is a split research degree (PhD) programme between the College and the five key research and teaching institutions in Malaysia: Universiti Kebangsaan Malaysia (UKM), Universiti Malaya (UM), Universiti Putra Malaysia (UPM), Universiti Sains Malaysia (USM) and Universiti Teknologi Malaysia (UTM).

4. The Senate noted that the MIDP had encountered significant difficulties and agreed that this collaboration, which was due to expire at the end of the 2011-12 academic year, should not be extended. However, the College should look at other, more effective ways of retaining and developing academic and research links with Malaysia.

Minute 1604 – Imperial Recognised Locations

5. The Senate agreed a procedure for approving locations which had a significant Imperial staff and student presence but which were not official campuses of the College as Imperial Recognised Locations (IRLs). In many cases these locations offered particular research opportunities that were not available elsewhere, and were the only place that the research could be done. PhD, MPhil and MD(Res) students based at IRLs would be able to spend most of their research time at these locations.

Minute 1606 – Office of the Independent Adjudicator and Completion of Procedures Letters

6. Under the Higher Education Act 2004 Imperial College subscribes to the independent scheme for the review of student complaints. Once a student has exhausted the College’s internal appeal or complaints procedures, the College is obliged to issue a completion of procedures letter which advises students how they can apply to the Office of the Independent Adjudicator (OIA) for a review of their case providing it falls within OIA rules. Students have 3 months from the date of the completion of procedures letter to apply to the OIA.

7. The Senate considered data on the number of completion of procedures letters issued by the College in 2010 and 2011, noting that the number of letters issued in each of these years was about the same: 54 in 2010 and 52 in 2011. What was however noticeable was an increase in the number of students dissatisfied with the College’s decision in their case: in 2010 12 complaints were referred to the OIA, in 2011 this figure had increased to 19. This increase reflected national trends.

N.W
SENATE

Minutes of Meeting held on 22 February 12

Present: The Rector, Sir Keith O’Nions (Chairman), Professors Alford, Autio, Belvisi, Buckingham, George, Gooderham, Haigh, Kramer, Magee, Riboli, Richardson, Wright; Drs Albrecht, Broda, McCoy, McGarvey, Rogers, Smith; Mrs Cunningham; Mr Heath and Mr Parmar (Student Representatives); with Mr Wheatley (Academic Registrar) and Ms Penny (Senior Assistant Registrar).

Apologies: Professors Griffiths, Matar; Drs Buckle, McPhail.

In Attendance: Mr Sanderson (Chief Financial Officer)

1594 Minutes

The Minutes of the meeting of the Senate held on 14 December 2011 were confirmed.

1595 Matters Arising

Minute 1582: Undergraduate Examination Failures 2010-11

Reported: That the Registry had reviewed the presentation of the report on undergraduate failures and had removed from the report resit candidates, a category that had erroneously been included. This had reduced the overall failure rates in Natural Sciences such that there were now no FONS Departments with a failure rate above 10% in any year for the 2010-2011 session. There had not however been a similar effect in Engineering Departments. Work was continuing to improve the presentation of failure data for the Studies Committees so that a report could be provided by those Committees to the next meeting of Senate on failure rates in the respective Faculties and any necessary remedial actions.

Minute 1581: Student Welfare Committee – Income Tax Issues

Reported: That HM Revenue and Customs provided guidance for students on income tax issues on their website. A link to this information would be added to the Registry and Finance webpages.

1596 Rector’s Business

Received: A Report from the Rector (Paper Senate/2011/50).

(1) Changes to Rector and Deputy Rector Roles

Reported: (i) That for Imperial to maintain its position as a world leader in education and research, the College needed to place much greater and long-term emphasis on fundraising and development, and international relations. It needed to do this by devoting more time at a senior level to external facing roles, taking a sustained and focused approach that would secure the College’s future over the decades to come.

(ii) That in recent years, the College had much increased its activity in this regard but changes in the Rector and Deputy Rector roles were now necessary to meet Imperial’s long-term aspirations. In line with this the Council, after discussion and consideration, had
decided to migrate the role of Rector to a position entitled Rector and President, and the role of Deputy Rector to Provost.

(iii) That in effect this was moving more towards a US model of university governance. The Rector and President, as the College’s leader, would promote Imperial’s position as a global university, moving it into a different league in terms of development potential, and would influence higher education and research policy. The Provost would ensure the standard and quality of the academic programme were maintained and enhanced, and would be responsible for the College’s operations.

(iv) That the reasons for changing the College’s leadership model were compelling. Within the next two years, the Rector and Deputy Rector were committed to achieving a successful and smooth transition and with consultation, would start to build the new system and shadow its operation shortly. The key to a successful transition would be clarity of the roles of Rector and President, and Provost, and also clarity of the decision-making process – just as was the case now.

(v) That this would be a significant change offering real benefits in terms of the College’s external relations, but an essential marker of success would be minimal disruption and impact to the way that the College was run internally. For example, the role of Heads of Department/Divisions/Services and the authority of the Principals and Pro-Rectors would not change significantly. The move to a Rector and President, and Provost model was predicated on an ability to maintain and build the long-term future of the College as a world-leading institution.

(vi) That plans for the implementation of this change would evolve over the coming months, and the Rector and Deputy Rector would be keen to use visits to Departments and other opportunities to discuss initial plans and gather staff input in shaping the way forward with this transition.

(2) College Teaching Day

Reported: (i) That the Management Board had approved changes to the College Teaching Day:

(a) The undergraduate teaching hours would remain from 09.00 to 18.00, but the two-hour lunchtime slot (12.00 -14.00) would no longer be reserved exclusively for non-core curriculum education. The Education Office was working with Faculties to identify other times during the working day when these activities could take place. Wednesday afternoons would continue to remain free of teaching.

(b) For postgraduate courses, Departments would have the discretion to teach at times appropriate to the needs of students, which might in some cases be in the evenings or at weekends but not normally after 20.00.

(c) In exceptional circumstances undergraduate teaching and examination activities might take place between the hours of 08.00 and 19.00, and on weekends and Bank Holidays, subject where necessary to staff contractual arrangements.

(d) Students would not be expected to take more than two examinations in a day.

