

Minutes of NIHR CLAHRC North West Coast Steering Board Meeting

Held at Ribby Hall, on Thursday 27th March at 1.30pm

Present:

Janet Atherton	Director of Public Health, Sefton Council
Gideon Ben Tovim	Chair, North West Coast Academic Health Science Network
David Britt	Patient and Public Involvement
John Hampson	Public Health Specialist, Cheshire West and Chester Council
Tony Gatrell	Dean, Faculty of Health and Medicine, Lancaster University
Ed Gaynor	Governing Body and GP, Liverpool Clinical Commissioning Group
Nigel Harrison	Dean, School of Health, University of Central Lancashire
Heather Iles Smith	Research and Innovation Lead, Lancashire Care NHS Foundation Trust
Cecil Kullu	Consultant Liaison Psychiatrist, MerseyCare NHS Trust
Tony Marson	Walton Centre NHS Trust
Liz Mear	Chief Executive, North West Coast, Academic Health Science Network
Pat Mottram	Research and Effectiveness Manager, Cheshire and Wirral NHS Foundation Trust
Mathew Peak	Director of Research, Alder Hey Children's NHS Foundation Trust
Bill Sang	Chair
Katherine Sheerin	Chief Officer, Liverpool Clinical Commissioning Group
Tom Walley	Professor of Clinical Pharmacology, University of Liverpool

In attendance:

Jane Cloke	Programme Manager, CLAHRC NWC
Mark Gabbay	Director, CLAHRC NWC
Jennie Popay	Director, CLAHRC NWC
Kirsty Pine	Research and Development Manager, Liverpool Clinical Commissioning Group
Jeni Quirke	Communications Manager, CLAHRC NWC/NWC AHSN
Caroline Watkins	Director, CLAHRC NWC

Apologies:

Ashley Baldwin	Associate Medical Director, 5 Boroughs Partnership NHS Foundation Trust
Umesh Chauhan	GP, East Lancashire Clinical Commissioning Group
Paul Hughes	Medical Director, Warrington and Halton Hospitals NHS Foundation Trust
Tim Rawcliffe	Patient and Public Involvement

1. Welcome, Introductions and Apologies

The Chair welcomed members to the first Steering Board of NIHR CLAHRC NWC.

Thanks were given to Katherine Sheerin and the CCG for hosting the event and all those present introduced themselves.

2. Terms of Reference

The Terms of Reference were discussed by the group and endorsed subject to the inclusion of a statement:

- making it explicit that there will be representation on the steering Board from across the North West Coast
- that the Steering Board has a role in approving projects
- that Members should make a declaration of interest.

It was also agreed that the Terms of Reference for the CLAHRC Management Team should also include arrangements for declaring members' interests.

ACTION: KP/JC

3. Membership

Membership of the Steering Board was discussed and the proposed membership of the Board agreed (see supporting documents). It was agreed that Theme leads should not sit on the Steering Board as this may lead to a conflict of interest. There was recognition that during these early stages of CLAHRC NWC that there may be some flux in terms of membership as the Partner organisations decide who will represent them.

There was discussion of representation from Industry, acknowledging that so far none had been invited. It was suggested that both the Association of British Healthcare Industries (ABHI) and Association of British Pharmaceutical Industry (ABPI) should be approached through NWC AHSN. MG reported on discussions that had taken place with TUC Regional Council and their interest in collaborating with CLAHRC NWC. It was agreed that MG would approach the Regional Trades Union Congress Secretary to join the Steering Board with a view to increasing the number of members for Industry to three. **Action: MG to contact TUC Regional Committee; LM/GB-T to make contact with ABPI and ABHI.**

4. Directors Report

a. Development Plans/outline programme

MG gave a presentation on process of adopting and commissioning projects and activity by CLAHRC NWC based on a document that would be circulated to the Steering Board following the meeting. MG explained the process, which includes a formal checklist and application form for Outlines and Full Applications respectively. The overall process was endorsed by the Board.

The key aim of CLAHRC NWC programme was described by MG as creating a step change with Partners as stakeholders. Online support will be given with step by step guides put on the web. It is anticipated that the first projects will be approved at the next Steering Board meeting in June 2014.

TW commented that the ability to start projects quickly and to recruit patients to studies should be a priority and this is stated in the NIHR Contract. MG commented that the Evidence Synthesis Theme would provide an opportunity for projects to get going in the early phases.

