

# CRN East Midlands Quarterly Board Report

Author: Prof. David Rowbotham

Sponsor: Mr Andrew Furlong

Trust Board paper N

## Executive Summary

### 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). 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 regular update paper is to summarise our performance, major achievements, challenges and actions. In addition, we require input from the UHL Board to formally approve our Annual Report 2016-17 (Appendix 3). This report has been taken to the CRN East Midlands Executive Group, chaired by Andrew Furlong (Medical Director and UHL Executive lead for the CRN) in June 2017, and the UHL Executive Performance Board. It is submitted for UHL Trust Board review and approval of the 2016-17 EMCRN annual delivery report on 6 July 2017.

### Questions

1. How has the LCRN performed against the plans for 2016-17 and has the Host Organisation provided the right environment and support to ensure compliance against the Host contract?
2. What are the current risks and challenges affecting the LCRN and are the Board assured of measures in place to address these?

### Conclusion

1. The LCRN has performed well against the objectives, measures, targets and local plans as set out the LCRN Annual Delivery Plan for 2016-17, and has made good progress towards the key High Level Objectives. The Report also highlights some of the challenges faced in 2016-17, and makes reference to areas for development and improvement. The Host Organisation has delivered the LCRN in full compliance with the DH/LCRN Host Organisation Agreement in 2016-17 including the Performance & Operating Framework.
2. Risks in 2017 include: uncertainty around the future budget model, budget management (little room for flexibility and no contingency), continued fall in recruitment in the primary care setting and uncertainty around the potential renewal of the Host Contract post 2018-19.

## Input Sought

We would welcome Trust Board views on whether the report provides sufficient assurance of the performance and progress of the Network. Input is also required for the appendix papers described as follows:

Appendix Paper Title	Description of paper and input required
1. Dashboard Year End 2016-17	The dashboard presents data extracted on 28 April 2017 reflecting finalised year end figures for 2016-17. This shows the various NIHR High Level Objectives (HLOs) which the CRN is managed against. This is for information and review by the Trust Board.
2. Partner Organisation Activity 2016-17	This report provides information on the total number of participants recruited into NIHR studies at each of our Partner Organisations in 2016/17. This is for information and review by the Trust Board.
3. CRN East Midlands Annual Delivery Report 2016-17	In accordance with the requirements of the NIHR CRN annual business planning cycle, this document provides an assessment of delivery against our Annual Plan for 2016-17 and reports our performance against the LCRN Performance Indicators. The Report has been developed in collaboration with local governance groups, partner organisations and other key stakeholders. This document has been reviewed and signed by Andrew Furlong (Medical Director and UHL Executive Lead for the CRN) in May 2017. It has been considered by the CRN East Midlands Partnership Group and has been submitted to the NIHR Clinical Research Network Coordinating Centre. <b>This requires formal UHL Trust Board approval.</b>
4. CRN East Midlands Risk Register	This documents risks and mitigating actions. This is for information and review by the Trust Board.
5. Budget Report for 2017-18	This document sets out details of our Budget for 2017-18. This is for information and review by the 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: September 2017

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

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

# CRN East Midlands Quarterly Board Report

## Progress, Challenges and Performance

**DATE:** 21 June 2017

**AUTHORS:** Elizabeth Moss - Chief Operating Officer & Carl Sheppard - Project Manager

**EXECUTIVE EDITOR:** Professor David Rowbotham - Clinical Director

## 1. INTRODUCTION

- 1.1 University Hospitals of Leicester (UHL) NHS Trust is the Host Organisation for the National Institute for Health Research (NIHR) Clinical Research Network East Midlands (CRN). UHL is contracted by the Department of Health to take overall responsibility for the monitoring of governance and performance of the Network.
- 1.2 This report provides a summary of 2016/17 year end performance for CRN East Midlands and an update on current challenges and risks. Appended to this written report is a dashboard displaying year end figures, a breakdown of our Partner Organisation activity for 2016/17, our Annual Delivery Report 2016/17 which requires formal Trust Board approval, our current risk register and a report with details of the CRN budget for 2017/18.
- 1.3 This report will be taken to the CRN East Midlands Executive Group, chaired by Andrew Furlong (Medical Director and UHL Executive Lead for the CRN) in June 2017. It will then be considered by the UHL Executive Performance Board and submitted for UHL Board review in July 2017.

## 2. OVERALL PERFORMANCE 2016/17

- 2.1 Appendix 1 presents data extracted on 28 April 2017 reflecting finalised year end figures for 2016/17. This shows the various NIHR High Level Objectives (HLOs) which the CRN is managed against. We wish to highlight the following points for the Board's specific attention:
  - i. High Level Objective (HLO1) measures the total number of participants recruited into NIHR studies. In 2016/17, we fell slightly short of meeting this objective, reaching 94% of our target with 45,056 participants recruited against a goal of 48,000. We have finished the year in sixth position out of 15 regional networks in the national league table (fifth position based on weighted activity, which in part, determines our future funding). In previous reports, we have made the Board aware of our concerns around meeting this objective and provided action plans to mitigate against this. These actions have had a significant impact, as our final position is closer to achieving the objective than we had been predicting. Factors responsible for this include: our work in the Public Health and dementia sectors, improving performance of our largest partner trust and an improvement in uploading of recruitment data towards year end. We also finished on a similar overall total to last year's recruitment figure of 45,508.
  - ii. A target which is considered critical by the NIHR/Department of Health is the proportion of commercial studies recruiting to time and target (HLO2A). We have continued to improve our performance since our last Board report (previously 86%) and finished the year with 90% of studies recruited to time and target. We have surpassed the national target of 80% and this represents a significant improvement from last year's figure of 71%. Furthermore, we finished in second place out of the 15 regional networks and we are also the most improved network in the country for this objective. This is a noteworthy achievement for the region in the context of the

national priority to deliver studies that meet the expectations of the Life Sciences Industry and our ability to attract studies from other regions.

- iii. For the proportion of non-commercial studies recruiting to time & target, where the lead site is in the East Midlands (HLO2B), we saw a further improvement towards the end of the year which resulted in achievement of this objective (82% against the national target of 80%). This is another significant result; meeting both non-commercial and commercial targets for this HLO will be highly regarded by the NIHR CRN Coordinating Centre.
- iv. Performance for primary care studies recruiting (HLO6C) was strong in 2016/17; 60% of practices in the region recruited into NIHR studies (against a target of 35%).
- v. We surpassed our target for recruitment into Dementia and Neurodegenerative studies (HLO7); with 1,352 participants recruited against a target of 1,250 (108%).
- vi. For our objective to reduce the time taken for studies to achieve set up in the NHS (HLO4), we achieved 65% of studies in the required timeframe, against a target of 80%. HLO5A & 5B are objectives to reduce the time taken to recruit the first participant into NIHR CRN studies. For commercial studies (5A) we achieved 50%. For non-commercial studies (5B), we achieved 47%; both are measured against national target of 80%.

This performance has been affected by changes to the national process (HRA approval), with new systems implemented in-year which have taken considerable time to embed in NHS trusts.

In 2016/17, there has been less of a national focus on HLO4 and HLO5 as this has been acknowledged as a transition year for embedding reliable and robust set-up data collection and reporting mechanisms following the implementation of the HRA approval. This has impacted the ability to realistically monitor performance against a target for these HLOs.

- vii. A breakdown of our Partner Organisation activity for 2016/17 has been included in Appendix 2. This provides information on the total number of participants recruited into NIHR studies at each of our Partner Organisations in 2016/17 with comparable figures for 2015/16.
- viii. In relation to our budget, we finished the year with a break-even budget position, reporting no under or overspend.

- 2.2 CRN East Midlands Annual Delivery Report 2016/17 is appended to this report as Appendix 3. This document provides an assessment of delivery against our Annual Plan for 2016/17 and reports our performance against the LCRN Performance Indicators. The Report has been developed in collaboration with local governance groups, partner organisations and other key stakeholders, and was submitted to NIHR CRN Coordinating Centre for review on 12th May 2017. It has been previously signed by the CRN Host Executive Lead, Mr Andrew Furlong; the Board is asked to formally approve this report.

- 2.3 The Host Organisation has delivered CRN East Midlands in full compliance with the DH/LCRN Host Organisation Agreement Terms and Conditions in 2016/17. Performance is also assessed by our contribution to the Clinical Research Specialty Objectives, Operating Framework Indicators, Host Performance Indicators and LCRN Development and Improvement Objectives. Specific contributions to these areas are documented within the Annual Delivery Report. Detailed contributions to our work-streams, which include Patient & Public Involvement & Engagement, Workforce Development, Life Sciences Industry, Communications & Engagement, Information & Knowledge and Continuous Improvement are also documented in our Annual Report. The Executive Summary of our Annual Report highlights key achievements in 2016/17.

### **3. RISK REGISTER & CURRENT CHALLENGES**

- 3.1 Risks and issues are formally discussed through the CRN Executive Group chaired by Andrew Furlong. A risk register (Appendix 4) is maintained with risks discussed and mitigating actions agreed; this is shared periodically with the NIHR CRN Coordinating Centre.
- 3.2 Since our previous Board report, several risks including those aligned to the High Level Objectives, have been closed as we reached year end and the risks did not materialise into significant impacts. The only risk to be realised was that HLO1 was not achieved, however, as highlighted above in 2.1 i, we attained 94% of our overall target, significantly higher than the predicted c.65-70%.
- 3.3 At this stage in the year, the level of issues are relatively low, and are being actively managed. However, we have some concerns as a consequence of our budget reduction this year, which will be monitored closely. The following new risks have been recorded formally on our risk register with associated mitigating action plans:
- Risk #26 - There is uncertainty around the future model for calculating our budget and this could lead to a budget reduction in 2018/19.
  - Risk #27 - Inability to meet to meet the vacancy factor in 2017/18 at our Partner Organisations and centrally, which could result in a shortfall in staff costs and non-pay costs - risk for NHS partners as well as UHL.
  - Risk #28 - Lack of budget flexibility and inability to provide funding for Independent Health Service Providers (IHSPs) / other non-partner organisations in 2017/18; this could have an effect on recruitment activity, and in turn, future budget.
  - Risk #29 - Continued fall in recruitment in the primary care setting. This is a concern as primary care has traditionally made a significant contribution in the East Midlands activity and will impact on our ability to achieve HLO1, which in turn, could affect our future funding; this will impact on funding for all organisations, not just primary care.

- Risk #30 - The Department of Health contract with UHL to host the Clinical Research Network East Midlands expires at the end of the financial year 2018/19 and the hosting arrangements will be scheduled for renewal. At present, there is uncertainty as to the process. Options range from contract extension if agreed by both parties, to open competition for hosting the network. Although, this is outside our control, we are lobbying nationally for further information and will continue to keep the Board updated.

In addition, we have some concerns around a reduced pipeline of studies which may also affect our ability to achieve HLO1 in 2017/18. We have not formally added this to the risk register at this stage as it is early in the year and we are still awaiting formal confirmation of our HLO1 target for 2017/18. In our Annual Plan, we forecast a target of 44,000, although as we surpassed this figure in 2016/17, we may need to revise this following review by the NIHR CRN Coordinating Centre. It is likely that we may add this as a formal risk in due course.

- 3.4 Our latest Finance Report has been included, which provides details of CRN East Midlands budget for 2017/18 (Appendix 5). Our main funding allocation has been confirmed as £20.1m. This represents a reduction of £712k (3.4%) decrease against last year's core funding and is in line with our forecasting prediction. Further detail is provided in the Report.
- 3.5 We are aware the Board previously raised a query to consider a Non-Executive Director representative on CRN East Midlands Executive Group. There is no formal requirement in our Performance and Operating Framework to include this representation, however, we would be keen to explore this further should there be any interest in this position from the Board.

## 4. SUMMARY

- 4.1 CRN East Midlands experienced a successful year in 2016/17 with a particularly strong final quarter in our progress towards meeting the NIHR CRN High Level Objectives. Notably, we have demonstrated excellent performance by achieving Recruitment to Time & Target objectives (HLO2) for commercial and non-commercial studies. Our total overall recruitment fell only slightly short of our target, we are a leading region for primary care engagement, and have performed well in relation to Dementia and Neurodegeneration research and made the most significant contribution to the national Join Dementia Research service.
- 4.2 Risks in 2017 include: uncertainty around the future budget model, budget management (little room for flexibility and no contingency), continued fall in recruitment in the primary care setting and uncertainty around the potential renewal of the Host Contract post 2018/19. We also have some concerns around a reduced pipeline of studies which could affect our future performance.

## **5. RECOMMENDATIONS**

- 5.1 UHL Trust Board is asked to review and comment upon our year end performance for 2016/17 alongside our current reported challenges and actions.
- 5.2 We ask the Board to review and approve the CRN East Midlands Annual Delivery Report 2016/17.

# Appendix 1 – Dashboard 2016/17 Year End

Clinical Research Network: East Midlands

Refreshed: 25/05/2017

2016-17 YEAR END

Network Progress Overview

HLO Description	Study Type	Target		Progress/Summary			Actions	Status	Owner	Year End RAG Assurance		
		England	East Midlands									
				Year end	Previous	Trend						
1	Number of patients recruited into NIHR studies	All	650,000	48,000	45,056	28,013	↑ 24%	94% of goal (48,000) CRN: East Midlands in 6th position out of 15 LCRNs n.b. in 5th position based on weighted recruitment	- Ongoing review of UKCRN database for potential studies and open new sites - Shift focus to recruitment to time and target - Added to risk register (risk #23) with mitigating action plan	Complete	Chief Operating Officer	Red
2	Proportion of NIHR studies delivering to recruitment target and time	Commercial	80%	80%	90%	86%	↑ 4%	141 studies recorded as closed and reported recruitment across all Network supported sites. CRN: East Midlands in 2nd position out of 15 LCRNs	Target achieved	Complete	Industry Operations Manager	Green
		Non-commercial	80%	80%	82%	77%	↑ 5%	82% (49) for 60 closed HLO studies	Target achieved	Complete	Chief Operating Officer	Green
4	Proportion of eligible studies achieving NHS set up within 40 calendar days	All	80%	80%	65%	21%	↑ 44%	65% (22) for 34 closed HLO studies	- Focus on Early Contact service and engagement - Continued communication with sponsors locally	Complete	Business Intelligence Lead	Red
6	Proportion of NHS Trusts recruiting into NIHR studies	All	99%	99%	100%	100%	↔	16 out of 16 Trusts reported recruitment	Target achieved	Complete	Chief Operating Officer	Green
		Commercial	70%	70%	81%	81%	↔	13 out of 16 Trusts reported commercial recruitment.	Target achieved	Complete	Industry Operations Manager	Green
	Proportion of General Medical Practices recruiting into NIHR studies	All	35%	35%	60%	65%	*	*Nationally this has been reported at 60% at year end. This represents a discrepancy with the figure we previously reported locally, due to changes in the number of practices use for the calculation of this measure.	Target achieved	Complete	Division 5 Research Delivery Manager	Green
7	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) NIHR studies	All	20,000	1,250	1,352	622	↑ 51%	108% of goal (1,250) Requires 24 recruits per week	Target achieved	Complete	Division 4 Research Delivery Manager	Green

Sources: Commercial Reporting on ODP 28/04/2017, Portfolio ODP Last update: 28/04/2017, Portfolio ODP 16-17 Annual Cut Last update: 28/04/2017, Portfolio ODP Reporting Last update: 28/04/2017

Network Summary Report 25/05/2017, Commercial Team update: 11/05/2017

Provided by: CRN: East Midlands Business Intelligence Team

N.B: HLO 3 & HLO 5 are not included as these relate to national objectives

## Appendix 2 - Partner Organisation Activity 2016/17

### Hospital Trusts

	Recruitment in comparable YTD Period 15/16 (Baseline)	16/17 Year End	Active Studies 16/17	% Difference (+/-) from 15/16 YTD	
Chesterfield Royal Hospital NHS Foundation Trust	343	458	40	▲	34%
Derby Teaching Hospitals NHS Foundation Trust	2,442	2,744	128	▲	12%
Kettering General Hospital NHS Foundation Trust	400	665	35	▲	66%
Northampton General Hospital NHS Trust	609	793	60	▲	30%
Nottingham University Hospitals NHS Trust	5,549	10,030	403	▲	81%
Sherwood Forest Hospitals NHS Foundation Trust	970	921	79	▼	-5%
United Lincolnshire Hospitals NHS Trust	1,038	1,601	80	▲	54%
University Hospitals Of Leicester NHS Trust	13,479	10,650	333	▼	-21%

### Mental Health, Community & Ambulance Trusts

	Recruitment in comparable YTD Period 15/16 (Baseline)	16/17 Year End	Active Studies 16/17	% Difference (+/-) from 15/16 YTD	
Derbyshire Community Health Services NHS Foundation Trust	67	44	8	▼	-34%
Derbyshire Healthcare NHS Foundation Trust	1516	1550	28	▲	2%
East Midlands Ambulance Service NHS Trust	1199	971	6	▼	-19%
Leicestershire Partnership NHS Trust	569	662	30	▲	16%
Lincolnshire Community Health Services NHS Trust	19	53	4	▲	179%
Lincolnshire Partnership NHS Foundation Trust	406	351	27	▼	-14%
Northamptonshire Healthcare NHS Foundation Trust	245	471	25	▲	92%
Nottinghamshire Healthcare NHS Foundation Trust	499	1098	45	▲	120%

### Primary Care (CCG Region)

	Recruitment in comparable YTD Period 15/16 (Baseline)	16/17 Year End	Active Studies 16/17	% Difference (+/-) from 15/16 YTD	
Derbyshire CCG Region	2,341	667	23	▼	-72%
Leicestershire CCG Region	8,453	5,965	34	▼	-29%
Lincolnshire CCG Region	3,195	140	13	▼	-96%
Northamptonshire CCG Region	362	744	28	▲	106%
Nottinghamshire CCG Region	1,748	1,110	27	▼	-36%



***National Institute for  
Health Research***

Appendix 3 - CRN East Midlands Annual Delivery Report 2016/17

## Clinical Research Network East Midlands

# Annual Delivery Report: 2016/17

Version: 2.3

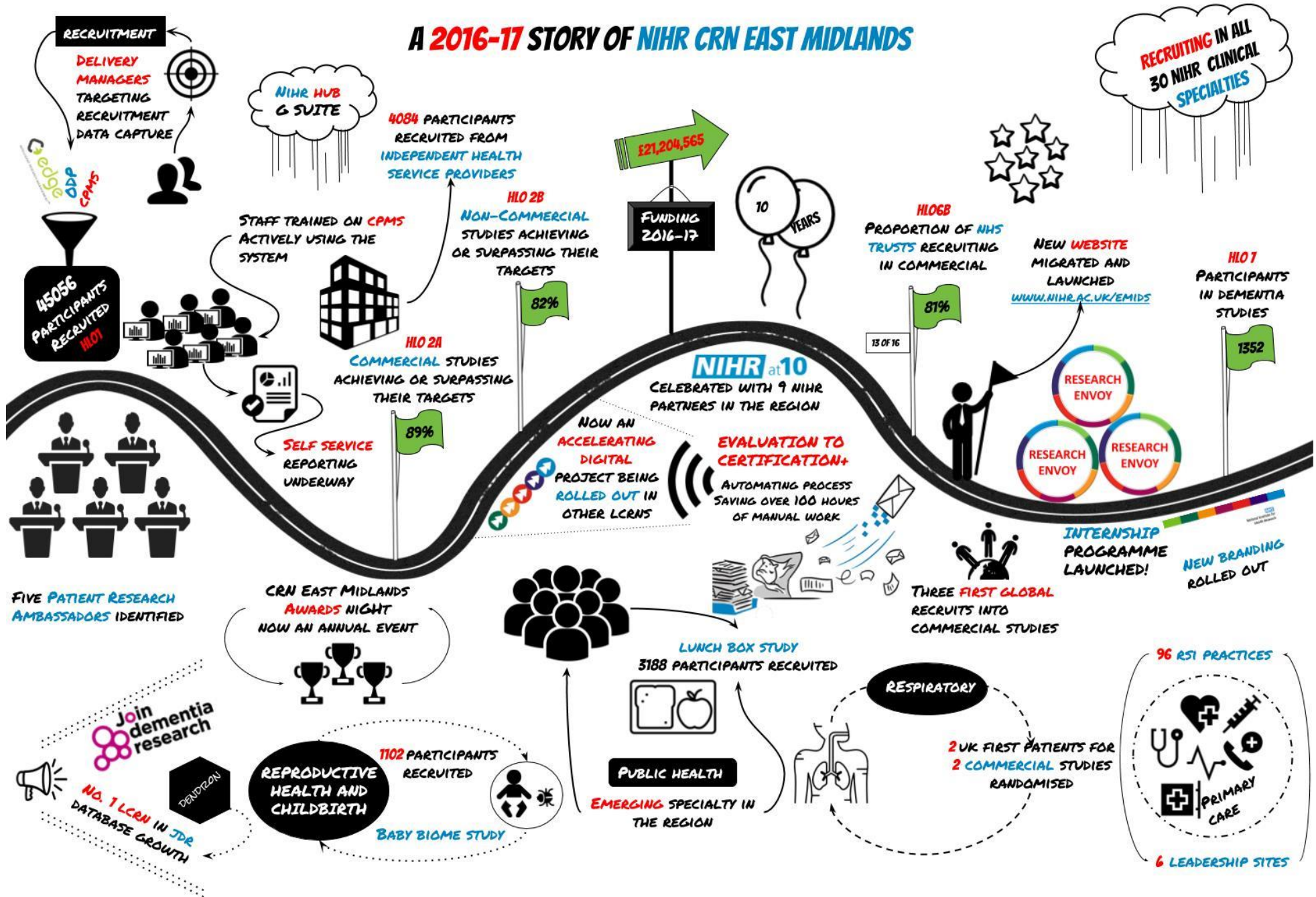
Document date: 12-May-2017

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# A 2016-17 STORY OF NIHR CRN EAST MIDLANDS



**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 Terms and Conditions in 2016/17:

Yes ☒  
No ☐

1.2 If you have answered no to the above, provide a commentary below that highlights the specific clauses of non- or partial compliance. Please explain the reasons for non- or partial compliance and the progress of actions taken to address this:

The Host is delivering the contract and is compliant with all aspects. We wish to ensure we draw attention to a change in the governance arrangements for the CRN. Following review of various groups in-year and in consultation with our partners, we discharge the requirements of the Operational Management Group (OMG) through a meeting we locally refer to as the Senior Team meeting; this meeting fulfils all of the requirements of the OMG. We have re-established the Clinical Leadership meetings which we hold through a combination of face to face and virtual meetings; additionally the Partnership Group operates in line with the contract, and we have a further important stakeholder meeting through regular attendance by CD and COO at the regional R&D Leads group which is essential for good engagement.

1.3. Please confirm that all LCRN Partner organisations operated in full compliance with the CRN Performance and Operating Framework 2016/17

Yes ☒  
No ☐

1.4 If you have answered no to the above, provide a commentary below that highlights the specific clauses of non- or partial compliance. Please explain the reasons for non- or partial compliance and the progress of actions taken to address this:

## Section 2. Executive Summary

This section provides a summary of high level information on the Network's key achievements and challenges in 2016/17.

**Table 2.1. Executive Summary**

<b>1. Host Organisation</b>	<ul style="list-style-type: none"> <li>Executive Group - Refreshed to quarterly meetings with excellent support from Host organisation Medical Director (CRN EM Executive Lead), and attendance from senior HR Lead, Smita Ganatra</li> <li>Quarterly Board report reviewed through Trust Executive Performance Board Meeting, and then considered at full public Trust Board meeting with Clinical Director (CD)/Chief Operating Officer (COO) in attendance</li> <li>High quality support and advice provided by Host R&amp;D Finance Lead</li> </ul>
<b>2. Governance and LCRN Management Arrangements</b>	<ul style="list-style-type: none"> <li>Improved Partnership Group engagement and senior attendance</li> <li>Revised approach to Operational Management Group (OMG), Senior Team Meeting fulfils requirement of OMG</li> <li>Well defined, lean leadership team operating efficiently to maximise return on investment and deliver strong regional performance</li> </ul>
<b>3. Business Development and Marketing</b>	<ul style="list-style-type: none"> <li>90% for Commercial Recruitment to Time and Target</li> <li>Life Sciences: 3 global firsts in the region</li> <li>Genuine engagement across primary care setting with excellent track record of delivery</li> </ul>
<b>4. Information and Knowledge</b>	<ul style="list-style-type: none"> <li>Wide roll-out of Local Portfolio Management System (LPMS) with strong partner engagement</li> <li>Unique approach to managing primary care data, with high level of data confidence in this sector</li> <li>Strong forecasting track record to aid budget planning</li> </ul>
<b>5. Specialty highlights</b>	<ul style="list-style-type: none"> <li>Recruitment to all 30 clinical specialties due to excellent engagement</li> <li>Successfully engaged with the Public Health specialty through new Clinical Lead; with effective recruitment into Lunchbox study of 3,118 recruits</li> <li>Exceeded our expectations with excellent research performance for HLO7, Dementia and Neurodegeneration, recruited to 108% of target</li> </ul>
<b>6. Research delivery</b>	<ul style="list-style-type: none"> <li>Established and embedded a sector based Study Support Service for Primary care, Mental Health &amp; Community and Acute Trusts which provides a full range of support to researchers across these settings</li> <li>Increased engagement with Independent Healthcare Service Providers (IHSPs), with 9% of recruitment activity contributed by this sector</li> <li>Improved performance noted for NUH, following a number of steps implemented to aid recovery planning</li> <li>Delivered to time and target for non-commercial studies (82%) where CRN East Midlands is the Lead Network</li> </ul>

<b>7. Stakeholder Engagement and Communications</b>	<ul style="list-style-type: none"> <li>• Held a very successful and well attended regional event to celebrate NIHR@10, with all NIHR partners in the East Midlands</li> <li>• Begun to engender a real sense of shared vision as one NIHR across the East Midlands, aided by in-year announcement of two new NIHR Biomedical Research Centres</li> <li>• Continued to deliver our strong programme of patient involvement and engagement through initiatives such as PPG engagement, supporting Research Ambassadors &amp; delivering Building Research Partnerships training</li> <li>• Commissioned and produced a high quality video to explain the importance and role of research within healthcare delivery, which will be widely shared in 2017/18 to the general public in a range of settings across the region</li> <li>• Strong relationships, including that with regional R&amp;D/I Leads group with CD &amp; COO in regular attendance to aid communication</li> <li>• Run regular Finance engagement events which are consistently well attended by a range of stakeholders</li> </ul>
<b>8. Workforce Learning and Organisational Development</b>	<ul style="list-style-type: none"> <li>• Built relationships with Health Education East Midlands (HEEM) and produced a video to promote the CRN and attract trainees to get involved in research delivery in the region</li> <li>• Engaged with the national Advanced Leadership Programme through supporting local participants and mentoring others outside the region</li> <li>• Delivered two very well attended Research Forum events to bring together and support non-medical research delivery staff across the region</li> <li>• Launched a pilot Research Envoys scheme to promote research through non-research staff working in a range of clinical environments across two trusts</li> </ul>
<b>9. National Contributions</b>	<ul style="list-style-type: none"> <li>• Clinical Director has contributed to the development of the Rewarding Performance guidance</li> <li>• Leadership team have contributed to the National Research Delivery community activities and events</li> <li>• Chief Operating Officer has actively contributed to the LCRN Funding work, through the Funding Project Board</li> <li>• Local work on LPMS has been actively shared through LPMS Lead, along with contributions to the Business Intelligence community (Paul Maslowski and Kathryn Fairbrother)</li> <li>• Communications Lead has been involved with national Comms pilot work with Chelsea Drake</li> <li>• Regular Research Delivery Manager contribution to Divisional meetings, and attendance at Specialty meetings on a rotational basis (Harpal Ghattoraya, Karen Pearson, Hannah Finch)</li> <li>• Michele Eve, Workforce Development Lead, has contributed to the national agenda as a member of the Integrated Workforce Framework working group and project board; she also sits on the adoption committee for the National Training Directory</li> </ul>

### Section 3. CRN High Level Objectives

This section summarises the network's contribution to the CRN High Level Objectives (HLOs) for 2016/17.

