

Management Board

The confirmed minutes of the ninth meeting held at 10.00 on Wednesday 18th April 2012 via video-conference in meeting room 8, John Bull Building, Tamar Science Park, Plymouth, room 005, Veysey Building, Salmon Pool Lane, Exeter, and F10, Knowledge Spa, Truro.

Attendees

Peninsula College of Medicine and Dentistry	Professor Angela Shore Vice Dean (Research) (in the chair)
South Devon Healthcare Foundation Trust	Professor Ben Benjamin Consultant in Acute Medicine
Peninsula CLAHRC	Professor Nicky Britten Lead for PPI ¹ and Evaluation
Peninsula CLAHRC	Professor Christian Gericke Deputy Director (Plymouth)
Northern Devon Healthcare NHS Trust	Mr Mark Cartmell Clinical Lead for Research
NHS Cornwall	Katherine Gronqvist Deputy Director of Public Health
Peninsula CLAHRC	Jim Harris PPI representative
University of Exeter	Professor Janice Kay Deputy Vice Chancellor
Peninsula CLAHRC	Professor Stuart Logan Director
NHS Devon and Torbay Care Trust	Tracey Polak Assistant Director of Public Health
Peninsula CLAHRC	Professor Dave Richards Theme Lead representative
Peninsula CLAHRC	Professor Ken Stein Deputy Director (Exeter)
Peninsula CLAHRC	Lynn Tatnell PPI representative
University of Plymouth	Professor Mary Watkins Deputy Vice Chancellor
Secretary to the Management Board	Helen Papworth Operational & Finance Manager
Apologies:	
Royal Cornwall Hospitals Trust	Lezli Boswell Chief Executive
NHS Plymouth	Kevin Elliston Interim Associate Director of Public Health
NHS South West	Richard Gleave Director of Programme Implementation

¹ Public and Patient Involvement

Health Innovation and Education Cluster (South West)	Sasha Karakusevic Director
Peninsula Dental School	Professor Liz Kay Foundation Dean
NHS Plymouth	Debra Laphorne Director of Public Health
Plymouth Hospitals NHS Trust	Alex Mayor Medical Director
Peninsula Dental School	Professor David Moles Director of Postgraduate Research and Education
Peninsula College of Medicine and Dentistry (PCMD)	Professor Steven Thornton College Dean

11/11-12 Minutes

APPROVED:

The minutes of the eighth meeting of the Peninsula CLAHRC Management Board held on 9th November 2011 (PCMB 11/11-12) were approved.

12/11-12 Matters Arising

(a) Members of the Management Board
(minute 01/11-12 (a) refers)

REPORTED:

That Cornwall Partnership NHS Foundation Trust and Plymouth Hospitals NHS Trust had offered apologies

(b) Engagement with local NHS senior management
(minute 09/11-12 (g) refers)

REPORTED:

(i) That numerous discussions with NHS Trusts had been taking place within the context of Academic Health Science Networks (AHSNs), a new NHS initiative bringing together local NHS organisations, higher education institutes, industry, public health, local government and the third sector. Much of this work is directly linked to CLAHRC activity.

(ii) That talks had taken place with PHNT's Board and Cornwall Professional Executive Committee (including the CCG), and NHS Trust Chief Executives have also met to discuss how PenCLAHRC fits into the AHSN context. There is great enthusiasm for the initiative. Professor Stuart Logan will attend meetings of the Steering Committee for the SW Peninsula bid on behalf of PenCLAHRC.

(iii) That the initial plan announced in the [Innovation Health and Wealth paper](#) was for the call for AHSN expressions of interest to go out in March; however, there has been some delay in the announcement due to the local elections. A national meeting of various organisations (academic, NHS and DoH) took place to

discuss the plans; a further meeting is scheduled for the week commencing 23rd April.

(iv) That there are varying views regarding the form and functions of AHSNs: they will include some CLAHRC-oriented work such as mobilising evidence, but will also have links to the NHS Commissioning Board. A complex picture with similarities of functions between groups is emerging. AHSNs will not fund or carry out research, but are intended to assist implementation. Consideration needs to be given as to how PenCLAHRC could facilitate the implementation of research moving forward into the NHS.

(v) A discussion took place around the relationship between AHSNs and AHSCs. It was noted that although some AHSNs would be linked to AHSCs, this would not affect the AHSN's remit or how it actually works. It was suggested that although AHSNs may not need to include an AHSC it would strengthen the SW bid to be linked to one. The balance between central control and mobilising action is still unclear.

