

## CLAHRC Executive Group Meeting Minutes

### Collaboration for Leadership in Applied Health Research and Care

Friday 24<sup>th</sup> January 2014 (10.00 – 12.00)  
NDPCHS, New Radcliffe House, Walton Street, Jericho, OX2 6NW

Attendees		
	Alex Gardiner – AG	Michael Sharpe - MS
	Ann King – AK (from 10.30)	Nicola Small – NS
	Belinda Lennox – BL	Raymond Fitzpatrick - RF
	Bill Wells – BW	Richard Hobbs – RH
	Caroline Jenkins – CJ (from 10.30)	Richard McManus - RMcM
	Chandi Ratnatunga - CR	Sallie Lamb – SL
	Georgina Fletcher - GF	Sue Dopson – SD (10.00 – 11.15)
	John Geddes – JG	Carla Betts – CB (minutes)
	Justinian Habner - JH	

Item	Subject	Action	Progress	✓
<b>1.</b>	<b>Introductions and Apologies</b>			
	Introductions were made by all. Apologies were received from Sian Rees (SR).	Noted.		
<b>2.</b>	<b>Minutes</b>			
	The CLAHRC Executive minutes dated the 16 <sup>th</sup> December 2013 were agreed as accurate.  RH highlighted that the Executive Group will continue to meet on a monthly basis and that the Management Board will meet termly with the first Management Board meeting scheduled to take place on the 10 <sup>th</sup> February.  It was also agreed that a larger Stakeholder Group workshop meeting will take place twice a year.  It was agreed that RH would make a recommendation to Stuart Bell (Chair of the CLAHRC Management Board) that we ask the stakeholders of the Management Board, who they would like to represent them at the Stakeholder group meeting  It was noted that each theme lead will provide a short presentation on their theme at this Management Board Meeting.	Noted.     RH  Theme Leads		
<b>3.</b>	<b>Personnel Appointment</b>			
	RH formally welcomed Alex Gardiner who will be taking on the role of CLAHRC Manager.  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).  GF and AG will be establishing the senior manager functions and CLAHRC systems over the next few months.  Contact details for AG and GF can be found below; <ul style="list-style-type: none"> <li>Alex Gardiner - <a href="mailto:alex.gardiner@psych.ox.ac.uk">alex.gardiner@psych.ox.ac.uk</a></li> <li>Georgina Fletcher - <a href="mailto:georgina.fletcher@phc.ox.ac.uk">georgina.fletcher@phc.ox.ac.uk</a></li> </ul>	Noted.		



	<p>allowing the shortfall in the PPI/Comms website budget in 2013/14 to be mitigated.</p> <p>It was also agreed that we would badge the first three months of funding as PPI set up costs.</p> <p><b>Coaching (Action Learning)</b> It was noted that we do not have a budget for this within the CLAHRC, but that it might be possible to link with funds allocated for this through the BRC. JG stated that he would be happy to follow up with Keith Channon.</p>	JG		
<b>5. Finance</b>				
	<p><b>Reporting</b> BW stated that the NIHR have been advised that there will be no underspend at the end of March 2014.</p> <p>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 mid to late May.</p> <p>The previous reporting required:</p> <ul style="list-style-type: none"> <li>• Predicted and Actual expenditure in the reporting period along with variance and comments/justification.</li> <li>• Predicted expenditure for the following period</li> <li>• Actual Matched funding to date by year, variance against predicted and comments/justification</li> <li>• Predicted Matched funding in future periods</li> </ul> <p>We will start to build an internal report to capture this information.</p> <p>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.</p> <p><b>Budget changes</b> Each theme lead has had a chance to comment on the budget. MS' Theme has had some small adjustments with no effect on the bottom line. JG's Otext 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.</p> <p><b>Matched Funding</b> BW has sought clarification from the NIHR on a number of points in relation to Matched Funding the answers are summarised below:</p> <ul style="list-style-type: none"> <li>• Matched Funding needs to be demonstrated to at least the level that the NIHR provides for the NIHR CLAHRC, for each year</li> <li>• 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:             <ul style="list-style-type: none"> <li>○ If a University employs a member of staff to work on the CLAHRC but does not charge for it the cost would be the full costs including FEC</li> <li>○ Space provided by an organisation to be used for CLAHRC activities</li> </ul> </li> <li>• 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 fall on the matched funding.</li> </ul>	BW		

