CRN East Midlands Quarterly Board Report

Author Prof. David Rowbotham Sponsor: Mr Andrew Furlong **Trust Board paper G**

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 and Social Care 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. 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 2019. It will then be considered by UHL Executive Strategy Board, and submitted for UHL Board review in July 2019. Appended to this written report is a dashboard displaying 2018-19 year end performance figures, a summary of year end recruitment activity for our partner organisations, Annual Delivery Report 2018-19 (requires formal approval by UHL Trust Board), year end finance report, Accounts Payable performance report, current risk register and presentation slides to presented at the Board meeting.

Questions

1. How has the LCRN performed against the plans for 2018-19 and has the Host Organisation provided the right environment and support to ensure compliance against the Host contract?

2. What are the current risks affecting the LCRN and are the Board assured of measures in place to address these?

Conclusion

1. CRN East Midlands experienced a fairly successful year in 2018-19, making a strong contribution to the CRN High Level Objectives. Notably, we reached our highest ever figure for participants recruited into NIHR studies, but unfortunately fell just short of target for some HLOs, despite performing very well out of the 15 LCRNs overall. Our Annual Delivery Report describes the activities that were delivered across our work-streams in 2018-19 and includes a summary of compliance against the Performance and Operating Framework in Section 2.

2. All risks relating to attainment of 2018-19 HLOs have been closed at year end. The risk relating to management of ETCs has also closed as we have a better understanding of this.

The issue around NUH employed core staff is ongoing and we have a meeting scheduled to address this. Host Accounts Payable performance remains an issue and an area of non-compliance; we have included a separate report (Appendix 5) to provide a detailed update. For 2019-20, concerns around our HLO7 performance (recruitment to dementia and neurodegenerative studies) and lack of visibility around our performance data have been added as new risks with mitigating actions outlined on our risk register.

Input Sought

UHL Trust Board is asked to:

(i) Review and comment upon our year end performance for 2018-19 as well as our current reported challenges, risks and mitigating actions.

(ii) Consider and approve CRN East Midlands Annual Delivery Report 2018-19 (Appendix 3), in its capacity as the Host Organisation on behalf of the Department of Health and Social Care

For Reference

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:

a. Organisational Risk Register No

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk …			XX

If NO, why not? Eg. Current Risk Rating is LOW

This report does not relate specifically to any risks on UHL's risk register. CRN East Midlands has an internal risk register which is included at Appendix 6 of our report. Any significant risks which may relate to the UHL Organisational Risk Register or Board

Assurance Framework would initially be discussed and reviewed with Andrew Furlong through our Executive Group.

b. Board Assurance Framework No

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken: N/A

4. Results of any **Equality Impact Assessment**, relating to this matter: N/A

5. Scheduled date for the **next paper** on this topic: 03/10/2019

6. Executive Summaries should not exceed **4 sides** My paper does comply

7. Papers should not exceed **7 sides.** My paper does comply (excluding appendices)

NIHR | Clinical Research Network East Midlands

CRN East Midlands Quarterly Board Report

Progress, Challenges and Performance

DATE: 20 June 2019

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 and Social Care to take overall responsibility for the monitoring of governance and performance of the Network.

1.2 This report provides a summary of 2018-19 year end performance for CRN East Midlands and an update on current risks and challenges. Appended to this written report is a dashboard displaying 2018-19 year end performance figures, a summary of year end recruitment activity for our partner organisations, Annual Delivery Report 2018-19, year end Finance report, Accounts Payable performance report and current risk register.

1.3 This report will be taken to the CRN East Midlands Executive Group in June 2019. It will then be considered by the UHL Executive Performance Board and submitted to UHL Trust Board for review in July 2019. At the Board meeting, a presentation will also be delivered, as requested, to summarise our achievements from last year and to make the Board aware of any issues for the coming year.

2. OVERALL PERFORMANCE 2018-19

2.1 Appendix 1 presents data extracted on 29 April 2019 reflecting year end performance for 2018-19. This shows the various NIHR High Level Objectives (HLOs) which the CRN is managed against. We wish to highlight the following for the Board's specific attention:

i. For HLO1, which measures the total number of participants recruited into NIHR studies, we recruited a total of 67,826 participants against our target of 52,000 (130%). We finished the year in sixth position out of 15 regional networks in the national league table. We have surpassed our previous "best year ever", attaining our highest ever total, this also represents a significant increase on last year's figure of 56,177.

ii. For the proportion of commercial studies recruiting to time and target (HLO2A), we finished the year at 79%, falling slightly short of the national target of 80%. There are multiple reasons for this and we have highlighted these concerns to the Board during the past year. We implemented a targeted recovery plan with improved reporting functionality and restructured process, which saw significant improvement in Q3-Q4, from an earlier position of 65%. We will continue to implement the approaches from the recovery plan, as a marked improvement was seen, and intend to achieve this in 2019-20. Although we just missed the target, we were ranked in second place out of the 15 regional networks for the third consecutive year; as such only one LCRN attained the 80% goal this year.

iii. For the proportion of non-commercial studies recruiting to time & target, where the lead site is in the East Midlands (HLO2B), we achieved this objective with 91% against the national target of 80%. We were also ranked in second place out of the 15 regional networks for this measure.

iv. For our objective to reduce the time taken for studies to achieve set up in the NHS (HLO4), we achieved 77% of studies in the required timeframe against a target of 80%. Whilst the national target has not been achieved, this is an improvement on last year's figure of 68%. This HLO has been replaced with a new metric for 2019-20.

v. HLO5A & 5B are objectives to reduce the time taken to recruit the first participant into NIHR CRN studies. For commercial studies (5A), we achieved 45% and for non-commercial studies (5B), we achieved 53%; both are measured against a national target of 80%. We did not achieve these targets owing to a combination of factors, which we have previously presented to the Board. Detailed commentary on our year end HLO4&5 performance is provided in our Annual Report (Key Project 4.3.3). This HLO has also been replaced with a new metric for 2019-20.

vi. The next group of HLOs are intended to measure local engagement across the health economy. We achieved our objective for the proportion of NHS Trusts recruiting into NIHR studies (HLO6A) with 100% of trusts recruiting. For the proportion of NHS Trusts recruiting into commercial studies (HLO6B), we finished the year at 69% against a target of 75%. This is due to a reduced pipeline of commercial studies (in mental health and wider settings) suitable for our Healthcare & Partnership trusts, which are crucial for us to attain this metric. For the proportion of GP sites recruiting into NIHR studies (HLO6C), we achieved this national objective finishing the year on 52% against a target of 45%. This has been a notable success and we were also the top recruiting regional network for primary care research, demonstrating our strength in this area.

vii. We fell just short of our target for recruitment into Dementia and Neurodegenerative studies (HLO7); with 1,488 participants recruited against a target of 1,510 (99%). This reflects a significantly improved position from our mid year progress and we knew the target this year was going to be a stretch. The main reasons for not achieving this are due to a lack of national studies coming through the pipeline and delays in study set up and recruitment.

viii. A breakdown of year end recruitment activity for our partners has been included at Appendix 2. This provides information on the total number of participants recruited into NIHR studies at each of our NHS Trust Partner organisations and in primary care (by county) in 2018-19.

2.2 CRN East Midlands Annual Delivery Report 2018-19 is appended to this report at Appendix 3. This document provides an assessment of delivery against our Annual Plan for 2018-19 and reports our contribution 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 (CRN CC) for review on 16th May 2019. The Board is asked to formally approve this report.

2.3 The Executive Summary on pages 5-8 of the Annual Report captures high level information on our key achievements in 2018-19.

2.4 At the Trust Board meeting on 6 June 2019 a request was made for us to give a ' looking back/going forwards' presentation to summarise our achievements from last year and to make the Board aware of any issues for the coming year. This will be presented at the Trust Board on 4 July 2019.

2.5 In relation to our budget, we finished the year with a break-even budget position, reporting no under or overspend. Our year end Finance Report is included at Appendix 4.

2.6 We have previously reported to the Board our concerns in respect of timely payments to LCRN stakeholders by UHL as the Host for CRN East Midlands. As requested by the Board, we have prepared a report to provide an audit of the performance of UHL Accounts Payable, which is attached at Appendix 5.

3. RISK REGISTER & CURRENT CHALLENGES

3.1 We are not reporting any current performance data as at this stage of the year it is difficult to offer a meaningful representation of our position. We will provide a full update on our year to date HLO performance in our next quarterly report.

3.2 Risks and issues are formally discussed through the CRN Executive Group chaired by Andrew Furlong. A risk register (Appendix 6) is maintained with risks discussed and mitigating actions agreed; this is shared periodically with the NIHR CRN Coordinating Centre (CRN CC).

3.3 Risks are recorded on the register as follows:

- Risks #37, 38, 40, 42 and 44, which relate to 2018-19 High Level Objectives (HLOs), have all been closed at year end. Our HLO performance has been reported in Section 2 above with further commentary provided in our Annual Report.
- Risk #41 - Uncertainty around national process change for the management of Excess Treatment Costs (ETCs). We have completed several actions to address this and have a greater understanding of the process, which is now part of our business as usual activities. This risk has been closed on the risk register.
- Risk #45 - Ongoing issues with NUH employed members of the core team resulting in disproportionate amounts of time spent on staff management/support for these team members and concerns around how well both staff and managers are supported. A meeting has been scheduled with UHL and NUH senior HR teams to discuss this further. There have been no changes to the risk scores and this remains high risk.
- Risk #46 - Ongoing delays to payment of invoices from suppliers and partners could negatively impact reputation of CRN & UHL, and impact on the delivery of some contractual elements. This issue is ongoing and remains a medium to high risk, especially as the number of stakeholders and partners we interact with and fund increases. A report of Accounts Payable performance is attached at Appendix 5. We are seeking to reschedule the meeting with UHL's Chief Financial Officer following cancellation of the previous meeting.
- Risk #47 - CRN EM will not deliver against HLO7 target for 2019-20. This has been added as a new risk as we have some concerns around meeting our target for this HLO. This is due to a falling national study pipeline. This risk has been scored as possible with minor impact, reflecting a relatively low risk score at this stage.
- Risk #48 - Lack of visibility of performance data for all studies making it difficult to manage key HLOs. This has been added as a new risk due to a change in the way data

is reported between our portfolio management systems, and how it is currently presented back to us. We plan to lobby nationally for this to be resolved, along with informing across the community as to any actions required. We will also be commencing a programme of training and support for Chief Investigators locally, who will be key in managing this change. This risk has been scored as likely with moderate impact, reflecting a high risk score.

4. SUMMARY

4.1 CRN East Midlands experienced a fairly successful year in 2018-19, making a strong contribution to the CRN High Level Objectives. Notably, we reached our highest ever figure for participants recruited into NIHR studies, but unfortunately fell just short of target for some HLOs, despite performing very well out of the 15 LCRNs overall. Activities and initiatives across our work-streams were delivered as described in our Annual Report.

4.2 In relation to current challenges and risks, all risks relating to attainment of 2018-19 HLOs have been closed at year end. The risk relating to management of ETCs has also been closed as we have a better understanding of this process. The issue around NUH employed core staff is ongoing and we have a meeting scheduled to address this. Host Accounts Payable performance remains an issue and an area of non-compliance, we have included a separate report (Appendix 5) to provide a detailed update. For 2019-20, concerns around our HLO7 performance (recruitment to dementia and neurodegenerative studies) and lack of visibility around our performance data have been added as new risks with mitigating actions outlined on our risk register.

5. RECOMMENDATIONS

5.1 UHL Trust Board is asked to:

(i) review and comment upon our year end performance for 2018-19 as well as our current reported challenges, risks and mitigating actions.

(ii) consider and approve CRN East Midlands Annual Delivery Report 2018-19 (Appendix 3), in its capacity as the Host Organisation on behalf of the Department of Health and Social Care.

Appendix 1 – HLO Dashboard 2018-19 Year End

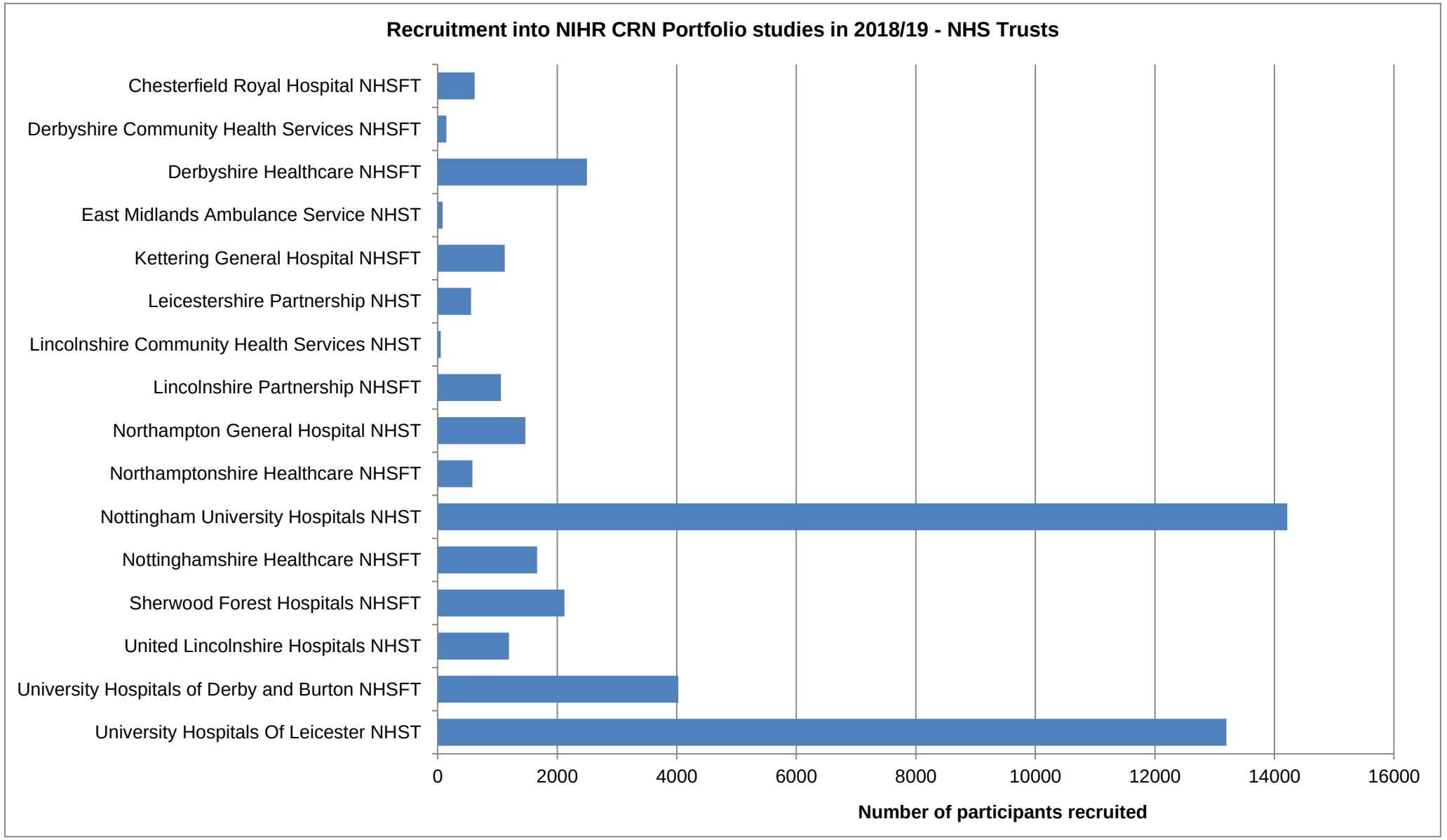
Clinical Research Network East Midlands **Refreshed: 14/06/2019** **2018-19 YEAR END** **Network Progress Overview**

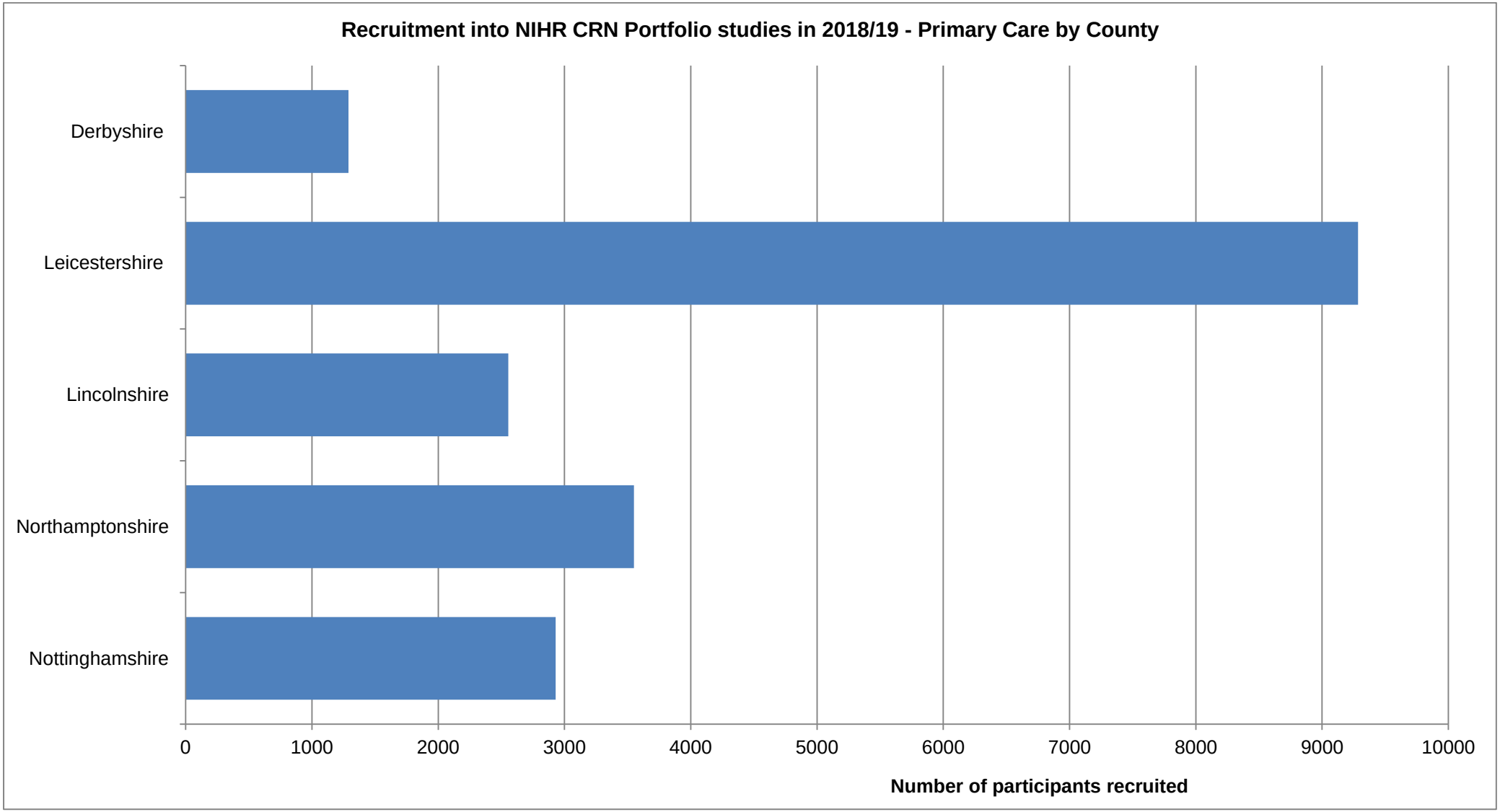
	HLO Description	Study Type	Target		Progress/Summary				Actions	Status	Owner	Year End RAG Assurance
			England	East Midlands	YE	Previous	Trend					
1	Number of participants recruited into NIHR studies	All	650,000	52,000	130%	118%	↑12%	130% of YE goal (67,826 participants) CRN East Midlands in 6th position out of 15 LCRNs (5th position based on weighted recruitment)	Target achieved	Complete	Chief Operating Officer	Green
2	Proportion of NIHR studies delivering to recruitment target and time	Commercial	80%	80%	79%	81%	↓2%	79% (120) for 182 studies recorded as closed and reported recruitment across all Network supported sites. CRN East Midlands in 2nd position out of 15 LCRNs	Target not achieved	Complete	Industry Operations Manager	Amber
		Non-commercial	80%	80%	91%	92%	↓1%	91% (62) for 68 closed HLO studies CRN East Midlands in 2nd position out of 15 LCRNs	Target achieved	Complete	Chief Operating Officer	Green
4	Proportion of eligible studies achieving NHS set up within 40 calendar days	All	80%	80%	77%	75%	↑2%	77% (161) for 209 closed HLO studies	Target not achieved	Complete	Deputy Chief Operating Officer	Amber
5	Proportion of studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited ")	Commercial	80%	80%	45%	44%	↑1%	45% (15) for 33 qualifying studies	Target not achieved	Complete	Deputy Chief Operating Officer	Red
		Non-commercial	80%	80%	53%	50%	↑3%	53% (54) for 102 qualifying studies	Target not achieved	Complete	Deputy Chief Operating Officer	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%	69%	56%	↑13%	11 out of 16 Trusts reported commercial recruitment.	Target not achieved	Complete	Industry Operations Manager	Amber
	Proportion of General Medical Practices recruiting into NIHR studies	All	45%	45%	52%	47%	↑5%	291 out of 556 GPs, surgeries & health care sites currently reporting recruitment	Target achieved	Complete	Division 5 Research Delivery Manager	Green
7	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) NIHR studies	All	25,000	1,510	99%	68%	↑31%	99% of YE goal (1,488 participants)	Target not achieved	Complete	Division 4 Research Delivery Manager	Amber

Sources: Commercial Reporting on ODP 29/04/2019, Portfolio ODP Last update: 04/06/2019, Portfolio ODP 18-19 Annual Cut Last update: 29/04/2019, Portfolio ODP Reporting Last update: 29/04/2019
Network Summary Report 29/04/2019 Provided by: CRN East Midlands Business Intelligence Team

N.B: HLO 3 is not included as this relates to a national objective

Appendix 2 – CRN East Midlands Partner Organisations Activity Summary 2018/19




Recruitment into NIHR CRN Portfolio studies in 2018/19 - Primary Care by County
Derbyshire
Leicestershire
Lincolnshire
Northamptonshire
Nottinghamshire
0
1000
2000
3000
4000
5000
6000
7000
8000
9000
10000
Number of participants recruited

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Clinical Research Network East Midlands