(vi) A further discussion followed around the way in which Research & Development is carried out in response to business needs: currently it is difficult to find the R&D solution to clinical questions. The channel of communication from the clinical to the academic world is the key; it is hoped that AHSNs could assist in this process. PenCLAHRC has already demonstrated a good model for this process in PenCHORD. To consider innovation and audit in the context of evidence would strengthen the AHSN, but it is not clear whether it have the brief or resource to do this.

(vii) An AHSN will be required for CQUIN. It was suggested that as any matched funding for CLAHRC2 will continue to come from the NHS, incorporating some NHS posts in a bid would be beneficial.

13/11-12 Chair's Business

REPORTED:

- (a) That changes to PCMD governance are taking place, with plans to establish separate Medical Schools under the Universities of Exeter and Plymouth respectively. The Board was assured that this will not have a negative impact on PenCLAHRC and that both Universities are committed to continuing collaborative research across the Peninsula.
- (b) That PenCTU has been resubmitted for reaccreditation by the University of Plymouth; the outcome is awaited. There will continue to be a local unit
- (c) That the Peninsula NIHR CRF has been successful in obtaining renewed funding of £5.7m for 4.5 years, providing research resources for NHS partners up to March 2017.
- (d) That today sees the launch of the NIHR School for Public Health Research. There is a direct fit with the remit of CLAHRC. It was confirmed that this relationship will not be affected by the PCMD split.

- (e) That the Peninsula Quintiles Prime Site is one of two in the UK, with at least two Trusts performing outstandingly. Pippa Hedley, formerly Industry Manager at PenCRN, is the Associate Director. This offers a great opportunity to engage further with our clinical partners: at present 5 Trusts have signed the agreement, but there is capacity for others to be involved, plus Primary Care. Visits are planned for April and monthly meetings will take place. It was noted that there is a need to work together to be competitive in terms of patient numbers.

Professor Mary Watkins joined the meeting at 10:30

14/11-12 Governance

CONSIDERED:

- (a) An oral report from the Director describing the activities of the PenCLAHRC Executive Group since the last meeting, noting:
- (i) That after a considerable time PenCLAHRC is beginning demonstrably to deliver in line with its aims: research, changing service and capacity.
- (ii) That, in terms of the list of grants, around £4M has been brought in over the last six months. In terms of changing service, the work carried out by PenCHORD around thrombolysis for stroke has been notable, looking at the pathway from arrival at hospital to drug delivery and the consequences in terms of disability. The scheme, piloted at the RD&E, for the Ambulance Service to call ahead to alert the hospital has been adopted by the Stroke Network, and will be rolled out more widely, beginning with NDC and RCHT. This has demonstrated how PenCLAHRC can encourage collaboration across the region, and maximise improvements to service to help patients.
- (iii) That the implementation work around tranexamic acid has arisen out of the Clinical Decision Making workshops attended by SWAST, developing their interests in this area and also nurturing relationships: investment in these building blocks which engender change is essential. Informal feedback from the RAND evaluation is positive about PenCLAHRC's approach around engagement and capacity building. A RAND workshop is being held next month: the aim is to include data about public engagement in the report, which will be available on the SDO website.
- (iv) That, due to the increasing number of projects, there has been a change in approach to project management, moving from project to operational mode.
- (v) That it is important for PenCLAHRC not to make promises it will be unable to deliver within its current remainder of funding, with particular reference to the current round of question prioritisation. More clarity as to the likelihood of a second round of CLAHRC funding is required before PenCLAHRC can commit to certain activities.

