
**Minutes of the NIHR CLAHRC North West Coast Steering Board Meeting
Held at Leyland Best Western Leyland Hotel, Leyland Way, Leyland, Preston, PR25 4JX on
Tuesday 15th December 2015 at 13:00pm**

Present:

Bill Sang (BS)	Chair
Neil Joseph (NJ)	Public Advisor
Nigel Harrison (NH)	Executive Dean, College of Health and Wellbeing, University of Central Lancashire
Helen Bromley (HB)	Consultant in Public Health, Cheshire West & Chester Council
Kenneth Barnsley (KB)	Head of Engagement, Research and Intelligence in Public Health, Blackburn with Darwen Council
Ashley Baldwin (AB)	Associate Medical Director, 5 Boroughs Partnership Foundation NHS Trust
Umesh Chauhan (UC)	Research Lead, East Lancashire Clinical Commissioning Group
Neil Johnson (NJo)	Dean, Faculty Health & Medicine, Lancaster University
Matthew Greene (MGr)	Finance lead, Liverpool Clinical Commissioning Group
Liz Mear (LM)	Chief Executive, North West Coast Academic Health Science Network
Tom Walley (TW)	University of Liverpool
Maria Thornton (MT)	Research, Development & Innovation Lead, The Walton Centre NHS Trust
Pat Mottram (PT)	Research and Effectiveness Manager, Cheshire and Wirral Partnership NHS Foundation Trust
Maureen Thomas (MTh)	Public Advisor
Jahanara Miah (JM)	Public Advisor
Ed Gaynor (EG)	GP, Liverpool Clinical Commissioning Group

In attendance:

Mark Gabbay (MG)	Director, CLAHRC NWC
Jane Cloke (JC)	Programme Manager, CLAHRC NWC
Jennie Popay (JP)	Director, CLAHRC NWC
Caroline Watkins (CW)	Director, CLAHRC NWC
Bethany Cooke (BC)	Clerical Assistant, University of Central Lancashire

By teleconference:

Mark Turner (MTu)	Director of Research & Development, Liverpool Women's NHS Foundation Trust
Katherine Sheerin (KS)	Chief Officer, Liverpool Clinical Commissioning Group
Cecil Kullu (CK)	Associate Medical Director for Research, Development & Innovation, Merseycare NHS Trust

Apologies:

Dorcas AKeju	Public Advisor
John Graham	RLBUHT
Mark Chapman	Medtronic
Mark Jackson	Director of Research and Informatics, Liverpool Heart and Chest Hospital NHS Foundation Trust
Matthew Peak	Director of Research, Alder Hey Children's NHS Foundation Trust

1. Welcome, Introductions and Apologies

The Chair welcomed everybody to the meeting.

2. Declarations of Interest

Katherine Sheerin CLAHRC NWC 042 Liverpool Health Lung Project

3. Minutes

The minutes from the previous meeting were agreed. **ACTION:** KP to arrange for publication on the website.

4. Progress on Action Points and Matters Arising

1. Update on Actions from September

Darren Charles has been appointed as the Communications Lead. An internal newsletter will be circulated on a monthly basis to CLAHRC staff, providing summaries of the activity and impact of the CLAHRC NWC. It has also been agreed with the Partner leads that there will be an external newsletter that will be circulated quarterly.

2. External Advisory Committee

Four experts have agreed to become members of the committee: Prof David Byrne (Durham University), Prof Peter Tugwell (University of Ottawa), Prof Kat Smyth (University of Edinburgh) and Dr Andy Gibson (University of West of England). KP is seeking a date for the first meeting to be held the end of February or the beginning of March.

3. Nominated Deputies

The Chair reminded Board members to send details of their nominated deputies to KP. Nominated deputies could be from another Partner from within the same constituency. **ACTION:** Board members without a designated deputy.