(ii) That the changes to the College Teaching Day would be implemented in the academic year 2012-13.

Further Reported: That the Pro Rector (Education and Academic Affairs) confirmed that while these changes would provide greater flexibility they should not lead to an increase in the number of teaching hours for students.

(3) Principal of the Faculty of Medicine
Reported: That Professor Dermot Kelleher, currently the Vice-Provost for Medical Affairs and Head of the School of Medicine at Trinity College Dublin, had accepted appointment as Principal of the Faculty of Medicine, with effect from 1 October 2012. Professor Kelleher would join the Faculty as of 1 July 2012. He would succeed Professor Sir Anthony Newman Taylor who had been Principal since December 2010.

4) Acting Principal of the Business School

Reported: That Professor Dorothy Griffiths OBE FCGI FRSA, Deputy Principal of the Business School, had accepted appointment as Acting Principal with effect from 18 February 2012, following the retirement of Professor David Begg. The search for a successor to Professor Begg, who had served as Principal of the Business School since 2003, was underway. Professor Griffiths would lead the Business School until the new Principal took up appointment.

5) College Secretary and Registrar

Reported: (i) That Mr John Neilson had accepted appointment as College Secretary and Registrar with effect from 1 May 2012. As a member of the Management Board, and reporting to the Rector, Mr Neilson would have overall responsibility for the Registry and the Central Secretariat, and functions including health and safety, risk management, internal audit and legal matters. He would also be Clerk to the Imperial College Court and Council.

(ii) That Mr Neilson would join the College from the Ministry of Defence, where he was Director, Financial Management. As part of this role he was a non-executive director of the Defence Science and Technology Laboratory (Dstl) and the Met Office.

(iii) That Dr Rodney Eastwood, who had been College Secretary since 2007, would be retiring from the College in April, after almost 25 years of service.

6) Acting Head of Department of Humanities

Reported: That Professor Nigel Gooderham, Professor in Molecular Toxicology, had accepted appointment as Acting Head of the Department of Humanities with effect from 1 January 2012. He would lead the Department while a search was underway for a successor to Professor Andrew Warwick, former Head of Department, who had left the College after 19 years of service for an appointment at the University of Pennsylvania. Professor Gooderham continued as Dean for the Faculty of Medicine (Non Clinical).

7) College Tutor

Reported: That Dr Lynda White, Senior Lecturer in Experimental Design and formerly Admissions Tutor (from 1980 to 1987) and Senior Tutor (from 1995 to 2011) in the Department of Mathematics, had accepted appointment as College Tutor with effect from 1 January 2012. She joined the team of existing College Tutors - Margaret Cunningham, Mick Jones and Simon Archer.

8) New Year's Honours

Reported: (i) That the following staff had achieved recognition in the New Year’s Honours:

Professor Sir Stephen Bloom, Department of Medicine, had been awarded a Knight Bachelor for services to medical science.

Professor Sir Simon Donaldson, Department of Mathematics, had been awarded a Knight Bachelor for services to mathematics.
Professor David Phillips, Department of Chemistry, who received an OBE for services to science education in 1999, had been awarded a CBE for services to chemistry.

(ii) That six Imperial alumni had also been recognised in this year’s Honours.

(9) **Fellowships**

Reported: That the following have been elected by the Council to Fellowship of Imperial College London:

(a) **The Lord Kerr of Kinlochard GCMG**

Lord Kerr had been Chairman of Imperial College from 2005 to 2011 and had presided over several momentous developments in the College’s history including the College’s centenary celebrations in 2007 and its withdrawal from the University of London, the establishment of the country’s first AHSC, the rebuilding of the Southside and Eastside halls of residence and the purchase of the Woodlands site.

Lord Kerr was remembered not only as a most distinguished and dedicated Chairman of the Governing body, but also for his astute judgement and keen understanding and for his generosity and willingness to give so much to the staff and students of the College.

(b) **Dr Martin Knight**

Dr Martin Knight had been an external member of Council for 10 years before he joined the staff in 2004. During his time as an external member of Council, he had been Chairman of the Investment Committee and then, between 2001 and 2004, Honorary Treasurer and Chairman of the Finance Committee. He had joined the executive as Chief Financial Officer from 2004 to 2006, becoming Chief Operating Officer from 2006 to 2010. In addition, he continued to serve as the Chairman of Imperial Innovation.

Dr Knight’s innovative strategic financial vision had been instrumental in strengthening the financial base of the College. His entrepreneurial approach coupled with sound judgement had resulted in real gains in asset values for the College and an efficient, high quality, organisation supporting the academic work.

(c) **Professor David Lloyd Smith**

Professor David Lloyd Smith was a distinguished research fellow at Imperial, having previously been Professor of Structural Mechanics, a College Tutor and the first Dean of Students until his retirement in 2009. His academic career at Imperial College had focused very heavily on the needs of students and the creation of an environment to enable them to develop their full potential. It had included teaching and teaching-related administration as well as the support and development of young academics. He had been considered to be one of the most diligent, meticulous and devoted of tutors. As the first Dean of Students he had taken the lead in managerial, strategic and long term planning aspects of the learning and welfare experiences of the entire student body. In particular he had played a lead role in the review of the College’s procedures for dealing with student complaints, appeals and disciplinaries, in effect streamlining the processes and ensuring that they were both transparent and fair. During his career his interest in these student-related issues had extended beyond Imperial to the University of London, EUCEET (an EU consortium of 80 civil engineering departments) and the JBM (the UK accreditation body for civil engineering), where he had played many roles, formal and informal, as mentor, adviser and policy leader in many developments in teaching, learning and the student environment.
(10) Imperial College Medal

Reported: (i) That Mr Jonathan Spatz had been elected by the Council to receive the award of the Imperial College Medal in recognition of his outstanding service to the College. Mr Spatz had served as Vice President of the Imperial College Foundation Inc. for over a decade. He was an alumnus and donor to the College.

(ii) That the Imperial College Foundation Inc. was a US corporation chartered in the state of Georgia. The Foundation had been established in the United States in 1988 with the object of supporting Imperial College London and other educational endeavours. It was recognized by the IRS as a public charitable foundation. Annual donations from alumni and friends of Imperial usually totalled around $40,000 each year, and were the backbone of the Foundation, but it also received occasional large donations as well as ‘Exceptional Donations’. As Vice President of the Foundation, Mr Spatz had kept the College’s US foundation operational and this had been key to providing a vehicle to bring significant US sums through to the College on a tax efficient basis. In the last 5 years alone the Foundation had disbursed £1.8m to the College.

