

Management Board

The confirmed minutes of the sixth meeting held at 10.00 on Wednesday 10th November via video-conference in meeting room 8, the John Bull Building, Tamar Science Park, Plymouth, room G004, Veysey Building, off Salmon Pool Lane, Exeter, and F05, the Knowledge Spa, Truro.

Attendees

Peninsula College of Medicine and Dentistry (PCMD)	Professor Steven Thornton (in the Chair) College Dean
Peninsula CLAHRC	Professor Christian Gericke Deputy Director (Plymouth)
Peninsula CLAHRC	Dr Andy Gibson Research Fellow in PPI ¹
Peninsula CLAHRC	Jenny Hounsell PPI representative
Peninsula CLAHRC	James Irvine PPI representative
Northern Devon Healthcare NHS Trust	Jacqueline Kraska Research & Development Manager
NHS Plymouth	Kevin Elliston Assistant Director for Public Health
University of Exeter	Professor Robert van der Noort Dean of the Faculty of Graduate Research
Peninsula CLAHRC	Professor Stuart Logan Director
Peninsula Dental School	Professor David Moles Director of Postgraduate Research & Training
NHS Cornwall	Felicity Owen Director of Public Health
NHS Devon and Torbay Care Trust	Tracey Polak Assistant Director of Public Health
Peninsula CLAHRC	Professor Ken Stein Deputy Director (Exeter)
Peninsula CLAHRC	Shirley Stevens PPI representative
Secretary to the Management Board	Helen Papworth Operational & Finance Manager

In attendance:

Northern Devon Healthcare NHS Trust	Fiona Hammond Lead Research Nurse
-------------------------------------	--------------------------------------

¹ Public and Patient Involvement
hpapworth

Apologies:

NHS South West	John Bewick Director of Strategic Development
Peninsula CLAHRC	Professor Nicky Britten Lead for PPI and Evaluation
Northern Devon Healthcare NHS Trust	Mr Mark Cartmell Clinical Lead for Research
Torbay Care Trust	Anthony Farnsworth Chief Executive
Peninsula CLAHRC	Professor Bob Freeman Locality Lead representative
NHS South West	Richard Gleave Director of Programme Implementation
South Devon Healthcare NHS Trust	Sasha Karakusevic Director of the Health Innovation and Education Cluster (South West)
NHS Plymouth	Debra Laphorne Director of Public Health
University of Exeter	Professor Janice Kay Deputy Vice Chancellor
Peninsula CLAHRC	Professor Willem Kuyken Theme Lead representative
Peninsula CLAHRC	Kath Maguire PPI representative
Plymouth Hospitals NHS Trust	Alex Mayor Medical Director
Royal Devon & Exeter Healthcare Foundation Trust	Dr Vaughan Pearce Joint Medical Director
NHS Devon	Dr Virginia Pearson Director of Public Health
Peninsula CLAHRC	Professor David Richards Theme Lead representative
Plymouth Hospitals NHS Trust	Paul Roberts Chief Executive
Devon Partnership Trust	Iain Tulley Chief Executive
University of Plymouth	Professor Mary Watkins Deputy Vice Chancellor
Peninsula Comprehensive Local Research Network	Professor Anthony Woolf

CONSIDERED:

The draft membership and terms of reference for the Peninsula CLAHRC Management Board for 2010/11 (PCMB 01/10-11), noting;

- (a) That, following the resignation of Louise Wilson from Torbay Care Trust, Tracey Polak, Assistant Director of Public Health, had been nominated to join the Board.
- (b) That Sasha Karakusevic had been seconded from South Devon Healthcare NHS Trust to be Director of the [Health Innovation and Education Cluster \(HIEC\) \(South West\)](#).

APPROVED:

- (c) That Sasha Karakusevic, as Director of the HIEC (South West), would join the Management Board.
- (d) That a new representative from South Devon Healthcare NHS Trust would be sought from the Chief Executive.

02/10-11 Minutes

APPROVED:

The minutes of the fifth meeting of the Peninsula CLAHRC Management Board held on 16th April 2010 (PCMB 02/10-11).