Annual Delivery Report 2018/19

Document date: 16.05.2019

Delivering research to make patients, and the NHS, better

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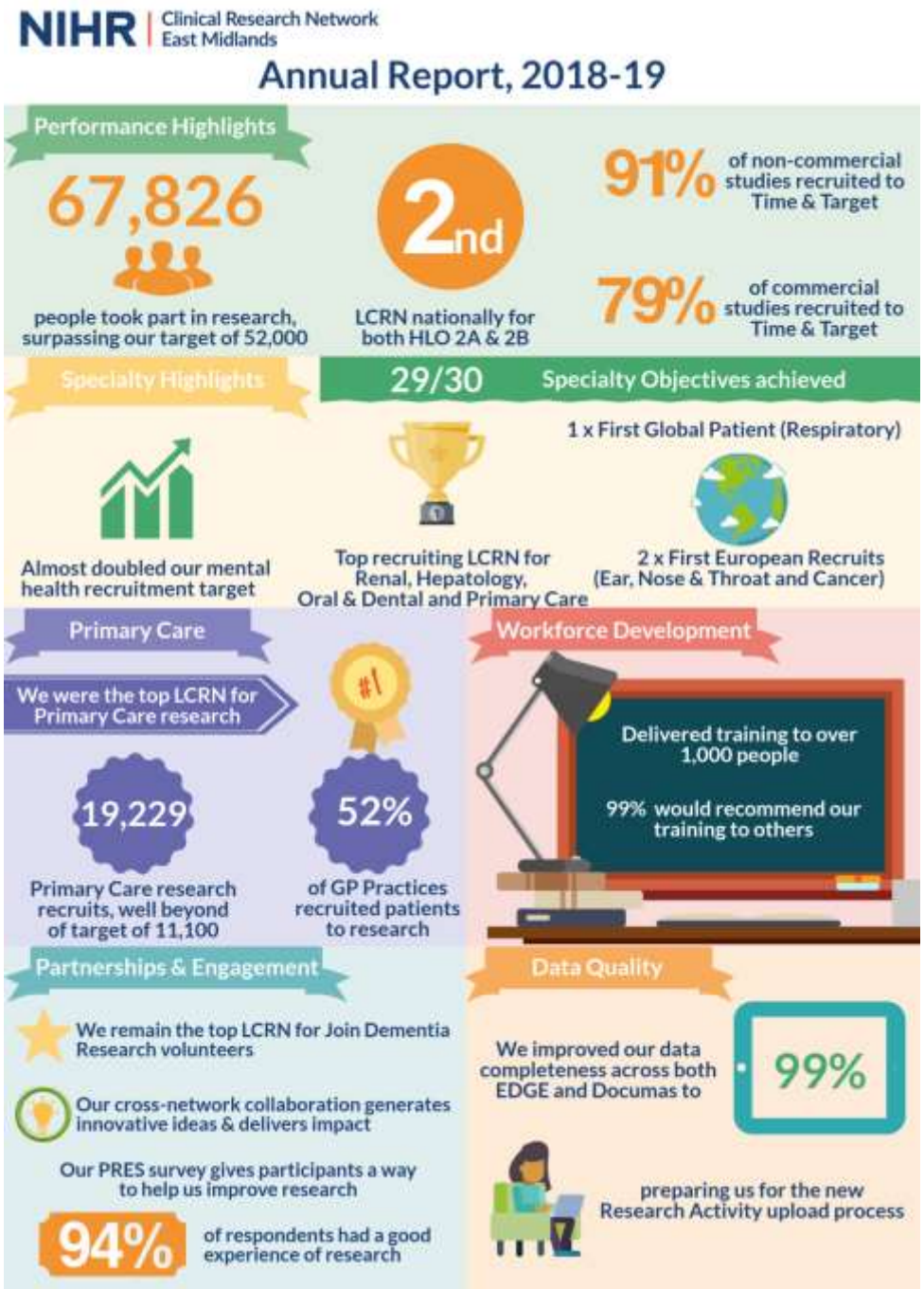
Infographic



Section 1: Host Organisation Approval	
Confirmation that this Annual Report has been reviewed and agreed by the LCRN Partnership Group: The Annual Report was circulated to CRN East Midlands Partnership Group by email on 08/05/2019, with a request for review and comment; comments received have been incorporated.	Yes
Date of the LCRN Partnership Group meeting at which this Annual Report was agreed: this was reviewed outside a meeting due to the meeting schedule, a final copy will be circulated after submission, however we will not wait until the next meeting, which is Sept 2019.	20/06/19
Confirmation that this Annual Report has been reviewed and approved by the LCRN Host Organisation Board	No
Date of the LCRN Host Organisation Board meeting at which this Annual Report was (or will be) approved:	04/07/19
If this Report has not been approved by the LCRN Host Organisation Board at the time of submission to CRNCC, then the LCRN Host Organisation Nominated Executive Director should provide that confirmation by email to the CRNCC once the Board has approved the Report	

Section 2: Compliance with the Performance and Operating Framework (POF)

POF area	Annual Report Compliance	Commentary
Part A: Context		
3. Working Principles	Fully Compliant	
Part B: Performance Framework		
2.1 High Level Objectives	Partially Compliant	We have not achieved HLO2A (79%), HLO4 (77%), HLO5A/B (45%/53%), HLO6B (69%) and HLO7 (99%)
2.2 Specialty Objectives	Partially Compliant	29/30 Specialty Objectives met. Objective not met for Anaesthesia, Perioperative Medicine and Pain Management - further detail to be included within the Specialty section.
2.3 LCRN Operating Framework Indicators	Partially Compliant	During the year there has been some turnover across the Specialty Lead positions and as we close the year we have one vacancy in Health Services Research (HSR), as the SL left the role on 31/12/18. To date we have been to advert twice without suitable applicants, however we have now identified a potential applicant and will be re-advertising very soon.
2.4 Initiating and Delivering Clinical Research Indicators	Fully Compliant	
2.5 LCRN Partner Satisfaction Survey Indicators	Fully Compliant	
2.6 LCRN Customer Satisfaction Indicators	Fully Compliant	
2.7 LCRN Patient Experience Indicators	Fully Compliant	
3. Performance Management Processes	Fully Compliant	
Part C: Operating Framework		
2. Governance and Management	Fully Compliant	
3. Financial Management	Not Compliant	Delays in payment of invoices over 30 days was identified as an area of non-compliance in last host audit. We have instigated a number of systems to improve this, including tight monitoring, flagging invoices for payment to accounts payable on a weekly basis, making very clear of the delay, and escalating to the Host Medical Director and Finance Director. Since mid year this has been formally documented at Trust Board and further measures instigated, however we remain overall not compliant in the payment of invoices in 30 days of receipt of invoice.
4. CRN Specialties	Partially Compliant	See above re. HSR vacancy, otherwise compliant
5. Research Delivery	Fully Compliant	
6. Information and Knowledge	Partially Compliant	The POF (C6.2.1) details that the procured LPMS must support all POs, which in the EM is Edge, however one partner (NUH) have procured an alternative LPMS (Documas). This system is now integrated with CPMS, however this is perhaps slightly non-compliant with the original POF wording. As this arrangement is acceptable, we would be grateful if the POF could be revisited.
7. Stakeholder Engagement and Communications	Fully Compliant	
8. Organisational Development	Fully Compliant	
9. Business Development and Marketing	Fully Compliant	

Section 3. Executive Summary

Please complete the Table below, entering key performance highlights, successes and challenges from 2018/19

Please specify up to five areas where the LCRN has performed very well / significantly surpassed targets. This section is an opportunity for LCRNs to highlight excellent performance and successes. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-out and sharing of best practice.	**1**	Primary care has had a very strong year, contributing 28% of our total recruitment for the region (where Primary care was the managing specialty). We have also surpassed the HLO6c target with 52% of practices engaged in delivering NIHR portfolio research. Several large recruiting studies within the region have led to a significant increase in recruitment. One of these is GENVASC, a well established cardiovascular study, which we have successfully opened and supported in new areas across the region. To support us in the achievement of HLO6c we have targeted activity around a couple of studies that have been web-based and requiring GP interaction on-line.
	2	A clear focus on RA readiness in LPMS', supporting and preparing our stakeholders for this change. We have led a very successful programme of work with our partners to ensure that the both LPMS' used in the region have excellent data quality and completeness prior to the staged implementation of the CPMS-LPMS RA integration. This has required significant resource within the LCRN central team and that of our partners, where we have seen excellent engagement. We have gone from a data completeness of c.50% to 99% across the whole region in all organisations and a data quality of c.40% to 99%. This programme of work has made the transition and preparation for IRIS much smoother as the relationships had already been built.
	3	We have again exceeded our performance against HLO2b, at 91%. This is due to collaborative working between the SSS, RDMs and Operations Managers which has resulted in a sound knowledge of the performance of studies led by the LCRN. This work is coordinated by a dedicated Lead Performance Facilitator along with: • Clear processes for monitoring performance • An escalation route for managing performance • Regular reporting of performance to the senior team Attaining 91% of non-commercial studies closed to time and target represents 68 studies (62 Green 6 Red); this relates to studies closed in 24 Specialties across all 6 Divisions. Although we just missed HLO2a, finishing on 79% for 182 closed studies (143 Green, 39 Red), we have also tightened up our approach to this metric, and do plan to achieve this in 2019/20.
	4	We have continued to invest effort and focus on our strong partnership with the West Midlands, through a targeted programme of collaborative work, which is locally termed as "East meets West", and includes: • Annual East meets West meeting, with leadership teams from both LCRNs, where there is a reflection of the past year and an opportunity to plan forthcoming joint programmes; also great opportunity for sharing ideas and networking. • The Continuous Improvement workstream has continued to work together across the East & West Midlands (also with Eastern CRN), examples of this include regular working group calls, a joint CI event and package of Communications around CI impact. • Primary care collaborations continue over RSI Schemes, Community Pharmacy RSI Pilot, Centralised Searches , ETC management. • MSK collaborations on models for an innovation project to create a database of participants specifically for MSK studies. • Cardiology liaison and the sharing of studies across LCRNs has enabled NOAH to be run in the East Midlands with the possibility of SCAD going to the West Midlands. • Joint working to seek out opportunities to develop and deliver research work together in mental health, with both regions now having MH Institutes. A list of key achievements and plans can be provided, if helpful.

	5	Although we have seen success across many specialties (see specialties tab), we are keen to highlight success in Renal. This area continues to perform exceptionally well and we were the top recruiting LCRN. The model used in the region (Hub and Spoke) is working extremely well and is strategically being rolled out around the region tapping into untapped populations for research. This approach includes a region-wide EoI which details our regional support and resources to deliver to time and target.
High Level Objectives	• We significantly exceeded targets for HLO1, 2b and 6c, and achieved HLO6a. • We struggled and almost met HLO7, 2a, 4 and 6b. Most disappointing was HLO2a as we did recognise this was slipping earlier in the year and established a recovery plan, which unfortunately didn't quite get us to 80%, as we finished on 79%. • Our weakest performance was HLO5a/b, however attainment of this sits largely outside of the CRN sphere of influence. We welcome the move away from HLO4&5 to HLO9; we look forward to further information around the measurement of this. **HLO1 - 67,826 participants recruited against target of 52,000** **HLO2a - 79% against target of 80%** **HLO2b - 91% against target of 80%** **HLO4 - 77% against target of 80%** **HLO5a - 45% against target of 80%** **HLO5b - 53% against target of 80%** **HLO6a - 100% against target of 100%** **HLO6b - 69% against target of 70%** **HLO6c - 52% against target of 45%** **HLO7 - 1,488 participants recruited against target of 1,510 (99%)**	
Specialty Objectives	We have been active across all 30 specialties, with recruitment reported throughout. In terms of the national objectives we have met 29/30, which is our best annual performance to date. Each year we plan a range of local activities for all specialties to support us to attain the national objectives, the progress of these is reported through that section of this report. We also set local specialty level recruitment targets and met targets for 20 out of 30 specialties.	
LCRN Operating Framework Indicators	• Cemented the Leadership team with formal appointment of Co-Clinical Director, Steve Ryder and substantive appointment to Deputy COO role, Kathryn Fairbrother, (previously as a secondment) • Review of cross-divisional delivery team (Research Support Team, RST) has resulted in altered configuration with county based hubs and a focus to ensure team supports us into 2019/20 to focus on HLO attainment, rather than simply fill PO delivery workforce gaps.	
LCRN Partner Satisfaction Survey Indicators	• Focussed effort through the Partnership group, including targeted approach by Chair to improve uptake of the annual Partner Satisfaction survey, with improved engagement from all partners • We hold, and contribute to a number of fora for engagement with partners and stakeholders, all of which aid our regional relationships and instil a sense of “network” across the region, these include: Research Forum; Finance Engagement Events; R&D Leads meetings; Research Team Leads meetings and through Senior Team Link relationships	
LCRN Customer Satisfaction Indicators	• We have a range of approaches to improve our relationships with Chief Investigators, such as the targeted support around HLO2b attainment, support for recruitment data upload, Early contact meetings and also now SoECAT completion • In addition to this, the Study Support Service develops relationships with PIs and study teams to support research delivery, our advice around feasibility and study set up helps to demonstrate the added value of the CRN, along with provision of support both financial (e.g. unmet service support costs), and through direct resources such as the RST.	

LCRN Patient Experience Indicators	• We have made significant progress with PRES this year, conducting a pilot with two Trusts; working in partnership to develop questions to assist in the generation of informative data at a local, regional and national level • Our approach enabled both Trusts to utilise paper and digital approaches, giving research participants different ways to respond • We implemented a live-reporting tool, which displayed the responses in real-time, and easy ways to filter the information by response data, demographics etc. • Over the 12-week period, we doubled our local target; of the responses received, 94% said that they have a good experience of taking part in research • As a result of the innovative approach, we will deliver a presentation on our process and the benefits to the next National PPIE Leads meeting
Host Organisation	• Quarterly Board report reviewed at Host Organisation Executive Performance Board Meeting, and then considered at full public Host Board meeting with Clinical Director (CD)/Chief Operating Officer (COO) in attendance.
Governance and Management	• All governance documents reviewed and updated as necessary • All Category A, B & C LCRN Partner contracts in place; no funding was provided unless a fully executed contract was in place. • Developed and communicated a clear approach to escalation of any issues arising within the CRN
Financial Management	• We continue to have strong financial management in the region, maintaining good quality information throughout the year to enable excellent quarterly returns. • Key to this success is our strong relationships with partners, including the provision of guidance and support with the financial treatment of CRN income. • We have undertaken three health checks with partner organisations this year which have provided assurance that CRN monies are being spent according to the principles of ACoRD, and as prescribed through the partner contracts. • We have started embedding the management of ETCs into Business as Usual and feel confident in the smooth delivery of payment to partners and stakeholders.
CRN Specialties	• As reported, attainment of 29/30 national specialty objectives • This year Haematology has moved from the bottom of the national table up to 8th position out of 15 regions. • In the Children's specialty only one partner has not recruited to Children's managed or supported studies this year (EMAS, ambulance trust). • This year the Cancer specialty has continued to strengthen relationships with the Cancer Alliance and has established a link with the NHS England Cancer Programme. This work has resulted in the inclusion of a research consideration with the NHS England “Streamlining MDTM Guidance” document. • We were the top performing LCRN in the national recruitment league tables for Primary care, Renal, Hepatology and Oral & Dental • Anaesthesia study: DALES recruitment in 2018/19 resulted in the East Midlands being the second highest recruiting LCRN into this study. Delivered largely by trainees across the region • Mental health local recruitment target was 2,100 actual recruitment 4,131, which is excellent, very strong performance and strong pipeline this year
Research Delivery	As part of our Innovation Funding this year, we established a post to test if a portfolio of studies within one Specialty (Reproductive Health and Childbirth) could be delivered by 1 post holder across two organisations. Although formal evaluation of the scheme is yet to be concluded, the RDM, Specialty Lead, post holder and both organisations have discussed the lived experience of the role, and agree that it was a successful investment. The post holder was seconded from the clinical team of one organisation; she had no previous research delivery experience. During her 6 month secondment she delivered 9 studies across the two organisations, along with completing study days and training to support her development in the role. As well as contributing to HLO 1, the post holder was able to build new relationships across both organisations, raising awareness of research opportunities to clinical teams and patients. She contributed to the

	R&D Office functions in both organisations, and showed that it was possible to work in a flexible way across more than one Trust.
Information and Knowledge	• We have streamlined our information team as we have seen more automation across our activities, e.g. increased use of ODP. • Movement towards streamlining information & searches onto a web based platform (NIHR PC IT Solutions Group) launched in January 2019 is starting to bed in.
Stakeholder Engagement and Communications	• We did not have a Communications and Engagement lead for the first six months of the year - we took this opportunity to re-evaluate the needs of the service and now have a very experienced team with good leadership, reporting up to DCOO. • Over the past six months we have made a concerted effort to raise awareness of the impact that research has, including through patient, PRA and staff stories, used online, in social media and in both local and national media. • We have seen significant increase in profile and engagement via social media, helping to disseminate our messages to a wide audience and increase awareness of research in the East Midlands.
Workforce Learning and Organisational Development	• The WFD team have delivered training to 1,029 learners on our open workshops in 2018/19. In addition to a number of bespoke training and larger engagement events. A few highlights include - 26 GCP Introduction workshops delivered totalling 395 delegates - **99.4%** of whom would recommend this workshop to others - 27 GCP Refresher workshops delivered totalling 331 delegates - **99%** of whom would recommend this workshop to others - 11 Valid Informed Consent workshops delivered totalling 106 delegates - 1**00%** of whom would recommend this workshop to others - 3 Next Steps in Delivering Clinical Research programmes delivered totalling 73 delegates - **100%** would recommend this workshop. • Competency Framework refreshed and digital version developed. This has now been mandated in a number of our POs • Continued to develop our Practitioner community by bringing them together at a local event. Over 50 Practitioners are now on the Directory, many of whom were early adopters • Successful research awards event in May 2018 • Successful in applying to the national Innovation Small Grants scheme in 2018/19 for Conversation Starter which will be used at our forthcoming research forum • We have been successful in embedding CRIEF video into the Learning Management Systems of a number of our Partner Organisations to help to raise awareness of clinical research and support organisations in meeting the CQC well-led criteria
Business Development and Marketing	• Delivered First Global patient in respiratory and two First European recruits. • Fixed term project post at Medilink East Midlands, to review the engagement of the SME community with regional infrastructure. • East Midlands Case study to support the NIHR MedTech Campaign • Evidence increased reciprocal working relationship between the CRN and the NIHR Research Design Service across the region
National Contributions	• East Mids Urgent Public Health plan showcased nationally as a good example. The proposed future template for all LCRNs is based on our current version. • Combined commercial and non-commercial Site Identification Form developed locally, and since rolled out nationally • WFD Lead (Michele Eve) makes a well evidenced contribution, as a member of Learning Directory Steering Group & GCP Content Advisory Group; Michele has also supported shortlisting and interviews for National ALP • Hannah Finch (RDM Div 1&3) is a member of the Research Delivery Steering Group; has supported ALP, through undertaking the role of 'Learning Group Advisor' to support the Leadership Challenge and is working to re-establish links with the NCRI CTUs • Leadership of national CPMS-LPMS Integrated Steering Group to aid stakeholder engagement and collaborative working with partners. • Penny Milward is a member of the National Supportive & Palliative Care/ Psycho-Social Oncology Group, attending face to face meetings and 6 weekly TC The East Midlands was very well represented by 3 speakers at the National Primary care conference, demonstrating significant regional experience & expertise

Section 4: Key Projects

This section provides an update on all projects outlined in our 2018/19 Annual Delivery Plan.

Key for RAG Information:	
For the RAG column, the RAG ratings are Complete, Green, Amber or Red as follows:	
Complete (C)	Milestone complete
Red (R)	The specified deliverable was not delivered by the Milestone Date
Amber (A)	There is a risk that the specified deliverable will not be delivered by the Milestone Date
Green (G)	On target to deliver the specified deliverable by the Milestone Date

1. Governance and Management

Ref	Key project	Milestone	Milestone date	RAG	Commentary
4.1.1	In light of the revised Performance and Operating Framework (POF), on behalf of the Host, the CRN will conduct a review of CRN EM governance approach and accompanying documents: - Review & update the East Midlands CRN Governance Framework (including assurance framework and risk management system) - Prepare and circulate a clear Escalation process & guidance document - Review & as necessary refresh the Urgent Public Health Research Delivery Plan - Review and refresh Business Continuity Plan, considering LPMS & CPMS	Review and update the East Midlands CRN Governance Framework (including assurance framework and risk management system)	Q1	Complete	Reviewed and updated framework.
		Submit Governance Framework to Host Trust Board for approval	July 2018	Complete	Submitted and approved by UHL Trust Board on 5.7.2018
		Prepare and circulate a clear Escalation process and guidance document	Q1	Complete	Process and guidance document has been finalised
		Review and as necessary refresh the Urgent Public Health Research Delivery Plan	Q1	Complete	Complete
		Review and refresh Business Continuity Plan, considering LPMS and CPMS	Q1	Complete	Complete
		Circulate and make available updated documents to partners and other stakeholders as necessary	Q1-Q2	Complete	Urgent Public Health Plan has been circulated to Partners.

4.1.2	On behalf of the Host organisation, the CRN will ensure the Information Governance elements of the Host contract and POF are fully executed. We will link with the Information Governance lead for the Host trust, for advice and support to ensure this element of the POF is achieved.	Link with Information Governance Specialist at Host organisation (Hannah Rose, Deputy Head of Privacy, hannah.e.rose@uhl-tr.nhs.uk) to seek advice and discuss requirements.	Q1	Complete	COO has met with Saiful Choudhury, Head of Privacy
		Prepare any new processes necessary to ensure compliance with framework and formalise these with appropriate documentation	Q1-Q2	Complete	Steps were taken at the start of the year around GDPR compliance and advice is continually sought in relation to GDPR, privacy etc. as the need arises.
		Circulate new documentation/processes to partners and other stakeholders as necessary	Q1-Q2		
4.1.3	To strengthen and assure arrangements are in place to effectively manage and monitor all contracts in place in relation to the CRN delivery: to include Partner A and B contracts, LPMS contractual arrangements, RSI scheme etc.	Review work programme for managing and monitoring contracts in line with POF	Q1	Complete	Review complete. Contracts and templates prepared
		Review resource available to ensure requirements are met	Q1	Complete	Review recommended creation of a new part-time post of Contracts and Compliance Officer to support this work
		Implement any recommendations/actions associated with review of work programme	Q1-Q2	Complete	Partner A & B variations signed, Partner Cs ongoing. Tracker created for monitoring progress Contracts and Compliance Officer appointed to support this work

2. Financial Management

Ref	Key project	Milestone	Milestone date	RAG	Commentary
4.2.1	Service Support Cost Trigger Payment Process in non Primary Care Organisations. This has been successfully rolled out in primary care organisations since 2016 and has led to less bureaucracy, activity that has been undertaken has been reimbursed and as a result there is greater control of this specific area of the budget, which we now want to replicate across all organisations in the region.	Pilot Phase with 4 Partner Organisations, started in Q3 of 2017/18 and to run for two quarters.	Complete by Q1	Complete	Finalised second quarter successfully, rolling out pilot to 2-4 further Trusts for Q3/4.
		Summary of pilot distributed to partner organisations for feedback and necessary adjustments to the process.	Q1	Complete	The pilot phase has identified a number of positive and negative aspects of rolling this process out in non-primary care organisations. At a finance engagement event in November with partner organisations this was discussed in detail and has led to potential changes to the scheme. A further analysis will be done and presented to partners for further discussion and may potentially mean the process is altered for non primary care organisations.
		All Partner Organisations to be enrolled into the new Process	Q3	N/A	This will occur until the start of the new financial year as the pilot highlighted some unexpected issues and therefore needs to be extended.