(11) Rector’s Awards for Excellence 2012

Reported: (i) That nominations were invited for the Rector’s Awards for Excellence in Teaching; the Rector’s Awards for Excellence in Pastoral Care; the Rector’s Awards for Excellence in Research Supervision; and the Rector’s Awards for Supporting the Student Experience. Further information about the Awards could be found at:

http://www3.imperial.ac.uk/registry/abouttheregistry/awardsforexcellence

(ii) That nominations should be submitted electronically to the Academic Registrar by Friday, 30 March 2012.

1597 Pro Rector’s Business

Considered: A Report from the Pro Rector (Education and Academic Affairs) (Paper Senate/2011/51).

(1) Transferable Skills Development

Horizons Programme

Reported: (i) That at its December 2011 meeting the Senate had been informed that the Management Board had approved a pilot of the Horizons programme, which would take place in spring 2012 with a voluntary programme for 200 first year undergraduate students.

(ii) That the Horizons programme aimed to broaden the educational experience first year undergraduates received from the College. It consisted of an 8-week series of lectures and panel debates focusing on a global issue that could be considered from many different perspectives. The topic covered in the pilot programme was climate change. The organisers had been delighted by the enthusiasm of leading academics, journalists and other experts to share their wisdom with the students. After each talk students met in small groups, representing a range of disciplines, to analyse what they had heard.

(iii) That the programme had opened with Sir Brian Hoskins FRS, Director of the Grantham Institute for Climate Change, speaking on the topic of the Science of Climate Change. During week 2 a panel debate considering the question “How can we talk about
uncertainty about climate change?” was hosted, bringing together Louise Gray (Environment Correspondent at the Telegraph), James Randerson (Environment and Science News Editor at the Guardian), James Painter (Reuters Institute, University of Oxford) and Joe Smith (Open University) under the chairmanship of Lord Oxburgh FRS. The vehicle for discussions during week 3 had been the impact of climate change on global health, for which Paolo Vineis of the School of Public Health had delivered the plenary lecture.

(iv) That the next 3 weeks of the pilot would explore the ethics of climate change and engineering solutions to climate change with two plenary lectures and a second panel debate. These would also be accompanied by further discussion in small classes.

(v) That the 2 final weeks of the programme would be devoted to multi-disciplinary teamwork, where in a 1000-word report participants would justify the 3 key policies they would wish to introduce if they were Secretary of State for Energy and Climate Change for 5 years from June 2012, bearing in mind the constraints of existing legislation and possibly conflicting interests of other government departments, including the Treasury. They would also present their ideas in a 2-minute ‘elevator pitch’. Prizes would be awarded by the Horizons Steering Group for the most persuasive report and the best elevator pitch.

(vi) That the programme had proved very popular with the students, it had been oversubscribed and, while registration had closed at 204 students, the SAF lecture theatre had been filled for all presentations.

(vii) That further information was available on the Horizons website at:

http://www3.imperial.ac.uk/horizons

Imperial Business

Reported: (i) That Senate had also been informed, at its December meeting that, in parallel with the Horizons programme, the Business School would be running a pilot Business course for 200 second year students.

(ii) That all places for Imperial Business had been filled by midday on the day registrations had opened. The programme had been successfully launched on 2 February as an 8-week series of master classes focusing on contemporary business practice and global trends. Through these sessions participants would learn about the global recession, business strategy and contemporary HR practices among other topics relating to business today. The first session, on understanding the Global Recession, had been delivered by Professor David Begg.

(iii) That Imperial Business was supported by a dedicated website which all students registered on the programme could use to access the programme schedule, course materials, lecturer profiles and a feedback blog. All lecturers had posted individual videos to support and position their sessions.

(iv) That further information on Imperial Business was available at:

http://www3.imperial.ac.uk/business-school/programmes/business-imperial

Further Reported: That the Pro Rector thanked those staff who had organised and lectured on the Horizons and Business Imperial programmes.

(2) Undergraduate Applications

Reported: That a report comparing the number of undergraduate applications received in
the last 3 years was attached to the Senate’s paper. The data showed a fall in Home and EU applications received for 2012-13 but an increase of over 600 applications from overseas, compared to the previous year.

Further Reported: That there appeared to be no clear correlation between departmental NSS results and admission numbers.

(3) **Key Information Sets**

Reported: (i) That the Senate had been informed, at its November 2011 meeting, that Higher Education Institutions in England would be required to publish a Key Information Set (KIS) for each full-time and part-time undergraduate course planned for 2013-14.

(ii) That the College’s Provision of Information Working Party had developed a KIS spreadsheet, in order to obtain the data needed from Departments for the KISs. In order to reduce the burden on Departments, the Registry had transferred existing information held within programme specifications and Bologna templates into the new KIS spreadsheets so that Departments would only need to add those details not currently held centrally. The KIS spreadsheets had now been issued to Departments.

(iii) That on receipt of the KIS data from Departments, the Registry would generate mock KISs, using the methodology set by HEFCE/HESA, for review by the Working Party. Following consideration by this group, the mock KISs would then be sent to Departments for comment.

(iv) That the data for all KISs had to be submitted to HEFCE/HESA between March and June 2012. HEFCE would then publish draft KISs for each undergraduate course which the College must approve no later than August 2012.

(v) That all KISs had to be published, on the College’s website, by September 2012. The KISs would also be accessible from the UCAS website.

(4) **UK Quality Code for Higher Education**

Reported: (i) That The Quality Assurance Agency (QAA) was currently developing a UK Quality Code for Higher Education, which would replace the Academic Infrastructure from the 2012-13 academic year.

(ii) That the Agency would consult with the sector on the different sections of the Code as it developed these. The following consultations are currently underway:

*Part C: Information about higher education provision*

This was a new reference point, which outlined the Expectation that all UK Higher Education providers were required to meet regarding the information they produced on the programmes they offered. The deadline for responding to the consultation, available at: [http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Part-C-draft-for-consultation.aspx](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Part-C-draft-for-consultation.aspx), was 24 February 2012.

