

Management Board

The draft unconfirmed minutes of the eighth meeting held at
14:00 – 16:00 on Wednesday 1st November 2017, via video-conference in
*Meeting Room 9, John Bull Building, Plymouth Science Park;
WK Norman Conference Room, Medical School Building, St Luke's Campus, Exeter;
and F10, The Knowledge Spa, Truro*

Members present

Baroness Watkins of Tavistock, in the Chair	Ms Caroline Powell, South West Academic Health Science Network
Professor Stuart Logan, Director, PenCLAHRC	Mr Andy Harewood, Somerset Partnership NHS Foundation Trust
Professor Angela Shore, University of Exeter	Dr Phil Hughes, Plymouth Hospitals NHS Trust
Professor Adrian Taylor, Plymouth University	Mr Martin R White, Public Health England South West
Professor Ken Stein, Deputy Director, PenCLAHRC	Professor Richard Byng, Deputy Director, PenCLAHRC
Ms Julie Harvey, Peninsula Patient & Public Involvement Group	Ms Lynn Tatnell, Peninsula Patient & Public Involvement Group
Mr Tariq White, NHS England South (South West)	Mrs Jo Shuttleworth, Operations & Finance Manager, PenCLAHRC (Secretary)

In attendance

Miss Helen Burchmore, Associate Research Fellow in Patient & Public Involvement, PenCLAHRC (facilitating)	Mrs Cath Hopkins, Administrator, PenCLAHRC (facilitating)
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Apologies

Ms Andrea Mostyn-Jones, Taunton & Somerset NHS Foundation Trust	Dr Roope Manhas, Northern Devon Healthcare NHS Foundation Trust
Mr Adrian Harris, Royal Devon & Exeter NHS Foundation Trust	Professor Nicky Britten, Theme Lead, PenCLAHRC
Dr Iain Chorlton, Kernow Clinical Commissioning Group	Dr Rob Dyer, Torbay and South Devon NHS Foundation Trust
Dr Tim Burke, NEW Devon Clinical Commissioning Group	South Devon and Torbay Clinical Commissioning Group
Somerset Clinical Commissioning Group	

10/17-18 Minutes

APPROVED:

The minutes of the sixth meeting of the NIHR CLAHRC South West Peninsula Management Board held on Friday 3rd March 2017 (**MB25**) were approved.

11/17-18 Matters Arising

- (a) All Board members to facilitate recognition of in-kind match within their organisations (*minute 2/17-18 (a)*):

REPORTED:

That the current system of writing to Chief Executives to obtain permission to return figures calculated by PenCLAHRC appears to be working effectively. The Director reminded the Board of the importance of capturing in-kind match in order to meet NIHR's requirements. The Chair thanked all partner organisations for their ongoing support and cooperation.

- (b) Martin R White agreed to investigate opportunities for PenCLAHRC to have a presence at Public Health meetings across the region (*minute 4/17-18 (b)*):

REPORTED:

That there has been no result as yet from correspondence with the Directors of Public Health across the SW region with regard to a CLAHRC presence at local meetings. Mr White informed the Board that meeting agendas are typically at capacity and there is constant revision of which items can be accommodated. Alternative suggestions are: a) to redefine the CLAHRC offer to Public Health in the region in a joint approach with CLAHRC West, or (b) to target Local Authorities individually rather than through the core PHE system. Professor Stein reported some existing links through his own and Dr Iain Lang's meetings with Public Health Directors, and through ongoing discussions about PenCLAHRC's involvement in evaluation work in South Devon. It was felt that these localised and personal methods of contact were perhaps likely to be more productive than a wider geographical approach; however, it was agreed that the Director should contact CLAHRC West to discuss potential for joint working around Public Health engagement. It was noted that this could contribute to the anticipated requirement to work collaboratively with other CLAHRCs in a future funding round.

The Chair thanked Mr White for his report.

Actions:

Professor Stein, Dr Lang and other relevant CLAHRC staff to continue to undertake local Public Health networking activities

The Director to make contact with CLAHRC West to discuss potential for joint working around Public Health engagement

- (c) Richard Laugharne agreed to explore the possibility of including a reference to PenCLAHRC in Cornwall's STP with Philip Confue (*minute 4/17-18 (b)*):

REPORTED:

In Dr Laugharne's absence, no direct feedback was available. The Director reported positive involvement with Cornwall's STP through other routes. It was agreed that this action did not need to be carried over to a future meeting.

- (d) FIC Blocks project team to consider approaching Ethics Committee for advice on safeguarding patients, particularly with regard to accountability and terminology used (*minute 5/17-18*):

REPORTED:

That since the last meeting, the project had significantly changed in scope and it was now no longer necessary to seek advice from the Ethics Committee.

