

## NIHR CLAHRC South West Peninsula Management Board

**The confirmed minutes of the tenth meeting  
held from 10:00 – 12:00 on Monday 18<sup>th</sup> March 2019**

*via video-conference in*

*WK Norman Conference Room, Medical School Building, St Luke's Campus, Exeter;  
Meeting Room 11, John Bull Building, Plymouth Science Park;  
and F05, The Knowledge Spa, Truro*

<b>Present:</b>	
<b>Mr James Brent, Chairman, Royal Devon &amp; Exeter NHS Foundation Trust, in the Chair</b>	Professor Stuart Logan, Director, PenCLAHRC
<b>Professor Richard Byng, Deputy Director, PenCLAHRC</b>	Professor Ken Stein, Deputy Director, PenCLAHRC
<b>Mrs Jo Shuttleworth, Operations Director, PenCLAHRC (Secretary)</b>	Mrs Jo Smith, Operations Manager, PenCLAHRC
<b>Dr Iain Chorlton, NHS Kernow Clinical Commissioning Group</b>	Mr Tariq White, NHS England South West
<b>Ms Diana Frost, Peninsula Patient &amp; Public Involvement Group</b>	Mr Malcolm Turner, Peninsula Patient & Public Involvement Group
<b>Dr Ulrike Harrower, Public Health England South West</b>	Dr Phil Hughes, University Hospitals Plymouth NHS Trust
<b>Dr Gary Minto, University Hospitals Plymouth NHS Trust</b>	Dr Tim Burke, NEW Devon Clinical Commissioning Group
<b>Mr Michael Bainbridge, Somerset Clinical Commissioning Group</b>	Professor Hisham Khalil, University of Plymouth
<b>Professor Adrian Taylor, University of Plymouth</b>	Professor Jon Pinkney, University of Plymouth
<b>In attendance:</b>	
<b>Dr Kristin Liabo, PenCLAHRC Patient &amp; Public Involvement Team (facilitating)</b>	Ms Cath Hopkins, Administrator, PenCLAHRC (facilitating)
<b>Apologies:</b>	
<b>Professor Janice Kay, University of Exeter</b>	Mr Adrian Harris, Royal Devon & Exeter/ Northern Devon Healthcare NHS Foundation Trusts
<b>Dr Rob Dyer, Torbay and South Devon NHS Foundation Trust</b>	Mrs Joanna Allison, Yeovil District Hospital NHS Foundation Trust
<b>Professor Chris Dickens, Theme Lead for Mental Health &amp; Dementia, PenCLAHRC</b>	South Devon and Torbay Clinical Commissioning Group

1. Welcome and Introductions

The Chair welcomed all members, accepted apologies and effected introductions.

2. Minutes

CONSIDERED:

The minutes of the ninth meeting of the NIHR CLAHRC South West Peninsula (PenCLAHRC) Management Board held on 15<sup>th</sup> June 2018 (**MB30**). The minutes were agreed to be a true and accurate record of the meeting and were signed off by the Chair.

3. Matters Arising

- (a) All Board members to brief their respective Chief Finance Officers and other relevant organisational contacts regarding co-funding requirements for the Applied Research Collaboration (ARC) application and the need for a written commitment of co-funding in advance
- (b) Ms Louise Witts to raise the possibility within the South West Academic Health Science Network (SW AHSN) and with other AHSNs of circulating briefing letters to NHS partners, with a view to raising the profile of the ARCs
- (c) The Director and Ms Witts to raise the question of expressing support for AHSN/ARC partnership working and co-funding with Nigel Acheson, Regional Medical Director for NHS England South
- (d) Professor Richard Byng and Dr Phil Hughes to meet to discuss University Hospitals Plymouth NHS Trust's (UHPT) co-funding commitment
- (e) Mr Martin R White and Professor Ken Stein to discuss the Public Health remit of the call

REPORTED:

That all actions relating to the ARC application had been completed.

- (f) Mrs Jo Shuttleworth to update the Risk Register as agreed by the Board

REPORTED:

That the Risk Register has since been substantially updated and would be discussed later in the meeting under Item 7.

4. Chair's Business

None reported.