*Chapter B11: Research degrees*

This new chapter was a revised version of the previous QAA *Code of practice for the assurance of academic quality and standards in higher education* (the *Code of practice*), *Section 1: Postgraduate research programmes*, which was originally published in 2004. The information in the previous document had been updated and the content revised to bring it in line with the structure used in the new UK Quality Code.
The deadline for responding to the consultation, available at: http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/research-degrees-draft-for-consultation.aspx, was 23 March 2012.

(iii) That the College’s responses to these consultations would be included, for Senate’s information, in the papers for the next meeting.

(5) UCAS Admissions Process Review

Reported: That at its December 2011 meeting, the Senate had been informed that a College response was being prepared to the UCAS Admissions Process Review Consultation. The response, which had been submitted to UCAS by the deadline of 20 January 2012, was attached to the Senate’s paper.

(6) House of Lords STEM Inquiry

Reported: That the Senate had also been informed, in December 2011, that the College would be making a submission to the House of Lords Science and Technology sub-committee’s inquiry into higher education in Science, Technology, Engineering and Mathematics (STEM) subjects. The College’s final response, submitted in December, was attached to the Senate’s paper.

(7) External Examiners’ Induction Days

Reported: That the College’s annual induction days for taught course external examiners were held on 10 and 17 February 2012. The days were becoming increasingly popular; this year 40 external examiners had attended. Attendees had been provided with an introduction to the College and their role as external examiners and had also met with Departmental representatives.

(8) Training the teachers post-CASLAT

Reported: That the Educational Development Unit was holding an event on Wednesday, 28 March to discuss the progress made by Faculties in developing bespoke personalised training courses for new academic staff following the closure of CASLAT. This would be an opportunity for colleagues to share experiences and good practice and to reflect on the changes which had taken place in the past year. The programme, which would include a guest lecture by Christine Ortiz, Dean of Graduate Education at MIT, would be finalised shortly.

(9) Protocol for Detecting and Preventing Radicalisation

Reported: (i) That at its December 2011 meeting, the Senate had been informed that a protocol outlining the lines of communication for staff, students, or anyone else with concerns about radicalisation had been written.

(ii) That the protocol was now available on the College’s website at:
http://www3.imperial.ac.uk/students/welfareandadvice.

1598 Strategic Review of the Malaysia-Imperial Doctoral Programme

Considered: A Report by the Strategic Education Committee (Paper Senate/2011/52).

Reported: (1) That the Malaysia-Imperial Doctoral Programme (MIDP) was a split research degree (PhD) programme between the College and the 5 key research and teaching institutions in Malaysia: Universiti Kebangsaan Malaysia (UKM), Universiti
Malaya (UM), Universiti Putra Malaysia (UPM), Universiti Sains Malaysia (USM) and Universiti Teknologi Malaysia (UTM).

(2) That the programme had been developed to provide doctoral-level education and research training to academic staff at some of Malaysia’s best universities in line with the Malaysian government’s aim to increase the proportion of university academic staff educated to PhD level. The MIDP had also been intended to enable and encourage long-term research collaboration between academics at Imperial and the Malaysian universities.

(3) That students participating in the 3-year MIDP scheme were full-time registered students at the College. They spent between 12 and 18 months at the College under the supervision of an Imperial member of staff, and the remainder of their time at their Malaysian institution. When in Malaysia students were supervised by their Malaysian co-supervisor under the overall supervision of their Imperial supervisor.

(4) That the current agreement governing the MIDP programme was due to expire at the end of the 2011-12 academic year. Therefore, in accordance with the College’s Guidelines for Establishing Collaborative Degree Programmes, the Strategic Education Committee (SEC) had considered whether the programme should be extended for a further period.

(5) That the SEC had heard that on 28 November 2011 a periodic review of the MIDP had been undertaken following the College’s new Procedures for the Review of Collaborative Research Programmes not owned by Departments. The SEC had received the report of the review, noting that this would be considered in detail by the Graduate School’s Postgraduate Research Quality Committee at its February meeting.

(6) That the SEC had noted that the MIDP had encountered significant problems including difficulties in attracting enough high-quality students to the programme, resulting in lower cohort numbers than expected; problems with the remote supervision of students; the insufficient length of the PhD funding period (36 months) and the inflexibility of timing of the periods spent at Imperial; difficulties in monitoring and ensuring quality assurance; and low take-up of supervisor visits to partner institutions.

(7) That the Committee had also noted that Malaysia’s research landscape had changed since the MIDP had been established with most of the five MIDP partner universities having now met their staff PhD holder targets under the MyBrain15 initiative.

(8) That it had been recognised, however, that despite all the difficulties both the academic lead and the International Office had provided good support to the students on the programme.

(9) That on balance, the Committee had agreed that the current MIDP programme should not be extended. It was, however, important to ensure that the students currently enrolled on the MIDP were fully supported to complete the programme. The SEC had also agreed that the College should look at other, more effective ways of retaining and developing academic and research links with Malaysia.

Approved: On the recommendation of the Committee, the withdrawal of the Malaysia-Imperial Doctoral Programme, with effect from October 2012.
(1) Amendments to the Regulations for the Award of Degrees of Bachelor of Science (BSc) and Master in Science (MSci)

Considered and approved: On the recommendation of the QAAC and the Science Studies Committee, the amendments to paragraphs 4.12(a) and 5.9 of the Regulations for the Award of Degrees of Bachelor of Science (BSc) and Master in Science (MSci) [for students registering in and after October 2008], outlined in the Senate’s paper, with immediate effect.

Noted: That paragraph 4.12(a) had been amended to ensure that it was consistent with paragraph 5.9 in noting that students were allowed two resit opportunities. Paragraph 5.9 had been amended to enable final year students to take resits in September.

(2) Procedures for Consideration of Representations by Candidates for Research Degree Examinations

Considered and approved: On the recommendation of the Committee, the changes to paragraph 7 of the Procedures for Consideration of Representations by Candidates for Research Degree Examinations, outlined in the Senate’s paper, with immediate effect.

Noted: That the changes had been made to reflect the fact that there was now only one Graduate School.

