

Management Board

The confirmed minutes of the second meeting held at 14.00 on Wednesday 5th November 2014 via video-conference in meeting room 8, John Bull Building, Tamar Science Park, Plymouth, WK Norman Conference Room, St Lukes Campus, Exeter, F10, Knowledge Spa, Truro

Attendees

Professor Mary Watkins (in the Chair)	Dr Bettina Kluettgens, South West Peninsula Academic Health Science Network
Professor Rob Sneyd, Plymouth University	Professor Steve Thornton, University of Exeter
Mr Martin Cooper, Royal Devon & Exeter NHS Foundation Trust	Dr Justin Pepperell, Taunton & Somerset NHS Foundation Trust
Professor Kevin Elliston, Public Health England	Mr Andy Harewood, Somerset Partnership NHS Foundation Trust
Ms Jenny Winslade, South Western Ambulance Service NHS Foundation Trust	Dr Helen Smith, Devon Partnership NHS Trust
Dr Richard Laugharne, Cornwall Partnership NHS Foundation Trust	Professor Tony Woolf, Royal Cornwall Hospitals NHS Trust
Dr Roope Manhas, Northern Devon Healthcare NHS Trust	Dr Phil Hughes, Plymouth Hospitals NHS Trust
Professor Stuart Logan, Director, PenCLAHRC	Professor Adrian Taylor, Plymouth University
Professor Ken Stein, Deputy Director, PenCLAHRC	Professor Richard Byng, Deputy Director, PenCLAHRC
Mr Jim Harris, Peninsula Patient & Public Involvement Group	Professor Nicky Britten, Theme Lead, PenCLAHRC
Dr Iain Lang, Executive Lead for Communications, PenCLAHRC	Mr Paul Lindsay, Peninsula Patient & Public Involvement Group
Mrs Jo Shuttleworth, Operations & Finance Manager, PenCLAHRC (Secretary)	

Apologies

Mrs Ann James, Plymouth Hospitals NHS Trust	Professor Oliver Hanemann, Plymouth University
Professor Debra Laphorne, Public Health England	Mr Phil Confue, Cornwall Partnership NHS Foundation Trust
Professor Janice Kay, University of Exeter	Professor Charles Abraham, Theme Lead, PenCLAHRC

Dr Alison Diamond, Northern Devon Healthcare NHS Trust	Dr Duncan Browne, Royal Cornwall Hospitals NHS Trust
Dr Tim Burke, NEW Devon Clinical Commissioning Group	Mr Ken Wenman, South Western Ambulance Service NHS Foundation Trust
Dr Renny Leach, Academic Health Science Network	Dr Will Lee, Plymouth Community Healthcare CIC
Dr Ian Lewin, Somerset Clinical Commissioning Group	Mrs Jane Viner, South Devon Healthcare NHS Foundation Trust
Mrs Cathy Bessent, South Devon Healthcare NHS Foundation Trust	Mrs Jacquie Phare, Torbay and Southern Devon Health and Care NHS Trust
Dr Shelagh McCormick, NHS England: Devon, Cornwall, Isles of Scilly	Dr Jo Roberts, South Devon and Torbay Clinical Commissioning Group
Dr Sam Barrell, South Devon and Torbay Clinical Commissioning Group	Professor Dave Richards, Theme Lead, PenCLAHRC
Ms Rachel Wigglesworth, Public Health England	

10/14-15 Minutes

APPROVED:

The minutes of the first meeting of the Peninsula CLAHRC Management Board held on 7th May 2014 (MB05) were approved.

11/14-15 Matters Arising

REPORTED:

That the two matters arising will be discussed in the main agenda.

12/14-15 Chair's Business

REPORTED:

- (a) On behalf of the members, the Chair wished to congratulate the PenCLAHRC Director for the very positive feedback reports from NIHR.
- (b) The Chair reminded all members of the forthcoming PenCLAHRC Question Prioritisation Round and encouraged full participation where possible.

13/14-15 Update from the Director

CONSIDERED:

An oral presentation from the Director, describing the main activities of PenCLAHRC since the start of the new round of funding in January 2014, noting:

- (a) That the CLAHRC has undergone a significant staff restructuring process over the last 12 months in line with the new round of funding. Opportunities have also been taken to refine a number of processes including the PenCLAHRC Work Programme and Question Prioritisation.
- (b) That in the national context, the CLAHRCs have collectively been deemed a success by NIHR and there is a strong possibility of further rounds of infrastructure funding post 2018. Nationally, PenCLAHRC has been considered in high regard, with particular projects being used as NIHR exemplar case studies.
- (c) That despite the relative security of CLAHRC infrastructure funding, NIHR wider funding may be at risk of decreasing in future years. This could affect NIHR research/grant funding including the allocation of Research Capability Funding (RCF). The immediate challenge presented to CLAHRCs is the necessity to balance 'in-year' spend, meaning an inability to vire money to the later years of the grant, when salaries are higher.

Action: The Chair urged all partner organisations to help ensure financial balance is achieved.