**Table 3.1. HLO performance**

HLO1			Increase the number of participants recruited into NIHR CRN Portfolio studies		
			Measure: Number of participants recruited in a reporting year into NIHR CRN Portfolio studies. CRN National Target: 650,000		
LCRN's planned contribution in 2016/17		Specific activities/initiatives in 2016/17		Performance against plan	
48,000		<ul style="list-style-type: none"><li>We expanded our engagement with a range of Independent Healthcare Service Providers (IHSPs) (I&amp;I), as many patients now have treatment in these settings, this year 9% of our activity is attributed to these organisations</li><li>Appointment of Public Health Lead, Prof Derek Ward, and close working to ensure engagement in this specialty (I&amp;I) which has resulted in recruitment of 3,118 participants to key public health research study</li><li>Worked specifically with NUH as performance had dropped, to focus on improvement (I&amp;I). This included close working with R&amp;I teams, contribution to weekly performance meetings, review of their portfolio to look for potentially eligible studies and move to get adopted, if possible. This has paid off with recruitment increased by 80%.</li></ul>		45,056	
Commentary on performance					
<p>Some challenges remain in relation to our pipeline, especially in mental health and primary care in 2016/17. In primary care, a number of large studies closed, and were not replaced with large sample size studies in-year, although this sector is picking up for 2017/18. In mental health, it is becoming increasingly difficult to identify studies prepared to open to new sites in our region, where we are not the CI site. Additionally, at the start of the year, we forecast a high level of activity linked to one particular study (REBOOT, formerly BWW, ref: 32184), however, this study has not recruited as predicted in-year</p> <p>Along with other regions, we suspect we have been impacted upon by delays seen as a result of the changes to the regulatory environment, specifically with respect to HRA Assess, Arrange, Confirm. There have been national delays which have impacted upon the ability for local sites to open in a prompt manner, and some delays with amendments being processed. We are hopeful that this system has become well established now, with further delays not anticipated into 2017/18.</p>					

HLO2A	Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time Measure: Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites. CRN National Target: 80%		
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17		Performance against plan
80%	<ul style="list-style-type: none"><li>• Embedded the standard operating procedure for the review of site intelligence forms to draw on the network expertise at all levels</li><li>• We specifically focused on areas not delivering to time and target to ensure future targets can be delivered and lessons are learnt where studies underperformed</li><li>• Education of new teams new to research on the importance of well set targets</li><li>• Harness the potential of LPMS as a source for performance updates between network and Partner Organisations to track performance across the East Midlands</li></ul>		90%
Commentary on performance			
<ul style="list-style-type: none"><li>• 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 72% in 2015/16 and 90% in 2016/17 (I&amp;I).</li><li>• As our expertise across the region has developed, we have been able to draw on a wider pool of intelligence to inform resource allocation and target setting, including staff at all levels across Partner organisations. Following discussion through the OMG, we have implemented a standard approach to ensure robust forms are submitted with clear escalation through our Specialty Leads to provide support in key areas.(I&amp;I)</li><li>• A report reviewing areas that did not achieve RTT was discussed at each of the divisional steering groups to focus on lessons learnt.</li><li>• A focus on education and the importance of RTT through multiple forums and engagement.</li><li>• LPMS has been utilised to track performance at an LCRN level with ever increasing links to Partner Organisations for information.</li><li>• Key regular meetings embedded in the Industry Team to focus on performance and address any areas of underperformance through mitigating actions.</li></ul>			

HLO2B	<b>Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time</b> Measure: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period. CRN National Target: 80%	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
80%	<ul style="list-style-type: none"> <li>As the Study Support Service (SSS) has become established during the latter part of 2016/17, greater emphasis has been placed on the Early Contact Service support to set accurate study-wide recruitment predictions and timelines at the start of the study where CRN East Midlands is the Lead CRN.</li> <li>Feasibility training has been provided to Study Support Service staff so that there is greater focus on undertaking robust study-wide feasibilities at the Early Contact and Study Start-up stages that identify potential difficulties in recruitment and solutions for these.</li> <li>Making use of the National Study Delivery Assessment process to really explore study complexity, particularly for studies that have not been through the Early Contact Service.</li> <li>RAG rated performance reports to highlight studies that are encountering difficulties so that these can be investigated and action taken.</li> </ul>	82%
Commentary on performance		
<p>Performance monitoring has been more actively undertaken during the latter half of 2016/17, with increased emphasis and this has enabled the identification of struggling studies that require action or input (I&amp;I). This has assisted us in improving study numbers meeting their time and target measures. Research Delivery Managers and Operations Managers have played a key role through taking ownership of CI-Lead studies within their Divisions. Although we recognise further work needs to be done in this area, we are pleased to have achieved this metric due to a collaborative approach across the whole team and with Chief Investigators. Performance monitoring and management will be on-going throughout 2017/18, supported by a change in the structure of the team supporting the RDMs/Ops Managers in this aspect of performance.</p> <p>The Study Support Service was formally launched in July 2016, whilst staff were still in RM&amp;G roles and dealing with a diminishing volume of 'in-flight' CSP studies. As staff have been deployed over a period of months into the SSS, elements of support have taken time to emerge. The Early Contact Service, for example, began slowly although it has gained much momentum and has been refined so it is more attuned to considering the practicalities of study delivery and whether study-wide recruitment targets are realistic and realisable.</p>		

<b>HLO3A</b>	<b>Increase the number of commercial contract studies delivered through the NIHR CRN</b> Measure: Number of new commercial contract studies entering the NIHR CRN Portfolio. CRN National Target: 650	
<b>HLO3B</b>	<b>Increase the number of commercial contract studies delivered through the NIHR CRN</b> Measure: 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. CRN National Target: 75%	
<b>LCRN's planned contribution in 2016/17</b>	<b>Specific activities/initiatives in 2016/17</b>	<b>Performance against plan</b>
N/A as this is a national objective	<ul style="list-style-type: none"> <li>• Increase presence with SMEs and MedTech across the East Midlands</li> <li>• Working with the Academic Health Science Network (AHSN), and as part of the Study Support Service, we have supported and signposted these organisations as appropriate with a view to increasing the commercial portfolio</li> <li>• We have raised awareness of the role of the CRN, and indeed all NIHR regional partners, through engagement events and Industry workshops which we have delivered to support teams across the region</li> </ul>	N/A as this is a national objective
<b>Commentary on performance</b>		
<ul style="list-style-type: none"> <li>• Increased engagement with Medilink and the AHSN through the Industry Working Group (IWG) and ongoing engagement, with plans to arrange a workshop along with Medilink for SMEs.</li> <li>• Increased links and studies coming through the pipeline via both Medilink and the AHSN, also linking with the Research Design Service (RDS) and through our Specialty Leads.</li> <li>• In addition to the established Costing Template Training, we have implemented an additional workshop on the Lifecycle of a Commercial Study to increase awareness (I&amp;I).</li> </ul>		

HLO4	<b>Reduce the time taken for eligible studies to achieve set up in the NHS</b> Measure: Proportion of eligible studies achieving NHS set up at all sites within 40 calendar days (from "Date Site Selected" to "Date Site Confirmed"). CRN National Target: 80%	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
80%	<ul style="list-style-type: none"> <li>• Training sessions have been provided to all Partner Organisations on how to use Edge to support full use of the system to provide comprehensive study record information and support data capture that is timely and accurate for the required HLO4 data fields.</li> <li>• CRN principles for assessing, arranging and confirming local capacity and capability have been shared with all Partner Organisations.</li> <li>• Reiteration of the NIHR CRN HLOs, including HLO4, at various Study Support Service events for core and embedded staff to support an understanding of the data that needs to be captured to measure this.</li> <li>• Data cleansing activities as part of the Quarterly reporting for HLO4, including feedback to individual Partner Organisations where data anomalies are highlighted.</li> <li>• The formal establishment of the Study Support Service has enabled us to start developing a support network and appropriate services for researchers across acute and teaching hospital, mental health and primary care settings. We have invested in Early Contact support to ensure good engagement and that better planning of study delivery from the early stages influences study set-up and delivery.</li> <li>• Effective signposting to other stakeholders, such as the NIHR RDS and NHS R&amp;D/I teams, to underpin well designed studies that can then go on to be set up in a timely way.</li> </ul>	65%
Commentary on performance		
<p>2016/17 has been a year of transition as CRN East Midlands and its Partner Organisations have moved from CSP-led RM&amp;G to HRA approval and new systems have been implemented to collect information and data on timely study set-up. In theory, HLO4 and the data points required for confirmation of capacity and capability are well understood, however in practice, these have generated much discussion. Some studies have required working through on a case by case basis to understand the study flow; this has taken considerable resource and time. HRA Approval has taken time to embed nationally and the spread of HRA Approval studies through the year has not been equitable across Partner Organisations; hence expertise in assessing, arranging and confirming has taken time to build across the region. The Study Support Service officially launched on 1st July 2016 with a mixture of core &amp; embedded staff in place. The Service has developed over the latter part of the year to meet local requirements, although it has taken time to deploy staff into Study Support Service roles. As we move into 2017/18, the health service sector model we have chosen as our platform for the Service is established and should be well placed to focus on delivery. It has taken us time to get used to the new information systems, Edge and CPMS, and the complementary interplay between the two. Initially, the focus was on creating and populating study records with less on how both can be used in different ways to support our business. As knowledge, experience and confidence have grown, we are working with our Partner Organisations to make good use of Edge and drive up data quality.</p>		

<b>HLO5A</b>	<b>Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies</b> Measure: Proportion of commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited") CRN National Target: 80%	
<b>HLO5B</b>	<b>Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies</b> Measure: Proportion of non-commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited"). CRN National Target: 80%	
<b>LCRN's planned contribution in 2016/17</b>	<b>Specific activities/initiatives in 2016/17</b>	<b>Performance against plan</b>
HLO5A: 50% HLO5B: 50%	2016/17 has been acknowledged as a transition year for embedding reliable and robust set-up data collection and reporting following the implementation of the HRA approval, which has impacted the ability to realistically monitor performance against a target for this HLO. Work has been done to address this as the year has progressed, however, we maintain some reservations on the evidenced link between the first study participant recruited in 30 days and the study ultimately delivering to time and target. Below, we have outlined the actions set in place to support this measure.	HLO5A: 50% HLO5B: 47%
<b>Commentary on performance</b>		
<ul style="list-style-type: none"> <li>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 RTT, 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).</li> <li>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 regular workshop on The Lifecycle of the Commercial Study and training to support a consistent approach.</li> <li>We have continued 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.</li> <li>The Study Support Service has been integral in supporting Partner Organisations to embed the CRN principles of good practice for assessing, arranging and confirming local capacity and capability.</li> </ul>		

HLO6A      Increase NHS participation in NIHR CRN Portfolio studies Measure: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies CRN National Target: 99%		
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
100%	<ul style="list-style-type: none"><li>• Key to this objective is engagement with partners, in 2016/17 we have maintained and developed our communication and engagement routes with partners, including: Partnership Group engagement work, COO &amp; CD attendance at R&amp;D Leads regional meetings, bi-annual Finance Forum events, Research Workforce Forum events, regular Industry workshops, widely distributed Newsletter, further enhanced the role of Senior Team Links with all Partner organisations</li><li>• Ensure all partners are aware of research opportunities as they arise through formal SSS/Industry routes</li><li>• Use of Clinical Specialty Leads to promote opportunities in those specialties through their local &amp; national intelligence</li></ul>	100%
Commentary on performance		
Nothing additional to the above.		

HLO6B	<b>Increase NHS participation in NIHR CRN Portfolio studies</b> Measure: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies CRN National Target: 70%	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
75%	<ul style="list-style-type: none"> <li>Increased engagement and planning with our Community Health Trusts, building on their interest in commercial research.</li> <li>We have built on previous work done to develop site profiles for the Mental Health Trusts, forging links with Industry through increased engagement at the Industry Working Group.</li> <li>Within Division 4, we have tried to raise the profile and attract more interest.</li> <li>We have supported and facilitated collaboration between Mental Health Trusts and commercial sponsors to increased study throughput.</li> <li>We have grown involvement in the primary care sector through building relationships and support from Dr Simon Royal - CRN Primary Care Clinical Specialty Lead East Midlands &amp; CRN National Primary Care Industry Research Lead.(I&amp;I)</li> </ul>	81%
Commentary on performance		
<p>We are really pleased with this successful performance, achieving HLO6B for the first time with all Mental Health Trusts recruiting into commercial studies in the year 2016/17. We have ongoing engagement through the Industry Working Group along with regular engagement through the Division 4 steering group. An increased focus on the collaboration across Mental Health and Acute Trusts to develop the capabilities to deliver complex Dementia studies across the region has also been an important element to this success (I&amp;I).</p> <p>The network team have been integral in the development of a strategy to support bringing commercial research to Derbyshire Community Health Services with the site now selected for its first commercial study.</p>		

HLO6C	Increase NHS participation in NIHR CRN Portfolio studies Measure: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies CRN National Target: 35%		
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan	
58%	<ul style="list-style-type: none"><li>We have continued to invest in the RSI and Leadership scheme as well as looking at other methods to support and develop practices to offer research opportunities to the wider population through this most used health care contact point</li><li>Created a new team in Northamptonshire to support this county further</li><li>Our Primary care team have linked with a number of Patient Participation Groups (PPGs) to ensure Research is on the agenda from bottom up (I&amp;I)</li><li>Building on relationships made through Derbyshire PPG Forum, "Belper 5", a group of initially 5 PPGs from Belper, Derbyshire, who have taken a significant interest and championed research and whom we have continued to support throughout the year.</li><li>Robust monitoring of sites and early escalation when needed</li><li>Continue to engage and build on new sites in each of our counties</li></ul>	60%	
Commentary on performance			
<ul style="list-style-type: none"><li>The RSI/Leadership schemes have again proved value for money, going into 2017/18 we will review the approach and ensure we take into account the changing landscape within primary care.</li><li>We have seen significant staff turnover in our infrastructure supporting primary care this year, however, we are now up to a full complement of staff. The relationships the team have with their practices, and their primary care knowledge, has supported the GP practices to perform, despite the pressures seen in this healthcare environment. Our primary care team in Northampton are now embedded within a practice and this will help build and cement relationships across the area.</li><li>Over the past year, we have inevitably seen some changes to the sites we work with; we have lost a few practices across the patch due to closures and merges but have also managed to bring new sites on board.</li><li>The team have been very engaged with PPG within the practices and through this route have been able to have a bottom up effect on research in the sites.</li></ul>			

HLO7	Increase the number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio Measure: Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio CRN National Target: 20,000		
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17		Performance against plan
1,250	<ul style="list-style-type: none"><li>We have continued to promote "Join Dementia Research" (JDR) as an important recruitment tool with Principal and Chief Investigators in the region.</li><li>In 2016/17 we opened and recruited to our first CRN East Midlands led Dementia study, PRAISED, this includes the use of JDR as a key recruitment strategy.</li><li>In relation to Raters, we have built capacity through workforce training in PANNS and Rater scales, with 4 meetings per year to facilitate and support them; we have involved experienced trained Raters to mentor and support new Rater trainees across the region. We have made sure trained Raters maintained their competencies and skills and feel confident on our pool of experienced Raters in the East Midlands and can report that this year no commercial sponsor have refused to open sites within the region based on the Network having insufficient or inexperienced Raters available.</li><li>We have continued to engage with Partner Organisations to map and facilitate access to lumbar punctures, imaging and radiology etc. and have ensured organisations have appropriate arrangements for these services as required.</li></ul>		1,352
Commentary on performance			
<ul style="list-style-type: none"><li>We have successfully recruited 1,352 participants into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio</li><li>During 2016/17, we have continued to see a steady increase on the JDR database and currently have 2,377 JDR volunteers registered (16% with dementia). We are the number one LCRN in JDR database growth and 12% of dementia recruitment was via JDR in the East Midlands (national target 6%).</li><li>The PRAISED study opened in 2016/17, and included JDR as a key recruitment strategy and successfully recruited 64 patients to time and target.</li><li>The Specialty Lead, RDM, Ops Manager and Division 4 team continue to raise awareness with stakeholders such as CLAHRC, AHSN, BRUs/Cs and Academia to ensure that all potential Dementia and Neurodegeneration studies which could be deemed eligible for portfolio adoption are processed through this pathway as standard practice.</li><li>In relation to supporting organisations with access to services such as lumbar punctures, imaging and radiology etc., the next step will be to set up a collaborative site identification template between the acute trusts and healthcare trusts so that when an EOI comes in to the network we can support the study as a joint venture in a timely manner.</li><li>In the East Midlands, we did not set a locally determined target in addition to the national target of 1,250, agreed with the Co-ordinating centre.</li></ul>			

## Section 4. CRN Clinical Research Specialty Objectives

4.1. This section summarises the network's contribution to the CRN Clinical Research Specialty Objectives.

**Table 4.1. Contribution to 2016/17 Clinical Research Specialty Objectives**

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
1	Ageing	Proportion of Ageing-led studies on the NIHR CRN Portfolio which are multicentre studies is maintained at 50% or above	Proportion of Ageing-led studies which are multicentre studies	50%	Currently 91% of Ageing studies which are active across the East Midlands LCRN area are multi-centre. We expect this to continue in 2016/17 for existing studies, plus pipeline studies. We are making efforts to engage historically inactive Trusts into taking forward multi-centre Ageing studies, as recruiting sites. The first of these to be approached is United Lincolnshire Hospitals, which is active and in a geographical area of great potential for Ageing studies. Later in the year, we will encourage the other inactive Trusts to look into taking further Ageing studies. Lincoln and surrounding areas has great potential due to its elderly population.	<p>Multi-centre target has been met. The ongoing studies FiNCH, PERFECTED CRCT, PEACH and LACE are all multi-centre.</p> <p>The PEACH study has been retrospectively adopted onto the ageing portfolio; with 164 participants since December, and the potential for up to 400 in total, this will contribute significantly to recruitment targets for both 2016/17 and 2017/18.</p> <p>Two new specialty leads for Ageing in the East Midlands are in place, Dr Adam Gordon (North) and Dr Victoria Haunton (South). Both are focussed on building research links between traditional research hubs in Nottingham and Leicester and emerging hubs in Derby, Lincoln and Northampton.</p> <p>Dr Gordon has visited Lincoln to engage with researchers there, and Dr Haunton will shortly be visiting Northampton.</p> <p>Despite a significant drop in national Ageing studies in the last 12 months, the East Midlands remains very active with ageing research; East Midlands led bids to Dunhill, RfPB and Horizon 20:20 have all achieved advancement to phase 2 in last 2 months.</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
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	8 (of 15)	Engaged with the Anaesthetic Trainees at the local Winter Scientific Training Meeting in Dec 2015. Liaising with and supporting the set up of MERCAT (Midlands (East) Research by Critical Care and Anaesthetics Trainees) through the nominated anaesthetic registrar. 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). Through the CRN East Midlands Workforce Development manager a rollout of GCP training is being offered to the trainee groups. The Deanery is supportive of this Initiative: They will organise two events later in the year for trainees interested in developing their own research networks- like MERCAT, to further facilitate involvement in clinical trials. HEE and CRN to see whether it might be possible to generate an Out of Programme opportunity for a senior trainee to develop leadership and management experience in the CRN. The CRN East Midlands Network will draw up a list of PIs who are willing to have a "portfolio study-ready" trainee as a sub-investigator on a clinical study and then match them to the Schools and training programmes. 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.	<p>The Anaesthetic Trainee Network affiliated to the East Midlands has successfully supported and recruited to its first NIHR portfolio study, iHYPE. The anaesthetic study portfolio has been strong this year and yielded some high recruitment numbers in part due to the iHYPE and the epiCCS studies.</p> <p>The CRN East Midlands Workforce Development Team continues to support the trainee Networks by providing GCP training. In addition, the Network has drawn up a list of PIs who are willing to have a "portfolio study ready" trainee work alongside them on appropriate clinical studies (I&amp;I) and we will continue to support this initiative over the coming year.</p> <p>There is still a need to engage with some of the local acute trusts to increase research within this specialty, especially as there has been a definite increase in the number of Expressions of Interest coming through the pipeline for this specialty. This will be a high priority for the Network for the coming year and we are looking to plan a regional stakeholder event in 2017/18.</p>
3	Cancer	Deliver a portfolio of studies including challenging trials in support of national priorities	Number of LCRNs achieving recruitment to NIHR CRN Portfolio studies in 4 challenging areas which is <b>either</b> improved from 2015/16 <b>or</b>	15 (of 15)	Within the East Midlands the Research Delivery Manager and Clinical Lead are conducting an exercise in trying to stabilise recruitment figures which have drastically reduced over 2015/16. Input is being sought from Sub-specialty Leads, R&D Managers and Cancer Teams leads within	In 2016/17, the numbers of participants recruited into studies managed by the Specialty Cancer is currently reported as 3,136. This represents an improvement in recruitment figures (2015/16 figure is reported as 2,550), although we have fallen to 9th place nationally, from 8th in 2015/16.

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
			<p>exceeds the following national targets:</p> <p>a) Cancer Surgery: 4 recruits per 100,000 population served</p> <p>b) Radiotherapy: 6 recruits per 100,000 population served</p> <p>c) Rare Cancers (ASR &lt;6): 12 recruits per 100,000 population served</p> <p>d) CYP: 3 children per 100,000 population served,* and all LCRNs to record the number of 16-25 year olds participating in cancer studies</p> <p>*LCRNs which do not include a PTC to provide evidence of referral pathways to access research</p>		<p>the Partner Organisations. It is hoped that with support from the Network Lead Nurse, the LCRN and Partners will be able to steady the decrease in recruitment figures and maintain the commercial reputation of the region, whilst realising financial constraints.</p> <p>We will continue to work with our Partner Organisations to ensure we have a delivery infrastructure within the Division that has a suitable mix of skills, with excellent clinical links across the region (driven by LCRN presence at regional ECAG meetings).</p> <p>The LCRN will facilitate bi-annual meetings for the Cancer team leads of the region to try to regain a sense of community, increased moral and the sharing of best practice.</p> <p>The Division 1 Operations Manager and appropriate Sub-specialty Lead are members of the East Midlands Senate and Strategic Clinical Network Expert Clinical Advisory Group (ECAG) and regularly present performance and benchmarking information, and discuss referral pathways as necessary. For 2016/17 we will revisit the information currently provided at the ECAG, to check it is fit for purpose. This scoping work will be undertaken by the Division 1 Operations Manager.</p> <p>2016/17 will see us take forward a piece of work to promote link between the LCRN and the hospices in the region. The RDM and the joint Palliative Care Sub-specialty leads we will develop links and awareness in this community. The RDM will be meeting with research delivery colleagues in neighbouring CRN: West Midlands to learn about their existing palliative network</p>	<p>As a Network, we are keen to develop and facilitate a regional "space" for the Division 1 Team Leads as a means for peer support, especially relevant for the smaller Trusts or new Team Leads who are finding their feet and as a way to improve communication about trials across the region. The Division 1 Operations Manager has two face to face meetings, interspersed with monthly teleconferences throughout the year. The agenda includes a section on performance using (HLO1 &amp; HLO2 and specialty objective) and the group reviews studies that are going to close within the next six months and develop an action plan for studies likely to miss HLO2. We review EOIs and the uptake thereof. The meetings also provide an opportunity for the Team Leads to discuss study 'issues', to share recruitment strategies and to get studies back on track. We plan to use time at the face to face meetings to include a section for education.</p> <p>During 2016/17, our relationship with the East Midlands Clinical Networks has developed considerably. The CRN Research Operations Manager has presented to the ECAG a plan to develop the reporting material produced for the ECAG, which was met with broad agreement. A new report was released for use whilst under development (I&amp;I). This improvement has led to a much more efficient use of resources in the CRN Information team, whilst presenting relevant data to the ECAG groups. Each ECAG covered by a CRN Subspecialty can now expect a consistent quality report. Opportunities for further developments have been recognised, and this work will continue in 2017/18.</p> <p>The CRN was invited to conduct a piece of work with a partner Trust, specifically in relation to Division 1 (I&amp;I). A report has been produced which makes a number of recommendations and next steps, the CRN</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
					<p>model and look to implementation in the East Midlands.</p> <p>The Research Delivery Manager, Operations Manager and Portfolio Support team will support the Clinical Lead and Sub-specialty Leads in developing and delivering an appropriate portfolio of studies across the tumour sites, and investigate opportunities and threats to our performance. For example the Portfolio Support team will investigate 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. We will adopt a truly regional approach and strive to offer equity of studies across our geography (through opening studies in multiple sites at the same time or through PICs). The Operations Manager will encourage engagement across the region through participation in the ECAG meetings. Using monthly RAG reports, the Portfolio Support team will monitor and collect intelligence regarding the 'Time to Target' metric. Where appropriate the Operations Manager will work with our partners to resolve issues, to enable studies to be delivered in line with 'Time to Target'.</p> <p>The Sub-specialty Leads will continue to be supported and fully engaged with the national requirement for meetings, and will bring any key messages back to the region.</p> <p>Cancer Surgery: To date in 15/16 the East Midlands region has recruited 95 participants into Cancer Surgery studies (recruiting into 5 studies). Recruitment has been contributed from all of our 8 appropriate sites. To achieve the national target of 4 recruits per 100,000</p>	<p>will continue to work with the Trust to improve delivery in this specialty.</p> <p>Following engagement with the CRN West Midlands, a local scoping and engagement exercise was agreed, and conducted (I&amp;I). The aims of the exercise were to:</p> <ul style="list-style-type: none"> <li>• start to build a relationship with stakeholders in hospice based research</li> <li>• to identify any barriers and enablers to delivering research in the hospice setting</li> </ul> <p>The scoping exercise realised these aims, and the CRN has now identified and mapped the hospices across the region, and through this exercise have identified and engaged with other stakeholders (charity and local academic organisations). A number of hospices have been identified as being interested in delivering research and in taking part in a pilot with the CRN to develop a 'Research Readiness' Package. The CRN will continue to lead this work in 2017/18.</p> <p>The actions taken against this plan have been implemented mostly as described in the plan, although the Research Operations Manager has taken a more active role than anticipated in the gathering of study / site specific intelligence.</p> <p>Throughout the year when vacancies have arisen in the divisional delivery teams locally, the CRN have worked with the local Trust to consider skill mix and need of the Specialty when making decisions on continued investment.</p> <p>The RDM ensures that once the national meeting are being arranged by the Cluster office, she is engaging with the Sub-specialty Lead to ensure their response.</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
					<p>population served the East Midlands will need to recruit 178 participants into Cancer Surgery studies. Although we would strive to achieve this national target, realistically the East Midlands should aim to improve upon 15/16 recruitment. Of the 5 studies currently recruiting 3 have significant recruitment periods left: - UKCRN 869 (observational) open until 31/12/17 (potential to recruit approx. 70 participants). All of our sites have this study open, and are recruiting. UKCRN 3771 (interventional) open until 31/03/2018 (potential to recruit 2 participants). Currently open in 3 of our sites and recruited in 2. We will investigate if this study can be opened elsewhere in the region, to push our potential to 8. UKCRN 17640 (interventional) open until 01/02/18 (potential to recruit 1). Currently open in two of our sites and recruited in one. We will investigate if this study can be opened elsewhere in the region, to push our potential to 8. Worth noting of those with a shorter remaining recruitment period is: - UKCRN 1762 (interventional), also counts towards Radiotherapy group studies; open until June 2016 (potential to recruit 6). This is open at 7 of our Trusts, and we will recommend that there is a recruitment push wherever possible.</p> <p>Radiotherapy: Currently in 15/16 the East Midlands region has recruited 490 participants into Radiotherapy studies (recruiting into 18 studies). Recruitment has been contributed from all of our appropriate sites. To achieve the national target of 6 recruits per 100,000 population served the East Midlands would need to recruit 266 participants into Radiotherapy trials. Of the 18 studies which recruited in 15/16, 6 have now closed or will be closing very soon. However we have a significant</p>	<p>This approach has been shared across the other Networks.</p> <p>Actions have been taken against the 2016/17 plan. The region has achieved 'green' status again in all four of the 'difficult to recruit to' categories.</p> <p>We have this year become members of the East Midlands Cancer Alliance Board and begun to influence regional involvement in research through championing, along with the provision of data and information to further influence increased involvement at all sites across the East Midlands</p> <p>During 2016/17, the Clinical Lead for the Division stepped down from his duties with the Network. Following an unsuccessful advert, we have decided to look more closely at the clinical leadership in the Division, with the Clinical Director temporarily taking up the role of Clinical Lead. The year also saw some of the Subspecialty Leads posts become vacant; however, these have all been successfully recruited to.</p>