	<ul style="list-style-type: none"> <li>○ 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.</li> <li>○ Implementation Matched Funding includes the introduction of new services</li> <li>● 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.</li> </ul> <p>BW to circulate the current matched funding list to try and get more detail on each funding stream.</p> <p>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.</p> <p>BW noted that it was a requirement to write to the matched funders every six months.</p> <p><b>Audit Paper</b> BW stated that the Trust is working to external auditors and an audit report will be written once more information is available around the matched funding.</p> <p><b>Financial Management of the CLAHRC</b> 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 shocks when the combined University values are invoiced. We will also start to develop the following year's budget in more detail.</p> <p>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.</p> <p>BW requested that the theme leads start to complete the reporting information with any information that we already have as soon as possible.</p> <p>Assuming that activity is happening with the matched funding partner, it was agreed that a ¼ contribution would be reasonably justified for reporting at the end of March 2014.</p> <p>It was highlighted that a lot of activity is taking place in Population Health and that we need to show that this activity is accountable for. It was suggested to overspend on the staff budget.</p> <p>Over the next couple of months BW and team are currently working on putting the accounting reporting systems required in place. BW to meet with each theme lead to discuss these systems and explore any future additional matched funding.</p>	Theme Leads		
<b>6.</b>	<b>Collaboration Agreement</b>			
	Ann King and Caroline Jenkins (Contracts Specialists, Research Services) and Justinian Habner (Oxford Health NHS Trust) provided an update on the draft collaboration agreement.	AK/JH		

	<p>AK stated that she is missing some basic information on how some of the projects will work with some of the partners.</p> <p>It was agreed that we would simplify details by having two separate agreements. One for partners receiving research funding from the CLAHRC and one for other partners.</p> <p>AK stated that she is concerned with lack of clarity in distinguishing the responsibilities of the Management Board and Executive Group in terms of managing research and finances.</p> <p>It was also noted that the agreements should contain the partners' rights to provide representation on various CLAHRC boards/groups.</p> <p>There was discussion around the original matched funding letters of support that were submitted with the original CLAHRC application and whether these could be used as a starter of a MOU. CB to send AK/JH these supporting letters.</p> <p>It was felt that getting signed collaboration agreements from all partners may be difficult and take some time.</p> <p>It was noted that the AHSN and Charities have provided some cash but that the majority of matched funding will be in kind.</p> <p>It was also noted that the NIHR have not stated that collaboration agreements are a requirement but it was felt that having sub contracts with partners would make processes, such as writing to the matched funders every six months to confirm that they have occurred the costs easier.</p> <p>It was agreed that this discussion would be taken to the CLAHRC Management board meeting on the 10<sup>th</sup> February where key partners have been invited.</p> <p>RMcM will ask the Birmingham team for a copy of their collaboration agreement and circulate to AK/JH for reference.</p> <p>It was agreed that AK and JH would initially work on the agreement between the University and Trust before looking at the agreements required from the earlier matched funding partners.</p> <p>AK to also look at the terms of the NIHR in further detail.</p> <p><b>IP policy</b> AK/JH to create an IP policy. It was noted that they are not expecting any problems with creating this.</p>	<p>CB</p> <p>CB</p> <p>RMcM</p>		
<b>7.</b>	<b>Theme Updates</b>			
	<p><b>Theme 2 (Professor Sallie Lamb)</b> <b>Health behaviours and behavioural interventions</b></p> <ul style="list-style-type: none"> <li>• SL stated that she was pleased with progress that the theme had been making</li> <li>• Three Junior Research staff appointments have been made</li> <li>• It was noted that there is potential opportunity to expand on our portfolio of work in Buckinghamshire</li> <li>• Two publications have been reported already!</li> </ul> <p><b>Theme 3 (Professor Ray Fitzpatrick)</b> <b>Patient experience and patient reported outcomes: assessment and impact on services</b></p> <p>RF highlighted the below three projects;</p>			