5. Report of the Steering Board Sub-Committee

KB presented the recommendations of the Sub-Committee.

i. **CLAHRC NWC 036 Outline application MECC**

NOTED. This outline application may need to be reconsidered in the light of the strategic priorities identified by the Partners.

ii. **CLAHRC NWC 037 The feasibility and acceptability of Genotype-guided prescribing for alcohol dependence**

NOTED. This outline application may need to be reconsidered in the light of the strategic priorities identified by the Partners.

iii. **CLAHRC NWC 040 Exploring the relationship between age, frailty and socioeconomic status as determinants of uptake of, and outcome after, surgery.**

NOTED. This outline application may need to be reconsidered in the light of the strategic priorities identified by the Partners.

iv. **CLAHRC NWC 035 Strategy to Improve Detection and Reporting of Adverse Drug Reactions.**

APPROVED. The Sub-Committee recommended that funding for this project is approved.

v. **CLAHRC NWC 034 Full Application PoC PCT in OPAT**

APPROVED. The Sub-Committee recommended that funding for this project is approved. MG advised that this application has secured additional funding from Research Capacity Funding from Liverpool Clinical Commissioning Group.

vi. **Item 4 – supporting external grant applications**

The Sub-Committee recommended that CLAHRC NWS resources can be used to support external bids. MG advised that he has been in discussions with the RDS North West and it has been agreed that there will be regular communication as proposals emerge for research grants.

vii. **CLAHRC NWC 042 Outline application Liverpool Healthy Lung Project**

NOTED. The outline for this project was presented for information. CLAHRC NWC is being asked to support the evaluation of the Liverpool Healthy Lung Project. The Steering Board requested that the research team engage with other CCGs and extend the remit of the study. **ACTION:** MG/EG to produce a brief summary for partners.

The Board accepted the recommendations of the Sub-Committee. **ACTION:** KP/JC to inform applicants.

6. Directors Report

1. Progress Report – theme progress and project list

MG presented the report. Subsequent to the writing of the report, Professor Andrew Clegg (UCLan) has been appointed as the Theme Leader for the Evidence Synthesis Collaboration. Professor Rumona Dickson will continue to work with the Theme.

2. Financial Report

MGr presented the financial report. Although actual expenditure shows an underspend of £242,507 approximately £160,000 of the predicted under-expenditure has been incorrectly charged elsewhere or has not yet invoiced. With this considered, the real underspend is approximately £80,000. The approval of projects 034 and 035 will contribute towards the reduction of the predicted underspend as expenditure for these can be brought forward.

MGr reported that the current system of estimating matched funding is proving time consuming and there has been concern about accuracy. To help resolve this Partners have been approached directly to complete and return a spreadsheet with the costs of their staff working on CLAHRC NWC.

MGr reported that the NIHR has reinstated grant payments to Liverpool CCG and also receives a quarterly finance report.

3. Risk Registers

General risk register

MG reported that most of the items on the general risk register are in green. The amber items were highlighted and discussed. The partnership agreement has been sent out to most of the Partners for signature and no further delays are anticipated.

Project risk register

JC presented the report that summarises the risks around the projects that have been approved by the Steering Board, based on the quarterly reports on finances and progress. The amber and red projects were discussed. Some of the projects are behind schedule due to delays in recruitment or ethics approval.

The amber projects discussed were:

CLAHRC NWC 001 is behind schedule because of a delay in recruiting a Clinical Research Fellow. This has had an impact on the financial underspend. Activity is being brought forward to help solve the underspend.

CLAHRC NWC 003 currently has an underspend but the team will be following up with the Partner Trust to invoice before the end of the financial year.

CLAHRC NWC 032 is an intern project. The site had to be changed with late notice. The intern remains committed to doing the work and the change of site has been submitted for ethics approval

The three projects highlighted in red discussed were –

CLAHRC NWC 018 is in red because the student has withdrawn from the studentship. Since the

production of the report, a replacement student has been appointed and will start in January 2016.

CLAHRC NWC 021 has had technical issues but that the research team has now advised that these have subsequently been addressed. Patients will start to be recruited at either the end of January or beginning of February. The partner organisations will be invoiced before the end of March. LM

advised that staff changes at the AHSN will not have an impact on the project. CLAHRC NWC 026 – an intern has withdrawn from the scheme.

The Chair advised that the discussions on the risk registers are an opportunity to highlight problem areas where the Steering Board may assist.

