

## Management Board

The confirmed minutes of the fifth meeting held at 10.00 on Friday 16<sup>th</sup> April 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 Liz Kay (in the Chair) Interim College Dean
NHS South West	Rob Checketts Associate Director of Strategic Development
Torbay Care Trust	Anthony Farnsworth Chief Executive
Peninsula CLAHRC	Professor Bob Freeman Locality Lead representative
Peninsula CLAHRC	Ian Hosker PPI representative
Peninsula CLAHRC	James Irving PPI representative
South Devon Healthcare NHS Trust	Sasha Karakusevic Director of Performance & Development
NHS Plymouth	Debra Laphorne Director of Public Health
Peninsula CLAHRC	Professor Stuart Logan Director
Peninsula CLAHRC	Kath Maguire PPI representative
Peninsula Dental School	David Moles Director of Postgraduate Research & Training
NHS Cornwall	Felicity Owens Director of Public Health
NHS Devon	Dr Virginia Pearson Director of Public Health
Plymouth Hospitals NHS Trust	Paul Roberts Chief Executive
PenCLAHRC	Professor Ken Stein Deputy Director (Exeter)
Peninsula Comprehensive Local Research Network	Professor Tony Woolf Clinical Director
University of Plymouth	Professor Mary Watkins Deputy Vice Chancellor
Torbay Care Trust	Louise Wilson Public Health
Secretary to the Management Board	Helen Papworth Operational & Finance Manager

**Apologies:**

NHS South West	John Bewick Director of Strategic Development
South West Ambulance Service Trust	Sarah Black Research and Audit Manager
Cornwall Partnership Trust	Lezli Boswell Chief Executive
Peninsula CLAHRC	Professor Nicky Britten Lead for PPI <sup>1</sup> and Evaluation
Northern Devon Healthcare NHS Trust	Dr Mark Cartmel Clinical Lead for Research
University of Exeter	Professor Janice Kay Deputy Vice Chancellor
Peninsula CLAHRC	Shirley Stevens PPI representative

10/09-10 Minutes

APPROVED:

The minutes of the fourth meeting of the Peninsula CLAHRC Management Board held on Wednesday 4<sup>th</sup> November 2009 (paper PCMB 11/09-10).

11/09-10 Matters Arising

- (a) Appointment of the Deputy Director (Plymouth)  
(minute 04/09-10(a) (iv))

REPORTED:

That the Director had received notification by email that Professor Gericke hoped to start in July 2010.

- (b) Behavioural Change Research Group  
(minute 04/08-09 (b) (ii-iii))

REPORTED:

That, following a second attempt to recruit, Dr Lamprini Psychogiou had been appointed as Senior Lecturer in Translational Medicine: Further efforts were being made to attract professorial candidates.

- (c) Information regarding PenCLAHRC academic staff  
(minute 04/09-10 (b))

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<sup>1</sup> Public and Patient Involvement  
hpapworth

REPORTED:

That links to profiles and contact of academic staff within PenCLAHRC would be published on the website.

12/09-10 Governance

CONSIDERED:

- (a) An oral report from the Director describing the activities of the PenCLAHRC Executive Group since the last meeting, noting:
- (i) That one of the original objectives of PenCLAHRC was to change the culture of engagement between academics and clinicians, with the ultimate goal of increasing the relevance of applied health research by closer involvement with the local NHS.
  - (ii) That PenCLAHRC staff and stakeholders had met for an away day in March 2010 to reflect on progress to date where it was agreed that research activity was proceeding satisfactorily.
  - (iii) That there had been some notable highlights in engaging with the local health economy, such as the development of a PPI strategy using existing networks, with specific clinical areas such as obesity and stroke, and work for the local primary care trusts' Health Technology Assessment Commissioning Group.
  - (iv) That, however, in other areas it had been much more difficult to establish relationships. In some cases, the question generation and prioritisation process had had the unintended effect of discouraging individuals and teams by establishing a competitive system with "winners" and "losers" (minute 14/09-10 (a) (i) refers).
  - (v) That, therefore, it was proposed that PenCLAHRC would move its focus away from identifying research questions towards finding the important issues for clinicians, managers and patients, then helping them to find a solution.
  - (vi) That PenCLAHRC would begin to explicitly offer a broader range of support, starting with a triage system for the issues identified that would determine the most appropriate channel to be used, including the question prioritisation process.

