

## Meeting Minutes –

# NIHR Southampton Biomedical Research Centre (in Nutrition)

Meeting title:  Date:  Location:  Present:		Cancer and Nutrition NIHR infrastructure collaboration Steering Committee				
		29 <sup>th</sup> March 2016		11am-1pm		
		WCRF, 22 Bedford Square, London				
		Alan Jackson (AAJ) – Chair Kate Allen (KA), Lucy Allen (LA), Millie Barrett (MB), Lauren Chapman (LC), Ramsey Cutress (RIC), Anne Helme (AH), Fehmidah Munir (FM), Karen Phekoo (KP), Martin Wiseman (MJW), Steve Wootton (SAW)				
Apolo	gies:	Karen Brown (KB), Helen Campbell (HC), Ric Lesley Turner (LT), Elio Riboli (ER)	chard Martin (RM), Monic	ca Ritco Vonsovic	i (MRV),	
1.	Professor listed and AAJ high momentum financial r	and apologies Jackson welcomed every one to the meeting and to AAJ passed on specific apologies from ER who lighted that this was a critical stage of the Collabor; the major challenges are now to secure both the means to achieve them.  The property of the collabor of th	had very much hoped to a oration and the importance ne workplan and deliverable and what we have in place.	ttend. e of maintaining es and the	Action	
2.		Previous minutes These were agreed as an accurate record of the December meeting.				
	opportuni p3 LA wi	nrising and ER have met on a number of occasions and co ties and how best to ensure the Collaboration's so ll be leading on the fifth work stream and engage and a for the June Steering Committee.	uccess.	_		
3.	Feedback from Phase II workshop event a) Agreement of Executive summary and full report					
	served as with the a	orted that there was full attendance and enthusias an important stepping stone from Phase I to II in mbition and outline programme of work recorder formally accept the circulated record of the event	that the work streams are a lusing the NOCRI templa	now established te, and asked		

The SC accepted the proposal and agreed that there is a need to inform stakeholders and interested parties that the report is available on the website and agree a clear communications strategy and action plan to engage contributors from across the professional groups.

AAJ reported that he has written to the BDA, AfN and NS about the Collaboration, their representation and potential support e.g. by way of communications, finance, research agenda, professional training and other aspects of our work. AAJ is waiting on their responses. The SC noted that we need to be clear about the nature of the relationship between the Collaboration and the relevant professional bodies.

**ACTION**: MB to upload Executive Summary and final report of workshop event onto collaboration website, and inform list of contacts about it, inviting people to express an interest and/or willingness to become more involved.

ACTION: AH to circulate to CRUK networks.

**ACTION**: MB to consider other networks we could share the report with.

**ACTION**: Secretariat to consider further the nature of the relationship with professional bodies and report back at next SC in June.

AH MB Secretari at

MB

#### b) Future funding for PPI

The need to secure PPI at all levels of the Collaboration including representation and involvement in each work stream with a secure budget to support PPI activities was raised at the workshop. The SC noted the important contribution made by PPI representatives at the workshop and the value and experience that patients and the public bring to the Collaboration's activities and the necessity of securing financial support for PPI activities as a matter of urgency.

### 4. Work streams updates

#### WS1 - Patient and public information provision and communication

KA reported that the first objective is to raise awareness of the Collaboration by giving presentations to CSGs, networking with relevant organisations, patients and public. The second objective is to ensure patient and public needs are central to the development of the Collaboration, and the third longer term objective is to obtain dedicated funding for PPI involvement.

The SC noted that WS1 needs to communicate with other WSs and ensure that there is a PPI on all WSs. This needs to be enabled as a priority and there is a need to more formally explain the patient/public person's role and expectations in the Terms of Reference for the WS about PPI, to be clear what is expected of both parties, and that all leads ensure all WSs secure PPI engagement.

**ACTION**: The issue of securing PPI on all WSs to be taken back to the Southampton BRC to come up with a solution that can be discussed with LT as soon as possible. It is recognised that the WS leads may need to meet in person with the patient/public representative in order to agree how they will work together.

In relation to the WS1 template: LA reported she had discussed the role of stakeholders with the James Lind Alliance and wondered whether carers ought to be represented on the PPI WS. AH said that some PPI reps from CRUK are carers, so this may be covered already.