		Final process adjustments and part of business as usual process	Q4	N/A	This will occur until the start of the new financial year as the pilot highlighted some unexpected issues and therefore needs to be extended.
4.2.2	Developing a new tool for requesting service support costs. The current process is very manual, requiring several steps to record, monitor and manage service support cost activity including forecasting budgets. This is an onerous process for LCRN staff and Partner Organisations. We are proposing to use an electronic process using 'Typeform' and the Google Suite to manage the request process more efficiently and link to LPMS for activity driven payments.	Using current templates to develop a new 'Typeform' request by Q1	Q1	Complete	
		Pilot new form with SSS team internally, using mock studies	Q1	Complete	The form was piloted but the process of identifying SSCs can be so different for each study that a templated form could not be created using this platform. We are currently identifying alternatives and once this has been identified we will recommence the process.
		Identify a PO who will pilot the use of the form for all new requests	Q2	N/A	
		Process adjustments using Google Suite for recording	Q1	N/A	
		Linking Edge to Google report	Q2	N/A	
		Feedback of process with Pilot PO and internal staff	Q3	N/A	
		Roll out to all Partner Organisations by end of Q3.	Q3	N/A	
4.2.3	Innovation Fund - intend to run this following the success of the previous strategic funding in 2016/17. Will use lessons learnt from previous round, and will adjust the approach to reflect that. Intend to run this by Division, each Division will have a defined budget to make priority investments.	Launch innovation fund formerly	March 2018	Complete	Launched in March 2018 with call for applications
		Complete priority investment exercise, led by RDMs & Divisional Leads, make funding awards	June 2018	Complete	Review panel on 30.4.2018, decisions and feedback communicated to applicants on 18.05.2018
		Monitor awards, ensure they remain on-track to achieve objectives	Q2-Q4	Complete	Follow up correspondence sent on 17.7.2018 and mid year progress survey was sent to bids that had progressed
		Assessment of impact & evaluate	Q1 2019/20	Green	Year end feedback has been requested, and will be fully collated in Q1 of 2019/20, this is on target.
4.2.4	Prepare and rollout, as required, a support process for Excess Treatment Costs, dependent on final outcome of consultation exercise	Scope the current blocks or issues with ETCs in the region (commenced 2017/18)	May 2018	Complete	Complete
		Once consultation outcome is clear, discuss with Partner Organisation, and engage with Commissioners to discuss the approach and develop a proposal to implement ETC management	Q1/2	Complete	Complete
		Roll out the process in line with timeframes in the consultation outcome paper, once available	Q1/2	Complete	Complete

3. High Level Objectives					
Ref	**Key project**	**Milestone**	**Milestone date**	**RAG**	**Commentary**
4.3.1	HLO1: Our goal for 2018/19 is 52,000, which stretches us above our goal for this year, or any year since our inception. This is significant stretch as our portfolio analysis across all specialties and our future pipeline is 40,180. We have thus added a further 12,000, which is as yet un-assigned to any study, specialty or division to demonstrate our aspirations and drive.	Through RDMs and Clinical Leads, we will work with all specialties to ensure they reach their potential, and look to stretch all specialties/Divisions through the year	Ongoing, but reviewed each quarter	Complete	Commentary is provided in Section 5 for HLO1.
		To continue to seek opportunities to work with new providers, especially across Public Health, Social care and a range of health and care settings to maximise patient opportunity and access to research	Ongoing	Complete	This year we have continued to engage across this wider community, please refer to Public Health within the specialty section for more detailed content. We are keen to ensure equity across all sectors of our community, and look to ensure research is made available in wider settings such as faith centres, community centre etc., where possible. We supported the creation of the BAME toolkit for researchers to increase participation, which details advice to support this.
		By stretching our performance in HLO2, this will lead to positive outcomes in relation to overall recruitment, thus the actions below in relation to continually delivering on time and to target will support HLO1	Ongoing	Complete	Much work has been done to ensure studies recruit to time and target (see below), by focussing on effectively delivering open studies, this has improved our HLO1 performance
4.3.2	HLO2: Ensure this remains a priority area, especially as this aids HLO1 attainment, and has an impact on regional, and thus partner budgets. There are two separate processes for managing the metrics for commercial and non-commercial lead studies. However we plan to align these over the next 12 months to ensure efficient management and streamlined escalation processes. This is in line with streamlining our SSS operation.	Continue with our well established processes for managing studies contributing to HLO2b, this includes identifying those locally-led non-commercial studies that plan to close to recruitment within the financial year, engaging with the CI and study team to ensure the process for performance management is understood and who to contact. Ensure ongoing relationship with RAC is maintained. Escalation to senior managers as required.	Ongoing	Complete	Very successful outcome for HLO2b - 91% locally. Maintained robust processes and escalation to ensure studies led in the East Midlands are supported to deliver to time and target.
		The above approach is mirrored for commercial studies contributing to HLO2a, although looking at all sites, rather than focussed on Lead activities. This year we also intend to review our service offering to Local CIs for commercial research, to ensure that we are offering the same service to commercial studies where we are the lead	Q1	Amber	HLO2A finished on 78.6%, which was 2nd position nationally. There are multiple reasons for this, and we are disappointed not to have attained this for the first time in several years. Reason for this include: there have been an increased number of small target studies; some changes seen in the national management approach and some local staffing related matters. When this was dipping earlier in the year

		CRN.			(lowest was 62%) we implemented a targeted recovery plan with improved reporting functionality and schedule and restructured process which saw significant improvement in Q3-Q4.
		At monthly senior managers meeting, to review those studies that are causing concern and develop tailored action plans. Reviewing on an ongoing basis as necessary, and dialogue with both local Chief Investigators.	Monthly review - ongoing	Complete	This will continue as business as usual process for future years. It aids visibility of any problem studies and allows a robust debate with actions agreed.
4.3.3	HLO4 & 5: Attainment of HLO4 & 5 (a and b) and further focus on study set-up; intention is to be more proactive in overseeing and measuring the early contact and set-up of all studies.	Align study record management of commercial contract studies in Edge (LPMS) with that for non-commercial, including application of specific attributes to facilitate identification of commercial contract studies that are being set-up in the region.	Ongoing, but with a focus in Q1	Complete	HLO4 finished on 78%, an improvement on performance during 2017/18. An attribute for HLO4 & 5 has been created in Edge to record relevant dates and details. This is now added to when the study record is created for both commercial and non commercial records. A report is pulled from Edge to look at specific reasons for not achieving the HLO. These are discussed between the SSS Facilitators and the sites themselves and escalated if required. The most common reasons for not achieving HLO4 are sponsors selecting sites too far in advance and also staff movement seen in some organisations.
		Implement a regular reporting schedule to identify commercial contract studies that require checking and update by drawing on data reported in the Study Start-up App in ODP and cross-referring this with Edge (LPMS) and other local intelligence. This will be done in collaboration with CRN East Midlands' Information Team.	Ongoing, but with a focus in Q1	Complete	HLO5A attainment was 41% at year end, with an improvement on performance from 2017/18. See above details re. HLO4 & 5 attribute in Edge. The most common reasons for not achieving HLO5A are hard to recruit patients and sponsor delays around amendments and equipment. These delays are now being analysed further and further communication with sites is being put in place to escalate these issues sooner.
		Build on existing data reporting, data quality audits and data cleansing activities for non-commercial contract studies to inform and support Partner Organisations in entering timely and accurate data for these HLOs. This will be done in collaboration with CRN East Midlands' Information Team.	Ongoing, but with a focus in Q1	Complete	HLO5B overall attained 53%, with an improvement on performance from 2017/18. See above comments re. HLO4 & 5 attribute in Edge. The most common reasons for not achieving HLO5B relates to Sponsor delays in giving the green light and some staff capacity issues. These delays are now being analysed further and further communication with sites is being put in place to escalate these issues sooner.
		Support implementation and continue to promote the CRN East Midlands' Minimum Dataset (MDS) for Edge with Partner Organisations as the means by which a	Ongoing, but with a focus in Q1 and Q2.	Complete	We supported the MDS Project through Stage 1 with a focus on data completion in Edge. We then contributed to shaping Stage 2 which was concerned with data quality. This included supporting the development of

		consistent approach to data management can be achieved.			defined measures to assess data quality in relation to HLO4 & 5.
		Continue to recognise First Global recruits in the region for commercial contract studies by congratulating research teams via our Newsletter/writing to teams	Ongoing	Complete	Continued recognition across our newsletter and a formal letter for First Global recruits.
		Continue to educate Partner Organisations about the importance of collecting data for the purposes of HLO4 and 5 and restate the relationship and differences of these HLOs with the Trust Performance in Initiating and Delivering (PID) clinical research 70 day benchmark.	Ongoing	Complete	SSS facilitators analyse the HLO4 & 5 data reports pulled from Edge and now contact sites directly to query the reasons given for non-achievement. Facilitators are proactively encouraging staff at site to provide more detailed and valuable data in the HLO4 and 5 attributes.
4.3.4	HLO7: Attain our local HLO7 goal, to contribute to the overall national objective for Dementia & neurodegeneration. Our local target is 1,510, which we acknowledge is below 2017/18 attainment. This was due to the presence of a large study in 2017/18, which closed 31/01/2018, and resulted in high recruitment numbers. We currently do not have a pipeline to follow this which gives planned recruitment at this level.	Ensure sufficient focus on key Rater skills & experience through continued support for the Rater Development Leads group at both a national and local level to ensure we have a credible record of Rater experience and skills to support all potential studies coming to this region.	Ongoing	Complete	Complete at year end - New national rater group set up lead by Becky Croucher. Sarah Baillon is involved from a local level. This group will look at the training and competencies of raters and how to maintain their skills.
		Renew our investment in targeted Project management support, utilising a very experienced member of the team to actively Champion and support our Join Dementia Research activities; ensuring all opportunities for collaboration and promotion are exploited. Complement this with Support/Officer time to assist researchers with more practical aspects of utilising JDR for study delivery	Q1	Complete	Complete
		Build on the excellent progress as top recruiting region in to JDR through promotion and ongoing use of JDR by local researchers and staff across all healthcare settings. Specifically to focus our awareness raising activities as follows: 1. Continue to raise awareness of JDR to all healthcare professionals, focussed in at least two of the regions' acute hospital trusts. 2. Continue linking in with GP practices through the RSI contract process to promote JDR. 3. Engage and link in with the University of Northampton as a means to promote and foster collaborative working with potential future CI/PIs in "home grown" dementia research.	Ongoing	Green	Complete at year end - 1. Attendance and promotion at the Early career researcher event. 2.GP practices within Lincolnshire becoming JDR champions as organisations 3. SSS team have been working with local Universities especially to support dementia research in these organisations. 4. JDR included in the pilot Pharmacy RSI scheme, effectiveness will be measured throughout 2019/20.

		4. Continue to link in and promote JDR through the region's community pharmacies			
		Continue to lobby at a national level for more studies to deliver locally. In addition to supporting and developing local leads, this is key to success, as attainment of this goal is largely linked to the availability of studies. With the right studies we are confident that we have the workforce, patients, supportive and engaged organisations and willingness to attain this. Hand in hand we will continue to strengthen the links between the acute trusts and healthcare trusts to foster a collaborative working relationship and increase capacity and capability of delivering all available commercial and non-commercial DeNDRoN studies	Ongoing, although focus in Q1-Q2	Complete	Although we missed the HLO7 target by only 22 participants (99% of target) we have continued to look at ways that we can bring more studies to the region. Held an East and West Midlands meeting between RDMs and Speciality leads to brain storm research ideas and establish where there could be collaborations to support locally developed research. SSS team have been working with local universities NUT especially to support dementia research in these organisations.

4. Specialty Activities					
Ref	**Key project**	**Milestone**	**Milestone date**	**RAG**	**Commentary**
4.4.1	Continue to foster cross boundary collaborations across the East and West Midlands in a range of specialties and network-wide workstreams, a flavour of which is provided on the right.	Continue to support and encourage collaborative working between the two Midlands Gastroenterology Trainee Networks.	May 2018	Complete	Completed May 11th 2018 - specifically this was the date of the first West and East Midlands Trainee Gastro research event
		Two key projects in Cancer - Maximising MacMillan involvement and scoping and improving MDTs to promote cancer research to best effect	Ongoing	Complete	The NHS England Cancer Programme have worked with the RDM to understand the CRN Divisional objectives to increase recruitment into NIHR Portfolio adopted research. They have understood the work around utilising the MDTMs (Multidisciplinary Team Meetings) to ensure research opportunities are being considered for patients. A guidance document is about to be published by the Cancer Programme office which intends to support Cancer Alliance's and providers to streamline MDTMs. Part of this document will make recommendations around consideration for research studies, and will direct data to be gathered around this. Although this key project is now complete, the LCRN will continue to work with both the local Cancer

					Alliance and the Cancer Programme office to ensure any opportunities around this guidance are recognised and supported. During Q4 the Research Operations Manager has met with MacMillan representatives covering Nottinghamshire, explaining and gaining agreement to further explore opportunities to raise awareness of clinical research within the MacMillan information centres. She also attended and presented at the Macmillan Cancer Partnership in Nottinghamshire event. Plans for next year include a piece of work to understand if we can provide access to 'Be Part of Research' consoles within the Centres, along with training volunteers within the Centres to give confidence to introduce the concept of clinical research and signpost appropriately.
		Planned Genetics event for Q3/4 with West Midlands	Q3-4	Complete	The East Midlands and West Midlands Division 3 RDMs, Specialty Leads and Clinical Leads held a day long event on 30 January 2019 aimed at engaging researchers early in their careers, specifically in roles supporting genetics. 32 delegates were enrolled, and the day presented opportunities to hear from the Specialty Leadership, CRN Workforce Development plus several national study teams. A breakout session was also held to deliver the "PI Masterclass" training.
4.4.2	Specialty-wide approach to trainees: as in previous years, the model we have used to support early researchers across a number of specialties will be employed. This will be through ongoing collaboration with the Research Lead at Health Education East Midlands (HEEM) to explore ways of engaging with the undergraduate workforce to try and embed research in to learning pathways.	Working closely with the Specialty Lead, and the CRN Workforce Development Team, we will identify early career doctors and initiate a programme of delivering ICH GCP training, and supporting them in identifying research being delivered in their placement Trusts	Ongoing	Green	An Early Career Researcher event was held on 7 March 2019, with good attendance and interest from those present. Presentations were given from a range of ECRs, with different perspectives, along with information and advice on next steps.
		Once trained, they will be matched to a PI/Study and the RDM/Ops Manager will work with the research leads in the relevant Partner Organisation to ensure they are added on to the relevant delegation logs and supported in delivering the NIHR CRN Portfolio study	Ongoing	Green	

5. Research Delivery					
Ref	**Key project**	**Milestone**	**Milestone date**	**RAG**	**Commentary**
4.5.1	Integrating CRN East Midlands' Industry and Study Support Service teams and aligning their respective procedures and processes to deliver high quality and consistent support for commercial and non-commercial research.	Integrate existing Industry and Study Support Service teams ensuring appropriate line management arrangements are in place and healthcare sector coverage is maintained.	April 2018	Complete	All line management changes are now complete across the integrated SSS/Industry team.
		Review the 'Single Point of Contact' (SPOC) Inbox for each respective service to ensure both are operated in a consistent and streamlined way.	April 2018	Complete	Both mailboxes now adhere to the same principles of a clear mailbox with an archiving system and assignment of projects in place. Approval has been granted for a single mailbox with improved functionality over the existing group mailboxes, a meeting has been arranged to plan for the implementation of this.
		Review policies, processes and SOPs for each service through the establishment of small project groups to ensure these are aligned as far as feasible and desirable.	Q1	Complete	All documentation has been reviewed across the project groups with some with some processes finalised and implemented and others progressing.
		Review Edge study record management processes to ensure these are aligned for both commercial and non-commercial studies.	Q1	Complete	Edge study record management at a notes level has been fully reviewed and implemented. Other aspects within Edge have been aligned for consistency, this will support improved functionality for reporting.
		Develop a CRN East Midlands Industry/Study Support Service Operating Manual to bring together all policies, processes and SOPs.	Q3	Complete	First draft complete and will be refined further during 2019/20 in line with recent changes to national SOPs and processes.
4.5.2	Focussed activities to improve LPMS data integrity, quality & completeness. This will include a range of activities encompassing MDS compliance, partner level reviews, improvement targets for trusts to aid RA preparation (feeding into the Readiness Framework), working with locally based recruitment contacts as we move to single research intelligence system, opportunities to incentivise partners - budget planning, education activities, forums etc.	To continue and complete the MDS Data Quality project commenced in 2017/18. To work through all partner trusts and move towards an improvement in data quality within LPMS. This will give more confidence as we work towards the RA API with CPMS. Will include an awareness raising strategy with partners. Clear project plan is established and needs to be completed, aiming for Q1 & Q2	Q1 & Q2	Complete	Data Completeness Arm of the MDS project has now been completed and has moved into phase 2 which is data quality. This includes looking at CPMS/LPMS errors. All partner organisations are on board with this process.
		Considerable programme of work linked to Readiness at LCRN level and partner level for the API in relation to RA, feeding into the NIHR Framework for this. We will look to increasing our confidence level for the RA link, which will be aided by more information around the timelines and role of the LCRN in this data flow. We will	Milestones throughout, although focus in Q1 - Q3	Green	RA Phase 1 has now gone live, and as a region, the East Midlands was ready for this transition. Extensive communication with partner organisations and stakeholders in ensuring that both LPMS's in the region are fit for purpose and ready to send site level data to CPMS. Communication plan implemented to Chief Investigators and RACs regarding impending

	A local data quality strategy will be implemented across the region to manage this process on an ongoing basis.	engage with partners to improve their understanding and will employ a training and communications package to support LPMS users, and CPMS RA uploads, as we move to LPMS			change to recruitment management but not complete yet as phase 2 of the national plan has not yet been implemented. Despite a lot of pre-work and good communications around this, we still anticipate further work will be required into 2019/20, especially in relation to site level data
		Working with partners to maximise future opportunity to improve both performance and data quality to aid us in HLO attainment and recording/reporting of this activity. Intend to continue to use LPMS data to derive performance elements of local budgets, to act as incentivisation to improve data quality	Q3 & Q4	Complete	Data Quality and Completeness is very high in the East Midlands through extensive working with partner organisations and stakeholders. Performance premium element of local budget, has incentivised that data is correct as only paid on LPMS data not National.

6. Information & Knowledge					
Ref	**Key project**	**Milestone**	**Milestone date**	**RAG**	**Commentary**
4.6.1	LPMS Contract Renewal - Our system of choice, Edge has been in use since May 2015 and is on a 36 month term. We have invested time and resource into developing the LPMS to benefit the LCRN and all Partner Organisations to provide a local portfolio management tool to ensure robust knowledge about research projects in the East Midlands. We need to ensure that now we have an extended Host contract, we have a robust arrangement in place for ongoing LPMS provision. We will involve procurement department of the Host Organisation, to seek advice about how to maintain these arrangements, whilst following due process and entering a suitable dialogue with partners.	Refresh the required contract review processes for current contract (2018/19), ensuing this contract is actively managed and delivers against our need	Q1 and ongoing management	Complete	Contract was renewed for 2018/19 with an extension clause implemented for future years.
		Appropriate engagement with partners/users: process to be determined	Q1	Complete	Complete
		Agreement as to approach with Host organisation, in order to attain desired outcome for continuation of LPMS arrangements, along with required contracting arrangements and negotiations of price/terms	Q1 & Q2	Complete	Complete
		Renewed Edge Contract for remaining LCRN contract (March 31st 2022)	Q3	Complete	Complete
		For new contract to reflect all required terms of the host contract, and to seek advice from the CC in relation to standard terms and conditions	Q2	Complete	Complete
4.6.2	The CRN East Midlands Information Team are currently utilising the User Acceptance Testing (UAT)	Identify the needs of our internal and external stakeholders in relation to performance management and the viability	Q1	Complete	Working with the National BI team, an App has been developed in ODP to address partner needs. We have fed into this process ensuring that our partners needs

	environment within QlikView ODP to explore developments with regard to local ODP Apps. We currently have an App that is open to use by the CRN East Midlands Senior Team. This provides a smart, easily usable and visible overview of activity across the East Midlands against the HLOs. This App has not yet been released to the LIVE environment, as currently our stakeholder analysis has informed us that rather than releasing an App widely, which is in fact aimed at a smaller target demographic, can be a mistake as it leads to stakeholders disengaging. Therefore we are proposing to release a number of ODP developments over the coming 12 months to address localised performance management.	of using ODP to address these. Some of this has already occurred internally within the LCRN.			have been included in the development phase.
		Development of ODP applications for reporting in primary care, data quality and divisional reporting and continued management of HLOs.	Q1 and ongoing throughout the year	Complete	Moved to using other programmes as well as ODP, such as Data Studio to present data quality.
		Testing of applications	Throughout the year as development occurs	Complete	Application in use and development have been extensively tested throughout the development phase and ongoing maintenance.
		Release of applications allowing for feedback	Throughout the year as development progresses	Complete	The dashboards created locally have been released to all partners and stakeholders with good feedback and a large increase in users over the past 6 months. Continuing updates as part of business as usual.
4.6.3	Develop a CRN East Midlands intranet site, primarily aimed at the Central team of c.80 CRN staff, with focus on a CI/I&I section	Establish a task & finish group with appropriate representation to deliver project (including technical input and content providers)	April 2018	Complete	Complete
		Build in I&I specific content and resources with input from CI Lead and Working Group	Q1	Complete	Complete
		Identify and link in with suitable contacts to provide content for other sections, including comms input, where possible	Q1	Complete	Complete
		Launch intranet site	Q2	Complete	Site launched in October 2018.
		Ongoing review of content to ensure this is kept up to date throughout the year	Q2-Q4	Complete	Complete, have handed ownership over to comms function. Survey circulated to staff and feedback was very positive overall, some further recommendations will be incorporated into the site.
		If successful, to consider sharing this across our supra-network if it is thought to be helpful for our partner/link LCRNs	Q3-Q4	Complete	Shared site with CRN West Midlands and Eastern for feedback and information

7. Stakeholder Engagement & Communications (including PPIE)					
Ref	**Key project**	**Milestone**	**Milestone date**	**RAG**	**Commentary**
4.7.1	Clear programme of Communication activities to ensure all elements of the POF and Host contract are met. Key local and national initiatives are met and campaigns supported. Additionally we will strengthen our team across Comms/Engagement and PPIE to ensure we can deliver on any new objectives, in-year. Outside of staffing, our non-pay Comms budget will be £10,000	Review of team/resources aligned to this, to have a consistent approach across the Engagement function, including clarity as to Leadership	Q1	Complete	Complete
		Comms Plan to be finalised and agreed through Comms WG to agree that all Comms BAU activities will be maintained and clearly assigned within the team, to include: website, Twitter, leaflets/materials, newsletter, local and national campaigns, promotional events, filming, patient & researcher stories, Also for new local campaigns to be agreed - completing the TnT work, promoting the Envoys scheme, and other work to be agreed	Q1-Q2	Complete	We completed activity around all of the priorities identified and will be using our experience to inform content for 2019/20.
		To refresh and enhance our local Communication working group, potentially to look across the engagement function, and look to reduce any duplication of effort and time	Q1-Q2	Complete	Complete
4.7.2	To aid us in reaching our engagement goals we will look to have a clear theme of promotion of opportunity in 2018/19. We will work with our partner organisations and lay members/patient representatives to help deliver this, ensuring that information is available for patients to aid understanding that research is taking place locally, what it is and what it means to them	To promote the MOOC widely, along with support and champion campaigns around awareness raising such as ICTD	Ongoing, with focus on key activities in the year	Complete	Increased social media use and improved stakeholder engagement has helped raise the profile of different projects and activities.
		To use social and traditional media routes to raise awareness of research, and explain its role in the healthcare landscape	Ongoing, with focus on key activities in the year	Complete	Our Twitter impressions grew by +450% from Q1 to Q4. We were successful in placing content in both local and national press during 2018/19.
		To clearly scope and then look to streamline any opportunities for regional working, specifically with NIHR partners and AHSN. This links to engagement, Comms and PPIE activities, with opportunities for synergy and shared working to be maximised wherever possible	Q1-Q2	Complete	We are heavily involved in the regional NIHR Communicators Group, which is linking together NIHR activity across the region. This has included developing a shared stakeholder engagement plan.
		Engagement and involvement with NHS and other stakeholders is critical to the success of the Network, as such we will	Ongoing through the year	Complete	We have strengthened our collaboration on communications work with Trusts and other partners, increasing our reach and profile across the region.

		continue to run a series of engagement events to include the Research Forum, Finance Engagement events and Specialty Lead events; we will also continue to attend the NHS East Midlands R&D Leads meetings every two months, also other regional events such as CTU meetings, CLAHRC, AHSN, RDS etc.			
4.7.3	In addition to the engagement and promotional work, and the Comms activities described above, the CRN is keen to involve patients in research in meaningful ways, which are clearly linked to the role of the CRN as a regional research delivery champion.	To continue our current successful arrangements for PPIE small awards, to make an impact on defined projects across the East Midlands which assist in enhancing awareness and opportunity for engagement and involvement in research for patients and the public. At least one of these to be focused around reaching out to diverse communities within the East Midlands.	Ongoing through the year	Complete	Three separate projects were identified for support locally, and we are working closely with grant recipients to provide support and feedback as their projects are developed and implemented.
		Run a networking event for PRAs to enable them to meet and undertake the necessary training and therefore create a better utilisation of this resource.	Q3-4	Red	This event took place in April 2019, and will inform the structure and programme for PRAs over the next year.
		To build on the pilot work carried out in 2017/18 and roll out the Patient Research Experience survey to partner organisations, to review findings and then look to implement steps to further improve the patient research experience	Q3-4	Complete	After a successful pilot with two Trusts which utilised digital solutions, including a live-reporting tool, PRES is now in the process of being rolled out across the region, including in Primary Care and with the LOROS hospice.
		To review our local approach to assessing and recording reach and impact of PPIE and engagement activities, to work with other LCRNs, potentially across our supra-network region, and learn from the approach taken by others	Q3	Complete	We have implemented ideas and best practice from other LCRNs for both PRES and PRAI.
4.7.4	Celebration of Continuous Improvement Impact. Working with CI Leaders across our CRN supra-network, we will deliver a campaign of celebrating the impact of CI. Throughout the year we will share CI Impact Stories across various media channels (newsletters, Twitter etc) and arrange a joint showcase event to take place in quarter 3 or 4.	Identify 1 CI Impact story from each region (plus a joint impact story for the last quarter)	Q1	Complete	Complete
		Prepare the Impact Story template for each region	Q1	Complete	Complete
		Launch 1 story per quarter through agreed channels	Q1, Q2, Q3 & Q4	Complete	East Midlands Impact Story (RST Communication & Wellbeing using digital tools) shared in July 18. Eastern have provided Q2 story (Aphasia Accessible PRES), which has been shared. Q3 story WM (ACROSS Project) has been shared and I&I showcase

					event impact story shared in April 2019.
		Hold regular teleconferences between us and the CI leaders in CRN Eastern and CRN West Midlands	Q1, Q2, Q3 & Q4	Complete	In Q4 we expanded the meetings to include representation from across our CI Working Groups
		Organise and hold a CI Showcase event, to celebrate CI projects that have been delivered in the three regions, and to facilitate knowledge transfer to others	Q4	Complete	Successful event held on 16.10.18 in Birmingham. Feedback collated and shared.
4.7.5	To drive implementation of a robust mechanism nationally to give quality feedback on site non-selection, so that partner organisations can use the feedback to develop services in line with sponsor expectations. To build on the national process already incorporated into the study milestone schedule and learn from the regional work we completed last year to support this.	To ensure that this is captured and integrated in the national 'Improvement Plan for delivery of commercial studies'.	Q1-Q2	Complete	Continue to raise in national forums and being driven as part of the 'Improvement Plan for delivery of commercial studies'
		To utilise the regional paper approved at the quarterly Industry Working Group 'Feedback on Non-selected sites process'. The process was implemented successfully leading to increased feedback to research teams nationally and regionally.	Q1-Q2	Complete	Covered by implementation of the 'Improvement Plan for delivery of commercial studies' SOP relating to the Performance Review Lead.
		To encourage research teams to provide us with feedback where the lack of reasons for non-selection will impact negatively on the research culture through newsletters and other appropriate media.	Q1-Q4	Complete	This is discussed in multiple research arenas. Most recently we sent feedback from the East Midlands Urology Expert Clinical Advisory Group (ECAG) of their collective concerns at the lack of feedback they receive following the submission of Expressions of Interest.
		To raise at all forums with commercial partners, at the Industry Working Group and to push for a wider discussion at the national Roadmap Group or other national fora.	Ongoing, Q1-Q4	Complete	Discussed in the regional Industry Working Group and in addition with other IOM colleagues to date. This has also been discussed in The Roadmap Group.