<ul style="list-style-type: none"> <li>• <b>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 concerned to provide effective care and self-management support for people with long term conditions.</b>                  This project is now up and running and has the opportunity to build on more field work within the CLAHRC.</li> <li>• <b>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.</b>                  This project is on track and being led by Elizabeth Gibbons (Nuffield Dept. of Population Health).</li> <li>• <b>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.</b>                  This project is to be led by Louise Locock and Sue Ziebland (NDPCHS).</li> </ul> <p><b>Theme 4 (Professor Michael Sharpe)</b>  <b>Better management of psychiatric comorbidity in the medically ill: developing integrated care</b></p> <ul style="list-style-type: none"> <li>• Developing systems for depression management in cancer patients. This work is being carried out with the Sobell House Hospice Charity and OUH and led by Jane Walker</li> <li>• MS stated that we have had agreement from OUH cancer center. This will be new matched funding for a more rigorous implementation study. MS stated that he would be grateful for any advice on evaluating this.</li> <li>• 'Integrating treatment of major depression and poorly controlled type 2 diabetes in primary care' MS noted that it is hard to identify patients in Primary Care and is unclear if the project will move forward at this stage.</li> <li>• Oxford Health are developing a new primary care psychological medicine service which may be implemented as a randomized trial. This would be a big piece of work if decided to go ahead.</li> <li>• A post-doctoral researcher post is to be advertised soon</li> </ul> <p><b>Theme 1 (Professor John Geddes)</b>  <b>Early Intervention and Service Redesign across organisational boundaries</b>                  JG and BL gave a brief overview of the below projects:  <b>Effectiveness of interface medical units Emergency Multidisciplinary Units (EMU).</b>  <b>Effectiveness of integrated physical and mental healthcare in-reach teams in care homes.</b></p> <ul style="list-style-type: none"> <li>• Care home environment project, funded by DH is proceeding and an evaluation is currently going on there. Jane Fossey is leading this project. Other main project is introduction of integrated assessment teams into care homes. Aiming to recruit a band 8 coordinator for these projects</li> <li>• EMU project evaluation meeting going ahead with Oxford CCG</li> <li>• 3 x ACF psychiatry posts have been appointed</li> <li>• A potential candidate has been identified for the senior G9 post within this theme.</li> <li>• Sasha Shepperd has a new statistician with experience in interrupted time series analysis starting work with her.</li> </ul> <p><b>Theme 5 (Professor Richard McManus)</b>  <b>Optimising the health of people at risk of or with chronic disease through self-management</b>                  RMcM outlined the below progress regarding matched funding for the three DPhil and</p>			
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	<p>two pilot projects;</p> <ul style="list-style-type: none"> <li>• One DPhil student is in place working on the project <i>'What are the triggers for people to lose weight?'</i></li> <li>• RMcM stated that he had just received two agreements of matched funding for the Oxford-Health Economics Research Centre Graduate Scholarship and Oxford-Primary Care Research Trust Graduate Scholarship for the remaining two DPhil posts.</li> <li>• Interviews for the NIHR Clinical DPhil post are scheduled for Monday 27<sup>th</sup> January</li> <li>• Funding has been confirmed for a band 7 Research Fellow to help with the development work from April 2014 for 2 years in the first instance. Interviews will take place on Monday 3<sup>rd</sup> February.</li> </ul> <p>RH stated that if any new significant opportunities arise and additional help is required then a brief email outlining the project and the timescales for what is planned should be circulated to RH (and CB) with a cover note for larger circulation. Providing cross support with themes and partners.</p>			
<b>8.</b>	<b>AHSN</b>			
	<p>CR stated that the AHSN Board met last week. This meeting primarily focused on updating the board on themes and programmes.</p> <p>It was noted that the governance of the AHSN board was just developing and that no clinical networks have signed up with AHSN yet. It is expected that 9 clinic networks will sign by mid-February.</p> <p>It was agreed that there is a shared remit between the CLAHRC and AHSN and that where new opportunities emerge it would be sensible to work on joint initiatives, aligning the AHSN and CLAHRC to build up a framework of research collaborations and clinical networks.</p>			
<b>9.</b>	<b>Any Other Business</b>			
	<p><b>Theme Lead Reporting Template</b></p> <p>It was agreed that one template per theme would be sufficient (rather than by project) CB to amend the template to include updates on;</p> <ul style="list-style-type: none"> <li>- Matched funding</li> <li>- Research outputs (Publications, presentations, meeting etc.)</li> </ul> <p>It was suggested to perhaps format the template to read similar to the NIHR Research Fish report.</p> <p>It was agreed that CB would circulate the amended report and make changes to the questions as and when required.</p> <p><b>CLAHRC National Programme Meetings</b></p> <p>RH highlighted that there is a support network of national CLAHRC programme meetings which primarily AG / BL or RH will attend and report back to the Executive group.</p>	<p>CB</p> <p>AG/BW</p> <p>CB</p>		
<b>10.</b>	<b>Date of Next Meeting</b>			
	<p>The next Executive Group meeting has been scheduled for <b>Tuesday 25<sup>th</sup> February 2014 (10.00 – 11.30)</b> at New Radcliffe House.</p>	All		