

# CRN: East Midlands Annual Report 2015-16

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## Executive Summary

Paper L

### Context

University Hospitals of Leicester (UHL) NHS Trust is the Host Organisation for the National Institute of Health Research (NIHR) Clinical Research Network: East Midlands, (CRN). Whilst there are appropriate governance arrangements in place, UHL is contracted by the Department of Health to take overall responsibility for the monitoring of governance and performance of the network. The purpose of this paper is to report our performance against our Annual Plan for the year 2015-16 in compliance with the NIHR Performance and Operating Framework. This paper has been reviewed by the CRN: East Midlands Executive Group, chaired by Andrew Furlong (Medical Director and UHL Executive lead for the LCRN). It will be considered by UHL Executive Performance Board in May 2016 and then will be submitted for formal approval by the UHL Trust Board in June 2016. The report has also been submitted to the NIHR Clinical Research Network Coordinating Centre for review.

### Questions

1. Has the Host Organisation provided the right environment and support to ensure compliance against the Host contracts?
2. Has the LCRN performed well against the plans made at the start of 2015-16, demonstrating progress towards all High Level Objectives?

### Conclusion

1. The Host Organisation has delivered the LCRN in full compliance with the DH/LCRN Host Organisation Agreement in 2015-16 including the Performance and Operating Framework.
2. The LCRN has performed well against the objectives, measures, targets and local plans outlined in the LCRN Annual Plan for 2015-16, and has made good progress towards the High Level Objectives, with some areas highlighted for development.

### Input Sought

We would welcome Executive Performance Board input to provide sufficient assurance that the paper can be submitted for formal approval by the UHL Trust Board.

# For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Not applicable]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Not applicable]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Yes]

3. Related **Patient and Public Involvement** actions taken, or to be taken: [Insert here]

4. Results of any **Equality Impact Assessment**, relating to this matter: [Insert here]

5. Scheduled date for the **next paper** on this topic: June 2017

6. Executive Summaries should not exceed **1 page**. My paper does comply

7. Papers should not exceed **7 pages**. My paper does not comply



*National Institute for  
Health Research*

# Annual Delivery Report 2015/16

**CRN: East Midlands**

**Version: 1.9**

**Date submitted: 13.05.16**

## Contents

Section 1:	Compliance with the Department of Health / LCRN Host Organisation Agreement .....	3
Section 2:	Contribution to National NIHR CRN Performance Indicators.....	4
Section 3:	Report on performance against the LCRN Development and Improvement Objectives for 2015/16 .....	15
Section 4:	Report on performance against the CRN Operating Framework Compliance Indicators .....	18
Section 5:	Report on performance against Patient, Public Involvement and Engagement, Continuous Improvement and Workforce 2015/16 plans .....	23
Section 6:	Host Organisation report on performance against the LCRN Host Performance Indicators .....	25
Section 7:	Other local innovation and initiatives .....	29
Appendix 1:	Report on network's contribution to achievement of the 2015/16 Clinical Research Specialty Objectives .....	30
Appendix 2:	Report against the network's Patient, Public Involvement and Engagement Plan 2015/16.....	60
Appendix 3:	Report against the network's Continuous Improvement Plan 2015/16 .....	66
Appendix 4:	Report against the network's Workforce Plan 2015/16.....	70
Appendix 5:	CRN strategy for engaging pharmacy in primary care pharmacy 2015-2017.....	75

**Section 1: Compliance with the Department of Health / LCRN Host Organisation Agreement**


1.1. Please confirm that the Host Organisation has delivered the LCRN in full compliance with the DH/LCRN Host Organisation Agreement in 2015/16 including Appendix A Performance and Operating Framework (POF)

Yes   
 No

1.2. If you have answered no above, please specify the clause(s) and provide an explanation of why it has not been possible to achieve compliance in 2015/16.

Operating Framework Compliance Indicators - Objective 1B, which states: “*LCRN leadership and management groups (LCRN Partnership Group, LCRN Executive Group, Clinical Research Leadership Group and Operational Management Group) are fully operational*”. We have made a decision locally to have an inclusive group combining the Clinical Research Leadership Group and Operational Management Group. The Operational Management Group reviews performance across Divisions and Partner organisations along with review of time and target. Each Division also has a consistent Steering group structure where business and performance are discussed. Furthermore, there are two annual meetings for all Clinical Specialty Leads to attend.

1.3. Please complete the table below to confirm that the enclosed Delivery Report has been approved by the LCRN Host Organisation Board or is scheduled to be approved by the LCRN Host Organisation Board.

Signature:	
Name and job title of signatory:	Mr Andrew Furlong – Medical Director, University Hospitals of Leicester NHS Trust
Date of signature:	12.5.16.
Date when approval was obtained or is expected:	UHL Trust Board meeting scheduled for 02 June 2016

## Section 2: Contribution to National NIHR CRN Performance Indicators

This section summarises the network's contribution to the CRN's Performance Indicators.

### 2.1 NIHR CRN High Level Objectives 2015/16

Objective	Measure	CRN Target	LCRN Goal	LCRN Actual	Specific Key Local Activities for 2015/16	Performance against plan
1	Increase the number of participants recruited into NIHR CRN Portfolio studies	650,000	53,000	44,705 (at date of submission 13.5.16)	<p>The approach taken to reach this goal was led by the Research Delivery Managers, working in collaboration with Clinical Divisional and Specialty Leads. Scoping work was done to consider a local specialty level goal, which in turn contributed to an overall LCRN goal. To achieve this, existing studies were considered along with future study information, start and closure dates, predicted recruitment and experience of actual recruitment activity across partner trusts. The first goal setting round fell short of our aspirations, thus we asked Divisions to review targets to ensure our goals for 2015/16 truly represent a stretch goal for the East Midlands. This goal was further updated in June 2015, once the 2015/16 recruitment data was published.</p> <p>The breakdown as to how this will be achieved is detailed within the later tables of this plan, in relation to the specific specialties.</p>	<p>At present we are unable to confirm final year end recruitment figures for 2015-16, due to changes in the national data collection approach through CPMS. Currently our recruitment stands at 44,705; we anticipate final recruitment to be between 46,000 and 48,000, which falls short of our planned goal. Throughout the year we have had difficulties in identifying studies open to new sites for the region; in some specialties we have particularly struggled with our pipeline; we understand this is both nationally as well as regionally. Additionally, in the East Midlands we have had a number of large recruiting studies that have completed the recruitment phase. We were also planning on supporting a large study - Life, which was to deliver 5,000 recruits in-year, however due to a change in funding the study was terminated, which had a detrimental effect on our expected recruitment figures. Although we were set an aspirational target by the centre of 56,688, our locally set target of 53,000 was a stretched one, which would have been impacted on by the Life Study. As this study has been lost, we would be aiming towards a year end of goal of 48,000 which is closer to our projected recruitment.</p>

Objective		Measure	CRN Target	LCRN Goal	LCRN Actual	Specific Key Local Activities for 2015/16	Performance against plan
2	Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time	A: Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites	80%	80%	72%  (at date of submission on 13.5.16)	Implement a standard operating procedure for the review of site intelligence forms, to ensure the appropriate involvement of Research Delivery Managers and Specialty Leads. Focused on areas not delivering to time and target to ensure future targets can be delivered.	A standard report has been developed and implemented on a 2 weekly basis to highlight outstanding site intelligence forms for actioning. Site intelligence forms are reviewed by the IOM with intelligence requested from the Specialty Leads and Research Delivery Managers as required, with key feedback sent to the Coordinating Centre where it impacts at a study wide level. This has really improved the level of awareness of struggling studies for all stakeholders, and drives action planning.
						Emphasis on recruitment to target through 6 to 8 weekly performance meetings with Research Delivery Managers, and appropriate involvement of the Partner Organisation to ensure alignment of targets across the board.	Through the Partnership Group, OMG and specifically the Industry Working Group we have executed the strategic and operational Industry Action Plan which has led to significant progress in overall performance from 51% in 2014-15 to c.70% in 2015-16. We have placed an emphasis on RTT through regular performance meetings with Divisional Research Delivery Managers & Industry Delivery Manager, identifying and addressing key themes across the divisions to ensure recruitment plans are in place, with appropriate involvement of the partner organisations. We developed a regular series of workshops and teleconferences working along with primary care to raise the profile and increase delivery to target within this setting. We have streamlined the approach to costing & contracts across the region which has reduced the workload in one area to allow increased focus on RTT. At a national level we have driven forward the agenda leading on a pilot for shared knowledge of underperforming studies confirming the need for this within future releases of CPMS. We have also supported IOMs in other regions, new to the CRN, through arranging an introduction to our processes and site visits and with considerable input at national meetings.

Objective	Measure	CRN Target	LCRN Goal	LCRN Actual	Specific Key Local Activities for 2015/16	Performance against plan
					Completed the migration of the performance data across the region onto one internet based system, and implement processes to keep this up-to-date in order to track performance across the East Midlands.	All data has been migrated onto a Google based platform prior to the implementation of the LPMS, all data other than primary care is now within the LPMS with a plan for migration of primary care data in due course.
	B: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	80%	69% (at date of submission on 13.5.16)	<p>Introduction of a divisional delivery support team to enable the monitoring of study performance, liaising with Divisional Research Delivery Managers, Clinical Leads and Specialty Leads.</p> <p>Divisional delivery support team to work closely with the new Business Intelligence service to provide accurate performance information via EDGE (LPMS) both from a divisional perspective and overall network performance.</p> <p>Divisional support team, once formally in post, to work closely with RM&amp;G service to establish excellent feasibility process to ensure accurate target setting.</p>	<p>The delivery support team is now fully in place, although it has taken nearly 8 months to fill all vacancies. They are responsible for identifying new studies and although there have been issues with getting studies in the East Midlands, we are hoping that the processes we have established over the last 6 months with benefit the region in the future.</p> <p>Edge has completed the implementation phase of the project and we are now in delivery phase. The implementation of CPMS has allowed the development of Edge further as it is clear that the two systems must enhance each other rather than duplicate processes.</p> <p>Over the past 9 months, East Midlands has been developing the transition from an RM&amp;G provision to a Study Support Service across the region. A project manager is in place to ease this transition. Work has already begun to ensure that accurate target setting and performance review of studies is in place and will lead to more collaborative working and a 'One Network' approach to delivery. Progress has been made here, although due to the slippage nationally in SSS full implementation, there is still further work to be actioned here.</p>



Objective		Measure	CRN Target	LCRN Goal	LCRN Actual	Specific Key Local Activities for 2015/16	Performance against plan
3	Increase the number of commercial contract studies delivered through the NIHR CRN	A: Number of new commercial contract studies entering the NIHR CRN Portfolio	600	n/a	n/a	Work in collaboration with a non-NHS early phase research facility to provide access for NHS patients to studies that would not have gone ahead if the unit worked in isolation.	Collaboration on processes with non-NHS facility to streamline access for NHS patients, with the first study utilising numerous GP sites acting as PIC sites and future meetings and studies in the pipeline to develop the links with the NHS.
						Education and signposting for Investigators to direct sponsors/CROs via the NIHR Portfolio through presentations, meetings and use of the central point of contact.	Attendance at numerous events and increased links with Investigators and SMEs to streamline the process for supporting studies going onto the NIHR portfolio. This has included links with the RDS and EMAHSN.
						Collaboration with the UK PBC group for bringing business to the UK, and the East Midlands, working with Steve Ryder, Gideon Hirschfield and Matt Cooper to increase the Primary Biliary Cirrhosis studies entering the NIHR CRN Portfolio. At present there are none of these studies in setup within the UK.	Collaboration has progressed with the appointment of a Research Associate/Project Manager (Liver PBC) based within Birmingham to lead on this workstream. We have seen an increase in the number of Primary Biliary Cirrhosis studies entering the NIHR CRN Portfolio.
		B: Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies	75%	n/a	n/a	National, not local goal, please refer to HLO 3A	National, not local goal, please refer to HLO 3A
4	Reduce the time taken for eligible studies to achieve NHS Permission through CSP	Proportion of eligible studies obtaining all NHS Permissions within 40 calendar days (from receipt of a valid complete application by NIHR CRN)	80%	80%	94%  (at date of submission on 13.5.16)	Planned introduction of weekly CSP RAG (performance) reports across the network to enable closer monitoring of studies progressing through the system.	Weekly CSP RAG performance reports have been produced and circulated across the Network. RM&G Management staff are responsible for monitoring performance and investigating studies and sites that have breached the metrics associated with study wide governance and NHS Permission. The reports provide visibility of CSP performance and RM&G staff are able to easily identify studies that require action; this also assists in partnership working with our NHS partners.

Objective		Measure	CRN Target	LCRN Goal	LCRN Actual	Specific Key Local Activities for 2015/16	Performance against plan
						Further develop communication systems with Partner organisations in problem solving/escalating where delays occur.	CRN funded RM&G staff have continued to build on their established communication links with Partner Organisations during 2015/16 and have clear escalation routes where studies may be encountering delays.
						Establish early engagement with PIs and Research Teams across the network area to provide training, support and guidance in the submission /feasibility process.	RM&G staff assume a more proactive role in meeting with PIs and research teams at an early stage and prior to submission to CSP. Across the East Midlands we have always offered this type of support, however we have now begun to take a more consistent approach to this. Where possible, staff attend feasibility meetings and undertake feasibilities in conjunction with other CRN Team members. Advice and support is also provided to researchers on the CSP submission process to ensure that studies are processed in a streamlined and timely way.
5	Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies	A: Proportion of commercial contract studies achieving first participant recruited within 30 calendar days of NHS Permission being issued or First Network Site Initiation Visit, at confirmed Network sites	80%	80%	31%	Continue to promote the setting of local study timelines (local submission, site initiation and first recruit) in collaboration with all Partner Organisations and commercial sponsors/CROs, in accordance with a robust feasibility process.	We have continued to embed this approach utilising historic data linked to previous performance to highlight areas of need and through education at workshops including a new workshop on the Lifecycle of the Commercial Study. Development of a feasibility form and training specifically for primary care to support a consistent approach.
						Streamlining of processes for the collection of first recruit data with partner organisations, so that research teams are providing the data to one point of contact only.	Close collaboration between the central team and Partner Organisations adapting to the needs of each partner to ensure that data is only requested once. From a partner perspective the focus has been on the 70 day target which we have seen as the priority along with the RTT in HLO2a, we have also prioritised delivery against sponsor timelines to give a balanced approach (this metric does not align with the increasing demand for stratified medicine and increasingly complex commercial studies).

Objective	Measure	CRN Target	LCRN Goal	LCRN Actual	Specific Key Local Activities for 2015/16	Performance against plan
					Monitoring and communication within 15 days of Trust approval from the appropriate contact if risk assessment is required	We have supported the development of principles for national performance management which we have adapted and implemented locally to ensure appropriate actions are taken.
	B: Proportion of non-commercial studies achieving first participant recruited within 30 calendar days of NHS Permission being issued	80%	80%	21%	Working with Partner organisations to use EDGE to provide recruitment of first participant date in each study to enable provision of CTP data as well as HLO 5B data. This reduces the amount of time working on two separate associated metrics.	Edge has now been implemented into all Partner Organisations, apart from two who already have their own LPMS, but we have put plans in progress so that the two systems will relay information between them to ensure a true reflection of activity in the region is captured. We are already capturing the data required for this HLO as well as enabling Partners to report CTP data. A minimum dataset has been developed to ensure that these fields are completed. The metrics for HLO5B and Performance Initiating and Delivery metrics are not aligned currently. Partner Organisations are financially penalised for not meeting their 70 day PID target, therefore their focus is on this rather than the Network metric. If a study is approved within 10 days of a valid submission, that leaves 60 days to recruit the first patient whereas HLO 5B only allows 40 days in this situation. We are aware that a number of Partner Organisations meet the PID metric some at 100%. Aligning the two metrics should see a significant improvement in this data.
					Engagement with the RM&G team via the divisional support team to ensure that feasibility, governance and participant recruitment are in line with each other.	The two teams have worked closely together over the past six months to ensure sharing of information, this will continue with the implementation of the study support service. Data in Edge is improving on a daily basis, but I think both the Network and the Partner Organisations under-estimated the amount of work required for implementing a project so large.

Objective	Measure	CRN Target	LCRN Goal	LCRN Actual	Specific Key Local Activities for 2015/16	Performance against plan	
					Regular updates between the Business Intelligence Lead and the Divisional Delivery teams to enable accurate reporting of data and highlighting areas for improvement throughout the year.	Regular updates between the BI Service and Divisional teams to ensure accurate reflection of activity is captured, this is an ongoing process whilst study teams improve their understanding of and the need for an LPMS.	
6	Increase NHS participation in NIHR CRN Portfolio Studies	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	99%	99%	100%	Identify with the Divisional Delivery teams, studies that could potentially be delivered by the majority of partners and ensuring adequate resource where necessary to enable delivery of these studies, using flexible research delivery workforce.	We have engaged with a number of our smaller Partners regularly this year to ensure that any suitable studies have been identified to them and ensured that the right delivery support was available. One particular Trust identified that they wished to run more community service studies, one was identified and CRN support meant a research nurse could be employed to deliver the study. This led to all Partner Organisations delivering on portfolio research in year.
		B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	70%	70%	62.5%	Engagement with both Community Health Trusts to plan for commercial research. Increase exposure to the number of potential studies.	Both Community Health Trusts are now receiving Site Identification forms and have a process in place to review these whilst developing a strategy for commercial research.
						Healthcare Trusts: Studies in various stages of set-up or awaiting site selection visits, development of a regional approach to improve marketing, recruitment and a collaborative group to be formed to take forward	Collaboration across Mental Healthcare Trusts and gathering of data on capabilities which has led to the development of site profiles for each Trust that are incorporated into the Site Identification format to improve the marketing of sites to attract studies. Achieved first UK recruit at a Mental Healthcare site that didn't have any commercial activity last year and after the withdrawal of a study in year a new pipeline of studies in set-up. Agreement with Mental Healthcare Partner Organisations to submit an East Midlands bid for studies within this speciality.