03/10-11 Matters Arising

- (a) Appointment of the Deputy Director (Plymouth)
(minute 11/09-10 (a) refers)

REPORTED:

That Professor Christian Gericke had taken up his appointment on 7th October 2010.

- (b) Behaviour Change Research Group
(minute 11/09-10 (b) refers)

REPORTED:

That Charles Abraham, currently Professor of Psychology at the University of Sussex, had accepted the offer of a Chair in Behaviour Change.

- (c) Information regarding PenCLAHRC academic staff
(minute 11/09-10 (c) refers)

REPORTED:

That this information was currently being published on the website.

- (d) Identification by NHS Trusts of teams to attend Evidence Based Practice (EBP) workshops (minute 12/09-11 (a) (xv) refers)

RECEIVED:

An oral report from the Director regarding recruitment for the EBP workshops, noting:

- (i) That the workshops has been primarily aimed at healthcare staff for the following reasons:
- Evidence-based practice provides a good foundation from which to start working on research projects.
 - The skills that individuals develop help them to make the best use of evidence in decision-making.
 - Capacity building across the region was a key objective for PenCLAHRC.
 - The training would support the question generation process by developing clinicians' abilities in formulating research and implementation questions.
- (ii) That at the last meeting, it had been reported that the initial one-day courses had been over-subscribed and reaction was positive. It was agreed that NHS trusts would identify participants for two planned 2.5 day courses in Plymouth and Exeter. In the event, only 17 people registered for the 72 places.
- (iii) That feedback had suggested that people were unable to commit to a course over three days, although it was considered educationally more valuable to have an intensive and immersive experience. The EBP team was therefore considering whether to offer the programme over three, separate, single days.
- (iv) That it was noted that PenCLAHRC was keen to provide the same opportunities for EBP training to lay participants, and was working with the Research Fellow for Public Patient Involvement to achieve this. It was suggested that members of the public would particularly benefit from the more intensive three day programme which provided the opportunity of interacting more with academics and clinicians.

- (v) That it was recognised that the cascade promotion method using email lists and the PenCLAHRC locality leads' networks had not reached the fullest potential audience.
- (vi) That it was suggested that the calibre and reputation of the course tutors, who included Dr Ruth Gilbert, head of the Centre for Evidence-Based Child Health at University College London, and Reinhardt Wentz, formerly of the National Library for Health, should be emphasised in marketing material.
- (vii) That the difficulties of identifying the right individuals within organisations to attend and organising a convenient date around their availability was also discussed.

04/10-11 Governance

CONSIDERED:

- (a) An oral report from the Director describing the activities of the PenCLAHRC Executive Group since the last meeting, including;
 - (i) A presentation describing the PenCLAHRC new strategic approach, developed in response to the weaknesses identified in the question generation and prioritisation process (minute 12/09-10 (a)(i)-(x) refers (PCMB 03/10-11)).

REPORTED:

- A That the Management Board's request for clarification of PenCLAHRC's strategic approach had provided the Director with a timely opportunity to review the first two years of operation.
- B That a key learning point had been that timescales expressed by organisations keen to be involved in PenCLAHRC were different to the operational reality. This was demonstrated by the protracted recruitment process for the locality leads.
- C That, in addition, strategic priorities were not always reflected throughout the organisation's hierarchy which had led to delays in some projects. This situation contrasted with organisations' requirement for quick results.

- D That, turning to the question generation and prioritisation process, this had unintentionally created a competitive environment which the new, more sophisticated “channels” model hoped to counterbalance.
- E That the question identification process illustrated the difficulty of expressing clinical issues in research terms. This had led directly to more explicit capacity building through the EBP and Leading Innovation and Diffusion programmes. However, the challenge remained of convincing organisations of the value of such activity in a resource-limited environment.
- F That, identified issues could also require further development time, working alongside clinicians, for example, to specify the intervention to be researched or the implementation plan.
- G That, in the current round of prioritisation the local NIHR-funded [Research Design Service](#) had been invited to identify issues or individuals with whom they would be able to work more appropriately to develop an external funding application.
- H That PenCLAHRC had benefitted from the strength of existing relationships between research academics, clinicians and the local NIHR infrastructure.
- I That work with service users had been the most successful area of activity overall, providing specific input into grant applications and helping to change the perspectives of academics and clinicians.
- J That the Engagement by Design[®] model had produced a more complex set of activities than the original disease-based themes of the application process, many of which interlocked.
- K That, reflecting on the original aims of PenCLAHRC, the Collaboration had had some success in grant applications and publications - key outputs for NIHR - although a significant funding bid had yet to be achieved.
- L That there had been challenges working with organisations to deliver service improvement using research, but that the Venous Thrombo-embolism project was a good model.

