



PRESENT

WP1	Martine van Nierop Silke Apers	
WP2	Simon Krause	
WP3		
WP4	Georgia Koppe	
WP5	Maria Wolters	
WP6		
WP7	Ulrich Reininghaus Anita Schick Glenn Kiekens Michal Hajduk	Michel Wensing Simona Di Folco Matej Hrabosky
WP8	Jeroen Weermeijer	

1. General Management

DPA Heidelberg – Heidelberg had an issue with something Bratislava added to the DPA, Michal will follow up with their legal dept to get this settled. After that we can start up the signature process again.

Deadlines for quarterlies is tomorrow (14/3). Deadline for D6.8 is tomorrow.

Simona and Lena would like some input for topics for the PAB meetings. Martine suggested the public website, Jeroen suggested to discuss which term to best use for participants (patients, clients, service-users, etc). Simona will send around the guidelines and the link to the topics file. Please all send them suggestions, **before March 24th**. Simona will also work on terms and conditions for the PAB meetings (central basic version, with possible changes relevant to different countries).

Timeline main papers: we plan to have everything at the ready (code etc), so once all data (including T3) is in submitting papers will be a matter of weeks. But this all depends on the delays we now have in recruitment.

No lingering tasks today.

2. WP2

Is working on the data export interface, and worked a lot on providing technical support and fixing issues. They have evaluated the PEN testing report, none of the reported issues are highly problematic, are working on these as well. They did an update today for the dashboard, where most of the reported issues were fixed.

There is a problem with age limitations in the IOS app store: our app, because of its medical content, is flagged as an app that can only be downloaded by minors with parental/guardian consent. So everyone enrolling minors should keep this in mind. This is mostly a problem now in the UK, as they are planning to recruit in units that have minors (14 and up). It is not possible to get our app reclassified, so if their policy doesn't change this will always require parental consent. Also this is about Therapy Designer, not just the IMMERSE app, so trying to explain to Apple why in our case it should be reclassified (as we don't make any diagnosis or replace any clinical judgement with the app) is difficult because this argument should hold for all studies running in Therapy Designer. Simon will discuss internally at movisens. The problem is an implementation issue for future use of the app, or it can be a practical issue for us that while we are recruiting the parents are not around on the ward so can't provide consent at that time. Simona will discuss with Matthias the pragmatic solution that parents will have to provide consent anyway if their minor wants to enroll in the study.

3. WP3

Thomas couldn't be here, but provided feedback for an abstract, and is working on an update for the DMP (D3.1) and the Implementation Guide (D3.2). We do urgently need the database to be up and running, as people may start requesting WP5 data. Martine will email him to ask about an update.

4. WP4

Manuel is working on several things that he's trying to implement in the algorithms; increasing interpretability to grasp contingencies between behavioral dimensions, and to implement a hierarchical inference approach. As Georgia is now paying him from another project to that Manuel will have time later on in the project to work on IMMERSE again, it will also become important for them to know when the full dataset will be ready.

5. WP5

Are now working on getting all the survey data in a form that can be shared to people who have registered their analyses. Coding the interviews is coming along nicely in all sites:

https://docs.google.com/spreadsheets/d/1Q_FoU3yaw3S_ChFFYIm_mcg_2a65LhIR-yF2gUikiQo/edit#gid=0

Even though recruitment for phase 2 should have priority, some sites can't recruit yet so they can also keep working on coding.

Maria is working on a plan for main papers, not just on survey data but also qualitative data, but was unsure what to add in these as some PhD students were working on abstracts that cover a lot of these topics. There will be an additional meeting to further discuss exact content of all of these papers to get things moving and clarified. Maria's first suggestion for a paper would be to redo the analysis of [D5.1](#) with the full dataset, and will send some suggestions for main papers around.

6. WP6

Luca couldn't be here and in general Thursdays will be harder for him now that he is in Milan, but he will ask his alternate Elise at KUL to stand in for him at these meetings.

7. WP7

Contingency planning is delayed for a month. Germany and Belgium seem to be on track, we now need to know what the rate of recruitment will be in Slovakia and Scotland to make any decisions on contingency planning. This also depends on capacity of staff: more units could also pose a problem because staff then can't focus enough effort on their units.

We need an update on the application status in Kosice. Adam is available to help with this if needed.

Edinburgh has R&D approval in place. This has been submitted in Bratislava. In the sites where recruitment has started it is going well, see numbers here:

https://docs.google.com/spreadsheets/d/1fv-6tPktLUXXrox_cUh7rLKZCXmCuVb5nDYamMuHa5E/edit#gid=1954034163

If recruitment continues like this (and SK and UK have same speed) we are ok, if it slows down we will be in trouble, also for PhD projects. The current rates and issues will be reported in the quarterly reports.

Belgium prefers to continue longer recruitment if needed rather than adding more sites. They (and everyone else when needed) will check ethics whether it states certain dates, and whether this entails an amendment. As we would otherwise end recruitment in May we would probably have to start up the amendment process sooner rather than later. Another option is to increase number of units, but this will be dependent on staff availability. If we need to ask for a delay for the WP7 deliverable (halfway point deadline is end of July) we will do this in May.

We will (funds permitting) think about having some merchandising, like mugs or post-its, separate per site. UK is doing mugs, so that clinicians will get these and keep getting reminded about IMMERSE. This is not an implementation issue, as long as we document all we did. Martine recommends not to use the IMMERSE budget for it as it was not

originally in the proposed budget – they may accept it but it will take some effort and admin to account for it.

8. WP8

Has worked on deliverable 8.3 (Market analysis and strategy) and revamping the website. Jeroen saw a video that Christian Rauschenberg (Uli's team) did, which looked very nice. This was rather expensive, but Jeroen will contact him for some tips. Matthias also may have something available that was supposed to go on the implementation pages, but maybe can be used on the public website as well. Jeroen will follow up. Everyone please look at the public website www.immerse-project.eu to see if all staff is on there, if not tell Jeroen.

Jeroen asks for a phone number list for urgent matters – he sometimes has issues reaching people and would like to be able to call if needed. Martine will set this up.

(Abstracts)

Abstract of Theresa reviewed by Thomas has been approved (this is not a main paper). Abstracts of previous meeting that needed updates: Glenn submitted his feedback on, but questions have not yet been answered. Matthias still has to submit his feedback for Rafael.

9. AOB

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Actions

Who	What
All	Send Simona suggestions for topics for the PAB meetings, deadline 24/3
Iveta	Let Uli know what status of application is
Matthias	Submit feedback on Rafael's abstracts
Everyone	please look at the public website www.immerse-project.eu to see if all staff is on there, if not tell Jeroen