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					<p>opportunity to capitalise on some existing studies, particularly studies with significant time periods left, that are open to new sites but not open at all of our sites (e.g. UKCRN 7890 Interventional, not open in three of our Trusts, open until 21/09/2017; UKCRN 11723 Interventional, open until 28/02/17, not recruiting at five of our open sites and not opened in two; UKCRN 16069 Interventional, open until 31/03/18 open in six of our Trusts and lead from the East Midlands; UKCRN 1471 Observational, open until 31/07/18, only open in three of our Trusts, but is open to new sites; UKCRN 1409 Interventional, open until 31/12/2020, open in five of our sites, potential to open at UHL and Northampton). Our biggest recruiting study is UKCRN 16077 Observational, open until 31/03/2017, active in three sites. We are working locally to understand the delivery situation with this study as continued success could be jeopardised due to a research fellow contract ending. This study alone is responsible for 288 recruits. Within the East Midlands we will aim to improve upon our 15/16 recruitment, thus also exceeding the national target, however this will depend on us resolving any issues with study UKCRN 16077 and continuing to deliver it throughout 16/17.</p> <p>Rare Cancers: Currently in 15/16 the East Midlands region has recruited 517 participants into Rare Cancer studies (recruiting into 61 studies). Recruitment has been contributed from seven of our sites. To achieve the national target of 12 recruits per 100,000 population served the East Midlands will need to recruit 533 participants into Rare Cancer trials. Within the East Midlands we will strive to achieve this national target, whilst improving upon 15/16</p>	

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					<p>recruitment. We will aim to continue to recruit large numbers to studies like UKCRN 6570 and UKCRN 11319 whilst maintaining a broad portfolio of Rare Cancer studies.</p> <p>CYP: Currently in 15/16 the East Midlands region has recruited 5 participants into CYP studies (recruiting into 1 study). To achieve the national target of 3 recruits per 100,000 population served the East Midlands will need to recruit 133 participants into CYP trials. This would clearly be a very big leap for us, so we will plan to improve upon 15/16 performance. We have already carried out an analysis of the Portfolio, and many of the high recruiting studies in CYP have closed in 15/16, or are single centre. One possibility for increasing activity in CYP is study UKCRN 16295 and we are investigating the feasibility of delivering this study locally.</p> <p>In year as our partners begin to operationalise their work on LPMS, we will work with them to ensure LPMS can be utilised to record all 16 - 25 year olds participating in cancer studies.</p> <p>Using the information provided to us in the ODP system, we will ensure that our partners are aware of which studies link to the national specialty objective and will support them as far as possible in developing effective recruitment strategies. We will identify those challenging trials that are open in the region, but are not active and the Research Delivery team will work with our partners to identify and resolve blocks to delivering the studies.</p>	

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4	Cardiovascular Disease	Increase NHS participation in Cardiovascular Disease studies on the NIHR CRN Portfolio in challenging and priority areas	Number of sites recruiting to Congenital & PAH, Surgery and CV Prevention studies	5% increase	<p>The increase of 5% target has been agreed via the EM Regional Cardiovascular Group representing all partner organisations. There are discussions to look to mentor/create more local PIs to help increase the participation in studies and avoid saturation of existing PIs.</p> <p>Congenital &amp; PAH; Nationally there are only 5 PAH Centres in the UK, EM now has a shared care agreement with our nearest site in Sheffield and will be able to do initial visits and prescribing, we will also be looking to do PAH studies through BRU/BRC adoption of studies across the EM. BRAVE is a Congenital Study (now adopted) and will be rolled out across the EM. Other open multi centre studies are being reviewed by local leads.</p> <p>Surgery; 3 Studies open/in set up (UK Tavi, HYDRA-P, MARACAS).</p> <p>CV Prevention; BRICCs and GENVASC (primary care from Cardio) continue to be the main prevention studies for the region.</p>	<p>Successes:</p> <ul style="list-style-type: none"> <li>Objectives were achieved (Cardiac Surgery: 0% i.e. no change, CV Prevention: 20% increase, Congenital &amp; PAH: 100% increase)</li> <li>New lead for CV appointed, Prof G McCann (former deputy) allowing continuity</li> <li>Excellent ongoing collaborations with NIHR BRU and surrounding secondary care units.</li> <li>Good dialogue initiated between new CV lead for large previously underperforming secondary care trust (NUH) - should bear fruit in 2017/18</li> <li>CV contributes significantly to recruitment of patients for primary care (GENVASC) and diabetes (DIASTOLIC)</li> </ul> <p>Concerns:</p> <ul style="list-style-type: none"> <li>Major pressures across all NHS areas raises serious concerns about sustaining current level of activity</li> <li>The portfolio in East Midlands is complex with heavy burden of Interventional studies - may limit ability to additionally increase commercial activity</li> </ul>
5	Children	Increase NHS participation in Children's studies on the NIHR CRN Portfolio	Proportion of NHS Trusts recruiting into Children's studies on the NIHR CRN portfolio	90%	<p>Within the East Midlands we have a Childrens specialty which performs well, with a resource that increasingly offers support to studies which are counted under another specialty. We are working with our Partner Organisations to encourage this cross-working, and locally we recognise this with unique reporting.</p> <p>In 2015/2016 there are 8 Trusts within the East Midlands that have Childrens services that are not recruiting to NIHR Portfolio Childrens research. We hope to improve upon this metric in 16/17. We have a cluster of activity at our two teaching Trusts, and within our DGHs. In 15/16 one secondary care site, Chesterfield Royal has not contributed directly to the specialty. They have 5 Childrens studies open, but have had</p>	<p>This has proved to be a challenging objective for the CRN East Midlands. Our overall recruitment into studies managed by the specialty 'Children's' has increased this year (from 1,193 in 2015/16 to 2,086 in 2016/17). The year has seen us move from 9th place, to 5th.</p> <p>The number of sites recruiting has also increased to 13 (from 9).</p> <p>There are again eight Trusts with recognised Children's services which have not recruited into studies managed by the 'Children's' specialty. However, when consideration is given to the studies where Children's is recognised as a supporting specialty, there are only two Trusts that did not recruit in the region (East Midlands Ambulance Service and</p>

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					<p>some staffing issues 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 Childrens 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 Mental Health Trusts, who on the whole deliver a portfolio of research that is not badged as Childrens, 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). We do have one Childrens 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 16/17 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>	<p>Northamptonshire Healthcare).</p> <p>We continue to work closely with our Specialty Lead and R&amp;D Offices to match suitable studies to sites in a timely manner.</p> <p>During 2016/17, both the Specialty Lead and the Research Delivery Manager have communicated with the Cluster office, to express concerns that the current Objective was not capturing the vast amount of activity undertaken recruiting children to research studies whose 'managing' specialty is something other than Children's. We are heartened that moving into 2017/18, this Objective has been adjusted.</p>
6	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%	Currently 38% of intensive care units are contributing in to Critical Care studies on the NIHR CRN Portfolio. However, over 90% of the region's intensive care units are supporting the AIRWAYS2 portfolio study which is badged under the Injuries and Emergencies specialty.	Our aim at the start of this year was for 60% of our regions Intensive Care Units to be supporting NIHR Portfolio studies, however, currently 76% of the region's intensive care units are contributing to Critical Care studies on the NIHR CRN Portfolio that are managed by the Critical Care specialty. It should be

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					Dependent upon the types of studies that are opened (relatively few on the portfolio pipeline at present) we believe by year end the total number of intensive care units taking part in Critical Care studies will increase to 60%. This year, recruitment has dropped significantly to 27% of the 350 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 which we are aware of. A forecast reduction in the overall recruitment target unless replacement pipeline can be identified. In addition: 1. Need to quantify activity at all Intensive Care Units across the region. 2. Identify, engage and support enthusiastic clinicians in the smaller non-active units to identify barriers to research and possible ways of overcoming these barriers. 3. The proven model of utilising research nurse support to cross cover Anaesthesia and Critical Care studies is being adopted in the larger acute Trusts.	<p>recognised that although the recruitment numbers for critical care stands at 156, they are however, supporting other NIHR Portfolio studies in other specialties within Division 6 such as Injuries and Emergencies in particular to AIRWAYS2 and HALT-IT, and contributing a significant amount to the overall recruitment across the East Midlands.</p> <p>The newly appointed Specialty Lead for Critical Care, Dr Dan Harvey and the Division 6 support team held a Stakeholder Event in March 2017 to help identify, engage and support enthusiastic clinicians in the smaller non active units. Proven models of working such as utilising research resource to cross cover several specialties and support delivery of studies across Critical Care and Injuries and Emergencies and getting trainees involved in research were explored. It was also a great opportunity to quantify the types of research the units in the region can support. The day felt positive and the feedback provided showed it was a successful day and one that may be repeated on an annual basis.</p>
7	Dementias and Neurodegeneration	Optimise the use of "Join Dementia Research" to support recruitment into Dementia studies on the NIHR CRN Portfolio	The proportion of people recruited to Dementia studies on the NIHR CRN Portfolio who were identified via "Join Dementia Research"	6%	<p>We have increased the JDR database from 306 (April-15) to 1096 (Feb-16). Average of 72 volunteers a month. 2nd CRN in JDR database growth 15-16. Plan for 2016/17 to continue to be one of the fastest growing JDR databases, and aim is to be the number 1 LCRN in JDR database growth.</p> <p>With support from the dedicated Dementia Challenge PM and division 4 team initiatives include: Collaborating with a top University to become dementia friends and encourage staff (7000) and students (30000) to volunteer to JDR. Primary care to continue promoting JDR in GP practices. JDR leaflets included in carer's pack.</p> <p>Continue collaborating with the AS. Attending</p>	<p>During 2016/17, we have continued to see a steady increase on the JDR database and currently have 2,377 JDR volunteers registered (16% with dementia). We are the number one LCRN in JDR database growth and 12% of dementia recruitment was via JDR in the East Midlands, against the national target of 6%.</p> <p>PRAISED was the first study that the CRN East Midlands led on as the Lead Site, that used JDR as part of the recruitment strategy, which helped the study successfully recruit 64 patients and closed on time and to target.</p> <p>Supported by a dedicated Dementia Challenge Project Manager working closely with Division 4 and</p>

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					<p>AS Roadshow in 8 sites in the EM.</p> <p>Work with Dementia signposting services to include Dementia Research.</p> <p>Increase awareness of JDR within NHS staff by including a JDR leaflet with payslip.</p> <p>Attending PPG groups event promoting JDR and looking for JDR champions. CRN communications plan to promote JDR in EM.</p> <p>Plan for JDR software to improve. Changes in matching system and interface. To provide training to sites on new software. EM part of the national team involved in the improvement.</p> <p>Visit sites for discuss 15-16 JDR use identify effective JDR process and barriers. Support overcoming barriers. Share with other sites effective process and prevent barriers.</p> <p>Continue promoting JDR as a recruitment tool with PI. EM dementia study opening 16/17 (PRAISED) has included JDR as part of their protocol for recruitment. It will be the first study that the CRN East Midlands will be leading on in JDR</p>	<p>the primary care research teams, we have continued to promote the use of JDR as a recruitment tool but also to raise awareness of the JDR website across all sectors such as PPG groups, NHS staff and Universities with huge success.</p> <p>Lincolnshire Partnership NHS Foundation Trust has been instrumental in supporting the national initiative of identifying JDR champions and plans are in progress to launch this initiative early May 2017.</p> <p>Over the last few months, we have been putting together a plan of activities for Partner Organisations across the region to promote Dementia Awareness week with a positive uptake from all of our external stakeholders.</p>
8	Dermatology	Increase NHS participation in Dermatology studies on the NIHR CRN Portfolio	Number of sites recruiting into Dermatology studies	160	<p>Dermatology studies are active at 9 centres across the region. This year's performance has seen recruitment far surpass target expectations. Dermatology have 154% of target for 2015/16. There is a strong pipeline of studies and it is anticipated this will likely improve further next year in 2016/17. The privately owned Circle Treatment Centre at NUH is now opening its first studies in adult dermatology, which should see recruitment improve further. With the re-inclusion of the Circle Treatment centre, we now have active dermatology research in each of the Trusts which operates a significant dermatology service. Relationships at Circle are expected to continue well and we intend to build on in 2016/17.</p>	<p>This target has been met nationally.</p> <p>Recruitment across the region has been strong again in 2016/17, with contributions from all sites running significant dermatology services. This is commendable, given the considerable pressure that all departments are under to keep up with ever-increasing clinical workloads.</p> <p>A second regional Dermatology Research Engagement Event was held successfully in September 2016. We plan to hold another event in 2017.</p> <p>Dr Graham Johnston was appointed as joint Speciality lead (covering EM south), along with Dr Jonathan Batchelor (covering the north of the region),</p>

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					Plan on running a second East Midlands wide dermatology meeting in autumn, bringing together key researchers and delivery staff to build engagement and momentum. To extend on the successful event last year, we are considering developing synergies in particular with rheumatology (MSK), as there is a great deal of overlap with dermatology studies.	<p>they work together to and continue encourage and develop dermatology research in the East Midlands.</p> <p>Dr Johnston's department (Leicester) already work closely with Circle in delivering clinical services, and this should provide a good foundation on which to encourage Circle's greater involvement in research.</p> <p>Trainees have been an important part of the recruiting teams at various sites and we plan to increase their involvement by ensuring that all trainees complete GCP training and work specific CRN portfolio studies, potentially increasing recruitment when they rotate to peripheral sites.</p>
9	Diabetes	Increase participation in studies relating to areas defined to be of national priority for Government agencies and Research Funders	<p>A: Number of LCRNs recruiting and/or referring into immuno-therapy studies for recent onset T1 diabetes.</p> <p>B: Number of sites participating in studies relating to the prevention of diabetes and its complications.</p>	<p>A. 15 (of 15)</p> <p>B. 5%</p>	<p>A. In Tandem II (Lexicon) (DIAB 4268) and Ease 2 (DRN 3771) running with a further 2 feasibilities completed in Dec 2015. Pipeline for these studies is steady and many are at feasibility stages.</p> <p>B. Girls Active, Pre-Start, Glint and Propels are all ongoing Prevention studies.</p>	<p>2A: Achieved (EM)</p> <p>2B: 19% increase in the East Midlands</p> <p>Our activity numbers in diabetes have fallen during this year mainly due to one of our large adopted studies, a programme grant, being delayed, with recruitment commencing in 2017/18.</p> <p>Performance against plans:</p> <ul style="list-style-type: none"> <li>We have worked hard to increase the number of trials coming in for diabetes in the East Midlands.</li> <li>This includes the adoption of CODEC, which we managed to set up within year and has so far recruited more than 160 patients with a further 1800 patients planned over the next 18 months, which will help to improve our recruitment next year.</li> <li>We are continuing to work in the area of prevention. We have convened a diabetes research collaboration across the East Midlands which was really well attended to talk about strategies to increase adoption of trials but also to increase roll out of studies across different sites in the East Midlands. One example would be setting up CODEC in Nottingham University Hospitals.</li> </ul>

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10	Ear, nose and throat	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>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 which we are aware of. A forecast reduction in the overall recruitment target unless replacement pipeline can be identified. In addition: Look to establish new links with Trusts across the region which are not currently recruiting in to ENT studies or which have not been previously research active. Work with these Trusts to identify barriers to research activity and possible ways of overcoming these barriers. Increase collaboration between the NIHR Hearing BRU and CRN. Ensure all new studies that would be eligible for Portfolio adoption are pursued as standard practice. Increase engagement with clinicians across the region and ensure research activity is a key part of our POs strategic plan in all Directorates. The support provided by the ENT specialty group, highlighted at major national conferences, journal articles etc., to be disseminated across the East Midlands where appropriate.</p>	<p>ENT in the CRN East Midlands has reached 163% of its specialty target and four NHS Trusts (60%) and one Non NHS site (IHSP) across the region are now successfully recruiting into ENT studies on the NIHR CRN Portfolio.</p> <p>The Specialty Lead has worked effortlessly to increase the pipeline and educate to ensure all new studies are considered for portfolio adoption as standard practice.</p> <p>Increased collaboration between the NIHR Hearing BRU and CRN has, and will continue to support researchers and academics. Scoping work identified audiologists as a valuable resource across the region and a research Audiologist appointed within year to work across East Midlands to increase activity and performance, a successful appointment.</p> <p>The Specialty Lead has communicated widely, presented at the Midlands Institute of Otology Winter Meeting (East/West Midlands) harnessing research naive clinicians to undertake research and championing the support of the CRN.</p>
11	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>Currently 90% of acute Trusts across the region are recruiting in to NIHR CRN Portfolio Gastroenterology studies. By end of 2016/17 we expect this to rise to 100%. Need to forge stronger relationships with all units across the East Midlands. Specialty Lead with support from CRN is organising meetings with clinicians in the smaller acute Trusts (Northampton and Lincoln) to raise profile of research and of the NIHR portfolio studies. Look to identify research champions within each Trust to take forward</p>	<p>We have increased our participation into Gastroenterology studies on the NIHR CRN Portfolio this year. 100% of acute Trusts recruited within year and we have reached 129% of the local specialty target. The Specialty Lead, with support from the CRN Senior team, has met face to face with smaller acute Trusts (Lincoln and Northampton) raising the profile of research and the availability of portfolio of studies. Engagement has been further enhanced through the initiation and establishment of GARNet (East Midlands Trainee Gastroenterology Audit and</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
					commercial sponsored studies in areas of interest, and with support of the CRN Network, RDM and Industry team help them get these studies set up. Look to identify opportunities to work collaboratively with colleagues across all specialties to increase recruitment in studies such as HALT IT (badged as Injuries and Emergencies).	Research Network). A successful MSG study grant was awarded in support of an Anaesthetic, Surgical and Gastroenterology collaborative study led by GARNet, uniting specialties. The trainees have championed research through cross site working and completion of GCP training.
12	Genetics	Full geographic access for patients with rare diseases to participate in Genetics studies is maintained on the NIHR CRN Portfolio	Number of LCRNs recruiting into multi-centre Genetics studies through the NIHR UK Rare Genetic Disease Research Consortium	14 (of 15)	<p>The CRN: EM currently participates in the NIHR UK Rare Genetic Disease Research Consortium. Our Trusts UHL and NUH currently lead on these studies. It is our aim during 2016/17 to maximise awareness of these studies with the genetics staff at the two sites. This work will be led by our newly appointed Specialty Lead with support from the LCRN Delivery team. Initially we anticipate organising quarterly meetings to showcase open studies, and will develop some materials to remind clinical genetics teams about active studies.</p> <p>Currently in 15/16 we are recruiting well (year to date 410 recruits from 16 studies), and our larger recruiting studies will remain open in 16/17. However, there is a risk to the Specialty performance which needs to be noted within our plans. There are several studies likely to be impacted in terms of recruitment due to the 100,000 Genome Project and as such are likely to fail to deliver to target. The 100,000 Genome is a study run by Genetics England funded by the DoH, a national initiative tasked with achieving 100,000 genomes from patients with rare diseases. This hasn't and won't be submitted for NIHR Portfolio adoption. Locally our Genetics teams are feeling the pressure of delivering this piece of work and we will need to take this into consideration for current and new portfolio studies with genomic requirement.</p>	<p>We have met the objective for 2016/17, with 188 participants being recruited into 11 studies through the NIHR UK Rare Genetic Disease Research Consortium.</p> <p>It has however been a challenging year for Genetics in the East Midlands, with recruitment at both sites with Genetics services dropping to lower levels than anticipated (259 against a local target of 400). There are multiple reasons for this:</p> <ul style="list-style-type: none"> <li>• The recruitment criteria of our biggest recruiting study has changed (Study 6542 BOCs)</li> <li>• 10 studies that recruited in 2015/16 have not recruited in 2016/17</li> <li>• A small number of new studies have started to recruit in 2016/17 (4)</li> <li>• The 100,000 Genome Project is often the first choice for clinicians, at the expense of NIHR research studies.</li> </ul> <p>The East Midlands has continued to open and recruit into the multi-centre Genetics studies through the NIHR UK Rare Genetic Disease Research Consortium. The CRN Specialty Lead has worked to ensure both sites are operating processes to ensure appropriate patients are given the opportunity to take part in the NIHR UK Rare Genetic Disease Research Consortium studies, along with other NIHR research studies.</p> <p>Planning has begun to bring together the genomics and genetics teams to an event to educate and</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
						promote understanding and to encourage cross-recruitment. In addition, one of our Centres has agreed and is implementing closer working between the two teams.
13	Haematology	Increase trainee involvement in supporting recruitment to Haematology studies on the NIHR CRN Portfolio	Number of LCRNs with a named Haematology Trainee	15 (of 15)	<p>We have had a successful year in Haematology, recruiting well to studies and recently appointing into the Specialty Lead post. Our largest recruiting study has now closed, so 16/17 will see the need for attracting new studies to the region.</p> <p>During 16/17 we aim to continue to deliver a broad portfolio of haematology studies, with support from the LCRN Portfolio Support and Research Delivery teams. We will also develop trainee involvement, not just as a single named trainee, but as a small network. The Specialty Lead and Research Delivery Manager will develop plans to set up a local trainee network across the region in year, with a focus in UHL, UHL and NUH initially (our highest recruiting Trusts into Haematology studies). We will seek support from our Clinical Director and link to work being undertaken with the Health Education England team in the East Midlands.</p> <p>Phase one: the Specialty Lead and RDM will contact the Assistant Specialty Cluster Lead, Vanessa Poustie, to outline our plans and gain any national steer.</p> <p>Phase two: Local scoping work will take place to identify potential interested trainees.</p> <p>Phase three: A support package and objectives will be developed, based on work already completed in another specialty locally.</p> <p>Phase four: named haematology trainees will be appointed in each region</p> <p>Phase five: performance will be monitor against developed objectives, and support given as</p>	<p>2016/17 has seen a drop in recruitment numbers in this specialty, this was expected as the largest recruiting study in 2015/16 had closed (study 13911 Rivaroxaban Observational Safety Evaluation (ROSE) Study), and resource to support delivery at our two biggest sites was limited. However, the region has realised our internal recruitment target for the specialty (target 100, achieved 131).</p> <p>We have enthusiastic consultants in the region; however, there are real clinical pressures and no delivery staff currently supporting in the two largest Trusts.</p> <p>A number of steps were put into place to support recruitment in this area by the CRN, but unfortunately these plans did not result in recruitment numbers in 2016/17:</p> <ol style="list-style-type: none"> <li>1) The NUH and UHL Trusts were each awarded funding for a 0.5 WTE Research Nurse to support delivery of research. Unfortunately neither Trust were able to appoint to the roles in a timely fashion, although both were able to utilise some of the funding.</li> <li>2) Through working closely with the R&amp;D office at UHL an opportunity has been recognised, and in 2017/18 there will be provision for research delivery in non-malignant haematology. Lobbying work continues with NUH to also support the specialty.</li> </ol> <p>We have a named Haematology Trainee in the East Midlands, Sarah Wharin, who is working to support</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
					needed.	opening and delivering studies in the specialty, and operates in accordance with the national role outline. She links regularly with the Specialty Lead and the Research Delivery Manager. The Research Delivery Manager has presented information about the CRN and the role of research to the trainees on rotation in the region. However, at this time, we have not identified any other named trainees.
14	Health Services Research	Develop research infrastructure (including staff capacity) in the NHS to support clinical research	Number of LCRNs with a lead for HSDR	15 (of 15)	Traditionally HSDR has recruited well, despite having no firm leadership in place across until later on in 2015-16. Over the last several years it has recruited around 1000 patients per annum. This year, recruitment has dropped significantly to 29% 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 which we are aware of. The forecast reduction in the overall recruitment target unless replacement pipeline can be identified. We have appointed a specialty lead late 2015-16 to provide leadership to the specialty and help grow the HSDR portfolio. This appointment is a joint one, between CRN: East Midlands and CLAHRC East Midlands.	<p>Lead was appointed in February 2016 and has attended all NSG meetings.</p> <p>Work at national level includes ensuring HSR studies are appropriately identified on the portfolio, and the development of an HSR toolkit for early career researchers, which was piloted in the East Midlands (I&amp;I).</p> <p>The final toolkit will be launched late in 2017 and will provide an opportunity to publicise the CRN and the support it can offer regionally and nationally. The lead has also contributed to another local toolkit for research involving BME communities, to be launched in summer 2017.</p> <p>Recruitment in 2016/17 exceeded target, due mostly to a few large studies (3 contributed 1005/1309 (80.5%) of the total. These include the High-Intensity Specialist-Led Acute Care (HiSLAC) project, which has recruited over 900 participants in the East Midlands.</p>
15	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: Viral Hepatitis, NAFLD and alcohol, Autoimmune Liver Diseases including (AIH,	15 (of 15)	CRN: East Midlands is recruiting into studies in all of the major Hepatology disease area, 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 to identify sites and forge	<p>CRN East Midlands has successfully recruited into all of the major Hepatology disease areas, thus achieving this goal which we will seek to maintain.</p> <p>Recruitment to Viral Hepatology is currently 54, Autoimmune Liver disease is 80 and NAFLD is 39.</p> <p>The Specialty Lead, RDM and team have identified</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
			PBC and PSC)		stronger relationships with the clinicians by undertaking the following: 1. Establish an East Midlands wide monthly TC to discuss EM Hepatology / Gastroenterology Portfolio studies with agenda and minutes circulated. 2. Ensure all relevant sites have a simple database of patients with HCV/HBV and Autoimmune hepatitis/ PSB/PSC set up. 3. Increase commercial activity in specific centres, i.e. Leicester and Derby. There is a large number of commercial studies in set-up that cover a number of different disease areas: viral, metabolic and immunological disease. 4. There is 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.	<p>sites across the region that require support to increase access for patients to participate in NIHR portfolio hepatology studies and are currently working with the clinicians to understand what resource is required.</p> <p>One of the large acute Trusts has now established in-house monthly meetings to discuss the Hepatology NIHR portfolio studies (includes performance monitoring, pipeline and horizon scanning) next steps will be to expand on this and establish a monthly TC to discuss EM Hepatology/Gastroenterology Portfolio studies with agenda and minutes.</p> <p>The second large acute trust has recently appointed two new Hepatology clinicians who are research active. The RDM and SL will be meeting this team in the beginning of May to explore opportunities, strengths and capacity to grow commercial and non-commercial Hepatology research at this site. The R&amp;I department have already identified some research delivery resource to help this plan come to fruition. In addition, we continue to work with the smaller trusts to ensure all relevant sites have a simple database of patients with HCV/HBV and Autoimmune hepatitis / PSB/PSC established.</p>
16	Infection	Increase access for patients to Infection studies on NIHR CRN Portfolio	Increase the number of Infection commercial studies on the NIHR CRN Portfolio	10% increase	Currently the region is 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%. At present >60% of acute Trusts are recruiting patients to the Infectious diseases and Microbiology studies on the NIHR CRN Portfolio. Newly appointed Specialty Lead will 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. Need to quantify and scope	<p>Currently we have two sites supporting an infection commercial study on the NIHR portfolio (UKCRN 30512 POSY-TEICO), however, there have been delays in opening the study at one site and the other site is still in set up. On the positive side, there are two additional NIHR portfolio commercial studies currently in set up that have identified four sites within this region to support the delivery of these studies.</p> <p>Although at present only six sites are actively recruiting patients into infectious diseases, there has been an increase in year of recruitment to this specialty due to the UK CHIC study (UKCRN 4179)</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
					current activity across the region both in Trusts and in the community i.e. GUM clinics and Sexual Health clinics. Look to establish new links with these 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. Need to raise the awareness of CRN: East Midlands to both clinicians and microbiologists across the region, and forge collaborations between clinicians and academia.	<p>successfully opening at another one of the large acute trusts.</p> <p>The Specialty Lead has linked in with the national Infectious Diseases and Microbiology Specialty group meetings and has recently been appointed as the National Specialty Lead for Diagnostics, which will allow more study opportunities for the East Midlands to become involved in.</p> <p>Scoping work of Sexual Health clinics and GUM clinics has been undertaken and once a suitable study is available on the NIHR portfolio we will link in with these sites and support them in becoming involved in research activity as appropriate. Specialty Lead has also been instrumental in setting up the East Midlands Infectious Disease Research Network (EMIDRN). The concept of this group is to encourage regular dialogue and collaboration from industry, academia and the clinical arena, who all have a specific interest and focus within the field of infection. The next steps will be to develop a strategy board for EMIDRN, and look at how we shape this network for the next few years as it evolves.</p>
17	Injuries and Emergencies	Increase NHS emergency departments' participation in NIHR CRN Portfolio studies	Proportion of acute NHS Trusts recruiting into Injuries and Emergencies studies on the NIHR CRN Portfolio	50%	Injuries and Emergencies has had an excellent year in 2015/16, surpassing expectations with 327% of the total recruitment target, with still a month in hand to recruit. 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). Need to identify opportunities to work collaboratively with colleagues in all divisions to improve recruitment in studies such as SALI. 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	<p>Although we have only achieved 94% of the local specialty target, currently 100% of acute Trusts in the region are recruiting into Injuries and Emergencies studies on the NIHR CRN Portfolio which we will seek to maintain. This is in part due to the success of the AIRWAYS II study conducted by the East Midlands Ambulance Service (EMAS) which is ensuring all acute trusts have the opportunity to participate.</p> <p>The focus this year from the Specialty Lead and team has been to establish a joint Injuries and Emergencies / EMAS meeting which allows the opportunity for collaborative working. This meeting provides, with the help of the Study Support Service team, Early Engagement and Contact and is encouraging more</p>