- M That engagement with existing networks and service users had been good, but that PenCLAHRC now needed to reach out to new groups.

RESOLVED:

- N That, following a discussion about improving engagement with appropriate parts of NHS organisations, it was suggested that the presentation could be summarised for a clinical audience and disseminated through Trusts' internal communication channels.
- O That, local QIPP² leads would be targeted with a briefing explaining the value of PenCLAHRC's research in informing decision-making and specifically, that a tailor-made EBP course would be developed for them.
- (b) An oral report from the Director as Lead for the University of Exeter's Science Strategy Translational Medicine Theme, noting;
- (i) That all academic appointments funded under the original plan had now been made.
- (ii) That at the most recent Theme Management Board meeting it had been reported that the University was considering whether further funding would be made available.
- (iii) That it had been expressed that there a more explicit summary of the strategic aims of the Theme should be produced,
- (iv) That the Theme External Advisory Board would be meeting towards the end of December 2010.

RECEIVED:

- (c) A summary of the main business of the meetings of the PenCLAHRC Executive Group since April 2010 (PCMB 04/10-11).
- (d) The minutes of recent University of Exeter's Science Strategy Translational Medicine Management Board meetings:

² Quality, Innovation, Productivity and Prevention: This is a Department of Health initiative responding to the current financial situation in the NHS by focusing on improving quality and productivity while making efficiency savings. In March 2010, a guide for clinicians was produced which is available to download at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113807.pdf.

- (i) 4th March 2010 (PCMB 05/10-11).
- (ii) 24th May 2010 (PCMB 06/10-11).

05/10-11 Reporting and Performance Management

RECEIVED:

The first annual financial report to NIHR covering the period 1st April 2009 – 30th March 2010 (PCMB 07/10-11), noting:

- (a) That the underspend reported reflected the protracted set-up phase, primarily due to prolonged recruitment activity, but that the reprofile of the budget had been accepted by the Department of Health as presented.
- (b) That, as a consequence of NIHR funding, all CLAHRCs had attracted additional [Flexibility and Sustainability Funding](#) to support research activity in the NHS which would help further the development of joint strategy with university partners.
- (c) That, in response to a question regarding university research grant income, it was confirmed that PenCLAHRC had contributed to the greater majority of the grants highlighted in the footnote on page 5 of the report either through direct or matched funding of an investigator.
- (d) That it was noted that the experience of the University of Exeter's other Science Strategy themes appeared to mirror PenCLAHRC's lengthened recruitment phase, and that this should be taken into account in the planning of future strategic investment.

06/10-11 Risk Management

CONSIDERED:

A report, with appendix, on the current version of the Peninsula CLAHRC Risk Register (PCMB 08/10-11), noting:

- (a) That the recent government [White Paper on the future of the NHS](#) presented significant risks but also opportunities for PenCLAHRC, given the positive comments regarding the importance of research.
- (b) That, additionally, a paper on public health, including provision for a new Public Health Service, was due to be published on 30th November 2010.

- (c) That there were major implications in the White Paper for the Peninsula College of Medicine and Dentistry which had established a senior management steering group to look at interfaces with the Strategic Health Authority and Primary Care Trusts.
- (d) That a major challenge for PenCLAHRC was to forge connections with QIPP chairs as the key architects of this environment and also the clinicians likely to play a significant part in the new structures e.g. GP consortia.
- (e) That it was far from clear what activities and responsibilities the new groups would be undertaking for what level; for example, the specialised commissioning for specific populations or making recommendations based on NICE³ guidance; or what organisational models would be adopted across the region.
- (f) That, in addition, considering the future of higher education in the light of the Browne Report⁴ and planned government funding reductions, research funding had been frozen in real terms. Further detail would be published in the annual HEFCE⁵ letter due in December 2010 with actual allocations for the next financial year confirmed in March 2011.
- (g) That the NIHR and Medical Research Council was thought to be largely protected compared to other research funding streams and presented the best opportunity for the Collaboration to secure funds in the future.
- (h) That, as the four most significant risks were reviewed in detail, the overall observation was made that it was critical that the Collaboration be made aware of any change in relationships with partners during this transition period.

