

Management Committee meeting 18th January 2021, 10am-12pm

Present: Sam Ahmedzai (10-11am), Fiona Davey, Kate Holmes (10-11am), Alan Jackson, Martin Wiseman, Steve Wootton

Apologies: Rachel Marklew, Josune Olza Meneses, Karen Phekoo

Item	Notes	Person responsible	Deadline
1. Welcome and apologies	The Chair welcomed everyone to the meeting. Apologies were noted from KP, JOM and RM.		
2. Minutes of the last meeting and matters arising	<p>Minutes of the last meeting</p> <p>A query was noted on page 2 of the minutes from a statement that was deleted. This was regarding the proposed prehabilitation workshops and a previous suggestion that those attending ought to contribute to the running of the workshops.</p> <p>An amendment was received from AK about seeking PPI support from NCRI for the prehabilitation workshops on p3.</p> <p>Action: Amend minutes and upload to website</p> <p>The action regarding producing a statement of support about prehabilitation was queried by AK.</p> <p>Matters arising</p> <p>Cross-work stream meeting</p> <p>The consortium proposal needs to be seen by Executive Committee before it is presented to general members, so on the agenda for the cross-work stream meeting it will be a general update without the document.</p> <p>Prehab workshop</p> <p>In the previous meeting, it was decided that we would lead on a workshop to bring coherence and quality to applications to be submitted to the Prehabilitation funding call. The Oncology TRC, the Research Design Service and NCRI held meetings about the funding call. The NCRI workshop was held on 14th January. Our own offer is to ensure that protocols are drafted quickly and early so they can be shared with potential partners as quickly as possible so they have a chance to input to the development of the study. Different projects require varying levels of input and support.</p>	FD	29/1/21

	<p>At the NCRI meeting, six studies were presented at different stages of development.</p> <p>The Collaboration needs to be clear how we can work with the NCRI, and which activities are led by the Collaboration and not just supported by it.</p> <p>Action: Organise regular meetings to coordinate prehabilitation submissions.</p> <p>From the NIHR/RDS call it became apparent that prehabilitation is being interpreted differently by different people which is leading to confusion. From the experience of developing the NIHR/RCOA/Mac report, it is clear that a lot of effort needs to be invested to bring people together in order to define competencies and training within prehabilitation.</p> <p>Action: SAW to put together clear statement on what the Collaboration is doing in prehabilitation and how it adds value. This statement should be clear on our aims and objectives. This is needed for the cross work stream meeting</p>	<p>FD</p> <p>SAW</p>	<p>19/01/21</p>
<p>3. Consortium proposal</p>	<p>AK MJW and SA provided written comments on the consortium proposal.</p> <p>Action: SAW to bring together comments in one document and circulate new version for Executive Committee meeting. Once the document has been approved by the Executive Committee, we should arrange a direct meeting with NIHR.</p> <p>Action: SAW to brief SA on changes to document before Executive Committee meeting.</p> <p>Considerations</p> <ul style="list-style-type: none"> - Does the diagram over-exaggerate the separateness of the domains? - Are we dropping the 'NIHR' and 'Collaboration' within our name? We have to consider if we will be recognised if the NIHR is removed. - Resource – how much funding and personnel time is required? - Does the research element need to go forward as a TRC proposal? The TRCs might have top-sliced funding in the next contract renewal. A formal TRC faces the BRC and wider NIHR infrastructure across the whole translational research pathway and is supported by BRC membership. The wider NIHR infrastructure does not currently support funding for the TRCs. 		

	<p>The Collaboration already tried more than once to secure funding with a TRC-type model but was unable to as there was a competing interest with DART and the Oncology TRC.</p> <p><i>KH and SA left the meeting.</i></p> <p>The alternatives need to be worked through objectively and clearly. What are the implications for each component? Can different components take responsibility? How do they carry their weight to give greater weight to the whole?</p> <p>We would not have a mechanism for managing our accounts if we were not an NIHR activity. The NIHR association is essential for operating out of UHS R&D.</p> <p>It is not clear what the organisational model of the Collaboration would be if it was a separate entity. If a separate entity, it would not be possible to hold a new bank account or to become an employer within the time frame we have.</p> <p>There is no value in closing down the existing relationship without having a secure alternative in place.</p> <p>There is more detail in the PPI and Research domains. The Capacity Building and Dissemination elements need further detail. A section needs to be added about ICONIC.</p>		
Finance	<p>SAW has been consolidating the financial accounts. The University will not transfer any funds to the UHS account without receipts.</p> <p>SAW needs to confirm that funds available for April 2021-22 in order to extend FD's contract.</p>		
PPI	<p>AK circulated a proposal detailing how the PPI activity could be structured in the future.</p> <p>The largest group is the public or anyone with an interest in cancer and nutrition.</p> <p>The PPI plans will be developed into a pilot project that can be its own funding application.</p> <p>It will require a separate advisory group that is distanced from the core activities of the Collaboration.</p> <p>Action: Select members for a PPI Steering Committee Jeremy Taylor was suggested as someone ideal to be on the committee.</p>	AK	TBC

	<p>Members of Group B, “PPI in Research and Dissemination Group” need to be carefully recruited from a broad spectrum of places that are already active in PPI. The members need to be skilled and experienced.</p> <p>The ‘engagement’ of PPIE needs to be more visible. Smaller charities often fall outside of the main agenda and it is important to engage them in this activity.</p> <p>This project could potentially fall under an NIHR Research for Patient Benefit programme as implementation research and process evaluation.</p>		
Executive committee agenda	The meeting is scheduled for Monday 1 st February. Any comments on the agenda to be sent to FD by Wednesday for circulation on Thursday.		
ICONIC	No issues were raised at this time.		
Matters arising	<p>Overlap with partner organisations</p> <p>It is not clear where some organisations are trying to take responsibility for the prehabilitation agenda and where responsibilities ought to lie. This is important to clarify so that we avoid duplication of effort.</p> <p>Interim report</p> <p>The interim report will be completed once we have decided how the Collaboration can proceed. Action: Keep on agenda for next MC meeting</p>	FD	31/1/21