NIHR Oxford CLAHRC
Collaboration for Leadership in Applied Health Research and Care
Nuffield Department of Primary Care Health Sciences, Radcliffe Observatory Quarter,
Woodstock Road, Oxford, OX2 6GG
Tel: +44 (0)1865 289300 / E: Carla.Betts@phc.ox.ac.uk

# CLAHRC Management Board Meeting Minutes

## Collaboration for Leadership in Applied Health Research and Care

Monday 10th February 2014 (13.00 – 15.30)
NDPCHS, New Radcliffe House, Walton Street, Jericho, OX2 6NW
**Chair:** Mr Stuart Bell, Oxford Health

| | | |
|---|---|---|
| **Attendees** | Alex Gardiner – AG | John Geddes – JG |
| | Belinda Lennox – BL | Karen Kearley – KK |
| | Bill Wells – BW | Michael Sharpe – MS |
| | Chandi Ratnatunga – CR | Ray Fitzpatrick – RF |
| | Christopher Pugh – CP | Richard Hobbs – RH |
| | Dan Lasserson – DL | Richard McManus – RMcM |
| | Emma Stratful- ES | Sallie Lamb – SL |
| | Georgina Fletcher – GF | Stuart Bell – SB |
| | Jane O'Grady – JOG | Carla Betts – CB (minutes) |

| Item | Subject | Action | Progress | ✓ |
|---|---|---|---|---|
| **1.** | **Introductions and Apologies** | | | |
| | Introductions were made by all.<br><br>Apologies were received from: Alastair Buchan (AB), Alastair Gray (AGr), Andrew Farmer (AF), Clive Meux (CM), Dan Leveson (Dle), David Clark (DC), Denise Best (DB), Edward Baker (EB), Gary Ford (GF), Ian Wilson (IW), James Price (JP), Jane Walker (JW), John Powell (JP), Jonathan Michael (JM), Jose Leal (JL), Keith Channon (KC), Mary Keenan (MK), Matthew Tait (MT), Matthew Thompson (MTh), Nicola Small (NS), Paul Durrands (PD), Sian Rees (SR) and Sue Dopson (SD). | Noted. | | |
| **2.** | **Minutes** | | | |
| | The CLAHRC Executive Group minutes dated the 24th January 2014 were presented as information to the Management Board.<br><br>It was agreed that the Management Board will receive the latest Executive Group minutes as standard, ahead of each Management Board meeting.<br><br>BL requested discussion around the partner's collaboration agreement.<br>It was agreed that the agreement would be circulated to each of the partners so that it can be taken back to each of the organisations, ahead of discussion at the next Management Board meeting in June. | Noted.<br><br>BW | | |
| **3.** | **Personnel update** | | | |
| | RH formally welcomed Alex Gardiner who will be taking on the role of CLAHRC Senior Manager.<br><br>During AG's transition from the Department of Psychiatry she will be working on a part time basis and will share this role with Georgina Fletcher (Senior Scientific Manager at the NIHR School for Primary Care Research).<br><br>GF and AG will be establishing the senior manager functions and CLAHRC systems over the next few months.<br><br>Contact details for AG and GF can be found below; | Noted. | | |

Nuffield Department of Primary Care Health Sciences, Radcliffe Observatory Quarter,
Woodstock Road, Oxford, OX2 6GG
Tel: +44 (0)1865 289300 / E: Carla.Betts@phc.ox.ac.uk

