

**MINUTES**


Applied Research Collaboration Kent, Surrey, Sussex (ARC KSS)

**BOARD MEETING**

Friday 5<sup>th</sup> February, 14:00 - 16:00

Virtual Meeting: [Zoom Meeting: ARC KSS Board](#)

Chair: Professor Sir Nick Black

	Agenda Item	Action
1	<p><b>Welcome, introductions and apologies</b></p> <p><b>Attendees:</b> Nick Black (NB), Stephen Peckham (SP), Rick Fraser (RF), Sally Flint (SF), Des Holden (DH), Guy Boersma (GB), Julia Simister (JS), Charlotte Canniff (CC), Eleanor Levy (EL), Michelle Gardener (MG), Jason Grant (JG), Karen Cox (KC), David Sampson (DS), Malcolm Reed (MR), Deborah Farmer (DF – Minutes)</p> <p><b>In Attendance:</b> Victoria Hare (VH), Jo Armes (JA), Nadia Brookes (NBr), John Hammond (JH)</p> <p><b>Apologies:</b> Darrell Gale (DG), Claire Fuller (CF), Sara Lightowlers (ST), Simon White (SW), Rob Persey (RP), Anjali Melethil (AM), Keith Jones (KJ)</p> <p>Charlotte Canniff has joined to represent Surrey &amp; Heartlands in place of Mark Hamilton</p> <p>K&amp;M SPT representative now required to replace Rebecca Bradd</p> <p>PCN representative now required for Sussex or Surrey</p>	<p>VH</p> <p>VH</p>
2	<p><b>Matters Arising and Actions</b></p> <p>All Actions reviewed and agreed or to be addressed within agenda</p>	
3	<p><b>Questions from Members of the Public observing this meeting sent in advance to:</b> - <a href="mailto:PublicInvolvementARCKSS@sussexpartnership.nhs.uk">PublicInvolvementARCKSS@sussexpartnership.nhs.uk</a></p> <p>No questions received</p>	
4	<p><b>Business</b></p> <ul style="list-style-type: none"> <li>➤ Review of ToR/comments from members</li> </ul> <div style="text-align: center;">  <p>ARCKSS Board ToR April 2020.pdf</p> </div> <p>The Board reviewed the TOR</p> <ul style="list-style-type: none"> <li>- NB - suggested inviting someone from the new K&amp;M Medical School.</li> <li>- MR - to build collaborative research we can ask if a Medical Director is in post. KC is representing at DBC relations, so will take this action.</li> </ul> <p>Discussion on Board Functioning Process</p> <ul style="list-style-type: none"> <li>- EL - The Board should be more proactive in inviting public questions. Has worked on pro-forma with PS from PCIE (see PCIE presentation, item 5 ii on this Agenda)</li> <li>- GB – There are challenges for some representatives in attending The Board regularly and perhaps we should change the way we work as a Board occasionally.</li> <li>- NB – it is critical to have involvement from local authority as an interface with Community and ARC. It has been difficult due to the pressing needs of the pandemic, but hopefully relationships will flourish after lockdown.</li> </ul>	<p>KC</p>

➤ Director's Report



Directors Report  
January 2021 final SF

NB – good to see that the NIHR site visit went well. The ARC KSS has achieved a lot in 3 main areas:-

- **Impact Framework**

MG – will it have stand-alone/time sensitive pathways of success measures – outcome measures as a Board, how are we meeting the objectives we have set?

SP – It does include the original objectives, not necessarily efficient on thinking about Impact by ARC from a regional perspective; how we might measure research/capacity building to flesh out a broader framework, talking about how we can develop that marker.

MR – I agree we need KPI's and a balance of new ideas to ensure ARC delivers what it sets out to do and success needs to be recognised by whoever is involved in next round of funding.

NB – ARC Executive Group need to set realistic expectations. Although quite generously funded, any major randomised trials can cost in the region of £2m, therefore we effectively have limited resources. The real objective is to try and build on and consolidate strengths of KSS (reflected in Themes), with capacity building really important for more immediate outcomes (i.e. improving the health of the region).

SP – ARC KSS need to know how much we have spent and achieved, so we can demonstrate to NIHR where we have got to.

EL – This Board is about governance – capacity building, helping the researchers to be wiser as to how they structure their projects and conduct their data integration and proposals so that access to social care is measurable.

- **Data Hub**

DH - this was interesting to hear about this. A Kent integrated data set is already in place and can be used if Surrey & Sussex are replicating this.

SP – this is partly in progress – integrated data sets developing I county structures – comparability around access and interfaces – could be a problem driving research across the region; what data is out in the community (i.e. local authority data), what is available to ARC KSS to use, there are roles ARC KSS can play. Knowledge around governance and access to data could be very valuable.

- **Strategic Funding**

MR – Brilliant that we have this – Athena Swan was a perverse punishment - would support the way the funding is being used at this stage, i.e. PhD's and Post Docs.

SP – Implementation Strategy selection of projects, what is unique about the ARC, what can the ARC do?


NB – I think on equality and diversity, as an ARC we are closer to the coal face. In 5 years', time we would like to have more diverse researchers.