(3) Cheating Offences Policy and Procedures

Considered and approved: On the recommendation of the Committee, the removal of the current paragraph 58 from the Cheating Offences Policy and Procedures with immediate effect. The paragraph was a relic from an old procedure and was no longer necessary.

(4) Joint PhD: Imperial College (Department of Aeronautics) and the University of São Paulo

Reported: (i) That in May 2011 the Senate had approved, on the recommendation of the Graduate School of Engineering and Physical Sciences Postgraduate Quality Committee, a joint PhD programme between the Department of Aeronautics at Imperial and the Department of Mechanical Engineering at the University of São Paulo (USP), with effect from October 2011.

(ii) That since then the formal agreement between the College and USP had been negotiated and some details of the collaboration clarified.

(iii) That a bespoke Student Withdrawals and Appeals Procedure for this joint PhD had been developed. This procedure, which was based on the College’s current Student Withdrawals and Appeals Procedure, was attached to the Senate’s paper.

Approved: On the recommendation of the Committee, the Student Withdrawals and Appeals Procedure for the Imperial College/University of São Paulo Joint PhD, with immediate effect.

(5) Student Charter Working Group

Reported: (i) That the Committee had received an interim report from the Student Charter Working Group, established by QAAC to consider the development of a College student ‘charter’ or similar document.

(ii) That the QAAC had endorsed the Working Group’s recommendation that the College
should adopt an ‘Our Principles’ document, which defined the guiding principles of the
College community and covered all students, both undergraduates and postgraduates,
and all staff. It was not a legal contract but rather an easily accessible, concise source of
information and a clear display of staff, student and ICU collaboration.

(iii) That each Principle would be accompanied by a 'drop down' text box on the College’s
website. The supporting text would elaborate upon the overarching statements and give
links to further information. The ‘Our Principles’ document would display the signatures of
the College Rector and the ICU President and would be reviewed annually by QAAC.

(iv) That the Committee had suggested minor amendments to the proposed Principles
and had agreed that the Working Group should now prepare the supporting text and
develop a strategy for the launch, communication and future review of the Principles, for
consideration by QAAC.

(6) UK Quality Code for Higher Education, Chapter B7: External Examining

Reported: (i) That the Committee had considered the chapter of the UK Quality Code
relating to External Examining and a report from the Registry on the implications of this
Code for the College. The Committee had agreed action to be taken in order to ensure
that the College had addressed each Indicator within the chapter.

(ii) That the Committee had noted that amendments to the Examination Regulations, to
take account of the actions agreed by the QAAC, would be presented to future meetings of
the Committee and Senate.

(7) External Examiner Report Template

Reported: That the Committee had approved with immediate effect minor revisions to the
External Examiner report template, which was available at:

http://www3.imperial.ac.uk/registry/proceduresandregulations/qualityassurance/externalexamining

(8) Roles and Responsibilities

Reported: (i) That The Committee had approved amendments to the following roles and
responsibilities documents:

(a) Departmental Careers Adviser
(b) Chairman of the Board of Examiners
(c) College Examiners
(d) Director of Undergraduate Studies
(e) Undergraduate Admissions Tutor
(f) Taught Course External Examiner

(ii) That the Committee had also approved two new roles and responsibilities documents:

(a) Assessor
(b) Assistant Examiner

(iii) That all roles and responsibilities documents were available at the following link:

http://www3.imperial.ac.uk/registry/proceduresandregulations/qualityassurance/goodpractice

(iv) That the Committee had noted that updates to the remaining roles and responsibilities
documents would be submitted for consideration in due course.

(9) Competence Standards

Reported: (i) That the Committee had received a report from the Disability Action Committee Working Group (DACWG) on competence standards.

(ii) That the Committee had heard that the 1995 Disability Discrimination Act (DDA) had required institutions to make ‘reasonable adjustments’ to enable disabled students to access their studies. At that time both Health and Safety legislation and ‘academic standards’ could be used as a legitimate defence against making an adjustment. The Equality Act 2010 replaced ‘academic standards’ with pre-set ‘competence standards’; standards that determined whether a person had a particular level of competence or ability. These competence standards were to ensure that HEIs could maintain expected levels of attainment without fear of accusation of discrimination.

(iii) That the Equalities Act 2010 defined a competence standard as:

“an academic, medical or other standard applied by or on behalf of an education provider for the purpose of determining whether a person has a particular level of competence or ability.”

(iv) That the Committee had noted that applicants to higher education were already required to meet a range of criteria, skills and requirements for entry to a course, which were indicated in prospectuses and other course information. However, entry criteria and requirements only amounted to competence standards if their purpose was to determine an applicant’s competence or ability. To ensure that they were not discriminating against disabled applicants, HEIs had to be able to demonstrate that the competency standards they used for admissions decision-making were appropriate and necessary; applied equally to disabled and non-disabled applicants; and were a proportionate means to achieving a legitimate aim.

(v) That the Committee had agreed that Departments should now develop competence standards for their programmes, in consultation with the Disability Advisory Service. In order to assist Departments with this process, it had been agreed that the Senior Disability Advisor should liaise with Faculty Principals to establish whether Faculty-wide competence standards could be developed. It was hoped that these could then be modified to suit the needs of individual Departments.

Further Reported: That it was hoped that competence standards would be in place for all undergraduate courses in time for the admissions for 2013 entry.

(10) Sharing Good Practice: Enhancement Advisory Group

Reported: (i) That while the College already used a wide range of measures to disseminate good practice, there was scope for improvement in this area. The Committee had therefore agreed that an Enhancement Advisory Group would be established.

(ii) That, reporting to QAAC, the Group would be responsible for:

(a) Developing a strategy for the effective identification and dissemination of good practice and promotion of educational enhancement;
(b) Overseeing the development of the Registry’s good practice webpages, including the introduction of a College interactive on-line repository of good practice;
(c) Implementing, in consultation with the appropriate College Departments, the further dissemination of good practice through targeted and effective internal communications (e.g. awards, podcasts, newsletters, training, seminars, events
etc), acknowledging that a variety of media and appropriate resources were required for an ongoing and effective campaign.