| | | | | |
|---|---|---|---|---|
| | • Alex Gardiner - alex.gardiner@psych.ox.ac.uk<br>• Georgina Fletcher - georgina.fletcher@phc.ox.ac.uk | | | |
| **4.** | **Presentations from CLAHRC Directorate and Theme Leads** | | | |
| **4.1** | **Theme 1 (Professor John Geddes)**<br>**Early Intervention and Service Redesign across organisational boundaries** | | | |
| | JG presented an overview of the below projects:<br>**Effectiveness of interface medical units Emergency Multidisciplinary Units (EMU).**<br>• First major success. Winner of the Guardian Healthcare service delivery innovation award (Abingdon Community Hospital)<br>• EMU project evaluation meeting is going ahead with Oxford CCG<br>• Currently in discussions with Health Education England about how the model can be developed nationally, which will require further evaluation and cost effectiveness<br><br>**Effectiveness of integrated physical and mental healthcare in-reach teams in care homes.**<br>• Care home environment project, funded by DoH is proceeding and an evaluation is currently going on there. Jane Fossey is leading this project.<br>• Other main project is introduction of integrated assessment teams into care homes.<br>• The project has already started to scope out existing sources of data such as patient experiences and clinical pathways.<br><br>• Aiming to recruit a band 8 coordinator for these projects<br>• 3 x ACF psychiatry posts have been appointed<br>• A potential candidate has been identified for the senior G9 post within this theme.<br>• Professor Sasha Shepperd has a new statistician with experience in interrupted time series analysis starting work with her.<br><br>SB noted that these projects highlight the key aim of the CLAHRC, allowing feasibility of pilot work and evaluating innovation as it happens.<br><br>JO'G stated that there are a lot of different frail and elderly models across the country and that there is opportunity for a big evaluation.<br>It was noted that Buckinghamshire are conducting a comprehensive geriatric assessment. JOG noted that there is also potential for more matched funding. | JG | | |
| **4.2** | **Theme 2 (Professor Sallie Lamb)**<br>**Health behaviours and behavioural interventions** | | | |
| | SL presented an overview of the below projects:<br>**Overview**<br>Populations under Investigation: Initially, people with back pain and other long term painful conditions and people with cognitive and physical disabilities who are referred for exercise in primary care.<br><br>Interventions: Initial focus on exercise/physical activity, and multiple poor health behaviours. SL will develop and implement interventions, and gain understanding of how to integrate the impact of exercise and physical activity advice alongside interventions for other health behaviours (in particular smoking cessation and diet).<br><br>Methodology: Multi methods approach will include systematic reviewing, randomised controlled trials, observational work and qualitative research. | SL | | |

Nuffield Department of Primary Care Health Sciences, Radcliffe Observatory Quarter,
Woodstock Road, Oxford, OX2 6GG
Tel: +44 (0)1865 289300 / E: Carla.Betts@phc.ox.ac.uk

Outcomes: Translate knowledge from Phase II and III trials completed in low back pain, chronic neurological conditions and dementia to provide better evidence, guidance and/or training to the general public, people with physical and/or cognitive disabilities, families and carers and primary care, public health and rehabilitation practitioners and commissioners. We will work closely with the self-management theme to broaden our work on smoking cessation, harm reduction and dietary interventions.

**Aims**

To develop and test a series of physical activity and exercise interventions that target the prevention and rehabilitation of long term health conditions including low back pain, cardiovascular morbidity, neurological and geriatric syndromes in public health and clinical settings. To develop and evaluate strategies to effect health behaviour change in people with multiple poor health behaviours including poor physical activity.

- Study the implementation of exercise/physical activity/behavioural interventions in real life settings
- Undertake new applied primary/ secondary applied healthcare research
- Build knowledge transfer networks

Within the following areas:

- Lower Back Pain and other painful conditions
- Dementia
- Behavioural interventions within the NHS Health Checks (TBC)
- Potential for intervention on other health behaviours alongside physical activity
- Exercise for older people and geriatric syndromes

**Objectives**

1. To source, summarise and evaluate existing evidence to support the uptake and adherence to advice or referral to exercise and physical activity programmes in priority areas. In the first instance these will be chronic lower back pain, falls, cardiovascular health (as part of the NHS health check) and people with a profile of multiple poor health behaviours.
2. To test novel approaches to eliciting important health outcomes through exercise and physical activity interventions.
3. To identify ways of making evidence about effective exercise and physical activity interventions most relevant and accessible to patients, practitioners, providers and commissioners.
4. To build research and translational capacity, and effective networks for knowledge transfer.