Objective	Measure	CRN Target	LCRN Goal	LCRN Actual	Specific Key Local Activities for 2015/16	Performance against plan
					Training and engagement event being planned for Autumn 2015 to raise profile	Training and Engagement Workshop for Division 4 delivered in November 2015 which was key in developing the site templates as detailed above. We have also explored a streamlined regional cost process for Mental Health/Healthcare Trusts but given existing relationships this is already happening informally and the Partner Organisations felt this was sufficient.
	C: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	25%	25%	65%	318 General medical practices are recruiting to Portfolio studies in 2014/15, which equates to 53%. We intend to maintain this level into 2015/16, see Table 2 on Primary care actions, for detailed plans.	Over 395 General medical Practices, 65%, have actively delivered portfolio studies in 2015-16. This represents a 12% increase from last year and is a result of a number of local initiatives including our continued investment in the RSI scheme and introduction of primary care leadership sites through targeted nRCF investment.
7	Increase the number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	13,500	1,250	1,073  (at date of submission 13.5.16)	<p>With Partner Organisations map and facilitate greater access to radiology, lumbar punctures etc and assist Partner Organisations in contracting with Acute Trusts and Private Providers for access to these procedures; scoping to commence July, report expected September. Considerable focus on this area through recent appointment of Dementia Challenge Project Manager.</p> <p>Ensure workforce is trained in PANNS and rater scales as appropriate e.g. by contracting Neuropsychologist to work across the region supporting and training raters and Practice Leads. Ensure trained raters have access to support and practice.</p>	<p>Due to the low number of NIHR portfolio studies coming to this region over the last twelve months accessing radiology, and lumbar punctures has not been an issue. However, since the true partnership working and collaboration between all Partner Organisations has improved, this has created a better understanding between Trusts, and as such accessing these procedures on a study by study case should not cause delays to study set up, nor cause Trusts to decline taking studies on when these procedures are a protocol requirement.</p> <p>Neuropsychologist contracted to support PLFs and train raters: currently 3 Practice leads identified and trained, and 12 delivery staff on national Rater register. Trained Raters do have access to support, and across the region PLFs hold 4 meetings a year to provide the rater trained staff with peer support and training opportunities. Within the East Midlands a lack of commercial studies over the last twelve months has highlighted that maintaining Rater competency is the main issue.</p>

Objective	Measure	CRN Target	LCRN Goal	LCRN Actual	Specific Key Local Activities for 2015/16	Performance against plan
						Plans are being drawn up at both a national and local level including the local Workforce Development manager to manage this.
					Collaborate with Partner Organisations in reinvestment of commercial income, linked to specific action outcome of the Host Audit. A local plan will be put in place by July 2015	As an outcome from the audit, the CRN agreed to provide a list to partner organisations of all the commercial contract research studies that have recruited and closed within the last financial year to ensure that an invoice has been raised to reflect the activity.  Additionally we prepared and circulated a paper to all partners regarding the use of the various elements of the commercial funding model. We would be happy to share this paper with others, if helpful. All POs have confirmed adoption of the principles of the paper and thus to use commercial income as intended. This is specifically discussed with partners as part of the budget setting and review process.

## 2.2 Contribution towards achievement of the 2015/16 NIHR CRN Clinical Research Specialty Objectives

Over the past year there have been some significant successes alongside some challenges across the various Divisions and Specialties; highlights are detailed below. Please refer to Appendix 1 for a detailed report on performance against individual Clinical Research Specialty Objectives in the region.

### **Challenges**

Our biggest challenge has been managing a reduction in funding in 2015/16, despite exceeding our stretch recruitment goal in 2014/15. Managing this with our partners has been difficult as there is clearly significant enthusiasm to continue to grow our research ambition locally, but with reduced funding. We have seen some specific concerns within the Stroke Research workforce, which could potentially compromise the Hyperacute Stroke Research Centre (HSRC) status. With leadership from the Specialty lead, Dr Nikola Sprigg and RDM, Harpal Ghattoraya along with support from the incoming NUH R&I Director, Dr Steve Ryder, the staffing issues are now being overcome, however have impacted on our recruitment levels.

Overall participant recruitment this year has not met our goal, either the locally derived or nationally set target. One reason for this was the loss of the Life Study, a large study in Reproductive Health & Childbirth which was due to commence in-year at the University Hospitals of Leicester

NHS Trust. This study was halted centrally before UHL were able to commence and was a significant disappointment due to investment by the Trust and significant time spent preparing and setting up this study. As other CRNs, we have also noted some challenging areas of the portfolio in relation to pipeline studies, especially within Division 4 and some specialties within Division 6; this has had an impact on our overall recruitment.

### **Successes**

In 2015/16 Primary Care has remained a major strength for us in the East Midlands, with almost 40% of recruitment in the region linked to primary care activity. A reduction in overall funding this year has meant that making new investment has been difficult, however we prioritised five specialties for investment using network RCF; one of these was primary care. We invested £50,000 to implement a 6 month pilot, in line with our primary care strategy, targeted at developing leadership sites. Four practices were successfully appointed, all with some plans for federated working; following a favourable evaluation we will be continuing the programme next year.

The specialties within Division 2 have performed well this year, with the East Midlands moving to second place nationally. Specifically this has been within Diabetes, which is traditionally a strong specialty for the East Midlands. This is in part due to work on the Girls Active study where we supported innovative approaches to recruiting adolescent girls (11-14 years) into clinical trials (1,753 recruits), learning lessons and establishing procedures which can be used in many trials involving this group of patients.



# Clinical Research Network: East Midlands

Financial Year 2015-16

## A YEAR IN THE LIFE OF THE NETWORK

 **£21,143,589**  
funding to enable clinical research in the East Midlands

 **1200**  
 members of staff funded to deliver research

 **535**   
studies approved so far

 **575**   
open studies actively recruiting



 **350+**  
GPs recruiting into research

 **983**  
Dementia and Neurodegeneration participants

**550+**

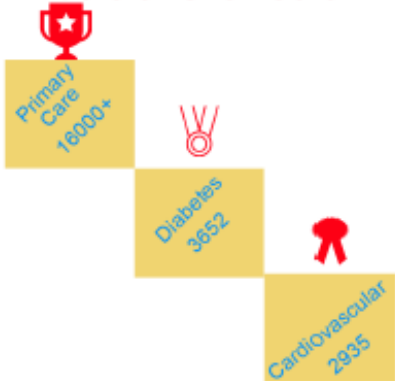
participants recruited in commercial studies



  
now recruiting in Care Homes

 **465**   
research active sites

### Recruitment Podium



  
19 CCGs  
8 Acute Health Trusts  
5 Mental Health Trusts  
2 Community Care Organisations  
1 Ambulance Trust

all 30 NIHR Specialties recruiting in East Midlands



### Section 3: Performance against the LCRN Development and Improvement Objectives for 2015/16

#### 3.1 Details of local actions and activities undertaken to promote equality of access and ensure patients have parity of opportunity to participate in research

##### *Increasing recruitment & opportunity in the community*

We have worked in partnership with Quotient Clinical (Ruddington, Nottinghamshire); they are expanding their activities from volunteer work to clinical trials, especially in primary care. We have established PIC sites in primary care (research active and research starters) which are delivering patient recruits to their commercial trials from new areas of our community. This partnership will be developed further.

Historically, no commercial work has been undertaken in the Derbyshire Community Health Services NHS Foundation Trust. Our work with this partner in engagement, education and support has led to agreement that this should now take place and arrangements are underway.

##### *Non-NHS providers*

More patients are being treated by non-NHS providers but they still have the right of access to clinical research. We have been working hard to establish engagement and infrastructure to support this growing activity and are seeing increased recruitment from these sites (e.g. Circle, Nuture, several hospices).

##### *“Hard to reach” groups*

We have further developed and stabilised our team with special expertise in managing patients addicted to drugs and alcohol, specifically those with hepatitis C. Recruitment has been impressive and treatment has been life-saving and associated with significant financial savings for the local NHS.

Clinical trials for the severely depressed and suicidal, and patients with psychotic illness are particularly challenging, including recruitment. Historically; the East Midlands has recruited well in this area utilising a highly trained, multi-professional workforce. During and immediately after network transformation, the pipeline for these studies decreased and there was local pressure to disinvest. However, we made a strategic decision to maintain this workforce because of its unique ability to serve these patients. This has proven to be a good decision as the pipeline is now improving and we are in a position to partake in the available studies.

We have supported the establishment of a group of younger people who have designed social media (e.g. websites, blogs) aimed at recruiting younger people with diabetes to clinical trials (recognised as a hard to reach group). This has led to increased recruitment and the group will be developed further, including other disease areas.

We are aware that we recruit relatively few patients from our large BME community. This has resulted in a project with the AHSN and PPI groups to create a toolkit for BME recruitment. Similar small local schemes have been successful and this is building on experience from these but is more comprehensive and East Midland wide.

#### *Maximising the power of PPI*

Active PPI increases awareness of research in the population, promotes access and increases participation. This year, we decided to invest significant funding and time on maximising the potential of PPI, including 3 PPI members on our Partnership Group.

We have held our first East Midlands Patient Participation Group (PPG) Forum with approximately 80 delegates; we believe we are the LCRN to do this. The event brought together representatives from PPGs across Nottinghamshire and Derbyshire to discuss involvement in research within General Practices, and ways to promote this. By inviting members from PPGs this has helped to diffuse the message of research across a wide catchment, through lay members. We intend on broadening next year, looking at PPGs across the wider East Midlands geography.

#### *Obstetric research in a major teaching hospital*

Until recently, obstetric research in UHL was minimal. By investing in the energy of innovative midwifery staff and some clinicians, we now have a large research-enabled workforce that has resulted in a very significant increase in recruitment.

### 3.2 Our contribution to a 'one-Network' approach

#### *Commercial performance*

In relation to commercial performance, we have been consistently delivering in the top 3 LCRNs with respect to recruitment to time and target. Our Industry Delivery Manager has shared his expertise and experience with several other LCRNs in order to help them improve on this metric. We are keen to ensure the national data is brought closer to the HLO expectation across England. To support this, Dan Kumar, our IDM, has led a national pilot of a single tracking system for commercial work for all LCRNs. This was shown to be effective (e.g. reduced duplication of effort, ease of access to information for all) and has now been recommended for incorporation into the CPMS.

#### *Information systems*

We have been recognised as a leading LCRN for LPMS establishment. Our team have contributed significantly to the national LPMS Leads strategic Group and CPMS User Group and, working with CRNCC Portfolio Teams & wider community, have highlighted opportunities and solved problems. We have shared approaches with other Networks, offered advice in order to develop a coherent approach to study management across the country, and have engaged with other networks using EDGE, as well as those using Documas and ReDA. We have worked extensively with the West Midlands on EDGE SOPs, shared our working instructions/operational procedures and aided project management.

We have directly influenced the strategic direction of EDGE development through feature updates (benefiting all users) and engagement with the entire EDGE community through contributing new ideas and suggesting features on ideaScale (Information & Industry Teams).

Our team is highly regarded by the EDGE team due to the amount of bug tracking to resolution that we have achieved, fine tuning of existing features as well as enhancing and developing learning materials based on existing functionalities.

We are leading members of the NIHR Hub Community, sharing top tips, extensions and new features in the Hub Digest (our training package shared nationally).

Our JDR team developed an “awesome” table from a basic database used locally. This was developed further with national colleagues and introduced nationally.

#### *National contributions*

We have been proactive in the recently introduced national divisional RDM meetings. For example, many LCRN had no performance framework for the management of specialty leads and we have shared our performance framework with network colleagues and some have adopted it.

Over the course of the year our COO, Elizabeth Moss, has contributed as a member of the NIHR CRN Research Delivery Steering Group which meets monthly and acts as the key decision making body with respect to NIHR CRN Portfolio business processes and policy; encompassing both commercial and non-commercial processes and policy. She has now also joined the NIHR CRN Funding Project Board, although this has not yet met. Our Clinical Director, Prof David Rowbotham has also joined the NIHR CRN Reward and Recognition policy group and will contribute to national work through that.

## Section 4: Performance against the CRN Operating Framework Compliance Indicators

4.1 The requirements of the Operating Framework and delivery against these are covered in detail through the following section, along with progress within the host performance indicators in section 6, below. CRN: East Midlands has a strong managerial and clinical leadership and associated governance arrangements. In relation to the various cross cutting themes we also have clear leadership for each programme of work and have made progress in all areas. Perhaps that requiring most input over the past 12 months has been related to the changing environment for research delivery, governance and management. All members of the senior team are engaged with this change and continue to support this important area as the HRA AAC process become further embedded and we increase our consistency in approach to delivering all elements of the Study Support Service across the study lifecycle; including effective use of the new LPMS. Financial management remains a well-managed work-stream for us, with good engagement and timely reporting from our partners - a reflection on the level of partnership working we have established across the region. Overall progress has been made across all compliance indicators in 2015-16, with no areas of concern.

4.2 Progress against each of the 2015/16 Operating Framework Compliance Indicators is provided in the table below:

Domain		Objective	Progress
1	LCRN Management Arrangements	A: Clinical Research Leads, Clinical Research Specialty Leads, Divisional Research Delivery Managers, Cross-Cutting Team and Support Team are in post	<p>Please confirm if all posts were filled at 31/03/16</p> <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>All posts were filled at 31/03/16. In year there have been two changes to Clinical Divisional Leads with Martin Orrell commencing as Lead for Division 4 in June 2015 and Julian Barwell as Lead for Division 3 from September 2015. In relation to managerial Leadership, this has also evolved in-year with RDM roles now covering one or two Divisions, supported by operational managers. Senior appointments have also been made within Workforce development, with Michele Eve commencing as Workforce Development Lead in January 2016.</p>
		B: LCRN leadership and management groups are established (LCRN Executive Group, Clinical Research	<p>The LCRN Executive Group is concerned with contract compliance, governance and performance. In-year there has been a change of the Host Executive, due to a change in the Board of Directors of the Host, with Mr Andrew Furlong taking the post of Medical Director and thus CRN Executive Lead. The group meets frequently, with the additional member of Business Intelligence Lead now added</p>

Domain	Objective	Progress
	Leadership Group and Operational Management Group	to the group. Time is spent reviewing performance and any associated risks; along with planning how to reduce or mitigate these and improve performance. In the East Midlands, our Operational Management Group (OMG) is a large group and includes both clinical and managerial leaders of the network, along with four representatives from our R&D/I Managers and Directors community. Although a large group, we have consistently good attendance and debate at these meetings. We have also held a partnership working event as part of an extended OMG meeting which was externally facilitated and focussed on how we can work to best effect when we build meaningful partnerships. As detailed above in Section 1, Compliance Indicators, we have made a decision locally to have an inclusive group combining the Clinical Research Leadership and Managerial Leaders, thus do not have a separate regular meeting for Clinical Leads. Each Division has a consistent Steering group structure where business and performance are discussed. Furthermore, there are two annual meetings for all Clinical Divisional and Specialty Leads to attend.
2	<b>Research Delivery</b> A: LCRN Partner organisations adhere to specified national systems, and Standard Operating Procedures and LCRN guidance in respect of research delivery	We have worked well with partners this year in establishing systems and processes to prepare for both the HRA changes and the delivery of the Study Support Service. We established an SSS Programme Board and have launched two pilot programmes to support researchers across primary care and mental health settings. We will continue with these work plans, along with developing tailored plans for each partner organisation to deliver an effective service for researchers. This work stream is not complete, but evolving, with the national launch date now extended into 2016-17. We are also working with other partners such as the Research Design Service and Clinical Trials Units, to ensure a joined up approach. We continue to work with our NHS R&D/I colleagues to ensure studies within the CSP system are supported and reviewed in a timely manner, as we transition across to HRA AAC processes.
	B: Timely processing of study wide and local reviews with the CSP process (15 days respectively)	At the end of March 2016, RM&G study wide processes exceeded the 80% target of 30 days (84%) and NHS Permission was achieved in less than 30 days for 93% of site reviews, with all Partner Organisations. Exceeding this 80% target. The CSP improvement target of 15 days was achieved for over 81% of studies at a site level. The strong CSP performance was achieved against a backdrop of reduced RM&G staff levels, owing to departures and other absences. We have introduced more flexible approaches to ensuring that CSP continues to be a focus for the RM&G Teams and is supported in all Partner Organisations, whilst staff are transitioning into the Study Support Service.
	C: Support the delivery of the Government Research Priority of Dementia	Covered via completion of Section 2.1

Domain		Objective	Progress
		D: Develop a high level plan to improve research infrastructure through greater engagement of community pharmacy	A high level plan for engaging pharmacy in primary care has been developed and is included as Appendix 5.
3	<b>Stakeholder engagement and communications</b>	A: Promote research opportunities in line with the NHS Constitution for England, including informing patients about research conducted within the LCRN and actively involving and engaging patients, carers and the public in research	Already covered via Section 5 / Appendix 2
		B: LCRN communications function and delivery plans in place, and budget line identified	Towards the end of 2015-16 we identified the importance of Communications and begun planning to prioritise this for the remainder of 2015-16 and into 2016-17. The COO now chairs the Communications Working Group and produces monthly COO Video Blogs which were initially shared internally, but are now circulated via YouTube. We have a delivery plan in place, which will be further updated for 2016-17, this includes a regional campaign to promote the benefits of the East Midlands, with different approaches for both internal and external audiences. Funding dedicated to Comms activities (non-pay) was just over £18,000.
		C: LCRN contribution evident in national NIHR/NIHR CRN campaigns	During 2015-16 we continued to identify local good new stories to contribute to the national publications and communications workstream. We also contribute on a bimonthly basis to Insight Magazine which has recently featured a regional article about a Nottingham MS patient involved in the MS register sharing their experiences of living with MS and the challenges encountered in day to day life. Based on the national press release around the Guardian League tables we developed a regional press release for our partners who had seen the biggest increases in research activity. Both of our large teaching trusts worked on press releases, to which we contributed, one of which succeeded being included in page 8 of the Leicester Mercury. We used ICTD to promote Ok to Ask with 12 partners from across the region involved in organising specific events/initiatives to promote Ok to Ask throughout their organisation. We promoted Tweetchat, with two of our clinicians involved in the specialty-specific Tweetchat. We have also spent considerable time focussing on the Join Dementia Research campaign, with excellent uptake across the East Midlands.