- (e) Jo Shuttleworth to redraft Risk 6 (now Risk 7) to reflect the specific risk posed by AHSN relicensing, and send to Angela Shore for review (*minute 7/17-18*):

REPORTED:

That the risk has been rewritten as agreed and approved by Professor Shore.

12/17-18 Chair's Business

REPORTED:

The Chair raised a concern about the reduction of Research Capacity Funding allocated from the host Trust. This was further discussed under 13/17-18 (b).

13/17-18 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 a report, commissioned by the NIHR from RAND and entitled [Future of Health](#), has recently been published. It is anticipated that this will be highly influential in determining NIHR's future strategy.
- (ii) Through a series of responses to questionnaires from key NIHR stakeholders, the report identifies the following priority areas for health research to focus on in the long term:
- Multimorbidity
 - The ageing population
 - Mental Health
 - Public Health
 - Issues relating to Social Services

- (iii) The Director participated in a review of the report on 19th October, which identified the following key requirements for NIHR in response to the findings:
- Improving methods of identifying research questions
 - Active involvement with decision makers, particularly in Public Health
 - Further development of Applied Methods
 - A review of training and careers strategies and how they are funded

- (b) Future CLAHRC funding:

CONSIDERED:

An oral report from the Director, noting:

- (i) That the funding call for a future round is expected in Spring 2018. The parameters for the next round are uncertain as yet. There is a possibility that fewer CLAHRCs could be funded with each operating over a wider geographical area. The resulting organisations will not be termed “CLAHRCs” in the next round: potential new names are under discussion.
- (ii) That an extension of the current round of funding to 30th September 2019 is currently being processed. Funding will be awarded on a flat cash basis, subject to completion of a formal written application per CLAHRC. The Director noted that in real terms this will equate to a reduction in funding over the extension period in comparison with current levels.
- (iii) That £108k of the Research Capacity Funding (RCF) generated by PenCLAHRC is currently being retained by the Royal Devon & Exeter NHS Foundation Trust, as the host trust for PenCLAHRC. The Director and Finance & Operations Manager are seeking a resolution to this with the Chief Executive.

Post meeting note: a satisfactory agreement has since been reached with the RD&E regarding RCF.

- (c) PenCLAHRC Priorities over the next 18 months:

CONSIDERED:

An oral report from the Director and Deputy Directors, noting the following priorities for the remainder of the current funding term:

- (i) Preparation for the anticipated call for the next round of funding, with particular focus on evidencing impact and ensuring that the funding model is working in terms of attaining further external funding for existing projects.
- (ii) Retention of core staff: both Universities have been approached with regard to underwriting senior staff contracts, with some success already.
- (iii) The national priority agenda set by NHS England and NIHR for the AHSNs and CLAHRCs, with a move towards closer collaborative working across geographical boundaries and an emphasis on identification of “oven ready” projects which have potential for implementation.

- (iv) Question Prioritisation. Professor Stein reported that 54 questions identified during the PenCLAHRC prioritisation process which had not been taken forward for further development in PenCLAHRC were being used to inform NIHR question priority setting via NETSCC. The Director thanked Professor Stein and the Question Prioritisation team for their efforts.
- (v) Engagement with Primary Care. Professor Byng reported significant activity in this field across the region, culminating in a conference on 2nd November aligned to the Person Centred Coordinated Care (P3C) programme of work, which aims to start a dialogue about managing the crisis in General Practice. The Chair wished Professor Byng success with the conference.

(d) PenCLAHRC 2016/17 Annual Report (**MB26**):

CONSIDERED:

The written Annual Report as submitted to NIHR in May 2017 (circulated to the Board for information; not discussed at the meeting).

14/17-18 CLAHRC-AHSN collaboration and Health Services Modelling Associates (HSMA) Programme

CONSIDERED:

An oral presentation, from Caroline Powell, South West Academic Health Science Network and Ken Stein, PenCLAHRC Deputy Director, on collaborative activity between the SW AHSN and PenCLAHRC, noting:

- (a) There is an increase in emphasis on collaborative work between AHSNs and CLAHRCs. AHSNs as well as CLAHRCs will need to demonstrate evidence of collective working and show that their research is impactful and relevant to the population demographic and their region's STP. Good existing examples of this in the SW region are: [Person Centred Coordinated Care \(P3C\)](#), the [Health Service Modelling Associates \(HSMA\) Programme](#), and the Regional Information Analysts Network (RIAN).
- (b) Professor Stein invited a steer from the Board as to whether external funding should be sought for future iterations of the HSMA programme, and suggestions for appropriate sources to apply to; also whether further evaluation of the scheme was thought to be useful.
- (c) Professor Byng enquired whether the scope of the evaluation was intended to cover the impact of modelling in general, or of the training programme itself; also, whether it offered any research potential. Professor Stein clarified that the main objective of the evaluation would be to improve support for the HSMA in their projects, but that any research outputs arising from it would add value. Ms Powell suggested that it would be useful to consider improvement both to organisations and systems to some degree to determine how effective modelling projects are as factors for change compared to the raw data. The importance of ensuring that HSMA projects are owned by the Trust in which they are taking place, addressing its specific issues and driving changes it wishes to bring about, was emphasised.
- (d) Mr Harewood suggested NHS Improvement and NHS Digital as possible lines of enquiry for external funding. The Chair suggested that the programme's