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					Network, RDM and Industry team help them to set these up. Within NUH the team have a research active advanced nurse practitioner on board, this has increased capacity within the team to increase recruitment and moving forwards there is a plan to develop this service further. To increase engagement with clinicians across the East Midlands the Specialty Lead with the support from the CRN team is to set up monthly TC to discuss research opportunities and raise awareness of the NIHR CRN Portfolio studies. In addition a cross regional event is planned in the Autumn 2016.	<p>CIs and PIs to become involved in undertaking research within their areas. This will ultimately ensure we can continue to increase the NIHR portfolio of studies that are available for the local population.</p> <p>We will continue this collaboration next year, with a further event planned (I&amp;I) to strengthen relationships, raise awareness around the Injuries and Emergencies portfolio of studies and form further joint working arrangements to work across the trauma pathway so that we are able to pursue all eligible studies. This will enable the CRN to continue to maintain the level of activity we are celebrating this year. In addition, the Specialty Lead and team have continued to work closely with the MTC, and this collaboration has supported them in getting the iTACTIC study set up, which is due to open early May 2017.</p>
18	Mental Health	Increase participation in Mental Health studies involving children and young people	Number of LCRNs with Child and Adolescent Mental Health Service (CAMHS) champions	15 (of 15)	Currently 6 sites are active in recruiting into Mental Health studies involving children and young people. There is an already strong Child and Adolescent Mental Health Service (CAMHS) across the East Midlands. To increase participation of children and young people there needs to be a steady flow of NIHR Mental Health studies to the region and flagged to our Partner Organisations in a timely manner (this will be dependent upon an increase of NIHR funded MH studies coming through the pipeline looking for new sites). We plan on developing links with these services across the region and with the department of Child and Adolescent Psychiatry at the University of Nottingham with the aim of forging collaborations between clinicians and academia to increase the number of Chief Investigators and produce a robust throughput of NIHR adopted Portfolio studies where the CRN: East Midlands is the Lead LCRN. With the support from the Clinical Lead in 2016/17 a champion for Child and Adolescent	<p>At present, all five of the region's Mental Health Trusts are actively recruiting into Mental Health studies involving children and young people. In recent years we have had to rely on this type of study coming into the region seeking additional sites to support recruitment, however, there is a strong Child and Adolescent Mental Health Service (CAMHS) across the region, with which we have actively engaged this year.</p> <p>Over the last twelve months, we have successfully identified a dedicated CAMHS champion within the region (Professor Kapil Sayal) to help the Network in forging stronger relations and collaborations between the CAMHS services, clinicians and academia to help increase the number of Chief Investigators to provide a robust throughput of NIHR portfolio adopted studies where CRN East Midlands is the Lead CRN.</p> <p>Over the next twelve months, will see an increase in CAMHS studies where East Midlands is the Lead Network as there is: one successful CAMHS study</p>

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					Mental Health Service within the region will be identified.	funded and awaiting setup, one study bid at the second stage and one pending a funding decision. Furthermore, there is a plan to hold a Division 4 workshop in early June 2017 with a focus on raising the profile of CAMHS research and potential studies across the East Midlands which it is hoped will ultimately increase local access and participation in this area of research.
19	Metabolic and Endocrine Disorders	Increase the number of participants recruited to rare disease studies in Metabolic and Endocrine Disorders on the NIHR CRN Portfolio	Number of participants recruited into studies of rare diseases on the NIHR CRN Portfolio	10% increase nationally	At present there is an Acting Lead for this speciality. Therefore focus will be on maintaining and growing performance at the 10% rate, given that these studies are subject to presentation of rare diseases.	<p>This year we have achieved the National target of 10% increase in this specialty.</p> <p>Substantive CRN Lead for Endocrine &amp; Metabolic disorders has been appointed in-year</p> <p>UK Acromegaly study has achieved its recruitment target for the 5 year cycle and is now closed for new patient recruitment (deadline April 14th 2017)</p> <p>Pituitary tumour genetics study – added to portfolio</p> <p>Discussion with SHIRES for hypoparathyroidism study initiation and NIHR portfolio adoption</p> <p>Discussion with Derby and other East Midlands CRN team for initiation/increase in recruitment in Obesity studies</p>
20	Musculoskeletal disorders	Increase NHS participation in Musculoskeletal studies on the NIHR CRN Portfolio	Number of sites recruiting into Musculoskeletal studies on the NIHR CRN Portfolio	350	<p>Currently 8 centres are active in delivering MSK studies. Across 2015-16 MSK has had an excellent year overall and has surpassed expectations with 108% of the total recruitment goal, with a month in hand to recruit.</p> <p>MSK has a good pipeline of studies, with existing unopened studies able to account for some of those expected to close early into 2016/17. We are to increase recruitment by bringing Kettering and Lincoln on board and developing robust partnership working, early</p>	<p>Continued to try to increase our participation in commercial studies. These are usually complex and complicated and very time consuming. More nurse support is needed.</p> <p>The approach to research PA's at UHL, including those for the Rheumatology Consultants has changed, with reduction in PA funding to fall in line with national guidance. There remains some concern on future consultant engagement, both in the short and long term.</p>

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					<p>contact has been made already.</p> <p>We also plan on developing links with the Nottingham Circle Treatment centre to increase output there. Currently the centre delivers well on Rheumatology studies in conjunction with NUH and we are looking to expand this in 2016/17.</p> <p>The Specialty lead had regular meetings with colleagues in the East Midlands via the Audit forum to update them with any new developments.</p> <p>Plans to run a half day MSK workshop for delivery staff (nurses) across the region, with the aim of developing a network of support and links with colleagues to support and progress delivery.</p>	<p>The Specialty Lead has looked into re-installing a database to capture information re the clinical case mix.</p> <p>Nationally and regionally things are working smoothly and more consultants are acting as PI in the region.</p>
21	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 (of 15)	<p>Currently 5 sites are active in delivering neurological studies. Although recruitment has not reached the local target of 800 (YTD 646), the CRN East Midlands is currently ranked third out of 15 LCRNs</p> <p>The Specialty Lead has successfully negotiated with the CI for the TONIC study to add a further 3 sites across the East Midlands to help support the delivery and recruitment to this study.</p> <p>Intention in 2016/17 is to work with our nominated leads in the following neurological disease areas: Huntington's - Dr Gillian Sare, Parkinson's - Dr Nin Bajaj, Epilepsy, MS and Brain Infections - Professor Cris Constantinescu, Epilepsy - Dr Singhal Sumeet; to determine opportunities for study roll out locally.</p>	<p>To date, 17 sites across the region are participating in 30 neurological studies and the recruitment stands at 885 which is an increase on last year's performance; we have also met the local specialty target for the year. This has largely been due to the TONIC study as our Local Neurological Specialty Lead managed to successfully negotiate with the CI for additional sites to be opened in this region.</p> <p>We continue to be supported in the division by the nominated lead for MS, and Brain Infections - Professor Cris Constantinescu and Epilepsy - Dr Singhal Sumeet to determine opportunities for study roll out.</p> <p>Unfortunately the pipeline of Epilepsy studies coming to the region remains relatively small, or studies prove to be unsuitable for our patient population.</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
22	Ophthalmology	Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts that provide eye services recruiting into Ophthalmology studies on the NIHR CRN Portfolio	80%	Currently 50% of acute Trusts that provide eye services are recruiting in to Ophthalmology NIHR CRN Portfolio studies. Current activity centres around the two larger acute Trusts in the region. Depending up on the types of studies that are available this year it is hoped that this can increase to 80%. Need to forge stronger links with all Trusts that offer eye services, Specialty Lead to engage with the clinicians across the region and ensure meaningful research activity is a key part of the strategic plan for all Directorates. Explore possible Trainee Research Network Initiative based on a similar model to the Anaesthesia Trainee Network. There is a planned Trainee event where this initiative can be explored in March 2016.	<p>At present, 60% of acute Trusts that provide eye services are recruiting into Ophthalmology NIHR CRN Portfolio studies, an increase of 10% from last year. Two smaller acute trusts have undergone transformational changes to the ophthalmology services this year which has had an impact on their ability to undertake research. However, and depending upon the types of studies that are available in 2017/18, it is hoped that we can increase the proportion of our acute trusts recruiting to studies up to 80%.</p> <p>The RDM/Ops Manager with support from the Specialty lead have actively engaged with clinicians, and optometrists from all POs across the region to ensure research activity within ophthalmology services is a key part of their strategic plans. An event took place to engage with the trainees and although there was enthusiasm on the day, it is disappointing to report that the Trainee Network Initiative has not been established as yet. This will be reviewed at by the Specialty Lead and team for the coming year.</p>
23	Oral and dental health	Increase access for patients and practitioners to Oral and Dental studies on the NIHR CRN Portfolio	Proportion of participants recruited from a primary care setting into Oral and Dental studies on the NIHR CRN Portfolio	30%	<p>Oral and dental have 6 recruits from an annual target of 10. There is no visible pipeline for this specialty and the only active study is due to close in September 2016.</p> <p>Intentions to 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 by developing a registry of NHS and private sector dental practices in the East Midlands.</p> <p>The forecast is lower than national targets due to the lack of dentistry portfolio studies within the East Midlands; this may be revised upwards if the number of studies increases</p>	<p>Oral and dental have 5 recruits from an annual target of 10.</p> <p>No designated specialty lead, due to low activity and portfolio opportunity, however, this is covered by Dr Jaz Tagger (Primary care Co-Lead).</p> <p>No local dentistry school.</p> <p>Linked in with the community dentist already involved in research. He is putting in a bid which we have supported which will involve working with Sheffield University and involve dentists across Derbyshire.</p>

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24	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%	<p>The forecasted recruitment remains the same as the previous financial year due to the reduction in portfolio studies available for recruiting participants. This will undoubtedly impact on recruitment targets and a conservative forecast that is the same as the last financial year is proposed.</p> <p>Studies delivered in a primary care setting already make up 47% of our total recruited participants across CRN: East Midlands. It is likely that this strong recruitment, supported by pipeline will continue.</p> <p>Plans for 2016/17:</p> <ul style="list-style-type: none"> <li>Continue to deliver a successful RSI scheme and ensure this scheme adds value.</li> <li>Further engagement with practices to build on RSI performance indicators, build capacity, and promote confederated models of research delivery.</li> <li>Continue to engage with practices outside of RSI scheme to support and promote participation in research.</li> <li>Engage with local GP training schemes to promote research activities and engagement with newly qualified GPs.</li> <li>Evaluate and refine leadership site model; Leadership sites will have greater responsibility for recruitment, commercial research, confederated working and delivery and promotion of dementia research, together with providing a leadership function at a county and/or regional level.</li> <li>Engage with the National School of Primary Care Research to work in closer partnership and raise awareness of study support service (primary care)</li> <li>Engage with other specialities to enable recruitment of patients within a primary care</li> </ul>	<p>Unfortunately, the recruitment target set was not achieved. This was primarily due to the reduction in the available portfolio studies. Nonetheless, recruitment figures suggest primary care continues to contribute nearly one-third of recruits into studies in the EM and is still good value for money.</p> <p>There was an increase in commercial research delivery which was driven by the success of leadership sites and the commercial research mentorship scheme.</p> <p>One of our leadership sites recruited the first patient into an international commercial research study.</p> <p>The leadership site scheme evaluated well and annual funding has been provided to four sites, alongside the usual funding for the RSI scheme. There appears to be a greater pipeline of studies entering the portfolio and we hope, with greater recruitment aspiration, that the next 12 months would improve recruitment performance.</p> <p>The NIHR team and leadership sites have engaged with the University of Nottingham, a member of the SPCR, to develop strategic links to enable research development and delivery. As a result of this, there is likely to be greater cohesiveness from the development through to delivery of research studies in the future.</p>

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					setting. Community pharmacy: <ul style="list-style-type: none"> <li>• Ongoing development of a database of research interested pharmacists</li> <li>• Engage with the R and D Lead for Boots (Nottingham) to enable Boots pharmacies to engage with Portfolio studies (via National CRN Pharmacy Champions group)</li> <li>• Target to have 14 pharmacy sites research ready accredited (subject to available studies studies)</li> <li>• Target to enable primary care clinical pharmacists - GP practice based pharmacists (part of the Across City Federation GP /Pharmacy pilot) to be research ready accredited (target: 9 pharmacists)</li> <li>• Engage with division 5 Portfolio manager and study support service (primary care) team to influence principal and chief investigators to include primary care pharmacy teams in study design (target: identify at least two studies)</li> </ul>	
25	Public health	Increase the number of Public health studies on the NIHR CRN Portfolio	Number of new PH studies entering the CRN (England led) Portfolio	15	There currently is one active study in the Public Health specialty, new to the portfolio in 2015/16. We will need to open an additional study in this area to meet this objective in 2016/17. Though no target has been set for Public health at the outset of the financial year, the Public Health specialty has achieved 96 recruits so far, through one study - SMaRT Work. This exceeds expectations, for this very small specialty. We are keen to appoint a public health specialty lead to provide leadership to this specialty and encourage studies from outside of the region into East Midlands.	Lunchbox study adopted to portfolio, bringing additional recruitment numbers, 1700 recruits are recorded on each of three interventions giving the region 5100 in total over the length of the study. 3188 participants were recruited in 2016/17.  Appointment of PH Specialty Lead, Derek Ward, along with CRN supported PH Speciality Manager (appointed Jan 2017) driving engagement, fact finding and knowledge sharing from other regions and planning ongoing activity.  Initial stakeholder engagement yielding positive responses & support for future research capacity building activity.  Collaboration with PHE Research in East Midlands Event March 2017 (I&I) raising awareness of public

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
						<p>health &amp; the need for increased research capability building across the health and care system re PH.</p> <p>Derbyshire Research Forum positioning to support STP and to build research capability across the Derbyshire health economy.</p>
26	Renal Disorders	Increase research capacity within the field of commercial renal disorders research	Number of renal units recruiting into commercial contract studies	39	<p>Two main areas of focus to increase Renal research in EM:</p> <p>a. Increasing recruitment from Northamptonshire Haemodialysis Unit (consisting of Kettering and Northampton sites) from zero to at least 2 studies by the end of the year.</p> <p>b. Increase in the number of portfolio Transplant studies across the region</p>	<p>There are three Renal sites within the East Midlands and all these sites have recruited into commercial studies therefore 100% achievement for EM.</p> <p>The use of strategic funding to support portfolio study recruitment in Northamptonshire and Lincolnshire dialysis units has proven extremely successful leading to recruitment of an additional 230 patients to the renal portfolio:</p> <ul style="list-style-type: none"> <li>• Proactive IV irOn Therapy in haemodiALysis patients (PIVOTAL): 44</li> <li>• ALPHA- Defining normal bone turnover by mortality risk: a study of bone alkaline phosphatase in haemodialysis patients: 95</li> <li>• Physical activity opinions in kidney patients (Q-CKD): 78</li> <li>• The National Registry of Rare Kidney Diseases (RaDaR): 7</li> <li>• Immunogenetic factors in Primary Systemic Vasculitis (GENVAS): 3</li> <li>• United Kingdom and Ireland Vasculitis Study Group (UKIVAS Vasculitis Registry): 3</li> </ul> <p>In addition, we have been selected to run our first commercial study on the Kettering Haemodialysis unit in Northamptonshire.</p>
27	Reproductive Health and Childbirth	Establish a national network of sites supporting reproductive medicine studies	Number of LCRNs recruiting into reproductive medicine studies on the NIHR CRN Portfolio	15 (of 15)	<p>2015/16 has been a challenging year for Reproductive Health and Childbirth. Recruitment has not been as anticipated, as the region lost a significant study (Life) due to funding issues centrally. We have two main</p>	<p>2016/17 has been a successful year for this specialty. We have met the specialty objective, and are recruiting well into reproductive medicine studies. Overall the specialty has contributed 3068 recruits.</p>

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					<p>challenges to address in 16/17.</p> <p>Firstly we need to maximise on opportunities to offer research studies to patients in our region, in order to bring our recruitment levels back to the expected level. We hope to be able to do this by delivering the BBS (a sub study of Life), and by using the CRN infrastructure invested in Division 3 to deliver flexibly across all of reproductive health and childbirth, to ensure we can take on a well balanced portfolio of new studies.</p> <p>We have recently appointed 2 Reproductive Health and Childbirth Research Champions, one is based at SFH and one at UHL, it is hoped that this role will really help to raise the profile of research within the clinical teams and foster a culture of sharing best practice.</p> <p>With the advent of HRA Approval and Assess Arrange Confirm, we hope to be able to bring together the district general hospitals as a collective, to allow them to be considered for studies that may otherwise have gone only to the larger Teaching Trusts.</p> <p>Our second big challenge will be to begin to recruit into reproductive medicine studies. The current NIHR Portfolio for Reproductive &amp; Sexual Medicine shows 0 studies in setup, and 11 studies 'open'. Of this 11, 82% are not open to new sites in England, of the remaining studies UKCRN 4917 has been open in the East Midlands, but the study end date is recorded as 30/09/2015. UKCRN 14252 is an observational study that is open until August 2016, it currently stands at 86% of its target of 800. It seems this study has not been through our local EOI process, and this is something we will</p>	<p>The delivery of the Baby Biome Study (BBS) has been a tremendous success for the specialty. Resource from the sponsor and the CRN has been utilised well to achieve an amazing 1,102 recruits in year. The study has been extended into 2017/18, and the region will continue to support its delivery. Alongside BBS, the specialty is delivering a robust portfolio of studies across nine of our Trusts.</p> <p>Our Reproductive Health &amp; Childbirth Research Champions have settled well into the role and are attending and contributing to the national meetings.</p> <p>As processes and procedures around HRA Assess, Arrange, Confirm have taken a little while to develop and bed-in at partner organisations, we have not been able to progress with this plan as intended. However, we are hopeful that in 2017/18 the Specialty Lead and Research Delivery Manager/Ops Manager will be able to meet with colleagues in the district general hospitals and begin a piece of work around opportunities in these research settings.</p> <p>During 2016/17, we have begun to build links with a private fertility clinic in the region, and have successfully opened a number of portfolio adopted studies, navigating issues such as research indemnity. The CRN have invested into a Research Nurse post to aid research delivery, and we are hoping this relationship will continue to build during 2017/18.</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
					investigate. There is little opportunity on the current portfolio to offer these studies to our patients. However, we understand that there are some studies with funding, but there are logistical issues that will need co-ordination during set up, as they clash. Locally our Portfolio Support team will investigate the status of UKCRN 4917 and 14252, and the Specialty Lead and RDM will link with the Assistant Specialty Cluster Lead to discuss and try to resolve the issue with access to open studies.	
28	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 <b>two</b> of the main respiratory disease areas: asthma; COPD; bronchiectasis; rare diseases	15 (of 15)	<p>CRN: East Midlands is currently recruiting 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 will be in March 2016 and the second is planned for early Autumn.</p> <p>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>	<p>Once again the CRN East Midlands has been successful in recruiting participants into two of the main respiratory disease areas of Asthma and COPD, which we will seek to maintain.</p> <p>In addition, this year we have been fortunate to have been awarded BRC status (respiratory theme included) at the two large acute trusts in this region, this is expected to increase the opportunities locally for sites to take part in other respiratory disorder studies where the East Midlands will be the lead CRN.</p> <p>The Specialty lead is instrumental in forging and maintaining close links and relationships with the respiratory departments/colleagues in the acute trusts across the region. Currently, the recruitment stands at double the level reported this time last year. Furthermore, the University of Leicester Respiratory BRU have successfully randomised first UK patients for two NIHR Portfolio commercial studies in 2016/17. Since the reformation of the East Midlands Thoracic Society, there is a notable enthusiasm within the region for undertaking more specific thoracic studies and opportunities which the CRN will support with resource where possible.</p>

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
29	Stroke	Across all LCRNs, average RCT recruitment should be at least 6% of SSNAP-recorded hospital admissions, balanced across the hyper acute, acute, rehabilitation and prevention stroke care pathway, each domain contributing at least 1%.	% of SSNAP-recorded admissions recruited into RCTs across the entire stroke pathway (hyper acute, acute, prevention, rehabilitation) on the NIHR CRN Portfolio.	6% (1% per domain) calculated at national level	All areas of the stroke pathway will be met across EM, although all sites will not be able to contribute equally to all 4 areas e.g. Hyper acute complex studies in Nottingham HSRC but will continue to work with all sites to build on recent improved recruitment. Recent improved performance in smaller sites in addition to sustained performance in larger centres needs to be maintained. Adequate resourcing of the Hyperacute Centre based at NUH, whom we have engaged with on this matter, will impact on overall performance as a region and needs to be monitored.	Exceeded national target of 800 (as per the HSRC). This has been realised at 931 i.e. 116% achieved.  As a general rule, this has been across the pathway but no acute studies. This has been raised at a national level as no acute studies available nationally and is being addressed by writing group call to develop acute studies over next 12 months.  The hyperacute centre in Nottingham has over recruited which has made a significant contribution to our performance. One centre has been unable to meet its target due to staffing issues (no medical support) therefore unable to take part in any medical trials.
30	Surgery	Increase patient access to Surgery research studies across the breadth of the surgical subspecialties	Number of LCRNs recruiting into at least 11 of the following 15 subspecialties: breast, cardiac, colorectal, endocrine, general, head & neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology, vascular	15 (of 15)	CRN: East Midlands is currently supporting recruitment in 11 out of the 15 subspecialties stated within the measure. The Specialty Lead will be instrumental in forging closer links with surgery teams across the region that undertake the subspecialties we are currently not supporting, although this will in part depend upon the NIHR CRN Portfolio studies being suitable for our region and open to additional sites. The CRN: East Midlands is at present supporting the rebirth of the East Midlands Surgical Academic Network (EMSAN) a Trainee Initiative open to all Surgical Trainees in the region. It is envisaged that this Trainee Network will work alongside the emerging Anaesthetic and Critical Care Trainee Networks to not only develop their own research ideas but help to support the delivery and recruitment in to NIHR CRN Portfolio studies.	CRN East Midlands is currently supporting recruitment in 12 out of the 15 subspecialties stated within the measure. The local target has not been achieved as we have only recruited 339 to date, however, the target was set at 2,000 based on the high number of recruits we were expecting to participate in the UKCRN 30587 - Multimedia informed consent and PROMs in Laparoscopic Cholecystectomy study. Due to a number of IT issues across all sites in relation to the multimedia aspect of the study and overall delays, the study has been slow to set up and recruit, however, an amendment is due so it is hoped recruitment to this specialty and study will improve in 2017/18.  Other challenges have been a lack of identified resource, particularly in the two large acute teaching hospitals, however, this has now been reviewed and we are confident that if we receive suitable surgical portfolio studies in the region, that there is identified resource in place to deliver and to increase overall recruitment to general surgical studies. In addition, the East Midlands Surgical Academic Network (EMSAN) will be supporting the Gastroenterology Audit and Research Network (GARnet) with a future study looking at Crohn's disease undergoing surgery.