Domain		Objective	Progress		
4	<b>Continuous Improvement</b>	Promote and sustain a culture of innovation and continuous improvement across all areas of LCRN activity to optimise performance	Addressed via completion of Section 5 / Appendix 3		
5	<b>Workforce, Learning and Organisational Development</b>	Develop and implement an LCRN Workforce development plan in partnership with relevant stakeholders and other local learning providers	Addressed via completion of Section 5 / Appendix 4		
6	<b>Financial Management</b>	A: LCRN Host Organisation and LCRN Partner organisations must meet minimum control standards, as specified by the National CRN Coordinating Centre	Following the audit and associated findings (see below) this provides a level of assurance regarding meeting the minimum controls standards. As a result of the findings the action plan was followed to provide assurance to the host that these standards are being met across the region.		
		B: LCRN Host Organisation must meet minimum requirements for the scope of internal audit work, as specific by the National CRN Coordinating Centre	CRN: East Midlands were included in the Host Organisation Internal Audit programme in 2014. The report was received in February 2015 and highlighted 1 medium and 5 low risk findings. CRN: East Midlands created an action plan to address the findings. The action plan was completed in July 2015 to the satisfaction of the Host Organisation audit committee and the Auditors PriceWaterhouseCoopers. The action plan led to a number of standard operating procedure documents being implemented and these have been assessed and monitored for compliance by the CRN EM Finance Working Group. The Audit report and Action Plan have also been supplied to the NIHR CRN Co-ordinating Centre.		
7	<b>Information Systems</b>	A: LCRN Host Organisation and LCRN Partner organisations have access to the required information systems and services	For each system identified below please indicate whether the LCRN Host Organisation and LCRN Category A Partner organisations have access:		
			<b>CRN National systems</b>	<b>Yes</b>	<b>No</b>
			NIHR Hub	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Domain		Objective	Progress		
			ODP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			CSP*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			CRN Portfolio Database*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<p>NIHR Hub: Yes, although some organisations have found this less straightforward and without full functionality</p> <p>ODP: Yes - although there are issues with the access in the whole of East Midlands</p> <p>CRN Portfolio Database: Yes - although access is now provided through CPMS and the information is not yet as comprehensive as previously; currently a number of Partner Organisations have stated they are unhappy with the changes and level of access.</p>		
		<p>B: LCRN Host Organisation and LCRN Partner organisations have a Local Portfolio Management System(s) (LPMS) live and in operational use by LCRN-funded staff</p>	<p>LPMS live and in operational use by LCRN-funded staff in the LCRN Host Organisation and LCRN Category A Partner organisations?</p> <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>In the East Midlands we have a live and operational LPMS system - Edge. This is available to LCRN-funded staff in the LCRN Host Organisation and LCRN Category A Partner organisations. Training has taken place with all partners alongside their data migration and we are using this system across a number of our work-streams. Many of our partners are also embracing this system and using it for both CRN and non-CRN functionality</p>		
<b>8</b>	<b>Information Governance</b>	LCRN Host Organisation and LCRN Partner organisations comply with CRN information governance requirements	Addressed via Section 1		

\* Noting that these will soon become legacy systems



## **Section 5: Patient, Public Involvement and Engagement, Continuous Improvement and Workforce**

Appendices 2-4 provide a detailed report on performance against the network's 2015/16 plans for Patient, Public Involvement and Engagement (PPIE), Continuous Improvement (CI) and Workforce. Below is a short summary to highlight progress in these areas.

### *Patient, Public Involvement and Engagement*

One initiative which we are pleased to share is an LCRN funded, 6 month pilot of PPI training, 'Sharebank'. This initiative is a way of sharing PPI training and related resources between organisations in the East Midlands; mainly PPI training/related resources offered by member organisations over a 6 month pilot period on a reciprocal basis, creating a free 'common market' for PPI training. The initiative has been well evaluated and a paper published in BioMed Central "Going the extra mile – creating a co-operative model for supporting patient and public involvement in research" link: <http://www.researchinvolvement.com/content/2/1/9>.

We have three lay representatives at our Partnership Board, with good levels of engagement. These lay members have contributed in many ways over the past year. They have supported and spoken at events such as the PPG event mentioned earlier in this report, and a Division3 Open Space event for research delivery staff, which provide very insightful. There has been patient representation on our 2015/16 Research Awards panel, and a commitment to extend these awards to ensure PPI is further acknowledged in future years.

### *Continuous Improvement*

Over the course of 2015/16 we have set up a continuous improvement site which successfully captured live CI projects across the region. We have a monitoring process in place to ensure projects are captured on an ongoing basis, and staff are supported. A key challenge has been to establish this as an underpinning thread to all of the CRN activity, in part due to the needed to establish process and appropriate communication in highlighting this as a NIHR CRN strategic priority. This will form work moving into 2016-17 when we establish the Continuous Improvement steering group and begin to further embed CI activity. To begin this and clearly set out the importance of Continuous Improvement, this was one of the Award categories in the NIHR CRN: East Midlands Research in Excellence Awards.

### *Workforce*

During the course of the year we created and appointed into a senior role to lead this area of work, Michele Eve came into post as the Workforce Development Lead in January 2016. This post will be instrumental in overseeing the implementation of the workforce strategy and driving the delivery of this work-stream. We also are appointing into a learning technologist post and again this role will be key in terms of embedding technology into the workforce development programme and, the interface with CRN Digital/continuous improvement.

Although unplanned at the beginning of the year, we have held our inaugural CRN: East Midlands Research Awards to recognise and celebrate the inspirational work that took place across the East Midlands in 2015/16. We received over 100 nominations across 7 categories and convened a broad judging panel across many disciplines, which included patient representation. This was a hugely successful event, although held in 2016/17, and we will report back further in next year's report.

This past year we have begun to actively engage with our regional higher education institutions and university trusts to encourage clinical staff to participate in research, through honorary appointments, this work has been championed by Julian Barwell, Clinical Lead for Division 3. We are also working into next year to consider developing a training scheme for nurses, midwives and allied health professionals to become involved in research. The aim is for them to become PIs and establish a foundation for a career in research. This will involve GCP, consent training, fundamental principles in research, ethics, statistics, genetics, linking with CRN projects and mentorship.

**Section 6: Host Organisation report on performance against the LCRN Host Performance Indicators (up to 3 pages)**

6.1 Actions and approaches taken by the Host Organisation in 2015/16 to achieve objectives, the effectiveness of these actions/approaches, and any issues which have arisen are provided in the table below.

Domain		Objective	Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2015/16
1	<b>LCRN Leadership and Management</b>	Deliver effective leadership and management of the LCRN.	As detailed in section 4, the CRN has an effective leadership and management structure in place. The host is assured by the arrangements made, including some changes which have been effective in 2015-16 and further changes which will follow in early 2016-17. These primarily relate to the senior management roles, where there is a move to three Research Delivery Manager roles, working each across two Divisions (1 & 3; 2 & 5; 4 & 6), supported by three Operations Managers. Three cross cutting Managers remains including an Industry Operations Manager, Business and Intelligence Lead and Lead RM&G Manager, whose role has transitioned to SSS Lead, however this post holder has been away from work on sick leave for almost 6 months of 2015-16.
2	<b>LCRN Research Delivery Infrastructure</b>	Deliver a responsive and flexible NHS support service that meets the needs of researchers, funders and industry.	The CRN continues to work with partners to ensure this can be delivered; one initiative to enhance relationships with partners has been the development of the Senior Team Link (STL) roles. These roles are whereby a member of the management team is assigned a small number of trusts with whom to develop a close working relationship and support effectively. This STL supports with budget planning, discussion of appropriate infrastructure, support with any changes in the research landscape both within and out with research related matters. This allows the CRN to be responsive to the needs of partners, to evolve the research infrastructure to suit the changing environment and keep abreast with any developments quickly and respond as necessary.
3	<b>Financial Management</b>	Deliver robust financial management using appropriate tools and guidance.	The LCRN continues to submit all required financial returns to deadlines and manage this large budget effectively ensuring any vacancy factors are managed and funding re-distributed within the region throughout the year. In 2015-16 a vacancy factor of over £1m was managed within the first two quarters, and then funding was re-distributed at mid-year based on the timely financial reports from each partner trust. The LCRN holds regular finance

Domain	Objective	Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2015/16
		forum and engagement events for both financial accountants and senior research budget holders across partner organisations throughout the year. Additionally the COO and CD meet with partners at least twice a year to discuss and address any financial concerns.
4	<b>Allocation of LCRN funding</b> Distribute LCRN funding equitably on the basis of NHS support requirements.	<p>For 2015-16 the LCRN introduced a new funding approach which saw funding provided to partners based partly on the relative performance of those partners through an activity driven model. The application of a cap and collar prevented significant fluctuations. East Midlands received another budget reduction for 2015-16 which was difficult to manage, especially as the CRN had met the stretch recruitment goal and performed well in other aspects of performance the preceding year. The funding approach was generally well received and understood, with a questionnaire undertaken mid-year to obtain feedback and help inform the approach for 2016-17. A set of principles were established as part of the funding process, and it was important to gain agreement and commitment to these from all partners. The approach taken was further developed for 2016-17, again with a good level of commitment from partners.</p> <p>The host role in this has been two fold, firstly in the provision of support, guidance and technical input through the Host Finance Lead, whose input has been invaluable into this process and in Chairing the Finance Working Group; also through review and oversight of all proposals ensuring these would meet the principles of the Performance Operating Framework and contract requirements.</p>
5	<b>LCRN Governance (Host Board)</b> Ensure that the LCRN Host Organisation board has visibility of LCRN business and fulfils its agreed assurance role.	<p>LCRN business was discussed by the Host Organisation Board on the following dates in 2015/16:</p> <ul style="list-style-type: none"> <li>02 April 2015</li> <li>04 June 2015</li> <li>01 October 2015</li> <li>07 January 2016</li> </ul> <p>Our process for reporting to the Host Organisation was revised in August 2015. Up to this point, Quality &amp; Performance (Q&amp;P) reports, based on the NIHR High Level Objectives were submitted to the UHL Business</p>

Domain	Objective	Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2015/16															
		<p>Intelligence Manager on a monthly basis, with supplementary Q&amp;P exception reports to account for any of the indicators that were under performing.</p> <p>It was agreed by the Host Organisation Director of Corporate &amp; Legal Affairs and our LCRN Executive Group that we would adopt new process by producing a quarterly performance report including a narrative to account for any under performing objectives. This replaces the previous monthly Quality &amp; Performance reports. The report paper is reviewed by the LCRN Executive Group, considered by UHL Executive Performance Board and then by the Host Organisation Trust Board.</p> <p>The LCRN Governance Framework is reviewed by the Host Organisation Trust Board on an annual basis.</p>															
6	<p><b>LCRN Governance (Partner Engagement)</b></p> <p>Ensure all LCRN Partners are engaged in the work of the Partnership Group.</p>	<p>Partnership Group meetings were held within the 2015/16 operational year and representation as follows:</p> <table border="1" data-bbox="1182 746 2078 1098"> <thead> <tr> <th>Date of Meeting</th> <th>No. of attendees</th> <th>Of these the no. of lay attendees</th> </tr> </thead> <tbody> <tr> <td>27 April 2015</td> <td>14</td> <td>2</td> </tr> <tr> <td>29 July 2015</td> <td>18</td> <td>2</td> </tr> <tr> <td>19 November 2015</td> <td>22</td> <td>3</td> </tr> <tr> <td>29 February 2016</td> <td>16</td> <td>2</td> </tr> </tbody> </table> <p>The group has mixed attendance with some attendance from Board level members, and some at R&amp;D/I Director/Asst. Director roles. This mix helps with an informed debate and allows the CRN to move forwards key issues across the region. In general the meeting is effective to keep stakeholders engaged and raise critical issues which can be dealt with swiftly. At present we are reviewing the membership in relation to primary care stakeholders as the landscape is constantly changing, and are taking advice from our Divisional 5 Leadership team.</p>	Date of Meeting	No. of attendees	Of these the no. of lay attendees	27 April 2015	14	2	29 July 2015	18	2	19 November 2015	22	3	29 February 2016	16	2
Date of Meeting	No. of attendees	Of these the no. of lay attendees															
27 April 2015	14	2															
29 July 2015	18	2															
19 November 2015	22	3															
29 February 2016	16	2															

Domain		Objective	Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2015/16
7	<b>Management of Risk</b>	Establish and maintain an assurance framework and risk management system for the LCRN, including an escalation process.	<p>The LCRN has implemented a risk management framework, which includes a risk register. The risk register is updated regularly and reviewed every 8 weeks by the LCRN Executive Group.</p> <p>Both strategic and operational risks are captured within the LCRN risk register. Each risk is assigned a risk owner and a score based on the likelihood of occurrence and the impact to the LCRN. Risk scores take into consideration any mitigating actions and are reviewed regularly.</p>
8	<b>Management of LCRN Performance</b>	Ensure delivery of LCRN performance against the LCRN Annual Plan.	<p>This is done regularly through the Host Executive Group meeting, Chaired by the Executive Lead. All aspects of LCRN performance are actively managed; a dashboard has been created which reviews performance at two monthly intervals along with projected year end attainment. This is used to plan required actions upfront and then any changes as performance varies from the trajectory. Additionally, performance in the cross cutting themes is reviewed regularly through the designated management leads for each area. Each of these themes runs through a working group with wide membership across POs, and is reported through the Operational Management Group every 8 weeks.</p>
9	<b>Host Corporate Support Services</b>	Deliver high quality Corporate Support Services as specified in the Performance and Operating Framework.	<p>The Host are well engaged through the Executive Group, where issues can be discussed and there is a clear escalation route, if necessary. There are separate meetings to cover aspects such as Human Resources support. We are currently drawing up an internal SLA to cover this aspect ensuring the CRN receive the required support. Space at the host site is often difficult to secure, as the main LRI site is currently changing with a new state of the art Emergency unit being built. The CRN are pleased to be remaining on this site and are working with the host to ensure appropriate accommodation for the Network.</p>

## Section 7: Other local innovation and initiatives

This section provides a brief report on local activities in 2015/16 not covered elsewhere in the report.

### *Dementia related activity*

In the East Midlands we have seen the Prime Minister's Challenge as a key driver, and from April 2015 appointed a Project Manager for the Dementia Challenge. Goiz-Eder Aspe Juaristi was initially part time, and then later full time to really focus on this activity which has resulted in the East Midlands being the second largest regional contributor to JDR. There have been various activities to promote JDR and recruitment more broadly into Dementia studies. CRN: East Midlands teamed up with the Alzheimer's Society in a series of Dementia Community roadshows which toured the East Midlands throughout March 2016. The pioneering roadshow provides an opportunity to put questions to local dementia support workers about the condition which affects about 60,000 people in the region. For the first time, the roadshow was also a chance to find out more about Join Dementia Research. The roadshows visited Spalding, Spilsby, Grantham, Oadby, Oakham, Northampton, Leicester, Derby and Ashbourne. Research Teams across the East Midlands joined the Dementia Community Roadshow to raise awareness on Join Dementia Research

### *Communications*

The importance of effective communications has been identified as essential. During the year the Chief Operating Office took over as Chair of the Communications Working Group and has begun to take forward this work-stream. A COO monthly video blog is produced which was initially circulated internally, although is now published on YouTube each month to aid wider communications. Our newsletter has been significantly revamped and there is an increasing focus on the role communications has on driving the business of the CRN.

### *Partner relationships*

As set out in the Annual Plan for 2015/16, strengthening our partnerships and building effective relationships is seen as critical to our success. One aspect of this has been through further development of the Senior Team Link role. Performed effectively, the Senior Team Link role is key to forming and managing these partnerships in order to succeed in achieving our targets and milestones. The role comprises of three main areas to support the relationship between the CRN and Partner Organisations (PO): building relationships, supporting the budget setting process and ongoing support.

Each member of the senior team is assigned a number of partner trusts to work with. By developing effective working relationships it is envisaged that the link person will gain an understanding and insight of the challenges and aspirations of the PO such that the PO and the core CRN team can work together to address them together. By clarifying the role and setting our clear expectations, this has strengthened our relations with partners as they have a direct and clear route in to the CRN for escalation and query resolution regardless of speciality, division or work-stream. It is the role of the Senior team to then liaise internally and feedback to the partner.

## Appendix 1: Report on network’s contribution to achievement of the 2015/16 Clinical Research Specialty Objectives

For each objective in Groups 1-3 please (a) enter the actions to achieve the objectives based on your 2015/16 Annual Plan, adding any additional actions taken as appropriate; (b) In the right hand column, please comment on your network’s performance against your planned contribution in 2015/16. Where applicable, please include numerical data to illustrate performance against your local baseline where applicable and/or your network’s contribution to the national CRN target. Please highlight approaches which have proven particularly successful and challenges encountered, and provide reasons or explanations where possible.