LA also asked about measuring the impact of presentations to CSGs and others, and being clear about what they are trying to achieve by doing this. For example, could we use Google Analytics to track website traffic following the presentations? KA responded that general awareness raising is the purpose of the presentations for now, until the Collaboration is clearer about specific messages. KA suggested using the WCRF newsletter as another vehicle to spread awareness, perhaps with interviews with WS leads, or a survey, as it reaches out to 5000 cancer patients, their families and also survivors.

**ACTION**: KA to follow up with LT after this meeting, including about likely resource requirements and how to move the agenda forward.

It was noted that all WS templates need to be version controlled documents with date and time as they are living documents and will change over time. When uploaded onto the website they need to be put in context: to be complete, what nature and purpose is, when expected to be reviewed,

KA

MB

responsible authors etc. The SC will consider WS progress and sign off any change to work plan template, it will act as their report to the SC each time. WS leads should present the changes and differences since last meeting, before any change to website version are made.

**ACTION**: Completed first versions of templates on website by end of April.

MB and WS leads

#### WS 2: Professionals

RIC presented the current draft template (tabled at meeting) - some gaps in representation remain but potential participants have been identified. The immediate ambition is to ensure that the group has full membership with ownership and commitment from all members. The following objectives were discussed: i) mapping existing authoritative UK guidance on nutrition in prevention, diagnosis and management of cancer, ii) examine application of existing guidance by professionals and patients i.e. a gap analysis.

Communications strategy to include findings of Objectives 1 and 2 – and use of Collaboration website for external stakeholders.

MJW raised the issue of process about how we seek representation from professional bodies talked about earlier. The plan is first to identify individuals to get the right people who were enthusiastic and committed, and later to approach the bodies regarding formal representation. There is a need to ensure alignment and co-ordination of activities with other WSs and professional bodies. The SC noted that the need to determine what resources (including the time of individuals to do the tasks set out) are required in the short, medium and longer term and the need for common project management support.

**ACTION**: RIC to liaise with each member of the group to carry out Objective 1 so that the second half of year focuses on engaging with professional groups (cancer and nutrition), setting out actions. By Q4 we should therefore know what we are setting out to achieve and working with the professional groups to achieve it.

**ACTION**: AAJ to follow up on responses from professional bodies.

**ACTION**: All SC members to send in ideas for any other groups we should be liaising with.

AAJ

All

RIC

#### WS3: Research

AH reported that there is an immediate need to identify a lead for this WS in KB's absence and to increase engagement from group members.

AH also reported that this will be her last meeting on the SC, due to taking up a new role in CRUK. Therefore, CRUK will have less capacity to contribute to the Collaboration during the transition to a new member of the Steering Committee. Meanwhile Dr Fiona Reddington, Head of Population, Prevention and Behavioural Research at CRUK will be the interim contact.

AAJ thanked AH and expressed congratulations on her new role at CRUK.

The SC noted the difficulties and discussed possible leads and pragmatic and achievable deliverables and the importance of identifying the resources required to achieve these ambitions in the short, medium and longer term. The following objectives from WS3 were noted and discussed: i) a Delphilike exercise to seek consensus on research priorities, ii) explore and map funding opportunities from major funders and iii) map current NIHR-supported projects (BRC, ECMC, CLAHRC) as well as those supported by other funders (CRUK, ECMC, WCRF, NCRI and AMRC) and showcase outputs as exemplars.

The recent closed workshop in Cambridge about engagement with the food industry was noted and a draft report was in preparation which might be available for consideration. The SC noted the need

to review nature of engagement with industry in a future meeting.

AAJ reported that he has had discussions with ER about how to progress the research agenda. There has recently been a Rank meeting involving young researchers about nutrition and cancer but unfortunately it was not written up. There is a range of individuals wanting to work together with a common agenda. ER may be the right person to spearhead this, need to bring together molecular, cellular people, population scientists, and clinical researchers, to bring their skills together to progress the research agenda. How to achieve this is challenging. However, there are a small number of defined projects that could be badged as coming from this collaboration, though how to prosecute this over next six months is main challenge.

AH suggested the updated ToR for WS might help members to engage more fully, suggesting a teleconference in a couple of months' time.

