

**Management Board**

The draft unconfirmed minutes of the seventh meeting held at 14:15 on Friday 3<sup>rd</sup> March 2017 in the Great Hall at Dartington Hall, Totnes, Devon, TQ9 6EL

**Members present**

Baroness Watkins of Tavistock, in the Chair	Ms Caroline Powell, South West Academic Health Science Network
Dr Richard Laugharne, Cornwall Partnership NHS Foundation Trust	Mr Andy Harewood, Somerset Partnership NHS Foundation Trust
Professor Stuart Logan, Director, PenCLAHRC	Dr Gary Minto, Plymouth Hospitals NHS Trust
Professor Angela Shore, University of Exeter	Mrs Sarah Black, South Western Ambulance Service NHS Foundation Trust
Ms Andrea Mostyn-Jones, Taunton & Somerset NHS Foundation Trust	Mr Martin R White, Public Health England South West
Professor Oliver Hanemann, Plymouth University	Professor Richard Byng, Deputy Director, PenCLAHRC
Professor Ken Stein, Deputy Director, PenCLAHRC	Ms Lynn Tatnell, Peninsula Patient & Public Involvement Group
Ms Julie Harvey, Peninsula Patient & Public Involvement Group	Dr Gavin Garman, Devon Partnership NHS Trust
Dr Fiona Roberts, Torbay and South Devon NHS Foundation Trust	Professor Chris Dickens, Theme Lead, PenCLAHRC
Mrs Jo Smith, Operations 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**

Mr Tariq White, NHS England South (South West)	Dr Roope Manhas, Northern Devon Healthcare NHS Foundation Trust
Mrs Jo Shuttleworth, Operations & Finance Manager, PenCLAHRC	Professor Nicky Britten, Theme Lead, PenCLAHRC
Dr Iain Chorlton, Kernow Clinical Commissioning Group	South Devon and Torbay Clinical Commissioning Group

**1/17-18 Minutes**

APPROVED:

The minutes of the sixth meeting of the NIHR CLAHRC South West Peninsula Management Board held on Wednesday 9<sup>th</sup> November 2016 (**MB22**) were approved.

**2/17-18 Matters Arising**

- (a) 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 (*minute 11/16-17*):

REPORTED:

- (i) That all partner organisations whose responses regarding matched funding were outstanding at the time of the previous meeting have now been contacted with a follow-up letter.
- (ii) The Chair stressed the importance of recording in-kind match funding, stating that this is in effect a financial contribution from PenCLAHRC's partner organisations. The Director reiterated PenCLAHRC's contractual obligation to meet match funding requirements.
- (iii) Members were reminded that the proposed method of collecting match funding data is for the Director to send a letter to the senior officer of each partner organisation on a yearly basis, stating its in-kind contribution for the past financial year based on standard figures provided by the RD&E, and requesting consent to record this formally as match funding for the purposes of the Annual Report to NIHR.
- (iv) All organisations present as part of the Board confirmed their willingness to carry forward the matched funding (in kind) agreement for this year and agreed with the current process for recording and approving match funding data.

**Action: All Board members to facilitate recognition of in-kind match within their organisations**

- (b) AHSN to facilitate engagement between the Peninsula Patient Involvement Group and AHSN Patient and Public Involvement Lead:

REPORTED:

That the AHSN and NIHR CRN are jointly involved with PenCLAHRC in a visit from Zoe Gray, Director of INVOLVE, on 20<sup>th</sup> March.

**3/17-18 Chair's Business**

REPORTED:

Baroness Watkins reported that, since her appointment as a Cross-Bench Peer, she had offered to step down as Management Board Chair should PenCLAHRC's partner organisations feel that it was inappropriate for her to continue in the role. However, support had been received from all stakeholders for her to continue.

**4/17-18 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) Professor Chris Whitty, Chief Scientific Advisor, has stressed the importance of ensuring that the NIHR continues to offer value for money to the NHS.
- (ii) In his visits to the South West on 16<sup>th</sup> – 17<sup>th</sup> February, Professor Whitty requested assistance from the two Medical Schools with determining the future of health research strategy.
- (iii) Mike Batley, Deputy Director for Policy Research, Evidence and NIHR Research Programmes, visited PenCLAHRC on 27<sup>th</sup> January and met with a number of colleagues. The Director reported that the meeting was positive.

(b) Future CLAHRC funding:

CONSIDERED:

An oral report from the Director, noting:

- (i) The current CLAHRC funding comes to an end on 31<sup>st</sup> December 2018.
- (ii) Dr Tony Soteriou, Deputy Director for NHS Research Infrastructure and Growth, is undertaking a 2-month "root and branch review" of the CLAHRCs. This should be completed later in March.
- (iii) It has been explicitly stated that there will be future "funding in the CLAHRC space", and it seems probable that this will be on a par with the current level of funding allocated to the CLAHRCs. However, all possibilities, including a radical overhaul of where and how the funding will be directed, will be considered in the context of the review.
- (iv) The following are viewed as key issues within the NHS: the ageing population; multimorbidity; mental health. It was felt that the role of the CLAHRCs would be instrumental in addressing these issues. The Chair noted their particular relevance to the demographic of the South West.