objectives could be of relevance to CAMHS, and that the Apprenticeship Levy could offer a potential source of funding if it can be demonstrated that the HSMA programme is a bespoke course required by STPs.

- (e) The challenge of identifying appropriate key contacts in Trusts to disseminate information regarding the HSMA programme and RIAN was discussed. Dr Hughes suggested that clinicians can typically only reach colleagues within their own specialities; a data analysis role with a broader overview of the organisation would be preferable.
- (f) Dr Hughes noted that the scheme offers an opportunity to contribute to STPs through adding to the capacity lacking in acute Trusts.

Action: Ken Stein to discuss the HSMA Programme and STP opportunities further with Phil Hughes

15/17-18 Patient Involvement/Engagement

REPORTED:

Lynn Tatnell and Julie Harvey gave an update on behalf of the Peninsula Patient Involvement Group (PenPIG), noting:

- (a) That PenPIG members and the PenCLAHRC Patient & Public Involvement Team have been working with consultant Kristina Staley to redesign PenCLAHRC's PPI briefing pack.
- (b) That PenPIG member Andrea Shelly has been involved in developing a PPI training session, initially for new members of the group, which has potential for rollout in other areas.
- (c) That PenPIG has received praise for its input into the ESSENCE project, despite the project's being unsuccessful in being awarded external grant funding. Mrs Shuttleworth reported that PenPIG had also been specifically praised in PenCLAHRC's Annual Report feedback from NIHR.
- (d) That PenPIG membership now stands at 15: this is felt to be the optimal number. Ms Tatnell thanked the PPI Team for their ongoing support.
- (e) That a change of name for the group is being considered for the next round.

The Chair thanked Ms Harvey and Ms Tatnell for their report and their input into PenCLAHRC's work.

16/17-18 Risk Management

CONSIDERED:

A report, with appendix, on the current version of the NIHR CLAHRC South West Peninsula Risk Register (**MB27 (a & b)**), noting:

- (a) That Risk 1: Failure to secure matched funding for the new funding round, has been rewritten as 2 separate risks to differentiate between:

- Match in a future round, which remains significant (with a residual risk of 12) due to the lack of certainty around what the match funding criteria might be in the new call. The Chair noted that it would be difficult to mitigate against this risk until there is greater clarity on the requirements. Mrs Shuttleworth reported that the challenges of securing match commitment in the current NHS context, and the importance of in-kind match to meeting the requirement, have been flagged with NIHR.
 - Match in the current round, which is currently in excess of the target and is now recognised in Risk 11 having been reduced in residual risk, is now under the remit of the Executive Group.
- (b) That Risk 2: Failure to demonstrate National Level Impact stories, particularly around implementation, is reduced to a residual risk of 8, now under the remit of the Executive Group.
- (c) That Risk 3: Termination or significant changes to funding, structure and composition of current CLAHRC organisations post second round of funding ending December 2018, has had its residual risk increased to 12 and now falls under the remit of the Management Board, again due to uncertainty around the requirements of a future call.
- (d) That Risk 4: Failure to retain/recruit/replace PenCLAHRC staff is increasing in significance as the end of the funding term approaches, and thus now falls under the remit of the Management Board with a residual risk of 12. Professor Shore enquired whether the proposal to underwrite key staff contracts had been taken into account when calculating the residual risk. The Director clarified that, as only a restricted number of staff would be affected by this, the mitigation would be limited; in addition, the flat cash terms of the extension will be an aggravating factor. The Chair noted the need to maintain an environment in which staff feel secure in their roles.
- (e) That Risk 10: Cessation or significant reduction of Research Capability Funding (RCF) in future NHS years (currently worth circa £320k p/a), should be raised in light of the current situation with the host trust. It was agreed that the residual risk should be raised to 12, thus bringing it under the remit of the Management Board.

Action: Jo Shuttleworth to update the Risk Register as agreed by the Board

17/17-18 Any Other Business

REPORTED:

None.

18/17-18 Date of Next Meeting

REPORTED:

That the ninth meeting of the NIHR CLAHRC South West Peninsula Management Board will take place on **Monday 19th March 2018** from 14:00 – 16:00, by videoconference between Exeter, Plymouth and Truro.