ACTION: KP/JC to circulate the Guidance document to the Board

b. NIHR CLAHRC NWC Strategic Vision, Strategies and Policy

MG presented the Strategic Vision, Strategies for Stakeholder Engagement and Capacity Building and a policy for Public Engagement; these documents were described as a work in progress to which the Board were asked to provide feedback to MG so that their views may be included. GBT commented that in relation to the equity lens, it is necessary to ensure links are made with under privileged groups sooner rather than later.

The Steering Board endorsed the Vision, Strategies and Policy documents subject to any further comments from the Board.

ACTION: Steering Board to feed back any comments to MG

c. Proposals

Four Outline proposals were included in the Steering Board papers for information as an indication of the likely Full Applications the Board would see in June.

- i. Transitional Care for Young Adults with long term conditions
- ii. Care Pathway for Seizures – (need to ensure the language is person centred)
- iii. Developing personalised renal function monitoring
- iv. Psychological support for people with stroke

It was noted that the personalised renal function proposal needs a lot more work on it before June.

GBT stated that he felt the equity lens aspect of the four proposals was not strong enough at the moment and this should be addressed.

KS suggested half day workshops are run on each of these proposals so that people can contribute to give them ownership.

MG advised that 60% of the NIHR money that is not committed to the core budget will be allocated to themes and 40% will be available for open calls for projects.

ACTION: MG to note comments on Outlines and feedback to Management Team

5. Management Structure

MG outlined his view of the overall management and governance structures for CLAHRC NWC, including the relationships between the NIHR, Liverpool CCG as Host, the Steering Board, the Management Team, the Public and NHS/Local Authority Reference Panels.

Following discussion, it was agreed that to assure the Steering Board that Full Applications had gone through a rigorous process, a sub-committee should be set up whose role it is to comment on Outlines and review Full Applications, make recommendations to the Board on proposals to be funded through CLAHRC

NWC and to generally support the Adoption and Commissioning process. It was agreed that this sub-committee would be a virtual group that would meet by teleconference and will be made up of EG, HIS, a representative from a Local Authority and two representatives of the Public. DB stated that additional PPI members need to be identified as the current PPI representatives DB and TR are over committed. The first meeting of the sub-committee would need to be before the next full meeting of the Steering Board.

**Action: JA to discuss with Local Authority colleagues who would be part of this subcommittee.
KP/JC to schedule sub-committee meetings**

MG described in more detail the role of the core support team that will provide methodological and project management support to the Themes. A project management process is in development to track activity and capture the data required by NIHR for the Annual Reports. Any publications must acknowledge CLAHRC NWC and NIHR funding.

The group were made aware that CLAHRC projects would not be eligible to be adopted onto the NIHR portfolio and as such any recruitment would not be considered for activity based funding from the from the NIHR CLRN. The Board identified this as a potential barrier for partner organisations as CLAHRC projects may not be financially viable for the organisation.

ACTION: MG/JC/KP to monitor how the issue of NIHR adoption impacts on the CLAHRC NWC Programme

6. Performance and Risk Review

MG described the process for project management which will be undertaken by JC as the CLAHRC Programme Manager and KP on behalf of the Host Trust Liverpool CCG, with the support of Ben Nuttall from Finance. The Board were informed that the NIHR require quarterly reports on finance and performance and the necessary reporting mechanisms and forms are being established to ensure that the required data is collected for both NIHR and Matched funding.

TW suggested that as the Host Trust is a NHS organisation, it would be appropriate to use an NHS risk register to monitor performance and risk across CLAHRC NWC.

ACTION: JC/KP to further develop project management tracking and reporting

7. Communication and Information

MG introduced JQ as the new Communications Manager jointly funded with NWC AHSN. The Board agreed that a key communication tool would be the website but expressed concern that it is currently not live. It was agreed that the web-site needs to be set up as a matter of urgency. MG informed the Board that many of the new CLAHRCs were at similar stage of development with regards website development.

ACTION: JQ to accelerate development of the website.

Discussion took place around at what stage, if any, Steering Board and Management Team meeting papers would be available on the website. It was agreed that further discussion was required.

ACTION: KP/JQ to discuss further and present options at the next Board meeting

8. A.O.B.

- I. The procedure for identifying and obtaining match funding should be set out clearly Action MG
- II. The Board agreed that to build on interest shown by the attendees at the Stakeholder Event held that morning, those attendees should be given feedback on what CLAHRC NWC is doing as a result and the progress being made.

ACTION: KP

- III. The Board discussed the need to identify a named champion from each Partner organisation for effective engagement. **Action: KP to liaise with JP**

Date of Next meeting

24th June (venue to be confirmed).