**Study 1 - Backpain**

- Back Skills Training Intervention
- New service delivery model
- Phase III trial completed
- Design training software for HPs
- E-implementation
- Small scale analysis
- Review and scale up
- Implement and re-evaluate
- Possibly evaluate in other painful conditions

This study has developed an electronic training package as a cost effective intervention that can be rolled out nationally.

| | | | | |
|---|---|---|---|---|
| | SL stated that it was a great project with defined outputs including one paper that has already been published in the Lancet.<br>It was noted that there is opportunity to look at a more generic package to incorporate other painful conditions.<br><br>**Study 2**<br>• Behavioural Interventions<br>• Probably within the NHS Health Care Check<br>• Cheap, low cost effective interventions to promote physical activity/exercise<br>• Explore how we handle and prioritise multiple poor health behaviours alongside physical activity<br>• Reviews<br><br>**Study 3 (Slower track)**<br>This study will conduct an economic evaluation of exercise and activity within the elderly through a randomised trial of 10,000 patients.<br>SL noted that recruitment has already started in Buckinghamshire and that Dementia will be the next focus.<br><br>**Service/commissioning partners**<br>• Public health/local government<br>• Rehabilitation commissioners<br>• Preventive health care commissioners<br>• Providers – rehabilitation<br>• Health professionals<br><br>SL highlighted that this is a new team working together. The thematic areas have been taken and broken down into tasks.<br><br>7 publications have resulted from the work of the 9 pilot groups which can be used to help guide the study.<br><br>A kick off theme meeting has been organised for April. | | | |
| **4.3** | **Theme 3 (Professor Ray Fitzpatrick)**<br>**Patient experience and patient reported outcomes: assessment and impact on services** | | | |
| | RF presented an overview of the below projects:<br>1. ***A review of best methods of capturing and disseminating evidence of patient experience. A review is needed because of the rapidly expanding range of ways in which patient experience data can be collected including electronic data capture and dissemination.***<br>– This project is led by Louise Locock, John Powell and Sue Ziebland.<br>– It will look at patient experiences with the aim to capture views about health care and benefits of treatment more effectively in order to feed back into the delivery of healthcare and improve services.<br><br>2. ***The development of a PROM for long term conditions. Currently the National Outcomes Framework focuses on EQ-5D. This measure needs to be complemented by indicators more relevant to patients, providers and commissioners involved in providing effective care and self-management support for people with long term conditions.***<br>– This will provide an opportunity to build on field work within the CLAHRC.<br>– Can we do a better job of capturing the health care experiences of people with long term conditions, such as arthritis, depression and | RF | | |

| | | | | |
|---|---|---|---|---|
| | lung cancer?<br>– RF noted that performance is being already being monitored by the NHS<br>– SF12 and SF36 were discussed. RF stated that he would like to incorporate some slightly different features such as self-confidence in managing illness and literacy and understanding. The aim is to develop an evaluation tool which the NHS can access free.<br><br>3. ***To pilot the use of PROMs in primary care. Evidence is needed via a pilot study of an intervention to test the usefulness of PROMs to patients, health professionals and commissioners.***<br>This project is on track and being led by Elizabeth Gibbons (Nuffield Dept. of Population Health). | | | |
| **4.4** | **Theme 4 (Professor Michael Sharpe)**<br>**Better management of psychiatric comorbidity in the medically ill: developing integrated care** | | | |
| | MS presented an overview of the below projects:<br>**Background**<br>• Medical-psychiatric comorbidity worsens quality of life, ability to self-manage and outcomes and increases costs.<br>• Separate medical and psychiatric/psychological knowledge, skills and services leads to suboptimal and expensive care.<br>• Integrated care has been recommended as a solution; but the barriers to achieving it are considerable.<br>• Addressing these barriers is the aim of this theme.<br><br>**Objectives**<br>• To clarify the unmet needs for psychiatric and psychological interventions in specific medical populations<br>• Identify the barriers (practical, professional and organisational) to meeting those needs<br>• Develop interventions to overcome these barriers and evaluate them<br>• Establish an Oxford Centre for integrating psychiatric and medical care<br><br>**Main current collaborators**<br>• Other Themes<br>• OH diabetes service<br>• OUH palliative care, cancer and ITU services<br>• Oxford University Department of Primary Care<br>• Oxfordshire CCG<br><br>MS noted that they are advertising the CLAHRC Post-doctoral researcher post.<br><br>**<u>Project 1</u>**<br>**Determining how to improve the management of comorbid depression and anxiety in palliative care**<br><u>Aim:</u><br>To determine how to better manage depression at the end of life.<br><u>Progress:</u><br>• Engagement with local services done<br>• Developing a PPI framework for psychological care at the end of life<br>• Developing an integrated intervention based on previous research<br>• Post-doctoral fellowship application made (Jane Walker)<br><br><u>Plan:</u> | MS | | |

