

## Management Board

The confirmed minutes of the ninth meeting held at  
13:00 – 15:00 on Friday 15<sup>th</sup> June 2018, via video-conference in  
*Meeting Room 8, John Bull Building, Plymouth Science Park; WK Norman Conference  
Room, Medical School Building, St Luke's Campus, Exeter;  
and F05, The Knowledge Spa, Truro*

### Members present

Mr James Brent, Chairman, Royal Devon & Exeter NHS Foundation Trust, in the Chair	Mr Andy Harewood, Somerset Partnership NHS Foundation Trust
Professor Stuart Logan, Director, PenCLAHRC	Professor Ken Stein, Deputy Director, PenCLAHRC
Mrs Jo Shuttleworth, Operations & Finance Manager, PenCLAHRC (Secretary)	Professor Richard Byng, Deputy Director, PenCLAHRC
Ms Natalie Jones, Kernow Clinical Commissioning Group	Dr Roope Manhas, Northern Devon Healthcare NHS Foundation Trust
Ms Diana Frost, Peninsula Patient & Public Involvement Group	Ms Chris Marriott, Peninsula Patient & Public Involvement Group
Mr Martin R White, Public Health England South West	Dr Phil Hughes, University Hospitals Plymouth NHS Trust
Dr Tim Burke, NEW Devon Clinical Commissioning Group	Ms Louise Witts, South West Peninsula Academic Health Science Network
Mr Michael Bainbridge, Somerset Clinical Commissioning Group	Professor Nicky Britten, Theme Lead for Person-Centred Care, PenCLAHRC
Professor Adrian Taylor, University of Plymouth	Professor Bridie Kent, University of Plymouth

### In attendance

Dr Emma Cockcroft, PenCLAHRC Patient & Public Involvement Team (facilitating)	Ms Charlotte Hewlett, Research Manager, PenCLAHRC (facilitating)
Ms Jess Mason, Events & Training Coordinator, PenCLAHRC (facilitating)	

### Apologies

Professor Oliver Hanemann, University of Plymouth	Mr Adrian Harris, Royal Devon & Exeter NHS Foundation Trust
South Devon and Torbay Clinical Commissioning Group	Professor Tony Woolf, Royal Cornwall Hospitals NHS Trust
Dr Richard Laugharne, Cornwall Partnership NHS Foundation Trust	Mr Tariq White, NHS England South West

**1/18-19** Minutes

APPROVED:

The minutes of the eighth meeting of the NIHR CLAHRC South West Peninsula Management Board held on Wednesday 1<sup>st</sup> November 2017 (**MB28**) were approved.

**2/18-19** Matters Arising

- (a) Professor Ken Stein, Dr Iain Lang and other relevant CLAHRC staff to continue to undertake local Public Health networking activities (*minute 11/17-18 (b)*):

REPORTED:

That a number of discussions have taken place with key Public Health colleagues across the region. Professor Stein noted that the emphasis on Public Health in the new NIHR Applied Research Collaborations (ARCs) call highlighted the need for continued work and increased collaboration in this area.

- (b) Professor Ken Stein to discuss the Health Service Modelling Associates (HSMA) Programme and Sustainability and Transformation Plan (STP) opportunities further with Dr Phil Hughes (*minute 14/17-18 (f)*):

REPORTED:

That the HSMA programme offers an important opportunity to demonstrate PenCLAHRC's relevance to STPs as required by NIHR. Professor Stein reported that modelling would continue to be a priority in the putative ARC. Ms Witts emphasised the importance of the HSMA programme to the SW AHSN. Mr Bainbridge noted it as a useful example of a research collaboration for Somerset Clinical Commissioning Group.

- (c) Mrs Jo Shuttleworth to update the Risk Register as agreed by the Board (*minute 16/17-18*):

REPORTED:

That the Risk Register had been updated and would be discussed further under item 6\18-19, Risk Management.

**3/18-19** Chair's Business

- (a) PenCLAHRC Management Board Chair – Interim arrangements

REPORTED:

That Baroness Watkins of Tavistock had formally stepped down from the role. Mr Brent confirmed that he was content to remain Interim Chair for the duration of the current funding round.