14/14-15 Reporting and Performance Management

RECEIVED:

Two reports from NIHR (MB06 and MB07) relating to feedback from the first round of funding, noting:

- (a) That PenCLAHRC (CLAHRC number 8 in the report) significantly exceeded the £10 million matched funding target and also secured an impressive amount of external funding; £3.6 million in the last 9 months of the Pilot alone.

The Chair also noted the impressive project work related to Patient Initiated Clinics (PIC) at Derriford Hospital as well as the considerable increase in publication records.

15/14-15 PenCLAHRC Matched Funding

CONSIDERED:

An oral report from the Director highlighting the need for PenCLAHRC to leverage £10 million in matched funding and the associated challenges, noting:

- (a) That the rules around matched funding are much tighter in this new round. Failure to leverage the £10 million required is the most significant risk on the PenCLAHRC Risk Register.
- (b) That £10 million can be leveraged in cash or 'in kind'. In the past, PenCLAHRC has leveraged a substantial amount of match in kind from the two universities but has not been as successful in

recognising the significant contributions made from our other partners. The PIC Project was used as an example where colleagues in Derriford have contributed significant amounts of time, which to date has not been recognised by PenCLAHRC in terms of matched funding.

The Director proposed the following:

- (a) That PenCLAHRC begins to record the time spent from our colleagues on joint project work. Generic costs from partnering organisations could be obtained for portions of senior staff time in order that a calculation of matched funding contribution can be made.
- (b) At the end of the financial year, PenCLAHRC should write to each contributing organisation with the proposed calculation of matched funding. Pending agreement, this amount could be added to the PenCLAHRC matched funding total.

There was substantial support for the proposal from all members, even recognising that each organisation's attendance at the Management Board was a worthy measure of matched funding. It was acknowledged that careful consideration would be required regarding the specific costs used and standardisation would be required. The Chair strongly encouraged organisations to support this initiative wherever possible

Action: PenCLAHRC to adopt this new method of capturing each organisation's contribution to matched funding.

Action: Where feasible, all partner organisations to contribute to the provision and support of matched funding

16/14-15

PenCLAHRC Communications Strategy and Delivery Plan

CONSIDERED:

A report detailing the PenCLAHRC Communications Strategy (MB08), noting;

- (a) That extensive communication is difficult due to the small size of the PenCLAHRC core team and the diversity of information required amongst the considerable number of partnering organisations.
- (b) That communication and engagement with Trust Boards could be improved in order to promote the activities of PenCLAHRC, in particular the opportunities for clinical academic careers and other capacity building initiatives.

The Chair suggested that face to face time with Senior Trust Staff was important in order to promote 2-way communication. This could be initiated through contacts with the current Management Board members or delivered within the regular AHSN Board Meetings.

Action: Under guidance from the Chair, PenCLAHRC to improve engagement and communication links with partnering organisations.

CONSIDERED:

A presentation from the Director and Chair detailing future plans for PenCLAHRC Studentships, noting:

- (a) The additional NIHR funding provided to PenCLAHRC in order to increase the capacity within dementia care. Up to 4 studentships are currently being recruited, specifically aimed at nurses and Allied Health Professionals (AHPs). The closing date for these applications is 18th November 2014.
- (b) That there are two possible funding models for studentships; one where the student is provided with a tax free stipend and one where the salary is supported.
- (c) Studentships are a recognised way of increasing capacity building and PenCLAHRC is keen to work alongside partner organisations to support more of these. In most circumstances, funding would have to be provided by the Trusts.

Members noted that an academic career is often considered as problematic in many service areas due to the belief that it cannot be done alongside clinical practice. The Chair and Director reiterated that part time studentships are a feasible option and encouraged members to highlight this, alongside the academic support available from PenCLAHRC, within their organisations.

It was also noted that Knowledge Transfer Partnerships could be a feasible option for capacity building, although further information needed to be sought.

Action: Further details to be sought regarding Knowledge Transfer Partnerships.

Action: Organisations encouraged to seek funding support for studentships, which could be conducted in alignment with academic support from PenCLAHRC.

CONSIDERED:

A report, with appendix, on the current version of the Peninsula CLAHRC Risk Register (MB09 (a & b)), noting:

- (a) That Risk 1; PenCLAHRC partners fail to provide committed matched funding resources, was the most significant risk on the register due to the reasons highlighted under item 15/14-15.
- (b) That Risk 10; Cessation of Research Capability Funding (RCF) in future NHS years, has been added to the register since the last Management Board due to the reasons discussed under item 13/14-15. The risk is currently being managed outside of the Management Board.

- (c) That Risk 13; Failure to keep within strict yearly budget targets set by NIHR, has been added to the register since the last Management Board, again due to the reasons highlighted under item 13/14-15. This risk is also being managed outside of the Board.

19/14-15 Any Other Business

No other business was reported.

20/14-15 Date of Next Meeting

REPORTED:

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

- 14:00 – 16:00 on Wednesday 22nd April 2015. The Chair and Director will be attending the meeting in Truro.