5. Update from the Director

CONSIDERED:

- (a) A report, with PowerPoint, from the Director and Operations Director, outlining the proposed arrangements for the NIHR Applied Research Collaboration South West Peninsula (PenARC) from October 2019, noting:
- (i) Funding: implications for future staffing and activities
- The CLAHRC extension will end on 30<sup>th</sup> September 2019. PenARC will come into being from 1st October 2019, as a successor body to PenCLAHRC, with changes to some of its requirements, objectives and remit.
  - Funding of £9m with no inflationary allowance, the maximum amount that was on offer, has been allocated to the SW Peninsula. This news is still embargoed outside the collaborations' partner organisations.
  - Of the 15 geographical areas corresponding to the AHSNs, each submitted a bid. 8, including PenARC, were awarded unconditional funding. The remaining 7 are required to resubmit their applications to a reconvened NIHR panel in April. There will be no publicity regarding the awards until all decisions have been made.
  - The model adopted by PenCLAHRC and proposed for PenARC is NIHR's preference as it permits greater responsiveness to need, unlike a standard Programme Grant model.
  - A rise in staffing costs since the pilot CLAHRC, coupled with the reduction in funding, have necessitated a consultation process (currently in progress) which may result in some redundancies. In order to minimise the impact, staffing levels have been reduced through natural turnover in the last 18 months; other sources of funding will also be sought to try to maintain existing staffing resources.
- (ii) Structure and Objectives
- The ARC will feature a greater focus on Public Health and Social Care research. The Director reported that social care in particular is a priority for the NIHR Strategy Board; the majority of the ARC bids were considered to be relatively weak in this field. While the need to align better with the social care agenda is acknowledged, clarity is required on what this will entail in practice. The Director further noted that external grants would continue to be sought from funding streams outside the Public Health and Social Care remit (e.g. NIHR Health Technology Assessment (HTA)) where appropriate for the type of study and the subject matter.
  - A further change is that demonstration of national impact is stated as a specific additional objective for the ARCs, despite the reduction in funding. The ringfenced funding designated for National Leadership is unlikely to be made available until 2020 at the earliest; as yet there is no indication as to the application process. PenARC's stated areas of National Leadership are: Child Health, Dementia Care, and Operational Modelling.
  - The new PenARC themes will be: Mental Health; Dementia; Complex Care; Public Health; Methods for Research & Improvement. These were defined with the intention of covering most of the key priorities for partner organisations within broad areas, and to play to existing strengths in the expertise of senior staff. The Director explained that the themes had intentionally been given a broad definition in order to allow flexibility and responsiveness. Members agreed that, due to

this breadth, some clarification on what is and is not included within their scope may be needed to assist partners to identify opportunities for collaboration which are relevant to their needs.

- PenARC will continue to use its primary financial resource to invest in a cadre of expert staff, capable of working with partners to identify relevant issues and leverage external grant funding to address them. Maintenance of an appropriate skills mix will be essential. Colleagues will continue primarily to be aligned in teams according to their methodological expertise, e.g. Evidence Synthesis, Operational Modelling.
- There will continue to be secondment of a number of clinicians to resource the Capacity Building agenda through the Making Sense of Evidence training programme, and to promote engagement with partner organisations at service delivery level.
- As in the CLAHRC, the ARC's work programme will be built up through a range of methods, including: question generation; direct approach by partners with specific research questions; and co-production of projects with multiple partners.

(iii) Co-Funding (formerly Match Funding) requirements and partner engagement

- The Operations Director reported that the level of co-funding commitment required will decrease under the ARC. However, 25% must now be sourced from NHS organisations and agreed in advance on an annual basis, resulting in a more challenging ask and additional business planning required to meet the stipulation. The Universities are also still required to provide co-funding, but this is now recorded separately.
- It was confirmed that it would still be acceptable to return "in-kind" co-funding in lieu of actual cash. The Operations Director expressed appreciation for partners' willingness to provide the commitment required for the bid, but noted the need to maintain this momentum in future years. The Chair asked if members were willing to give assurance on behalf of their organisations at this stage that they will support the process, and suggested that it would be useful to agree a mechanism for obtaining co-funding information and consent from partners at the next meeting.
- There will be 8 new partners in the ARC: the five Councils within the area; the Alzheimer's Society; Exeter Council for Voluntary Service; and Devon STP. In the context of the funding reduction, this will entail development of different ways of working with partners in order to optimise the use of available resources.
- Mr Turner reported a lack of recognition within some Trusts at Board level of the advantages of research and suggested the need to promote this message to encourage a knowledge-sharing dialogue between academics and healthcare professionals. Mrs Frost agreed that, while there is an appetite for involvement in research in many healthcare services, the mechanism to facilitate this can be lacking.
- Dr Hughes reported that there is a high representation of organisations relevant to the CLAHRC and ARC on the Programme Delivery Executive Group (PDEG) and Clinical Cabinet of Devon STP, offering potential routes for collaboration. It was agreed that an appetite exists for better understanding across partner organisations; more links with the AHSN and STPs; and ARC/AHSN representation on the STPs' PDEG/Clinical Cabinet or equivalent. Dr Hughes offered to discuss this with the relevant parties for Devon STP; Mr Bainbridge offered to investigate similar opportunities with Somerset STP. The Director suggested that such relationships might also offer opportunities for the evaluation function which the ARC will be required to undertake. The Chair requested that an update on interfaces established with clinicians be brought to the next Board meeting to inform the strategy for the 5-year ARC programme.