(11) **Student Surveys**

Reported: That the Committee had received participation rates for Autumn SOLE and PG SOLE 2011 and the Student Experience Survey. The results of the surveys would be considered by the Committee in due course.

(12) **QAA Doctoral Degree Characteristics and UK Doctoral Rough Guide**

Reported: That earlier this year, the College had responded to 2 draft documents from the QAA: a) Draft Doctoral Degree Characteristics and b) Rough Guide to the UK Doctorate. The Committee had noted that the QAA had now published both documents which were available at the following links:

(a) [http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Doctoral_characteristics.aspx](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Doctoral_characteristics.aspx)

(b) [http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Doctorate-guide.aspx](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Doctorate-guide.aspx)

1600 **Science Studies Committee**

Considered: A Report by the Science Studies Committee (**Paper Senate/2011/54**).

(1) **Undergraduate Annual Monitoring 2010-11**

Reported: (i) That the Committee had considered the 2010-11 undergraduate annual monitoring forms for the Departments of Mathematics, Life Sciences (Biochemistry/Biotechnology) and the BSc Biomedical Sciences/BSc Pharmacology and Translational Medical Sciences degrees. The annual monitoring form for the Business School would be considered at the next meeting of the Committee.

(ii) That departmental representatives had summarised key points from their reports, including changes made to their programmes, management structures and personal tutoring systems and an evaluation of examination results and standards. The External Examiner reports, and departmental responses to them, had also been considered. The minute of the Committee’s discussion of the annual monitoring reports was attached to the Senate’s paper. The Committee had also considered and approved the methods used by the Department of Life Sciences (Biochemistry/Biotechnology) and the BSc Biomedical Sciences for considering borderline candidates. The Department of Mathematics had been asked to clarify its procedures for dealing with borderline candidates and these would be considered by the Committee in due course.

(2) **Follow-up to the Second Stage Review of the BSc Biomedical Sciences degree**

Reported: (i) That the Committee had considered the follow-up report to the second stage review of the BSc Biomedical Sciences degree.

(ii) That the Course Organiser for the programme had confirmed that an administrator had now been appointed to manage the health and safety records of students and that course literature for the degree had been updated. Better links had also now been forged between the Medical Students’ Union and the Biomedical Students’ Group.

(iii) That the annual monitoring report now included course specific SOLE data which had identified that the participation rate for this survey had been poor. The Course Organiser
was working with students to try to improve their participation in this survey. Academic and personal tutorials had now been timetabled.

(iv) That it had been reported that the Faculty of Medicine had introduced marking pro formas to assist academics in providing timely and better quality feedback to students. Teaching staff on the BSc Biomedical Sciences degree had also now adopted such pro formas.

(v) That it had been reported that the Course Organiser had clarified to each External Examiner their role. Efforts would also be made to improve contact between External Examiners and students.

(vi) That the Committee had been pleased with the follow up report and had been satisfied that the recommendations of the second stage review panel had been addressed.

(3) Minor Amendments to Existing Courses

Reported: (i) That the Committee had approved revisions to the Biochemistry/Biotechnology Scheme for the Award of Honours.

(ii) That the Committee had also approved revisions to the ECTS credit assignment for the fourth year of the MSci Mathematics degrees provided the Bologna templates and course information made it clear that the additional credit awarded for a summer project was an optional extra only.

(4) Approval of Departmental Models for the Allocation of ECTS credits to Extracurricular Activities

Reported: That the Committee had approved the departmental model for the allocation of ECTS credits to extracurricular academic activities for the Department of Mathematics with the proviso that the Department strengthen their assessment methods and arrangements for supervision of the optional summer project, for example through weekly meetings in person, or via Skype.

(5) Faculty of Natural Sciences Teaching Committee’s consideration of the Imperial College Union’s Spring/Summer 2011 Staff-Student Committee Summary Report

Reported: That the Science Studies Committee had received a report from the Faculty of Natural Sciences Teaching Committee (FoNSTC) on its consideration of the ICU’s Spring/Summer 2011 staff-student committee summary report. The Committee had supported the FoNSTC’s recommendation that the ICU should develop a list of “hot topics” to be considered by staff-student committees at forthcoming meetings. The Committee had noted that the FTC had considered the report to be a good way to disseminate good practice across the College.

1601 Medical Studies Committee

Considered: A Report by the Medical Studies Committee (Paper Senate/2011/55).

(1) Amendment to the Regulations for the award of the Degrees of MBBS/BSc: Proposal for change of assessment for Problem-based Learning (Dr and Patient Course)

Considered and approved: On the recommendation of the Committee, the change of assessment for Problem-based Learning in Year 1 of the MBBS/BSc, outlined in the Senate’s paper, with effect from the current academic year.
(2) **BSc Biomedical Science with Management**

**Reported:** That further to Senate’s approval of the establishment of a revised BSc in Biomedical Science programme with effect from October 2012, the Committee had approved the continuation of the 4-year BSc in Biomedical Science with Management programme. The Committee had noted that the ‘Management’ variant of the Biomedical Science degree would be identical to the 3-year programme, with the exception that students also spent a discrete fourth academic year in the Business School. The Business School had confirmed that it wished to continue with the 4-year variant, and that the curriculum for the fourth year would not be changing from that currently provided.

**Agreed:** On the recommendation of the Committee, that the title of the 4-year programme should be amended from BSc Biomedical Sciences with Management to BSc Biomedical Science with Management, with effect from October 2012 entry, to bring this in line with the title of the revised 3-year programme.

(3) **External Examiners**

**Year 6 External Examiner Reports 2010-11**

**Reported:** (i) That the Committee had been informed that the Education Committee (3, 5 and 6) had considered the Year 6 External Examiner reports in detail, noting that these were generally very positive. However a few points had been raised including:

(a) That the internal examiners had interpreted the timings of the history taking stations differently. It had been noted that this issue would in future be raised during the internal examiner training sessions, which were conducted before the clinical examinations, to ensure that a standard approach was taken.

(b) That one External Examiner had been concerned about the lack of privacy for patients. This had come as a surprise since at the start of every examination a member of staff checked that the patients were happy with the arrangements. However the issue of patient dignity would continue to be monitored and treated as a priority.

(ii) That the Committee had been content that appropriate action was being taken in response to the External Examiner reports.