- (v) Assuming that the decision is taken to renew CLAHRC funding, it is anticipated that a call for bids will be received over the next few months. In preparation for this, the Director noted the need to recognise areas for improvement as well as past successes, and to determine whether there is still appetite for future engagement among PenCLAHRC's stakeholders. Dr Laugharne noted the importance of keeping partner organisations up to date in terms of PenCLAHRC's remit, and of requesting specific, defined input from its stakeholders. The Board members recognised that key people within each organisation should be identified to link to PenCLAHRC and that CEO level is not always the most appropriate for ensuring engagement and influence.
- (vi) The Chair emphasised the need for universal support from partners to offer the bid its best possible chance of success. The Board members acknowledged their commitment to support any future bid for CLAHRC funding on behalf of their organisations.
- (vii) Challenges will include:
  - a. the probability of a short timeframe between the call and the submission deadline;
  - b. the possibility of competition between existing organisations;
  - c. the need to continue to align PenCLAHRC with the AHSN in the context of the latter's reduced license term;
  - d. the difficulties of engaging at a strategic level (despite organisational collaboration on projects) with increasingly busy senior NHS colleagues;
  - e. achieving match funding objectives in the current climate of austerity. It is also unclear whether these requirements may change within the new round, though the Director stated that there is recognition within NIHR that obtaining match fully through cash commitment is improbable.
- (viii) It was acknowledged that there will be a need to think more creatively about both engagement and match funding opportunities in the bid. It was agreed that PenCLAHRC should make key contacts and links with potential new collaborators in advance of the next bid announcement. Suggestions put forward were as follows:
  - a. NIHR Clinical Research Network. Mr Harewood queried whether there was any notion of amalgamating the funding streams of the CRNs and CLAHRCs. The Director gave the opinion that this was unlikely, but agreed that more collaboration may well be expected.
  - b. Independent/private care providers. The Chair suggested that the incentive to engage from the providers' point of view would be the opportunity to demonstrate commitment to NHS work; this could also contribute towards match funding. Dr Laugharne noted potential links with Virgin Care in Cornwall, privatised services including Nuffield Hospitals and the Duchy Hospital, and also Livewell South West in Plymouth.
  - c. Public Health. Engagement with the Public Health sector since its incorporation into Local Authorities' remits has proved to be more challenging. Mr White suggested that it might be possible to arrange for PenCLAHRC to have a standing item on the agenda at local Public Health meetings.
  - d. Housing organisations. The Chair noted their relevance to the Integrated Care agenda.

- e. Ms Powell noted that the SW AHSN are keen to remain as key partners of PenCLAHRC; however it was important to note that they are likely to be facing a competitive bidding process within the next round, and also that their funding could be reduced.
- f. Sustainability Transformation Plans. It was agreed that PenCLAHRC should be more proactive in finding opportunities to engage with STPs, possibly through capacity building in areas where expertise is lacking, e.g. interpretation of data. The PenCHORD team is beginning to establish links with the Cornwall STP through some of its projects. Dr Laugharne suggested that it might be possible to include a specific reference to PenCLAHRC in the STP. Mrs Black also noted areas of overlap in some STPs with previous PenCHORD research, and suggested exploring potential for obtaining funding from STPs for posts to build capacity within organisations along the lines of the current Health Service Modelling Associates (HSMA) programme.

**Actions:**

**Martin R White agreed to investigate opportunities for PenCLAHRC to have a presence at Public Health meetings across the region**

**Richard Laugharne agreed to explore the possibility of including a reference to PenCLAHRC in Cornwall's STP with Philip Confue**

- (c) CLAHRC Priorities over the next 18 months

**CONSIDERED:**

An oral report from the Director. The following priorities for the remainder of the current funding term were noted:

- (i) Delivering current projects;
- (ii) Submitting a successful application for further funding;
- (iii) Demonstrating added value through impactful outputs;
- (iv) Appropriate dissemination of published work.

**5/17-18 FIC Blocks Project in PenCLAHRC, SWASFT and RDE**

**CONSIDERED:**

A verbal presentation with abstract (**MB24**) from the Director and Sarah Black, SWASFT, on the 'FIC [Fascia Iliaca Compartment] Blocks' Project. The following points were noted:

- (a) The project aims both to improve patient experience and outcomes and achieve cost savings and resource efficiencies by allowing paramedics to administer a local nerve block to people with neck of femur/hip fractures, thus providing pain relief much earlier in the pathway, reducing the use of analgesics more likely to cause side effects and potentially enabling earlier discharge. This is in line with NICE guidelines. The adoption of this method of administering pain relief will be implemented on a small scale to begin with in order to assess the impact on patient care.