Nuffield Department of Primary Care Health Sciences, Radcliffe Observatory Quarter,
Woodstock Road, Oxford, OX2 6GG
Tel: +44 (0)1865 289300 / E: Carla.Betts@phc.ox.ac.uk

- Define and pilot the intervention in collaboration with the service
- Apply for an HTA trial grant to evaluate the intervention

This project will be in connection with Sobell House Hospice Charity.

**Project 2**
**Researching the integration of evidence-based depression management into cancer care**
Aim:
To determine how to integrate evidence based depression care into cancer services
Progress:

- Engagement with local services done
- Business care for new service under consideration
- Planning how best to research the service implementation

Plan:

- Set up collaborations to provide all expertise
- Apply for an NIHR HS and DR grant to study service delivery

**Project 3**
**Improving psychological care for inpatients**
Aim:
To determine how to help hospital staff provide good psychological care
Progress:

- Engagement of service management achieved
- Focus groups underway (8 completed) in palliative care and ITU
- Outline interventions being constructed

Plan:

- Iterative development on intervention with co-design
- Piloting of intervention
- Apply for an NIHR HTA grant to evaluate effect on patients and staff

This project will focus on understanding the challenges that the medical and nursing staff have and how they cope with patient deterioration and to construct intervention such as training and support.

**Project 4**
**Exploring the integration of treatment of major depression and type 2 diabetes**
Aim:
To determine how to integrate depression care into diabetes care.
Progress:

- Feasibility work near completion
- General practices with a total of 30,000 patients have taken part
- 2 methods of screening piloted for patients with uncontrolled type 2 diabetes and comorbid major depression had low yield

Plan:

- Reconsider plans in the light of the feasibility study
- Consider new approach using technology

**Future plans**

- Link with other themes
- Expand programme to include multi-morbidity not just co-mobidity
- Capacity building
- Long term aim of a centre

MS noted that the main partners have overlapping interests with themes (including SL's

Nuffield Department of Primary Care Health Sciences, Radcliffe Observatory Quarter,
Woodstock Road, Oxford, OX2 6GG
Tel: +44 (0)1865 289300 / E: Carla.Betts@phc.ox.ac.uk

| | | | | |
|---|---|---|---|---|
| | project on dementia).<br><br>RMcM stated that Dr Tim Holt has developed a screening system for GPs that could be combined with the EHQ results. | | | |
| **4.5** | **Theme 5 (Professor Richard McManus)**<br>**Optimising the health of people at risk of or with chronic disease through self-management** | | | |
| | RMcM presented an overview of the below projects:<br>**Overview**<br><u>Rationale:</u><br>Self-management, aided by cutting edge technology developed locally, has the potential to revolutionise patient care, improve doctor-patient interaction and lead to cost-effective high quality care.<br><br><u>Aim:</u><br>To develop and test a series of interventions to aid self-management of chronic disease and to improve outcomes. In parallel to build capacity for applied health research.<br><br>**DPhil Projects**<br>• What are the triggers for people to try to lose weight, what methods do they use, and how successful are they? (Academic lead: Paul Aveyard)<br>• Can remote support for COPD patients following pulmonary rehabilitation support engagement with treatment to improve mood? (Academic leads: Andrew Farmer and Lionel Tarassenko)<br>• Does provision of lifetime risk information influence future self-management behaviour in type2 diabetes? (Academic leads: Alastair Gray and Jose Leal)<br><br>All three DPhils are funded via a combination of charitable, university matched and NIHR funding<br><br>**Trial Development Pilots**<br>• Can self-management following gestational hypertension improve control and detection of raised blood pressure? (Academic leads: Richard McManus, Paul Leeson and Lucy MacKillop)<br>Management of women requiring blood pressure treatment during pregnancy once they have delivered is haphazard and potentially affects long term outcome<br>– We have shown that self-management leads to lower blood pressure in an elderly hypertensive population<br>– This project will develop an intervention to allow women to adjust their own blood pressure using self-monitoring and a simple algorithm<br><br>• Does an integrated service for people with bipolar disorder lead to better outcomes that a standard CMHT service augmented with patient reported outcomes? And is the system cost-effective? (Academic Lead: John Geddes)<br><br>**Underpinning Technology** (Technology Lead Lionel Tarrensenko)<br>• Our vision is to support the delivery of personalised self-management interventions at scale.<br>• Our previous clinical trials have shown benefit from the use of mobile-health in focused interventions and these will be extended to the proposed CLAHRC self-management projects.<br>• Utilisation of ubiquitous technology (text based systems) for large scale low intensity interventions and the use of multi-purpose computer tablets for more intensive scenarios, normalises the user experience by reducing the stigma | RMcM | | |