**External Examiner Summary Report 2010-11**

**Reported:** That the Committee had considered the summary of External Examiner Reports for Undergraduate Degrees in 2010-11. It had noted that the Faculty’s External Examiner reports were discussed in detail by the Education Committees, who were charged with taking action over areas of concern and highlighting good practice. The Education Committees provided reports on External Examiner feedback to Medical Studies Committee. The Medical Studies Committee agreed to ensure that common themes identified in the paper, which related to Medicine, were kept under review by the Education Committees.

**External Examiner Nominations**

**Reported:** (i) That the Committee had approved a number of External Examiners for 2011-12 and a proposed change to the chair of the Year 3 Examination Sub-board for 2011-12 only.

(ii) That the Committee had also ratified action taken by the Chair to approve several External Examiner nominations for 2010-11 and 2011-12.
(4) Proposal for the establishment of an Education Committee (Biomedical Science)

Reported: That the Committee had approved a proposal to establish an Education Committee subordinate to the Medical Studies Committee with oversight of the Biomedical Science programme.

(5) Education Committee Reports

Reported: That the Committee had considered and ratified the reports submitted by its various subordinate committees.

(6) Lee Kong Chian School of Medicine

Reported: (i) That the Committee had received an update on activity on the Singapore project, focusing on continued curriculum development and the alignment of the policies of the two institutions.

(ii) That the Committee had been informed that the Lee Kong Chian School of Medicine pro tem Governing Board in Singapore had now approved the relevant policies and procedures presented to the Senate in December 2011. Approval was currently being sought from the Nanyang Technological University’s committees. The Singapore Medical Council was also in the process of considering the School’s proposed curriculum.

(iii) That the Committee had approved a proposal to establish a house system, which would form the basis of the welfare structure in the School. Students would be grouped together for social and academic activities and would be able to access pastoral care through the house tutors.

(7) Undergraduate Examination Failure Rates 2010-11

Reported: That the Committee had noted that the data in this paper were currently being clarified. Consideration of the statistics had been deferred until a revised paper was available.

1602 Graduate School Postgraduate Quality Committees


(1) Proposed new MSc in Applied Biosciences and Biotechnology

Reported: (i) That the Master’s Quality Committee for Humanities, Life Sciences and Medicine had considered a proposal from the Department of Life Sciences for the establishment of an MSc in Applied Biosciences and Biotechnology which would be taught by the Department of Life Sciences on the South Kensington Campus.

(ii) That the course had been developed to meet the global need for graduates who could successfully contribute to the rapidly developing industrial biotechnology sector. It aimed to provide students with an understanding of the fundamental principles underlying the biosciences and the exploitation of bioscience research, and to enable students to develop broad business skills related to the translation of research in applied biosciences and biotechnology.

(iii) That there were increasing career opportunities worldwide for experienced graduates who had been trained in advanced molecular bioscience, systems biology and ‘omics’ technologies, together with gaining exposure to entrepreneurship and innovation. A module taught by the Business School would introduce students to the fast-moving world
of entrepreneurship, drawing on examples and case studies from a broad selection of ventures in biotechnology, life sciences and medical devices. This course would provide bioscience graduates with training in relevant business and entrepreneurial skills, and would prepare students for careers in applied biosciences and biotechnology in the industrial and public sectors in the UK and overseas.

(iv) That the Department expected to see considerable demand from the emerging economies, especially China, where biotechnology and bioscience were areas the Chinese government had listed as major priorities for the future in its Five Year Plan.

(v) That the course would complement the current postgraduate courses in the molecular biosciences within Imperial which were either entirely research based or were highly specialised, by offering a combination of taught and practical elements, focusing on applied and technological aspects of the biosciences. The Department of Life Sciences, with its wide range of expertise in applied biosciences and biotechnology, was in an ideal position to offer such a course. The course was expected to attract students with a broad Life Sciences background.

(vi) That students would undertake a series of compulsory taught course elements in the form of lectures, seminars and tutorials, and would receive training in basic laboratory skills. They would then undertake a 4-week tutored dissertation followed by a week-long mini-conference during which they would present their dissertation topic. Each student would then complete a 14-week research project.

(vii) That students would be assessed by written examinations, a tutored dissertation, a written report and oral examination of the research project and a viva voce examination.

(viii) That the course would be available on a full-time only basis over one calendar year. The course would attract the premium fee applied to Master’s courses in the Department of Life Sciences.

Approved: On the recommendation of the Committee, the establishment of an MSc in Applied Biosciences and Biotechnology, with effect from October 2012.

(2) Major Modification: MRes in Biomedical Research

Considered and approved: On the recommendation of the Committee, the introduction of a Biomedicine and Bioengineering in Osteoarthritis pathway and an Inflammation Science pathway to the MRes in Biomedical Research, with new award titles of MRes in Biomedical Research – Biomedicine and Bioengineering in Osteoarthritis and MRes in Biomedical Research – Inflammation Science for students taking those pathways, with effect from October 2012.

(3) Course Suspensions – Department of Life Sciences

Reported: That the Department of Life Sciences wished to suspend entry to the MSc in Ecological Applications, MRes in Entomology and MSc in Integrated Pest Management for entry in October 2012 as staff changes meant that it would not be possible to run these courses in 2012-13.

Further Reported: (i) That Senate was concerned about the resilience of Masters courses that were dependent on a limited number of staff. There was a danger of not being able to run such courses, when an indispensable member of staff, academic or administrative, left or fell ill. Departments needed to ensure that their courses were resilient, and also that they carried out appropriate succession planning.

(ii) That in response to a query about whether the suspension of these 3 courses would
significantly reduce the number of students at Silwood Park, it was noted that some of the student numbers would be made up by a new MRes course which was starting at Silwood in October 2012.

Approved: On the recommendation of the Committee, the suspension of the MSc in Ecological Applications, MRes in Entomology and MSc in Integrated Pest Management for entry in October 2012.

Agreed: (i) That the Graduate School would review the resilience of these courses before approving their reinstatement.

(ii) That consideration should be given to whether the College’s Master’s course approval and review procedures adequately addressed the issue of course resilience.