**Actions:**

**Mrs Jo Shuttleworth and the PenCLAHRC Senior Management Team to consider a process for obtaining co-funding commitments beyond year 1 of the ARC funding round**

**Dr Phil Hughes to explore the opportunity for engagement between the PenCLAHRC Senior Management Team and representatives from Devon STP Clinical Cabinet**

**Mr Michael Bainbridge to explore equivalent opportunities with Somerset STP**

(iv) Governance and Proposal for next Management Board Meeting

The Director reported that:

- The PenARC Senior Management Team will continue to be accountable to the CEO of the Host Trust.
- A Management Board comprising representatives from all partner organisations will also be maintained; however, the intention will be to try to make the time commitment required for this more productive for representatives. Options suggested are either to showcase specific projects at Board meetings, or to change the format to workshop-style meetings, each with a theme defined by consensus to generate discussion.
- A “Tri-ARC Network” will be established with the North Thames and Yorkshire ARCs due to the regions’ complementary demographics and shared interests. This will include the creation of an International Advisory Board, which will meet at designated intervals throughout the life of the grant.
- The Chair invited opinions from members on the suggestions for garnering wider attention for and engagement with future Board meetings. Members agreed that, while there is a need to continue to satisfy the necessary governance requirements for the ARC, the meetings could also be a productive forum to join up disparate research, draw together overarching problems faced by health services, and facilitate the interchange of information between the ARC and its partners and between the partners themselves. This process could help to set the overall ARC strategy and identify relevant priorities. It was suggested that workshop sessions with themes announced in advance of the meeting would enable partners to contribute in a meaningful way by involving relevant colleagues with an in-depth knowledge of the problems, research needs and mooted solutions relating to the theme. The Chair noted that more consistent involvement of partners is needed, along with consideration as to how best to keep the Management Board up to date with the ambitions of wider Health and Care systems, and to structure Board Meetings so that they are productive and relevant for attendees.

**Action:**

**All Board members to consider optimal structure for future Board meetings and feed back to Mrs Jo Shuttleworth**

- (b) A verbal update from the Director from the NIHR & NIHR Strategy Board, noting:

- (i) Research Capability Funding (RCF) – The Director reported that one of NIHR’s initiatives intended to address the current geographical disparity of research funding is the redesign of the method by which RCF money is allocated. The decision has been taken to cut the RCF attracted by Infrastructure Grants to 10% of its current level over the next 5 years. This will represent a significant loss to the ARCs as compared with the CLAHRCs: among other things, an alternative funding source will need to be identified for clinical staff secondments in PenARC. While the funding recouped through this process is likely to be recycled into NIHR’s Place-Based Agenda, the new mechanism for its allocation is not yet clear. Dr Minto noted that there may be changes and reductions to RCF linked to other grant sources.
- (ii) Future Funding Opportunities – A report on NHS priorities for research and innovation, jointly produced by NHS England and NIHR, will be published shortly. It is intended that this will form the basis for conversations between AHSNs and their stakeholders, including ARCs. It is hoped that the priorities identified in the document will inform future funding opportunities.
- (c) A verbal update from the Director and Interim Chair regarding the future Chair of the Management Board and proposals for recruitment:
  - (i) The Chair reported that there would be a need for a formal process to appoint a substantive Chair for its Management Board. Members were reminded that the process for the current CLAHRC round involved the Host Trust’s inviting partners to nominate appropriate Non-Executive Directors from their own governing bodies. It was agreed that it would be appropriate to follow a similar process for the ARC Chair.
  - (ii) Dr Harrower requested that Public Health departments be included when requesting nominations from Local Authorities.
  - (iii) On behalf of the Board, the Director thanked Mr Brent for his tenure as Interim Chair.

**Action:**

**Professor Stuart Logan and Mrs Jo Shuttleworth to liaise with the Host Trust regarding inviting nominations for PenARC Management Board Chair from partners (including Public Health departments)**

6. Patient Involvement/Engagement

CONSIDERED:

A verbal update from Mrs Diana Frost and Mr Malcom Turner on the activities of the Peninsula Patient Involvement Group (PenPIG), noting:

- (a) A number of PenPIG members have been named as co-applicants on external funding bids, with several members working with the SW Ambulance Service Trust on studies across various disciplines.