RESOLVED:

That the likelihood of risk 4, active or perceived disenfranchisement of potential stakeholders, including practitioner-led disciplines, non-health academics and locations with weaker historic involvement in medical school -led research, would be reduced: PenCLAHRC was actively pursuing non-medical research questions and collaboration with other Schools across the two universities.

³ The National Institute for Clinical Excellence: <http://www.nice.org.uk/>

⁴ Securing a sustainable future for higher education in England: An independent review of higher education & student finance in England, published 12th October 2010, is available to view at <http://hereview.independent.gov.uk/hereview/report/>

⁵ The Higher Education Funding Council for England: <http://www.hefce.ac.uk/>

(a) Question Generation and Prioritisation

RECEIVED:

A report from the Lead for Question Generation and Prioritisation, Professor Ken Stein, regarding the second round which concluded in May 2010 (PCMB 09/10-11), noting;

- (i) That the report was intended to bring members of the Management Board up to date with the most recent rounds of the process, which was a deliberative and inclusive model culminating with the use of a wider stakeholder group to rank research and implementation questions.
- (ii) That a list of highest priority questions from the last round, which had concluded in May 2010, was received.
- (iii) That a prioritised question could latterly be changed and expanded in scope following discussion with academics, with the example given of the Acute GP question which now encompassed a recently shortlisted NIHR SDO (Service Delivery Organisation) bid, evidence synthesis of existing research literature, and a service change project in paediatrics.
- (iv) That the third round was due to be concluded at the Stakeholder Prioritisation Panel on 2nd December 2010: 38 questions had been considered by the Executive Group at stage one, leading to 12 priority briefs being developed summarising current research on the issue and its strategic importance to the NHS.
- (v) That NHS Cornwall would share the report for information with its Professional Executive Committee (PEC).

(b) Peninsula Collaboration for Healthcare Operational Research and Development (PenCHORD)

RECEIVED:

An update from the Deputy Director (Exeter), Professor Ken Stein, on the establishment of PenCHORD (minute 14/09-10 (b) refers), noting:

- (i) That a paper had been presented at the last Management Board but, subsequently, progress with establishing the unit had been slower than expected.

- (ii) That the unit was designed to operate within PenCLAHRC, specifically to apply operational research techniques to system problems. This approach applied a useful set of mathematical tools to complex interactions and dependencies, which in turn could inform planning and decision-making, most notably in resource-constrained environments.
- (iii) That whilst the governance arrangements were being finalised and staffing for the unit organised, work had already begun on the Stroke rtPA⁶ question prioritised from the first round of question generation.
- (iv) That the proposal had been met with enthusiasm from NHS stakeholders on the Management Board and a launch event was planned for 25th November 2010 for which invites had been sent in September seeking appropriate representatives.
- (v) That unfortunately to date response to the event had been poor but it was agreed that targeted telephone calls to key contacts would be used to increase attendance.

08/10-11 Project Plan

RECEIVED:

The Project Plan for the Peninsula CLAHRC (PCMB 10/10-11), noting references to the next Annual Report, ongoing recruitment schedule, planned website refresh and forthcoming schedule of EBP training.

09/10-11 Date of Next Meeting

REPORTED:

That the next meeting of the PenCLAHRC Management Board will be held on Wednesday 20th April 2011, 1000 – 1200, via video-conference in meeting room 8, the John Bull Building, Tamar Science Park, Plymouth, G004, Veysey Building, Salmon Pool Lane, Exeter and F05, the Knowledge Spa, Truro.

⁶ rtPA stands for 'recombinant tissue plasminogen activator'. It is a drug administered intravenously and used to dissolve the blood clot responsible for the stroke and reopen the artery. The current licensed 'therapeutic window' is three hours but findings of recent research are expected to extend the window to four and a half hours.