On behalf of the Board, the Director thanked Mr Brent and noted PenCLAHRC's appreciation of Baroness Watkins' contribution during her tenure as Chair.

**4/18-19**    Update from the Director and Deputy Directors

(a)    New CLAHRC (ARC) Application

CONSIDERED:

A report, with Powerpoint, from the Director, noting:

- (i) That the NIHR had released a call for NIHR Applied Research Collaborations (NIHR ARCs) on the 1st June, with a deadline of 20<sup>th</sup> August 2018 for submission of bids.
- (ii) That ARCs are required to undertake high quality applied health research, support the implementation of research findings, increase capacity and contribute to broader economic gain.
- (iii) That notable differences between the remit of ARCs as compared with CLAHRCs include an increased emphasis on implementation of research findings, improvement, and both local and national leadership and impact.
- (iv) That there are some current examples of national impact demonstrable by PenCLAHRC, but further collaboration with partners will be needed to increase these.
- (v) That there is a reduction in the potential level of initial funding available per ARC from £10m to £9m across a five-year programme, although there will be an opportunity to apply for additional funding to resource initiatives with national impact after the first year.
- (vi) That there will be a requirement to obtain an annual commitment of 25% in co-funding (previously termed matched funding) from NHS sources in advance.
- (vii) That, as in previous CLAHRC rounds, in-kind co-funding will be accepted as an alternative to cash.
- (viii) That a commitment in excess of £450,000 in co-funding for the first year will need to be secured and evidenced in letters of support from the ARC's NHS partners prior to the application deadline.
- (ix) That the proposed approach for the bid will incorporate responsiveness to need. The Director noted that this was PenCLAHRC's preferred way of working as it allows collaboration with partner organisations on their research priorities.
- (x) That the themes put forward in the ARC bid were likely to be: Complex Care; Dementia; Mental Health; Public Health, with Methods for Research and Improvement as a cross-cutting theme.
- (xi) That plans are underway to form a network with ARC North Thames and ARC Yorkshire and Humber, with the aim of facilitating more collaborative projects and sharing expertise and capacity building initiatives. The Director noted that this partnership will be mutually beneficial due to the demographic differences of the three regions and the similarities in terms of research priorities as well as increasing opportunities to create impact on a national scale.
- (xii) That there are plans for an International Advisory Group for the Tri-ARC network.

The Director invited a discussion by the Board, in which the following points were raised:

- (i) Dr Burke noted that a mechanism will be required for Clinical Commissioning Groups (CCGs) to discuss co-funding and suggested that the AHSN could play a role in facilitating this; Ms Witts agreed.

- (ii) Communications to NHS organisations about the new funding call were discussed. Ms Witts suggested that a briefing and letter of support from AHSNs may be of use to raise awareness about ARCs and co-funding requirements. The Board agreed that this would be helpful.
- (iii) The Director reported that he and Mrs Shuttleworth would be attending a national workshop regarding the call on 19<sup>th</sup> June and that they would raise the question of whether AHSN commitment could be counted as NHS co-funding, as this contributes significantly to the current matched funding profile. Ms Witts and the Director agreed that a discussion regarding support for partnership working and co-funding with Nigel Acheson, the Regional Medical Director for NHS England South, could be productive. *Post-meeting note: it has since been confirmed that the AHSN's contributions will be classified as NHS co-funding.*
- (iv) A discussion took place regarding options for collating co-funding contributions for the first year and beyond. It was noted that considerable forward planning would be needed, which could present a challenge in terms of identifying potential collaborative work 18 months in advance. Dr Hughes put forward the opinion that the amount of co-funding commitment required per organisation would not in itself pose a problem. Dr Burke emphasised the need for Board members to identify the relevant contacts for obtaining sign-off of commitment within their organisations, and make them aware of the co-funding requirement to ensure a timely response to requests for information. The Board agreed to support and facilitate the co-funding commitment process as required. The Director noted that given the time constraints it would be expedient to identify selected collaborative projects with specific partners which can provide the necessary co-funding figures. The Director thanked the attendees for their encouraging and enthusiastic response and noted that partner organisations would be contacted over the next few weeks regarding co-funding contributions.
- (v) Mr Harewood noted that the research themes proposed for the bid aligned with those of Somerset Partnership NHS Foundation Trust; the Board agreed that these were appropriate areas to focus on.
- (vi) The issue of engagement with the Public Health and Social Care agendas was discussed. Dr Burke suggested Health and Wellbeing boards as a potential route for engaging with Local Authorities and expansion into Social Care and Public Health. Mr Martin R White reported that the various Boards have different modes of operation, but that he would be very willing to discuss the ARC Public Health remit further with Professor Stein. It was agreed that responsiveness and willingness to work with a wide range of possible partners would be crucial to the success of this.
- (vii) Ms Witts noted the importance of demonstrating links with STPs and the AHSN, and highlighting how the proposal addresses the needs of the population demographic.