Nuffield Department of Primary Care Health Sciences, Radcliffe Observatory Quarter,
Woodstock Road, Oxford, OX2 6GG
Tel: +44 (0)1865 289300 / E: Carla.Betts@phc.ox.ac.uk

| | | | | |
|---|---|---|---|---|
| | sometimes associated with dedicated telehealth equipment.<br><br>***What are the key factors related to the successful or unsuccessful adoption of technology-based approaches to self-management in the NHS?***<br>(Academic leads: John Powell and Sue Dopson)<br>This overarching cross-cutting piece of work will assess factors associated with adoption or not of self-management using qualitative and case study methodology. | | | |
| | **Overview of Theme Presentations** | | | |
| | SB thanked the theme leads for their presentations.<br><br>The main overarching messages that came out of the presentations were noted below;<br><br>• The CLAHRC must ensure strong links with the Academic Health Science Network (AHSN). It was noted that the AHSN have appointed a Director of Information Strategy (Mike Denis) who is due to start April 2014.<br>• Look at partnering with Health Education Thames Valley.<br>• Look at collaborating with other CLAHRCs and other AHSNs.<br>• Identify common requirements in terms of methodological expertise across the five themes.<br>• Scope for synergies in terms of research education.<br>• It was noted that the Oxford University Clinical Academic Graduate School (OUCAGS) has a strong partnership between the University, Deanery, Local Education and Training Board and Oxford NIHR Biomedical Research Centre in terms of supporting and strengthening clinical academic training. It was agreed that CLAHRC synergies would be looked at with Prof Chris Pugh, Director and Dr Denise Best, Academic Clinical Careers Manager.<br>• It was agreed that it would be sensible to run mixed courses and to look holistically over the Oxfordshire network of collaborators.<br>• Increase training and management training by offering MBA and Diploma scholarships through OUCAGS.<br>• It was mentioned that the BRC has some funding for research education and training groups (to fund the courses above at the Said Business School).<br>• It was noted that further matched funding posts will be looked at in the second half of the CLAHRC.<br>• Work on linking CLAHRC theme dissertations into the 7 AHSN funded fellows for the MSc Evidence-Based Health Care Centre for Evidence-Based Medicine (CEBM).<br>• Identify and support non-medical researchers training needs within the CLAHRC (avenues of potential support include OUCAGS and Health Education Thames Valley).<br><br>It was noted that overall the Oxford CLAHRC must deliver early wins, but still be able to adapt quickly and deliver strong science and future leaders. | | | |
| **5.** | **CLAHRC Management Board** | | | |
| | There was discussion around the original CLAHRC application governance structure, detailed below:<br><br>**CLAHRC Management Board:**<br>The partners in the CLAHRC will establish a management board which will be responsible for the implementation and overall direction of the CLAHRC and which will operate as the main steering and scrutiny group for the CLAHRC. The management board will have oversight of both the research and implementation activity of the | | | |

Nuffield Department of Primary Care Health Sciences, Radcliffe Observatory Quarter,
Woodstock Road, Oxford, OX2 6GG
Tel: +44 (0)1865 289300 / E: Carla.Betts@phc.ox.ac.uk

CLAHRC, funded by NIHR and matched funds. The Chair of the Scientific Advisory Board will also sit on the board. The board will be accountable to the NIHR. The chair of the board will be Chief Executive of the host NHS Trust. Membership of the CLAHRC Management Board has yet to be confirmed.