## 4.2. Summary of overall performance against the Clinical Research Specialty Objectives

We are pleased to again report activity across all 30 Clinical Specialties in the East Midlands, specific areas of attainment are detailed in the above table and in the majority of specialties, local targets have been met and contributions to national targets have been delivered. One reason for this success has been the relationships which have further developed in 2016/17 between the Research Delivery Manager and Operations Manager for the various Divisions, with the Specialty, Sub-specialty Leads and Research Champions within those Divisions. This relationship takes various forms including regular meetings, email correspondence, reports/information exchange, wider Divisional meetings and bi-annual Specialty Leads meetings whereby all Leads and the CRN Leadership team meet together to discuss pertinent issues and latest developments, along with regional progress.

Some areas to particularly highlight for 2016/17 are:

### Children's and Reproductive Health (both within Division 3)

Despite the concerns in relation to the delivery of the non-portfolio 100,000 Genome project, this division has performed well overall, with better than anticipated recruitment. The delivery of the Baby Biome Study has been a tremendous success for the specialty of Reproductive Health & Childbirth, with 1,102 recruits and we acknowledge University Hospitals of Leicester for their tenacity in this work, following the loss of the large 'Life' Study last year. We are pleased the Children's specialty has almost doubled its activity output this year, and improved from 9<sup>th</sup> to 5<sup>th</sup> position nationally. We have increased the number of sites involved in delivering this wide portfolio, both as a managing and supporting specialty and are pleased that the specialty objective has been adapted in future to reflect this vast contribution.

### Public health (Division 2)

The appointment of Derek Ward as Specialty Lead has reinvigorated this specialty for 2016/17. We have seen a significant surge in activity with the delivery of the Lunchbox study. We have however experienced some concerns in relation to adoption of studies, with various issues raised with the adoption criteria due to the type of funding but also the type of participants and where they are located (outside of NHS services); despite the study requiring CRN support to be delivered. This had led to delays with studies, and we are keen to work with the Co-ordinating centre to ensure this can be overcome for future activity in this specialty.

### Respiratory (Division 6)

This is another area where recruitment has doubled from last year. We have also demonstrated considerable commercial success with the successful randomisation of 2 UK first patients for two commercial Respiratory studies: RESP 4446 and the UK ID 19913 Emphysema Progression Biomarker Study. In 2016/17, both of the large teaching centres in the region (UHL and NUH) have had BRCs awarded, and both have a particular strength in the delivery of respiratory research with world leaders operating in the region, we are assured that this specialty will continue to flourish into 2017/18.

### Primary care (Division 5)

This is one area where our performance has fallen notably from 2015/16 levels. The primary reason for this has been a shift in the portfolio, with some well performing large sample size studies closing in-year, and not replaced with similar studies. This specialty, indeed this care setting, remains very busy however, as although we have also seen a reduced number of studies opening, many of these have been complex requiring frequent and longer follow-up visits; along with improved engagement and delivery for commercial sponsors, which we are keen to promote. We are not concerned about this sector and envisage the portfolio growing again next year.

### 4.3. Specialties that have been the particular focus of investment locally in 2016/17

This year we established a strategic funding competition with one call in April 2016. We opened this very broadly and had applications from a range of healthcare providers. Some specialties were funded through investment in IHSPs such as St Andrews Healthcare to support the mental health specialty, Nurture Fertility to delivery research in Reproductive health and LOROS Hospice to support activity in palliative care. All of the investment in IHSPs has brought in additional recruitment activity, which we would not have seen without this flexibility of the strategic funding call. Additionally, some funding was placed in order to scope Public Health opportunities in the East Midlands, linked to the appointment of our new Clinical Specialty Lead, Derek Ward, with this bringing excellent returns, broadening access to research to a much wider audience.

We also funded some activity at one of our research active GPs, who worked to support and mentor other practices, especially in relation to delivering increased commercial research (I&I). As a result, we have seen our primary care involvement improve across commercial studies in terms of both numbers and efficiency. We are confident the strategic funding call has delivered real return on investment, however, as the final data cut has only been recently reported it is difficult to quantify this as a whole; we intend to conduct a thorough review of expenditure and associated activity in the first quarter of 2017/18.

## Section 5. LCRN Development and Improvement Objectives 2016/17

5.1. Activities and impact against the following objective: a) promote equality of access, ensuring that wherever possible, patients have parity of opportunity to participate in research

Following the successful pilot work on GP Leadership sites in 2015/16, we have increased our investment in primary care. We continue to invest in the RSI scheme, and supplement this with additional investment through our more formalised Leadership scheme (I&I). In 2016/17 we had 43 practices at RSI Level 1, 53 at Level 2, and then 6 Leadership sites. This investment aids us to increase both awareness of research amongst the general public, as all sites have materials available for patients, and improves patient access, as primary care, specifically GPs, are the first route into the health service for the vast majority of patients.

We have engaged with clinicians, academics and researchers across Lincolnshire, including the Lincoln Institute for Health, to support the development of a new centre for rural health. We have been involved as active participants in a number of planning events and workshops with a view to taking forward this agenda, and specifically to develop and support new PIs in opening more studies relevant to these populations. The aim of this work is to assist in improved access to trials for the rural community of Lincolnshire.

Please refer to the engagement work within Public Health referenced in Section 4, which has allowed us to engage with wider groups through the Lunchbox study. In relation to this specialty, we provided some funding through our strategic funding call which supported a Practitioner post, along with contributing to a Public Health Research symposium where we spoke about the NIHR and the CRN in particular. We are keen to further improve wide access to important studies through this specialty in due course.

Towards the end of 2016/17 we have become involved with the newly established East Midlands Cancer Alliance as formal members of the Board of this influential body. One of their goals is to get more patients involved with cancer research and we are actively contributing to this aim. It is a group with key clinical leadership and engagement and we intend in 2017/18 to capitalise on our involvement in this group.

Our Division 3 Clinical Lead, Prof Julian Barwell, has made significant progress in relation to establishing and supporting a Stakeholder Group for personalised medicine (I&I); linked to 100,000 Genomes work, however very much supporting NIHR activities across the spectrum. This work is established a collaborative effort for mutual gain. The team offer clinical advice and training, and this has facilitated input from a very experienced group and provided a helpful sounding board to develop future plans. This work includes establishing peer patient champions and really promoting the role of research, thus aid with increasing research awareness and opportunities for patient involvement in research at all levels.

## 5.2. Activities and impact against the following objective: b) demonstrate a 'one-Network' approach to delivery supported by engagement with and implementation of the Study Support Service

As a regional LCRN, we see we are part of an entire national network, and look to contribute to national work where opportunities arise. Both the Clinical Director and Chief Operating Officer have contributed to specific projects, including the Rewarding Performance Guidance (CD) and Funding Project Board (COO). The funding work was further expanded to include reviewing service support costs for a range of large scale projects, and Kathryn Fairbrother worked along with Greater Manchester LCRN and the national delivery team to contribute to this. . The WFD Lead, Michele Eve, has been a member of the Integrated Workforce Framework working group, contributing to its development and also sits on the project board. Michele also sits on the adoption committee for the National Training Directory.

Members of the CRN team (including Paul Maslowski) have also been involved with several national groups in relation to CPMS/LPMS interface, CPMS development and how LCRNs can take more control where the study record is managed by the LCRN. We are keen to ensure that as a national network we improve the availability of real time, high quality data for reporting and monitoring performance, as we see that demonstrating our effectiveness is critical to future success. To aid this, we have worked with other LCRNs to share best practice, SOPs, and Edge development such as SSS activity capturing attributes. We have also begun discussions with our supra-network partners, West Midlands and East of England, with some specific piece of work planned in relation to CI and closer exchange of intelligence and ideas with senior team members.

Throughout the year, CRN team members have also supported the national Accelerating Digital and Continuous Improvement Agenda, with our Workforce Development team, specifically Angel Christian, presenting our Evaluation to Certification project (I&I) at the Accelerating Digital Showcase event in March 2016. We are keen to continue to look for ways to innovate and then to disseminate and share that knowledge with others across the CRN community.

As part of our efforts to embrace a one-Network approach to delivery we have developed our relationships with a wide range of regional groups and organisations, including, but not exclusively NIHR bodies. We held a very successful NIHR @ 10 event in October 2016 with representation from all parts of the NIHR in the East Midlands, including CRN EM, CLAHRC EM, RDS, MindTech, the five regional BRUs (now two BRCs), ECMC, NIHR Senior Investigators, Fellows & Trainees and NIHR Dissemination Centre. Feedback was captured on the day which was largely positive, particular highlights detailed by delegates were the various patient-led sessions, giving a real insight into involvement and input into research from a patient's perspective.

We have continued to build upon the NIHR community ethos created by this event and have since been involved in a number of discussions to further develop an East Midlands wide approach to many aspects of research delivery. We are involved in a group in Leicester, bringing together the various NIHR infrastructure hosted here to share experience in relation to Comms and PPIE. The region is now host to two new Biomedical Research Centres and towards the end of the year dialogue has been established to look for synergies in the approach to research

delivery, ensuring patient opportunity for involvement is maximised, the CRN supports these discussions; we will continue to be involved through a series of strategic and operational meetings in 2017/18.

Our work with the East Midlands Academic Health Science Network (AHSN), and EMPO – East Midlands Partnership Organisations, has been further strengthened this year. EMPO consist of key regional organisations with direct links and influence into healthcare and its provision - AHSN, Health Education England (including Clinical Networks and Senate), Leadership Academy, CLAHRC, Local Government, Public Health England and CRN. The focus of this activity has been engagement with the emerging Sustainability and Transformation Plans (STPs), of which there are five in the region. A workshop was held in December 2016, where a regional engagement strategy was agreed. The CRN will specifically lead on engagement with Leicestershire STP, and will provide information and support the engagement with the other regional STPs.

In establishing the Study Support Service during 2016/17, CRN East Midlands has taken an inclusive approach in setting the tone and scope to deliver a 'One Network' service. National SOPs have been translated to support local operations with an emphasis on making sure that both core and embedded staff understand the practicalities, rationale and ethos of the service. The focus this year has been on removing barriers between CRN and Trust employed staff so that all identify with the Study Support Service, no matter where it is being delivered. This has underpinned an internal 'One Network' approach that has supported a break from the traditional RM&G 'mind-set' and started to generate a consistent look and feel to the service locally. We are mindful that the Study Support Service extends beyond the East Midlands region and as our clients also include 14 LCRNs, we have been working on the Lead Network concept and intend to have this fully established during 2017/18.

## Section 6. Operating Framework Compliance Indicators

The requirements of the Operating Framework and delivery against these are covered in detail through the following section.

**Table 6.1: Compliance with Operating Framework Indicators 2016/17**

Operating Framework Compliance Indicators		
1A	Domain: LCRN Management Arrangements <b>Objective: LCRN leadership and management teams are in place as approved by CRNCC</b>	
Please describe your management arrangements in 2016/17 and comment on the effectiveness of these:		<p>The LCRN has an effective leadership and management structure in place. The team is led by the Clinical Director and Chief Operating Officer, with a leadership team, of five core posts, to support them. In this Leadership team are three Research Delivery Managers, each working across two Divisions (1 &amp; 3, 2 &amp; 5, 4 &amp; 6), supported by three Operations Managers; additionally there are two cross cutting Senior Managers: an Industry Operations Manager and Business Intelligence Lead. Additional wider management roles include a Study Support Services Operations Manager, Senior Nurse and Workforce Development Lead. During 2016/17 the incumbent Lead RM&amp;G Manager left the CRN; this role was not replaced, as the service had evolved. This structure was finalised and fully staffed by November 2016. Since then, focussed time has been spent developing the Leadership team to work efficiently as one team, understanding their individual and collective strengths.</p>
1B	Domain: LCRN Management Arrangements <b>Objective: LCRN leadership and management groups (LCRN Partnership Group, LCRN Executive Group, Clinical Research Leadership Group and Operational Management Group) are fully operational</b>	
Please comment on the effectiveness of operation of each of the Groups, highlighting any issues encountered in their operation:		<p>The LCRN Executive Group is concerned with contract compliance, governance and performance. This year the meeting frequency was reviewed and amended to quarterly; this aligns well with quarterly Board reports which are prepared for submission to the Host Trust Board. At Executive meetings, time is spent reviewing performance and any associated risks, along with planning how to reduce or mitigate these to improve performance. The Host Executive Lead provides a supportive environment for discussion, along with constructive challenge and critical questioning over CRN performance when necessary. This group continues to function well.</p> <p>Following review of various regional groups in-year, (I&amp;I) and in consultation with our partners, we discharge the requirements of the Operational Management Group (OMG) through a meeting we</p>

	<p>locally refer to as the Senior Team meeting which fulfils all of the requirements of the OMG. To supplement this, the COO, CD and other team members also regularly attend the East Midlands R&amp;D/I Leads group, which is essential for good partner engagement. We have re-established the Clinical Leadership meetings which we hold through a combination of face to face and virtual meetings.</p> <p>The Partnership Group, which operates in line with the contract, has also been reinvigorated this year, with a refresh of the membership in order to improve attendance. Considerable time is spent ensuring the agenda is prepared to facilitate discussion and debate, along with a structured session for the Clinical Director to update members on wider research issues and new developments.</p> <p>In addition to the contractually required groups, we have also cemented the local Divisional meeting arrangements which aid effective divisional management. Each Division holds two Steering group meetings per annum, Chaired by the Clinical Lead, where business and performance are discussed.</p>
2A	<p>Domain: Research Delivery</p> <p><b>Objective: LCRN Partner organisations adhere to specified national systems, and Standard Operating Procedures and LCRN guidance in respect of research delivery</b></p>
<p>Please comment on progress and achievements against this objective focussing on delivery of the CRN Study Support Service according to national SOPs and guidance for both commercial and non-commercial studies:</p>	<p>The Study Support Service SOPs are used regionally for the implementation of the commercial services provided for Site Identification and Site Intelligence. As part of a collaboration across the IOM group we submitted feedback for suggested changes to the Early Contact &amp; Engagement SOP that will be discussed at the Study Support Service Change Management Group. For commercial services, it is clear that the SOPs are open to interpretation, we approach them in a pragmatic way that leads to a streamlined delivery of the service.</p> <p>We have developed a local Study Support Service SOP which summarises national guidance and specifies roles and responsibilities locally. This has been updated in line with changes to the national SOPs and it is taken to the Study Support Service Working Group for agreement. The SOP is shared across core and embedded staff, who are employed by Partner Organisations, in the Study Support Service Team. A key aim for non-commercial studies is to align processes wherever possible with the commercial service offering. We have successfully piloted a site identification process for primary care and this is now being rolled out to other health sectors to give us a standardised way of providing key information about studies at a regional level.</p>

Please comment on use of CPMS/LPMS data to support operational delivery processes:	This year, we have recognised the potential strength in our LPMS. It is becoming increasingly important for tracking study and site performance and is evolving as a tool linking with Partner Organisations. For non-commercial studies, we initially focussed on developing attributes and data items in LPMS (Edge) to support the Early Contact work we undertake. We are now working on study record management in its entirety and in collaboration with Partner Organisations to provide high quality data and study intelligence, including performance monitoring (I&I). CPMS provides complementary information at a study-wide level and is being increasingly utilised to provide comprehensive information.
Please highlight any aspects of the implementation of the national systems and standard operating procedures where you feel further support is required:	<p>In relation to CPMS to support our commercial study activity, we have seen the use of a targeted site identification form, which does not appear to fit well with the core service offering. The offering to Industry needs to be reviewed and potentially amended, with template forms updated in line with current terminology. We are also keen for further support to gain feedback on the reasons sites are not selected, to support growth in this sector and to ensure that in particular new research teams receive feedback to ensure continued engagement, the current SMS process does not support this fully.</p> <p>For non-commercial studies, LPMS is being developed so that data is captured in a standardised way at LCRN and site levels, for example, data fields to support HLO4. We would find it useful if we could access specific documents, such as the protocol, via CPMS. This currently does not happen and, as a result, we often have to contact the Sponsor to obtain this information or the National team, which in turn does not support a reduction in email traffic. It should be mandatory that the Lead CRN uploads all documentation relevant to study delivery via CPMS.</p>
2B	<p>Domain: Research Delivery</p> <p><b>Objective: Support to NHS organisations for activities relating to assessment, arrangement and confirmation of local capacity and capability, or if applicable, timely processing of study wide and local reviews within the CSP process</b></p>
Please comment on progress and achievements against this objective focussing on provision of support for LCRN Host and Partner organisations to apply the principles outlined by the CRNCC for assessing, arrangement and confirmation of local capacity and capability for studies submitting for HRA Approval or delivery of support for study-wide and local governance review in accordance with the CSP Operating Manual where applicable to the	The Study Support Service Team was set up following discussion with each Partner Organisation to determine their needs in relation to delivering the service, which included assessing, arranging and confirmation of local capacity and capability, whilst still delivering RM&G for CSP 'inflight' studies. The Study Support Service model we finally agreed consists of a health sector approach, with a mixture of core (working across two or more organisations) and embedded (providing dedicated support to one organisation only) Study Support Service staff in place. Although this model has taken some months to achieve, we have undertaken a review of each health sector at the mid-way point to ensure that each was still fit for purpose and developing in the right direction. The development of this approach has been supported by Study Support Service Team Development Days in September and

study, which includes the collection and recording of the associated NIHR minimum data points for site set-up:	December 2016. The three Study Support Service Managers, as core staff, also take responsibility for liaising with and advising their respective health sector organisations on the Study Support Service, including the process of undertaking local assessing and arranging activities. We have also shared the CRN principles with all Study Support Service staff so that they are aware of how their local activities fit with the Study Support Service. In relation to CSP 'inflight' studies, we undertook a review in June 2016, to assess the remaining workload for study wide and local governance and amendments. Outstanding activities were highlighted to individual Partner Organisations and progress monitored. At the point of full CSP decommissioning, the number of 'inflight' studies which required some form of action was minimal.
2C	Domain: Research Delivery <b>Objective: Support the delivery of the Government Research Priority of Dementia</b>
Please insert commentary on performance and achievements against this objective not already covered in Table 3.1:	<ul style="list-style-type: none"> <li>• We have continued to see a steady increase on the JDR database and currently have 2,377 JDR volunteers registered (16% with dementia). We are the number one LCRN in JDR database growth and 12% of dementia recruitment was via JDR in the East Midlands (national target 6%).</li> <li>• JDR is seen as core business in the East Midlands and supported by a dedicated Dementia Challenge Project Manager</li> <li>• Two PPG events were held in February and March 2017 with a workshop to raise awareness around how to become involved in JDR within primary care settings.</li> <li>• The Dementia Challenge PM, RDM and teams continue to engage with Dementia Matrons, Chief Nurses and clinicians to raise awareness around dementia research in the acute trusts across the region.</li> <li>• At present, we are heavily reliant on Dementia studies coming to the East Midlands, therefore we are keen to ensure that all suitable studies, commercial or non-commercial, are supported to ensure our local population can access these studies, as such we are continuing to work closely with our Partner Organisations to establish collaborative site identification templates. These templates will be used predominantly to attract commercial studies to the region. The templates will showcase the strengths of each Trust and ensure that most interventions specified within a protocol can be supported either by an Acute Trust or the neighbouring Healthcare Trusts at an early stage.</li> </ul>

3A	Domain: Stakeholder engagement and communications <b>Objective: Promote research opportunities in line with the NHS Constitution for England, including informing patients about research conducted within the LCRN and improving patient experience of research through actively involving and engaging patients, carers and the public in research delivery</b>
LCRN to insert commentary on performance and achievements against this objective in 2016/17:	<ul style="list-style-type: none"> <li>• We have been involved with a number of local events to promote research and the CRN, including the Leicester African Caribbean Event 10/10/16, the CRN was one of a number of local organisations in attendance, where we provided information to the local population about research involvement.</li> <li>• We have supported a regional initiative in Derbyshire “Belper 5” through events and the provision of information to these five PPGs, including an Engagement and Awareness Event 17/03/17.</li> <li>• Produced a video to raise the profile of research in the East Midlands, which will be widely shared across a range of settings in 2017/18 (I&amp;I).</li> <li>• We are keen to ensure we have effective involvement of lay members within the key groups of the CRN, this includes PPIE Representation of Lay members at the PPIE working Group, meeting Bi-monthly who also participate in CRN led events; 3 lay members are involved with the Partnership Group; a lay member has now been appointed to attend the Division 4 Steering Group meetings (2 x per annum); additionally lay membership of the Dementia Challenge Steering Group Meetings (Quarterly).</li> </ul> <p>Further detail is also provided in our PPIE Action Plan in Appendix 2.</p>
3B	Domain: Stakeholder engagement and communications <b>Objective: LCRN communications function and delivery plans in place, and budget line identified</b>
LCRN to insert commentary on performance and achievements in 2016/17 against this objective including a figure for total non-staff expenditure on communications:	<ul style="list-style-type: none"> <li>• Network Newsletter has gone out quarterly as planned to all stakeholders and individuals who have indicated that they are research interested. The mailing list is currently around 3,000. Good anecdotal feedback has been received and for 2017/18 we intend for the newsletter to be sent using a marketing email platform to aid monitoring and usage.</li> <li>• Successful implementation of new branding. This was completed in time for the deadline for all essential materials and tools have been put in place to give both internal network staff and POs the information about branding, templates, etc.</li> <li>• The campaign to celebrate the NIHR@10 culminated in an event on 6th October, with representation from all nine NIHR funded organisations in the region. This was very well attended gaining support for subsequent meetings and close partnership working, thus improving the return on this investment in the East Midlands and increasing access to</li> </ul>

	<p>research and new treatments for our patients.</p> <ul style="list-style-type: none"> <li>• The Senior team continue to have regular meetings with partners, in addition to a wide range of engagement events across all work-streams and specialties which we have held throughout the year to keep organisations informed and engaged.</li> <li>• A significant overhaul of promotional materials, leaflets etc took place in Q3 &amp; 4; promotional materials have been created for the Study Support Team, tailored specifically for each county within the East Midlands and a Research Support Team information leaflet has been created.</li> <li>• An original animation was commissioned and created, aimed at patients and members of the public and a research naive audience to inform them that the NHS is research active. This will be widely circulated in 2017/18</li> <li>• Research Awards were held to celebrate and recognise talent within the region and strengthen NHS engagement with research</li> </ul> <p>Figure for total non-staff expenditure on communications: £45,383.50</p> <p>Further detail is also provided in our Communications &amp; NHS Engagement Action Plan in Appendix 2.</p>
3C	<p>Domain: Stakeholder engagement and communications</p> <p><b>Objective: LCRN contribution evident in national NIHR/NIHR CRN campaigns</b></p>
<p>LCRN to insert commentary on their performance and achievements in 2016/17 including patient and staff stories collated and media coverage achieved:</p>	<ul style="list-style-type: none"> <li>• This domain has not been one of our strongest, thus towards the end of the year we have participated in some pilot work led by Chelsea Drake, with a view to improving this</li> <li>• A change on Communications leadership mid-year has allowed us to further focus our efforts on building the infrastructure to publicise the need for, support and manage patient stories</li> <li>• Patient and Researcher stories is now a running item on team meeting agendas and on the Comms WG agenda</li> <li>• Closer working has been developed with our PPIE Lead to establish better story leads in time for national campaigns</li> <li>• A log of potential patient stories has been started and going forward this will be used to draw upon when national campaigns are launched in order to strengthen press release.</li> <li>• To support the League Table campaign, we prepared a press release which was circulated to regional press leads focussing of the success seen in our Mental Health research activity</li> <li>• We supported our Leicester based researchers for the Rare Disease Day campaign in relation to coverage of SCAD (Spontaneous Coronary Artery Dissection), which resulted in television coverage, including BBC Midlands Today</li> </ul> <p>Further detail is also provided in our Communications &amp; NHS Engagement Action Plan in Appendix 2.</p>

