

### Management Board

The draft unconfirmed minutes of the sixth meeting held at 14.00 on Wednesday 9th November 2016 via video-conference in Meeting Room 10, John Bull Building, Plymouth Science Park; WK Norman Conference Room, St Lukes Campus, Exeter; F10, Knowledge Spa, Truro.

#### Attendees

Mr James Brent (in the Chair as deputy for Baroness Watkins), Royal Devon and Exeter NHS Foundation Trust	Ms Jo Gajtkowska, South West Academic Health Science Network
Mr Tariq White, NHS England South (South West)	Mr Andy Harewood, Somerset Partnership NHS Foundation Trust
Professor Stuart Logan, Director, PenCLAHRC	Dr Phil Hughes, Plymouth Hospitals NHS Trust
Professor Angela Shore, University of Exeter	Mrs Jenny Winslade, South Western Ambulance Service NHS Foundation Trust
Dr Tim Burke, NEW Devon Clinical Commissioning Group	Mr Andy Netherton, Public Health England South West
Professor Oliver Hanemann, Plymouth University	Professor Richard Byng, Deputy Director, PenCLAHRC
Professor Ken Stein, Deputy Director, PenCLAHRC	Mr Nigel Reed, Peninsula Patient & Public Involvement Group
Professor Chris Dickens, Theme Lead, PenCLAHRC	Professor Nicky Britten, Theme Lead, PenCLAHRC
Dr Richard Laugharne, Cornwall Partnership NHS Foundation Trust	Mrs Jo Shuttleworth, Operations & Finance Manager, PenCLAHRC (Secretary)

#### In attendance

Ms Julie Harvey, Peninsula Patient & Public Involvement Group (observing)	Ms Lynn Tatnell, Peninsula Patient & Public Involvement Group (observing)
Dr Kristin Liabo, Senior Research Fellow in Patient & Public Involvement, PenCLAHRC (facilitating)	Dr Iain Lang, Senior Lecturer in Public Health/NIHR Knowledge Mobilisation Research Fellow, PenCLAHRC (presenting)
Mrs Cath Hopkins, Administrator, PenCLAHRC (facilitating)	

#### Apologies

Baroness Watkins of Tavistock Chair	Dr Roope Manhas, Northern Devon Healthcare NHS Foundation Trust
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Dr Helen Smith, Devon Partnership NHS Trust	Dr Rob Dyer, Torbay and South Devon NHS Foundation Trust
Kernow Clinical Commissioning Group	South Devon and Torbay Clinical Commissioning Group
Professor Charles Abraham, Theme Lead, PenCLAHRC	Dr Justin Pepperell, Taunton & Somerset NHS Foundation Trust

**10/16-17** Minutes

APPROVED:

The minutes of the fifth meeting of the NIHR CLAHRC South West Peninsula Management Board held on Wednesday 18<sup>th</sup> May 2016 (**MB20**) were approved.

**11/16-17** Matters Arising

PenCLAHRC to write to the partner organisations not yet signed up to the matched funding process in order that these 'in kind' contributions can be recognised in the future (*minute 05/16-17*):

REPORTED:

The Director reported that partner organisations have been contacted in writing to request approval to recognise their 'in kind' matched funding contributions as calculated by PenCLAHRC. It was reiterated that such approval does not entail any expectation from PenCLAHRC of a cash contribution from partners.

The implications of not obtaining sign-off from all partner organisations were discussed. It was noted that this recognition is not only essential to meeting matched funding requirements but also important in demonstrating engagement with stakeholders across the region.

The Director requested that Management Board representatives from partners who have not yet given approval escalate the matter within their organisational structure, as appropriate. The Chair concurred that this should be recorded as an action for members.

**Action: JS to contact management board members whose organisations have not yet given approval to have their matched funding contribution recognised, so that they can raise this matter with relevant colleagues**

**12/16-17** Chair's Business

None reported.