**Actions:**

**Mrs Jo Shuttleworth to circulate the lay summary of the ARC bid to the Board**

**Mrs Jo Shuttleworth to circulate the slides presented at the meeting to the Board**

**All Board members to brief their respective Chief Finance Officers and other relevant organisational contacts regarding co-funding requirements for the ARC application and the need for a written commitment of co-funding in advance**

**Ms Louise Witts to raise the possibility within SW AHSN and with other AHSNs of circulating briefing letters to NHS partners**

**The Director and Ms Witts to raise the question of expressing support for AHSN/ARC partnership working and co-funding with Nigel Acheson**

**Professor Richard Byng and Dr Phil Hughes to meet to discuss University Hospitals Plymouth NHS Trust's co-funding commitment**

**Mr Martin R White and Professor Ken Stein to discuss the Public Health remit of the call**

(b) NIHR Update:

CONSIDERED:

An oral report from the Director summarising the latest news from the NIHR, noting:

That there are a number of national initiatives that will inform PenCLAHRC priorities in the next 18 months and beyond, including the [Future of Health report](#), and NHS England's [12 Actions to Support and Apply Research in the NHS](#).

(c) PenCLAHRC Activity:

CONSIDERED:

An oral report from the Director and Deputy Directors, including:

- (i) Research Capability Funding (RCF): the Director noted that an update on RCF would be discussed under item 6\18-19, Risk Management.
- (ii) 2017/18 Annual Report: the Director gave an overview of the [Report](#), highlighting that, of the 5 Impact Case Studies returned, 4 are joint projects with the AHSN. Professor Britten noted the importance of external funding in demonstrating the success of the PenCLAHRC model. Professor Richard Byng suggested that successful applications for external funding are underpinned by PenCLAHRC's strong methodological expertise and NHS focus and noted that it would be essential to continue to take a whole-system approach and work alongside service providers in a future ARC. The Board praised PenCLAHRC's PPI activities and the success of the HSMA programme in particular: a further joint initiative with the AHSN for capacity building around Improvement, based on a similar model to the HSMA programme, is under consideration.
- (iii) Current Priorities: the Director noted that priorities for the next 18 months, aside from writing and submission of the bid, will remain similar to those outlined in the 2017/18 Annual Report.

**5\18-19** Patient Involvement/Engagement

CONSIDERED:

An oral report from Ms Frost and Ms Marriott on behalf of the Peninsula Patient Involvement Group (PenPIG), noting:

- (a) That a review of PenCLAHRC's PPI strategy had taken place in April, considering areas of success, areas requiring improvement, and future objectives. Ms Witts noted that it would be useful for the resulting report to be shared with the Board if PenPIG members were willing to do so.
- (b) That 5 PenPIG members have been named as co-applicants on projects in the last quarter.
- (c) That the PenPIG membership pack is in the process of being revised to make it more accessible.
- (d) That two PenPIG members had attended the INVOLVE conference.
- (e) That PenPIG had presented suggestions for the future of PPI in PenCLAHRC to the CLAHRC Directors and received positive feedback.
- (f) That a change of name for the group had been considered and rejected, since its reputation has grown and it is now known nationally through NIHR lay work on funding bids and collaborations with other CLAHRCs.
- (g) That the group appreciated the learning opportunities offered by their involvement as well as the input into health research.
- (h) That a visit of PenPIG members to the CLAHRC North Thames' Patient and Public Involvement group was planned.