4	<p>Domain: Continuous Improvement</p> <p><b>Objective: Promote and sustain a culture of innovation and continuous improvement across all areas of LCRN activity to optimise performance</b></p>
<p>LCRN to insert commentary on activities undertaken to achieve this and their impact. Where activities are outlined in other sections of this report please include the identifier '(I&amp;I)' to highlight these.</p>	<ul style="list-style-type: none"> <li>• Leadership for this work-stream has changed in-year with two Co-Leads now taking responsibility for this: Karen Pearson (RDM Div 4 &amp; 6) and Hannah Finch (RDM, Div 1 &amp; 3). This work-stream also now has some support from one of our experienced Project Managers, Carl Sheppard.</li> <li>• We currently request examples of CI from our teams on a quarterly basis, to capture examples of CI projects. This year 17 specific projects were identified.</li> <li>• We have showcased some examples of our work through the NIHR Showcase event for Accelerating Digital in March 2017.</li> <li>• We undertook an audit/stocktake exercise (I&amp;I) regarding our positioning in relation to Accelerating Digital to assess where we were in this arena and where we could be, along with identifying local Champions and ideas which could be taken forward.</li> <li>• This year we have focussed our activity on understanding our internal CI capacity and have established a Steering Group to assess this and then for next year consider how to engage our wider stakeholders.</li> </ul> <p>Further detail is also provided in our Continuous Improvement Action Plan in Appendix 2.</p>
5	<p>Domain: Workforce, Learning and Organisational Development</p> <p><b>Objective: Implementation of LCRN Workforce development plan in partnership with relevant stakeholders and other local learning providers</b></p>
<p>LCRN to insert commentary on performance and achievements against this objective in 2016/17:</p>	<p>A local workforce development strategy which sets out our vision and priorities was agreed by the workforce development working group and an implementation plan developed to deliver this strategy.</p> <p>Key outputs have included:</p> <ul style="list-style-type: none"> <li>• Creating a pool of generic Training Facilitators to support delivery of national and local programmes of learning and identifying appropriate Programme Leads.</li> <li>• Introducing an annual award ceremony to recognise and celebrate the excellent work taking place across the region. In addition, a research forum for our non-medical research delivery workforce was held to engage, inspire and motivate this workforce.</li> <li>• Implementing initiatives to encourage Trainees to get involved in the delivery of portfolio research, such as tailored training programmes, a matching scheme to link Trainees to studies actively recruiting in their area and a collaboration with HEEM to create a promotional video (I&amp;I).</li> <li>• Launching a pilot CRN Internship programme to create Research Envoys (I&amp;I).</li> </ul>

		<p>We have engaged with the National Advanced Leadership programme; following a local recruitment process, 4 candidates were identified and put forward for the programme. The WFD Lead has worked closely with these participants, supporting them with their project work. Members of the senior team have also been mentors for the programme.</p> <p>We continue to support delivery of national training programmes and other national workforce initiatives. The WFD Lead has been a member of the Integrated Workforce Framework working group, contributing to its development and also sits on the project board. The WFD Lead also sits on the adoption committee for the National Training Directory.</p> <p>Further detail is also provided in our Workforce Development Action Plan in Appendix 2.</p>			
6A	Domain: Financial Management <b>Objective: LCRN Host Organisation and LCRN Partner organisation meet minimum control standards, as specified by the National CRN Coordinating Centre</b>				
LCRN to insert commentary on their performance and achievements in 2016/17 and any issues encountered:		CRN East Midlands have maintained an excellent track record for financial management in 2016/17. We have also undertaken a Finance Health-check by the CRN CC Finance team, which we found very useful not only to meet the team but confirm processes and practices were being undertaken correctly. No major concerns were raised.			
6B	Domain: Financial Management <b>Objective: LCRN Host Organisation meet minimum requirements for the scope of internal audit work, as specified by the National CRN Coordinating Centre</b>				
LCRN to insert commentary on their performance and achievements in 2016/17 and any issues encountered:		East Midlands CRN underwent an Audit as part of the Host rolling programme of internal audit in 2015. At that stage, 5 out of the 6 indicators reviewed were passed as green, with minor comments, one was flagged as amber. An Action plan was then prepared and has been fully executed to the requirements of the Host trust. Our next audit is due in 2017/18, currently planned for December 2017.			
7A	Domain: Information Systems <b>Objective: LCRN Host Organisation and LCRN Partner organisation have access to the required information systems and services</b>				
For each system identified in the table to the right please indicate whether the LCRN Host Organisation and all LCRN Category A Partner organisations have		<table border="1"> <tr> <td>CRN national systems</td> <td>Yes</td> <td>No</td> </tr> </table>	CRN national systems	Yes	No
CRN national systems	Yes	No			

access.		<table><tr><td>NIHR Hub</td><td>✓</td><td></td></tr><tr><td>NIHR CRN Open Data Platform</td><td>✓</td><td></td></tr><tr><td>NIHR CRN Central Portfolio Management System (CPMS)</td><td>✓</td><td></td></tr></table>			NIHR Hub	✓		NIHR CRN Open Data Platform	✓		NIHR CRN Central Portfolio Management System (CPMS)	✓	
NIHR Hub	✓												
NIHR CRN Open Data Platform	✓												
NIHR CRN Central Portfolio Management System (CPMS)	✓												
If you have responded 'No', please provide an explanation for each system or service which has not been accessible in 2016/17.		Please note that some Partner Organisations do not have full access to all elements of Google Suite, due to specific Partner Organisation IM&T policies which prevent access to some elements. As we have always done, we continue to engage with Partners and in particular their IM&T infrastructure departments in order to leverage as many of our core systems as possible so that Research in the East Midlands is supported as well as it can be.											
7B	Domain: Information Systems <b>Objective: LCRN Host Organisation and LCRN Partner organisation have a Local Portfolio Management System(s) (LPMS) live and in operational use by LCRN-funded staff</b>												
Please describe how you are using your LCRN Hosted Local Portfolio Management System to support the management of your portfolio across your LCRN Partner organisations		<p>CRN East Midlands procured <b>edge</b> as our LPMS solution.</p> <p>Please note that within edge an 'instance' equates to an organisation's portfolio of research. Each of our Partner Organisations has been provided with an instance of edge. All bar one organisation (who use another system) have actively taken control of their instance and are using this to manage their clinical research portfolio. Primary Care research is also managed within one instance (I&amp;I), maintained centrally by the CRN East Midlands Primary Care team.</p> <p>There are a number of smaller instances such as that owned by the University of Leicester so that large partner portfolios can be more easily managed, which are affiliated to Partner Organisation instances. There is also a CRN East Midlands instance so that CRN staff, notably RDMs/Ops Managers and SSS, can manage and oversee clinical research performance and the study pipeline across the East Midlands.</p> <p>Partners use edge to manage Project records and sites, share files (such as protocols) and recruit patients on to edge. They are able to retain and maintain any degree of intelligence about studies while having the option to share any of this information with the CRN as well as other Partners. The CRN is able to report on Clinical Research studies across the East Midlands while also providing a validation service to partners such that missing data items can be flagged for population etc. With the wealth of clinical research information increasing in edge we are able to have the discussions we always wanted to have concerning the growth of clinical research in the region. We can, for</p>											

	<p>example, look for areas of expanding performance, areas which have typically not had the same level of investment as others and areas where collaboration is now possible while backing this up with intelligence from our LPMS.</p> <p>We provide regular updates with regards to the system via an edge user group; we provide a local helpdesk in addition to the edge system provision. We have local administrators or 'experts' based in each Partner Organisation who provide support, training and guidance for their instance users.</p>
8	<p>Domain: Information Governance</p> <p><b>Objective: LCRN Host Organisation and LCRN Partner organisation comply with CRN information governance requirements</b></p>
Already addressed in Section 1	

## Section 7. Host Organisation report on performance against the LCRN Host Performance Indicators

Actions and approaches taken by the Host Organisation in 2016/17 to achieve objectives, the effectiveness of these actions/approaches, and any issues which have arisen are provided in the table below.

**Table 7.1. LCRN Host Performance Indicators 2016/17**

<b>LCRN Host Performance Indicators</b>		
<b>1</b>	<b>Domain: LCRN Leadership and Management</b> <b>Objective: Deliver effective leadership and management of the LCRN</b>	
Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:		The Host Organisation have created a supportive environment to allow the CD and COO to develop the leadership and management team of the CRN. Human Resources support has been made available, as required. No major issues have been encountered in this domain in 2016/17.
<b>2</b>	<b>Domain: LCRN Research Delivery Infrastructure</b> <b>Objective: Deliver a responsive and flexible NHS support service that meets the needs of Customers (researchers, non-commercial funders and industry)</b>	
Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:		The Host discharges its responsibility for this through the employment of the Chief Operating Officer and Clinical Director who are accountable for ensuring the population of the East Midlands are offered opportunities to be involved in research due to an excellent and far reaching research infrastructure. The Leadership team of the CRN work closely with Partner organisations to ensure the resources placed with them are used responsibly, responsively and flexibly, responding if services change and delivery models alter in-year. We support researchers through the study support service, and have additional flexibility through the Research Support Team (RST) a centrally employed and managed delivery workforce who can be deployed across the region to support with increasing delivery capacity, or to priority areas when required. No significant issues have been encountered in this domain this year.

3	<b>Domain: Financial Management</b> <b>Objective: Deliver robust financial management using appropriate tools and guidance</b>
Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:	<p>We have an excellent relationship with the Host finance team, in particular the Host Finance Lead. We have a dedicated team of accountants and finance assistants which enable robust financial management of the CRN budget. We have encountered some difficulties with the accounts payable team, particularly in ensuring payments are made in a timely fashion, however, we have made some progress with the assistance of the Host Finance and Executive Leads, and expect this problem should be not encountered in 2017/18.</p> <p>We have a regular Finance working group, led by the Host Finance Lead with representation from Partner Organisations and CRN core staff. The actions from this working group are presented to the Host Executive group to ensure transparency and assurance to the Host.</p>
4	<b>Domain: Allocation of LCRN funding</b> <b>Objective: Distribute LCRN funding equitably on the basis of NHS support requirements</b>
Please provide a clear description of the funding allocation method in 2016/17 as requested in the reporting guidance:	<p>When planning the budget for 2016/17 a wide consultation exercise was undertaken with key stakeholders, including the NHS R&amp;D Leads and CRN Clinical Specialty/Divisional/Management leads (I&amp;I). This process incorporated opportunities for suggestions, comment and discussion, in order to incorporate wide views and ideas. The approach eventually selected, through a series of modelling proposals and discussion at the OMG and Partnership group, was an activity driven model, with a consideration of Historic funding, along with the introduction of a performance premium to recognise and reward the strong performance to time and target for all closed studies. The activity data used in this model was the rolling two year period ending 30 September 2016; we used the complexity ratios based upon the original bandings of 1 : 3: 14, as the revised ratios were released quite late to allow us to make this change locally. Our model consisted of a historical element (41%); activity based element (56.5%) and performance premium (2.5%). We also applied a cap and collar, although broadened it to allow further movement across the region, driven by relative performance. We applied the cap and collar through a banding approach based on variance from the previous year's budget, the cap and collar percentages ranged from a 20% increase to a 7.5% reduction. As we received a slight budget uplift in 2016/17 we decided to introduce a strategic fund of £531,342 to support new initiatives and innovative approaches leading to increasing NIHR research delivery output across the East Midlands.</p>

5	<b>Domain: LCRN Governance (Host Board)</b> <b>Objective: Ensure that the LCRN Host Organisation board has visibility of LCRN business and fulfils its agreed assurance role</b>			
CRNCC will need to have a copy of the relevant minutes from each Host Organisation board meeting in 2016/17 when LCRN contract compliance was discussed, and will check to see if the LCRN has already provided them. If these have not already been supplied, please send them to lcrn.support@nihr.ac.uk		Sent to CRNCC on 20-Mar-2017.		
6	<b>Domain: LCRN Governance (Partner Engagement)</b> <b>Objective: Ensure all LCRN Partners are engaged in the work of the Partnership Group</b>			
<p>Please complete the table to the right, confirming the number of Partnership Group meetings held within the 2016/17 operational year and representation at the meetings.</p> <p>Please also comment on the effectiveness of operation of the Group and any issues encountered, and actions taken to ensure the Group is engaged with primary care, mental health and community sectors.</p>		Meeting date	No. of attendees	Of these the no. of lay attendees
		11-May-2016	15	2
		28-Sep-2016	22	2
		25-Jan-21017	19	3
		<p>This year, we refreshed our membership of the Partnership Group. Some partners were poor attenders and some were sending relatively junior representatives. We contacted all Chief Executives of partner organisations reminding them of the contractual obligation regarding membership of the Partnership Group. All replied rapidly and positively with confirmation and/or changes to their representative as appropriate confirming their delegated authority. We will be reporting attendance of each member to their Chief Executive.</p> <p>We have good representation across all sectors, including from primary care, CCGs, community and mental health. We also have three PPIE/lay members and representation from key stakeholders including the AHSN and CLAHRC. Our Chair is a former consultant psychiatrist and the Chief Executive of Leicestershire Partnership NHS Trust (mental health and community services) and also a member of the NIHR Advisory Board. Discussions so far have always been amicable, informative and constructive.</p>		

7	<b>Domain: Management of Risk</b> <b>Objective: Establish and maintain an assurance framework and risk management system for the LCRN, including an escalation process</b>
Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:	<p>The LCRN has implemented a risk management framework, which includes a risk register. The risk register is updated regularly and reviewed formally every 3 months by the LCRN Executive Group.</p> <p>Both strategic and operational risks are captured within the risk register. Each risk is assigned a risk owner and a score based on the likelihood of occurrence and the impact to the LCRN. Each risk also has a mitigating action plan which contains details of specific actions and owners of those, with due dates for completion. Risk scores take into consideration any mitigating actions and are reviewed regularly. All risks are included in the quarterly Board report to the host, with critical risks highlighted, as necessary.</p>
8	<b>Domain: Management of LCRN Performance</b> <b>Objective: Ensure delivery of LCRN performance against the LCRN Annual Plan</b>
Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:	<p>The Senior Team meeting (OMG) discusses performance every month, and is managerially responsible for remedying issues and taking on actions to address underperformance. The Host formally reviews performance quarterly 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 three 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.</p> <p>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, with key issues and any concerns reported through to the Senior Team Meetings.</p>
9	<b>Domain: Host Corporate Support Services</b> <b>Objective: Deliver high quality Corporate Support Services as specified in the Performance and Operating Framework</b>
Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:	<p>The Host organisation provides a range of supporting services for the CRN, including Finance, HR &amp; payroll, Estates/accommodation and IM&amp;T. This year the support in relation to HR has been finessed, as a Service Level Agreement has been drawn up and signed off which outlines the support required and provided, key contacts for different</p>

	<p>elements of the service, and regular review points for the SLA (I&amp;I). Quarterly meetings are held between the COO and two senior HR Managers, along with regular meetings/phone conversations for support on an ad hoc basis. During the year, a new system was established by the Host for recruitment, and a well documented approach to CRN funded posts has been put in place alongside this, with clear timelines, which form part of the SLA.</p> <p>In addition to conversations with various heads of service to escalate issues, the Executive Group is also a useful vehicle for escalation of issues, if necessary.</p> <p>The main concern experienced in this domain in 2016/17 has been the timely payment of invoices from partner organisations. This has been of particular concern in the primary care settings, for GPs. We undertook an audit in relation to time taken to pay invoices and presented this to Nick Sone, Financial Controller, a process was established to ensure CRN invoices will be coded and paid in good time, and we are currently monitoring the progress of this. This matter, whilst not fully resolved, has begun to improve and we will continue to monitor this and further escalate, if required.</p>
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## Section 8. NIHR CRN Priorities 2016/17

Activities to contribute to achievement of the NIHR CRN priorities, strategies and goals 2016/17 have been previously covered in other sections of this report, and indeed underpin all of our various work-streams within the East Midlands, specifically, as follows:

The national CRN priorities for 2016/17 are:

- Delivery of NIHR CRN Portfolio studies to time and target (HLO 2) with a specific focus on commercial contract research (HLO 2A) – see Sections 3 & 4.
- Delivery against the NIHR CRN Strategies<sup>1</sup> - please refer to commentary in Section 6 and further detailed contained within Appendix 2 which includes Action Plans in relation to all CRN East Midlands Work-streams, which link well to the national strategies.
- Delivery against the NIHR CRN Goals<sup>2</sup> - Content relating to these goals is partly covered in section 5 (increasing opportunity and one network) and Sections 4, 6 and & 7 in relation to providing support to researchers.

Should any further information or clarity be required to meet any elements of this further, please do not hesitate to contact Elizabeth Moss, Chief Operating Officer or Carl Sheppard, Project Manager.

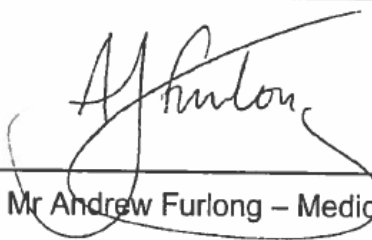
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<sup>1</sup> Business Development and Marketing strategy, Information and Knowledge Strategy, Working with the Life Sciences Industry Strategy, Patient and Public Involvement and Engagement Strategy, NHS Engagement strategy, Communications strategy, Workforce Development strategy

<sup>2</sup> Goals to support our purpose: 1) Increase the opportunities for all people across England to participate in and contribute to health research; 2) Provide researchers with the practical support they need to make clinical research studies happen in the NHS; 3) Work as a single network to improve the efficient delivery of high quality clinical research; 4) Increase national and international clinical research investment to support the country's growth; and 5) Provide a coordinated and innovative approach to national research priorities.

**Section 9. LCRN Host Organisation Approval**

Please confirm that this Annual Report has been, or is scheduled to be, approved by the LCRN Host Organisation board:

Signature:	
Name and position of signatory:	Mr Andrew Furlong – Medical Director, University Hospitals of Leicester NHS Trust
Date of signature:	10.05.2017.
Date of LCRN Host Organisation board approval:	UHL Trust Board Meeting Scheduled for 1 <sup>st</sup> June 2017

**Appendix 1. CRN East Midlands Fact Sheet 2016/17**

<b>Table 1. Key Personnel</b>		
Host Organisation	University Hospitals of Leicester NHS Trust	
Host Organisation Chief Executive Officer	John Adler	
Host Nominated Executive Director	Mr Andrew Furlong	
CRN East Midlands CD	Professor David Rowbotham	<i>With effect from: 1-4-2014</i>
CRN East Midlands COO	Elizabeth Moss	<i>With effect from: 1-4-2014</i>

<b>Table 2. LCRN Key Information</b>	
LCRN Population:	4,474,101
Number of NHS Provider Trusts:	16
Number of Category A Providers:	14
Number of GP Practices:	593 approx
Recruitment per 1000 population:	<b>10.07 (1.00% of total population)</b>

<b>Table 3. HLO Performance</b>			
<b>HLO<sup>1</sup></b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
HLO 1	50,549	45,508	45,056
HLO 2a	51%	71%	90%
HLO 2b	69%	70%	82%
HLO 4 <sup>2</sup>	87%	86%	65%
HLO 5a <sup>2</sup>	50%	60%	50%
HLO 5b <sup>2</sup>	43%	42%	47%
HLO 6a	93%	100%	100%
HLO 6b	53%	63%	81%
HLO 6c	53%	57%	60%
HLO 7	1,050	1,088	1,352

<sup>1</sup>Excludes HLO 3 <sup>2</sup>2014/15 and 2015/16 data greyed out as the measures for these objectives have changed in 2016/17 and are not comparable with previous years \*not a Lead LCRN

Table 4. Study Data					
Year	Total	Interventional	Observational	Commercial	Non-commercial
2014/15	CRNCC will complete	CRNCC will complete	CRNCC will complete	CRNCC will complete	CRNCC will complete
2015/16	CRNCC will complete	CRNCC will complete	CRNCC will complete	CRNCC will complete	CRNCC will complete
2016/17	CRNCC will complete	CRNCC will complete	CRNCC will complete	CRNCC will complete	CRNCC will complete

Table 5. LCRN Funding				
Year	Initial Allocation <sup>3</sup>	(Underspends) <sup>4</sup>	Redistribution/ (Underspend) <sup>5</sup>	Final Expenditure <sup>6</sup>
2014/15	£22,289,543	£0	£0	£22,289,543
2015/16	£21,049,833	£0	£24,350	£21,074,183
2016/17	£21,204,565	£0	£23,659	£21,228,224

<sup>3</sup> Initial core funding allocation including RCF excluding top-sliced.

<sup>4</sup> Underspends declared in the Financial year, not necessarily when the underspend was recovered.

<sup>5</sup> Redistribution of additional funding less underspends recovered and reported.

<sup>6</sup> Initial Allocation + Redistribution/(Underspends) = Final Expenditure, i.e. the final expenditure for the Financial Year, taking into account redistribution and underspends impacting the year.

Table 6. Sector Spend						
Year	Acute	Ambulance	Care / Mental Health	Primary care	Other	Total <sup>7</sup>
2014/15	£14,170,126.06	£33,979.16	£2,323,084.33	£1,141,107.16	£4,621,246.29	£22,289,543
2015/16	£13,589,319.10	£20,913.59	£2,198,259.58	£1,265,620.37	£4,000,070.36	£21,074,183
2016/17	£13,768,615.08	£75,482.70	£2,176,303.48	£1,312,980.16	£3,894,842.58	£21,228,224

<sup>7</sup> The total should equal that of Table 5 'Final Expenditure'.

**Table 7. LCRN Cost Per Weighted Recruit by Financial Year<sup>8</sup> / Sector (No OTHER, Weighted activity recruiting in non-NHS Provider sites split evenly between Provider types)**

Year	Acute	Ambulance	Care / Mental Health	Primary care	Other	Aggregate
2014/15	£101.27	N/A	£111.04	£23.45	-	£58.94
2015/16	£110.25	£1.59	£159.51	£26.55	-	£74.48
2016/17	£107.37	£1.98	£115.18	£63.00	-	£71.88

<sup>8</sup>Excludes participants recruited to commercial studies. Spend excludes top-sliced funding.

**Table 8. Audits undertaken in 2016/17**

Organisation	Brief summary
N/A	N/A

**Table 9. Category A Providers**

Chesterfield Royal Hospital NHS Foundation Trust
Derby Teaching Hospitals NHS Foundation Trust
Derbyshire Community Health Services NHS Trust
Derbyshire Healthcare NHS Foundation Trust
Kettering General Hospital NHS Foundation Trust
Leicestershire Partnership NHS Trust
Lincolnshire Community Health Services NHS Trust
Lincolnshire Partnership NHS Foundation Trust
Northampton General Hospital NHS Trust
Northamptonshire Healthcare NHS Foundation Trust
Nottingham University Hospitals NHS Trust
Nottinghamshire Healthcare NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust
United Lincolnshire Hospitals NHS Trust
University Hospitals of Leicester NHS Trust

**Table 10. Local Specialty Leads**

Ageing	Dr Victoria Haunton Dr Andrew Gordon	<i>With effect from:</i> 01/07/2016 1/12/2016	<i>No of PAs</i> 0.5 0.5	<i>LCRN-funded?</i> Yes
Anaesthesia, Perioperative Medicine and Pain Management	Dr Karim Shoukrey	<i>With effect from:</i> 1/7/2014	<i>No of PAs</i> 0.5	<i>LCRN-funded?</i> Yes
Cancer				
Cancer Subspecialty Lead (Brain)	Mr Stuart Smith	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 0.25	<i>LCRN-funded?</i> Yes
Cancer Subspecialty Lead (Breast)	Mr Amit Goyal	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
Cancer Subspecialty Lead (Colorectal)	Mr Baljit Singh	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
Cancer Subspecialty Lead (Children and Young People)	Professor David Walker	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 0.25	<i>LCRN-funded?</i> Yes
Cancer Subspecialty Lead (Gynae)	Dr Roshan Agarwal	<i>With effect from:</i> 1/6/2015	<i>No of PAs:</i> 0.25	<i>LCRN-funded?</i> Yes
Cancer Subspecialty Lead (Head & Neck)	Dr Christopher Avery	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 0.25	<i>LCRN-funded?</i> Yes
Cancer Subspecialty Lead (Haematology)	Dr Cathy Williams	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
Cancer Subspecialty Lead (Lung)	Dr Kimuli Ryanna	<i>With effect from:</i> 8/9/2015	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
Cancer Subspecialty Lead (Sarcoma)	Dr Ivo Hennig	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
Cancer Subspecialty Lead (Skin)	N/A - appointment made for start in 2017/18	<i>With effect from:</i>	<i>No of PAs:</i>	<i>LCRN-funded?</i> N/A
Cancer Subspecialty Lead (Supportive and Palliative Care and Psychosocial Oncology)	Dr Andrew Wilcock Prof Christina Faull	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 0.5 0.5	<i>LCRN-funded?</i> Yes
Cancer Subspecialty Lead (Upper GI)	Dr Giuseppe Garcea	<i>With effect from:</i> 1/6/2015	<i>No of PAs:</i> 0.25	<i>LCRN-funded?</i> Yes

	Cancer Subspecialty Lead (Urology)	Dr Santhanam Sundar	<i>With effect from:</i> 1/07/2014	<i>No of PAs:</i> 0.25	<i>LCRN-funded?</i> Yes
	Cardiovascular Disease	Professor Gerald McCann	<i>With effect from:</i> 1/8/2016	<i>No of PAs</i> 1	<i>LCRN-funded?</i> Yes
	Children	Dr Elaine Boyle	<i>With effect from:</i> 1/7/2016	<i>No of PAs:</i> 1	<i>LCRN-funded?</i> Yes
	Critical Care	Dr Dan Harvey	<i>With effect from:</i> 1/6/2016	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
	Dementias and neurodegeneration	Professor Tom Dening	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 1	<i>LCRN-funded?</i> Yes
	Dermatology	Dr Graham Johnston Dr Jonathan Batchelor	<i>With effect from:</i> 1/10/2016 1/9/2014	<i>No of PAs:</i> 0.25 0.5	<i>LCRN-funded?</i> Yes
	Diabetes	Professor Melanie Davies	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> N/A	<i>LCRN-funded?</i> No - taken on as part of Clinical Lead for Division 2 role, which is CRN funded at 2 PAs
	Ear, nose and throat	Professor Deb Hall	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 0.05 wte	<i>LCRN-funded?</i> Yes
	Gastroenterology	Dr John DeCaestecker	<i>With effect from:</i> 1/7/2014	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
	Genetics	Dr Abhjit Dixit	<i>With effect from:</i> 1/3/2016	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
	Haematology	Dr Hafiz Qureshi	<i>With effect from:</i> 1/1/2016	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
	Health Services Research	Professor Andrew Wilson	<i>With effect from:</i> 1/2/2016	<i>No of PAs:</i> 0.25	<i>LCRN-funded?</i> Yes
	Hepatology	Dr Andrew Austin	<i>With effect from:</i> 1/2/2016	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
	Infection	Dr Mathew Diggle	<i>With effect from:</i> 1/10/2015	<i>No of PAs:</i> 0.05 wte	<i>LCRN-funded?</i> Yes