8. Workforce Development					
Ref	**Key project**	**Milestone**	**Milestone date**	**RAG**	**Commentary**
4.8.1	To integrate health & wellbeing into our day to day activities to enable us to create a positive and healthy working environment.	Create and send out a wellbeing survey to the central team	Q1	Complete	Survey created and sent out to the central team. A total of 49 responses were received and the results shared with the senior leadership team. Results from the survey will inform the wellbeing strategy.
		Create a dedicated wellbeing section of WFD google site to provide useful resources and links to wellbeing information in Host and Partner Organisations.	Q1	Complete	Dedicated wellbeing section created on WFD site.
		Outline the expectations of Partner Organisations and other employing bodies regarding the wellbeing of CRN funded employees in the CRN Induction.	Q2	Complete	Statement around employee wellbeing included within online CRN Induction.
		Create wellbeing eLearning package covering key wellbeing issues identified in the survey	Q2	Complete	eLearning package completed and available via wellbeing section of WFD site
4.8.2	To continue to support and develop the research delivery workforce, across all disciplines and professions, and to engage the wider workforce to promote clinical research as an integral part of healthcare for all	Launch the CRN East Midlands Induction package and ensure that it is available to all new staff funded by the LCRN	Q1	Complete	The Induction package was formally launched at the Accelerating Digital event then shared widely across the East Midlands and with WFD colleagues across the CRN.
		Plan and run a Research Forum for the non-medical research delivery workforce to promote collaborative working and the sharing of best practice.	Q3	Complete	Forum took place on 10/10/2018, it was well attended by over 120 research delivery staff.
		Support the national work to create a Practitioner community, identify local Practitioner champions and hold an event locally to bring this workforce together	Q1	Complete	Local event for the Practitioner workforce run on 17 April 2018. We have put forward Practitioners from the East Midlands to support the national work and Victoria Fowler attended and contributed to a steering group meeting. We had a good response to our Practitioner survey for early adopters onto the Directory and have been working with POs to promote the Directory further. We had over 50 Practitioners on the Directory from across the East Midlands and will look to increase this further in 19/20.
		Run regular delivery team leader events to promote the sharing of expertise and best practice and provide an opportunity for learning, problem solving, gathering intelligence and information sharing.	each quarter	Complete	Events detailed were run as planned
		Include an LCRN leaflet in Host Organisation new starter packs to raise awareness of	Q1	N/A	Host organisation are now developing their own leaflet, however we will work with other POs to get the CRN leaflet,

		clinical research across the wider NHS workforce.			once re-branded, into new starter packs.
		Embed 'Clinical Research Is Everyone's Future' (CRIEF) video into Host and Partner Organisation learning management systems to increase awareness of clinical research.	Q3	Complete	This has now been embedded onto learning management systems within a number of partner organisations.
		Explore opportunities to engage with the undergraduate workforce and promote clinical research as an attractive career option.	Q4	Complete	The WFD Lead and Senior Nurse attended a careers event within NHFT. The WFD team attended further career events throughout the year including the Talent Academy Annual Lincolnshire Health and Care careers Event on 10 December 2019 in collaboration with our POs across Lincolnshire. Michele Eve also registered with the Inspiring the Futures programme and has attended career events to inspire the next generation of clinical researchers.
		Support at least 1 Partner Organisation to enhance NHS research culture by developing Research Envoys who spread the message about research.	Q4	Complete	Research envoy programme developed with DCHS and the LCRN ran the educational element of the programme.
4.8.3	Reach out to the research delivery teams embedded in Partner Organisations, to ensure we can appropriately support (and capture information about the delivery of) Improvement and Innovation in the Partner Organisations.	Survey R&D/I offices and research delivery staff to understand support and any barriers in current working practice/arrangements with respect to Innovation work	Q2	Complete	Scoping survey was targeted at research team leaders, ALP alumni & Research Envoys in Q4. Initial analysis suggests there is some understanding of CI and has highlighted a few examples of innovation work. There is also an appetite for the CRN to offer further training opportunities and resources to support CI. We will develop this further in 2019/20 and review the impact.
		Explore other routes to engage with the research delivery workforce, with a view to raising awareness of the CI workstream. As part of this, to have some targeted Comms about what CI/I&I is, and have a presence at already planned Research Forum events, which are for the delivery workforce	Q2	Complete	CI Lead attended Research Forum and hosted continuous improvement stand. CI theme also raised at Team Leaders event on 12.2.19. Scoping survey included some targeted comms relating to I&I.
		Continue to deliver quarterly CI capture exercise with core team, and look to expand to delivery teams	Q3 & Q4	Complete	Included question on scoping survey to capture examples of CI work and WFD Lead circulated request to capture CI projects from research team leaders at partner organisations
		Investigate and deliver methods to share CI project details	Q3 & Q4	Red	Discussed approach with Comms Lead to develop case studies with videos, newsletter items and social media posts to share CI projects. Two projects have been identified and discussed with R&D managers, with agreement to share these. However, there has been some delay as awaiting for staff member to return from extended leave period for one initiative and some further feedback on impact of the other initiative. This will be completed in Q1 2019/20.

9. Business Development & Marketing					
Ref	**Key project**	**Milestone**	**Milestone date**	**RAG**	**Commentary**
4.9.1	The national strategy focuses on the ability of 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 eg: Academic Health Science Networks, Medilink and linking with the growth of the Medical Technology strategy	To have at least one collaboration on an initiative with Medilink East Midlands or BioCity to increase the exposure of their members to the offering of the Commercial Team	Q4	Complete	The scoping work by Medilink East Midlands for the SME engagement project is now complete and included national and regional NIHR, R&D and wider regional infrastructure interviews. 4 potential options are initially proposed and the report will be made available in Q1 2019/20. The scoping work has already opened up various collaborations and opportunities.
		Development of the engagement strategy through the continually evolving Industry Working Group quarterly meeting to ensure Partner Organisations are engaged and contribute to strategies.	Q1-Q4	Complete	The engagement strategy has developed through the scoping work detailed above, in addition the representative from Medilink East Midlands has attended, along with a representative from the national Business Development Team. The meeting has since evolved to include representation from across the wider SSS community including both commercial and non-commercial workstreams.
		To take forward actions and momentum from the NIHR SME Engagement Roadshows. Measure of engagement with at least 4 SMEs to progress towards an appropriate referral onwards for development of research ideas.	Q4	Complete	Over 4 SMEs in concept stage listed on Edge with others that have progressed and are currently open on the NIHR portfolio.
		Improved collaboration with another partner in this field, either as part of the wider NIHR family or as opportunities arise.	Q4	Complete	Collaboration with Medilink East Midlands leading to involvement with partners through Codex4SMEs and also CHEATA who support SMEs as part of engaging with the NHS.
4.9.2	Work with one or more specific partner organisations or research teams to develop a tailored and targeted commercial strategy	Identification of a first research area with the potential drivers for growth	Q1-Q2	Complete	At end Q4, SFH have opened 4 commercial studies in year and 5 in the pipeline. Recruitment into commercial research studies has increased 3 fold from 2017/18 to 2018/19. HLO2a data for 2017/18 was 33% RTT and for 2018/19 is 100% with a 50% increase in number of closed commercial studies.
		Development of a tailored strategy to support the growth of commercial research with set actions and planned outcomes	Q2-Q3	Complete	Strategy includes targeted approach to ensure feedback on reasons for non-selection for site identification submissions. Profile of strengths to support engagement with one CRO and one sponsor. Involvement in national initiative for performance as part of the National Improvement plan for Life Sciences
		Review and ongoing support for strategy and if capacity allows support for additional sites/research teams.	Q3-Q4	Complete	Regular call with site and ongoing support from the wider SSS team with some bespoke support for commercial contracts.

Section 5. High Level Objectives – Summary 2018/19

HLO	Objective	Measure	Target	LCRN Actual	Year end commentary
1	Increase the number of participants recruited into NIHR CRN Portfolio studies	Number of participants recruited in a reporting year into NIHR CRN Portfolio studies	52,000	67,826	At year end we exceeded our target fantastically, achieving 67,826, which is 130% of target. Some of these larger studies were unknown at the start of the year, even despite best endeavours to plan and manage our study pipeline. We are really pleased with our attainment against HLO1
2	Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time	A: Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites	80%	79%	Year end commentary is only required for HLO1 and HLO7. Further information can be found under HLO Key Projects in Section 3.
		B: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	91%	
4	Reduce the time taken for eligible studies to achieve set up in the NHS	Proportion of eligible studies achieving NHS set up at all sites within 40 calendar days (from “Date Site Selected” to “Date Site Confirmed”)	80%	77%	
5	Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies	A: Proportion of commercial contract studies achieving first participant recruited within 30 days at confirmed Network	80%	45%	
		B: 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 ”)	80%	53%	
6	Increase NHS participation in NIHR CRN Portfolio Studies	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	99%	100%	
		B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	70%	69%	
		C: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	40%	52%	

7	Increase the number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	1,510	1,488	This year's recruitment total was 1488, this equates to 99% of the 1510 target. On balance we were pleased because this shows a much improved position from our mid year attainment, and we knew the target this year was going to be a stretch. A number of locally led dementia studies have been either slow to set up and/or slow to start recruitment (Pride and Praised). These delays have been due to a mixture of causes including the change to the ETC funding process and studies not recruiting as well as anticipated. The lack of national studies coming through the pipeline has also hindered the achievement of this target and will continue to do so if the number of studies within dementia does not increase. A large contribution to the recruitment numbers has been the involvement in non-dementia neurodegeneration studies which has accounted for 692 (46.5%) of the total HLO7 recruitment. There has been a push to increase research within these areas in 2018/19 and this will continue into 2019/20.

n.b. HLO3 is not included as this relates to a national objective.
Data cut 26.4.2019.

Section 6: Clinical Research Specialty Objectives

Specialty	Objective	Measure	Target	Local actions to achieve the national objective	RAG	Performance against plan
Ageing	Increase early career researcher involvement in NIHR CRN Portfolio research	Number of LCRNs that have evidenced increased early career researcher involvement in NIHR CRN Portfolio research	15 LCRNs	• Ageing Specialty Leads to organise a one day research conference, jointly with the CRN and British Geriatrics Society, with the specific aim of encouraging early career researcher (ECR) involvement in NIHR CRN Portfolio research. (June 2018) • Ageing Specialty Leads to liaise with existing ageing early career researcher networks (including G4J, AEME, Geriatric Medicine Research Collaborative [GeMRC]) to ensure no local omissions and to populate a list of ECRs in the East Midlands. These ECRs could then be approached and supported to take on the role of PI or co-investigator. (Q1-2) • Ageing Specialty Leads to liaise with academic colleagues in allied health roles to ensure early career researchers from therapy and nursing disciplines are also identified and encouraged to get involved with portfolio research, either on delegation log or as PI/co-investigator. (Q1-2) • We will continue to support and encourage involvement of trainees through the initiatives described under cross divisional trainee support. (Ongoing, Q1-4)	Complete	• British Geriatric Society, EMRAN and CRN led the multi-disciplinary one day research conference, which was held at City Hospital in Nottingham on 19th June 2018. Its objectives were to increase awareness of research amongst clinicians in the region, and encourage ECR involvement in NIHR CRN Portfolio research. 25 delegates attended, and the ECRs present reported feeling motivated to seek out research opportunities, including opportunities to be a PI. The meeting had talks from Prof Rowan Harwood and local clinicians acting as PIs for the PERFECTED study. ECRs from a variety of backgrounds (medical, physiotherapy, social sciences) were also given the opportunity to present their work, with the aim of making the event as inclusive and multidisciplinary as possible. First meeting of its kind bringing researchers and those interested in becoming PIs together with a very pragmatic approach. The event was extremely well received and will be repeated annually. • The format of this research conference was subsequently adopted for the CRN ECR event held on 7th March 2019. • Prof Gordon and Dr Haunton have good links with existing National ageing ECR networks (G4J, AEME, GeMRC) and disseminate their work and research opportunities via email and social media. In addition to links with existing networks, an extensive scoping exercise was undertaken by Prof Adam Gordon and Dr Victoria Haunton (Regional Specialty Leads) to

						identify additional ECRs within the region. This included contacting established and senior researchers in the region and asking them to share the details of ECRs within their own research groups. Additionally, the Ageing RAG was reviewed, and PIs/CIs were contacted to ask if they had any ECRs on the delegation logs for their studies. A list of East Mids ECRs has therefore been generated, and it is believed that this is comprehensive. 7 East Mids ECRs are notably acting as PIs or Sub-PIs for portfolio studies, and a further 15 ECRs are on the delegation logs for portfolio studies. • Several national portfolio studies led by the East Mids have AHPs as CI/PI (e.g. FiNCH led by Prof Logan). In Leicester, the monthly collaborative Mental health, Ageing, Public health and Primary care (MAPP) meeting, which is well attended by ECRs, provides a helpful forum for disseminating information and opportunities. ECRs are encouraged to present their research, and research ideas, at this meeting. This meeting is also multidisciplinary and well attended by research colleagues in nursing and AHP roles. • Enabling Research in Care Homes (EnRICH) events held in Nottinghamshire and Derbyshire have also provided opportunities for multidisciplinary networking, as have regional EMRAN events. • National Speciality Objective; First line data submitted for HLO June 2018,Second line data submitted for HLO March 2019 clearly identifying ECR researchers in the region who have gone on to be on delegate logs for studies. <u>Additional achievements:</u>

						• Researchers from the East Midlands led and participated in a pioneering Early Career Workshop at the Faculty of Medicine, State University of Sao Paolo Botucatu, Brazil, in June 2018. The OPAL workshop brought together 13 early career researchers from the UK, with 17 counterparts from Brazil in disciplines ranging from musculoskeletal physiology to applied health services research. Over the course of the week, through a process of keynote lectures and expert mentorship, the delegates developed research proposals related to dementia, musculoskeletal frailty and long-term care. Lasting relationships were formed and these ideas will now be developed into bids for research funding bodies. Adam Gordon was the UK lead facilitator. • 13 ECRs in the East Mids have undertaken GCP training in the last year. **Overall we have achieved this nationally set objective for 2018/19.**
Anaesthesia, Perioperative Medicine and Pain Management	Increase the number of NIHR CRN Portfolio studies led by trainees as Chief Investigator or co-Chief Investigator	Number of LCRNs with a study/studies led by a trainee (Chief Investigator or co-Chief Investigator)	5 LCRNs	• The MERCAT Network (which covers anaesthetics & critical care) is affiliated with the Research and Audit Federation of Trainees (RAFT) and has successfully delivered on a small number of Portfolio studies. • The Specialty Lead, RDM and Operations manager will continue to work closely with the trainees, set up a buddy system, matching interested trainees to experienced PIs/CIs to gain exposure and experience in undertaking NIHR Portfolio studies. (Q1-2) • Formally invite the Trainee Network representative to sit on the Division 6 Steering group. Would provide a direct link to the CRN, and help raise awareness around the NIHR as an organisation,	Complete	• Engagement continues with MERCAT. They held the first East Midlands Research and QI day at the Royal Derby Hospital on the 26th October 2018 which was a huge success. • Continue to link in with the MERCAT trainee network to ensure all interested trainees get the opportunity to buddy up with and have access to experienced PIs in their placements to gain exposure in supporting delivery of the NIHR portfolio studies open in this region. • CRN East Midlands Early Career Researcher (cross specialties) event held in 7th March 2019 • One nominated Trainee representative now attends the Division 6 Steering Group

				specifically around the NIHR Portfolio adoption process and services available. (Q1) • Once identified all relevant project / study from the trainees will be supported at an early stage via the CRN SSS team through the Early Engagement and Early Contact Service. This guidance, support and mentorship should give interested research trainees the confidence to take on the role of co-Chief Investigator or CI. (Ongoing, Q1-4)		Meeting held bi-annually. • One early career researcher has made contact this year with the SSS acute manager for support with the development of a grant application around chronic pain management. • Although there has not been a trainee named as a CI or co-CI, a number of studies have been heavily supported by the trainees, e.g. DALES this has resulted in the East Midlands being the second highest recruiting LCRN into this study. **This is the one objective which unfortunately we have not met this year, although good progress has been made against our local objectives**
Cancer	Increase patient access to Cancer research studies across the breadth of the Cancer subspecialties	Number of LCRNs achieving on-target recruitment into at least 8 of the 13 Cancer subspecialties, where "on-target" means either improving recruitment by 10% from 2017/18 or meeting the following recruitment targets per 100,000 population served: a) Brain: 0.2 b) Breast: 10 c) Colorectal: 3 d) Children and Young People: 3 e) Gynae: 3 f) Head & Neck: 1.5 g) Haematology: 7 h) Lung: 4	15 LCRNs	• The CRN will continue to work with the Cancer Alliance (including representation on the Board and the Performance & Clinical Delivery Group). The CRN will present a set of opportunities for collaboration to the Cancer Alliance. The desired outcome of this work will be that the Cancer Alliance will provide a vehicle to implement some priority work packages, to increase patient opportunity to take part in research (focus in in Q1 and ongoing). • There is a continued opportunity to expand research into new settings, specifically with palliative care. A project will continue into 2018/19 to develop and deliver a supportive 'research readiness package' and links with research interested organisations. The intended outcome of this will be to increase the number of specialist palliative care and hospice settings delivering portfolio adopted research. • Appointing an enthusiastic and effective	Complete	• The East Midlands Cancer Alliance has undergone a period of restructure during 2018/19. The CRN Co-Clinical Director remains a member of the Alliance board, and the RDM continues to ensure a flow of information to the Alliance around participation in NIHR Portfolio adopted research. The Cancer Alliance has provided helpful steer to select CRN projects, and the two groups continue to support each others aims and objectives. • Palliative Care - This has been a very successful year in terms of engagement and supporting Hospices to be research ready. The Network Senior Nurse has provided training for interested hospices and the research ready workbook has been sent to three sites for piloting, with very positive feedback. Most of the Hospices are at least research aware with Ashgate Hospice now open and recruiting to MePFAC; in fact they are one of the top recruiters in the country. Rainbows Children's Hospice has been selected and

		i) Sarcoma: 0.1 j) Skin: 0.5 k) Supportive & Palliative Care and Psychosocial Oncology: 4 l) Upper GI: 3 m) Urology: 1		Clinical Lead will be a key activity in 2018/19. The role description has been refreshed, and will be put to advert via NHS jobs during Q1. • Following advice from the CRN Cluster office, we are planning ways to incentivise research activity: - Cancer Research Delivery Event (June 18) - to bring together the active Cancer research PIs and the Division 1 Sub-specialty Leads. Giving an opportunity for networking, developing understanding of the role of the CRN and an opportunity for SSLs to enthuse their colleagues. - The region has a low number of CIs in the Cancer Specialty. Work will be done with our existing CIs to understand how the CRN can better support their work. We also plan to hold a research sandpit to support the development of research ideas, utilising models employed in other specialties. (Q3) - The CRN Cluster office noted that the region is under-represented on the NCRI CSGs. During 2018/19 we will work to actively promote involvement and encourage researchers in the region to apply. This would provide two types of opportunity, to help the development of CIs and to provide early access to the pipeline of cancer studies. (focused around calls for membership) • Additionally, we will deliver three projects to increase the visibility of research opportunities: - In 2017-18 we have scoped the possibility of developing a CRNEM Study Map supported by ODP, with some		are in set up for the DIPPER study. Following a presentation for the East Midlands Hospice Group the Research Operations Manager has been invited to join the group providing research updates and opportunities to take part in studies. • We are pleased to report that we have successfully recruited Professor Srinivasan Madhusudan as Clinical Research Lead Division 1. - Following the appointment of our Clinical Research Lead we held a priority setting event which focussed more on the clinical leadership agreeing a set of priorities to focus on. This was well attended by local SSLs and with national representation. Priorities agreed have informed activities during the latter half of the year, and plans for the coming year. - Work around this area specific to Division 1 has been on hold during 2018/19, in line with priorities identified above. - We have scoped the membership of the NCRI CSGs and we understand our baseline membership from the East Midlands region. We have actively communicated opportunities to join the CSGs, and we will continue this as part of business as usual. - This year we have completed the development work on this tool, and held some pilot activities with our SSLs. The work was then held to see if the 'Be Part of Research' tool would provide this solution on a national scale. We have recently learned that as the source of information for the above will not have reliable site data, we will refresh work on the East Midlands solution.