**Action:**

**PenPIG to share PPI strategy review with the Management Board**

**6\18-19** Risk Management

CONSIDERED:

A report, with appendix, from the Finance & Operations Manager on the current version of the NIHR CLAHRC South West Peninsula Risk Register (**MB29 (a & b)**), noting:

- (a) That the terminology of Risk 1, *Failure to secure co-funding for the new round*, has been updated to reflect that used in the new ARC call. The Board discussed whether the residual risk should increase, due to the requirements of the call to obtain co-funding commitment in a short timeframe. The Chair suggested the support of the Management Board attendees in facilitating the process as a potential mitigating factor. **It was agreed that this risk should remain at 12.**



- (b) That Risk 2, *Termination or significant changes to funding of current CLAHRC organisations post second round of funding ending September 2019*, currently has a residual risk of 12. Mrs Shuttleworth noted that the new ARC bid may only be worth £9m initially, instead of the £10m available in previous rounds. The alignment of PenCLAHRC's existing model with the bid requirements is a mitigating factor. The Chair pointed out the possibility of a 10% or 50% decrease in funding as detailed in the call. The Board agreed **that the risk should remain at 12.**
- (c) That Risk 3, *Cessation or significant reduction of Research Capability Funding (RCF) in future NHS years*, continues to be a concern, despite a resolution to the specific issues raised at the previous meeting. It was reported that RCF has been reduced by circa £45,000 in 2018/19 and is used to fund the clinical secondments essential to NHS engagement and contributes to staff retention through bridging between grants. The Board agreed **that the risk should remain at 12.**
- (d) That the Board was requested to review Risk 4, *Failure to retain/recruit/replace PenCLAHRC staff into the PenCLAHRC extension period and beyond*. Mrs Shuttleworth reported that all PenCLAHRC-funded staff had received contract extensions to 30 September 2019. It was noted that, due to the reduction of funding under the ARC arrangement and the delay of the outcome of the bid in December 2018, retention and recruitment is still a significant risk as the PenCLAHRC model is dependent on adequate staffing. The Board agreed **that the probability should be increased to 4 and the residual risk therefore raised to 16.**
- (e) That the Board was asked to consider whether any further changes were necessary. It was agreed that Risk 6, *Failure to engage with the changing Healthcare environment, in particular primary care, social care and public health within the local authorities and third sector organisations*, and Risk 7, *Failure to demonstrate National Level Impact stories, particularly around implementation*, are ongoing issues that will need to be reviewed regularly. It was noted that the audience of the Impact Case Studies and how they could influence practice should be considered.
- (f) That the Chair wished the Board to consider the format of the Risk Register and whether it should be reviewed following a successful ARC application to focus on achieving objectives and demonstrating impact. It was agreed that the Register had had the same format since the start of the second round of CLAHRC funding and might require revision for a future ARC round.

**Action:**

**Mrs Jo Shuttleworth to update the Risk Register as agreed by the Board.**

**7\18-19 Any Other Business**

REPORTED:

That Mr Andy Harewood, Somerset Partnership Trust, will retire at the end of June and will consequently be stepping down as a member of the Management Board. Mr Harewood further reported that Dr Andreas Papadopoulos, Consultant Psychiatrist, has agreed to replace him as the Trust's representative on the Board.

The Director thanked Mr Harewood for his significant contribution to PenCLAHRC.

**8\18-19** Date of Next Meeting

AGREED:

That the tenth meeting of the NIHR CLAHRC South West Peninsula Management Board, originally scheduled for Monday 29<sup>th</sup> October 2019, should be delayed to January 2019.

*Post meeting note: the tenth Board meeting was subsequently deferred from Friday 18<sup>th</sup> January 2019 and will take place on **Monday 18<sup>th</sup> March 2019, 10:00 – 12:00** by videoconference between Exeter, Plymouth and Truro.*