- (b) The PenCLAHRC Implementation Science Team has been involved in reviewing the evidence and identifying potential barriers. There is scope for the project to demonstrate service development and impact if rolled out more widely; in addition, a broader understanding of the barriers to implementation can be transferred to similar projects.
- (c) Since the procedure has already been shown to be effective, a trial is not felt to be necessary. The next steps will be: to obtain agreement in principle from the relevant departments at the RD&E; to obtain pharmacy advice regarding which drugs paramedics are permitted to administer, and to select appropriate SWASFT colleagues to receive the relevant training.
- (d) The Chair expressed concern over the lack of ethical approval, and urged caution over proceeding until advice has been sought from the Ethics Committee regarding patient safety and accountability. While agreeing that delays thus caused are frustrating for the clinicians involved, the Director agreed that it would be wise to consider this.
- (e) The Chair then commented that, on reflection, it was probably most important to be clear about the terminology used and the need to distinguish between a service improvement project and a research and implementation project, as these have different ethical frameworks.

**Action: FIC Blocks project team to consider approaching Ethics Committee for advice on safeguarding patients, particularly with regard to accountability and terminology used.**

#### **6/17-18 Patient Involvement/Engagement**

##### REPORTED:

Lynn Tatnell and Julie Harvey gave an update from the Peninsula Patient Involvement Group (PenPIG). The following points were noted:

- (a) The group now has 17 members across the region.
- (b) Group members have been involved in a number of successful engagement and training activities since November. These included Ms Tatnell's attending a national INVOLVE meeting along with fellow PenPIG member Di Frost to showcase their experiences of involvement in research.
- (c) While the Patient and Public Involvement ethos has expanded, including incorporation into the UEMS teaching curriculum and into projects such as DAWBA at an early stage, the group still has concerns that it is under-utilised, particularly at the beginning of projects.
- (d) Concern was expressed for a lack of PPI in the questions shortlisted for prioritisation. The Director clarified that the submitted questions would not necessarily include an element of PPI, although this would be incorporated as an essential component, along with other areas of expertise such as Statistics, in any that progress to development as projects. Professor Stein commented that PenCLAHRC endeavours to give PenPIG an equal voice with that of its other partners in the Question Prioritisation process, and that its contribution to the process is valued.
- (e) The Director also reported a number of other PPI groups affiliated to PenCLAHRC, such as the HEPE group in Cornwall and the PenCRU Family Involvement group. Participants in the latter will be giving a plenary session at the Amsterdam Academy of Childhood Disability later in the year.

- (f) The Chair conveyed thanks to the PenPIG members for their enthusiasm and contribution to PenCLAHRC's work.

**7/17-18 Risk Management**

CONSIDERED:

A report, with appendix, on the current version of the NIHR CLAHRC South West Peninsula Risk Register (**MB23 (a & b)**), noting:

- (a) That Risk 1: Failure to leverage matched funding requirement, was re-written after the Strategic Executive Group in February 2017 to reflect that organisations other than official partners can provide matched funding, and to account for a potentially more challenging matched funding requirement in future CLAHRC rounds. It 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. There is continuing pressure to provide evidence of positive impact as this will directly affect the likelihood of future funding.
- (c) That the impact of Risk 5: Termination or significant changes to structure and composition of current CLAHRC organisations post second round of funding ending December 2018, was raised after the Strategic Executive Group in February 2017, taking the residual risk to 9. While it remains under the remit of the Executive Group, the Management Board was requested to take note of this upward trend. It was noted that the factors influencing this risk are largely outside PenCLAHRC's control and mitigation is therefore limited; there is also a link to Risk 10, relating to staff retention in the current funding round.
- (d) Professor Shore suggested that Risk 6: Failure to build and maintain a robust working relationship with SW AHSN, should be redrafted to reflect the uncertainties created by the relicensing of the AHSNs on a shorter timescale. In terms of mitigation, Ms Powell emphasised the AHSN's ongoing commitment to joint working with PenCLAHRC and suggested that its own risk register should incorporate a corresponding risk referring to the organisations' relationship. The Director asked the Board to consider that, while the AHSN is indeed PenCLAHRC's primary implementation channel into the NHS, it is not the only one, and that additional mitigation could be achieved through increased direct engagement with partners. The Chair wished the AHSN every success with its relicensing bid.

**Action: Jo Shuttleworth to redraft Risk 6 to reflect the specific risk posed by AHSN relicensing, and send to Angela Shore for review**

**8/17-18 Any Other Business.**

REPORTED:

The Chair thanked all stakeholders for their input at the meeting, and throughout the Question Prioritisation process.

**9/17-18** Date of Next Meeting

REPORTED:

That the next meeting of the NIHR CLAHRC South West Peninsula Management Board will take place on **Wednesday 1st November 2017** from 14:00 – 16:00, by videoconference between Exeter, Plymouth and Truro.

DRAFT