- (vii) That, for example, one channel already being developed was evidence-based practice training to help clinical teams identify their information needs. Approximately 100 places were now available on one day programmes, and a further 70 on three-day programmes, to be held at venues across the peninsula.
- (viii) That, a second channel was the establishment of a leadership for change programme, designed in partnership with the University of Exeter Business School and PCMD Graduate School, which would be looking at issues identified as part of the QIPP<sup>2</sup> agenda.
- (ix) That it was apparent that some questions required better framing and specific development before the research itself could be carried out; for example, design of the complex intervention proposed, development of an operational research model (minute 14/09-10 (b) refers), or an implementation plan.
- (x) That, finally, it had been agreed that some questions would be referred directly to the local NIHR Research Design Service to work with individuals to develop funding proposals.
- (xi) That the Management Board shared the observations made by the Director and offered their support to PenCLAHRC in developing the new model further.
- (xii) That the NHS organisations in the far south-west should contribute via a more managed process to provide their own input, leading to the identification of shared, strategic issues. It was noted that it had been challenging for PenCLAHRC to clearly identify Trusts' many organisational priorities.
- (xiii) That, in order for PenCLAHRC to engage with the key stakeholders, it was important not to separate research from education and practice, particularly in the allied health professions where many individuals had academic and clinical roles.

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<sup>2</sup> Quality, Innovation, Productivity and Prevention. This is a Department of Health initiative for 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](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113807.pdf)

- (xiv) That there was a risk that, by changing its focus away from question generation and prioritisation, PenCLAHRC would be perceived as reducing potential involvement in research, rather than providing more, although different, opportunities for clinicians to expand their knowledge, develop skills and improve practice.

## RESOLVED:

- (xv) That NHS members of the Management Board would be invited to identify teams to attend the evidence-based practice training.
- (b) An oral report from the Director as Lead for the University of Exeter's Science Strategy Translational Medicine Theme, noting:
- (i) That , as the University of Exeter had provided the investment for this activity, it was directing the overall academic and geographic focus.
- (ii) That, through the Engagement by Design model, there was the opportunity for organisations throughout the peninsula to be involved in the implementation of the research findings.

## RECEIVED:

- (c) A summary of the main business of the meetings of the PenCLAHRC Executive Group since November 2009 (paper PCMB 12/09-10).
- (d) The minutes of recent University of Exeter's Science Strategy Translational Medicine Management Board meetings:
- (i) 16<sup>th</sup> October 2009 (paper PCMB 13/09-10).
- (ii) 18<sup>th</sup> December 2009 (paper PCMB 14/09-10).

13/09-10 Reporting and Performance Management

## RECEIVED:

The first annual report to NIHR, covering the period 1<sup>st</sup> October 2008 – 30<sup>th</sup> September 2009 (paper PCMB 15/09-10), noting:

- (a) That no formal response had been received regarding the report.
- (b) That the template for the financial report was expected imminently, prior to the 31<sup>st</sup> May 2010 submission deadline.

(a) Question Generation and Prioritisation (paper 17/09-10)

RECEIVED:

A report from the Lead for Question Generation and Prioritisation, Professor Ken Stein, regarding progress with the second round (paper PCMB 16/09-10), noting:

- (i) That the improved quality of questions submitted in this round demonstrated the importance of the locality leads, although it was recognised that more could be done to engage and support contributors whose ideas had not been selected for further development.
- (ii) That twelve questions had been chosen for consideration at the next Stakeholder Prioritisation Panel meeting to be held on Monday 17<sup>th</sup> May 2010.
- (iii) That the majority of questions had been focused on clinical issues identified by individuals, as opposed to organisational goals which would need to be captured by other mechanisms.

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

RECEIVED:

An update from Professor Ken Stein on the development of PenCHORD, the Peninsula Collaboration for Healthcare Operational Research and Development, (paper PCMB 17/09-10), noting:

- (i) That simulation modelling had been used within the NHS for some time to explore how services could be configured and resources deployed most effectively, which in turn could lead to evaluations of the implementation.
- (ii) That had been agreed to use the resource from two vacant junior health economics posts to establish an operational research facility to respond to such questions.
- (iii) That the facility would provide significant opportunities to work closely with NHS partners to help to resolve systems problems, for example through secondments to the unit for post-graduate study.
- (iv) That the paper proposed a draft governance framework for the facility which included a Steering Group where

NHS representation from both commissioner and provider trusts was sought.