**13/16-17** Update from the Director and Deputy Directors

(a) NIHR Strategy Board:

CONSIDERED:

An oral report from the Director summarising the latest news from the NIHR, noting:

- (i) That Professor Chris Whitty is currently undertaking a consultation and planning process to produce a research strategy, in which one of the primary themes is likely to be the provision of services for an increasingly ageing population with uneven geographical distribution. It is felt that the emphasis on this area could be advantageous for the South West in terms of funding.
- (ii) That other themes which are emerging as priorities for the NIHR are Mental Health, especially service efficiency/cost effectiveness, and prevention.
- (iii) The perception of a disconnect between the NIHR and the NHS, and the challenge of persuading the NHS of the relevance of academic research to clinical practice.
- (iv) That a themed call from the NIHR around older people with complex health needs is expected in early 2017. In preparation for this call, PenCLAHRC is preparing a portfolio of relevant projects that have potential to be submitted for external funding.

(b) Future CLAHRC funding:

CONSIDERED:

An oral report from the Director, noting:

- (i) That, in terms of performance against measures, PenCLAHRC has largely been successful in meeting its objectives, specifically regarding match funding, capacity building, and academic outputs.
- (ii) That the CLAHRC contract renewal must be considered in the context of the recent staff funding cuts within NIHR and DH. Justification of the benefits to the NHS of investment in CLAHRC activity is therefore of ever increasing importance. The Chair stressed the necessity of clearly articulating the return from investment in terms of patient benefit and value for money.
- (iii) That the Sustainability Transformation Plan (STP) process was viewed as a potential opportunity for PenCLAHRC to engage with and prove useful to its stakeholders, particularly through Operational Research. Some links have already been established in Devon and Cornwall through the PenCHORD team. The Director urged caution with regard to raising more expectations than it was possible to deliver with the CLAHRC's limited capacity, and noted the need to ensure that any input into the STP process is impactful. Dr Tim Burke suggested that, since STPs are designed as a framework for 3-5 year planning, there could be some immediate opportunities for academic research to contribute to these plans.

(iv) That the question of mitigation against the impact of non-renewal would be considered under Agendum 8, the Risk Register report.

(c) 2015/16 Annual Report

No updates were reported.

#### **14/16-17 Implementation Science in PenCLAHRC**

##### CONSIDERED:

A verbal presentation by Dr Iain Lang, PenCLAHRC Implementation Science lead, on the development of Implementation Science capacity within PenCLAHRC and proposals for future project work, noting:

- (a) That the Implementation Science Team within PenCLAHRC has recently been supplemented by the addition of another 1.0 FTE post, shared by two researchers. The team's project portfolio is developing.
- (b) That Implementation Science is likely to stay high on the agenda for CLAHRCs, given national priorities relating to carrying out and implementing research quickly.
- (c) That there are two different approaches to implementation:
  - (i) Implementation science, typically characterised by getting knowledge with a strong formal evidence base into practice, and;
  - (ii) knowledge mobilisation: working alongside practitioners and others to identify, evaluate, and share good practice in ways that improve care.
- (d) That the challenges and barriers to knowledge mobilisation are:
  - (i) major changes in local authorities, limiting the ability to engage more with social care and public health teams;
  - (ii) lack of capacity within NHS Trusts to work with researchers due to operational pressures;
  - (iii) the perception that academics are not in touch with reality (this is to some extent contradicted by the PenCLAHRC models, as many researchers are ex-Healthcare Professionals);
  - (iv) although CLAHRCs are charged with improving implementation and implementation science they are not permitted to spend NIHR monies directly on implementation projects so must work in partnership with other organisations;
  - (v) the incorporation of an implementation element into Question Prioritisation in early rounds during the pilot CLAHRC did not have a good fit with the process, though there may be potential to include it in a different way.
- (e) Comments were invited as to how to improve ways of working, and identify appropriate projects for collaboration, in the field of implementation science:
  - (i) The Chair suggested knowledge mobilisation could be a focus for national debate in the context of STPs and devolution.