### GROUP 1: INCREASING THE BREADTH OF RESEARCH ENGAGEMENT IN THE NHS Increasing the opportunities for patients to participate in NIHR CRN Portfolio studies

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
1.1	Cancer	Increase the opportunities for cancer patients to take part in research studies, regardless of where they live, as reflected in National Cancer Patient Experience Survey responses	Number of LCRNs which have an action plan to increase access in each subSpecialty (eg by opening studies, increasing awareness and forming referral pathways for access to research)	15	<p>Our action plan increases the opportunity for cancer patients to access studies in each subspecialty (i.e. Colorectal, Upper GI, Children &amp; Young people, Skin, Haematology oncology, Gynaecology, and Neck) regardless of where they live, with the aim of monitoring and increasing National Cancer Patient Experience Survey responses.</p> <p>This will be achieved by:</p> <ul style="list-style-type: none"> <li>Ensuring each tumour type has an appropriate portfolio of trials with resources mapped and monitored to support this portfolio.</li> <li>The Research Delivery Manager (RDM) and Specialty Lead (SL) are members of all NHS England’s East Midlands Senate and Strategic Clinical Network Expert Clinical Advisory Group (ECAG) and will present at regular meetings. Research presentations will continue to be given with performance critically peer reviewed and benchmarked plus referral pathways discussed.</li> </ul>	<p>During 2015/2016 the CRN: East Midlands region recruited patients into 20 of the 21 sub-specialties as illustrated in ODP (group “Biomarkers &amp; Imaging” had no studies open in the East Midlands).</p> <p>This illustrates broad opportunity for patients to take part in research studies in the specialty Cancer. With patients being recruited from all 8 of our acute Trust settings.</p> <ul style="list-style-type: none"> <li>The Clinical Lead, Research Delivery Manager and appropriate Sub-specialty Lead have worked with each partner Trust to maintain an appropriate portfolio of trials.</li> <li>The mapping and monitoring of resource has proved challenging as the management of resource throughout 2015/16 has been devolved to the partner organisations. During this time decision making processes between partner organisations, and the CRN through RDMs has begun to develop. There is also an increased desire to operate flexible delivery staff and we have therefore seen a change in how staff are mapped (more ‘generic’ rather</li> </ul>



ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
					<ul style="list-style-type: none"> <li>• Reviews of the portfolio will be undertaken, identifying potential new trials that will be circulated for interest and opened/referred into as appropriate across the East Midlands. This will fill gaps in the portfolio and horizon scan to replace trials as they close.</li> <li>• Widening involvement in community partners, hospices and any other (appropriate) qualified providers by developing existing and creating new links and awareness in these communities and across other divisions, as appropriate</li> <li>• Shared care arrangements as part of the CYPICS Principle Treatment Centre.</li> </ul>	<p>than specific 'Division 1') this has made simple mapping more complex, but operationally offers many benefits. Because of this, and due to recruitment of a new RDM into post, during 2015/16, the ability for sites to maintain an adequately resourced, balanced portfolio has not been due to the monitoring of resource by the RDM, but rather through careful feasibility portfolio balance work by the managers of the research delivery staff within the partner organisations.</p> <ul style="list-style-type: none"> <li>• The Research Operations Manager (deputy to RDM) plus relevant the sub-specialty lead attend each ECAG meeting, to present and discuss research performance. There was a hiatus in this activity for several months due to a changeover of staff within the CRN. But this is becoming well established again now, with work being done between the two groups to improve the reporting format used.</li> <li>• The Portfolio Support team have begun to support the Clinical Lead and Sub-specialty Leads by investigating opportunities to set up sites in the East Midlands for existing studies that are not currently open in the region; and will also endeavour to bring new studies to the East Midlands in a timely fashion. The processes around this work have been finalised and are being operationalised. The CRN: EM has adopted a truly regional approach and these processes will offer equity of studies across our geography (through opening studies in multiple sites at the same time or through PICs).</li> <li>• Work is underway between the RDM, Research Operations Manager,</li> </ul>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
						<p>Palliative Care Sub-specialty Leads, the CRN: EM Study Support Service and the CRN: EM Research Support Team to ensure that research in the hospice setting is able to develop over the coming year.</p> <ul style="list-style-type: none"> <li>The shared care arrangements hold true and are operational throughout the CYPICS Principle Treatment Centre.</li> </ul>
1.2	Children	All relevant sites that provide services to children are involved in research	Proportion of NHS Trusts recruiting into Children's studies on the NIHR CRN portfolio	95%	<p>In the East Midlands, all partner organisations providing relevant Children's services contribute to Children's NIHR portfolio research; we intend to maintain this objective locally. Our activity for this specialty occurs at DGH sites, although there is a clustering of activity around the two main University teaching trusts, due to the wider breadth of clinical services offered. There is a challenge to ensure we are able to provide smaller sites access to sufficient studies, with a need for us to work closely with sites to match studies effectively.</p> <p>With respect to workforce we have a mixed approach; some larger centres retain a dedicated children's research workforce, with other sites moving towards a more generic research delivery workforce, able to support a range of studies. Whilst this could prevent some challenges, we are confident that through working with all sites and having an open dialogue we can continue to deliver children's research effectively and efficiently in the region.</p>	<p>Within the East Midlands the Children's specialty performs well, with a delivery team that increasingly offers support to studies which are counted under other specialties. The CRN: EM is working with the Partner Organisations to encourage this cross-working, and locally it is recognised with unique reporting.</p> <p>In 2015/16 there are 8 Trusts within the East Midlands that have Children's services that are not recruiting to NIHR Portfolio Children's research. It is our aim to improve upon this metric in 16/17.</p> <p>In 2015/16 one secondary care site, Chesterfield Royal has not contributed directly to the specialty. Although they have 5 Children's studies open, lack of recruitment is due to delivery issues present for most of the year. These have now been resolved, and the Trust hopes that recruitment will pick up again.</p> <p>East Midlands Ambulance Service, is not currently involved in recruiting to Children's studies, but does have a longer term plan. They will be participating in an NIHR i4i programme looking to redesign the neonatal transport system, EMAS should become involved in this work within 18 months.</p> <p>The remaining 6 Trusts are Community and</p>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
						<p>Mental Health Trusts, who on the whole deliver a portfolio of research that is not badged as Children's, but can often include children in its inclusion criteria (for example UKCRN 15795 an Oral &amp; Dental study; and UKCRN 16940 which recruits babies, but is recognised as a Dermatology study).</p> <p>We do have one Children's study across most of these Trusts, UKCRN 16735 but our sites operate as PICs not recruiting sites.</p> <p>A challenge that we face in 2016/17 is to work closely with sites to quickly identify and match Children's studies that are delivered in the community and mental health settings. We hope to achieve this through the Portfolio Support teams work on identifying new studies, through the engagement of our Specialty leads nationally and through linking with other Divisions effectively.</p>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
1.3	Critical Care	Increase intensive care units' participation in NIHR CRN Portfolio studies	Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio	80%	<p>At the start of 2015/16 54% of intensive care units across the region were contributing into studies on the NIHR CRN Portfolio. Dependent upon the type of studies that are opened (relatively few on the Portfolio at present) we believe by year end this will increase to 70%. Long term aim is to achieve &gt;80%</p> <ul style="list-style-type: none"> <li>• Need to investigate and quantify activity at all potential Intensive Care Units across the region.</li> <li>• Identify and engage with enthusiastic clinicians in the smaller non-active units. Support them in administrative, financial and practical aspects of opening studies.</li> <li>• Proven model of utilising research nurse support to cross cover Anaesthesia and Critical Care studies. This model has the potential to be adopted at some of the large acute Trusts.</li> </ul>	<p>Unfortunately this has reduced to 38% of intensive care units contributing to Critical Care studies on the NIHR CRN Portfolio. However, over 90% of the region's intensive care units are supporting NIHR studies through their contribution to the AIRWAYS2 portfolio study, which is badged under the Injuries and Emergencies specialty. In 2015/16, recruitment has dropped significantly to 27% of the 350 pt target. This has been partly due to the closure of several high-recruiting studies. Equally the currently recruiting studies are due to close shortly, with no visible pipeline replacements, which we are aware of.</p> <p>In addition:</p> <ul style="list-style-type: none"> <li>• Research Operation manager actively engaging with non active Intensive Care Units and consultants to provide support and help facilitate participation as potential sites for future studies.</li> <li>• The proven model of utilising research nurse support to cross cover Anaesthesia and Critical Care studies is being adopted by the larger acute Trusts.</li> </ul>
1.4	Dermatology	Increase NHS participation in Dermatology studies on the NIHR CRN Portfolio	Number of sites recruiting into Dermatology studies	150	<p>Maintain close links with research active centres to build on previous recruitment success.</p> <p>Number of sites recruiting to dermatology studies across East Midlands is 12. Look to establish new links with centres across the region which have not previously been research active or which have recently ceased research activity. Work with these centres to identify barriers to research activity and possible ways of overcoming these barriers.</p>	<ul style="list-style-type: none"> <li>• We currently have 33 actively recruiting studies across 10 sites in the East Midlands</li> <li>• Dermatology met their recruitment target for 2015/16, gathering 481 recruits into their studies.</li> <li>• A successful engagement event was held in Leicester, inviting dermatologists from across the East Midlands the opportunity to discuss research with their colleagues from other Trusts. It is hoped that this will lead to further collaboration.</li> </ul>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
						<ul style="list-style-type: none"> <li>Establish early working relationship with Circle, private provider, to grow and delivery adult dermatology research.</li> </ul>
1.5	Ear, Nose and Throat (ENT)	Increase NHS participation in Ear, Nose and Throat studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into ENT studies on the NIHR CRN Portfolio	40%	<p>At the beginning of 2015/16 63% of acute Trusts across the region are recruiting into ENT NIHR CRN Portfolio studies. We think by year end we will achieve 80%.</p> <ul style="list-style-type: none"> <li>Link in with the East Midlands ENT trainee meetings.</li> <li>Engage with clinicians across the region and ensure meaningful research activity is a key part of the strategic plan for all Directorates.</li> <li>The support provided by the ENT specialty group, highlighted at major national conferences, magazine articles and journal articles to be circulated across the East Midlands where appropriate.</li> <li>Increase collaboration between NIHR BRU and CRN. Ensure all new studies that would be eligible for CRN adoption do get adopted. Improve advice given to staff about the NIHR adoption rules, at an early stage of the research process, especially for industry funded trials.</li> </ul>	<p>Unfortunately the number of Trusts currently recruiting to ENT studies across the East Midlands is 2 which equates to 30%. This year, recruitment has dropped significantly to 10% of the 1000 patient target. This has been partly due to the closure of several high-recruiting studies. Equally the currently recruiting studies are due to close shortly, with no visible pipeline replacements coming in to region, which we are aware of. However one acute Trust successfully undertook its first commercial EARN commercial study and delivered to time and ahead of target.</p> <ul style="list-style-type: none"> <li>RDM &amp; Research Ops Manager have engaged with Trusts across the region which are not currently recruiting in to portfolio adopted ENT studies or which have not been previously research active.</li> <li>We continue to work with these Trusts to identify barriers to research activity and possible ways of overcoming these barriers.</li> <li>Re-engagement and increased collaboration between the NIHR Hearing BRU and CRN is required.</li> <li>Ensure all new studies that would be eligible for Portfolio adoption are pursued as standard practice.</li> <li>Increased engagement required between the nominated Specialty Lead / RDM with clinicians across the region and ensure research activity is a key part of our PO's strategic plan in all Directorates.</li> </ul>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
1.6	Gastroenterology	Increase NHS participation in Gastroenterology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into Gastroenterology studies on the NIHR CRN Portfolio	90%	<p>At present 90% of acute Trusts across the region are recruiting into Gastroenterology studies on the NIHR CRN Portfolio. By end of 2015/16 we expect this to increase to 100%.</p> <ul style="list-style-type: none"> <li>• Need to forge stronger links with all the units across the East Midlands. Specialty Lead to arrange meetings over the next year with all relevant units.</li> <li>• Need to identify champions of research within each Trust to take forward commercial sponsored studies in areas of interest, and with support from the CRN Network and RDM to help them to set these up.</li> <li>• Need to identify opportunities to work collaboratively with colleagues in all divisions to improve recruitment in studies such as HALT IT and ACCURE (the latter with colorectal surgery).</li> </ul>	<p>100% of acute Trusts across the region are currently recruiting in to NIHR CRN Portfolio Gastroenterology studies. However overall recruitment figures are down in 2015/16 due in part to a lack of eligible multi centre site studies looking for additional sites</p> <ul style="list-style-type: none"> <li>• Good engagement between the nominated specialty lead and the smaller Trusts.</li> <li>• CRN division team continue to support the Specialty Lead in organising and facilitating meetings with clinicians in the smaller acute Trusts (i.e. Lincoln) to raise profile of research and of the NIHR portfolio studies.</li> <li>• We have continued to identify opportunities to work collaboratively with colleagues across all specialties and in all PO's to increase recruitment in studies such as HALT IT (badged as Injuries and Emergencies).</li> </ul>
1.7	Haematology	Increase NHS participation in Haematology studies on the NIHR CRN Portfolio	Proportion of eligible NHS Trusts undertaking Haematology studies in each LCRN	50%	<p>At the beginning of 2015/16 we were already achieving this objective with 50% of Trusts in the region participating. During 2015/16 we will scope all Trusts in the region to ensure all those providing haematology services are participating in portfolio studies.</p>	<p>Throughout 2015/16 we have maintained this with good trust engagement. All eligible Trusts have participated in haematology studies during 2015/16. The 8 Trusts (United Lincolnshire Hospitals, Nottingham University Hospitals NHS Trust, University Hospitals of Leicester NHS Trust, Chesterfield Royal Hospital NHS Foundation Trust, Derby Teaching Hospitals NHS Foundation Trust, Kettering General Hospital NHS Foundation Trust, Northampton General Hospital NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust) that offer haematology services have recruited 157 recruits, against a local target of 100.</p>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
1.8	Injuries and Emergencies	Increase NHS major trauma centres' participation in NIHR CRN Portfolio studies	Proportion of NHS major trauma centres recruiting into NIHR CRN Portfolio studies	100%	Last year (2014/15), CRN: East Midlands already achieved this objective as the Nottingham Major Trauma Centre (MTC) is actively contributing to NIHR CRN Portfolio; and we intended to ensure this is maintained into 2015/16. Over the next year there is a need to develop an understanding that trauma research will necessarily cross departmental and institutional boundaries. This will require close collaboration between all those involved in research across the trauma pathway within the MTC and communication between EMAS, the Trauma units and the MTC. The CRN: East Midlands will need to continue to support the Trauma Research Group and facilitate communication within NUH and between NUH and stakeholders in the Network.	<p>We continue to achieve this objective and have good engagement with the MTC in Nottingham. Since the appointment of the Research Operations Manager we have engaged with the Director of the Nottingham Major Trauma Centre to scope and understand the types of research that the Centre can undertake. We are actively seeking research opportunities that the MTC can undertake both jointly with I&amp;E and stand alone studies.</p> <p>Next step is a joint meeting between the nominated specialty lead for Injuries and Emergencies, EMAS and the MTC to strengthen relationships and form a true collaboration across the trauma pathway so that we are able to pursue all eligible studies and deliver.</p>
1.9	Injuries and Emergencies	Increase NHS emergency departments' participation in NIHR CRN Portfolio studies	Proportion of NHS emergency departments recruiting into NIHR CRN Portfolio studies	30%	<p>At the beginning of 2015/16 40% of NHS emergency departments are recruiting into NIHR CRN Portfolio studies across the region. We believe that by year end this will increase to &gt;50%.</p> <p>The potential to increase this target will depend upon the success of the AIRWAYS II study (in set-up) conducted by East Midlands Ambulance Service (EMAS). All Emergency Departments that handle patients from EMAS will have the opportunity to participate.</p>	<p>Injuries and Emergencies have had an excellent year in 2015/16, surpassing expectations with over 320% of the total recruitment target. Currently 90% of acute Trusts are recruiting into Injuries and Emergencies studies on the NIHR CRN Portfolio. This is in part due to the success of the AIRWAYS II study conducted by the East Midlands Ambulance Service (EMAS) across the region.</p> <p>In addition there is a joint meeting planned mid May 2016 between the nominated specialty lead for Injuries and Emergencies, EMAS and the MTC to strengthen relationships and form a true collaboration across the trauma pathway so that we are able to pursue all eligible studies and deliver. This will enable the CRN to continue to surpass the national set target of 30%</p>



ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
1.10	Musculoskeletal	Increase NHS participation in Musculoskeletal studies on the NIHR CRN Portfolio	Number of sites recruiting into Musculoskeletal studies on the NIHR CRN Portfolio	300	<ul style="list-style-type: none"> <li>Number of sites recruiting to MSK studies across East Midlands is 10. For 2015/16 there is a target of 12 sites delivering MSK studies. Work currently underway with developing links for delivery within Lincolnshire.</li> <li>Roll out study delivery across additional sites to open up patient access to studies.</li> <li>Specialty Lead will be presenting at regional Rheumatology event to consider research and delivery across the region as a means of engaging new sites.</li> </ul>	<ul style="list-style-type: none"> <li>We currently have 79 actively recruiting studies across 9 sites in the East Midlands. We continue to develop work to increase the number of portfolio studies across the East Midlands</li> <li>The number of commercial/complicated studies has increased</li> <li>Another very successful year for MSK, surpassing their recruitment target of 1,000. At the date of writing, 1365 recruits have been entered onto musculoskeletal studies in the East Midlands.</li> </ul>
1.11	Ophthalmology	Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into Ophthalmology studies on the NIHR CRN Portfolio	60%	<p>At the start of 2015/16 only 30% of acute NHS Trusts in the East Midlands are contributing recruitment to NIHR CRN Ophthalmology Portfolio studies. Current activity centres around two large teaching hospitals. Depending upon the types of studies that are available this year it is hoped that we can increase this target to &gt;50%.</p> <ul style="list-style-type: none"> <li>Need to investigate and quantify activity in all Ophthalmology departments across the region both in Trusts and in the community.</li> <li>Promotion of CRN: East Midlands to clinicians across the region, including infrastructure support, and increased opportunities for networking.</li> <li>Need to establish and forge links with research interested Ophthalmology colleagues; including research optometrists and orthoptists. Optometrists are a specialised group of</li> </ul>	<p>Although we are below the national target there has been a significant increase in the amount of NHS Trusts within the East Midlands that provide eye services recruiting to Ophthalmology NIHR CRN Portfolio studies (50%). Current activity still centres on the larger acute Trusts in the region.</p> <p>The nominated Specialty Lead and RDM are actively engaged with the clinicians from all PO's across the region to ensure meaningful research activity is a key part of the strategic plan for all Directorates.</p> <p>A Trainee Research Network Initiative for ophthalmologists / optometrists is being supported by the specialty lead and the CRN and a Trainee event to launch this initiative was held in March 2016 with good attendance.</p>



ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
					practitioners that as yet have not been specifically targeted to participate in Ophthalmology studies.	
1.12	Renal Disorders	Increase the proportion of NHS Trusts recruiting into Renal Disorders studies on the NIHR CRN Portfolio which actively engage renal and urological patients in research	Proportion of NHS Trusts recruiting into Renal Disorders studies on the NIHR CRN Portfolio which implement Patient Carer & Public Involvement and Engagement (PCPIE) strategies for Renal Disorders research	25%	<p>Creating an East Midlands identity for renal research, to ensure it is seen as a whole area of renal excellence in research rather than as individual Trusts, all new studies circulated across the region.</p> <p>Consolidate the existing Renal PPI Groups across the East Midlands (Leicester &amp; Nottingham) into a single East Midlands wide PPIE group who will meet regularly to promote studies across the LCRN geography. A particular focus will be in relation to the areas without PCPIE groups in renal research - Lincolnshire, Northamptonshire and Derbyshire.</p>	<p>We now have a robust system for circulating new studies and a phased strategy for introducing increasingly complex clinical studies to Lincolnshire and Northamptonshire. We have recently dedicated research nurse time to support the 2 dialysis units in Northamptonshire to provide access to clinical trials for patients on HD. We plan to run the SIMPLIFIED RCT in the Lincolnshire dialysis units.</p> <p>We are running a pan-East Midlands PPI event in the second half of 2016. Leicester is organising the 3<sup>rd</sup> UK IgA nephropathy Patient Information Day May 7<sup>th</sup> 2016. All 5 East Midlands Renal units will be contributing to this event.</p>
1.13	Stroke	Increase the proportion of NHS Trusts, providing acute Stroke care, recruiting to Stroke studies on the NIHR CRN Portfolio	Proportion of NHS Trusts, providing acute Stroke care, recruiting participants into Stroke studies on the NIHR CRN Portfolio	80%	<p>All acute stroke units within the East Midlands currently recruit to studies on the NIHR Portfolio, thus we intend to maintain this and continue to provide relevant support through dedicated staffing in larger centres and generic workforce in smaller trusts.</p> <p>Additionally, Kettering General Hospital (not an acute site) are currently in the set-up phase for 2 observational studies – which will bring the number of active centres in the East Midlands to 9. This will ensure ALL stroke patients in the East Midlands have the opportunity to participate in stroke research.</p>	<p>This target has been achieved. Northampton and Lincoln have recently seen an upturn in recruitment after investment in training some new staff at those sites.</p> <p>Chesterfield has been able to take on a large RCT 'HEADPOST' using their CRN funded workforce. Kettering has not progressed with regards to research on the portfolio – however they are not an acute centre and therefore do not affect this target. We feel it is prudent to focus work on acute sites where there is greater potential to support portfolio research; however are keen to support Kettering and other sites going forward if suitable portfolio studies become available.</p>
1.14	Surgery	Increase NHS participation in Surgery studies on the	Proportion of acute NHS Trusts recruiting patients	85%	At the start of 2015/16, 100% of acute Trusts across the East Midlands were recruiting patients into Surgery studies	By the end of 2015/16 90% of acute Trusts are recruiting patients in to surgery studies

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		NIHR CRN Portfolio	into Surgery studies on the NIHR CRN Portfolio		<p>on the NIHR CRN Portfolio. To maintain this position we need to engage and support close collaboration with our Partner Organisations and continue to build on the track record across the region.</p> <ul style="list-style-type: none"> <li>• Nominate a surgical research lead in each Trust and provide them with GCP training in a manner convenient to them.</li> <li>• Monitor performance and take interventional action as appropriate in cases where delivery is not achieving time and target.</li> </ul>	<p>open on the NIHR CRN Portfolio.</p> <p>CRN: East Midlands is currently supporting recruitment in 11 out of the identified 15 subspecialties of surgery. The Specialty Lead and RDM have forged closer links with surgery teams across the region that undertake the subspecialties within surgery that we are currently not supporting in order to increase our portfolio of studies and recruitment, although the success of this will in part depend upon the NIHR CRN Portfolio studies being suitable for our region and open to additional sites.</p> <p>In 2015/16 the CRN: East Midlands team have begun to support the rebirth of the East Midlands Surgical Academic Network (EMSAN) - a Trainee Initiative open to all Surgical Trainees in the region. In due course it is envisaged that this Trainee Network will work alongside the emerging Anaesthetic and Critical Care Trainee Networks to develop their own research ideas and to help in supporting the delivery and recruitment in to NIHR CRN Portfolio studies.</p> <p>Over 50% of NIHR Portfolio Surgery open studies are achieving time to target. With a robust performance monitoring system now in place this should increase to &gt;80% within the next year.</p>

## GROUP 2: PORTFOLIO BALANCE

Delivering a balanced portfolio (across and within Specialties) that meets the needs of the local population and takes into account national Specialty priorities

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
2.1	Ageing	Increase access for patients to Ageing studies on the NIHR CRN Portfolio	Proportion of Ageing-led studies which are multicentre studies	50%	<ul style="list-style-type: none"> <li>• Collaboration with East Midlands Ageing Research Network.</li> <li>• Site visit to research naïve centres to open up additional centres.</li> <li>• Baseline number of multi-centred studies is seven. Of these 2 are in setup and a further 2 in the pipeline.</li> </ul>	<ul style="list-style-type: none"> <li>• We currently have 11 active multicentre studies across 6 sites, in the East Midlands, with two further studies still in pipeline.</li> <li>• Ageing has achieved 413 recruits against a target of 400, successfully completing their Specialty Recruitment target for 2015/16.</li> <li>• An engagement meeting is planned with United Lincolnshire Hospitals to plan their involvement in future research; this will take place in May.</li> </ul>
2.2	Cancer	Increase the number of cancer patients participating in studies, to support the national target of 20% cancer incidence	Number of LCRNs recruiting at or above the national target of 20%, or with an increase compared with 2014-15	15	During 2015/16 we aim to increase recruitment as compared with the current 2014/15 predicted recruitment of 13% of cancer patients participating in studies and a predicted 5.5% in intervention trials. We will continue working towards achieving both the 20% and 7.5% recruitment target.	Performance against this objective has been poor. The speciality as a whole has seen a drop in the numbers of patients recruited into studies, and within the East Midlands this has been a higher than expected drop. From 3,162 in 2014/15 to 2,423 in 2015 /16 (against a local target of 4,000). 20% of our local cancer incidence would be 4682, which we have not achieved.
2.3	Cancer	Increase the number of cancer patients participating in interventional trials, to support the national target of 7.5% cancer incidence	Number of LCRNs recruiting at or above the national target of 7.5%, or with an increase compared with 2014-15	15	<p>This will be achieved by working closely and in partnership with the CRN: East Midlands team, specialty leads, partner organisations, cancer research leaders, East Midlands Strategic Clinical Networks Expert Clinical Advisory Groups (ECAGs), research teams and individual principal investigators to:</p> <ul style="list-style-type: none"> <li>• Accurately monitor the portfolio and recruitment at the organisational, clinical study group and individual study level</li> </ul>	<p>Recruitment into 'interventional' or 'both' studies has been 1,102, 45 % of the overall 'Cancer' recruitment. This is down slightly on last year which was 46% of the overall 'Cancer' recruitment.</p> <p>To specifically address the plan, we are now working closely with the sub-specialty Leads, partner organisations, cancer research leaders and East Midlands Strategic Clinical Networks Expert Clinical Advisory Groups (ECAGs), however, there has been a period of 5 months where there has been a</p>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
					<ul style="list-style-type: none"> <li>• Make portfolio decisions that will fill gaps and replace closing trials</li> <li>• Benchmark against others and adjust the portfolio accordingly</li> <li>• Set realistic targets for studies and flag any shortfalls in recruitment</li> <li>• Identify and escalate any barriers to the portfolio and recruitment</li> <li>• Map and monitor resources to deliver the objectives</li> </ul>	changeover of staff (Research Delivery Manager).
2.4	Cancer	Deliver a Portfolio of studies including challenging trials in support of national priorities	Number of LCRNs recruiting into studies in: <ul style="list-style-type: none"> <li>• Cancer Surgery</li> <li>• Radiotherapy</li> <li>• Rare cancers (cancers' with incidence &lt;6/100,000/year)</li> <li>• Children's Cancer &amp; Leukaemia and Teenagers &amp; Young Adults</li> </ul>	15	CRN: East Midlands will continue to recruit to and open new cancer surgery, radiotherapy and rare cancer trials. It will serve the full range of cancer types in adult and children including challenging trials in support of national priorities. This is achieved by ensuring all tumour types have an appropriate portfolio of trials and though horizon scanning to replace trials as they close. <p><b>Cancer Surgery</b></p> <ul style="list-style-type: none"> <li>• Surgical trials and key Principle Investigators will be specifically identified during portfolio reviews and process mapping</li> <li>• The Sub Specialty Leads who are surgeons will lead initiatives to promote surgical trials</li> <li>• Infrastructure will be modified to support and further develop the cancer surgery portfolio</li> <li>• Where possible work will be carried out across divisions to achieve critical mass and enhance surgical specialties currently without adequate support.</li> </ul> <p><b>Radiotherapy</b></p>	During 2015 / 16, CRN: East Midlands has met this objective by recruiting into studies in: - <ul style="list-style-type: none"> <li>• Cancer Surgery (2423)</li> <li>• Radiotherapy (586)</li> <li>• Rare cancers (cancers' with incidence &lt;6/100,000/year) (594)</li> <li>• Children's Cancer &amp; Leukaemia (218) and Teenagers &amp; Young Adults (5)</li> </ul>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
					<ul style="list-style-type: none"> <li>The Research Delivery Manager will attend and give research updates at the newly reformed Radiotherapy ECAG Meetings to promote the radiotherapy research agenda</li> <li>Radiotherapy research is a priority that will be added to oncology strategies of partner organisations</li> <li>Radiotherapy trials will be actively identified during portfolio reviews to enlarge the radiotherapy trial portfolio and increase recruitment.</li> </ul> <p><b>Rare cancers (cancers with incidence &lt;6/100,000/year)</b></p> <ul style="list-style-type: none"> <li>An appropriate portfolio of rare cancer trials and referral pathways will be maintained.</li> </ul> <p><b>Children's Cancer &amp; Leukaemia and Teenagers &amp; Young Adult</b></p> <ul style="list-style-type: none"> <li>A portfolio review will be undertaken with the Specialty Lead to identify suitable trials and sites across the East Midlands</li> <li>East Midland's trial coordination and patient referrals will be enhanced by the implementation of shared care and shared governance arrangements</li> <li>Nottingham will become the lead centre in the UK for a Biocharacterisation study</li> <li>To continue to work closely with Division 3 colleagues, particularly in relation to studies requiring non-chemotherapy interventions, e.g. antiemetics, others, as necessary.</li> </ul> <p>Additional support will be requested, as</p>	

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
					identified during the NIHR Coordinating Centre visit to the CYPICS Principle Treatment Centre	
2.5	Cardiovascular Disease	Increase access for patients to Cardiovascular Disease studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into multi-centre studies in at least five of the six Cardiovascular Disease sub-Specialties	15	Review is being undertaken of the strengths, expertise and interest in research of the acute trusts across the East Midlands (EM) to ensure all areas of the 6 sub Specialities are covered. This is monitored quarterly by representation at the EM Cardiovascular meeting. On this basis the EM LCRN will be able to fully participate in CRN studies in all sub Specialities.	The Cardiovascular team within the EM continues to meet on a Quarterly basis and as a result we have been able to ensure that studies within all of the 6 sub specialties have been recruited to by identifying specialist areas of interest within the region.
2.6	Diabetes	Increase support for areas of Diabetes research where traditionally it has been difficult to recruit	Number of LCRNs recruiting into diabetic foot studies on the NIHR CRN Portfolio	15	2 sites within the region have PIs who specialise in Diabetic Foot Studies (Derby and Nottingham). DRN 819 Leucopatch II (CI in Derby) is running until Jan 2016. UHL have a diabetic foot ulcer study (TODFU2) undergoing governance checks.  Plan to identify foot studies which can be rolled out into other sites, initially targeting our other large teaching trust, University Hospital of Leicester NHS Trust, with a view to potentially running these studies in GP and community settings - if relevant studies.	DRN 819 – Leucopatch is now open in Derby, Nottingham, Leicester and Lincoln sites.  Due to the nature of treatment required for these studies in clinics the rollout to GP and Community settings are still ongoing discussions. Although there are more robust conversations between Primary Care (Division 5) and Division 2 to work more collaboratively in the coming year.
2.7	Diabetes	Increase access for people with Type 1 Diabetes to participate in Diabetes studies on the NIHR CRN Portfolio early after their diagnosis	Number of LCRNs approaching people with Type 1 Diabetes to participate in interventional Diabetes studies on the NIHR CRN Portfolio within six months of their diagnosis	15	Sites within CRN: EM already participate in DRN 552 Address 2 and DRN 100 Trialnet - recruiting to both the Paediatric and Adult arm.	Address 2 continues to run in all our sites however of the 4 studies open nationally for Type 1 Diabetes patients, none are open in the EM (2 are single site non-commercial and 2 are commercial studies where EM were not chosen sites) and all patients contacted via the Database for Type 1 studies were done so after 6 months.  Address 2 contracts were re-negotiated during 15/16 and due to the heavy workload

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
						burden on sites to contact patients after they had been consented; we saw two major sites withdraw from the study (Leic Adult side only and NUH).
2.8	Gastroenterology	Increase the proportion of patients recruited into Gastroenterology studies on the NIHR CRN Portfolio	Number of participants (per 100,000 population), recruited into Gastroenterology studies on the NIHR CRN Portfolio	15	<p>Achieving 15/100,000 will be dependent on the studies available on the Portfolio; some are easy to recruit to, others are more challenging.</p> <p>Need to establish closer links between regional partner organisations; a half-day meeting open to all GI researchers in the network is to be scheduled. Need to encourage and support more research active PI's across the region, especially newly appointed consultants.</p>	<p>Due to an overall decline in multi centre site studies in Gastroenterology CRN: East Midlands has not achieved 15/100,000 current position and has slipped to 11<sup>th</sup> out of 15 LCRN (based on national statistics).</p> <p>The Specialty Lead and support team is currently planning a joint meeting to facilitate closer and more joint working across the two main centres for gastroenterology research. Further work is anticipated in 2016/17 to increase the number of NHS Trusts actively participating in Gastroenterology studies on the NIHR CRN Portfolio.</p> <p>The need to increase recruitment activity within this specialty is a priority. The plan is to get all Trusts across the East Midlands participating in the "IBD Bioresource" study (25,000 recruits nationally)</p>
2.9	Genetics	Increase access for patients with rare diseases to participate in Genetics studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into multi-centre Genetics studies through the NIHR UK Rare Genetic Disease Research Consortium	14	<p>CRN: East Midlands currently contributes to this objective with 43% of its organisations participating in genetics portfolio research, we are keen to maintain our involvement. Additionally, the East Midlands benefits from two regional genetics centres that are actively involved with rare genetic disease studies.</p> <p>Our aims for 2015/16 are to:</p> <ul style="list-style-type: none"> <li>• Increase the number of NIHR UK Rare Genetic Disease Research Consortium studies open in the two regional genetics centres.</li> <li>• Ensure that all relevant individuals in the region have the opportunity to participate in these studies.</li> </ul>	<p>CRN: East Midlands has continued to recruit patients into the NIHR UK Rare Genetic Disease Research Consortium studies.</p> <p>In 2015 / 16 we recruited to 8 studies, totalling 206 recruits in our 2 genetics centres.</p> <p>Overall, the specialty recruited 454 participants into portfolio studies, against a target of 250.</p>



ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
					<ul style="list-style-type: none"> <li>Explore and capitalise on any opportunities that may arise from having one of our Trusts participating in the 100,000 Genomes Project.</li> </ul>	
2.10	Haematology	Increase access for patients to Haematology studies undertaken by each LCRN	Number of LCRNs recruiting into studies in at least three of the four following Haematology sub-Specialties: Haemoglobinopathy, Thrombosis, Bleeding disorders, Transfusion	15	CRN: East Midlands currently exceeds this objective by recruiting to studies in all four sub-specialties. During 2015/16 we will ensure this is monitored and maintained by working with all relevant sites to ensure a balanced portfolio is supported.	<p>During 2015/16 we have recruited participants in to all four sub-Specialties.</p> <p>Bleeding Disorders = 87</p> <p>Haemoglobinopathy = 1</p> <p>Thrombosis = 62</p> <p>Transfusion = 7</p> <p>In total we recruited 157 participants against a target of 100. These were across 7 studies, one of which was commercially sponsored.</p>
2.11	Hepatology	Increase access for patients to Hepatology studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into a multi-centre study in all of the major Hepatology disease areas (including Viral Hepatitis, NAFLD, Autoimmune Liver Disease, Metabolic Liver Disease)	15	<p>CRN: East Midlands is recruiting in to studies in all of the major Hepatology disease areas, thus achieving this goal, which we will seek to maintain. Additionally, there is potential to increase the amount of sites across the region to contribute by undertaking the following:</p> <ul style="list-style-type: none"> <li>Survey Monkey devised to establish resources / interest across the region.</li> <li>Once survey completed follow up phone call to every consultant outside of Nottingham with an interest in Hepatology to discuss the results, and develop a research CV for each centre based upon the information gathered.</li> <li>Face -to-Face meetings scheduled with Partner Organisations commencing Feb/March 2015.</li> </ul>	<p>CRN: East Midlands continues to recruit into studies in all of the major Hepatology disease areas, thus achieving this goal, which we will seek to maintain. Additionally, there is the potential to increase the amounts of sites across the region that can contribute, and the newly appointed Specialty Lead in this area will be instrumental in supporting the RDM / Research Operations Manager to identify sites and forge stronger relationships with the clinicians by undertaking the following:</p> <ul style="list-style-type: none"> <li>Establish an East Midlands wide monthly TC to discuss EM Hepatology / Gastroenterology Portfolio studies with agenda and minutes circulated.</li> <li>Ensure all relevant sites have a simple database of patients with HCV/HBV and Autoimmune hepatitis/ PSB/PSC set up.</li> <li>Aim to increase commercial activity in specific centres, i.e. Leicester and Derby. There are a large number of</li> </ul>



ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
					<ul style="list-style-type: none"> <li>• CRN: East Midlands monthly TC to be established to discuss EM Hepatology/ Gastro Portfolio studies with minutes circulated (currently set up in former Trent CLRN area only).</li> <li>• Concentrate on and increase commercial activity in specific centres i.e. Leicester and Derby. Large number of commercial studies currently in set-up that cover a number of different disease areas: viral, metabolic, and immunological disease.</li> <li>• Ensure all relevant centres have a simple database of patients with HCV/HBV, NAFLD, and Autoimmune hepatitis/PBC/PSC.</li> <li>• A number of studies are in the pipeline with potential for all sites to take part in and, hence, access for patients will be increased.</li> </ul>	<p>commercial studies in set-up that cover a number of different disease areas: viral, metabolic and immunological disease.</p> <ul style="list-style-type: none"> <li>• There are a number of studies in the pipeline with the potential for all sites across the region to take part in and, hence, access for patients will be increased.</li> <li>• Plan to link in with the gastro trainees via a forthcoming training day in May 2016 to discuss "Research opportunities and set up in East Midlands"</li> </ul>
2.12	Infectious Diseases and Microbiology	Increase access for patients to Infectious Diseases and Microbiology studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into antimicrobial resistance research studies on the NIHR CRN Portfolio	15	<ul style="list-style-type: none"> <li>• Currently only 50% of acute Trusts in the region are recruiting patients to Infectious Diseases and Microbiology studies on the NIHR CRN Portfolio. Depending up on the types of studies that are available this year it is hoped that we can increase this figure to &gt;75%.</li> <li>• Need to investigate and quantify activity in all centres across the region both in Trusts and in the community i.e. GUM clinics, and Sexual Health clinics.</li> <li>• Specialty lead is required to engage and link with the national Microbiology community via the national Infectious Diseases and Microbiology Specialty Group</li> </ul>	<p>At present &gt;60% of acute Trusts are recruiting patients to the Infectious diseases and Microbiology studies on the NIHR CRN Portfolio.</p> <p>Increased commercial activity within this specialty: The region is currently supporting 2 portfolio adopted Infection commercial studies. Depending up on the types of commercial studies that are available this year it is hoped we can increase this figure by 10%.</p> <p>The newly appointed Specialty Lead has made it a priority to engage and link in with the national Infectious Diseases and Microbiology Specialty group meetings and circulate appropriate articles and information to clinicians across the region.</p> <p>This will help to raise the awareness of CRN: East Midlands to both clinicians and microbiologists across the region, and forge</p>