(4) Minor Modifications

Considered and approved: On the recommendation of the Committee, minor retrospective changes to 3 Master’s programmes as outlined in section 3 of the Senate’s paper.

Noted: That the Committee had approved minor modifications to 4 Master’s programmes, as outlined in section 4 of the Senate’s paper.

1603 Transferable Skills Statement of Policy


Reported: (1) That in May 2006, Senate had endorsed the Transferable Skills Training Statement of Policy produced by the Graduate Schools’ Management Committees.

(2) That the policy statement had now been updated to reflect changes to the Graduate School organisation post merger.

Endorsed: The revised policy statement.

1604 Imperial Recognised Locations

Received: A Report by the Graduate School (Paper Senate/2011/58).

Reported: (1) That the PhD, MPhil and MD(Res) degrees were full-time residential programmes. Therefore it was the expectation that students would spend the vast majority of time conducting their research on an Imperial College campus. The exception to this at present were students registered under the PRI or split PhD schemes, joint PhD students and ‘true’ part-time students who were usually employed elsewhere but attended Imperial on a regular basis, usually weekly or fortnightly.

(2) That there were however specialist research institutions where Imperial staff were based full-time. These included the Diamond Light Source and Harwell Science Campus in Oxfordshire and CERN in Geneva. The Senate was invited to consider a procedure for approving such locations as Imperial Recognised Locations so that research students could spend most of their research time there. In many cases these locations offered particular research opportunities that were not available elsewhere, and were the only places that the research could be done.

Approved: On the recommendation of the Graduate School, the procedure, outlined in the Senate’s paper, for approving locations which had a significant Imperial staff presence but which were not official campuses of the College, as Imperial Recognised Locations. This
procedure would be introduced with immediate effect.

1605 Plagiarism and Examination Offences 2010-11

Considered: A Note by the Academic Registrar (Paper Senate/2011/59) providing a summary of all examination offences (including cases of major plagiarism) reported to the Registry which took place in the 2010-11 academic year. Minor cases of plagiarism were handled at departmental level and were recorded in the minutes of Examination Boards.

Reported: (1) That in accordance with the College's procedures, an Investigating Officer was appointed by the Academic Registrar to investigate suspected cases of cheating reported by academic Departments. Where the Investigating Officer deemed the offence to be of a minor or technical nature the case might be referred back to the Board of Examiners. Where s/he determined there was a case to answer a Review Panel was established to consider the case and, if proven, any penalty that should apply. The Review Panels consisted of 3 members – the Academic Registrar or Deputy Academic Registrar, one of the College Tutors and the Dean of Students (where the student concerned was from Life Sciences a second College Tutor would take the place of the Dean of Students).

(2) That a revised Cheating Offences Policy and Procedure had been approved by Senate at its meeting on 15 June 2011. That procedure had included a revised tariff of penalties. Both the current and previous penalties were outlined in the Senate’s paper. Any penalty determined before July 2011 had been set with reference to the previous penalty tariff.

(3) That while the number of major examination offences had fallen compared to 2009-10, the number of minor offences had increased. This might reflect improvements in the reporting of minor offences rather than a rise in cases.

1606 Office of the Independent Adjudicator and Completion of Procedures Letters

Considered: A Note by the Academic Registrar (Paper Senate/2011/60).

Reported: (1) That under the Higher Education Act 2004 Imperial College subscribed to the independent scheme for the review of student complaints. Once a student had exhausted the College’s internal appeal or complaints procedures, the College was obliged to issue a completion of procedures letter which advised students how they could apply to the OIA for a review of their case providing it fell within OIA rules. Students had 3 months from the date of the completion of procedures letter to apply to the OIA.

(2) That in 2010 the OIA had started to collect data from institutions on the number of completion of procedures letters issued by institutions during the calendar year. Data in respect of Imperial College for 2010 and 2011 were presented in the Senate’s paper.

(3) That as far as Imperial was concerned the number of letters issued was about the same: 54 in 2010 and 52 in 2011. What was noticeable was an increase in the number of students dissatisfied with the College’s decision in their case: in 2010 12 complaints were referred to the OIA, in 2011 this figure had increased to 19. This increase reflected national trends.

Further Reported: That the OIA was looking to publish information on the number of cases it handled from each university.

1607 Dates of Terms


1608 Prizes and Medals Established/Amended

Considered: Recommendations concerning new prizes, as detailed in Paper Senate/2011/62.

Approved: The establishment of the Blackett Laboratory – Industry Club Thesis Prize, the David Begg Prize for Outstanding Performance in Economics on the MBA, the David Begg Prize for Outstanding Performance on the MSc Economics and Strategy for Business, the Rolls-Royce Prize in Nuclear Engineering, the Solid State Physics Prize, the Tin Plate Workers Prize and the Yael Naim Dowker Centenary Prize in Mathematics.

1609 DSc Committee

Considered and approved: A change to the membership of the DSc Committee with immediate effect as outlined in Paper Senate/2011/63.

1610 Full-time Student Numbers 2011-12

Received: Statistics of full-time students registered at the College for the current session (Paper Senate/2011/64).

1611 Staff Matters

Received: A Note by the Rector (Paper Senate/2011/65).

1612 Representation Concerning Decisions of Examiners

Received: A Note by the Academic Registrar (Paper Senate/2011/66).

1613 Appointment of External Examiners 2011-12

Received: The names and affiliations of External Examiners for undergraduate and Master’s level degrees in 2011-12 appointed since the last Senate meeting (Paper Senate/2011/67).

1614 Student Appeals against Withdrawal Decisions


1615 Imperial College International Diploma

Received: The names of those awarded the Diploma since the last report in February 2011 (Paper Senate/2011/69).

1616 Strategic Education Committee

Received: The Executive Summary of the meeting of the Strategic Education Committee held on 19 January 2012 (Paper Senate/2011/70).
Award of Degrees and Diplomas

Reported: That under the provisions of University of London Ordinance 9(2) and Imperial College London Ordinance B1(1), and with the terms of SM 8 of October 1998, that the Academic Registrar had acted on behalf of the Senate in approving the awards for undergraduate and postgraduate degrees for candidates who had satisfied the examiners in the examination and satisfied all other necessary requirements for the award of the degrees, and that degrees had been conferred on these candidates, the date being as indicated on the award.