				development work already undertaken. The purpose of the tool is to allow clinicians to understand which studies are open in their Trust and the rest of the region, facilitating the recruitment into trials more easily. There is potential to develop this tool further to include detailed 'real time' study information. In 18/19 we will expand the current project to scope further development, maintenance in the long term and accessibility. We would be keen to facilitate a conversation with the Co-ordinating Centre, and potentially PA Consulting as the CPMS provider, to see if this work might be nationally scale-able. - The East and West Midlands CRNs will work together to develop a project to increase awareness of research and specific opportunities, by engaging with the MacMillan Support desks in each region. It is hoped that an outcome of this project will be increased awareness of clinical research and an increased number of patients asking their Consultants about research opportunities. In addition to this, the Research Ops Manager is planning a research event at the Maggies Centre in Nottingham, with support from the Cancer Research team at Nottingham. This has not been done before and is an excellent opportunity to engage with patients, carers and families.(project plan finalised Q1, project conducted Q2 and Q3) - Currently anecdotal accounts report that research is not consistently considered at MDT. Again working with the West Midlands, we are developing a project to increase the visibility of research in local MDT meetings. We will work with the MDT Co-ordinators to implement interventions to address any barriers. (Project plan finalised Q1; scoping Q2; intervention Q3,		- We have made significant progress in developing positive relationships with the Macmillan Nottinghamshire & Derbyshire Partnership in the North of the Region and attended and presented at a Partnership event. The event that was due to take place at the Maggies centre unfortunately had to be cancelled as the Centre Head left and the post took a considerable time to fill. The post holder has only very recently come in to post and we will carry this event forward to 2019/20. - Following a steer from the local Cancer Alliance, the RDM began work with the NHS England Cancer Programme around their Streamlining MDTMs project. A guidance document is about to be published by the Cancer Programme office which intends to support Cancer Alliance's and providers to streamline MDTMs. Part of this document will make recommendations around consideration for research studies, and will direct data to be gathered around this. Although this key project is now complete, the LCRN will continue to work with both the local Cancer Alliance and the Cancer Programme office to ensure any opportunities around this guidance are recognised and supported. **Overall we have achieved this objective for 2018/19, achieving on-target recruitment into at least 8 of the 13 Cancer subspecialties.**

				Q4)		
Cardiovascular Disease	Develop the research workforce in cardiovascular surgery	LCRNs will identify the cohort of investigators who work on cardiovascular-led NIHR CRN Portfolio studies at cardiothoracic surgery centres in their geography. In consultation with this cohort the LCRN will make a written plan on how it will help those who are interested become PIs	15 LCRNs	• The specialty lead will engage with the new and established consultant to encourage participation in multicentre trials (April 2018) • We will aim to have 2 new surgical studies on the portfolio led by Glenfield (UHL) (June 2018) • The goal will be to take on 1 additional multicentre portfolio study that is not being led by Glenfield (UHL). (December 2018) • Nottingham is comparable in size to Glenfield but is traditionally less academic and research active in this area, the only surgical study running is UK-TAVI which is joint with cardiology. The CRN will identify consultant cardiac surgeons at Nottingham City Hospital and the lead will make contact with them (Q1) • Meet with existing Nottingham consultant surgeons to discuss barriers to participation and review existing cardiothoracic surgical studies on the portfolio (Q2) • Aim to have 1 new study activated at Nottingham (February 2019)	Complete	• HLO first line data has been submitted 30th Sept 2018, second line data has been submitted 23rd Jan 2019. Objective has been achieved. • Overall we increased recruitment from 1,439 in 2017/18 to 1,577 in 2018/19. This was achieved against a drop in national recruitment to CV studies from 38,448 to 32,234 and we moved up a place in the national recruitment table. (9/15) • Engagement with Sherwood Forest was a success (not currently cardio active) and as a direct result the UK GRIS study (CPMS 32356) was commenced and 50 patients were recruited to this cluster RCT. • Recruitment at Derby remains a concern, key member of research active staff now Clinical Director with less/no time for research. This is being managed on an ongoing basis. All other sites are active albeit to a lesser degree than UHL and unfortunately most sites have concerns over staffing levels going forwards. • The CV portfolio is complex with many interventional trials. Progress has been made in recent years with less reliance on UHL BRC study (BRICCS) with more even distribution of recruitment although UHL still dominant (982/1,577). Strong pipeline of studies recently started and commencing in 2019/20 led by UHL. Two important strategic awards to individuals (NIHR RP and NIHR CS for McCann and Arnold) as well as a BHF Research accelerator award (£1m) and Infrastructure grant (£1m) which

						will ensure National/International competitiveness is maintained. • Cardiac surgery has engagement at both surgical sites. One new study has started at UHL (ValCard with another in preparation, Ob Card). A new Assistant Professor has been appointed at UHL which should see an uplift in activity and 2 junior staff are developing as PIs. However no new multicentre studies were commenced as they were felt not to be suitable. • The local Nottingham lead has directly engaged with surgeons and 1 new study has been taken on (DVT post surgery). • EM/WM meeting April 2018, NOAH AFNET 6 Study (CPMS 31185) from West Midlands opened in East Midlands. **Overall we have achieved this nationally set objective for 2018/19.**
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%	• The Divisional Management team continues to work with the Specialty Lead to identify studies suitable for delivery in the District General Hospitals. During 2018/19 we will coordinate a regular teleconference to ensure sites are aware of all opportunities to open studies, and to support efficient delivery of studies that are open. • The Specialty Lead regularly contacts all Partners within the region to obtain updates on current successes and challenges to feed in to National Specialty Group meetings. Trusts are encouraged to arrange face-to-face visits with the Specialty Lead to discuss these more fully. It is hoped that a visit to each Trust can be arranged during 2018/19. • The Specialty Lead has been actively	Complete	• Due to the lack of studies suitable for the DGH, the planned teleconferences have not taken place. However, we have continued to visit Trusts across the region to understand the types of studies that could be delivered in both DGH and the community and have developed a broader understanding of Children's Services and hence the type of studies that can be delivered in a community setting. Changes in R&I management have altered our plans for visits to all of the community trusts, however this will be revisited in 2019/20. Additionally, colleagues in the SSS continue to review the portfolio and pipeline for appropriate studies and ensure they are sent out as expressions of interest. • The Specialty Lead has successfully secured funding for a large multicentre study that will be suitable for most of the

				working with HTA & Neonatal CSG to set priorities for neonatal research. It is hoped that a recent HTA commissioned call, related to this priority-setting exercise, will lead to studies suitable for rolling out to neonatal units, including those in District General Hospitals. • Delivering Children's managed studies continues to be a challenge in the Community settings. To address this in 2018/19 the Specialty Lead and Research Operations Manager will be visiting the Community settings in the region and will work to identify suitable studies for them to deliver. Increased collaboration between Hospital and Community Trusts will be encouraged to support delivery of appropriate research across both areas. • We wish to encourage generation of new research within the region. Grant applications for two large multicentre neonatal trials have recently been submitted to the HTA for consideration; if successful, both would be led by Leicester. We also hope to support the design of a clinical trial as part of an NIHR i4i programme to redesign the neonatal transport system. Led by Nottingham, we hope that the East Midlands Ambulance Service will be instrumental in supporting the design and delivery of the clinical trial.		neonatal units across the region and we anticipate that this will open to recruitment in 2019/20. • This year has seen all but one partner recruit to a study that is managed or supported by the Children's Specialty. The one organisation that was unable to recruit was EMAS, this is consistent across all other Ambulance Trusts. The TrIP study (39396) is now open and recruiting. As the consent for participants is taken before transportation the involvement of EMAS is not recognised when considering recruitments numbers, but they are facilitating this part of the i4i award. **Overall we have achieved this nationally set objective for 2018/19.**

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 83% of Intensive Care units in the East Midlands are recruiting in to studies on the NIHR CRN Portfolio. During 2018/19 it is hoped that this can be increased to 85%. REMAP CAP (IRAS 237150) is a study that most ITUs could participate in, which would help us to achieve this increase (Q3) • Continue to work closely with the Specialty Lead and engage with Intensivists and clinicians across the region to encourage a balance of commercial and non-commercial portfolio studies (Ongoing) • Strengthen links with the Mid Trent Critical Care Network and East Midlands Major Trauma Network to raise awareness around NIHR Portfolio research studies and increase the opportunities to embed research into patient Critical Care pathways (Q2)	Complete	• 88% (7 out of 8) of Intensive Care Units in the East Midlands are now recruiting to studies on the NIHR CRN Portfolio. Challenges are the pipeline remains small and highly complex which in part inhibits some of the region's smaller ICUs opening available studies. • Specialty lead actively engaged with all Intensive Care units across the region. At present time a small pipeline of complex studies so not always suitable to open at every site across the region. • Working with the West Midlands RDM and specialty lead to find areas for collaboration and develop new study ideas. • RDM/ROM attended the annual Mid Trent Critical Care Network event at Southwell Racecourse on 5th November 2018. This event was well attended, and gave the CRN a chance to raise awareness around the types of studies currently available as well as raise the profile of the CRN and what we can offer. **Overall we have achieved this nationally set objective for 2018/19.**
Dementias and Neurodegen-eration	Increase early career researcher involvement in NIHR CRN Portfolio research	Number of LCRNs that have evidenced increased early career researcher involvement and provided the names of at least two new early career researchers that have become local Principal Investigators for DeNDRoN studies on the NIHR CRN Portfolio during	15 LCRNs	• During the last twelve months the CRN Network has seen a slight increase in the number of early researchers involved in delivering NIHR CRN Portfolio studies. We will continue to support and encourage involvement of trainees through the initiatives described under cross divisional trainee support. (Ongoing, Q1-4) • In addition there are a few local studies in concept and development that have an early researcher named as CI, the RDM/ Operations Manager will continue to support, raise awareness and signpost upcoming CIs to our robust Early	Complete	• We have continued to support and encourage involvement of trainees, via CRN research awareness sessions, training and education days. • CRN East Midlands Early Career Researcher (cross specialties) event held on 7th March 2019 • Faculty of Old Age and Psychiatry Annual Conference hosted in Nottingham in March 2019 involved several early career researcher workshops over the course of two days. Led by the National Specialty group and trainee representatives

		2018/19		Engagement and Early Contact services delivered by the Study Support Services (SSS) team.(Q3-4) • We are supportive of the Midlands Early Career day planned in Birmingham by Dr Deborah Oliviera, key researcher at Institute of Mental Health (Nottingham) on April 30th 2018		• SSS team have been working with local Universities with a focus on supporting dementia researchers. • Submitted names of 4 Early Career Researchers to Cluster E office • 2 studies with an early career researcher as CI currently recruiting within the region • The Midlands Early Career day in Birmingham was successfully delivered and feedback was very positive. The agenda used helped formulate a cross divisional local early career researcher event in March 2019. **Overall we have achieved this nationally set objective for 2018/19.**
Dermatology	Develop the Dermatology Principal Investigator (PI) workforce	Number of new Nurse PIs for managed or supported Dermatology studies entering the NIHR CRN Portfolio	1 new Nurse PI per LCRN	• PRIM-DERM 37049 would be a suitable study for a nurse PI. Interest in both Derby and Leicester for these roles and EOIs supported by Speciality Leads have been submitted. Clinical pressures may limit the feasibility of growing this pool due to time constraints. (If local sites are accepted recruitment should commence Q2) • In the absence of this, or other suitable studies we will look to support Nurses in Co-PI roles, developing future PI skills and experience (Ongoing)	Complete	• Specialty objective achieved with 1 new nurse PI for dermatology studies based in Burton Hospitals Trust. • SL for North left Aug 18, New SL for North appointed and started in Nov 18. Started plans to upscale work with Circle treatment Centre in Nottingham. First stop large scale GCP training for all staff. Some concerns regarding the re-tendering of the Treatment Centre with outcome awaited which is impacting. • CRN East Midlands Dermatology Regional Event 28th June 2018, well attended, this will be replicated in 2019 and include Nurses and AHPs. **Overall we have achieved this nationally set objective for 2018/19.**

Diabetes	Improve primary-secondary care collaboration in the delivery of Diabetes research	Increase recruitment into studies that require collaboration between primary and secondary care	Overall national increase of 5% from baseline	• The East Midlands has an excellent track record of engaging with primary care in the region and therefore the aim would be to maintain and strengthen this high performance level for the future. Due to our leadership structure with Div 2 and 5 Led by the same RDM and Operations Manager, we will maximise opportunities to recruit to diabetes studies across all settings. Collaborations tend to be focused in the south of the region where the lead CIs for studies are based and there will be a concerted effort to move this further around the region as studies allow. (Ongoing Q1 - Q4)	Complete	• CRN EM contribution to the national increase of 5% from baseline is 37% increase in 2018/19 recruitment from baseline. Overall national increase is 30% from baseline. • Final recruitment for Diabetes speciality was 2,936, our local target was ~2,800, therefore we have exceeded this by nearly 5%, this reflected an excellent collaboration for the CODEC study where there was active recruitment from across the East Midlands including Leicester, Nottingham, Derby and Corby CCG. • There is a good, mixed portfolio although commercial trials have been generally difficult with very few new commercial trials coming through as diabetes speciality this year. • In addition to the studies which are listed as Diabetes as the main specialty, we have also actively contributed to studies which are primary care/diabetes due to our excellent collaboration with primary care. • There has been a particular good collaboration with Derby on foot related research projects which have led to two successful grants, the studies both of which are in setup, will lead to increased recruitment in the next 12 months. • The Embedding Feasibility study ran well in the East Midlands and led to the grant being funded. The main study has been opened out to other LCRNs and is now fully recruited and progressing well. **Overall we have achieved this nationally set objective for 2018/19.**

Ear, Nose and Throat	Increase trainee involvement in NIHR CRN Portfolio research	Establish links with the relevant professional organisations involved in research for patients with Ear, nose and throat, Hearing and Balance conditions to encourage and support trainee involvement in NIHR CRN Portfolio studies	15 LCRNs	• Our current SL will step down following a successful 2 years therefore recruitment to post is a key driver as we commence 2018/19. (Q1) • Our named Audiology Champion has successfully strengthened positive relationships and delivered a well balanced portfolio of studies through very successful outputs in 2017/18. We will continue to champion this role throughout 2018/19 (On-going) • Continued linkage with our University Hospital Trusts, BRC, MRC Institute of Hearing Research and Trainees to encourage and support recruitment to the portfolio. (On-going) • Regular dialogue between early career researchers and academics/clinicians will remain a prerequisite. Home-grown research remains a key priority within this speciality. (Q1-4) • Once appointed, we will work closely with the new Specialty Lead, and the CRN Workforce Development Team, to help identify early career doctors and initiate a programme of delivering ICH GCP training, and supporting them in identifying research being delivered in their placement Trusts (On-going) • As described in our cross-divisional planning, we will continue to collaborate with the Research Lead at Health Education East Midlands (HEEM) to aid trainee involvement (Q1-4)	Complete	• Appointed two Specialty Leads (job share), one based in the Hearing BRC and a clinician based at one of the large University teaching hospitals • New Audiology Champion in post: Paige Church • RDM/ROM met with BRC Medical Director (@NUH), offered to present the CRN offering to staff and Trainees. In addition the SSS team are actively assisting early career researchers in raising awareness and supporting eligible studies to get on to the NIHR portfolio where eligible. • ENT trainee appointed (Winnie Yeung) to engage the trainees with research. • SL, Trainee and Audiology champion all attended the ENT development day in March 2019. • CRN East Midlands Early Career Researcher (cross specialties) event held in 7th March 2019 • Work with HEEM to identify opportunities to engage and support ECR has started and will continue. HEEM held a stand at the ECR event. **Overall we have achieved this nationally set objective for 2018/19.**

Gastroentero-logy	Improve recruitment into NIHR CRN Gastroenterology studies	Nationally achieve 40 per 100,000 population recruitment.	15 LCRNs	• In 2017/18 Gastroenterology has recruited 40 patients per 100,000 (1,806) however we need to continue to maintain this level of activity and achievement with the support of the Specialty Lead during 2018/19. The Specialty Lead, RDM and Operations manager will continue to work with the smaller DGHs, forging new links with Clinicians and Trainees. Plan to focus on Chesterfield Royal Hospital and Sherwood Forest Hospital NHS Foundation Trust. The planned face to face meetings will include the Specialty Lead in Hepatology as a joint venture. (Q2-3 focus) • Formally invite the Trainee Network representative to sit on the Division 6 Steering Group Meeting. Would provide a direct link to the CRN, and help raise awareness, about the NIHR, specifically around the portfolio adoption process and services available. (Q1) • Link the Gastroenterology Trainee Network (Garnet) with the relevant SSS team to support the application of their local projects / studies that are deemed eligible for adoption to the NIHR Portfolio. (On-going) • Plan to hold a joint East and West Midlands Gastroenterology Society Conference for the region's PIs in Nottingham in May 2018. See also reference in cross-specialty section of this plan (Q2)	Complete	• We have recruited 57 participants per 100,000 into gastroenterology NIHR Portfolio studies (measure 40 per 100,000). • Gastroenterology and Hepatology Specialty Lead held a joint meeting at Sherwood Forest supported by the RDM/ROM. This event was well attended and issues raised around capacity are now being addressed with the help of the R&I manager. The Chesterfield meeting was delayed due to staff changes. However, this combined gastro/hep approach will take place when the new Specialty Lead for gastroenterology has been appointed in Q1. • One trainee on Division 6 Steering Group (Surgery) plan is to rotate this opportunity yearly • GARNeT have successfully had their first study adopted on to the NIHR Portfolio and it is now open to recruitment (CPMS; 39810 Improving Bowel preparation for Colonoscopy with the use of an educational video) • Joint East and West Midlands Gastroenterology Society Conference held on the 11th May 2018. Well attended. **Overall we have achieved this nationally set objective for 2018/19.**
Genetics	Increase early career researcher involvement in NIHR CRN Portfolio research	Number of LCRNs that have evidenced increased early career researcher involvement in NIHR CRN Portfolio research	15 LCRNs	The CRN is actively committed to and supporting the delivery of the 100,000 Genome project. This will, in part, impact upon the capacity of consultants at our genetics centres, which we will review and ensure we also have sufficient focus on early careers researchers	Complete	• The region fully supported the delivery of the 100,000 Genomes Project - working with staff to train and provide opportunity to take part in the study. During 2018/19 the region recruited 1,704 participants to the study (9th out of 15 LCRN regions). Our CRL for Division 3 and our Genetics SL were instrumental to the local success of

				• The 100,000 Genome work will offer an opportunity for trainee involvement, as during 2018/19 we will reach out beyond clinical genetic staff into mainstream specialities. (Q2-3) We will aim to increase early career researcher involvement by engaging them in activities to : - - Consent for gene testing and addition of anonymised data sets to academic databases, particularly for cancer and simplex disease (where no family history) - Leading to consent of patients for gene mapping and functional interpretation assays in the research setting • We will continue to support and encourage involvement of trainees through the initiatives described under cross divisional trainee support. (Ongoing, Q1-4) • As the specialty is evolving significantly, we will take an opportunity in 2018/19 to work with CRN West Midlands to hold a Genetics event (see plans for cross-specialty work). The aim will be to hear what researchers (both early career and established), think the key questions for genetics research are, with a view to this engagement event shaping future research and delivery opportunities. (Q3/4)		the project, both in their own organisations and with recruitment coming from two additional Trusts following adoption on to the NIHR Portfolio (the University Hospitals of Derby & Burton and the Chesterfield Royal Hospital). • The Network Lead Nurse worked with delivery teams and the Genomics teams across the region to train and support staff in being able to take a role in supporting the 100,000 genome study. Although work around the additional consent for anonymised data sets has not progressed through the CRN delivery team during 2018/19, it is a concept that is being championed by the Division 3 Clinical Research Lead. There is a meeting arranged in June 2019 to discuss the potential of this, and utilising a digital approach. • During January 2019 the East and West Midlands hosted a successful day long event aimed at engaging researchers and early career professionals associated with Genetics. **Overall we have achieved this nationally set objective for 2018/19.**
Haematology	Establish links with the relevant professional organisations to encourage and support trainee involvement in NIHR CRN Portfolio studies	Number of LCRNs that have evidenced increased trainee involvement in NIHR CRN Portfolio research	15 LCRNs	• A dedicated haematology research post which we tried to establish at UHL in 2016/17, has still not been filled, despite best endeavours. In 2018/19 the post will be refocused to be part clinical, part research, it is hoped that this will encourage applications from within the Clinical team. A threat to this is that the clinical service itself is very stretched. However, the UHL Research Manager for this area, along with our Specialty Lead are working with the department to ensure the post is supported. (Q1/2)	Complete	• The UHL research manager has worked with flexibility and determination to appoint to posts to support the delivery of haematology research. This has been particularly difficult with a number of 'false starts'. Working with the local manager we now feel that there is appropriate staffing in this area, and the performance in the later half of the year has been good. Between the two individuals in post, and with the help of the CRN Research Support Team, UHL have managed to increase activity from 5 recruits in 2017/18 to 36 in 2018/19.

				• Our Research Trainee for the South of the region (SW) is taking steps to have research added to the agenda for the next 'Blood Club' meeting for NGH, KGH and UHL. The Research item would allow a discussion around which studies are of interest to set up, a performance update and allow problem solving of any operational issues. (Q1, May) • There will be a focus on getting AITPR open at three more sites in 2018/19. This work will begin with the sponsor once the 5 year extension has been approved. (Q2/3) • Work will be undertaken to support the Specialty Lead in networking colleagues in the north of the region. The Research Ops Manager will collate a database of research interested clinicians from across the region (including Haematology CNS at NUH). The Specialty Lead will then make contact to gauge research interest. This database will then be used by the Specialty Lead to circulate opportunities through the EOI process, in collaboration with SSS. (Q2-3) • We will capitalise on an opportunity for the specialty this year, as the Specialty Lead and SW have a study funded which is due to start recruitment in March 2018. This will run for 2 years with a recruitment target of 300. (from Q1) • The Research Operations Manager will coordinate more regular meetings between the trainees, the SL and the local delivery managers. An outcome of these meetings will be to get recruitment to the portfolio back on track and to ensure the trainees feel connected to the CRN. (Ongoing)		• Overall performance in this specialty has improved dramatically, moving from 15th place in 2017/18 (45 recruits) to 8th place this year (89 recruits). • As the pipeline of studies available to the region, and numbers of actual studies being delivered, have been limited, the standing agenda item has not been added to the Blood Club meetings (although we hope that during the course of 2019/20 this will become a productive conversation at these meetings). • Our named trainees participated in a national 'flash-mob' audit as part of the HaemSTAR network. The success of the audit was recognised by both British Society for Haematology and the Royal College of Physicians. • SW was also on a steering committee for an MPN thrombosis study (non-portfolio, run from Royal Free). She presented this work at the European Hematology Association. • As SW has now completed her training we have identified a new haematology trainee to take on the role, Emily Millen. EM will have a hand over and will be meeting with CRN colleagues over the coming weeks. EM has already met the regional HaemSTAR reps. • The extension to UK AITPR has been approved and we have the study now open at all sites bar 3 and we are actively following up to encourage opening the study. • Recruitment and performance to the specialty has improved considerably • A scoping exercise has been conducted reviewing contacts across the region, in

						particular establishing a contacts list for NUH. The Research Ops Manager and • NUH Research Manager have been unable to secure a meeting for the Specialty Lead to meet the NUH team, but this is on-going. The portfolio for non-malignant haematology is relatively small or specialised and few studies are suitable for the DGH, however, every opportunity is discussed and offered to sites • Study set up has been delayed, it is forecast to open June 2019. • The trainee in the North has been on secondment and as such no meetings have taken place (although contact has been maintained). He is due back later this year and will be keen to pick research up again. **Overall we have achieved this nationally set objective for 2018/19.**
Health Services Research	A. Develop research infrastructure (including staff capacity) in the NHS to support clinical research in HSR	Number of LCRNs with a Lead for Health Services Research	15 LCRNs	• As HSR is a relatively new area, closer collaboration is required via our Study Support Service to identify researchers at early stages to help with targeting wider recruitment populations. Once notification of eligibility is received, a proactive approach will be undertaken to guide as appropriate (Ongoing, as studies arise) • Additionally, we will review current activity for HSR funded studies in the East Midlands to assist in identifying areas where participation is low, allowing a more targeted approach to ensure equitable spread of participation across the region. (Q2-3)	Complete	• HSR lead resigned end August 2018, the post has been re advertised 3 times with no applicants. Discussions have taken place and now have interest from two candidates. Hopeful of an appointment in 2019/20 • Specialty Objective B increasing the number of recruitment sites for NIHR CRN portfolio studies funded by the HSDR programme has been achieved. • Several large recruiting studies, recruitment in 2018/19 have surpassed previous years recruitment. **Overall we have achieved this nationally set objective for 2018/19.**
	B. Increase the number of recruitment sites for NIHR CRN Portfolio studies funded by the HSDR programme	Number of new sites for existing and new studies on the NIHR CRN Portfolio funded by the HSDR programme	1 new site per LCRN			