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					<p>meetings.</p> <ul style="list-style-type: none"> <li>• Need to promote CRN: East Midlands to both clinicians and microbiologists across the region, including infrastructure support, and increased opportunities for networking.</li> <li>• Engage and forge collaborations between clinicians and academia.</li> <li>• Encourage single centre sites to open access for patients from across the region.</li> <li>• Link in with the East Midlands Infectious Disease Research Network to explore potential collaborations between the CRN and this Special Interest Group.</li> </ul>	<p>collaborations between clinicians and academia.</p> <p>The RDM / Research Operations Manager aim to support the specialty lead to identify, quantify and scope current activity across the region both in Trusts and in the community i.e. GUM clinics and Sexual Health clinics so that we can support these centres to become involved in conducting NIHR portfolio studies.</p>
2.13	Metabolic and Endocrine Disorders	Increase access for patients with rare diseases to participate in Metabolic and Endocrine Disorders studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into established studies of rare diseases in Metabolic and Endocrine Disorders on the NIHR CRN Portfolio	15	Participation in the UK National Acromegaly Register. This is a long term prospective study of a rare condition, which collections biochemical and clinical data from routine clinical practice (UKCRN ID: 17203).	There are 2 rare disease studies running with the EM which contributed to this objective.
2.14	Oral and Dental	Increase access for patients and practitioners to Oral and Dental studies on the NIHR CRN Portfolio	A: Proportion of Oral and Dental studies on the NIHR CRN Portfolio recruiting from a primary care setting	20%	Work with Oral and Dental Specialty lead to determine opportunities for study roll out locally. To scope and develop capacity to support these studies as required.	<ul style="list-style-type: none"> <li>• We currently have 1 actively recruiting Oral and Dental Study</li> <li>• 10 recruits were achieved in 2015/16</li> <li>• There have been no new studies to send out for EOI in the region for the past four months, despite actively searching the current Portfolio database.</li> </ul>
			B: Proportion of participants recruited from a primary care setting into Oral and Dental studies on the NIHR CRN Portfolio	30%	<ul style="list-style-type: none"> <li>• Work with Specialty Lead to attract studies into the region.</li> <li>• Present at Dentistry forum to engage community dentists and determine where studies can be delivered in primary care. Identify and support sites to recruit</li> </ul>	Attended national dentistry group meetings to discuss portfolio and potential for studies in locality. There are currently very few studies so have decided to await portfolio growth before further local dentistry engagement. It was felt this would be more appropriate to adopt this approach to minimise risk of recruiting dentists without

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
					patients. <ul style="list-style-type: none"> <li>Proportion of dentists approached and supported to become research active needs to be in balance and commensurate with the needs of the local portfolio.</li> </ul>	a portfolio to engage with. Will monitor studies arising on portfolio and re-assess timing of engagement accordingly.

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
2.15	Primary Care	Increase access for patients to NIHR CRN Portfolio studies in a primary care setting	Proportion of NIHR CRN Portfolio studies delivered in primary care settings	15%	<ul style="list-style-type: none"> <li>• Continue with a revised RSI scheme.</li> <li>• Re-engage with practices in the current RSI to plan and further build capacity, and determine which sites will move to a federated/hub model and timescale.</li> <li>• Engage with practices outside of RSI scheme to promote participation in research.</li> <li>• Develop leadership site model and move to having 1 to 2 sites in 15/16 across counties of East Midlands: Leadership sites will have greater responsibility for recruitment, commercial research delivery and promotion of dementia challenge and JDR.</li> <li>• Engage with the National School of Primary Care Research to raise awareness of additional portfolio studies.</li> <li>• Engage with other specialities to enable recruitment of patients within a primary care setting.</li> <li>• Develop a community pharmacy research delivery strategy for East Midlands.</li> <li>• Establish a database of research interested pharmacists.</li> <li>• Target to have 8 pharmacy sites Research Ready accredited</li> <li>• Collaboration with Universities (School of pharmacy) across East Midlands for community pharmacy engagement and support to portfolio research delivery.</li> </ul>	<p>The RSI scheme had another successful year with the overall scheme continuing to contribute a significant amount of recruitment to the overall total.</p> <p>Primary Care has achieved over 17,200 recruits against an overall target of 17,000.</p> <p>In line with our primary care strategy we implemented a leadership site scheme where all applicants were subject to a robust panel review. Four practices were successfully appointed, all with some plans for federated working, during the 6 months pilot phase. Following a favourable evaluation we will be continuing the programme next year.</p> <p>As part of a drive to encourage hub and spoke working several practices new to research have been recruited as spokes for the regional leadership sites.</p> <p>We have established a line of communication with the SPCR regional base at the University of Nottingham Medical School and we have agreed to keep each other informed of opportunities to collaborate.</p> <p>We have been establishing links with commercial research organisations and sponsors which has already resulted in a study originally destined for secondary care opening for recruitment in primary care as well GAST 4121)</p> <p>We have developed a community pharmacy strategy (appendix 5) and established a database of interested pharmacies.</p> <p>Collaboration with Universities (School of pharmacy) across East Midlands for community pharmacy engagement and support to portfolio research delivery.</p>

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ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
2.16	Renal Disorders	Increase NHS participation in Renal Disorders studies on the NIHR CRN Portfolio	A. Proportion of acute NHS Trusts recruiting into multi-centre Renal Disorders randomised controlled trials on the NIHR CRN Portfolio	30%	<ul style="list-style-type: none"> <li>Lincolnshire does not participate in any Renal research at present the site is engaging in its first observational study to build up PI confidence for potential engagement in RCTs towards the end of the year.</li> <li>Resource support for studies will need to be addressed by the partner organisations.</li> </ul>	<p>The SIMPLIFIED RCT in haemodialysis will commence in Lincolnshire in 2016. We have already introduced the PIVOTAL RCT to haemodialysis units in Northamptonshire.</p> <p>An increase in UHL CRN nursing support will provide capacity to further develop HD studies in Lincs &amp; Northants (these HD units are part of UHL NHS Trust)</p> <p>In 2015/16 3/5 (60%) of renal units were delivering randomised controlled trials on the NIHR CRN Portfolio</p>
			B. Proportion of Renal Units recruiting into multi-centre Renal Disorders randomised controlled trials on the NIHR CRN Portfolio	80%	<ul style="list-style-type: none"> <li>Derby, Leicester and Nottingham are all established sites with infrastructure in place to deliver research; these sites are encouraged to open at least two new studies per year (if feasible with current resources/capacity).</li> <li>Overarching review carried out of all open studies, both national and local, to ensure there is maximum penetration in all local sites for renal research on a monthly basis.</li> <li>Consolidate research activity in Northamptonshire Dialysis patients to develop a research portfolio including commercial and non-commercial studies of varied complexity.</li> </ul>	<p>As above, real progress made in Northamptonshire (PIVOTAL RCT) and Lincolnshire will be conducting their first RCT later this year.</p> <p>Regular discussion of open trials and sharing of trial experience across centres to encourage centres to be involved in open studies already conducted at other sites in the East Midlands.</p> <p>In 2015/16 4/5 (80%) of renal units were delivering randomised controlled trials on the NIHR CRN Portfolio</p>

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2.17	Respiratory Disorders	Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio	Number of LCRNs recruiting participants into NIHR CRN Portfolio studies in the Respiratory Disorders main disease areas of Asthma, COPD or Bronchiectasis	15	<p>CRN: East Midlands is currently recruiting participants in the main respiratory disease areas of Asthma, COPD and Pneumonia. However there is the potential to increase recruitment into Bronchiectasis studies. Therefore, we need to maintain and expand current infrastructure required to increase recruitment to research databases for Asthma, COPD, Bronchiectasis and other respiratory infections across the East Midlands area including Primary, Secondary, Tertiary Care areas, supported by the large teaching hospitals.</p> <ul style="list-style-type: none"> <li>• Need to establish closer links with respiratory departments /colleagues in the acute Trusts across the region.</li> <li>• Develop new focussed research clinics, i.e. "Acute Asthma clinic", "Advanced COPD clinic", "Pulmonary Fibrosis, and "Bronchiectasis". These clinics will contribute to PI-initiated and Trust/University sponsored studies as well as commercial activity</li> </ul>	<p>CRN: East Midlands continues to recruit participants in the main respiratory disease areas of Asthma, COPD and Bronchiectasis. We need to maintain and expand current infrastructure required to increase recruitment to research databases for Asthma, COPD, Bronchiectasis and other respiratory infections across the East Midlands area including Primary, Secondary, Tertiary Care areas, supported by the large teaching hospitals. The Specialty lead is instrumental in forging closer links and relationships with the respiratory departments /colleagues in the acute Trusts across the region. The East Midlands Thoracic Society has reformed and the first meeting was held in March 2016 and the second is planned for early Autumn. We need to ensure the new focused research clinics, i.e. "Acute Asthma clinic", "Advanced COPD clinic", "Pulmonary Fibrosis, and "Bronchiectasis" are maintained. These clinics will contribute to PI-initiated and Trust/University sponsored studies as well as commercial activity.</p>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
2.18	Stroke	Increase the proportion of patients recruited into Stroke randomised controlled trials on the NIHR CRN Portfolio	A. Number of patients (per 100,000 population) recruited into Stroke randomised controlled trials on the NIHR CRN Portfolio	8	<ul style="list-style-type: none"> <li>Build on previous success by maintaining the expertise and current level of resource within the specialty at successful sites and continue to provide support to clinicians to act as PIs.</li> <li>Explore areas for working across specialties within the Division (cardiovascular in particular) and across division (Injuries and Emergency) for more efficient working, whilst recognising that some stroke studies (in particular acute recruitment with capacity and communication issues) require specialist skills.</li> <li>Aim to maintain staffing levels / support in high performing sites which will increase recruitment to RCT.</li> <li>2 large RCT studies coming on to the portfolio – all EM sites intend to adopt this subject to resource.</li> <li>Redirect funding to a joint stroke/cardiology research nurse to lead training and delivery across the East Midlands, in a 'one network' approach.</li> </ul>	<p>National RCT target was 424 RCT recruits – we achieved 701 recruits overall – with 447 intervention patients – so we achieved this national objective. This is a great achievement, and stroke continues to score very highly when looking at ABF.</p> <p>Recruitment was helped by the addition of HEADPOST a large cluster RCT to the portfolio. Furthermore the target would not have been reached without the recruitment of a large number of RCT patients in non HSRC centres, in particular Leicester, Derby, Mansfield and Boston. Recent improvement in recruitment at Chesterfield, Northampton and Lincoln ensured the target was met.</p> <p>We have explored areas for cross speciality working, although this has yet to have a direct tangible effect on recruitment figures.</p> <p>Maintaining staffing levels across the 8 units has been difficult in the current climate. Data supports the view that experienced staff with specialist skills are essential for recruitment into what are complex studies. When these staff leave there is an immediate fall in recruitment. Support from the RST has been beneficial in maintain recruitment at times of staff shortage.</p> <p>Bi-monthly teleconferences have taken place between sites, and meetings between the specialty lead and Portfolio Support Manager ensure all sites regularly review their portfolio and take on available studies across the portfolio.</p> <p>The appointment of a joint stroke cardiology post was not progressed as it was felt presently it would not be an efficient and effective use of resource.</p>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
2.19	Stroke	Increase activity in NIHR CRN Hyperacute Stroke Research Centres (HSRCs)	A: Number of patients recruited to Hyperacute Stroke studies on the NIHR CRN Portfolio in each NIHR CRN HSRC	50	<ul style="list-style-type: none"> <li>Maintain investment and capacity building in providing and building a quality provision for the HSRC in Nottingham which lead to not only increased hyper-acute recruits, but also recruits to complex and commercial RCTs</li> <li>Utilise the experience of the HSRC staff as this could eventually extend beyond stroke to other specialties where emergency recruitment is desirable and/ or required.</li> </ul>	<p>Staffing levels in the Nottingham HSRC have been an issue, with 3 members of staff leaving (for promotion elsewhere). There were delayed and protracted negotiations to secure permission to replace these staff and as a result the unit has not been able to staff an out of hour's rota for part of the year which has had an effect on recruitment; although has now been overcome.</p> <p>Total of 41 hyperacute RCT patients recruited (from a target of 50). This still represents success given our staffing levels but will not be sufficient to maintain HSRC status if the situation is not rectified and we are working closely with the new R&amp;I Director of NUH to ensure this situation is resolved.</p>
			B: Number of patients recruited to complex Hyperacute Stroke studies on the NIHR CRN Portfolio in each NIHR CRN HSRC	15	<ul style="list-style-type: none"> <li>Focus on recruitment to complex studies, with a number of commercial medical technical studies about to open.</li> <li>Appoint a lead stroke/cardiology research nurse to lead training and delivery across the East Midlands – focusing on complex studies.</li> </ul>	<p>Total of 7 complex hyperacute RCT patients recruited (from a target of 15). This still represents success given our staffing levels. There have been at least 4 occasions when suitable patients for these complex studies have not been recruited due to lack of staff availability.</p> <p>The appointment of a joint stroke cardiology post was not progressed, as Cardiology did not feel it would be the most efficient use of resource.</p>



### GROUP 3: RESEARCH INFRASTRUCTURE

#### Developing research infrastructure (including staff capacity) in the NHS to support clinical research

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
3.1	Cancer	Establish local clinical leadership and a defined portfolio across the cancer subSpecialty areas	Number of LCRNs with, for each of the 13 Cancer subSpecialties, a named lead and a defined portfolio of available studies	15	Local clinical leadership has been established across the cancer sub specialty areas. 13 Sub Specialty Leads have been appointment and become the named NHS England's East Midlands Senate and Strategic Clinical Network Expert Clinical Advisory Group (ECAG) Clinical Trial Lead. (i.e. Mr Baljit Singh for Colorectal, Dr Roshan Agarwal Upper GI, Prof David Walker Children, Dr Ivo Hennig Young People, Prof Poulam Patel Skin, Dr Cathy Williams Haematology Oncology, Dr Roshan Agarwal Gynaecology, Mr Amit Goyal Breast, Dr Ivo Hennig Sarcoma, Dr Andrew Wilcock & Dr Christina Faull Supportive & Palliative Care & Psychosocial Oncology, Dr Sam Kemp Lung, Prof Stuart Smith Brain, Dr Sundar Santhanam Urology, Mr Christopher Avery Head & Neck) They will continue to: attend and present at ECAG Meetings, meet regularly with the RDM to review and develop the portfolio plus monitor performance, attend East Midlands Joint Specialty Lead Meetings held every 3 months plus National Specialty Lead Meetings held annually. A performance framework for both the specialty and specialty lead will be implemented with specialty objectives set for 2015/16.	We continue to maintain clinical leadership across all 13 sub-specialties – Brain - Prof Stuart Smith Breast - Mr Amit Goyal Children - Prof David Walker Colorectal - Mr Baljit Singh Gynaecology - Dr Roshan Agarwal Haematology Oncology - Dr Cathy Williams Head & Neck - Mr Christopher Avery Lung – Dr Kimuli Ryanna Sarcoma/ TYA - Dr Ivo Hennig Skin - Prof Poulam Patel Supportive & Palliative Care & Psychosocial Oncology - Dr Andrew Wilcock & Dr Christina Faull Upper GI – Mr Giuseppe Garcea Urology - Dr Sundar Santhanam We have studies open and have recruited participants to all of the sub-specialties during 2015/16.