Injuries and Emergencies	Professor Frank Coffey	<i>With effect from: 1/7/2014</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
Mental Health	Dr Sudheer Lankappa	<i>With effect from: 1/3/2017</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
Metabolic and Endocrine Disorders	Dr Narendra Reddy	<i>With effect from: 1/2/17</i>	<i>No of PAs: 0</i>	<i>LCRN-funded? No</i>
Musculoskeletal disorders	Dr Waji Hassan	<i>With effect from: 1/9/2014</i>	<i>No of PAs: 1</i>	<i>LCRN-funded? Yes</i>
Neurological Disorders	Professor Cris Constantinescu	<i>With effect from: 1/7/2014</i>	<i>No of PAs: 1</i>	<i>LCRN-funded? Yes</i>
Ophthalmology	Professor Irene Gottlob	<i>With effect from: 1/7/2014</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
Oral and dental health	Covered by Dr Jaspal Taggar (Primary care Co-Lead)	<i>With effect from: 6/10/2014</i>	<i>No of PAs: N/A</i>	<i>LCRN-funded? No - taken on as part of Specialty Lead role for Primary care (below)</i>
Primary care	Dr Simon Royal Dr Jaspal Taggar	<i>With effect from: 1/9/2014 6/10/2014</i>	<i>No of PAs: 1 1</i>	<i>LCRN-funded? Yes</i>
Public health	Professor Derek Ward	<i>With effect from: 1/5/2016</i>	<i>No of PAs: 0.05 WTE</i>	<i>LCRN-funded? Yes</i>
Renal Disorders	Dr Jonathan Barratt	<i>With effect from: 1/7/2014</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
Reproductive Health and Childbirth	Dr Nia Jones	<i>With effect from: 1/7/2014</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
Respiratory Disorders	Professor Chris Brightling	<i>With effect from: 1/7/2014</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
Stroke	Dr Nikola Sprigg	<i>With effect from: 1/7/2014</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
Surgery	Professor Dileep Lobo	<i>With effect from: 1/7/2014</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>

**Data Sources**

<b>Data</b>	<b>Source</b>
LCRN Population	Mid-2014 ONS file 'SAPE17DT5 - Clinical Commissioning Group Mid-Year Population Estimates (experimental), formatted, Mid-2014'. <a href="https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/clinicalcommissioninggroupmidyearpopulationestimates">https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/clinicalcommissioninggroupmidyearpopulationestimates</a> . CCG population figures from this have been collated by LCRN based on CCG-LCRN mappings.
Number of NHS Provider Trusts	<a href="http://www.nihr.ac.uk/nihr-in-your-area/east-midlands/about-us.htm">http://www.nihr.ac.uk/nihr-in-your-area/east-midlands/about-us.htm</a>
Number of Category A Providers	Category A Providers list based on data provided by LCRNs and collated by CRNCC
Number of GP Practice	<a href="http://www.hscic.gov.uk/media/18657/GP-Registrars-and-numbers-of-GPPractices-in-England-employing-at-least-1-GP-Registrar/xls/ah3649.xlsx">http://www.hscic.gov.uk/media/18657/GP-Registrars-and-numbers-of-GPPractices-in-England-employing-at-least-1-GP-Registrar/xls/ah3649.xlsx</a>
Recruitment per 1000 population	ODP - 2016/17 year end data cut on 28 April 2017
Local Specialty Leads	Central CRN Contact List - <a href="https://docs.google.com/spreadsheets/d/1iXTob39FarnGzVrXvdgEOk8f2vyt2-Y9yMFx39XJeiE/edit?ts=572aeec9#gid=0">https://docs.google.com/spreadsheets/d/1iXTob39FarnGzVrXvdgEOk8f2vyt2-Y9yMFx39XJeiE/edit?ts=572aeec9#gid=0</a>

## Appendix 2. Cross-cutting Work-stream Action Plans 2016/17

Patient and Public Involvement and Engagement		
Objective	Actions required to achieve objective	Performance against Plan
1. Talk about research in the NHS; work with partners, healthcare professionals, patients and carers to support and recognise the importance of involvement and engagement in the entire research delivery pathway.	Working with Workforce Development to implement the Building Research Partnerships Programme into the CRN EM Annual Training Plan - to run one programme in the first year	Course was run with Leicestershire Partnership Trust March 2017 with 20 participants over 3 two hour sessions. The training team linked with another LCRN to observe the course and then the course was localised for the needs of the organisation.
	Work with Communications Lead to provide Localised Information Leaflet and access to National Resources to PPIE Working Group members from partner organisations	Local generic leaflet has been produced which gives detail about how patients can become involved in research. This is available to all sites in electronic form and provides the opportunity to localise the leaflet with the sites own contact details. Available for all sites.
	Work with members of the PPIE Working Group and via the R&D Leads Meeting to identify Patient Research Ambassadors within Partner Organisations/Groups to ensure partnership working, engagement in the local PPIE strategy and links to the national initiative (Website, forums etc.)	5 Patient Research Ambassadors have been identified and shared via the national team with us locally; they have been put into contact with their local organisations / groups of interest. They have also been added the CRN Contact list to be kept in touch with local initiatives and events. All have been asked to sign on to the local PPIE newsletter for the region as well (Public Face). We have also linked with West Midlands through our Project Support Administrator (PPIE) to attend their courses and see how they are utilising their Ambassadors.
	Promotion of the MOOC across the network to support members through learning and development	Ongoing via Email, PPIE Working Group Meeting, AHSN Public Face Newsletter.
2. Make it easy for people to participate; linking with partners and collaborators to share ideas and pooling of resources to raise the profile of research engagement within the East Midlands	Continue with membership and engagement of the REPP	Meetings held bi monthly.  Showcasing Patient & Public Involvement (PPI) with underserved groups across the East Midlands event held on 27/03/17. Aim of the event: <ul style="list-style-type: none"> <li>National and local speakers talking about the importance of PPI and research</li> <li>An overview of the East Midlands REPP and how to get</li> </ul>

		<p>involved</p> <ul style="list-style-type: none"> <li>• A choice of workshops showcasing best practice PPI and research across equality and diversity themes, such as Older People, Carers, Black and Minority Ethnic Groups, Women &amp; Heart Health, Mothers &amp; Maternity Research, and Mental Health</li> <li>• Surgeries where research staff can have their research proposals reviewed by experienced patients and public members and receive constructive advice on PPI improvements</li> <li>• Market Place &amp; Networking – an opportunity to showcase research and learn how patients, carers and the public can get involved</li> </ul>
	Undertake trial of the national patient questionnaire within the EM BRUs	Not achieved due to project lead leaving organisation, will be run in 2017/18
	Continue to promote the Public Face Newsletter / mailing list and Calendar hosted by the AHSN to provide a single approach to PPIE in the East Midlands	Ongoing.
	Review the pilot of the locally supported Sharebank Initiative and how this can be expanded to cover the whole of the East Midlands along with collaborators e.g. AHSN, RDS etc.	This initiative was halted due to the bid for BRC Status, once awarded, there will be a review of roles and therefore the initiative is not looking to expand until 2017/18.
3. Reach out	Identify and support local initiatives via the PPIE working Group that reach out to harder to reach groups; e.g. Younger People.	<p>Younger People Website, already funded in 2015/16 - website is still continuing.</p> <p>CRN were the main sponsor of the African Caribbean Research Event; October 2016</p> <ul style="list-style-type: none"> <li>• The event was attended by 282 people</li> <li>• Of the 41 stalls, 10 stallholders had a research theme</li> <li>• Coverage on Central News and BBC Radio Leicester before, during, and after the event reached an estimated audience of 350,000</li> <li>• 61% identified as African/Caribbean (including A/C British and A/C other); 6% identified as Asian/British Asian</li> </ul>
	Support and promote national initiatives; JDR, UK Clinical Trials Gateway, MOOC, OK to Ask etc.	Ongoing

	Continue to Identify and link with smaller PPI Groups working across specialities and enabling greater collaboration with CRN, Partners and Nationally.	PPI Working Group has expanded with representatives from Cancer, Non NHS organisations now representatives from the BRCs
4. Connect with the Public, Healthcare Professionals and Partners	Continue to link in with National PPIE Working Groups to keep apprised of national initiatives and provide feedback locally.	Attendance at national meetings is split between Lead and Support, and where this is not possible members of the PPI Working Group who feedback at the next meeting.
	Act as a local conduit to direct all clinical / academic enquiries to the relevant advisory groups to ensure PPIE on all Grant applications	Ongoing and via the Study Support Service.
	Encourage and Promote local innovation initiatives (e.g. Sharebank initiative, PPG Forums) to ensure PPIE continues to be at the forefront	<p>Belper 5 Event (January 2017) Follow on from last year's event, whereby the PPG groups are hosting an event to other CCGs in their area to create a Derbyshire wide Patient forum.</p> <ul style="list-style-type: none"> <li>• 45 delegates attended.</li> <li>• To raise the awareness of the clinical research process and how the CRN EM collaborates and engages with GP practices and PPG groups.</li> <li>• To give the Belper 5 group who are primarily based in the South of Derbyshire a platform to introduce themselves to other PPG's throughout Derbyshire with view to aligning these PPGs with their objectives.</li> <li>• To highlight ways in which patients can be involved in promoting research, and be advocates for participating in research studies.</li> <li>• To allow PPG members to network and increase membership of the Belper 5 group.</li> <li>• To provide PPG groups with 'how to get involved in research' packs to take to their practices.</li> </ul> <p>Outcomes as follows:</p> <ul style="list-style-type: none"> <li>- 4 PPG groups have been in touch to see if Clinical Studies Development Officers (CSDOs) can speak at their meetings.</li> <li>- 5 new practices signed up to the Derbyshire PPG Network.</li> <li>- Those in attendance were given a list of open studies in Derbyshire so that they could consider participating.</li> <li>- A practice manager has fed back that his PPG group were really enthused by the event and he has contacted us with his own</li> </ul>

		<p>research idea.</p> <ul style="list-style-type: none"> <li>- Various PPG members exchanged contact details.</li> <li>- There has been an increase in practices asking for JDR material.</li> </ul> <p>PPIE Video promoting research - a generic video that can be used by any organisation or GP practice highlights to patients how to get involved in research.</p> <ul style="list-style-type: none"> <li>• PPI Animation to promote research across the board, links to UK CTG and CRN websites.</li> <li>• Generic format to enable it to be played across any of our partners including GP sites.</li> <li>• Creative concept, storyboard, script consultation, 2-D animation, voiceover, music and a second version with subtitles</li> </ul>
	Work with Comms Lead to promote use of Twitter, Social media for research studies / engagement as governance allows	Ongoing
5. Support and Value patient public involvement and engagement	Ensure at least one Lay member representative present at each local PPIE working Group meeting	3 Lay members form part of the working group, the group is not considered quorate if they are all absent.
	Continue to identify local issues via the PPIE Working Group to engender an innovative and supportive environment for new ideas	Majority of the research is carried out within Primary Care and the community, this year's focus has been around identifying where this could work better (BME Engagement Workshop) and learning how best to engage with local populations (African Caribbean Event). There is also a big driver to have patient led research (Following on from SCAD) in the area and the Belper 5 are coming together as a force in one area. We are happy to support this group who engage readily with research ideas and are keen to see the outcomes of their newly established forum.
	Provide feedback to partner organisations via the various EM wide meetings (e.g. R&D Leads Mtg) to ensure the wider message of PPIE is spread.	Continue to feed back to the R&D Leads meeting (bi monthly) and the OMG meeting (full report) bi monthly. Summary reports are generated at the end of each meeting and these are then shared at the R&D Leads meeting following the OMG being abolished.

Workforce Development		
Objective	Actions required to achieve objective	Performance against Plan
1. Finalise the local workforce development strategy, setting out vision and priorities.	Draft final strategy to go to workforce development steering group for ratification	Final strategy drafted and ratified by WFD steering group at a meeting on 10/05/16
	Review local strategy to ensure it aligns to the national strategy	Local strategy reviewed in line with national strategy
	Disseminate to key stakeholders across the region	Strategy shared with R&D Leads at R&D Leads meeting
	Develop workforce development implementation plan to deliver the strategy	Implementation plan developed for 2016/17 and progress against plan monitored by workforce development working group
2. Establish a centrally funded role(s) to support a network of practice lead facilitators to develop capacity and capability of a rater community to deliver the dementia challenge	Scope existing raters across region to identify practice lead facilitators and industry accredited raters	Scoping work was undertaken to get a clear picture of Rater capacity across the region.
	Action plan in place to take forward the practice lead facilitator role, to enable the development of a rater community	Post NIHR National Rater Development Leads workshop held in June 2016, we now have 3 Rater Development Leads located at three sites that cover the region and who are supporting / facilitating the development of over 20 raters.
	Develop a programme of activity to support the development and delivery of raters across the region	CRN is supporting the Rater Development Lead meetings which is identifying and facilitating the ongoing training of dementia rater scales as appropriate utilising a shadowing and mentoring model. This approach has maintained a consistent level of trained Raters across the East Midlands in 2016/17. The East Midland Professional Raters Group now ensures all Raters keep an accurate log of their experience on the national NIHR database to ensure the Network and Rater Development Leads have a credible record of experience. Any gaps in rater scales training, knowledge and or experience that is identified has a training plan put together and delivered by members of the group or if necessary training is provided by external clinicians or allied health professional with relevant expertise.
	Engage with national lead to facilitate cross network working	Ongoing engagement with national lead has ensured that local Raters have access to the new NIHR national website – with toolkit for rating scales, and the database for recording rater experience.
3. Establish a pool of generic facilitators to deliver national programmes of	Arrange a generic facilitation skills training session and send out a call for potential facilitators	Generic facilitation skills workshop delivered on 23/03/16, 13 facilitators attended from across the region.

training across the East Midlands	Establish a programme of ongoing coaching and support to develop facilitators to deliver specific training programmes	A model has been developed to provide ongoing coaching and support and 5 of these facilitators have gone on to support the delivery of NIHR CRN training programmes and others are delivering local training within their organisations.
	Establish an ongoing quality assurance process to ensure the quality of the training provision across the East Midlands	An ongoing process of quality assurance is in place, led by the GCP Programme Leads Michele Eve and Penny Scardifield. No significant quality issues have been identified but support is provided to bring all facilitators up to the same standard. Regular meetings have been held with Facilitators across the East Midlands.
	Establish local lead facilitators for each programme of training	GCP Programme Leads were already in place, Victoria Fowler (CRN EM Training and Development Officer) has taken a lead on the fundamentals and VIC training programmes. Once the PI training programme is rolled out within the East Midlands, a suitable programme lead will be identified.
4. Establish workforce intelligence across the region to develop local capability and capacity.	Using local finance tool and local portfolio management system, map the current workforce supporting portfolio studies across the East Midlands	A report has been produced from the finance tool outlining the workforce across the East Midlands, however this has severe limitations due to way information is currently captured. Work is underway nationally to refine the information captured in the finance tool that will allow for more meaningful data to be captured. The LPMS has not allowed us to capture workforce information in the way we had hoped.
	Develop training needs survey and send to the identified workforce	A training needs survey has been produced by the Learning Technologist. The survey script was forwarded to the WFD steering group for review and will now be sent out to the research delivery workforce across the region.
5. Recognise and reward workforce achievements and excellence across the region, to inspire and motivate people.	Plan an annual awards ceremony	A successful awards ceremony was held on 29/04/16. A decision has been made to hold the research awards on an annual basis and plans are well underway for the 2016/17 awards which will be held on 12/05/17
	Recognise excellence and share via quarterly newsletter	A CRN East Midlands quarterly newsletter is sent out to the research workforce
	Optimise opportunities to celebrate success e.g. at research forum, team meetings	A research forum for research delivery workforce was held on 26/09/16 to recognise and celebrate the excellent work taking place across the East Midlands. The WFD team are currently scoping rewards that are valued by the workforce with a view to implementing a CRN EM core team reward and recognition scheme.

Life Sciences Industry		
Objective	Actions required to achieve objective	Performance against Plan
1. Build on the Commercial Study Actions tracker that we were key in implementing and piloting to ensure that CPMS or other appropriate systems are utilised to facilitate a single source of information for the Coordinating Centre and all LCRNs on study specific issues that all involved collaborate on and update as a live data source	Industry link Local Portfolio Manager for CPMS within the East Midlands CRN to feed in at a national level to ensure this is taken up	The national team currently record study updates on CPMS, highlighted at the IOM face to face meeting (01.02.16) with a view to widening access to give a more joined up process. This is due to be incorporated into one of the next updates within CPMS
	Keep this as a standing item on national Industry Operations Managers meetings/teleconferences to receive updates on progress and input into the design of this within the system	The national team currently record study updates on CPMS, highlighted at the IOM face to face meeting (01.02.16) with a view to widening access to give a more joined up process. This is due to be incorporated into one of the next updates within CPMS
2. Education of teams new to research on the importance of targets and to support a First Global recruitment drive	Roll out the commercial study life cycle workshop so that training is available across the region for those interested in commercial research	Lifecycle workshop completed along with NUH for Trust R&I event, as a standalone event in Leicester that was oversubscribed and received excellent feedback and along with a commercial partner at the NIHR@10 regional event. Further workshop dates were booked, distributed widely and delivered for 2016/17.
	Increased education of target setting via the quality of the information provided by research teams on the site intelligence forms. Supported by queries at an appropriate level where confidence is required to assure the target is achievable	Increased focus with involvement of Industry Team, RDM, Specialty Lead and others in the Leadership team where appropriate to ensure realistic recruitment targets. Reflected in improvement in HLO2A.
	Attendance at research events and other forums across the region to talk about commercial research and the drivers of performance at a site, regional and national level. To target primary care and mental health trusts in particular.	Promotion at regional PPG event, visits to multiple GP sites, talk at the HOPE Oncology and NCCTT Oncology teams at the two main hubs in the region, in addition cost and lifecycle workshops, exposure at specialty leads meetings and on a study by study basis.
3. Focus on areas not delivering to time and target to ensure future targets can be delivered	Review of studies that have not achieved the set network target for lessons learnt with a summary across each division once the year end data is confirmed for discussion at the Industry Working group and if appropriate the OMG	Additional attribute added into EDGE to capture this information for future analysis. Report produced across the divisions of those studies that finished red for 2015/16 which went for discussion and a plan for required changes at the divisional steering groups.
4. Primary care and Mental Health Trust engagement	Building upon work developing site profiles for the Mental Health Trusts with increased engagement at the Industry Working Group forging links with Industry with an outcome of 4 of the 5 Mental Health Trusts having commercial studies in set-up, open to	Ongoing engagement through the Industry Working Group. Success in achieving HLO6B for the first time with all Mental Health Trusts now recruiting into commercial studies in the year 2016/17. Regular engagement through the Division 4 steering group. Specific focus for Industry Working Group March 2017

	recruitment or with recruits in year	meeting.
	Building on primary care workshops to further develop site profiles and engagement in commercial research through the primary care network team to achieve a minimum of 2 new practices being selected for a site selection visit for their first commercial study	Involvement with RSI Leadership sites and the Dr Blagden Associated Sites initiative to support new practices. 9 new practices selected and open for first commercial research trial, with multiple visits to interested practices completed and ongoing with sites at different stages on the study pathway.
5. The National strategy focuses on the ability for the NIHR CRN to be flexible and apply the service and tools appropriately and/or signpost to other areas of expertise, to further engage with 'New' customers e.g. Academic Health Science Networks, Medilink and linking with the growth of the Medical Technology strategy	Increased presence with SMEs across the East Midlands providing support and signposting to increase the number of portfolio studies. Measure of engagement with at least 5 SMEs to progress towards at least 2 research studies on the NIHR portfolio	Increased engagement with Medilink through the Industry Working Group (IWG) and ongoing engagement. One study on the portfolio, 2 further in set up. Ongoing engagement through national meeting reviewing this sector for critical care and ED in December. Currently arranging a workshop along with Medilink.
	Engagement with AHSN and Medilink with shared literature and collaboration at least one event in the year and regular meetings as required	Engagement with both the EMAHSN and Medilink through the IWG, follow on meetings with both organisations and ongoing through the EMPO (East Midlands Partner Organisations) forum.
	Development of the strategy through the continually evolving Industry Working Group	Ongoing additional organisations invited to this forum to discuss and develop workstreams.
6. Integration of the local LPMS as a source for performance updates between network and partner organisations to track performance across the East Midlands	Use of LPMS and development of CRN processes that complement and align with partner organisation input	EDGE in use to track performance against RTT, this is still an evolving process to align the data across Partner Organisations and is at varying stages of development.
7. To campaign for a robust mechanism to give feedback on reasons sites are not selected for commercial studies, so that partner organisations can use the feedback to develop services in line with sponsor expectations	To add as an action point in the annual plan to promote as critical issue at a national level	See point below
	To raise at all forums with commercial partners where the Industry team is present	This has consistently been raised in national meetings with commercial sponsors who always take on board the importance at a senior level, the national Business Development team have also been made aware of this issue and requested to highlight with sponsors. Current development of a local plan as from discussions in the IWG and feedback from partners more needs to be done. Asking sites to inform us of any specific studies they wish to gather feedback on and taking this forward, contacting central team, checking reporting systems & liaising with sponsors.
	To further develop the initial progress on the new study mile schedule process informing each LCRN they were not selected to add in the reasons for non-selection	This has been incorporated into the national process for the study milestone schedule (when site targets are set once all sites are confirmed), this is a positive step but will require evaluation as the impact has not been felt significantly at the ground level to date.

Communications & NHS Engagement		
Objective	Actions required to achieve objective	Performance against Plan
1. Review Communication strategy to ensure best fit to meet overall Comms & Engagement Vision	Review and Discuss at Comms WG, consulting with key stakeholders	This was reviewed and discussed through the working group, with broad agreement that a Strategy was not required, rather an operational plan with clear actions and deliverables.
	Ensure operational plan flows from this with key targeted communications for different stakeholders	Operational plans created to address needs for different communications for different stakeholders.
2. With support of the Communications Working Group, successfully manage the implementation of new NIHR brand guidelines across the region	After receiving confirmation of sign off from DoH, pull together a plan of how the rollout will be managed and implemented within the region, with dates details of who will take responsibility for different elements	<ul style="list-style-type: none"> <li>An implementation plan was created and reviewed by the Comms WG, with all existing materials logged and allocated for various team members to assist with the change. A separate approach was agreed and communicated to partners with a series of templates and guidance material.</li> <li>The rebrand was completed using a phased approach for different marketing collateral, printed and electronic media</li> <li>All essential materials have been rebranded and other items are updated as and when the need arises to produce any new materials, so that our resource is used wisely.</li> </ul>
	Discuss and agree the plan with the Communications Working Group	
	Successfully manage the implementation using a phased approach	
	Ensure that all materials are refreshed and replaced before the national deadline	
3. NIHR @ 10 campaign for the East Midlands	Engage with NIHR stakeholders to plan event, Sept/October 2016	NIHR stakeholders were engaged and kept informed throughout the planning process.
	Event to be held within the region to promote the NIHR and the various work-streams, achievements and progress made over the past 10 years	The event took place on 6th October with representation from all nine NIHR-funded organisations in the East Midlands. This was very well attended gaining support for subsequent meetings and close partnership working, thus improving the return on this investment in the East Midlands and increasing access to research and new treatments for our patients.
4. Ensure NHS Engagement remains high both through targeted Comms and through formal twice yearly meetings with each PO	Arrange and attend formal meetings with all partners at least twice yearly	<p>Formal meetings have been held involving partner organisations meeting with the COO, CD and relevant Senior Link. In addition to these, the CRN held a series of engagement events throughout the year, which included:</p> <ul style="list-style-type: none"> <li>Finance Engagement event (2)</li> <li>Research Forum event for non-medical research workforce</li> <li>R&amp;D/I Leads meetings (bi-monthly)</li> </ul>

		- A series of 7 working groups covering different LCRN work-streams, to which partners are included in the membership
	Continue to reinforce and strengthen the Senior team Link role not just at budget setting, but throughout the year	The Senior Link role has been further embedded with partner organisations this year. Members of the senior team are responsible for building an in-depth relationship with 2 – 3 partners. This results in a good understanding of their needs and concerns, and allows us to work with partners on issues such as performance, workforce flexibility and resource/budget planning. A number of specific projects have come about as a result of this including a comprehensive Pharmacy review involving two Trusts and a Division 1 workforce review at another.
	Attendance at monthly East Midlands R&D Leads meetings, with specific CRN agenda items and clear communication with this important stakeholder group	Both CD and COO make this well attended, bi-monthly meeting a priority. We are able to propose agenda items, submit documents for discussion and invite other CRN colleagues to take forward joint pieces of work, as well as open a genuine dialogue over any concerns. We feel this relationship with the region's R&D/I Leads is critical and will continue to prioritise this.
5. To manage the successful delivery of a collaborative campaign to 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	Discuss and agree the plan with the next Communications Working Group	This activity was discussed at the Comms WG and with partners, linked to the 'Midlands Engine', however that does not specifically highlight the East Midlands and the many varied opportunities in the region. We have continued to link with some regional work in relation to the government's Midlands Engine Strategy, however this is much wider than the CRN, and it was felt this would not be the best vehicle to take this campaign forward. We have, however, made progress in promoting the region through other forums, specifically including the regional work with Health Education East Midlands (HEEM), to promote the region for trainees to come and get involved in delivering NIHR research as part of their consultant training, including a video featuring our Clinical Director, which will soon be available on the HEEM website.
	Include a reference within forthcoming Research Awards, to ensure Network colleagues are aware of how they will be asked to contribute and support	
	Ensure that deliverables and timescales are included in new Communications Strategy and Communications Plan for 16/17	
6. Continue with the BAU elements of the Comms work required, although ensuring these elements are in line with new strategy	Support the delivery within the locality of a series of national communication programmes focused on specific health conditions, as advised, that we know resonate most with patients, carers and clinicians	All national campaigns have been supported, including the League Table, Rare Disease day campaign, One Million recruits in Primary Care and Ok to Ask.

	Support the migration of the CRN: East Midlands website to the new, improved NIHR website: prepare a plan of how the migration will be managed and implemented within the region, with dates and details of who will take responsibility for different elements of migration	The website was migrated successfully in October by the Comms Lead and there is now a phased approach in place to improve content across all work-streams and engagement with the website. The Comms Lead is also part of a national project to improve the microsites for all LCRNs
	Continue to produce at least quarterly newsletters in print and electronic, with feedback and input to be incorporated from the Comms WG	A schedule was created for the newsletter and quarterly newsletters were created and distributed successfully. The format and content has much improved throughout the year, with involvement from many team members across the network, along with specific sections for partners to input and share their good news stories.
	Continue to produce monthly COO Video blog and upload to youtube; consider additional Vlogs from other senior CRN leaders/work-stream leads	COO Vlogs were created and shared, however monitoring demonstrated that these were not regularly accessed, thus were not produced monthly as the year progressed. In due course we will consider other channels to promote the work of the CRN.
7. To support the promotion of the Dementia Challenge and Join Dementia Research within the region	Work with the Project Manager to discuss and agree a series of awareness raising activities that can be delivered in 16/17	A range of JDR and Dementia related events have been conducted throughout the year, along with newsletter articles and the production of a regular report on JDR/Dementia research progress.
	Ensure that this is included in new Communications Strategy and Communications Plan for 16/17	This was included in the Communications Operational Plan, with all team members aware of the importance of JDR, aware of how to access materials and promote this activity.
<b>Information and Knowledge</b>		
<b>Objective</b>	<b>Actions required to achieve objective</b>	<b>Performance against Plan</b>
1. Integrate Business Intelligence across all workstreams in the Network	Ensure all network staff and Partner Organisations are aware of the Business Intelligence Service and how it supports the day to day running of the network.	Presented at R&D leads meeting regarding the Business Intelligence Service
	Information Sessions for all central network staff regarding the BI Service.	Video in progress regarding the aims of the BI service and Information teams
	Explore technological solutions to enhance this process	Purchased Google Cloud in June and in progress, and have eradicated the need for Sequel Server. Looking to purchase a development system which works with cloud to enable further enhancements in business intelligence.