MG advised that there had been a technical issue with the survey for project CLARHC NWC 011. This has been resolved at no cost to CLAHRC NWC. Due to the large amount of datasets being received a proposal has put together for a sub-committee to oversee the use of datasets. The group would monitor the

governance and the delivery of the work around the common datasets. The Chair asked for a summary paper for the next meeting. **ACTION:** MG

7. Capacity Building Update

All the studentships have been recruited apart from one in Lancaster. When this studentship is filled there will be 22 studentships in place. The second cohort of interns has been interviewed and 11 interns have been appointed. Since not all intern places have been filled a plan to spend the remaining funding allocation are being put together. This will be presented at the next Steering Board meeting. **ACTION:** CW

There has been a capacity building event to receive feedback from Partner organisations about how to use the expertise within the Partners, how to engage people, how to support the development of research leaders and measure success. A report is being put together about this. **ACTION:** CW

8. Public Engagement Update

It was reported that all of the public advisor governance positions have been appointed. Training areas have been identified by the Public Reference Panel and colleagues. An agreed plan will be developed in the New Year. It is anticipated that NWC AHSN and CLAHRC NWC will work together to provide public engagement training. There was a learning exchange with PenCLAHRC in November with a return visit to be scheduled in the New Year.

9. Partner Engagement Update

A Partner Reference Panel involving NHS and local authority partners has been set up at the request of the Director. Each Partner has nominated a lead who has been invited to attend the Reference Panel. JP reported that more than half of the Partners have been directly involved in the meetings, were enthusiastic about being engaged in CLAHRC NWC but would like to have more influence. Three main issues were discussed at the partner forum meetings:

1. The need to improve communications in general. Progress is being made on this (see Item 4.1).
2. The need to improve communications between the Steering Board and the Partners. It was proposed that this could be achieved, if the Steering Board agree, by supplying Partner leads with contact details so that Partners can raise agenda issues directly.
3. Strategic challenges. It was agreed that the Partners would identify strategic challenges they face which could provide a framework for the future work of the CLAHRC NWC.

JP represented a paper on the task agreed with the partner leads as a process for identifying a small number of strategic challenges to give a framework for moving forward over the next three years that was more central to the partners concerns. The Partners were sent a Delphi which included the six priorities already identified and were given the option to add two more. The top three priorities according to the Delphi were:

- Shifting care into primary setting and communities
- Reducing unplanned admissions to acute care
- Managing frailty in the community and in health and social care settings.

The approach, the suggested changes to the priorities and the dedication of resources was supported by the Steering Board. . The Chair asked that the Directorate team and Theme Leads produce action plans and suggested that the Sub-Committee be advised to not accept any full proposals until this is further discussed at the next Steering Board meeting. **ACTION:** MG/JP/CW/JC.

10. Annual Report Feedback

The Annual Report Feedback was a summary of the returns of all the CLAHRCs. CLAHRC NWC is number 5 in the report. The feedback from the NIHR is being taken seriously and each of the key points of the report is addressed in Enc 12. The NIHR are pleased with some of the work that is being done. They are impressed with the HIAT and view it as an important contribution.

11. Publications Plan

MG presented the publications plan and encouraged the Board to identify colleagues who are keen to publish and work with the academics to publish papers. It was clarified that to be able to 'count' in NIHR metrics, the publication must be peer-reviewed.

UC advised that the impact factor of blogs and twitter needs to be considered as they can have a high impact on changing behaviour and policy. Other initiatives and possible publications were mentioned. MT suggested that there was a potential paper around the 'Coffee, cake and a slice of research' initiative in the Walton Centre.

There was a suggestion that if those funded by CLAHRC NWC are not producing publications, their funding could be stopped.

JC advised that publications will be monitored and included in the quarterly progress reports and it was agreed that publications would be included at each Steering Board meeting. **ACTION:** JC/KP

12. Evaluation of Capacity Building and Public Engagement

NOTED. MG presented the report: there was no further discussion.

13. Any other business

MG asked that the benefits and value of the recent Celebration Event should be discussed at the next meeting.
ACTION: KP/JC

14. Date of next meeting

The next meeting will be on Tuesday 22nd March 2016.