- (vi) A discussion followed as to whether this would change the nature of the prioritisation process. It was confirmed that questions from a range of areas would still be accepted for consideration, taking a comprehensive, holistic approach. The breadth of PenCLAHRC's approach was particularly considered to be a strength. It was suggested that, in terms of clinical groups, often knowing how to approach answering a question is the barrier rather than resource; a signposting service provided by academics might be more appropriate. It was noted that in the early days of PenCLAHRC, some resistance had been encountered from academics about sharing their ideas; an attempt was made to triage the problem (e.g. the RDS, methodology, complex interventions).
- (viii) It was queried whether there had been sufficient dissemination of recent successes. Feedback received from other meetings suggests that the publicity is working. It was noted that the information needs to be fed into NHS trusts and University websites as well; there is a feeling that the Trusts still lack an understanding of PenCLAHRC's achievements. CDM should be a core part of education, circulating learning to cohort leaders: PenCLAHRC has begun to develop a cadre of colleagues with CDM skills (e.g. Jenny Morris, SWAST). LETB offers an opportunity to do this in a systematic way; it could be taken forward with a pilot workshop of programme leaders within the SW. It was queried whether delivery in a complex clinic situation is something students can identify with.
- (b) An oral report from the Director as Theme Lead for the University of Exeter's Science Strategy Translational Medicine theme, noting:
- (i) That the aim of this theme has been to collaboration between a wide range of disciplines, alongside investment in science.
- (ii) That the major activity recently has been bringing together clinicians and academics (PARC, Obesity); this has been important in driving the SPH bid. Other work has included setting up a Behaviour Change Network (BEECON) and complex interventions.
- (iii) That a recent workshop on diagnostics, epidemiology and statistics with clinicians produced some good ideas around Medically Unexplained Symptoms and the links between Mental Health and Chronic Disease, which has been a problem for the NHS. From a patient perspective, it is difficult to have unexplained symptoms acknowledged without sufficient background knowledge; it is necessary to improve patient experience of the system. Work is being undertaken with mental health workers and primary care staff on a pathfinder to bridge the gap between the disciplines. It was noted that activity is already underway in Copenhagen on a pathway for MUS (or Bodily Stress Syndrome). A further suggestion was to look at the concept of stress from microorganisms through to functional level; this could involve a huge range of academics.

RECEIVED:

- (c) A summary of the main business of the meetings of the PenCLAHRC Executive Group since November 2011 (PCMB 12/11-12).

15/11-12 Reporting and Performance Management

RECEIVED:

- (a) The guidance documents for the third annual report to NIHR covering the period 1st October 2010 – 30th March 2012 (PCMB 13/11-12 and PCMB 14/11-12), noting:
- (i) That this was very similar to that given in previous years, but the dates have now been brought into line with financial reporting.
 - (ii) That work on the report is underway. The idea that this third-year report would be particularly significant has now been abandoned. It was noted that the RAND evaluation is a formative evaluation funded by the SDO.
 - (iii) That there is no formal information on future funding. It is understood that there will be a different format with a more explicit concentration on improvement science, but this is still being discussed. The NIHR has been advised of the risk to continuity, and the suggestion has been put forward that an extension would be useful; this has not been dismissed. Further lobbying for an extension will take place at next month's National CLAHRC Directors' meeting.
- (b) An updated list grant applications and publications arising from PenCLAHRC since November 2011 (PCMB 15/11-12), noting:
- (i) That two grants over £1M had been awarded to the STARS and HELP projects. The ENGAGER2 application is under final consideration.
 - (ii) That the Board is unsure of the utility of the published/in progress/in review format of the list as opposed to date order.
ACTION: Raise with NHS R&D Directors and Locality Leads.
 - (iii) That it will be difficult to keep track of externally funded projects several years down the line. It will be incumbent upon the Project Lead ensure that this happens: different tools suggested for facilitating the process include forms and monthly reminders sent by email.

16/11-12 Risk Management

CONSIDERED:

A report, with appendix, on the current version of the Peninsula CLAHRC Risk Register (PCMB 16/11-12), noting:

- (a) Reassurance from the Chair that the PCMD split will not affect PenCLAHRC. It was confirmed that both Universities have met with HEFCE and set up a plan for the split through teach out, placements, etc.; no real difficulties are anticipated beyond this. It is expected that as PenCLAHRC is for the benefit of the Peninsula as a whole both Boards will be happy with recommendations for continued collaboration, as with PenCTU. It was confirmed that the legal advice suggests that there is no problem with this; both Vice Chancellors and the NHS have committed to clinical research. However, some anxieties amongst staff are inevitable in the climate of uncertainty.

17/11-12 Project Plan

RECEIVED:

The Project Plan for the Peninsula CLAHRC (PCMB 17/11-12) noting:

That this had been found useful in the early phase of CLAHRC. **ACTION: Maintain project plan for second round of CLAHRC/AHSN**

18/11-12 Any Other Business

REPORTED:

That Professor Mary Watkins will be retiring before next Board Meeting. The Chair recorded the Board's thanks to Professor Watkins for her contribution. A new nomination from PU will be sought.

19/11-12 Date of Next Meeting

REPORTED:

That the dates of the forthcoming meetings of the PenCLAHRC Management Board for 2012/13 are:

- Wednesday 21st November 2-4 pm
- Wednesday 24th April 2-4pm