Hepatology	Increase access for patients to Hepatology studies on the NIHR CRN Portfolio	Number of LCRNs recruiting to Hepatology studies on the NIHR CRN Portfolio in the disease areas of: cirrhosis and its complications; and/or non alcoholic fatty liver disease (NAFLD) or non alcoholic steatohepatitis (NASH)	15 LCRNs	• Currently contributing to all of the Hepatology disease areas identified in the objective, need to maintain this level of activity and achievement with the support of the Specialty Lead during 2018/19 • We will forge stronger links with the newly appointed Hepatology consultants in one of the larger acute trusts (UHL). (Q1-2) • Specialty Lead, RDM and Ops Manager to continue to build on the collaborations between the clinicians and academia experts to forge stronger links between the local BRCs and trusts to ensure all relevant trusts can take part in Hepatology studies and thereby increase access for patients within this disease area (Ongoing) • To review and as necessary adjust the resource requirement to achieve these objectives, within the two larger teaching trusts (Ongoing)	Complete	• The East Midlands have continued to recruit to all of the Hepatology disease areas identified in the objective, the region has recruited 535 participants in to the disease area of Cirrhosis which is the highest recruitment of all the 15 LCRNs. In addition, we have recruited 7 participants into the disease area of fatty liver • SLs (both in Hepatology and Gastroenterology) and RDM held a scoping exercise with Sherwood Forest as newly appointed Clinicians now in post and both keen to undertake research • BOPP study- a new initiative one EOI proforma was submitted to the CI for the whole of our region (7 out of 8 trusts). Although individual trusts are responsible for assessing C&C it is hoped a one region approach will streamline the process and cut down on the set up burden etc. This approach will be monitored and if successful will be applied to other specialties where possible. **Overall we have achieved this nationally set objective for 2018/19.**
Infection	Develop research infrastructure (including staff capacity) in the NHS to support clinical research	Named champion for sexually transmitted infection	15 LCRNs	• Dr. Mathew Diggle continues to lead and drive the portfolio in his capacity as Specialty Lead and as the National Specialty Lead for Diagnostics in Infectious diseases. • Specialty Lead/RDM/Operational Manager will seek to identify named champion for sexually transmitted infection as a priority in supporting recruitment, increasing capacity and engagement across the region. (Q1) • Specialty Lead/RDM to continue to support and collaborate with East Midlands Infectious Disease Research Network SIG (EMIDRN)	Complete	• The previous Specialty Lead for Infection was successful in attaining the post of Clinical Lead for Division 6. We have now successfully appointed a replacement, with Dr Manish Pareek commencing in post. • RDM/ROM and SL have started to progress the work with the help of the sexual health champion of increasing the number of sites participating and the number of infection studies available in sexual diseases and AMRs. • Sexual health champion appointed Dr Sophie Herbert

				• Expectation that there will be an uplift in recruitment as we recruit to the PrEP impact trial and 'Men B' vaccine study across the EM. (Ongoing)		• Although the uplift in recruitment came late in the year it has exceed forecast. This is in spite of the Men B Vaccine study now allocated to the children's speciality - which has recruited extremely well across the region **Overall we have achieved this nationally set objective for 2018/19.**
Injuries and Emergencies	Increase participation in pre-hospital studies via Ambulance Trusts	Number of LCRNs that have recruited via Ambulance Trusts to two or more pre-hospital care managed or supported Injuries and Emergencies studies on the NIHR CRN Portfolio	15 LCRNs	• Currently contributing to 6 pre-hospital studies, it is hoped this will increase to 8 within the year, although this will be dependent upon the type of studies available to open. • Specialty Lead, RDM and Operations Manager to continue to support and build on the collaboration work between East Midlands Ambulance Service (EMAS) and the Injuries and Emergencies research teams. (Ongoing) • Provide consistent CRN funding stream to EMAS which continues to help to retain the experienced research paramedic and associated research infrastructure required to deliver these pre-hospital studies. (Q1) • Provide a consistent Study Support Service to aid the Assistant Clinical Director of EMAS in submitting research funding bids to increase local grown NIHR portfolio studies (Q1-4) • Plan to hold a regional East Midlands Emergency Medicine Conference in May 2018 with keynote speakers attending from across the country to raise research awareness in Adults, Paediatrics and Trauma. (Q1)	Complete	• East Midlands have recruited to 7 pre-hospital studies. • 2 NIHR HTA submissions pending and if funded will commence recruitment in September 2019. One HEE bid could commence in Dec 2018 and there is an outline proposal to the NIHR HSDR rural workforce call submitted, pending outcome. • EMAS received a substantial increase in their budget to support the infrastructure for the year. The CRN are keen to continue this support so that we retain the experienced workforce necessary to deliver the pre-hospital studies. • SSS manager has continued to work with EMAS to support the submission of funding applications • East Midlands Emergency Medicine conference was held 11th May 2018. Well attended and due to the positive feedback there are plans to hold a regional meeting with Critical Care in 2019/20. This event's aims are to explore ways of sharing best practice and working better cross specialty across all trusts in the region **Overall we have achieved this nationally set objective for 2018/19.**

Mental Health	Increase participation in Mental Health studies involving children and young people	Increase the number of NIHR CRN Portfolio studies recruiting participants aged 16 years or under	5% increase from 2017/18	• Working closely with the Specialty Lead, and nominated CAMHS champion the RDM / Operations Manager will continue to raise awareness and opportunities in this specific area across all relevant acute, mental health and community trusts. Continue to provide support and develop local PI's to increase the number of CAMHS studies being delivered across this region. (Q1-4) • As presently we are reliant on studies coming to us from other regions, we need to develop local talent. We will strengthen the developing links between the CRN SSS team and CAMHS service providers and the Department of Child & Adolescent Psychiatry at the Nottingham University with a view to supporting local CI's and increasing local study throughput. (Q1-4) • Forge closer links with Dr Joseph Manning the Clinical academic senior research fellow in children affiliated to the University of Nottingham to support and deliver the programme of his research around safe and effective health transitions of children and young people. (Q1-2)	Complete	• Achieved a 40% increase in the number of studies for participants aged 16 years and under. Increase from 15 studies in 17/18 to 21 studies in 18/19. • In comparison to previous years, this year has been successful in the production of locally lead CAMHS studies (1 in second stage and 2 funded). In addition there has been 4 collaborative bids with Trusts in other LCRNs. • We have continued to link in with our nominated CAMHS Champion Professor Kapil Sayal to raise awareness and promote opportunities for PIs in this area in order to grow the number CAMHS studies undertaken in this region. • As planned, we have continued to support Dr Joseph Manning with help of the SSS team, his programme of research around safe and effective health transitions of children and young people and will continue to provide help and guidance for any of his future grant applications. • We have worked closely with West Midlands RDM to scope possible future themed funding collaborations between the two Institutes of Mental Health **Overall we have achieved this nationally set objective for 2018/19.**
Metabolic and Endocrine Disorders	Understand and develop the research workforce that work in Metabolic and Endocrine-led studies	Accurately record the Principal Investigators and recruitment staff (nurses and trial coordinators) working on Metabolic and Endocrine-led studies, on the NIHR CRN Portfolio open	Submission of data by 15 LCRNs	• Recently appointed M&E Lead (Q3 2017/18) who will engage with colleagues around the region to re-engage on M&E. • Steady portfolio of studies both commercial and non-commercial for M&E and Obesity coming through under the M&E speciality. • Liaison across LCRN borders with	Complete	• First line data for HLO submitted June • Second line data for HLO submitted Sept 30th. • Burton Hospital is research active in Metabolic & Endocrine – providing 121 recruits out of 302 total recruits. Burton joined in July 2018, as a result of a merger with Derby Hospitals and SL is now making

		during the 2018 calendar year		colleagues to identify opportunities for cross collaboration • Much of our workforce in the region is cross-specialty, and as such are able to support a range of specialties, with partners and the central delivery resource having a high level of flexibility, this will have an impact on the aim to identify a defined workforce for M&E studies as we largely operate a responsive model		links with this established team. • 2018/19 significantly the highest year for recruitment, mainly due to a registry study but SL is actively pursuing EOIs for Commercial Studies. • Research Clinical Fellow (50%) started in Oct 2018 and now supporting one of the main sites. **Overall we have achieved this nationally set objective for 2018/19.**
Musculoskel-etal Disorders	Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN Portfolio	A: Named orthopaedic champion identified in each LCRN	15 LCRNs	• Due to internal management arrangements at some of our partner organisations, Orthopaedics is not routinely classed within the specialty of MSK, as such liaison is required identify the right Champions. • To aid in improving our performance, we will create a formal Database with details of all rheumatology consultants in the region to help signpost studies of interest to relevant clinicians (Ongoing Q1-4) • We will look to create an award scheme and extend across the region if successful to incentivise registrars to participate in recruitment to research studies, these are fundamental to the sustainability of research. (Ongoing Q1-4) • Create regional face to face meetings with clinicians to address problem areas and encourage knowledge and activity in research. (Ongoing Q1-4) • Organise a research event locally involving nurses and other clinicians in order to create awareness on the importance of patient involvement in Research. This could link well to Building Research Partnerships programme and	Complete	• MSK innovation project funded 1st Oct - 31st March. With GP engagement and referrals to increase participation in research. This innovation project has been a success with 133 patients indicating their interest to participate in research. All these patients have signed consent and the process of recruitment to studies is ongoing. • Alison Armstrong has been identified as orthopaedic champion and there has been engagement with other orthopaedic surgeons in the region. • In relation to specialty objective B, we achieved a 12% increase in the number of participants recruited into orthopaedic studies; the recruitment numbers were boosted by the local engagement initiated with the orthopaedic surgeons at UHL and helping to resolve areas of bottle neck to research they previously had. • Lupus research event – May 18. The world lupus day event was a success with several patients indicating their interest to participate in research. This event is likely to have contributed to some of the response obtained from the innovation project.
		B: Increase the number of participants recruited into orthopaedic studies on the NIHR CRN Portfolio	10% increase from 2017/18			

				incorporate patients. (Ongoing Q1-4)		• The face to face meeting will be added on to the local academic meetings - date currently awaited as the last once was cancelled. • Our local SpR research awards has not taken off as we would like due to resource shortages which has meant that bulk of the research work is still been undertaken by the consultants. • The PPI event has been held on the 1st March 2019 and we had good feedback from the patients. **Overall we have achieved this nationally set objective for 2018/19.**
Neurological Disorders	Increase early career researcher involvement in NIHR CRN Portfolio research	Number of LCRNs that have evidenced increased early career researcher involvement in NIHR CRN Portfolio research	15 LCRNs	• Over the past year we have seen an increase in the number of early researchers within the East Midlands who were involved in NIHR CRN Portfolio research, and are keen to build on this growth • Working closely with the Specialty Lead, CRN Workforce Development Team and ongoing collaboration with the Research Lead at Health Education East Midlands (HEEM), we will identify early career doctors and initiate a programme of delivering ICH GCP training, and supporting them in identifying research being delivered in their placement Trusts. (Ongoing Q1-4) • Once trained, they will be matched to a PI/Study and the RDM / Operations Manager will work with the research leads in each Partner Organisation to ensure they are added on to the relevant delegation logs and supported in delivering the study. (Ongoing Q1-4)	Complete	• As previously outlined, CRN East Midlands held an Early Career Researcher Event (cross specialties) on 7th March 2019. The purpose was to raise awareness of the CRN network and the support it can provide to early career researchers, feedback from attendees proved favourable and this may well become an annual event. • Support provided to set up the Neuro-science Trainee network. Will provide training including GCP to those within this group. This group will aid ECRs to get involved in research including supporting research to being PIs/CIs. • Working with RDM in the West Midlands to explore the opportunities for our local trainees to link in with the established Midlands Neurology Trainees Network **Overall we have achieved this nationally set objective for 2018/19.**

Ophthalmol-ogy	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	70%	• Currently 57% of the acute trusts in the region are recruiting to NIHR Portfolio Ophthalmology studies, we aim to increase this to 75% in 2018/19, however this will be dependent upon the type of studies available to open within the East Midlands. • The focus of the year will be on raising awareness of the Ophthalmology portfolio studies and increasing CRN engagement with our local clinicians. Working closely with the Clinical Lead and Specialty Lead, the RDM/Ops manager plan to target specific department and education meetings to explore research opportunities. (Q1-4) • Link in with department service managers, understand their pressures and help them find innovative ways of working to support them in embedding a culture of research within the departments and ultimately increase recruitment within this speciality. (Q1) • Link in with the recently appointed academic fellow at NUH to provide any necessary support to increase delivery of Ophthalmology research in this acute trust. (Q2-3) • We are keen to establish links with the Ophthalmology trainees and will continue to support and encourage involvement of trainees through the initiatives described under cross divisional trainee support. (Ongoing, Q1-4)	Complete	• 5 out of 7 Acute Trusts (71%) have recruited to Ophthalmology studies on the NIHR portfolio. In addition one community Trust has recruited to Ophthalmology Studies. • New Specialty lead appointed in October 2018. Priority has been to scope the opportunities across the region in the POs not currently research active • Ongoing: The new SL is keen to support the RDM and ROM with this local activity. We have successfully engaged with the service manager in one large teaching trust which has proved beneficial and increased recruitment, so plan to continue this type of activity with other trusts throughout next year. • Ongoing: study currently being supported through the portfolio adoption process • 56 attended the trainee GCP training session held on 18th January 2019 **Overall we have achieved this nationally set objective for 2018/19.**
Oral and dental health	To develop the Oral and Dental research workforce in order to meet the demands of the expected growth in the portfolio following the JLA Priority Setting	LCRNs to survey dentists and dental care professionals within their geographies to identify their research readiness	15 LCRNs	• Local leadership for this speciality is currently being provided by Jas Taggar, Primary Care Lead, with additional oversight and support from Sheffield (Zoe Marshman) as we do not have an academic dentistry institute in the East Midlands, Zoe is therefore providing much appreciated	Complete	• Local leadership has been taken on by RDM attending national meetings. • Interest from local community dentist already research active and interested in creating a pilot practice based dental network in Derbyshire, the outline of

	Partnership	and interests in order to gain an understanding of the local capacity and capability		mentorship for new researchers located in the EM. We are keen to continue this into 2018/19 (Ongoing) • 2 studies currently being worked up in region which may come to fruition in Q4 (one led jointly Derby Kingsmill & QMC; the other in Derbyshire) • Continuing to undertake Oral health Survey of Adults attending General Dental Practices (IRAS 233971) across the East Midlands. (Also IRAS 214707 Orthodontic Treatment Study opening in Northampton). • Liaison with Chief Investigators of studies to identify the best way to engage and recruit Community Dentists.(ongoing Q1-4)		which is being agreed with the Local Dental Committee. This will be the first of its kind in our area and we hope to pilot this in 2019/20. Should this be successful, there could be an opportunity to roll this out further. Most Community Dentists do not engage or have cross over with Trust Oral and Dental services. • Community Dentist has been awarded 2 small HTA grants and is also in discussions with Industry lead to around existing commercial links. • With no dental school we are working closely with Manchester and Sheffield Schools to deliver studies. **We understand that in the East Midlands we will have attained the national Specialty objective, based on recent feedback.**
Primary Care	Increase engagement of GP registrars and First Five GPs with NIHR CRN Portfolio research	LCRNs to identify and fund a minimum of two named individuals in a GP registrar/First Five nurturing role to undertake Research Champion activities	15 LCRNs	• We have appointed two First Five Research Champions (Q4 (2017) and they are currently orienting themselves within their role. Their job descriptions include a specific objective to increase engagement of first 5 GPs and GP registrars with NIHR CRN portfolio research and they will be performance managed accordingly. A local strategy to improve engagement with local GP training schemes, the RCGP faculties and first 5 GP groups has been developed and is being implemented. (Q3-4)	Complete	• First five research champions are making a significant contribution to raising the profile of research among newly qualified GPs. They have spoken at local and national meetings and have an active social media presence. They have engaged and presented at regional GP Specialty training schemes and first 5 GP groups. • Primary Care conference 27/09/18 was very well received, with over 100 attendees, National Lead also presented. Evaluated very positively and led to the pilot of a Community Pharmacy Scheme for 2019/20. • Primary Care conference Sept 27th well received over 100 attendees.

						• Several large recruiting studies, including MSK, GENVASC, FAST which has seen strong recruitment in Primary Care in 2018/19. There are major changes in Primary Care organisation underway and as a specialty we are planning a response that ensures this performance is maintained. • As part of the National Primary Care IT Solutions Group, we now have a hosted GP Website which can be accessed for new studies and searches within the region. This has been launched in January 2019 and is working well. • Innovation project funded for Primary Care IT and the centralising of searches for studies which ties in to the IT Solutions Group requirement. The longer term plan will be to create searches for SYSTEM One in East Midlands and link with colleagues in West Midlands to create searches in EMIS, thereby sharing resources across the supra network. **Overall we have achieved this nationally set objective for 2018/19.**
Public Health	Develop research infrastructure (including staff capacity and working with local authorities) to support research in Public Health	A: Number of LCRNs with a lead for Public Health	15 LCRNs	• PH Lead and Specialty Manager continuation for 2018/19 in place (Q1) The PH Lead and Specialty Manager will: - Continue to help awareness raising of NIHR/CRN offer to PH research via networks and workshops to continue to support recruitment from non-NHS areas (e.g. local authorities). (Ongoing) - Facilitate a number of good quality bids submitted from EM Public Health researchers to NIHR funding streams (Ongoing)	Complete	• PH Lead and Specialty Manager re-contracted for April 2018-March 2019 (q1) • PH studies achieved 1,838 recruits to the portfolio vs a local target of 1,000 (q4) • Ongoing dialogue with contacts across the region has resulted in a 'key stakeholder' database including lead academics from all East Midlands HEIs, PH Consultants and practitioners and forms the basis of an emerging East Midlands PHR network

				- Assist PH practitioners and researchers across a range of backgrounds to identify opportunities for research/ evaluation projects, with a particular focus on registrars (Q1-4)		• Briefing and discussions with the DsPH network resulted in their commitment to supporting the growth of PHR in the region, particularly regarding the development of non-NHS settings and engagement of community cohorts critical for supporting emerging studies. • Collaboration with PHE has built an approach to creating an EMs PHR Strategy/Action Plan. A stakeholder workshop in January 2019 established commitment to develop a collaborative action plan and a more formalised network, with an agreement to 3 network meetings per year going-forward. 25 people attended. • Contribution at the June Rural Health Launch in Lincoln brought opportunities to raise awareness of the PH Specialty across a wide range of non-NHS sectors to develop broader PHR contacts. • A number of portfolio bids were identified for the PH pipeline - Social Prescribing from Nottingham, Childhood Obesity in Lincolnshire and the Lincolnshire Falls Response study. However, due to unsuccessful funding applications, funding timescales and issues around portfolio compliance the PH pipeline remains weak. • Following the PHR Workshop in January 3, we held discussions with 3 HEIs to encourage 3 pump-priming proposals to be brought forward. At the end of 2018/19 these proposals were pending decision from the CRN senior team – we are confident that 2 will result in future PHR studies that will be portfolio compliant and yield significant recruitment.

						• In a meeting with the EMs account manager from Sanofi we identified a potential trial study for 2019/20 which may yield 100s of recruits for a Phase 3 RSV study, which demonstrates commercial interest in the PH Specialty. **Overall we have achieved this nationally set objective for 2018/19.**
Renal Disorders	Increase the number of 'new' Principal Investigators (PIs) engaged in commercial Renal Disorders studies on the NIHR CRN Portfolio	Number of LCRNs with one or more 'new' PIs (defined as researchers who have not engaged as PI in any commercial study in the last 3 years)	15 LCRNs	• There is continued collaboration across the region within Renal which has been established over recent years. The Renal commercial portfolio going forward continues to be healthy and as a result new PIs are identified and actively encouraged throughout each year to help support the workload. There is confidence that this BAU objective will be achieved in the East Midlands.	Complete	• UHL is the main hub site in the region and all other dialysis units are spokes of this site, therefore considerable work has been undertaken this year to make the spoke sites research active. This year the focus has been on Kettering. • The renewal of the tender process for the Dialysis Units included a stipulation that the nurses needed to be GCP trained to ensure that research can be carried out at spokes. • Creation of a Research Link role has been established in Kettering (spoke), if evaluated successfully this will be rolled out to other spokes. • Student nurse placements are being encouraged with access to GCP training. KPIs have been established at Kettering site for both commercial and non commercial research. 1 year review of site has been very successful and model can be replicated at other sites. • Dialize, CPMS 36494 UHL was the third top recruiter internationally and top recruiter in the UK. • First Transplant study opened in UHL Pithia Edge 100208 Open 1/10/18 • Moving forward the renal strategy will be to align clinical services with

						Research Clinical areas by embedding a nurse into clinics to identify patients. • DAPA CPMS 30696 first successful pilot study using Radiologists as leads. All GCP trained. • 2018/19 recruitment has surpassed previous years recruitment. **Overall we have achieved this nationally set objective for 2018/19.**
Reproductive Health and Childbirth	Increase the proportion of NHS Trusts recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio	A: Proportion of acute NHS Trusts, which provide maternity services, recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio	70%	• Our NHS Trusts perform well in Reproductive Health & Childbirth studies, with all of our Trusts recruiting. This year will provide an opportunity to build further regional links, as the monthly 'Regional telephone-conferences' start to become established. These will be facilitated by the Research Ops Manager and the Reproductive Health & Childbirth Champion. (Q1, and ongoing) • We will continue to work with local ISHPs, such as Nurture, to deliver fertility research studies. We will be trying a new model in 2018/19 which will see infrastructure funding supporting a research element in a number of roles in the clinical team. The RDM will maintain regular contact with the site, to ensure that training needs and the Study Support Service needs are being met. (Ongoing) • We will be working to try to maintain the strong performance of recent years in this specialty, however we are expecting there to be a dip in the pipeline in 2018/19, with a number of large studies coming on board in 2019/20. • We understand that the Part B objective is exploratory this year with the expectation to establish a baseline. We feel this measure	Complete	• The regional teleconferences have continued throughout the year, with the RH&CB Champion taking on a leading role in chairing the calls. We have found that the forum is appreciated by the attendees and the LCRN staff alike, with the calls providing a forum for effective exchange of information and peer support. We have seen regional links develop, with intelligence shared around studies and sign posting of staff to information, guidance and study support, both within the region and nationally, using the links forged by the research champion. • This has proved to be challenging during 2018/19. Despite efforts to work with the site to encourage a wider responsibility for research delivery alongside clinical activities, the CRN have been unable to gain agreement on a model for delivery and research support (proposed to be provided by our Network Lead Nurse). We will continue to try to engage the site. • As anticipated our HLO1 contribution was down this year at 1,488 (11th out of 15), compared to 3,110 (8th out of 15) last year. During 2018/19 we recruited to 34 studies compared to 40 last year.
		B: Recruitment within the LCRN geography as a proportion of infant mortality data for that region	Establish baseline to determine appropriate level of growth for 2019/20			

				would fit with the aim to link research activity with prevalence/incidence data, and Reproductive Health and Childbirth is one specialty where this may be possible to do, recognising this is problematic on some other areas. • Our SL will fully engage with the National SL and other colleagues as the direction of this metric becomes clearer. However, as an early action, we will work locally to understand the levels of infant mortality at sites across the region, consider the two potentially different measures for this using Infant Mortality Data from the ONS, and draw a comparison with recruitment levels. (Q2/3)		The biggest drop in recruitment was seen at UHL (from 1,055 to 72) mainly due to the 3 highest recruiting studies from 2017/18 closing this year. This drop was expected. • We have scoped the data around infant mortality and recruitment levels to establish a baseline for the East Midlands, this has been fed back nationally. We will continue to work with the Cluster office to fully understand the intention around this and contribute to any plans and actions around this. **Overall we have achieved this nationally set objective for 2018/19.**
Respiratory Disorders	Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio	Number of LCRNs recruiting participants into respiratory rare disease studies on the NIHR CRN Portfolio (e.g. pulmonary fibrosis, pulmonary hypertension, cystic fibrosis, lymphangioleiomyomatosis, pulmonary alveolar protenosis)	At least 10 LCRNs	• The region is already contributing to recruiting patients into respiratory rare disease studies, specifically a Cystic Fibrosis study which will continue to recruit through 2018/19 (Q1) • Specialty Lead, RDM and Operations manager continue to foster links with respiratory clinicians helping to identify issues recruiting participants and expanding infrastructure where needed in order to deliver studies (Q1-4) • Capitalise and maintain the strengthening relationships with our University Hospital Trusts, and the respiratory themes of the two BRCs within the region (Ongoing) • Clinical Lead, Specialty Lead and RDM to hold face to face meeting with one of the larger acute trusts in order to scope current issues that are causing major barriers to recruitment, and understand what resource, infrastructure etc. is required to support an increase in activity. (Q1)	Complete	• Rare disease studies recruited 158 participants over 14 studies. • Work has continued with SL throughout the year, supporting links with the BRC in NUH • Respiratory recruitment across the two respiratory units has improved significantly this year. • Opportunities for medium sized trusts to undertake more respiratory research have been scoped, potential action plans are in development. In addition the SL/RDM and ROM will provide relevant support to a new CI **Overall we have achieved this nationally set objective for 2018/19**

