South West Peninsula (PenCLAHRC)

NIS National Institute for Health Research

> Agendum 2 MB05

Management Board

The confirmed minutes of the first meeting held at 15.00 on Wednesday 7th May 2014 via video-conference in meeting room 9, John Bull Building, Tamar Science Park, Plymouth, Conference Room, Smeall Building, St Lukes Campus Exeter, F10, Knowledge Spa, Truro

Attendees

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Professor Mary Watkins (in the Chair)	Dr Renny Leach, South West Peninsula Academic Health Science Network
Professor Janice Kay, University of Exeter	Professor Steve Thornton, University of Exeter
Mr Martin Cooper, Royal Devon & Exeter NHS Foundation Trust	Dr Justin Pepperell, Taunton & Somerset Foundation Trust
Dr Ian Lewin, Somerset Clinical Commissioning Group	Mr Andy Harewood, Somerset Partnership NHS Foundation Trust
Dr Shelagh McCormick, NHS England; Devon, Cornwall, Isles of Scilly	Dr Tim Burke, NEW Devon Clinical Commissioning Group
Mr Ken Wenman, South Western Ambulance Service NHS Foundation Trust	Professor Tony Woolf, Royal Cornwall Hospitals Trust
Dr William Lee, Plymouth Community Healthcare CIC	Mr Lee Budge, Plymouth Hospitals NHS Trust
Professor Stuart Logan, Director, PenCLAHRC	Professor Richard Byng, Deputy Director, PenCLAHRC
Professor Ken Stein, Deputy Director, PenCLAHRC	Professor Dave Richards, Theme Lead, PenCLAHRC
Professor Chris Hyde, Theme Lead, PenCLAHRC	Professor Nicky Britten, Theme Lead, PenCLAHRC
Mr Jim Harris, Peninsula Patient & Public Involvement Group	Mrs Heather Boult, Peninsula Patient & Public Involvement Group
Mrs Jo Shuttleworth, Operations & Finance Manager, PenCLAHRC (Secretary)	

Apologies

Mrs Ann James, Plymouth Hospitals NHS Trust	Dr Helen Smith, Devon Partnership NHS Trust
Professor Debra Lapthorne, Public Health England	Professor Janusz Jankowski, Plymouth University
Mrs Jane Viner, South Devon Healthcare NHS Foundation Trust	Dr Bob Brown, Torbay and Southern Devon Health and Care NHS Trust
Dr Alison Diamond, Northern Devon Healthcare NHS Trust	Professor Charles Abraham, Theme Lead, PenCLAHRC

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Mr Colin Quick, Cornwall Partnership NHS
Foundation Trust

01/14-15 Terms of Reference

APPROVED:

The new Management Board Terms of Reference for the Peninsula CLAHRC (MB01) were approved.

02/14-15 Minutes

APPROVED:

The minutes of the twelfth meeting of the Peninsula CLAHRC Management Board held on 27th November 2013 (MB02) were approved.

03/14-15 Matters Arising

REPORTED:

That there were no matters arising.

04/14-15 Chair's Business

REPORTED:

That the Chair and other members of the Board wished to congratulate the PenCLAHRC Director for the £10 million award received from the NIHR for this further 5 years of funding. The significant effort required for the submission of the bid was recognised by all.

05/14-15 Background to PenCLAHRC (second round)

RECEIVED:

An oral presentation from the Director, describing the activities of PenCLAHRC since its inception in 2008 and specific differences for the new Round, noting:

- (a) The new collaboration has more partner organisations, including 5 in Somerset, to align with the current AHSN boundaries.
- (b) That the new grant, £10 million over five years, is significantly smaller than the amounts allocated in the previous 3 years. This is due to inflation uplifts as well as a carry forward of underspend from the first two years of the Pilot. It was emphasised that £10 million does not spread very far (equivalent to five large Health Technology Assessment grants), yet the expectations from stakeholders remains exceptionally high.
- (c) That there is a requirement from NIHR to raise a further £10 million in 'matched funding'. Matched funding can be spent on implementation as well as research.

06/14-15 Determining the PenCLAHRC Work Programme

RECEIVED:

A report from the Director describing how research questions may form part of the PenCLAHRC work programme (MB03), noting:

- (a) That there is limited flexibility regarding the £10 million direct funds allocated from NIHR as this has mostly been committed to the core PenCLAHRC infrastructure (staff) over the next 5 years.
- (b) That the rationale for directing the majority of funds to core staff is to ensure that these people provide the necessary skills to develop research ideas, generated from patients and public, into suitable questions for onward external funding. PenCLAHRC can generate considerable impacts and outputs from this way of working.
- (c) That further Question Prioritisation rounds will be undertaken towards the end of this year. These will be similarly run to the Pilot and all stakeholders will receive invitations to be involved.
- (d) That the Academic Health Science Network (AHSN) relationship is key to enabling better partnership working with the organisations in the geographical area.
- (e) That there is close collaboration between all thirteen CLAHRCs in the country. CLAHRC Directors and Programme Managers meet regularly to discuss different ways of working and joint projects to develop.
- (f) That the CLAHRCs are assessed each year across a variety of matrices. Specifically, the CLAHRCs have to be able to give case study examples where impact has been achieved in the areas of Research, Health and Growth. The implementation of Tranexamic Acid (TXA) by the South Western Ambulance Service Foundation Trust was given as an example of PenCLAHRC-associated work where these impacts have been achieved.

The Chair noted that there is a lot of good project work being undertaken but that this is not necessarily being communicated effectively amongst all of our stakeholders.

Action: The PenCLAHRC Communications Team to attend the next meeting to discuss the Communications Strategy and Delivery Plan.

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07/14-15 Risk Management

CONSIDERED:

A report, with appendix, on the current version of the Peninsula CLAHRC Risk Register (MB04 (a & b)), noting:

- (a) That the probability of Risk 1; PenCLAHRC partners fail to provide committed matched funding resources, may decrease over the next few months. This is due to the increasing partnership with the AHSN, whereby matched funds to the level of £270,000 have already been committed.
- (b) That the probability of Risk 8; Communication of PenCLAHRC vision and strategic objectives ineffective, may need to increase over the next few months. It was recognised that the communication of the outputs and impacts up to NIHR was going well; however, communication out to organisations and Trusts should be improved.
- (c) That the probability of Risk 11; Failure to secure sufficient external funding to sustain PenCLAHRC Projects beyond the length of the grant (2018) may also need to be increased. The establishment of additional CLAHRCs, particularly the Bristol CLAHRC, may result in an increased level of competition for this funding.
- (d) That up and down arrows should be entered against the residual risk scores in order to communicate which way the risk score is heading.

The Chair noted that the risk scores would not be altered at this meeting; however, a watchful eye will be maintained on those annotated above.

08/14-15 Any Other Business

REPORTED:

(a) That there may be a potential to provide funding for PenCLAHRC Studentships by local Trusts.

Action: The Chair would like to pick up on PhD funding at the next meeting.

(b) That the Chair and the PenCLAHRC Director will rotate their venue at future Management Board Meetings.

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09/14-15 Date of Next Meeting

REPORTED:

That the date of the next meeting of the new PenCLAHRC Management Board is:

• 14:00 – 16:00 on Wednesday 5th November 2014. The Chair and Director will be attending this meeting in Plymouth.