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
3.2	Anaesthesia, Perioperative Medicine and Pain Management	Establish links with the Royal College of Anaesthetists' Specialist Registrar networks to support recruitment into NIHR CRN Portfolio studies	Number of LCRNs where Specialist Registrar networks are recruiting into NIHR CRN Portfolio studies	4	<ul style="list-style-type: none"> <li>• Further exploration of the RCoA SpR network required at a local level.</li> <li>• The SL and RDM will develop plans to set up a local trainee network in year with support from the national team and leads.</li> <li>• First phase, the SL and RDM will be in contact with the Assistant Theme Lead, Joanne Ashcroft</li> <li>• All work relating to the RCoA will need to be coordinated via the Theme Director Steve Smye.</li> <li>• Continue to engage with and increase numbers of NHS Trusts contributing and recruiting to Portfolio studies.</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged with the Anaesthetic Trainees at the local Winter Scientific Training Meeting in Dec 2015. CRN team supported the set-up of MERCAT (Midlands (East) Research by Critical Care and Anaesthetics Trainees) through the nominated anaesthetic registrar.</li> <li>• MERCAT is now affiliated to RAFT (Research and Audit Federation of Trainees and will be taking part in the annual national project iHYPE (intra-operative hypotension in the older surgical patient).</li> <li>• Through the CRN: East Midlands Workforce Development Group a rollout of GCP training is being offered to the trainee groups.</li> <li>• The Deanery is supportive of this initiative, additionally Health Education East Midlands and CRN are planning an opportunity for a senior trainee to develop leadership and management experience in the CRN..</li> <li>• The Deanery will also work with the Head of School and Training Programme Directors to encourage the trainees to match with PIs to start contributing to CRN portfolio trial activity across the East Midlands both in Primary and Secondary Care.</li> </ul>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
3.3	Dementias and Neurodegeneration (DeNDRoN)	Optimise the use of “Join Dementia Research” to support recruitment into DeNDRoN studies on the NIHR CRN Portfolio	The proportion of people identified for DeNDRoN studies on the NIHR CRN Portfolio via “Join Dementia Research”	3%	<ul style="list-style-type: none"> <li>• Work with POs to open their Trust as a site on JDR</li> <li>• Work with CIs and PIs to place appropriate studies on JDR</li> <li>• Train CRN staff and clinicians to use JDR to recruit</li> <li>• Publicise JDR widely to GPs, CCGs, Memory clinics, patients and public</li> <li>• Communications Lead to enter publicity/promotion</li> </ul>	<p>We have increased the JDR database from 306 (April-15) to 1247 (Mar-16). Average of 79 volunteers a month, thereby achieving 4.5%. We are the 2nd CRN in JDR database growth 2015/16. Critical to this success was the role of the dedicated Dementia Challenge Project Manager. Specific division 4 team initiatives have included:</p> <p>Collaboration with a top University to become dementia friends and encourage staff (7,000) and students (30,000) to volunteer to JDR.</p> <p>Primary care continues to promote JDR in GP practices.</p> <p>JDR leaflets included in carer’s pack.</p> <p>Collaborated with the Alzheimer’s Society.</p> <p>Attended the AS Roadshow in 8 sites in the EM and supported them with their Memory Walks. Worked with Dementia signposting services to include Dementia Research.</p> <p>Attended PPG group event promoting JDR and looking for JDR champions.</p> <p>Robust CRN communications plan to promote JDR in EM (2 x BBC broadcasts, 3 x regional newspapers with featured articles on JDR and 2 video documentaries have been made around Dementia and JDR).</p> <p>Visited sites to discuss JDR use, identify effective JDR process and barriers. Support overcoming barriers. Share with other sites effective process and prevent barriers.</p> <p>Continue to promote JDR as a recruitment tool with PI’s.</p>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
3.4	Dementias and Neurodegeneration (DeNDRoN)	Increase the global and psychometric rating skills and capacity of LCRN staff supporting DeNDRoN studies on the NIHR CRN Portfolio	Proportion of LCRN staff who support DeNDRoN studies who have successfully completed Rater Programme Induction and joined the national Rater database	40%	<ul style="list-style-type: none"> <li>Neuropsychologist engaged to train 12 raters across the region</li> <li>Neuropsychologist supporting Practice Leads (PL) and Raters by establishing East Midlands wide PL Rater Club</li> </ul>	Neuropsychologist is currently contracted to support Practice Leads and train Raters: 3 Practice Leads identified and trained. 12 delivery staff on the national Rater register. PL's and Raters have access to support: 4x Rater Club meetings per annum held locally across the region to provide peer support and identify training opportunities, supported by the LCRN.
3.5	Infectious Diseases and Microbiology	Maintain research preparedness to respond to an urgent public health outbreak	Number of LCRNs maintaining a named Public Health Champion	15	<ul style="list-style-type: none"> <li>Phase 1. Draft Urgent Public Health Delivery Plan currently out for consultation with CRN: East Midlands senior team</li> <li>Phase 2: Draft plan to submit to Operational Management Group for comments/input</li> <li>Phase 3: Submit proposed Urgent Public Health Delivery Plan to Partner organisations for final sign off</li> <li>Phase 4: Implementation</li> <li>Nominated Public Health Champion is Dr Martin Wiselka - <a href="mailto:martin.wiselka@uhl-tr.nhs.uk">martin.wiselka@uhl-tr.nhs.uk</a></li> </ul>	Completed.  Urgent Public Health Delivery Plan last reviewed September 2015. Relevant sleeping studies updated.  Nominated Public Health Champion: Dr Martin Wiselka - <a href="mailto:martin.wiselka@uhl-tr">martin.wiselka@uhl-tr</a>
3.6	Mental Health	Maintain and enhance the skills and capacity of staff supporting Mental Health studies on the NIHR CRN Portfolio in frequently used Mental Health study eligibility assessments (e.g. PANSS, MADRS, MCCB)	Number of staff trained in frequently used Mental Health study eligibility assessments	139	<ul style="list-style-type: none"> <li>10 PANSS raters trained across the region</li> <li>Local training planned in other MH Rating scales</li> <li>Access to PANSS Practice Lead rating training made available to Trusts - one application made and future training will be rolled out</li> </ul>	<ul style="list-style-type: none"> <li>23 PANSS rater trained staff across the region.</li> <li>1 Practice Lead available to support Trusts</li> <li>Local training is available via videos and supporting materials, should the need arise but at present none of the PO's in the region have flagged it as a need</li> </ul>

ID	Specialty	Objective	Measure	Target	LCRN actions to achieve objective(s)	Performance against plan
3.7	Neurological Disorders	Increase clinical leadership capacity and engagement in each of the main disease areas in the Neurological Disorders (MS; Epilepsy and Infections) Specialty	Number of LCRNs with named local clinical leads in MS; Epilepsy and Infections	15	MS - Prof Cris Constantinescu Brain Infections - Prof Cris Constantinescu Epilepsy - To be reviewed	We have named leads in the region in all of the required areas, some as reported last year, with the addition of Epilepsy, Dr Sumeet Singhal was appointed to lead this area on 22/07/15
3.8	Reproductive Health and Childbirth	Increase engagement and awareness of the Reproductive Health and Childbirth Specialty	Number of LCRNs with a named midwifery lead to increase engagement and awareness	15	CRN: East Midlands has appointed Yvette Davis as the Midwife Champion. This post will be maintained in 2015/16.	During 2015/15 Yvette Davis stepped down as Midwife Champion. We successfully appointed two Reproductive Health & Childbirth Research Champions: - Anna Muggleton who is a clinical and research midwife based in Leicester and Caroline Moulds who is a Paediatric Research Nurse based in Nottinghamshire

## Appendix 2: Report against the network's Patient, Public Involvement and Engagement Plan 2015/16

This table provides detail on progress in relation to the above work-stream.

Planned actions in 2015-16 <sup>1</sup>	Milestones and outcomes once actions complete	Timescale	Lead	Performance against Plan
Lead to attend national PPIE Meetings	Exchange information and action plan to keep abreast of national agenda and implement accordingly at a local level	As scheduled by NIHR	PPIE Lead, Harpal Ghattoraya	Harpal took over the role as PPIE Lead June 2015 and has attended PPIE Leads Forum (24th & 25th September) and Leads meeting January 2016. All information has been cascaded through the CRN: east Midlands PPI Working group.
Schedule meetings with CRN: East Midlands PPIE Working Group	Ensure appropriate agenda and quorate membership. Develop relationship and seek input from Patient Advocates to demonstrate key linkage with Partnership Group.	2 monthly	Chair/Deputy Chair (PPIE Lead, as above)	4 Bi monthly Working Group meetings have been held; the terms of reference were updated early in the year and from that stage all meetings have had Patient Representation. We have 3 Patient Representatives as members of our Working Group.
Feedback to Operational Management Group (reporting to Host Executive Group and Partnership Group)	Ensure all members are abreast of the PPIE agenda and requirements are supported	Monthly	PPIE Lead	Working Group Reports (written and verbal exception reporting) are a fixed agenda item on all OMG meetings.
	Link accordingly with Patient Advocates.	As per scheduled meetings	PPIE Steering Group	Feedback via Clinical Director from Partnership Group and other forums. Although all Patient Advocates are now members of the Working Group.
Work collaboratively with other NIHR partners including AHSN	Attend Research Engagement and Patient and Public (REPP) events	As scheduled	PPIE Lead	Showcase event held on 3/6/15 co-hosted by CRN and Patient Advocate. Event well attended and feedback collated. Plan going forward is to have one event per annum.

<sup>1</sup> Please insert any additional actions undertaken, as required

	Represent CRN: East Midlands at the REPP Steering Group	As scheduled (2 per annum currently)	PPIE Lead	Member of the REPP Steering Group, meetings have been fairly ad-hoc due to a complete review of the remit of the group. We continue to meet and have valuable input into PPIE across the East Midlands through this and other fora.
	Represent CRN: East Midlands at newly established East Midland Infrastructure Organisation Meetings for PPIE (led by AHSN)	As scheduled (approx. quarterly)	PPIE Lead	An event "Stop Ticking the Box" was run early in 16/03/15 and this group was formed to manage the running of the event (involving AHSN, Strategic Clinical Network, CRN, CLAHRC and HEEM). The group has since disbanded and no further meetings have been scheduled.
Work with the Host and partner organisations to support and recognise the importance of involving patients and carers in the research delivery pathway as a resource for advice and support	Work collaboratively with trust PPIE and Communication Leads to promote and inform staff via a variety of communication channels	Ongoing	PPIE Steering Group Research Delivery Managers & Specialty Leads	PPIE Local strategy was established in July 2015 in the absence of the national strategy (published in January 2016). This was widely circulated to inform all partners of key areas of priority. CRN Comms Lead and some Trust Comms Leads are members of the PPIE Working Group. We promote the Public Face Newsletter which is hosted by the AHSN to eliminate duplication of effort across the patch. This newsletter pulls information from a wide variety of interested organisations (both local and national) and has a circulation list of over 3,000.
	Work collaboratively with partner organisations to identify Patient Ambassadors with a view to promoting PPIE	Ongoing		The role and format of recruiting Patient Ambassadors has changed during the year with the creation of a new national website for patients/carers to register direct. These members are then to be put in touch with PPIE leads within each of the 15 LCRNS, we are awaiting details at present but the plan will be to put individuals in touch with organisations local to them and/or special interest groups (if they exist within their chosen interest).
	Support where relevant new and existing Advisory Groups as a result of funding awarded by AHSN in Q4 14/15	As relevant		None advised.
	Ensure clinical staff are signposted to advisory groups to seek advice/support in research matters	Ongoing		All staff enquiries are directed to local organisations or speciality groups that exist within their area of interest. This is further reinforced by the Study Support Service.

Ensure that patients and carers are signposted to relevant materials to inform them of research activity and updates	Work collaboratively with advocates and ambassadors to ensure communication channels and content is appropriate	As required	PPIE Steering Group	Ongoing via feedback at PPIE Working Group meetings where both national and local priorities are discussed. Also promotion of Public Face Newsletter as above.
	Advertise research participation opportunities as governance allow	As relevant	PPIE Steering Group	Via Public Face as appropriate.
	Ensure the workforce are aware how to signpost patients and the public to research opportunities inclusive of Join Dementia Research (JDR)	As required	Workforce	JDR info included in PO: - Newsletters - Social media - Intranet JDR info available in Alzheimer Society events across the EM - Memory Walks - Dementia Roadshow JDR article in Dementia signposting Newsletter JDR presentation in CRN EM PPG event Memory clinics including JDR leaflets in dementia post diagnosis packs GP practices including JDR leaflets in carer's packs JDR stand in the EM Dementia Conference 20th November/15 and in the General Practice Nurse and Healthcare Assistant Conference 5th November/15.
	Work in collaboration with CRN: East Midland members and partners to progress campaign to demonstrate the wealth of research opportunities and expertise available in the East Midlands	Commence June 2015	Communications Lead	This piece of work has been progressed using feedback from the Communications Working Group and is now in the final stages, with a view to launching in the Autumn of 2016. This collaborative campaign will highlight what makes the region unique, focussing specifically on the delivery of first class research in one of the UK's most diverse and multicultural regions. A campaign plan is now been finalised using feedback provided by the AHSN in a brainstorming meeting that was convened at the end of January.
	Ensure that PPIE members and other relevant communities are on relevant mailing lists in order to receive CRN: East Midlands	As required	Communications Lead	Network News is the bi monthly LCRN newsletter that goes out to a mailing list of 6,000 key stakeholders involved in research delivery. A PPI page is included in every issue. Public Face is the AHSN newsletter aimed at the PPI/E community (3,000+), and regular



	updates via newsletter			updates are provided on specific areas of interest, including campaigns or events.
	Utilise social media (twitter) and encourage wider access and use.	As relevant	Communications Working Group	The creation of Twitter champions with representatives from the Communications Working Group has been particularly successful in increasing the number of users following the updates from the LCRN account and increasing understanding and engagement with internal colleagues. Since April 2015 the number of followers has grown to 446, an increase of 35 %.
	Encourage signing up to AHSN 'Public Face' via advertising in CRN: East Midlands newsletter and posting appropriately	As relevant	All / PPIE Lead	Agreed at the first PPIE Working Group meeting led by Harpal, that as the readership of this newsletter is 3,000+ we would continue to promote this rather than establish a separate CRN PPIE Newsletter.
Raise the profile of research engagement with the goal of improving research participation	Link with neighbouring networks and partner organisations to share ideas on successful approaches and implement accordingly (* note section above)	As relevant	PPIE Steering Group	First Patient and Public Group Forum funded by the LCRN was held in March 2016, this brought together representatives from PPG groups from around 80 GP Practices across Derbyshire and Nottinghamshire. The meeting was extremely well attended and has directly led to the establishment of an informal PPG network in Derbyshire. The 'Derbyshire Network Group', will meet quarterly, with a plan to actively exchange views and documentation electronically. This network will embrace four Derbyshire CCG's, which is up to 91 Practices and around 800,000 patients.
	Continue/refresh existing approaches including OK to Ask Campaign and Mystery Shopper. Ensure activities are sustained throughout the year.	Ongoing	PPIE Steering Group	Since then we have been working with the PPI working group to ensure the campaign has year-long resonance.
	Seek advice from patient advocates/ ambassadors & PPIE Steering Group	As per meetings organised	PPIE Steering Group	As mentioned above Patient Advocates of members of the PPIE Working Group. This group reviews PPIE Budget Allocation (via submitted Business Cases), Annual Plan submissions and any other material as required.

	Liaise with partners to recognise International Clinical Trials Day. Scope activity at a local level and provide support as required. Ensure partners are aware of how to access materials and encourage (ongoing) usage. Encourage participation in activities emerging via CRN Coordinating Centre (Breakfast trial, OK to Ask Hour etc)	May 2015	PPIE Steering Group	ICTD was used to promote Ok to Ask and twelve partners from across the region were involved in organising specific events/initiatives to promote Ok to Ask throughout their organisation. Before the campaign launched Public Face and the other AHSN stakeholder newsletter included details, along with regular updates in Network News. We promoted the Breakfast Trial and Ok to Ask Tweekchat, with two of our clinicians involved in the specialty-specific Tweekchat.
	Implement and measure uptake of research survey and implement recommendations	As scheduled	PPIE Steering Group	We are awaiting results of the pilot for the national patient research questionnaire led by Roger Steel, the outcome is expected end April 2016. The plan will be to run this questionnaire in BRU/Cs as the first rollout.
	Measure impact/successes	Ongoing	PPIE Steering Group	As above
Deliver appropriate training and support for patient/carer representatives to provide an appropriate background of the research process to support advice and decision making to clinical/non clinical staff	Link with BRU for the provision of lay assessor training (whilst available)	As relevant	PPIE Steering Group	The LCRN funded a 6 month pilot of PPI training 'Sharebank'. This initiative is a way of sharing PPI training and related resources between organisations in the East Midlands, mainly PPI training/related resources offered by member organisations over a 6 month pilot period on a reciprocal basis, creating a free 'common market' for PPI training. The initiative has been well evaluated and a paper published in BioMed Central "Going the extra mile – creating a co-operative model for supporting patient and public involvement in research" link: <a href="http://www.researchinvolvement.com/content/2/1/9">http://www.researchinvolvement.com/content/2/1/9</a> .
	Identify individual(s) to train and facilitate 'Building Research Partnerships' package	End of Q2	PPIE Lead	Building Research Partnerships has been reviewed by our Workforce Lead and we are now looking at ways on incorporating this training programme in the roll out of the Sharebank Initiative.
	Create and share existing contacts within PPIE community for the purposes of mutual support	Ongoing	PPIE Steering Group	This is maintained on an ongoing basis as necessary.

	Monitor uptake and evaluate programme	As scheduled	PPIE Steering Group	Evaluation of training programmes are reviewed by Leads as appropriate.
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### Appendix 3: Report against the network's Continuous Improvement Plan 2015/16

This table provides detail on progress in relation to the above work-stream.

Planned actions in 2015-16 <sup>2</sup>	Milestones and outcomes once actions complete	Timescale	Lead	Performance against Plan
<b>Strategy and Approach</b>				
Establish a network continuous improvement strategy for the East Midlands	Consultation with senior team, Partner organisations and sign off by Operational Management group	End Q3	Louise Young / Sheila O'Malley – CI Leads	Strategy will be developed once national CI strategy has been issued.
Scope all continuous improvement projects and initiatives across divisions, cross divisional teams, central functions and in collaboration with POs	Item for CRN Senior team meeting, RDMs to provide details	End of Q2	Louise Young / Sheila O'Malley – CI Leads	Developed a site on NIHR Hub which captures all CI projects across partner organisations. This is now planned to be updated at quarterly basis across 2016-17
Establish an innovation Platform for collection and exchange of initiative and ideas	Generate point(s) of contact/ champions to enable discussion and review of proposals	End Q2	Louise Young – Continuous Improvement Lead	Complete. Email sent to key senior individuals to form a virtual CI team, includes radiology, pharmacy, pathology, NHS R&D, AHSN. Re-reviewing this group to formally establish a CI steering group in 2016-17
	CI to be a standing agenda item on all network business meetings	As meetings are scheduled	Meeting administrators	Complete; this is a standing item on all work-stream working groups and is actively discussed.
	Equip leaders/champions with the skill set to deliver effective training/support in relation to successful project planning and execution	End of Q3 (following completion of first major project under direction of Lean Six Sigma approach)	BI Lead & Information Manager	In progress. CI Lead part of CI training working group. Initial discussion on data visualisation with BI lead. This will link to workforce development and training team in terms of local support moving forward. National training material currently being finalised, and will be implemented accordingly.