The SC noted that there is a need to increase engagement with wider ECMCs and other BRCs

**ACTION**: LA to draft email from SC to WCRF, CRUK, NCRI, AMRC, BRCs, ECMC about opportunities for greater engagement, after discussion at next Secretariat meeting.

AJ and LA are meeting with AMRC in May to discuss funding models.

It was agreed that while researchers and funders have their own priorities it is our job to bring them together to further collaboration's goals. Identifying research priorities need to be done by consensus rather than from one or more person's specific research interest. The nature of the process may be the adding on of nutritional variables to study designs, encouraging people to see opportunities they may not have realized were there. This enables people to produce better research.

KP noted that BRC bids go in on 6 June and therefore time is of the essence.

It was thought we could look for securing a Themed call – identification of priorities - just to remind people that this infrastructure collaboration exists, and therefore two priorities could be hit at once.

The SC noted that i) an online Delphi exercise would be an an opportunity to identify and invite engagement in the area, people may be identified who want to take specific pieces of research forward and the opportunity to conduct a PPI priority setting review with support from the James Lind Alliance – both activities would require project management support.

AAJ asked AH if she could find someone to take forward the Delphi activity as a first step to hold this WS together, if it was set out as a defined activity with defined resource and time frame?

MJW added a request that AH continue to be the contact while transitioning to the new role. AH responded yes in terms of attending meetings but not in terms of any time dedicated to the collaboration work outside of meetings.

KA reported that the Dutch WCRF office and a University in the Netherlands, are working together on a project that could have synergy with this as well.

ACTION: KA to find out more about the Dutch project and report back.

#### WS4: Nutrition Toolkit

SAW reported and tabled the draft template at the meeting. This draft template has not gone out to the wider WS membership yet, although comments have been received (but not included) by Dr Bernard Corfe, the lead. WS4 has a small group of people that needs to be expanded with clinical representation. The SC noted and discussed the following objectives: i) collate current nutritional assessment tools in use with cancer patients – a mapping exercise in association with the BDA oncology group, ii) develop consensus and adoption of recommendations for basic routine nutritional data to be collected in standardised and quality-assured manner. These tasks link with

LA

KA

	the Professionals WS. There is a need to refine the communications strategy and identify resource requirements in short, medium and longer term.			
	AAJ concluded that each WS needs to recognise explicitly the interface with other WSs, find opportunities for cooperative collaborative working and complement one another.			
	<b>ACTION</b> : MB to ensure all WS leads are well aware of other WS action plans, channels of communication are explicitly covered as part of each work plan, and leaders have the opportunity to meet/discuss their activities.			
	a) ECMC Lead for research WS  MB updated the SC on discussions with Ilaria Mirabile (ECMC network) about a replacement for KB while on parental leave, and a possible lead for research WS. We should have someone ready to attend the June meeting. KB may be back in time for the September meeting.			
	ACTION: MB to follow up with Ilaria Mirabile.	МВ		
5.	Communications strategy			
	This is to be a standing item on the agenda. A draft strategy was presented to the SC this time last year, but was never agreed formally. It needs updating.			
	<b>ACTION</b> : MB, with support from NOCRI, to update Communications Strategy and present to next SC in June.	MB		
6.	Finance			
	This is also to be a standing item on the agenda.			
	SAW reported that we need to establish core finance to support the Secretariat. Southampton BRC has agreed to provide £46K, but this sole contribution is not sufficient to support the secretariat and provide project management support for the WS. Further discussions are ongoing with the Southampton BRC to determine if there is opportunity for further support. The SC noted the importance of securing support from across the collaboration.			
	<b>ACTION</b> : Finance will be covered as part of the Business Plan at next meeting.	LA and AAJ		
7.	Business Plan for collaboration			
	AAJ is working with LA on a business plan for this financial year (2016/17) and this will be presented in a more refined form at the next meeting.	LA and AAJ		
8.	Priorities and next steps  • Finalising work stream templates for planned actions, with required resources added in, and a completed communications strategy  • New communications strategy for collaboration as a whole  • Business Plan  • Progress on work stream 5 – engagement with commercial sector	All		
9.	Date and host of next meeting:  The next meetings will be held on Wednesday 29th June at NOCRI in Elephant and Castle, and Tuesday 13 <sup>th</sup> September at Imperial. Agenda and papers will be circulated two weeks in advance.			