Stroke	CRN recruitment to Stroke RCTs should be at least 8% of the 2017/18 Sentinel Stroke National Audit Programme (SSNAP)-recorded hospital admissions	CRN Stroke RCT recruitment as a % of SSNAP-recorded admissions	8% national target	• The pipeline for Stroke studies continues to be highly complex and therefore low numbers. There is only one large scale Nurse Led study at EOI stage at present therefore achievement of this target will be ambitious. • We understand this metric may be slightly amended, we believe we are on track to achieve this, considering the current portfolio trend, and study complexity	Complete	• Specialty Lead resigned end September 2018. New Specialty Lead started January 2019. Now establishing a rapport with local PIs, visiting sites and engaging with local stroke research teams. Re-establishing regular monthly teleconferences with sites, sharing best practices. • Recruitment steady for 2018/19 despite the lack of large recruiting studies, 18% of all SSNAP admissions recruited. • The HSRC site in Nottingham continues to be the region's largest recruiter. Ongoing discussions with all sites to address local issues i.e. lack of resources (nurse or PI) and some out of our control; i.e. Burton Merger and awaiting of realignment of Stroke Pathways. • Discussions underway to identify local solutions to the addition of less complex studies, potentially utilising the flow of patients through the TIA clinics these are in the early stages and may link wider into multimorbidity areas region wide. **Overall we have achieved this nationally set objective for 2018/19.**
Surgery	Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties	Number of LCRNs recruiting into at least 12 of the 14 surgical subspecialties (breast, cardiac, colorectal, general, head & neck, hepatobiliary, neurosurgery, orthopaedics,	15 LCRNs	• Currently recruiting to 11 out of the 14 surgical subspecialties which we hope to increase to 12 within year, although this is dependent upon having a pipeline of new studies which has been relatively small this year coming to our region. • Specialty Lead, RDM and Operations Manager plan to continue the biannual face to face surgery subspecialty lead meetings to help raise awareness around the cross	Complete	• Currently recruiting to 14 of the 14 Sub specialties and in 8 subspecialties we are currently recruiting more than 2 participants per 100,000 • Critical Care Speciality Lead has recently been appointed as the National Blood and Transplant research Lead. Initial discussions have taken place to develop transplant research within the EM. Successfully recruiting to the

		plastics and hand, transplant, trauma, upper GI, urology, vascular) AND at least 2 patients/100,000 population into at least 6 of the 14 surgical subspecialties		divisional surgical studies currently taking place in the region. Focus on the specialties we currently have no access to (H&N, Transplant and Plastics and Hand priority). (Q2-4) • Continue with 3 monthly research meetings (members include the trainee network (EMSAN)) in the North, and Specialty lead plans to commence a similar meeting in the South (Ongoing) • Formally invite the Trainee Network representative to sit on the Division 6 Steering Group Meeting. Would provide a direct link to the CRN, and help raise awareness, about the NIHR as an organisation, specifically around the NIHR adoption process and services available. (Q1) • Link the Surgical Trainee Network (EMSAN) with the relevant SSS team to support the application of their local projects / studies that are deemed eligible for adoption to the NIHR Portfolio.		transplantation study PITHIA. • Continuing links with EMSAN attendance from RDM/ROM and SL for support • One trainee from the EMSAN group is on Division 6 Steering Group **Overall we have achieved this nationally set objective for 2018/19.**

Section 7. LCRN Operating Framework Indicators

Section 7 of the template should be used to provide commentary on adherence to the LCRN Operating Framework Indicators.

ID		Guidance	Year End Commentary
1.1	**Domain**: Governance and Management **Indicator**: LCRN provides an Annual Plan, Annual Report and other documents as requested by the National CRN Coordinating Centre **Assessment Approach**: Monitoring of provision of key documents requested by the National CRN Coordinating Centre	No further information required	N/A
1.2	**Domain**: Governance and Management **Indicator**: LCRN Clinical Director and/or LCRN Chief Operating Officer attend all National CRN Coordinating Centre/LCRN Liaison meetings **Assessment Approach**: Attendance registers for National CRN Coordinating Centre/LCRN Liaison meetings	Please comment on attendance at national meetings, if wished. The CRNCC maintain a central record	Every Liaison meeting has been attended by a minimum of COO/DCOO, CD/Co-CD, often we have led sessions/presented and always seek to contribute. We see these as important meetings for communications with other LCRNs and the CC; good for sharing knowledge and good practice, also for learning about and shaping national initiatives.
1.3	**Domain**: Governance and Management **Indicator**: LCRN Host Organisation and LCRN Category A Partners submit an NHS Information Governance Toolkit annual assessment to NHS Digital and attain Level 2 or Level 3 **Assessment Approach:** Analysis of information on the NHS Digital Information Governance Toolkit website which provides open access to attainment levels for all submitting organisations	Please confirm that the Host Organisation have completed the NHS Digital Data Security and Protection Toolkit submission and that they have met all standards. If the Host Organisation completed the Information Governance Toolkit assessment prior to the launch of the NHS Digital Data Security and Protection Toolkit and within the financial year, please confirm the score and attainment level	Host Organisation has completed the NHS Digital Data Security and Protection Toolkit submission. Data is still being analysed so we are unable to comment on level of toolkit assessment at present.
1.4	**Domain**: Governance and Management **Indicator**: Category A LCRN Partner flow down contract templates used to contract with all Category A LCRN Partners **Assessment Approach**: LCRN Annual Report	Please comment on Category A Partner organisation recorded in AR Appendix 3, if wished	All Category A Partner contracts in place
1.5	**Domain**: Governance and Management **Indicator**: Category B LCRN Partner flow down contract templates used to contract with all Category B LCRN Partners **Assessment Approach**: LCRN Annual Report	Please comment on Category B Partner organisation contracting as recorded in AR Appendix 1, if wished	All Category B Partner contracts in place
2.1	**Domain**: Financial Management **Indicator**: Internal audit in respect of LCRN funding managed by the LCRN Host Organisation, undertaken at least once every three years and which meets the minimum scope requirements specified by the National CRN Coordinating Centre **Assessment Approach:** Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre	Please indicate any outstanding recommendations from the last internal audit performed that may not have been implemented fully by the Host Organisation. Please also provide the “opinion” provided by the auditor for the Host audit	Last internal audit was conducted in December 2017 (low risk overall) and all recommendations were completed by June 2018.

2.2	**Domain**: Financial Management **Indicator**: Deliver robust financial management using appropriate tools and guidance **Assessment Approach:** ● Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%) ● Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%) ● Monitoring of financial management via LCRN financial health check process	No further information required	N/A
2.3	**Domain**: Financial Management **Indicator**: Distribute LCRN funding equitably on the basis of NHS support requirements **Assessment Approach:** Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements	Please comment on whether the LCRN adopted a bidding process for LCRN Partners to apply for additional LCRN funding to meet NHS support requirements. If applicable, please confirm the percentage of funding requests approved / rejected	We adopted an Innovation Fund led at Divisional level with up to £50k per Division to support new initiatives and innovative approaches across the East Midlands. 20 out of 26 bids (77%) were awarded some level of funding. This process and the impact of the funding is currently being evaluated.
3.1	**Domain**: CRN Specialties **Indicator**: LCRN has an identified Lead for each NIHR CRN Specialty **Assessment Approach:** The LCRN Host Organisation shall: ● Provide the National CRN Coordinating Centre with access to a list of LCRN Clinical Research Specialty Leads, which includes each individual's start/end dates and contact information ● Notify the National CRN Coordinating Centre if there are changes within the financial year ● Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies	Please provide commentary on intentional vacancies or the expected timeframe to fill Local Specialty Lead vacancies as referenced in the LCRN Fact Sheet	HSDR SL not appointed to, although has been advertised several times through a range of routes
3.2	**Domain**: CRN Specialties **Indicator**: Each LCRN Clinical Research Specialty Lead attends at least 2/3 of National Specialty Group meetings **Assessment Approach:** Attendance registers for National Specialty Group meetings	We are in the process of creating and sharing a central record. In the meantime, please provide locally held information in respect of this indicator	We do not keep a local record, as these meetings are nationally managed with attendance recorded. Keeping a local duplicate record would not be a good use of resources
3.3	**Domain**: CRN Specialties **Indicator**: Each LCRN provides evidence of support provided to their LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nation-wide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews	Please provide evidence of the impact and outcomes from activities delivered to enable your Local Speciality Leads to undertake national activities in respect of commercial early feedback and non-commercial adoption	For commercial early feedback, provision of clear information on the expectation of the role and as part of a new process follow up where appropriate to support ensuring that early feedback is completed. We are hopeful that this will be more comprehensive once we are directly included in correspondence with the specialty lead and Coordinating Centre, and

	Assessment Approach: Review by the National CRN Coordinating Centre of evidence of support provided in LCRN Annual Plan and Report		have previously fed this back as a bit of a blocker currently. This has contributed to a national improvement in the provision of early feedback.
4.1	**Domain**: Research Delivery **Indicator:** Each LCRN consistently delivers the local elements of the CRN's nation-wide Study Support Service as specified in the latest version of the Standard Operating Procedures produced by the National CRN Coordinating Centre and available as part of the LCRN Contract Support Documents **Assessment Approach:** Monitoring by the National CRN Coordinating Centre of provision of the individual components of the Service via the study progress tracker application on Open Data Platform where the LCRN is assigned as the Lead LCRN and/or Performance Lead	Please ensure your commentary references and provides context for the Study Support Progress Tracker app information available on Open Data Platform for studies led by the LCRN in 2018/19 as this provides a mechanism for visualising the local CRN provided service outputs at a study level. For example the number of study delivery assessments completed and the number of study start up documents uploaded into CPMS as a percentage of the number of studies for which the LCRN is assigned as the Lead LCRN	During 2018/19, a total of 111 Early Contact and Engagement meetings were recorded on Edge for the different health sectors (Acute sector = 65; Mental Health & Community = 25; Primary care = 21). Over 50% of grant applications made were to NIHR funding streams and AMRC applications accounted for 16% of the total. From the 111 grant applications, 11 to date are confirmed to have been awarded funding in year. We continue to use Edge as our primary database for recording early contact and engagement activities, thus our activities in this area are not always fully reflected on the Study Support Progress Tracker. For 2018/19, approximately 80% of studies in the Tracker have an early contact and engagement note on the CPMS record. The point of entry for researchers into the Study Support Service can vary and as we use the Early Contact attribute in Edge for pre-grant application support, it is difficult to demonstrate fully the range of support we provide. We continue to utilise the combined study start-up and NSDA form to share information about the study on CPMS and we also apply a Local Study Delivery Assessment and Rating for single centre studies within our region. CPMS is updated to ensure that this rating outcome is recorded and we have achieved a study delivery assessment rating in over 97% of studies (67 out of 69). We are now receiving increasing numbers of SoECATs to review and approve (November - March 2018/19 - 20 approved) and are considering how we can incorporate the SoECAT process as part of our local early contact and engagement offer to ensure that value is added to the researcher experience.
4.2	**Domain**: Research Delivery **Indicator:** Each LCRN provides near time Minimum Data Set data	Please provide an analysis of percentage of missing and inaccurate data points	Phase 1 - Data Completeness NHS Trusts:

	items as specified by the National CRN Coordinating Centre, which have been quality assured to accurately reflect research activity measures and enable collaborative delivery of studies across the NHS **Assessment Approach:** ● Monitored via Open Data Platform reports, the single research intelligence system and the Research Delivery Assurance Framework ● Analysis of percentage of missing and inaccurate data points from each LCRN		April 2018: Baseline average 88% April 2019: Average: 99%. All 16 trusts are above the 95% target. Primary Care RSI: August 2018: Baseline average 68% April 2019: Average 97%. All 5 regions are above the 95% target. Primary Care Non-RSI: August 2018: Baseline average 60% April 2019: Average 89%. Improvement in completeness is evident and work is ongoing to continue working towards achieving the 95% target Phase 2 - Data Quality NHS Trusts: November 2018: Baseline data quality ratio 0.81 April 2019: Average data quality ratio 0.22. 10 out of 16 trusts are below the 0.1 target ratio. Primary Care RSI: December 2018: Baseline data quality ratio 1.23 April 2019: Average data quality ratio 0.34 Primary Care Non-RSI: December 2018: Baseline data quality ratio 0.44 April 2019: Average data quality ratio 0.57 No improvements have been made with these sites; however work is ongoing to allocate resource to address this workstream
5.1	**Domain**: Information and Knowledge **Indicator**: LCRN provides an LPMS to capture for their region the required Minimum Data Set data items as specified by the National CRN Coordinating Centre, and enables timely sharing of information as one element of the single research intelligence system **Assessment Approach:** Monitoring by the National CRN Coordinating Centre of system integration, usage and data transfer as part of the single research intelligence system	No further information required	N/A

5.2	**Domain**: Information and Knowledge **Indicator**: LCRN provides support for ongoing provision of an LPMS solution **Assessment Approach:** Review of budget line for provision of an LPMS in LCRN Annual Financial Plan	No further information required	N/A
5.3	**Domain**: Information and Knowledge **Indicator**: Each LCRN has a nominated representative in attendance at all national NIHR CRN Virtual Business Intelligence meetings **Assessment Approach:** Attendance registers for national NIHR CRN Virtual Business Intelligence meetings	Please comment on attendance at national meetings. The CRNCC maintain a central record	These meetings have been attended by a representative from our BI team, the primary representative is Dave Papworth, Business Support and Intelligence Analyst
5.4	**Domain**: Information and Knowledge **Indicator**: Each LCRN has a nominated representative in attendance at all national CPMS-LPMS meetings where either a) strategic sign off is required or b) an operational working perspective is required **Assessment Approach:** Attendance registers for national CPMS-LPMS meetings	Please comment on attendance at national meetings. The CRNCC maintain a central record	Our LPMS Lead was Paul Maslowski, and then Angel Christian. One of them has been in attendance at all key meetings, sometimes also accompanied by Kathryn Fairbrother, DCOO
6.1	**Domain**: Stakeholder Engagement and Communications **Indicator**: LCRN has an experienced and dedicated communications function **Assessment Approach:** ● Individual's name and contact details provided to the National CRN Coordinating Centre ● Non-pay budget line for communications identified in LCRN Annual Plan	Please provide any additional commentary on vacancies and the expected timeframe to fill these. Please comment on non-pay communications spend. The CRNCC maintains a central contacts list	Communications Lead, Steve Clapperton appointed in September 2018. Non-pay Comms spend was £8,845.16
6.2	**Domain**: Stakeholder Engagement and Communications **Indicator**: Each LCRN has a defined approach to communications and action plan aligned with both the NIHR CRN and NIHR strategies **Assessment Approach:** ● Review and monitoring of LCRN Annual Plan ● Review of outcomes as reported within LCRN Annual Report ● Evidence of joint work with local NIHR infrastructure reviewed	Please cross-reference from Section 4.7 and add any additional commentary as required	This is detailed within section 4.7, however should additional information be required, please advise

6.3	**Domain**: Stakeholder Engagement and Communications **Indicator**: The LCRN has in place a senior leader with experience and identified responsibility for PPIE **Assessment Approach:** Individual's name and contact details provided to the National CRN Coordinating Centre	Please provide any additional commentary on vacancies and the expected timeframe to fill these. The CRNCC maintains a central contacts list	PPIE Lead, Steve Clapperton appointed in September 2018.
6.4	**Domain**: Stakeholder Engagement and Communications **Indicator**: The LCRN records metrics of research opportunities offered to patients **Assessment Approach:** ● The LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc) ● Evidence of local patient evaluation system ● Progress discussed at national PPIE meetings and reported in LCRN Annual Report	Please cross-reference from Section 4.7 and add any additional commentary as required	During 2018/19, our Twitter reach (our primary social media channel) grew by 450% from Q1 to Q4, with an increase in both number and diversity of followers helping to amplify our messages to key audiences, including patients. We have worked closely with partners to provide them with leaflets and other resources to support their needs and, following a localised trial, are developing an online ordering system to help ensure the distribution of public facing materials. A renewed focus on creating publicly accessible content on our website (for example, through patient stories) has helped to drive traffic to our pages. Our engagement approach is informed by patient representatives at our quarterly Engagement Group meeting, which was established this year, in addition to through conversations with our Patient Research Ambassadors who are able to offer a patient perspective. Our progress on PPIE projects has been regularly discussed in national meetings and telephone calls, as well as in our annual report.

6.5	**Domain**: Stakeholder Engagement and Communications **Indicator**: The LCRN has collaborative PPIE workplans across CRN and partners with measurable outcomes for delivery of learning resources **Assessment Approach:** ● LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets ● Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan ● Progress reported in LCRN Annual Report	Please cross-reference from Section 4.7 and add any additional commentary as required	PPIE contributions are detailed in key projects 4.7.3 & 4.7.3.
6.6	**Domain**: Stakeholder Engagement and Communications **Indicator**: Each LCRN supports awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and the UK Clinical Trials Gateway (UKCTG) **Assessment Approach:** ● Review of outcomes as reported within LCRN Annual Report ● Review of performance on JDR	Please comment on how the LCRN has supported the awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG)), cross-referencing from Section 4.7 as required	The East Midlands continues to be the top LCRN as measured by JDR volunteers. This is a result of JDR having a specific project manager, who has helped embed JDR into research teams across the region. In addition, regular engagement and collaboration with partners has helped encourage Trusts and care homes to become JDR champions, and we are working with partners to celebrate best practice across the region (further activities detailed uner key project 4.3.4). We have worked with partners to promote UKCTG/Be Part of Research, providing guidance, materials for use, and working with partners to draw attention to their activity in order to raise awareness amongst different audiences. Improved stakeholder relationships and regular communications with key contacts at partner organisations has helped to develop support for CRNCC priorities.
6.7	**Domain**: Stakeholder Engagement and Communications **Indicator**: Each LCRN delivers the Patient Research Ambassadors (PRAs) project **Assessment Approach:** ● Review and monitoring of LCRN Annual Plan ● Review of outcomes as reported within LCRN Annual Report	Please cross-reference from Section 4.7 and add any additional commentary as required	Details of PRA project are outlined in 4.7.3

6.8	**Domain**: Stakeholder Engagement and Communications **Indicator**: Each LCRN delivers the patient experience survey, as specified by the National CRN Coordinating Centre **Assessment Approach:** ● Review and monitoring of LCRN Annual Plan ● Review of outcomes as reported within LCRN Annual Report	Please comment on the Patient Research Experience Survey findings, impacts, and plans for continuous improvement	This will be provided as part of our response to the Contract Compliance Assurance Framework feedback and actions, which is due in June 2019
6.9	**Domain**: Stakeholder Engagement and Communications **Indicator**: Each LCRN develops and implements a plan to deliver the CRN NHS Engagement Strategy **Assessment Approach:** ● Review and monitoring of LCRN Annual Plan ● Review of outcomes as reported within LCRN Annual Report	Please comment on the plan, outcomes and impacts resulting from delivery to date of the CRN NHS Engagement Strategy	In mid 2018/19 we reviewed our approach across Comms, PPIE and broader engagement (not just NHS). With the appointment of some new roles, we took a decision to establish an Engagement Working Group, with a range of stakeholders, and incorporating the patient/lay perspective. This group first met in October 2018, and has now met on two further occasions. We have covered topics such as PPIE small grants (national & local), CQC visits, Comms priorities etc. We can provide any further information, as required.
7.1	**Domain**: Workforce, Learning and Organisational Development **Indicator**: The LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff **Assessment Approach:** ● Individual's name and contact details provided to the National CRN Coordinating Centre ● Implementation of the local action plan to support the wellbeing framework and action plan	Please advise if there has been any change in the name or contact details of the senior leader with identified responsibility for the wellbeing of all LCRN-funded staff. The CRNCC maintains the central contacts list.	No change (this is still Michele Eve, Workforce Development Lead and Wellbeing Lead)
7.2	**Domain**: Workforce, Learning and Organisational Development **Indicator**: Each LCRN has an active programme of activities that engage the wider workforce to promote clinical research as an integral part of healthcare for all **Assessment Approach:** ● Evidence of programme of learning opportunities provided in LCRN Annual Plan and Report ● Increased engagement of local partners in promoting the work of the NIHR	Please cross-reference from Section 4.8 and add any additional commentary as required	As in section 4.8, and detailed in the previously submitted workforce plan
7.3	**Domain**: Workforce, Learning and Organisational Development **Indicator**: The LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned	Please cross-reference from across the Annual Report and add any additional commentary as required, including details of impacts, benefits, lessons learned, and how these have been	We have in place a nominated senior Leader for this activity, Hannah Finch, with a range of work detailed throughout the plan (including projects 4.6.3, 4.7.4 & 4.8.3).

	to local and national initiatives and performance metrics **Assessment Approach:** ● Evidence of programme of activities provided in LCRN Annual Plan and Report ● Effective approaches shared by Continuous Improvement Leads at national meetings	shared with the wider CRN.	
8.1	**Domain**: Business Development and Marketing **Indicator**: Each LCRN has an up to date business development and marketing Profile using the template provided by the National CRN Coordinating Centre **Assessment Approach:** ● Profile template submitted as part of LCRN Annual Plan ● Contact details provided for assigned LCRN Profile lead in LCRN Annual Plan	No further LCRN information required	N/A
8.2	**Domain**: Business Development and Marketing **Indicator**: The LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy **Assessment Approach:** ● Review and monitoring of LCRN Annual Plan ● Review of outcomes as reported within LCRN Annual Report	Please cross-reference from Section 4.9 and add any additional commentary as required	Please refer to section 4.9 and Appendix 10.3 for additional information.
8.3	**Domain**: Business Development and Marketing **Indicator**: The LCRN actively contributes to the intelligence gathering process from NIHR CRN Customers using the template provided by the National CRN Coordinating Centre **Assessment Approach:** LCRN reports interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings	Please report on interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings	Regular contribution to formulating agenda items as well as attendance, presentation and involvement in discussion at both the Research Delivery Community Face To Face and IOM/Business Development meetings. At least 2 monthly contact with Business Development Team to discuss regional progress and issues to contribute to the national agenda, over the last year this has included SCRS, Community Pharmacy, MedTech and SME engagement.

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST REPORT TO:

Host Board

DATE: **14th June 2019**

REPORT FROM: **Kathryn Fairbrother – CRN EM Deputy Chief Operating Officer**

SUBJECT: **CRN EM FINANCE UPDATE**

1. Purpose

This report provides an update on the following:

- 18/19 financial position for CRN East Midlands

2 2018/19 Financial Position

The table below summarises the 18/19 annual plan and actual expenditure in year.