<sup>2</sup> Please add any additional actions as required

Record all key continuous improvement projects on the national website	Identify key improvement projects, initiatives and upload to website	Throughout the year	Louise Young / Sheila O'Malley – CI Leads	Updates provided at regular points, including updates on - SSS, and SSS primary care pilot, CRN HRA Readiness, BME Toolkit for increasing research participation AHSN.
Establish project management methodology and tools to enable consistent approach to project work. Track initiatives, share outcomes and measure impact	Maintain local 'Google sheet' to permit tracking of known activities and status	Throughout the year	Senior Management Team Kerry Todkill – Comms Lead	Google sheet has been created to capture details of projects.
	Communicate successes as a means of sharing good practice and encouraging participation in the programme of activity	Throughout the year when relevant		In progress. Successes have been verbally shared (i.e. FWG, Finance forum, progress update to OMG, RM&G)
	Network Communications newsletter to contain a minimum on 1 improvement projects, initiatives	Quarterly from completion		Over the course of the year Network News has evolved to become a 12 page format which includes news from each of our work-streams. A specific section highlighting partner innovations/CI launched in April 2015 which proved to be particularly popular. Going forwards this could be expanded and include partner and LCRN initiatives.
	Revisit completed projects and identify impacts. Establish a lessons learnt log	Throughout the year		In progress. Lessons learnt and benefits realisation will form part of the awesome table data extraction
<b>Raising Research Awareness &amp; Promotion (collaborative work-stream with PPIE &amp; Comms)</b>				
Promoting East Midlands as a place to grow and deliver research	Establish close collaboration with the Academic Health Science Network and CLARHC to promote the benefits and expertise within the region for growing, delivering and diffusing research.	October 2015	Kerry Todkill - Comms manager and Louise Young – CI Lead & AHSN Link	In progress - proposal sent to East Midlands Partner Organisations (EMPO) regarding communication proposal. This piece of work has been progressed using feedback from the Communications Working Group and is now in the final stages, with a view to launching in the Autumn of 2016. This collaborative campaign will highlight what makes the region unique, focussing specifically on the delivery of first class research in one of the UK's most diverse and multicultural regions. A campaign plan is now been finalised using feedback provided by the AHSN in a brainstorming meeting that was convened at the end of January.
Minimum Research and Innovation website content for POs – to pilot guidance with	Draft guidance developed and approved by OMG, providing information with regards	July – Sep 2015	Sheila O'Malley – Continuous Improvement	Further work is needed in this aspect, to be picked up through the Communications strategy refresh in 2016/17

selected POs	research to patients and the public. Feedback back into final guidance		Lead	
Launch Minimum standard for research web content guidance document across POs (including CCGs)	100% of PO (including CCGs) websites having minimum research content, accessible to patients and the public	Nov – Jan 2016	POs in connection with CI leads and Kerry Todkill, Comms Lead	Currently 100% and 70% of Trusts have the minimum level of content, with some more extensive than others. This is something that is being revisited in due course as the new look UK Clinical Trials Gateway is launched. This will become the central resource for patients and the public interested in taking part in research. Guidance and suggested content about this new resource will be provided to all POs, with the directive that all will be expected to make adjustments to ensure that information about UKCTG and research in general is displayed in a prominent section on their sites.
Review of how patients are approached about research studies and what will empower them to ask about getting involved in studies.	In collaboration with AHSN and Research Engaging with Patients and the Public group (REPP), Report showing areas for improvement in approaching patients to take part in research.	Throughout the year	PPI Lead in conjunction with REPP group	Continue to meet and be a member of the REPP Group who meet on a quarterly basis. The REPP are currently realigning their priorities and we feed into this work.
	In collaboration with AHSN and CLAHRC BME steering group increase research participation in underrepresented communities and understand barriers and enablers to this	Throughout the year	Louie Young – Continuous Improvement lead and AHSN link	In progress. Proposal and PID drafted, first steering group has taken place, with this work programme to be continued into 2016/17
<b>Workforce (collaborative workstream with WFD)</b>				
Create a culture of excellence in improving all aspects of network performance.	Encourage the workforce to identify new efficient ways of working within teams and divisions with the overall aim of implementing approaches that reduce work pressure and increase performance outcomes	Throughout the year	Senior team and CI Leads	In progress. Regular meeting, team meeting suggestions taken forward and actioned. Working group lead on this both locally and nationally

	Developing clear competency frameworks for clinical and non – clinical staff that include continuous improvement	Throughout the year	Workforce development Group/Lead	In progress. Workforce group leading.
Establish a trainee network for anaesthetics and surgery	Following RCoA SPR Network guidance, increase delivery capacity and capability for injury and emergency trainee registrars, with inbuilt exposure to research forum early in career.	Begin working Q2 2015/16	Karen Pearson – RDM D6 and D4	Trainee Network for both Anaesthetics (affiliated to RAFT) and Surgery have been established. CRN: East Midlands linked in with the Trainee Programme Directors and East Midlands Deanery to support this Initiative
Training 1 member of staff for green belt lead six sigma	Attend national training and identification of appropriate projects.	Throughout the year	Paul Maslowski, Information Manager	In progress. Training has been complete, projects scoped and in progress
	Review a possible approach to cascade training of lean methodology to other identified individuals across major improvement initiatives	Review end Q2, early Q3, once Edge has been implemented	WFD Lead & associated team	In progress. LY on national working group. Feed into workforce WG

## Appendix 4: Report against the network's Workforce Plan 2015/16

This table provides detail on progress in relation to the above work-stream.

Planned actions in 2015-16 <sup>3</sup>	Milestones and outcomes once actions complete	Timescale	Lead	Performance against Plan
<b>Enable everyone's contribution</b>				
Lead to attend national Workforce Development (WFD) Meetings	Exchange information and action plan to keep abreast of national agenda and implement accordingly at a local level	As directed by NIHR	WFD Lead	Attendance at National Workforce meetings and teleconferences primary by Michele Eve, WFD Lead. All information fed back to Operational Management Group, Workforce Development Steering Group and actions implemented as necessary
Schedule meetings with CRN: East Midlands WFD Steering Group	Ensure work plan is on target/updated	Bi monthly	Chair/Deputy	Changes to the Workforce Steering Group have been made during this year, to make the group more representative of the whole workforce, not just divisions and nursing staff. Meetings are held every 8 weeks.
Feedback to Operational Management Group (reporting to Host Executive Group and Partnership Group)	Ensure all members are abreast of WFD agenda and requirements are supported	6 weekly OMG	WFD Lead	A summary report on workforce development was produced by Michele Eve and fed back to every OMG by Louise Young, senior management lead for WFD.
Provide a platform for bringing the workforce together	Host a research forum/conference to inspire learning, networking and sharing of best practice ( <i>reference to continuous improvement</i> )	1 per annum	WFD Steering Group	This event was held in 2015/16 with very high attendance across the East Midlands. There is real appetite for these events, with lots of discussion and networking. Feedback was captured and will be used for future events.

<sup>3</sup> Please add any additional actions as required



Understand the skills and needs of our workforce				
Revisit staffing profile, skill mix and capability	Ensure that the right people are undertaking the right roles and responsibilities in order to ensure safety, support and cost effectiveness. Liaise with partners and RDM's to develop a robust profile to support future planning ( <i>reference to continuous improvement</i> )	Continuous	Trust R&D, Research Delivery Managers, Senior Network Nurse, Team Leads & Taskforce Lead(s) Line managers	Staffing profile obtained from finance tool however there is still a need to get better workforce intelligence. We are in the process of appointing a Learning Technologist to support workforce planning activities.
	Ensure that the workforce has the right environment and equipment to hand in order to work effectively and efficiently ( <i>reference to continuous improvement</i> )	Continuous		Partner organisations are jointly responsible for ensuring their workforce have the right environment and equipment in place; we work in partnership to help meet these needs.
Identify supporting WFD roles and responsibilities	Nominate WFD specialty leads to work alongside divisional steering group representatives to identify specialty specific training requirements & required peer support	End Q1	Divisional & Trust Steering Group Leads	The steering group was restructured to better represent the workforce and task and finish groups have been convened to deliver specific projects as required.
Work alongside neighbouring organisations	Work with neighbouring network colleagues and academic partners to share intelligence and innovation e.g. other networks, NIHR partners, local Clinical Trial Units and Universities ( <i>reference to continuous improvement</i> )	As required	WFD Steering Group	Ongoing
Conduct Training Needs Analysis (TNA) survey	Create and cascade TNA to all members of the workforce to determine exact learning needs, strengths and weaknesses. Prepare 2016/17 work plan accordingly ( <i>reference to continuous improvement</i> )	Beginning of Q4	WFD Steering Group	The WFD Steering group agreed that we would not send out the survey developed nationally, however we will still collate information on learning needs across the Network in order to conduct a TNA.

Enable a learning workforce				
Ensure appropriate line management is in place for CRN identified funded staff and that staff have access to a meaningful appraisal and release to attend or provide appropriate training	Work collaboratively with partner organisations to enable access to records/reports indicating staffing profile and training compliance and work in partnership where noncompliance is identified	Continuous	WFD Lead	Ongoing
	Ensure 'non pay costs' are utilised to support educational need	As required /annually	Finance Lead	Partner organisations responsible for determining how 'non pay costs' are utilised but no issues were raised regarding lack of support for educational needs.
	Maintain attendance records for training courses provided by Network and analyse uptake ( <i>reference to continuous improvement</i> )	As relevant /annually	WFD Administrator	Attendance records maintained for all training delivered and the Training and Development Co-ordinator produced an annual report analysing attendance.
	Ensure host and partner organisations contribute to WFD agenda and approve release of staff who wish to develop/ contribute to delivery of national training programmes thus reducing cost of accessing other providers ( <i>reference to continuous improvement</i> )	Continuous	WFD Lead	Partner organisations represented on WFD Steering group. WFD Lead has worked closely with partners to enable release of staff to support delivery of training programmes.
Provide the workforce contributing to NIHR activity with information regarding available training courses	Post course/event availability on CRN: East Midlands website	As relevant	WFD Administrator Communication Lead	Event page created on CRN: East Midlands website and all training is listed. Business cards created to promote the link to the events page
	Develop blog to flag educational opportunities on a regular basis	End of Q2	WFD Team	We have explored ways of flagging educational opportunities. There is a specific WFD section in the quarterly newsletter which outlines educational opportunities.
	Develop directory of training opportunities	End of Q2	WFD Steering Group	Directory of training opportunities provided by the network and online training opportunities created and included in the local WFD strategy.

Provide adequate support to maintain a dedicated WFD team	Ensure programme of work is appropriate, achievable and sustainable in relation to trainer/facilitator capacity and capability	Continuous	WFD Steering Group	A generic facilitation skills workshop held on 23rd March 2016 as part of an ongoing programme to develop facilitators to deliver various programmes of learning.
	Provide appropriate management and leadership	Continuous	WFD Lead	WFD Lead, Michele Eve was appointed January 2016, we also have a senior management lead for this work-stream, in 2015/16 this has been Louise Young, RDM, Division 5
	Encourage new trainer/facilitators to support existing and new initiatives	As relevant	WFD Lead	Facilitators currently supporting the GCP training programme were given the opportunity to support the delivery of other training programmes and those with capacity and capability have received ongoing coaching and support to deliver other programmes of learning.
	Ensure adequate administrative support is available to support the delivery team	Continuous	WFD Lead	A training and development co-ordinator provides the administration support for the WFD team, this is complemented by the administration team across the Network.
<b>Deliver high quality, innovative learning</b>				
Provide appropriate induction and ongoing education	Participate in roll out of NIHR Induction Programme to enable a clear understanding of network business	As scheduled	WFD Team	There is currently no national NIHR Induction programme, however we plan to adapt the induction webinar developed by CRN: Thames Valley and South Midlands and deliver on a monthly basis. We are in the process of appointing a Learning Technologist within WFD and they will be responsible for delivering this piece of work.
	Scope workplace induction programmes (and training updates) are in place at a local level ensuring safe practice and adherence to policy and procedures including regulation and safeguarding (GCP & Consent). Ensure action plan in place where gaps are identified.	End of Q2 GCP Monthly/6-weekly Consent as demand requires	WFD Steering Group/ Team	Local workplace inductions are provided by partner organisations. We have worked closely with partners to assess demand for GCP and consent training and provide an ongoing programme of training across the region.

	Provide training or access to specialty specific training inclusive of Patient and Public Involvement/Engagement leaders	As requested	Local WFD Specialty Leads, NHS trust training providers, local NIHR partners & Universities	Specialty specific training will generally be provided by Partner Organisations. The Workforce Development Lead has worked with the PPI Lead to explore ways of delivering the Building Research Partnerships programme across the East Midlands. We are currently looking at ways of incorporating this training programme in the roll out of the Sharebank Initiative.
	Participate in the rollout of new nationally developed NIHR courses (Fundamentals, Let's Talk Trials, Principal Investigator Masterclass) and evaluate outcome ( <i>reference to continuous improvement</i> )	As scheduled	WFD Team	Fundamentals course was first delivered in June 2015 and an ongoing programme of delivery across the region is now in place with the course being delivered 4 times a year. 2 Facilitators have been trained to deliver the Let's Talk Trials programme but no dates have been set to deliver this programme locally yet as we are waiting for the generic training material to be developed.
	Provide access to novel methods of learning e.g. MOOCs, Webinars etc. that have the potential to be accessed outside the workplace ( <i>reference to continuous performance</i> )	As scheduled & available	WFD team	The Improving Healthcare through Research MOOC has been promoted by the CRN: East Midlands
	Support staff at all levels of the workforce with the implementation of Information Management systems (inclusive of train the trainer programme)	As scheduled	Learning Taskforce /Change Champions	We have representation from the CRN: East Midlands on the Learning Taskforce. Victoria Fowler attended the national Learning Taskforce meeting. The training and development team worked closely with the information team to develop and deliver Google Hub training.
	Support staff at all levels of the organisation with the implementation of EDGE (inclusive of train the trainer programme)	As scheduled	EDGE Local Administrators	A team of Network Administrators were trained and supported to deliver Edge training to Trust Administrators. They adopted a 'train the trainer' approach which allowed our Partner Organisations to roll out their own training to delivery staff with support from the Network EDGE team.

## Appendix 5: Community Pharmacy Strategy

### A Vision for Pharmacy Research in the East Midlands NIHR: CRN strategy for engaging pharmacy in primary care pharmacy 2015-2017

#### Introduction

NIHR CRN and the Royal Pharmaceutical Society (RPS) recognise the benefits that the involvement of community pharmacy can provide for successful delivery of the NIHR CRN portfolio studies.

The Clinical Research Network East Midlands (CRN EM) opens opportunities to develop new pharmacy partnerships and collaborations. Dr Neena Lakhani has been appointed Pharmacy Research Champion to deliver research and support portfolio studies in the future. Cross sector working and collaboration will help to drive forward the pharmacy agenda in the East Midlands. The CRN EM seeks to improve community pharmacy engagement and capacity to support year on year growth of portfolio studies

This document sets out CRN's strategy to promote increased engagement with community pharmacy and other pharmacists practicing in primary care settings (e.g. GP practice pharmacists) for the delivery of NIHR CRN portfolio research, and to **improve** the opportunity for patients to be involved in NIHR CRN research studies by involving community pharmacy in the delivery of appropriate studies.

#### Strategic outcomes

- **Develop research capacity in primary care, including community pharmacies and pharmacists working in GP practices.**
- **Develop the pharmacy workforce to deliver high quality research outcomes**
- **Enhance uptake of NIHR portfolio studies and non NIHR adopted studies by community pharmacy and GP practice pharmacists**
- **Collaborate with the National Pharmacy Champions group, local NIHR service support networks and the NIHR RDS on the suitability/inclusion of community pharmacy participation in research**

#### 1. **Develop research capacity in primary care, including community pharmacies and pharmacists working in GP practices.**

- Scope and map existing research active community pharmacies in the East Midlands
- Identify new pharmacies and contractors who have not been previously involved in research and help them to become more active
- Update the current database of pharmacy participants in past and current studies in the EM
- Promote and encourage the involvement in research with contractors and engage with stakeholders such as Local Pharmacy

Committees, Local Pharmacy Networks and others

- Identify barriers to conducting research in community pharmacy and work locally and nationally to identify and implement solutions
- Engage with contractors (multiples and independents) at a senior/regional level to encourage participation in research and identify gatekeepers and processes for involving them in research. (in accordance with CRN national strategy and guidance re: engaging with multiples)
- Establish key links with key stakeholders, pharmacy organisations and health related HEIs the East Midlands to explore opportunities of study adoption to the NIHR portfolio (to include University of Leicester, DeMonfort University, Loughborough University, University of Nottingham, Derby University, University of Northampton, University of Lincoln, CLAHRC and local research networks).
- Establish links with GP federations (in Leicester initially) to scope for training pharmacists to engage with NIHR portfolio studies in GP practices

## **2. Develop the pharmacy workforce to deliver high quality research outcomes**

- Collaborate with the Royal Pharmaceutical Society (RPS) to build an infrastructure/workforce to support Pharmacy research
- Work with the RPS to ensure that community pharmacy staff and GP pharmacists can develop the knowledge and skills required to participate in the delivery of high quality research
- Promote the RPS Research Ready Accreditation Scheme for community pharmacy, especially in research naive organizations
- Identify research training and development needs for the pharmacy workforce; map existing training and development opportunities; and facilitate access to training provision in order to meet identified needs through development of appropriate supportive systems and processes
- Facilitate the involvement of community pharmacy in research delivery by working with RPS 'research ready' accreditation and GCP accreditation
- Support the ongoing professional development of pharmacy staff involved with research in the community setting
- Promote the uptake of the CRN GCP for Pharmacy module
- Work with NIHR CSDO officers to support the development and delivery of the Research Ready accreditation /CRN GCP for community pharmacies and GP practice pharmacists

## **3. Enhance uptake of NIHR portfolio studies and non NIHR adopted studies by community pharmacies and primary care GP pharmacists**

- Collaborate with local NIHR Research Design Service (RDS) teams, RPS, Local research institutions including CLAHRC, Schools of Pharmacy and other HEA to encourage researchers to use community pharmacy in their research design and delivery
- Identify potential funding calls suitable for community pharmacy setting

- Identify NIHR portfolio studies that could potentially be conducted via community pharmacies and/or GP practice pharmacists in a collaborative manner
- Engage with stakeholders such as Local Pharmacy Committees, Local Pharmacy Networks and contractors to encourage the uptake of research evidence into their practice

#### **4. Collaborate with the National Pharmacy Champions group, local NIHR service support networks and the NIHR RDS on the suitability/inclusion of community pharmacy participation in research**

- Discussions with research teams in the EM and advise on the suitability/inclusion of community pharmacy participation in research
- Discussions nationally with regard to introducing single site costing for pharmacy
- Gather additional intelligence from the NIHR CRN portfolio about studies currently open to recruitment in community pharmacy and examples of the types of support currently provided by the CRN staff
- Develop guidance on using Service Support Costs for community pharmacy research activity
- Provide input into the design and development of funding bids and help inform the research priorities of local and national HEAs and NIHR funding bodies

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