	Explore digital invoicing for Service Support Costs managed through LPMS	Work in progress with another region to develop the use of Edge to support Service Support Cost applications and payments
2. Ensure that the local Portfolio Management System is fully operational across all workstreams and Partner Organisations	Implement training programmes for Network staff required to use LPMS	Training provided to all relevant network staff, bespoke to individual groups or teams.
	Provide quarterly updates with Partner Organisations regarding the use of EDGE to avoid duplication and sharing of best practice.	Developed a Trust Local Administrator group, using google groups. Regular monthly newsletter sent to TLAs to update developments on Edge and focus on particular partner development and encourage to share best practice. Held Bi-annual Edge events to share knowledge, learning and development using Edge across the region and Nationally.
3. Ensure that Recruitment Data Contacts are informed about the changes to recruitment uploads and the use of CPMS	Provide onsite training to Research Activity Coordinators across the region in the use of CPMS	CPMS training rolled out to all RACs in the region either remotely or face to face. All current RACs are trained but this is an ongoing process as new studies are added to the portfolio.
	Educate RACs and Chief Investigators to the importance of timely uploads.	Regular contact with RACs and CIs to upload data. Newsletter article to promote this in September.
4. Provide system support to underpin the Study Support Service across the Research Pathway	Develop the use of EDGE to record local SSS activity	Several new processes have been introduced and embedded in the SSS local SOPs, for using Edge.
	Actively performance manage studies to time and target using LPMS/CPMS/ODP	Working with the Senior team, we have been identified a process for escalating studies and using our systems to actively performance studies. We have embedded the Portfolio Support Team into the SSS team, to ensure that studies have a clear performance management plan from the start to prevent failure to meet RTT.
5. Enable a paperless reporting system to ensure live reporting in in place across the Network	Pilot live reporting via Google Hub with a Partner Organisation initially to understand the needs of our Partners and a collaborative reporting platform	Working with Partners to enable a self-service reporting suite via the Google hub, we envisage this will go live in April 2017
	Understand the needs of Partner Organisations by undertaking a survey on the reporting needs of each organisation to enable development of reports that are beneficial to both the Partner and the Network.	Survey undertaken in March 2017, after ongoing communication with Partners throughout the year. Will be amending reporting for 2017/18 based on the results of this survey.

Continuous Improvement		
Objective	Actions required to achieve objective	Performance against Plan
1. Establish a consistent and efficient study support service	SSS board to continue to provide direction throughout the year	Complete - The SSS Programme Board continued to meet in 2016/17 until the formal launch of the Study Support Service on 1st July 2016. At this point, the meeting was reviewed and it was agreed that a Working Group should be convened to oversee the operational aspects of the Study Support Service. The first meeting of the Working Group took place in September 2016.
	Primary care pilot SSS to be reviewed and feed back lessons learnt into final service offering	Complete - The primary care SSS pilot was reviewed and presented to the SSS Working Group in November 2016. The review included early contact volume, SSS and delivery staff and other resources and the use of Edge to support processes. Recommendations were made to continue with the primary care sector model as currently defined, with the addition of 1.0 WTE SSS Facilitator to support the workload.
	Mental health SSS pilot to be reviewed and feed back lessons learnt into final service offering	Complete - The mental health SSS pilot was reviewed and presented to the SSS Working Group in November 2016. The review included early contact volume, staff and other resources and the use of Edge to support processes. Recommendations were made to continue with the mental health and community health sector model as currently defined, with the addition of 0.5 WTE SSS Facilitator to support the workload.
	Remaining SSS pilot to be agreed and implemented	Complete - The SSS delivery model consists of three healthcare sectors - primary care, mental health and community services and finally acute. Discussions with Partner Organisations about how the acute sector should be organised and staffed concluded just prior to the launch of the Study Support Service. It was agreed to proceed with the sector, based on these discussions, rather than undertake a formal pilot. A review was undertaken and presented to the SSS Working Group in November 2016. It was agreed to retain the sector model and review periodically to ensure it remained fit for purpose.
2. To ensure we have sufficed and well trained rater trainers to deliver on dementia challenge	Identify minimum raters and agree role and remit	Complete: Post NIHR National Rater Development Leads workshop held in June 2016 we now have 3 Rater Development Leads located at three sites that cover the region and who are supporting / facilitating the development of over 20 raters. The

		new NIHR national web site is up and functioning – with toolkit for rating scales, and the database for recording rater experience.
	Develop rater work plan	Complete: CRN is supporting the Rater Development Lead meetings which is identifying and facilitating the ongoing training of dementia rater scales as appropriate utilising a shadowing and mentoring model. This approach has maintained a consistent level of trained Raters across the East Midlands in 2016/17.
	Identify training needs and develop a plan to ensure raters are fully training	Ongoing: The East Midland Professional Raters Group now ensures all Raters keep an accurate log of their experience on the national NIHR database to ensure the Network and Rater Development Leads have a credible record of experience. Any gaps in rater scales training, knowledge and or experience that is identified has a training plan put together and delivered by members of the group or if necessary training is provided by external clinicians or allied health professional with relevant expertise.
3. Embed a culture of innovation and improvement across the CRN	Establish a CI steering group, and schedule regular meetings	Complete: First CI Steering Group meeting held in March 2017. Membership at present is limited to the CRN central team, but once established will then be rolled out to relevant POs. Terms of Reference have been agreed and meetings are to be held every two months.
	Establish a database of CI projects from across the region. All CRN staff to be contacted	Quarterly requests to capture examples of CI projects were sent to all CRN staff and this has also been raised as a regular item at team meetings to remind staff. Projects are captured using a Google Form and the database of projects is kept as a Google Sheet. In total, 17 projects were captured for 2016/17.
	Support ongoing projects and learning	In progress: In the last year support has been provided by specialists within the team structure to support the delivery of the captured CI initiatives. Moving forwards all CI initiatives captured on the Google Form will be discussed at the CI Steering Group meetings and prioritised for implementation depending upon the level of support and expertise that will be required. A tracker to measure the impact and efficiency and lessons learned from all of the local CI initiatives is planned as a priority by mid May 2017

	Delivery key CI sessions to senior management team and Partner organisations	There has been a change to the leadership of the CI within year and as such there was an interim caretaker arrangement in place which caused a delay in rolling out key CI training sessions to the senior management team and Partner organisations. However, CI leadership is now in place, and one senior member has undertaken CI training and we have negotiated via an external facilitator 3 further training sessions to be delivered in 2017/18 to the CRN core team.
4. Have in place a highly trained workforce	Develop local CI training programme for supporting Continuous Improvement training and development through a mixture of self-directed learning and facilitated sessions, once national training made available	In progress: The national training modules are as yet not available to be rolled out at a local CRN level. 3 CI training courses have been negotiated and will be delivered during 2017/18. Post delivery, a plan will be formulated with the help of the Workforce Development Team to identify gaps in the knowledge and to help develop local CI training programme for supporting Continuous Improvement training and development through a mixture of ongoing self-directed learning and facilitated sessions. The CRN East Midlands has appointed to the post of Learning Technologist, this is a key role to supporting the development of CRN digital, and this brings highly valuable skills to wider CI initiatives. This appointment also helps to progress and further develop good work already underway and embed a culture of digital innovation locally.
5. Deliver on national programmes and initiatives	Implement and delivery national CI programmes and initiatives locally	In 2016/17 the East Midlands has offered good quality CI initiatives to be rolled out nationally, for example a local CI initiative that has been supported within year is the 'Evaluation to Certification' project. It was recognised that the process for receiving evaluation, issuing certificates and providing feedback to Facilitators for our training courses was inefficient and time consuming. Following the CI initiative, the whole process is automated and saves approximately 2.5 hours each week (130 hours in the last year) for the Training Team and provides real time feedback to the Facilitators. This initiative has been presented to the GCP Programme Leads and Administrators and has been adopted by other LCRNs. It has also been presented to the Accelerating Digital Commissioning Group who have agreed to support its development which would allow it to be scaled across the wider CRN.

		<p>The joint CI Leads take an active role in the national CI meetings and teleconferences, and work swiftly, with partners in neighbouring CRNs to understand and implement national programmes.</p> <p>During the year, we have started a piece of work to bring a CI initiative completed by CRN West Midlands into our region, as it provides a solution to a problem which our clinical colleagues raise with us regularly. This work has not been completed in year, but our Information Team have this work in progress.</p>
	Deliver CRN digital where applicable	<p>The joint CI Leads attended the national Accelerating Digital showcase event, which gave some good insight into the types of Digital initiatives that are being carried out across the Network. We have completed a number of digitally focused CI projects during 2016/17, which have improved ways of working within the region and also across the whole Network (depending on take-up).</p> <p>In 2016/17 we have completed a baseline measurement, scoping the CRN East Midlands levels of digital engagement. A 'digital questionnaire' was circulated to all staff in December 2016. The aim of the questionnaire was to establish a baseline understanding of how staff perceive their own level of digital maturity and also the level of digital maturity of CRN East Midlands as a whole. The questionnaire was designed to capture feedback on some of the benefits delivered through use of digital technology and also to capture some feedback around areas of work and processes that could be improved using technology. This work will continue in 2017/18 with an aim to make the most of existing and new digital innovations.</p>



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Scoring legend	1	2	3	4	5
Likelihood	Rare	Unlikely	Possible	Likely	Almost Certain
Impact	Very low	Low	Medium	High	Very high

## Appendix 4 - Risk Register

### University Hospitals of Leicester NHS Trust NIHR Clinical Research Network East Midlands Risk Register

Owner of Risk Register: Executive Group

#	Risk Description	RISK SCORE				Consequence of failure to manage	Status	Mitigating Action Plan	Due Date	Action Owner	Action RAG status	Risk Owner	Progress Update / Required Date
		Likelihood (1-5)	Impact (1-5)	Overall Risk Score	Risk Trend								
26	Reduction in CRN East Midlands Budget in 2018/19 due to falling performance and/or changes to national funding approach	3	4	12	NEW	<ul style="list-style-type: none"> <li>Likely reduction in Partner recruitment activity as a result of less funding for research infrastructure</li> <li>Inability to be as responsive and flexible as we would like with budget next year</li> <li>Negative effect on reputation and relationship with Partners</li> <li>Potential redundancies in Partner Organisations and centrally (UHL hosted) due to budget shortfall</li> </ul>	NEW	<ul style="list-style-type: none"> <li>Model a range of budget scenarios to aid planning and forecasting</li> <li>Conduct project to improve data quality in LPMS, working with Partners</li> <li>Regular communication and providing early notification to Partners re potential budget reduction</li> <li>Lobby nationally to identify what budget model will be used and when this will be implemented</li> <li>Provide clear guidance to partners on how to spend budget and offer advice and support to achieve for value for money</li> <li>Continue with various projects with POs to get best value from investments made, increase efficiencies</li> </ul>	<ul style="list-style-type: none"> <li>Oct 2017</li> <li>End Q2</li> <li>Ongoing</li> <li>Q1/Q2</li> <li>Ongoing</li> <li>As ID in-year</li> </ul>	<ul style="list-style-type: none"> <li>BIL / Finance Lead</li> <li>PM (HS)</li> <li>Senior team / STLs</li> <li>COO &amp; CD</li> <li>STLs</li> <li>PMs / STLs</li> </ul>	<ul style="list-style-type: none"> <li>1</li> <li>4</li> <li>4</li> <li>4</li> <li>4</li> <li>4</li> </ul>	COO	Reporting through Finance Working group & monthly monitoring by BI Lead
27	Unable to meet Vacancy Factor in 2017/18 - at POs and centrally	2	3	6	NEW	<ul style="list-style-type: none"> <li>Shortfall in staff costs and non-pay, posts not replaced, non-pay spend impacted</li> <li>Partners look for other income sources to meet staff costs for staff delivering CRN studies</li> </ul>	NEW	<ul style="list-style-type: none"> <li>Robust financial planning centrally with monthly monitoring and review of spend/plans etc.</li> <li>Review Partner returns each month and raise any concerns to Partners via STLs. Raise to COO at end of each quarter if significant concerns</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> <li>Monthly / Quarterly</li> </ul>	<ul style="list-style-type: none"> <li>COO &amp; BIL</li> <li>COO / BIL / STLs</li> </ul>	<ul style="list-style-type: none"> <li>4</li> <li>4</li> </ul>	COO	Reporting through Finance Working group & monthly monitoring by BI Lead
28	No contingency may create a lack of flexibility of resource placement, including inability to provide funding for new IHSPs / other non-partner organisations in 2017/18	3	3	9	NEW	<ul style="list-style-type: none"> <li>Less able to meet in-year need as it arises due to budget reduction</li> <li>Negative effect on relationship with IHSPs</li> <li>Likely reduction in recruitment activity and ultimately impact on ability to achieve HLO1</li> </ul>	NEW	<ul style="list-style-type: none"> <li>Monitor central budgets vigilantly, working to meet vf and then ID any central funding for redistribution, focus on IHSPs</li> <li>Manage PO budgets, ensuring any underspend is identified early and recovered</li> <li>Maintain engagement with IHSPs more broadly, not just about financial support, also about intelligence, RST, other ways to support activities</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> <li>Monthly</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>BIL</li> <li>STLs / Finance team</li> <li>Senior team</li> </ul>	<ul style="list-style-type: none"> <li>4</li> <li>4</li> <li>4</li> </ul>	COO / CD	Reporting and discussion through Leadership meeting, raise to CD as required
29	Continually falling recruitment in the Primary Care setting, due to falling study pipeline - despite good capacity and engagement	4	4	16	NEW	<ul style="list-style-type: none"> <li>Negative impact on ability to achieve HLO1</li> <li>Impact on future budget i.e. reduction</li> <li>Reputational impact for East Midlands slipping down national league tables</li> <li>If this trend continues the level or engagement of GPs will fall, this will be very difficult to recover</li> <li>Reduction in studies could allow reallocation of resources/staff to focus in other areas of activity</li> </ul>	NEW	<ul style="list-style-type: none"> <li>Working with RDM/Ops Manager &amp; Specialty Leads to get better information on national pipeline and scope potential studies</li> <li>Highlight to CC concern over primary care pipeline and local impact</li> <li>Working closely with practices through CSOs and SSS team - monitoring performance closely to ensure RTT</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Review mtg 29 June</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>RDM 2 &amp; 5</li> <li>CD / COO</li> <li>RDM 2 &amp; 5</li> </ul>	<ul style="list-style-type: none"> <li>4</li> <li>1</li> <li>4</li> </ul>	Div 5 RDM	Reporting and Discussion through Div 5 Group, bring to regular SMT for discussion
30	Uncertainty over future of CRN, commencing with potential renewal of DH/UHL Host Contract post 2018/19	3	4	12	NEW	<ul style="list-style-type: none"> <li>Uncertainty may lead to staff leaving - core team and wider research staff, especially with 2 recently awarded BRCs</li> <li>TUPE process may be needed if hosting transferred to another Trust - could be protracted and complex</li> <li>Reputational issue for UHL</li> </ul>	NEW	<ul style="list-style-type: none"> <li>Lobby nationally for further information, at forthcoming review meetings and continually through COO / CD meetings</li> <li>Continued communication to keep staff informed as more information becomes available</li> </ul>	<ul style="list-style-type: none"> <li>Review mtg 29 June</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>CD / COO / Host Exec Lead</li> <li>COO &amp; Comms Lead</li> </ul>	<ul style="list-style-type: none"> <li>1</li> <li>4</li> </ul>	COO / CD	Discussion through Host Executive meetings

Scoring legend	1	2	3	4	5
Likelihood	Rare	Unlikely	Possible	Likely	Almost Certain
Impact	Very low	Low	Medium	High	Very high

								CRN team ready to work with UHL for re-application process if required and if endorsed by UHL	As need	COO / Project Lead TBC	1		
								Difficult for us to mitigate against as this is largely out of our control	No action	N/A	N/A		
20	Delays in HRA AAC process	4	4	16	↔	<ul style="list-style-type: none"><li>Delays to study start-up</li><li>Delays to implementation of amendments</li><li>Problems with information flow as study details will not be known to CRN</li><li>Ultimate consequence will be lower than expected recruitment – this is being realised</li></ul>	CLOSED	Continued communication with sponsors locally	Ongoing	SSSWG	4	COO, Business Intelligence Lead	SSS Working Group reports
							Focus on Early Contact Service and engagement with teams	Ongoing	SSS Team	4			
							Item on agenda for discussion at next SSS meeting	20.03.17	SSSOM	4			
							New SSS posts - Primary Care and Mental Health Facilitators out to advert to increase capacity	Actioned	SSSOM	5			
22	Lack of improvement in recruitment at NUH during 2016/17	3	4	12	↓	<ul style="list-style-type: none"><li>HLO1 not met by end of year 2016/17</li><li>Reduction in Activity Based Funding (ABF) for 2017/18</li><li>Budget reduction targeted at NUH</li></ul>	CLOSED	Division 1 plan prepared and to be implemented to aid risk mitigation	31.03.17	D1 RDM + CL	4	COO & D1 RDM	COO & CD updates
							Working closely to improve financial planning therefore making sensible investments to turn around this situation	Ongoing	CD, COO	4			
							2017/18 Budget likely to prompt a response	31.03.17	COO	4			
							CRN RDMs to meet with NUH RPMs and Director to identify practical ways for NUH staff to support/manage recruitment issues	Actioned	RDMs	5			
							2017/18 Indicative Budget Plan received and feedback given. Better spread of allocation of budget across all divisions	Actioned	STL / COO	5			
							Weekly meetings with NUH R&I Team and CRN Staff continue and support around performance monitoring/management, resource allocation, target setting etc.	Ongoing	CRN	4			
23	HLO1 will not be met (currently 70% of YTD target) by end of year 2016/17	5	4	20	↔	<ul style="list-style-type: none"><li>Impact on future budget i.e. reduction</li><li>Reputational impact for EM slipping down national league tables</li><li>Could be beginning of further decline and impact on morale</li></ul>	CLOSED	Review CPMS database for potential studies and open new sites	Ongoing	RDMs & PST	4	COO & RDMs	CD reporting to Host Trust Board. Next Board report due 06.04.17.
							A Work with Partner Organisations to target resource	Ongoing	CD + COO	4			
							Shift focus from HLO1 to RTT measures	Ongoing	COO + RDMs	4			
							Communication campaign to explain goals and importance of RTT	Q1 17/18	COO / Comms Lead	4			
							Liaise with BRUs and CLAHRC to ensure studies are portfolio badged wherever possible	Ongoing	RDMs	4			
							Work with EMAS as there is scope to undertake more studies - ensure these are portfolio badged	Ongoing	D6 RDM	4			
							Target resource to expedite set-up of key studies, such as FAST & CODEX (both UHL)	Actioned	COO/ BIL/ RDM Div5/2	5			
							Escalate adoption issues for Lunchbox study and PEACH study	31.03.17	COO / BIL/ Div 2&5RDM	4			
24	HLO2a will not be met (target 80%, currently 86%) by end of year 2016/17	2	3	6	↓	<ul style="list-style-type: none"><li>Damage to East Midlands reputation</li><li>Potential loss of future commercial contract research to region</li><li>Reduction in funding from the CRN CC for time &amp; target performance</li><li>May impact on any future RCF</li></ul>	CLOSED	Monthly Divisional performance meetings	Ongoing	IOM	4	Industry Operations Manager	Monthly updates to COO & Executive Group
							Attendance at site selection visits in areas of poor performance	Ongoing	IOM	4			
							Request updates from sponsors for all studies expecting to close to recruitment this year	Actioned	IOM	5			

Scoring legend	1	2	3	4	5
Likelihood	Rare	Unlikely	Possible	Likely	Almost Certain
Impact	Very low	Low	Medium	High	Very high

								Communications campaign - general PR on importance of RTT	Q1 17/18	Sr Team	4		
								Regular teleconferences with sponsors running studies at multiple primary care sites	Ongoing	IOM & IIM	4		
25	HLO2b will not be met (target 80%, currently 77%) by end of year 2016/17	4	3	12	↔	<ul style="list-style-type: none"> <li>Damage to East Midlands reputation</li> <li>Reduction in funding from the CRN CC for time &amp; target performance due to potential implementation of non-commercial performance premium</li> </ul>	CLOSED	Flag up studies that are underperforming	Ongoing	Sr Team	4	Business Intelligence Lead	Monthly updates to COO & Executive Group
								Understand reasons for underperforming studies and develop plan	Actioned	BI Lead	5		
								Analysis to predict year end RTT performance	Actioned	BI Lead	5		
								Communications campaign - general PR on importance of RTT	Q1 17/18	Sr Team	4		
								Meeting with Communications Lead to plan communication campaign	Actioned	BI Lead	5		
								Appoint Lead Performance Facilitator	March 17	BI Lead	3		

			Impact				
			1	2	3	4	5
			Very Low	Low	Medium	High	Very High
Likelihood	1	Rare	1	2	3	4	5
	2	Unlikely	2	4	6	8	10
	3	Possible	3	6	9	12	15
	4	Likely	4	8	12	16	20
	5	Almost certain	5	10	15	20	25

RISK RATING (SCORE)

Low (1-6)	Acceptable risk requiring no immediate action. Review annually.
Moderate (8-12)	Risk may be worth accepting with monitoring. Continue to monitor with action planned within six months. Place on risk register.
High (15-20)	Must manage and monitor risks. Action planned within three month. Review at monthly intervals. Place on risk register.
Extreme (25)	Extensive management essential. Action planned and implemented ASAP. Review weekly. Place on risk register.

RISK TREND	
Static:	↔
Increasing:	↑
Decreasing:	↓

Action RAG Status Key:		5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced
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## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO: CRN EM EXECUTIVE COMMITTEE**

**DATE: 7th JUNE 2017**

**REPORT FROM: MARTIN MAYNES – HOST FINANCE LEAD**

**SUBJECT: CRN EM 2017/18 BUDGET**

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### 1.1 Purpose

This report provides details of CRN EM's budget for 2017/18.

### 1.2 2017/18 NIHR Allocation

CRN: EAST MIDLANDS is a significant financial undertaking. The main funding allocation for 2017/18 has been confirmed as **£20.1m**.

The allocation received represents a reduction of £712k (3.4%) decrease against last year's core funding. This is summarised below, together with comparable figures for 2016/17.

<b>Funding Element</b>	<b>Allocation 2016/17</b>	<b>Allocation 2017/18</b>	<b>Movement</b>
	<b>£'000</b>	<b>£'000</b>	<b>%</b>
Leadership and Management	801.2	808.6	0.9
Population Based	3,541.3	3,541.9	0.0
Performance Premium	361.1	321.7	(10.9)
Project Based	851.9	968.0	13.6
Recruitment Based	16,472.9	15,653.4	(5.0)
MFF/Cap & Collar	(1,267.0)	(1,244.5)	(1.8)
<b>Total Main Funding Allocation</b>	<b>20,761.4</b>	<b>20,049.1</b>	<b>(3.4)</b>
Performance Flowthrough	443.2	0.0	(100.0)
Specialty National Leadership	39.4	33.4	(15.2)
Allocation Net of Topslice	21,244.0	20,082.5	(5.5)

The table shows that CRN EM has received less funding than last year in terms of performance premium, and more significantly, a reduction of £819k (5%) in recruitment based funding. This reflects the Network's relatively poor recruitment during 2016/17 in comparison with other areas of the country.

It should also be noted that Performance Flow Through funding has been discontinued for all NIHR CRNs in England.

### 1.3 Indicative Budget

The CRN has worked hard to mitigate the impact of the budget reduction. The aim is to continue to fund budgets which are vital to recruitment, and seek to reduce management costs and other non front line budgets as far as possible. Therefore, as a result of the budget reduction it has not been possible to set aside a Strategic Fund for in year investment, nor has it been possible to set aside any contingency funds.

The final budget for 2017/18 is summarised in the table below. As can be seen there is a Vacancy Factor of £135k against management budgets. This will need to be managed as a cost pressure in year, and delivery will require careful monitoring of the budgets.

In addition many Partner Organisations will also carry Vacancy Factors within their plans, for which they will be responsible for managing the financial risk. However, the Network has ensured that no excessive Vacancy Factors were agreed.

	<b>2017/18 Annual Plan</b>
	<b>£'000</b>
<b>Income</b>	
Core NIHR Funding	20,082.5
<b>Total</b>	<b>20,082.5</b>
<b>Expenditure</b>	
Network Managed Team	810.8
Host Services	325.0
Core Management Team	685.0
Study Support Service	321.4
Research Support Team	387.6
Clinical Leads	92.8
Research Site Initiative	365.0
Primary Care Service Support Costs	150.0
General Service Support Costs	150.0
Partner Organisation Infrastructure	16,929.9
<b>Vacancy factor</b>	<b>-135.0</b>
<b>Total</b>	<b>20,082.5</b>

Within the allocation there is a budget of £14.6m (excluding Primary Care) for Partner Organisation Infrastructure budgets, and this is broken down by organisation as follows.

<b>Organisation</b>	<b>2017/18 Budget £</b>
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	456,218
DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST	1,369,372
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	419,408
LEICESTERSHIRE AND RUTLAND HOSPICE	18,793
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	770,728
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	250,504
NOTTINGHAMSHIRE HEALTHCARE NHS TRUST	716,504
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1,087,522
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	4,097,784
DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FOUNDATION TRUST	8,028
LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST	6,622
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	269,397
EAST MIDLANDS AMBULANCE SERVICES	49,899
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	351,618
LEICESTERSHIRE PARTNERSHIP NHS TRUST	477,124
NURTURE FERTILITY	17,546
ST ANDREWS HEALTH CARE	10,544
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	3,497,751
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	731,162
<b>TOTAL</b>	<b>14,606,525</b>

## 1.4 Financial Risks

The current budget carries a number of risks, and these, together with actions required, may be summarised as follows.

Risk	Mitigating Action
No provision for incremental pay progression/pay awards	Delegate budgets to POs to manage flexibly.
	Monitor staff leaving, as well as those which progress through payscales.
No contingency funds in place	Seek opportunities to use staff more flexibly as they arise
	Reinvest savings identified into new areas of development
Vacancy Factor not achieved	Regular monitoring of financial position to identify issues and address them promptly
	Performance management of PO budgets
	Reduce PO allocations if no savings identified

## 1.5 Recommendations

The CRN Executive Committee is asked to:

- Review the 2017/18 budget contained in this report.
- Note the financial risks identified, together with the mitigating actions