**CLAHRC Executive Group:**
This Group will take operational responsibility for the CLAHRC, and is chaired by the Director. It is accountable to the CLAHRC Management Board, and will report to the board through the Director. The Executive Group will make sure the CLAHRC delivers its objectives, and will proactively monitor the progress of the themes, both the research and implementation activity. The other members of the executive will include the CLAHRC manager, PPI lead, finance manager and theme leads. The Director will have direct control over the NIHR and matched funds through the executive group.

**Scientific Advisory Board:**
This independent panel will have the oversight of the research activity in the themes, and will provide advice to the Director on the programmes, and in particular on their academic quality. The panel will also be asked to oversee the adoption of future research or implementation themes into the CLAHRC, to ensure continued high academic standards. The panel will consist of industrialists and academics with a world-class reputation in applied health research plus patient and public representatives. The Scientific Advisory Board will meet annually, and will report to the CLAHRC board through its chair, who will also sit on the CLAHRC board. William M. Burns, recent CEO of Roche Pharmaceuticals and Chairman of Health Innovation Challenge Funding Committee for the Wellcome Trust has agreed to chair the SAB and Professor Dietrich Grobbee, FRS Netherlands has agreed to serve as our international applied research expert.

**Individual Themes**
Each theme will convene a steering group which will meet 2-3 monthly to review strategy for the theme and to input into the evaluation process and choice of studies for the latter part of the CLAHRC funding period. This will have an independent chair and comprise the lead investigators in each sub project plus patient participation leads. Within the sub projects for the themes, more regular investigator meetings will monitor progress. All projects developed within themes will be subject to external peer review.

**Patient and Pubic Involvement**
The CLAHRC management Board will have two places for patients and public members. This membership will be drawn from the pool of patients and the public engaged with theme research. PPI lead (Dr Sian Rees) will be on the CLAHRC executive group. Within each theme, research projects will be supported by a patient, public and professional panel. These panels will support research by providing strategic advice for example on patient communication, information and engagement and providing status information for the theme management group. Patients and the public involved with these research panels will become part of the virtual CLAHRC Public and Patient Advisory Forum, from which the lay Board members will be drawn. This group will be formally involved in determining the research priorities for years 3-5.

There was discussion around the structure and representation of each of the groups and concern over the size of the CLAHRC Management Board in terms of ensuring an appropriate mechanism for accountability of the CLAHRC activities.

It was suggested that the management board should consist of fewer members, which will primarily focus on ensuring that the Executive Group are delivering the outlined projects reporting back to the NIHR.

Nuffield Department of Primary Care Health Sciences, Radcliffe Observatory Quarter,
Woodstock Road, Oxford, OX2 6GG
Tel: +44 (0)1865 289300 / E: Carla.Betts@phc.ox.ac.uk

| | | | | |
|---|---|---|---|---|
| | It was suggested that an additional Stakeholder Group, consisting of all partners with an interest in the CLAHRC meet twice a year in the form of a workshop to look at future ideas and collaborations.<br><br>It was suggested to circulate meeting minutes and regular news updates to the wider group to keep the information channels open.<br><br>A proposal for the members of the CLAHRC Management Board and Scientific Advisory Board will be taken to the Executive Group in February and then communicated out to the wider group before formally making a decision on the structure and representation at the Management Board meeting in June.<br><br>AG will draft a document outlining the structure of the groups that will be circulated to all stakeholders for approval.<br><br>RF requested that Professor Graham Thornicroft be considered as a CLAHRC Director (Expertise on RCT Evaluative study design).<br><br>It was also suggested that it would be useful in the longer term to have an international board and that the members of the original CLAHRC interview panel would be considered and approached, if relevant. | AG | | |
| **6.** | **Finance update** | | | |
| | **Reporting**<br>The NIHR have been advised that there will be no underspend at the end of March 2014.<br><br>BW has been in contact with Claire Vaughan at the NIHR who doesn't expect there to be much change from the reporting required for CLAHRC's in previous years. They are due to finalise the reporting templates in mid-January and will be sending out requests to complete the first financial report in February with a deadline of April.<br><br>The previous reporting required:<br>• Predicted and Actual expenditure in the reporting period along with variance and comments/justification.<br>• Predicted expenditure for the following period<br>• Actual Matched funding to date by year, variance against predicted and comments/justification<br>• Predicted Matched funding in future periods<br><br>We will start to build an internal report to capture this information.<br><br>A non-financial progress report will be requested after one year. So in February 2015, they will request a report (against objectives set out in the application) covering the period 1 Jan 2014 to 31 March 2015.<br><br>**Budget changes**<br>Each theme lead has had a chance to comment on the budget.<br>MS' Theme has had some small adjustments with no effect on the bottom line. JG's Oxtext element within RMcM's Theme was re-phased between years allowing the shortfall in the PPI/Comms Website budget in 2013/2014 to be mitigated. | BW | | |