- (v) That, considering the amount of investment by the NHS in this area, it would be important to ensure that local initiatives were aligned around an academic framework which could support the development of tools, techniques and training.
- (vi) That it had been suggested that some of the questions generated through the prioritisation process could be taken on by the new unit, but the precise mechanism and timescales had not yet been developed. Capacity would necessarily be limited by the initial 1.8 FTE staffing.

RESOLVED:

- (vii) That the development of an operational research facility within PenCLAHRC would be endorsed.
  - (viii) That the membership of the Steering Group would be amended to include appropriate representation from:
    - Both universities' Business Schools
    - One of the two mental health Trusts
    - The South West Ambulance Service Trust
    - The PenCLAHRC Deputy Director (Plymouth)
    - The lay community, in accordance with PenCLAHRC's approach to PPI
  - (ix) That a further progress report would be provided for the next Management Board meeting.
- (c) Public and Patient Involvement

RECEIVED:

A progress report from the Lead for Public and Patient Involvement, Professor Nicky Britten (paper PCMB 18/09-10), noting:

- (i) That representatives from the PenCLAHRC Patient Involvement Group (PenPIG) were now members of the Management Board.
- (ii) That, through the PenPIG, patients, carers and lay persons had been able to contribute to the establishment of PPI structures and provide feedback about processes.
- (iii) That there were significant linguistic and cultural barriers to lay engagement with organisational structures,

including the NHS trusts and higher education institutions of PenCLAHRC.

- (iv) That retaining ownership of research questions which had been originated by, or in conjunction with, service users would remain a key issue during the life of the pilot.

RESOLVED:

- (v) That PenPIG members would receive the contact details of Management Board members to improve communication with the group.

15/09-10 Risk Management

CONSIDERED:

The Risk Register for the Peninsula CLAHRC (paper PCMB 19/09-10), noting:

- (a) That members were encouraged to pass any comments or amendments on the risk register as a whole to the Secretary for inclusion in the version produced monthly for consideration by the Executive Group.
- (b) That the controls and future actions for risk 2, PenCLAHRC partners fail to provide committed matched funding resources, were appropriate but that any assistance from the Management Board in identifying and monitoring matched funding within Trusts would be welcomed.
- (c) That the action plan for risk 3, failure to identify and agree with stakeholders relevant quantitative and qualitative outcomes for PenCLAHRC, was not sufficiently specific and did not have a milestone for delivery.
- (d) That the Management Board had a central role in mitigating against risk 5, breakdown of relationship between key PenCLAHRC partners due to divergent strategic priorities.
- (e) That it was noted that the Director was working closely with the Dean of the Faculty of Health at the University of Plymouth to mitigate against risk 6, active or perceived disenfranchisement of potential stakeholders, including practitioner-led disciplines such as social work and other allied health professions.

RESOLVED:

- (f) That risk 1, Failure of PenCLAHRC to achieve buy-in from NHS organisations, and risk 4, Inability to operate effectively within partner organisations due to barriers at middle management

level, would be combined in future reports and the current controls continued.

- (g) That, to help mitigate further against this risk, the Secretary would obtain the dates of NHS Trust Board meetings and ensure that an annual report was provided to raise PenCLAHRC's profile.
- (h) That, following discussion of risk 3, the Director would produce a paper for the next meeting outlining PenCLAHRC's new strategic approach in response to the weaknesses identified in the question generation and prioritisation process (minute 12/09-10 (a) (i) – (x) refers).

16/09-10 Project Plan

RECEIVED:

The Project Plan for the Peninsula CLAHRC (paper PCMB 20/09-10).

17/09-10 Date of Next Meeting

REPORTED:

- (a) That the meetings of the PenCLAHRC Management Board in academic year 2010/11 will be held on:
  - Wednesday 10<sup>th</sup> November 2010, 1000 – 1200
  - Wednesday 20<sup>th</sup> April 2011, 1000 – 1200
- (b) That both meetings will be held via video-conference in meeting room 8, the John Bull Building, Tamar Science Park, Plymouth, and G004, Veysey Building, off Salmon Pool Lane, Exeter.
- (c) That a venue in Truro will be confirmed at a later date, following confirmation of the teaching timetable for the new academic year.