JG – I am an Equality, Diversity and Inclusion Ambassador for SPfT and go out to community groups that have the cohort of people we are trying to reach. I wonder how the ARC encourages supporting students at University in doing PhDs?

NB – a lot of attention is being focussed on diversity, finally, although the ARC is not a university, it has the funds and has its part to play.

SP – we are very committed to broadening research in all kinds of ways – it is a huge piece of work encouraging groups. It is fair to say there is a lot of interest going into working in local communities and encouraging them in research. Sally is developing a mentoring scheme for PhD's across the patch. Any help in engaging with a range of people age/profession/ethnicity is more than welcome.



	<p>NB – This is highly relevant and worthy. Is every ARC is having to submit similar in the same time scale? It would be interesting to see similarities and difference.</p> <p>NBr – It has been discussed as to whether there should be one standard for all used as a basis. The implication is that we will be monitored on the standards.</p> <p>MR – previous experience with other ARC's is that they will have an existing PPI. In addition to the aims, one particular thing about the South East is that it has one of the lowest take-ups/access to clinical trials. Is there a public engagement/ambassador role for this ARC as a whole in remitting to random trials and studies? Is part of the aim of this group to include recruitment to clinical studies?</p> <p>JH – I believe that is part of the larger remit</p> <p>MG – I agree it should be recruitment and retention to keep people engaged, a buddying service using others who are engaged</p> <p>JH – this is very much discussed in induction and something to work on</p> <p>NB – we must not lose MR's point. KSS has been unrepresented in clinical research. Asked SP, is that that ARC's job, or ASHN's?</p> <p>SP – It is very important that we work with CRN and RDS around these areas of work</p> <p>JS – A link up of PPI across KSS and focus of CRN (my area) - recruitment and retention is a real opportunity for us to engage and connect.</p> <p>MR – It is inevitable if we get Kent &amp; Medway Medical School up and running on research – they will get the teaching up and running first, but if we can be involved in their setting up of research we can get PPI involved.</p> <p>NB – Yes, a concentration of research-intensive universities as KSS builds through ARC and a new medical school should see an increase in public involvement in clinical trials.</p> <p>NBr – Please send feedback to: - <a href="mailto:PublicInvolvementARCKSS@sussexpartnership.nhs.uk">PublicInvolvementARCKSS@sussexpartnership.nhs.uk</a></p> <p>NB – Yes and please come back and update us.</p>	All
6	<p><b>NIHR Site Visit 14.01.21</b></p> <p> FINAL NIHR Site Visit 14.01.21.pdf</p> <p>Slides from the day of the visit attached for information.</p>	
7	<p><b>AOB</b></p> <p>➤ <b>Future Meetings</b></p> <ul style="list-style-type: none"> <li>• 3<sup>rd</sup> June 2021, 14:00 – 16:00: Virtual</li> <li>• 4<sup>th</sup> November 2021, 12:30 – 16:00: Location / Virtual TBC</li> </ul>	

## Distribution List (ARC KSS Board Members)

NAME	Role	Notes
Prof Sir Nick Black	Chair	
Prof Stephen Peckham	Director, ARC KSS	
Dr Rick Fraser	Chief Medical Officer, Sussex Partnership NHS Foundation Trust	
Sally Flint	Chief Finance Officer, Sussex Partnership NHS Foundation Trust	
Dr Des Holden	Implementation Lead (Academic Health Science Network)	
Guy Boersma	Managing Director, Academic Health Science Network	
Julie Simister	Deputy Chief Operating Officer, Clinical Research Network Kent Surrey Sussex	
Dr Charlotte Canniff	Clinical Chair of Surrey Heartlands Clinical Commissioning Group	
Dr Claire Fuller	Senior Responsible Officer, Surrey Heartlands Health and Care Partnership	
Dr Sara Lightowlers	Medical Director, Sussex Community Trust (Sussex Health & Care Partnership)	
Simon White	Executive Director for Adult Social Care, Surrey County Council	
Rob Persey	Executive Director of Health and Adult Social Care, Brighton & Hove City Council	
Dr Anjali Melethil	GP, Sevenoaks, West Kent - K&M STP	
Darrell Gale	Director of Public Health, East Sussex County Council	
Eleanor Levy	Public Advisor, Surrey	
Michelle Gardener	Public Advisor, Kent	
Jason Grant	Public Advisor, Sussex	
Prof Karen Cox	Vice Chancellor, University of Kent	
Prof David Sampson	Pro Vice Chancellor of Research and Innovation, University of Surrey	
Prof Keith Jones	Pro Vice-Chancellor for Research and Enterprise, University of Sussex	
Prof Malcolm Reed	Dean, Brighton and Sussex Medical School	
Deborah Farmer	Programme Coordinator, ARC KSS & Board Secretary	

### In attendance:

Victoria Hare	Programme Manager, ARC KSS	
Dr Jo Armes	ARC KSS Theme Lead, Digital Innovation	
Dr Nadia Brookes	University of Kent	
John Hammond	Public Advisor	