Nuffield Department of Primary Care Health Sciences, Radcliffe Observatory Quarter,
Woodstock Road, Oxford, OX2 6GG
Tel: +44 (0)1865 289300 / E: Carla.Betts@phc.ox.ac.uk

**Matched Funding**

BW has sought clarification from the NIHR on a number of points in relation to Matched Funding the answers are summarised below:

- Matched Funding needs to be demonstrated to at least the level that the NIHR provides for the NIHR CLAHRC, for each year
- Where funding is "In kind" the cost would be the amount that would normally be charged by an organisation but has been provided free of charge. Examples:
  - If a University employs a member of staff to work on the CLAHRC (FEC not included)
  - Space provided by an organisation to be used for CLAHRC activities
- There is no NIHR definition of what it sees as Research and what they see as Implementation Matched Funding. However, though this is within the CLAHRCs remit, the NIHR do not fund the actual implementation of research. Any of this CLAHRC activity that required funding would have to be matched funding.
  - Research Matched Funding would include applied health research and related activities such as dissemination and the trialling and evaluation of initiatives to encourage adoption of evidence based practice or clinical effectiveness.
  - Implementation Matched Funding includes the introduction of new services
- If the phasing and mix between Research and Implementation Matched Funding changes over time, this would need to be noted and explained in the annual reporting.

BW to circulate the current matched funding list to try and get more detail on each funding stream.

Capturing this information will help with the reporting and support the audit paper which is required. It will also feed into the Collaboration agreement which includes references to Matched Funding.

BW noted that it was a requirement to write to the matched funders every six months to confirm that the level and type of matched funding hasn't changed.

**Audit Paper**

BW stated that the Trust has external auditors and an audit report will be written once the matched funding has been clarified.

**Financial Management of the CLAHRC**

BW is meeting monthly with BL and weekly with AG to discuss any finance issues.
Meetings have already taken place with Martin Holt (SL's Theme) and Pam Taylor (JG and MS themes) to outline the monthly reporting process. We are going to meet monthly to review spend and identify any areas of concern to avoid any potential issues when the University invoices OH. We will also start to develop next year's budget in more detail.

BW to review the Central and Support costs with BL and AG to identify any potential slippage. If there is any then it was agreed that we can justifiably cover it as being set-up costs, time in the various meetings and potentially any costs JH has incurred in drafting the collaboration agreements.

Over the next couple of months BW and team will work on putting the accounting reporting systems required in place. BW and AG will meet with each theme lead to discuss these systems and explore any future additional matched funding.

AG & BW

Nuffield Department of Primary Care Health Sciences, Radcliffe Observatory Quarter,
Woodstock Road, Oxford, OX2 6GG
Tel: +44 (0)1865 289300 / E: Carla.Betts@phc.ox.ac.uk

| | | | | |
|---|---|---|---|---|
| **7.** | **Any Other Business** | | | |
| | There was no other business. | | | |
| **8.** | **Date of Next Meeting** | | | |
| | The next CLAHRC Management Group meeting has been scheduled for **Tuesday 10th June (09.00 – 12.30)** at New Radcliffe House. | All | | |