- (b) In November, staff from Tromsø University and Hospital met with members of the PenCLAHRC PPI Team and PenPIG, with a view to learning about PenCLAHRC's collaboration with patients, carers and members of the public and their involvement in research.
- (c) Mr Turner has recently been involved in teaching Medical School undergraduates, facilitating their understanding of the benefits of PPI and how best to involve participants in their studies.
- (d) PenPIG members contributed to the accreditation and registration of the Exeter Academy of Nursing.
- (e) The Director reported that the input provided by Ms Mary Fredlund of the PenCRU Family Faculty at the ARC interview in October had been instrumental in influencing the outcome. The Operations Director noted that this had been a specific point in the positive feedback received from the Panel.
- (f) Mrs Frost expressed appreciation of the opportunity offered by PenCLAHRC to become involved in research and teaching, noting that this promotes a two-way process of learning.
- (g) The Chair thanked all PenPIG members for their continued support.

## 7. Risk Management

### CONSIDERED:

A report, with appendix, from the Operations Director, on the current version of the NIHR CLAHRC South West Peninsula Risk Register (**MB31a/b**), noting:

- (a) At the request of the Management Board, and in response to the changing healthcare research funding environment and the revised brief for the ARCs, the Risk Register has been substantially rewritten since the last Management Board meeting.
- (b) Risks 1-4 remain under the control of the Management Board:
  - (i) Risk 1: *Failure to retain/recruit/replace PenCLAHRC staff beyond September 2019*, remains the highest priority risk. Mitigation of this risk by management of staffing levels through natural turnover has been pursued over the last 18 months; however, there is still a need to reduce the number of staff funded by the main grant. Staff contract extensions can now begin to be processed since the ARC funding has been confirmed, providing further mitigation.
  - (ii) Risk 2: *Failure to secure co-funding for the new funding round*: this remains a high priority risk due to the potential for a breach of contract should the requisite level of co-funding commitment not be secured.
  - (iii) Risk 3: *Significant changes to funding of CLAHRC organisations post second round of funding ending September 2019*, influences other risks focusing on reductions in capacity and activity due to the lower level of funding under the ARC.
  - (iv) Risk 4: *Failure to retain current clinical staff and bridge researchers between NIHR grants due to the significant reduction of Research Capability Funding (RCF) in future NHS years (currently worth circa £250k p/a, to be reduced to £25k p/a by 2024)*, has been rewritten to reflect the now confirmed reduction in funding over the next 5 years, which will have an adverse impact both on secondment of

clinical staff (affecting the ARC's capacity building and engagement agenda) and on the temporary "bridge" funding available for academics who are between grants, potentially resulting in a loss of skills and knowledge. Mitigation of this risk will now focus on identifying alternative funding sources for these colleagues.

- (c) One new risk has been added under the control of the Executive Group: Risk 10, *Failure to establish and deliver an effective and proportionate evaluation function in the new ARC.*
- (d) No changes were proposed to the Risk Register.

**Action:**

**All Board members to consider the Risk Register, with particular reference to Risks 1-4, and feed back suggested amendments to Mrs Jo Shuttleworth**

8. Any Other Business

- (a) Dr Tim Burke reported his forthcoming retirement, which coincides with the merger of Northern, Eastern & Western (NEW) Devon and South Devon & Torbay Clinical Commissioning Groups (CCGs) from 1<sup>st</sup> April. The Chair-Elect of the resulting organisation is Dr Paul Johnson, who is currently Chair of South Devon & Torbay CCG; Dr Burke requested that future correspondence regarding the Management Board be sent to Dr Johnson until an official representative should be nominated. On behalf of the Board, the Chair thanked Dr Burke for his contribution to PenCLAHRC and to the wider healthcare agenda in the South West region.
- (b) Dr Hisham Khalil reported that the University of Plymouth's (UoP) Faculties of Medicine & Dentistry and Health & Human Sciences will be merging as of the start of the 2019/20 academic year: this is likely to result in a change of representation on the Management Board.
- (c) Dr Khalil also reported that a Research College is to be established as a joint enterprise between UoP and UHPT, with the aim of providing support to researchers from both organisations.
- (d) Mr Michael Bainbridge reported that the National GP 5-year contract settlement has been agreed, and priority areas identified: these are likely to be a significant driver of research priorities.

**Actions:**

**Mrs Jo Shuttleworth and Mrs Cath Hopkins to update the Management Board Membership record to reflect the organisational changes in the Devon CCGs and the University of Plymouth**

9. Date of Next Meeting

REPORTED:

That the inaugural meeting of the PenARC Management Board will take place in the autumn of 2019 on a date to be confirmed. (*Post-meeting note: the meeting date was later confirmed as Monday 25<sup>th</sup> November 2019.*)