2018/19	Annual Plan	Annual Expenditure	Variance
	£'000	£'000	£'000
Income			
NIHR Allocation	20,598	21,120	522
Expenditure			
Network Wider Team	645	453	-192
Host Services	300	302	2
Management Team	761	727	-34
Study Support Service (SSS) Team	373	475	102
Research Study Team (RST)	394	370	-24
Clinical & SG Leads	95	72	-23
Research Site Initiative	363	351	-12
Primary Care Service Support Costs	170	321	151
NON - Primary Care SSC	170	225	55
Partner Organisation Infrastructure	16,776	17,139	363
CRN EM Non Pay Non Staff	201	241	40
ETC	0	217	217
Innovation Fund	350	227	-123
Total	**20,598**	**21,120**	**522**

The key issues are reported below.

Variance
Income received is £522k more than originally planned; this was fully accounted for and spent by year end. This is due to:

- Recovery of commercial income for RST support to commercially sponsored studies across the region - £5k
- Derby Teaching Hospitals NHS Foundation Trust and Burton Hospitals NHS Trust merged to form one organisation (University Hospitals of Derby and Burton NHS Foundation Trust) in July 2019. Burton Hospitals had previously been part of the West Midlands LCRN but the newly formed Trust would be supported by the East Midlands LCRN. We therefore received extra income in year, amounting to £265k to support this change.
- Funding received for Excess Treatment Cost to deliver new CCG ETC arrangements since October 2018 amounting to £36k for associated staff costs and £217k for Excess Treatment Costs for incurred costs at Partner Organisations.

Network Wider Team
There is a favourable variance is £192k. £82k relates to staff being recoded to the SSS team, so there is a corresponding overspend there. The remainder of the variance relates to staff leaving and delays in appointing replacements.

Core Management Team
Favourable pay variance is £34k.This is due to Clinical Co Director being employed at NUH, rather than UHL, two senior managers reducing WTE, and slippage in recruiting to the Business Delivery Operational Manager's post. There is an adverse variance of £20k in general non-pay.

Service Support Costs
Primary and Secondary Care SSCs has a combined overspend of £200k against plan. This is due to increased recruitment across the Network and the impact of some new studies, particularly in Primary Care.

Study Support Service Team
There is an adverse pay variance is £102k, of which £82k is the offset underspend in the Network Managed Team budget.

Partner Infrastructure
There is an adverse variance of £363k, which relates to the new budget for Burton Hospital of £265k, offset by underspends elsewhere in the budget

Excess Treatment Costs
This was unexpected funding received in year and therefore not included at budget setting. We received income of £115k for Q3 which was based on research recruitment activity in that period. We were asked to accrue £112k based on estimated recruitment activity in Q4, this is due to final recruitment confirmation occurring after year end. We have recently been notified that the actual income will be £225k for Q4, however the income reported in the total above, is as per ledger at year end.

Innovation Fund
There is an underspend of £123k, largely due to slippage in the recruitment of posts funded by this source in multiple organisations.

Year End Position
The CRN has achieved a break-even position in line with budget and revised forecast income.

3. Recommendations

The Host Trust Board is asked to:

- Note the 18/19 financial position as assurance of compliance with the LCRN Host Contract.

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Audit of Accounts Payable Performance

Background

We have previously reported to the Board, that in the role of the Host for the CRN East Midlands, UHL is not compliant with the NIHR CRN Host contractual terms in respect of timely payments to LCRN stakeholders. This has been on the LCRN Risk Register since March 2019 following discussion at the Host Executive Committee.

The contract states that all invoices/payments must be paid within 30 days; over the past 12 months CRN East Midlands average payment time is 85 days. There has been various email correspondence and meetings with the department over the past two years to try and resolve this issue. This has been escalated to several senior managers in the finance department.

We have received several complaints from our stakeholders regarding delays in payment which could result in disengagement in research participation, and reputational damage for the Network.

Current position

In March 2018, we instigated a new process, whereby all invoices that were over 30 days would be highlighted to accounts payable so that they could be added to the payment run for that week. There was an improvement with invoices being paid on average in 52 days.
This level of service was maintained up until November 2018, when the member of accounts payable staff assigned to LCRN work moved departments and there was a delay in reappointment to that post. This led to significant delays and we were not informed of this change until after several invoices amounting to approx £500k had not been paid for considerable periods of time.

In January 2019, at our Mid year review with the NIHR CRN Coordinating Centre, it was discussed that the Host was not compliant with the contract. We had sought further information prior to the meeting but none was forthcoming. Following the meeting we were requested to provide a breakdown of invoice payments (Appendix 1) to Jonathan Sheffield, CEO NIHR CRN; we understand he intended to escalate this to John Adler.

Further to this meeting, another process was introduced in February 2019 whereby all invoices that had been authorised would be sent directly to AP for payment to be made that week regardless of whether or not they were overdue. There has been some further improvement and at present the average number of days for payments is 31 days, with 82% of invoices being paid in within 30 days. This has taken considerable effort for what should be a fairly simple payment process. The improvement in payment is partly also due to the need to get all year end invoices paid promptly, which has improved the average time.

There remains a significant delay in payments via BACS, which many of our payments are, with constant reminders necessary - these can take up to 3 months to pay.

Board Actions
Whilst we are pleased to see an improvement in the time invoices are paid, this has been because of a significant amount of input from LCRN staff to process a relatively small number of payments each month (approx. 30) and yet the Host is still not contractually compliant.

We will continue to monitor this process over the coming weeks and this issue will remain on the LCRN risk register. We seek to ask the Board for assurance that all future payments, regardless of method are paid within 30 days and where there are potential delays or issues that accounts payable will communicate this in a timely fashion to the Network staff.

Kathryn Fairbrother, Deputy COO
CRN East Midlands
14 June 2019

Appendix 1: Report provided to Jonathan Sheffield, as at February 2019

Number of Invoices Paid

Financial Period	30 Days & Under	30 Days +	Grand Total	
2018 | 04 Apr	0	1	1	
2018 | 05 May	12	21	33	
2018 | 06 Jun	10	33	43	
2018 | 07 Jul	0	27	27	
2018 | 08 Aug	6	32	38	
2018 | 09 Sep	1	35	36	
2018 | 10 Oct	2	55	57	
2018 | 11 Nov	1	57	58	
2018 | 12 Dec	3	20	23	
2019 | 01 Jan	0	23	23	Incomplete Month
Grand Total	35	304	339	

Number of Invoices Paid as Percentage

Financial Period	30 Days & Under	30 Days +	Grand Total
2018 | 04 Apr	0.0%	100.0%	100%
2018 | 05 May	36.4%	63.6%	100%
2018 | 06 Jun	23.3%	76.7%	100%
2018 | 07 Jul	0.0%	100.0%	100%
2018 | 08 Aug	15.8%	84.2%	100%
2018 | 09 Sep	2.8%	97.2%	100%
2018 | 10 Oct	3.5%	96.5%	100%
2018 | 11 Nov	1.7%	98.3%	100%
2018 | 12 Dec	13.0%	87.0%	100%
2019 | 01 Jan	0.0%	100.0%	100%

Total Invoices TD	3.5%	96.5%	100.0%

Invoices Paid as £ Value

Sum of Amount	Paid within 30 days		
Financial Period	1		Grand Total
2018 | 04 Apr		£80.00	£80.00
2018 | 05 May	£226,025.26	£482,102.61	£708,127.87
2018 | 06 Jun	£217,563.73	£653,705.42	£871,269.15
2018 | 07 Jul		£389,152.44	£389,152.44
2018 | 08 Aug	£136,589.34	£1,059,668.12	£1,196,257.46
2018 | 09 Sep	£632.70	£842,375.80	£843,008.50
2018 | 10 Oct	£315.55	£1,306,395.22	£1,306,710.77
2018 | 11 Nov	£38,400.31	£1,393,358.77	£1,431,759.08
2018 | 12 Dec	£37,453.89	£699,366.00	£736,819.89
2019 | 01 Jan		£657,310.38	£657,310.38
Grand Total	£656,980.78	£7,483,514.76	£8,140,495.54

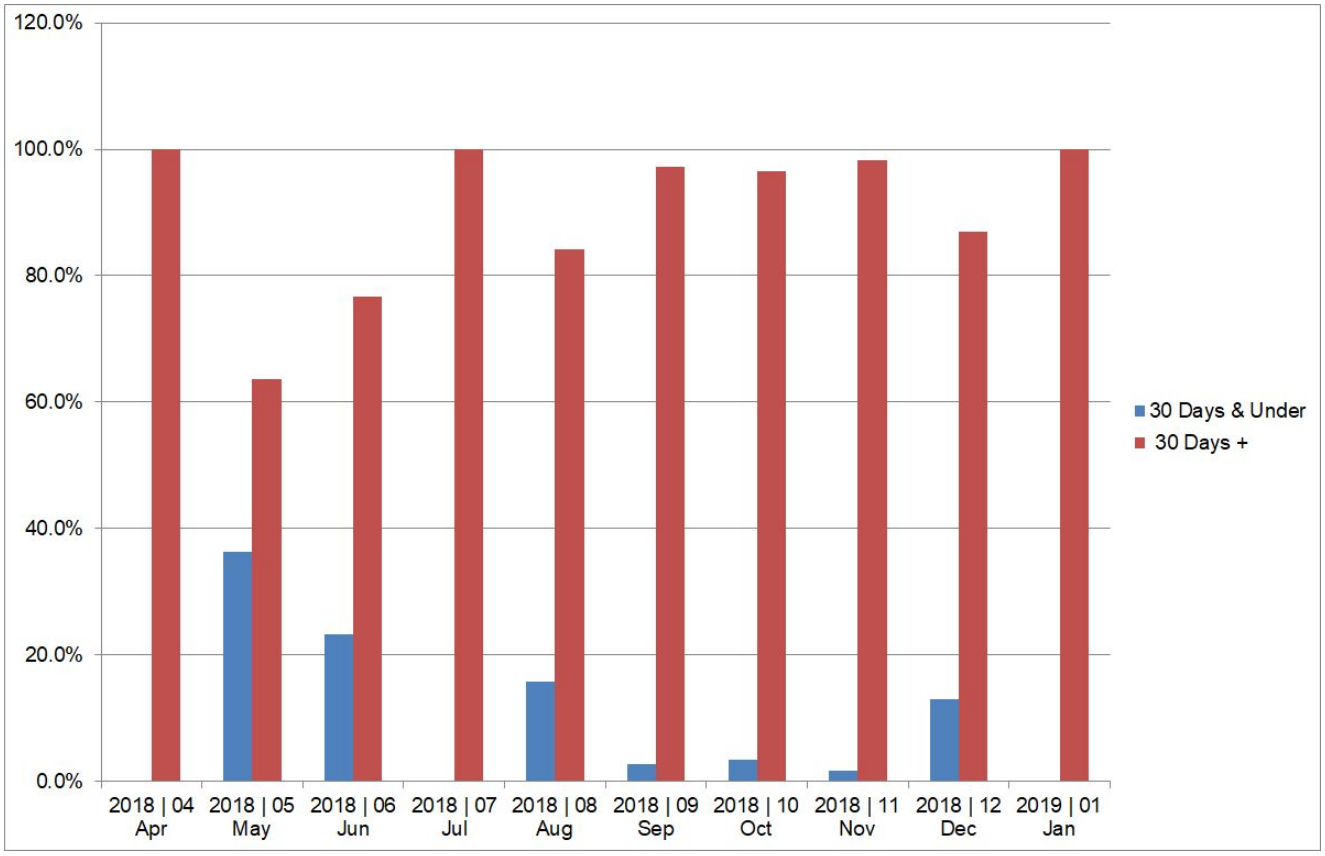
Incomplete Month

Percentage of Invoices Paid as £ Value

Financial Period	30 Days & Under	30 Days +	Total	
2018 | 04 Apr	0.0%	100.0%	100%	
2018 | 05 May	31.9%	68.1%	100%	
2018 | 06 Jun	25.0%	75.0%	100%	
2018 | 07 Jul	0.0%	100.0%	100%	
2018 | 08 Aug	11.4%	88.6%	100%	
2018 | 09 Sep	0.1%	99.9%	100%	
2018 | 10 Oct	0.0%	100.0%	100%	
2018 | 11 Nov	2.7%	97.3%	100%	
2018 | 12 Dec	5.1%	94.9%	100.0%	
2019 | 01 Jan	0.0%	100.0%	100.0%	Incomplete Month

Total Invoices TD	0.0%	100.0%	100%

Number of Invoices Paid as a Percentage



Appendix 6 - Risk Register

NIHR Clinical Research Network East Midlands - Risk Register

University Hospitals of Leicester NHS Trust

Owner of Risk Register: Executive Group

Last updated: 20.06.19

PRE-RESPONSE (INHERENT)										POST-RESPONSE (RESIDUAL)							
Risk ID	**Primary category**	**Date raised**	**Risk owner**	**Risk Description (event)**	**Risk Cause and Effect**	**Probability**	**Impact**	**Value (PxI)**	**Proximity**	**Response Actions**	**Action owner(s)**	**Action status**	**Probability**	**Impact**	**Value (PxI)**	**Risk status (open or closed date)**	**Trend** (since last reviewed)
R037	Performance	May-18	COO	CRN EM will not deliver against HLO4 target for 2018-19 (time taken to achieve study set up in the NHS) Currently 75% (target: 80%)	**Cause:** The timelines for study set up under HLO4 have not, historically, aligned well with the timelines our Partners are working to. Some elements of the achievement of HLO4 (HRA AAC) are outside of CRN direct control; additionally we are reliant on partners for the provision of this data, which creates some delay in the recording of this metric. It is expected that this metric will change from 2019-20. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure, thus non-compliance with the contract. Potential reputational risk with Sponsors/CIs. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.	3	3	9	Mar-19	Work with the CRNCC to advise on potential changes to this measure and develop a targeted comms plan with clear approach focussing on HLO4	COO/ DCOO	1	3	2	6	Closed 31.3.19	Decreased
										Develop reporting system in LPMS to capture and review reasons HLO4 not achieved	SSSOM	4					
										Review and discuss this HLO at SSS Commercial and Non Commercial Working Group	SSOM	5					
										The CRNCC draft release of HLOs suggests further changes to this measure so it is difficult to address at present. Prepare plans once HLO has been confirmed.	COO/ DCOO	1					
R038	Performance	May-18	COO	CRN EM will not deliver against HLO5 targets for 2018-19 (time taken to recruit first participant into studies) 5A: currently 44% (target: 80%) 5B: currently 50% (target: 80%)	**Cause:** The timelines for HLO5 have not, historically, aligned well with the timelines our Partners are working to. The starting point for this metric (HRA AAC process) is largely outside of CRN direct control and from a trust perspective is only one element of the 70 days process they are managed against. This creates an element of ambiguity in reporting and relative priority at trust and CRN level. It is expected that this metric will change from 2019-20. Also there is a lack of evidence that attainment of HLO5 is a clear indicator of high performance in research. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.	3	3	9	Mar-19	Detailed analysis of reasons for not attaining this, identify trends and implement relevant corrective actions	IOM / SSOM	4	4	2	8	Closed 31.3.19	Static
										The continued focus on HLO2A/B (though TnT campaign) should drive behaviours to improve HLO5A/B	DCOO/ Comms	4					
										Review and discuss this HLO at SSS Commercial and Non Commercial Working Group		5					
R040	Performance	Sept-18	IOM	CRN EM will not deliver against HLO2A target for 2018-19 (proportion of commercial studies delivering to time & target) Currently 81% (target: 80%). forecast c.80%	**Cause:** Multi-factoral - increased number of small target studies; some changes in the central management approach; some local staffing related matters and the impact of study performance/approach within one partner organisation. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure. Damage to East Midlands reputation and impact upon loss of future commercial contract research for the region. Also impacts upon future CRN budget - reduction in performance premium generated from time & target performance. Additionally this may impact on any future RCF for trusts.	4	3	12	Mar-19	Increase frequency of performance review meetings	IOM	5	3	3	9	Closed 31.3.19	Decreased
										Intend to establish a recovery plan to address these issues with clear actions	PM	5					
										Targeting studies at NUH with support from R&D Director/Co-CD	Co-CD	4					
										Reviewing staffing in the CRN to understand if we need to appoint staff or re-prioritise current staff	IOM	4					
										Targeting studies at UHL with support from R&D	IOM	3					
R042	Performance	Sept-18	IOM	CRN EM will not deliver against HLO6B target for 2018-19 (proportion of NHS Trusts recruiting into commercial NIHR studies) Currently 56% target: 70%)	**Cause:** Reduced pipeline of commercial dementia and mental health studies suitable for our Healthcare & Partnership Trusts **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact.	4	2	8	Mar-19	Review pipeline for potential studies in mental health and dementia	IOM	4	4	2	8	Closed 31.3.19	Static
										Support set-up of existing studies at applicable Trusts	IOM	4					
										Raise at Division 4 Steering Group	Div 4 RDM	5					
R044	Performance	Sept-18	Div 4 RDM	CRN EM will not deliver against HLO7 target for 2018-19 (number of participants recruited into Dementias and Neurodegeneration NIHR studies) Currently at 68% of YTD target with 854 recruits (annual target: 1,510)	**Cause:** Reduced pipeline of portfolio dementia studies, high recruiting studies have closed. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.	4	2	8	Mar-19	Scope pipeline for potential studies open to new sites	Div 4 RDM & OM	4	4	2	8	Closed 31.3.19	Static
										As this is a national issue, SL to raise concerns to national group	Dementia SL	5					
										Raise and review issue at Division 4 Steering Group	Div 4 RDM	5					

R041	Performance	Sept-18	COO	Uncertainty around national process change for management of Excess Treatment Costs (ETCs) may cause delays in study set up and delivery	**Cause:** National change to process for management of ETCs following NHS England consultation. Pilot will be trialled from 1 Oct 18 - 1 Apr 19 with LCRNs undertaking attribution AND costing works, and processing payments to partners. **Effect:** There is likely to be additional work for CRN to manage ETC process; also a lack of clarity around role and expectations. Potential delays to study set-up and recruitment, which could have negative impact on performance for several HLOs.	3	3	9	Q3/4 2018-19	Undertake process mapping work with a view to establishing regional process for managing ETCs.	DCOO/ SSSOM	5	3	2	6	Closed 20.6.19	Decreased
										Train CRN staff, use of SoECAT template CCAT costing tool - plan how we use this	DCOO / SSSOM	5					
										Ensure any updates are clearly communicated to Partners, R&D and provide signposting for researchers to Early Contact Service for information	COO / DCOO / SSSOM	5					
R045	Performance	Jan-19	COO	Ongoing issues with NUH employed members of the core team resulting in disproportionate amounts of time spent on staff management/support for the these team members and concerns around how well both staff and managers are supported. This also impacts on our overall ability to focus on other aspects of CRN delivery under the Host contract	**Cause:** Inconsistency in local policies/procedures (NUH/UHL); lack of and poor HR support (NUH); ongoing, badly managed HR cases; very few NUH employed managers in core team; lack of understanding/clarity at NUH of network and staffing arrangements **Effect:** Focus diverted from CRN core business; real concerns that staff are not being given appropriate advice and support; managers not well supported, quite vulnerable	5	3	15	Jan-19	To discuss with Host HR (Tina/Smita) for advice and support	COO	4	5	3	15	Open	Static
										Begin discussions with NUH HR/Corporate Governance	COO & Host HR	1					
										Following meeting with NUH, write paper with possible options	COO	1					
										To raise options with staff as and when appropriate	COO	1					
R046	Reputational	Mar-19	COO	Ongoing delays to payment of all CRN invoices from suppliers and partners, breaching the contractual obligation, to negatively impact reputation of CRN & UHL and effect some elements of study and business delivery	**Cause:** CRN invoices not being paid on time by UHL Accounts Payable. **Effect:** Negative effect on future engagement with our Partners with potential to impact on ability to deliver research. For suppliers, where invoices are late, the risk is for services to cease, e.g. Google and Edge which which are underpinning systems to allow our business to proceed, and ultimately deliver the contract. Non compliance with the Host contract. This could also have an adverse effect on reputation of UHL for future re-bids related to NIHR infrastructure.	5	3	15	Mar-19	Meeting scheduled with UHL Chief Finance Officer seeking to resolve this	COO / CD	2	5	2	10	Open	Decreased
										Letter to be sent from NIHR CRN CEO to UHL CEO outlining issue	NIHR CRN CC	1					
										Set up real time monitoring system to enable us to understand the problem and report to the Host Board	DCOO/ COO	4					
										Include report on Accounts Payable performance in July Board Report	PM	5					
R047	Performance	Jun-19	Div 4 RDM	CRN EM will not deliver against HLO7 target for 2019-20 (number of participants recruited into Dementias and Neurodegeneration NIHR studies)	**Cause:** Challenging target, due to previous strong performance, however there is a reduction in the national pipeline for new portfolio dementia studies, especially those with large sample sizes. **Effect:** Unable to meet this HLO, which we are contractually expected to do. Potential reputational risk. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.	3	2	6	Mar-20	Scope pipeline for potential studies open to new sites	Div 4 RDM & OM	4	3	2	6	New	New
										As this is a national issue, SL to raise concerns to national group	Dementia SL	4					
										Raise and review issue at Division 4 Steering Group	Div 4 RDM	4					
										To work with SL and IMH to look for ECR and grow our own PIs/CIs to generate our own studies	Div 4 RDM	4					
R048	Information	Jun-19	DCOO	Lack of visibility of performance data for all studies/sites, due to changes in data upload methods, making it difficult to manage key metrics (esp. HLO 1A&B, 2A&B, HLO7 and 9)	**Cause:** Change in systems from central to local upload has resulted in lack of local visibility, not helped by ODP not displaying full data in an accurate way. **Effect:** We don't have an accurate reflection of our current performance, which makes it difficult to plan and understand our local landscape.	4	3	12	Jun-19	Lobby the CRNCC nationally to address this issue of how data is shared with LCRNs	DCOO/ COO	4	4	3	12	New	New
										Communicate this to our Partners, and seek to explain how and when this will improve	Comms Lead/STL /DCOO	4					
										Continue to work locally with our LPMS systems, including implementation of our data quality strategy, key link through TLAs	BDM/ DCOO	4					
										Ensure we are ready for Phase 2 of the integration work in relation to comms and training for CIs in region	BDM/ DCOO	4					
										Work with partners to consider whether we can easily obtain RA data from local systems in the interim	BDM/ DCOO	1					

SCORING:

	IMPACT				
PROBABILITY	**Insignificant (1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
Highly Likely (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Highly Unlikely (1)	1	2	3	4	5

1-5 GREEN = LOW*
6-11 YELLOW = MEDIUM
12-19 AMBER = HIGH
20-25 RED = EXTREME

*Only risks with an Inherent Risk of 6 or above are recorded on this Risk Register
* Risks with a scoring of 12 and above should be monitored and escalated

Action RAG Status Key:

Complete	5
On Track	4
Some Delay – expected to be completed as planned	3
Significant Delay – unlikely to be completed as planned	2
Not yet commenced	1

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CRN East Midlands: Performance highlights & ongoing plans

UHL Host Trust Board,

4 July 2019, Glenfield Hospital

2018/19 Highlights

- Increased research recruitment, 67,826 participants involved in research across the East Midlands
- Strongest regional performance efficiency across commercial and non-commercial study delivery
- Met national goals in 29 of 30 specialties
- Top performance for primary care research
- Engaged all NHS partners in the region, and collaborated with a number of non-NHS organisations
- Patient Research Survey (pilot sample) showed 96% of respondents had a good experience in research
- Active participation in national work to streamline and improve research dataflows

Plans for 2019/20

- Targeting 2% of funding to focus on meeting regional health needs through research
- To grow and support researchers of the future - Early Career Researchers, PI training
- Increase our reach and scope to wider organisations outside of the NHS, e.g. public health & social care
- Deliver Patient Research Experience Survey across more trusts/sites, and use results to make improvements in research delivery
- To seek opportunities through digital enhancements to improve research delivery

Current Challenges

General:

- Expectations around the portfolio criteria expansion, including budget impact of this
- Some delays in the flow of research data due to a recent change of systems, impacting performance management
- Increasing regional flexibility and responsiveness in the research workforce
- Changes to national funding model, impact on future income
- Impact of no funding for Agenda for change pay award

Host related:

- Some areas of contract non-compliance

Any Questions?

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