- (ii) Mr Nigel Reed reported appetite within PenPIG for greater involvement with the dissemination/implementation agenda.
- (iii) Capacity within partner organisations was acknowledged as a barrier to the translation of ideas into reality.
- (iv) Dr Richard Laugharne suggested the possibility of undertaking an evaluation of devolution in Cornwall, but the Director felt that the scope was likely to be too broad for the CLAHRC's limited capacity.
- (v) Mr Andy Harewood suggested that learning points from the commercial sector, which invests more heavily in implementation, could be useful.
- (vi) Ms Jo Gajtkowska noted the need to consider how partners can support projects in terms of spread and adoption. There is a tendency to view implementation science as complex and difficult, so care is required in presenting it to the outside world in a way that makes sense.
- (vii) Dr Tim Burke suggested that, in the light of challenges in terms of service provision in isolated locations and a shortage of specialties, PenCLAHRC might be able to assist with promoting understanding of what a successful model of care looks like. It was agreed that projects such as PenCHORD's Stroke Modelling work had facilitated exploration of such regional issues through consideration of different models, and that there was potential to translate the learning points from this work to other areas. The Deputy Director for Exeter reported that the ASPIC collaboration with SW AHSN aims to develop tools to facilitate the rollout of findings on a specific project to other services. The Director again warned of the need to ensure that PenCLAHRC is realistic about its ability to deliver on partners' expectations.
- (viii) Dr Lang confirmed that the current approach to project adoption in the area of implementation science is largely ad hoc/opportunistic.
- (ix) The Deputy Director for Plymouth noted that the P3C programme offers a good example of methods of sharing knowledge efficiently across organisations.
- (x) It was noted that the added value of implementation science is in identification of existing good practice in organisations. It is important to understand that, while PenCLAHRC can facilitate understanding of this and highlight enablers of changes to process, change itself needs to originate from within the organisation. Ms Gajtkowska suggested that supporting rollout was more within the remit of SW AHSN.

The Chair thanked Dr Lang for his report.

#### **15/16-17 Patient Involvement/Engagement**

##### **REPORTED:**

Mr Reed gave an update from the Peninsula Patient Involvement Group (PenPIG), noting:

- a) That a good working relationship has been established with PPI contacts at CLAHRC North West Coast. This CLAHRC's approach to PPI differs from PenCLAHRC's in that: it has no professional PPI team; its lay group, which meets one a month, does not get involved in projects; service users are recruited for each project on an ad hoc basis project. Some useful ideas for improving communications have emerged from this relationship.

- b) That some additional members of PenPIG have been recruited from the Somerset area. Meetings of the group will now rotate between locations in Exeter, Plymouth and Taunton.
- c) That there is a need to develop a better working relationship with SW AHSN. Ms Gajtkowska reported that a Patient and Public Involvement Lead, Joanne Jackson, has now been appointed.
- d) That the current round of Question Prioritisation incorporates a number of ideas generated from PenPIG.

**Action: Jo Gajtkowska to facilitate engagement between the Peninsula Patient Involvement Group and SW AHSN's Patient and Public Involvement Lead.**

The Chair thanked Mr Reed for his report.

**16/16-17** Risk Management

CONSIDERED:

A report, with appendix, on the current version of the NIHR CLAHRC South West Peninsula Risk Register (**MB21 (a & b)**), noting:

- a) That Risk 1: PenCLAHRC partners fail to provide committed match funding resources, remains at a residual risk of 12.
- b) That Risk 2: Failure to demonstrate National Level Impact stories, particularly around implementation, also remains at a residual risk of 12. The Director reported that the current portfolio of projects is under review to identify potential significant impacts emerging over the next 18 months. Professor Angela Shore suggested that the impact agenda around STPs presented an opportunity to demonstrate the usefulness and success of CLAHRCs; however, the importance of ensuring clarity around what PenCLAHRC is (and is not) able to bring to the process was emphasised by the Director.
- c) That the impact of Risk 10: Termination or significant changes to structure and composition of current CLAHRC organisations post second round of funding ending December 2018, is likely to increase in 2017, as the end of the current round of funding approaches. The Chair noted the difficulty of mitigating against this risk due to it being outside of PenCLAHRC's control.

**17/16-17** Any Other Business

REPORTED:

The Director introduced Professor Chris Dickens as PenCLAHRC's new lead for Mental Health and Dementia, taking over from Professor Dave Richards, who has stepped down due to his new position as lead for the University of Exeter Academy of Nursing. Professor Dickens will be supported by Dr Joel Town as Deputy Lead for Mental Health and Dementia. The Chair welcomed both to their new roles and noted the Board's congratulations to Professor Richards.

**18/16-17** Date of Next Meeting

REPORTED:

That the next meeting of the NIHR CLAHRC South West Peninsula Management Board will take place on **Friday 3<sup>rd</sup> March 2017** (with times to be confirmed) at Dartington Hall, following the Research Question Prioritisation Stakeholder Meeting for the 2016/17 round.

DRAFT