# CRN East Midlands Annual Delivery Plan 2019/20

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# Executive Summary Trust Board paper I

## 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. In accordance with the requirements of the CRN annual business planning cycle, this will include the preparation and submission of the LCRN Annual Delivery Plan 2019/20, which must be formally approved by UHL Trust Board. This document has been considered by the CRN East Midlands Partnership Group and was submitted to the NIHR CRN Coordinating Centre on 18 April 2019. It is requested that it is now considered by UHL Executive Performance Board and submitted to UHL Board for approval in June 2019.

Please note, this is an additional submission to our regular quarterly report. Our next quarterly report will be submitted to UHL Trust Board in July 2019 with our 2018/19 Annual Report for approval.

## Questions

1. Does the Annual Delivery Plan provide sufficient assurance to the Host organisation of compliance with the Host Contract and are plans in line with the expectations of the UHL Trust Board?

## Conclusion

1. CRN East Midlands Annual Delivery Plan 2019/20 sets out the strategic direction for the LCRN for the contract year and includes specific activities to support the objectives and targets in the CRN Performance Indicators. Our plan outlines key projects and initiatives to contribute to the achievement of the High Level Objectives (HLOs), Clinical Research Specialty Objectives and LCRN Operating Framework Indicators for 2019/20. We have developed our plans in collaboration with local governance groups including the LCRN Partnership Group, Clinical Research Specialty Leads and other key stakeholders, building on previous areas of success and strategic importance.

## Input Sought

We would welcome Executive Performance Board input to confirm that our Annual Delivery Plan 2019/20 provides sufficient assurance to be submitted to UHL Trust Board for formal approval (contractual requirement).

# 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:

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

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

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

5. Scheduled date for the **next paper** on this topic: June 2019

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

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

National Institute for Health Research

# Clinical Research Network East Midlands

## Annual Delivery Plan 2019/20

Document date: 18.04.2019

Delivering research to make patients, and the NHS, better

## Contents

## Section 1: Host Organisation Approval

| 1A. Annual Plan | |
|---|---|
| **Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:** | Yes |
| **Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:** | 29/03/19 |
| **Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:** | No |
| **Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:** | 06/06/2019 |

## Section 2: Compliance with the Performance and Operating Framework

| POF area | Annual Plan Compliance | Commentary |
|---|---|---|
| Part A: Context | | |
| A.3. Working Principles | Fully Compliant | |
| Part B: Performance Framework | | |
| B.2. LCRN Performance Indicators | | |
| Set 1. High Level Objectives | Fully Compliant | |
| Set 2. Specialty Objectives | Partially Compliant | We have some concerns regarding the expectation for specialty objectives and required reporting, which we currently do not collect all data for, e.g. Sp Obj 5 |
| Set 3. LCRN Operating Framework Indicators | Fully Compliant | |
| Set 4. Initiating and Delivering Clinical Research Indicators | Fully Compliant | |
| Set 5. LCRN Partner Satisfaction Survey Indicators | Fully Compliant | |
| Set 6. LCRN Customer Satisfaction Indicators | Fully Compliant | |
| Set 7. LCRN Patient Experience Indicators | Fully Compliant | |
| B.3. Performance Management Processes | Fully Compliant | |
| Part C: Operating Framework | | |
| C.2. Governance and Management | Fully Compliant | |
| C.3. Financial Management | Partially Compliant | One area of non-compliance is in relation to C3.1.5, as not all invoices are paid by the Host within the specified timeframes. This has been highlighted to the NIHR CRNCC and has been escalated to the Host Trust Board level. It is now (March 2019) formally recorded on the LCRN risk register, with mitigating actions planned. |
| C.4. CRN Specialties | Partially Compliant | HSDR SL not appointed to, although has been advertised several times through a range of routes |
| C.5. Research Delivery | Fully Compliant | |
| C.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. |

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|---|---|---|
| C.7. Stakeholder Engagement and Communications | Fully Compliant | |
| C.8. Organisational Development | Fully Compliant | |
| C.9. Business Development and Marketing | Fully Compliant | |

## Section 3: Key Projects

### 1. GOVERNANCE AND MANAGEMENT

| Key project | Outcome(s) | Lead | Milestone | Milestone date |
|---|---|---|---|---|
| 1.1. Annual review of CRN EM governance approach and accompanying documents:<br>- Review & update the East Midlands CRN Governance Framework (including assurance framework and risk management system)<br>- Review & as necessary refresh the Urgent Public Health Research Delivery Plan<br>- Review and refresh Business Continuity Plan, considering LPMS & CPMS<br>- Review remit and function of CRN EM CI Working Group and Finance Working Group | This will ensure we maintain up to date, relevant, fit for purpose governance documents, and provide continued assurance to the Host organisation | Chief Operating Officer (Elizabeth Moss) and Project Manager (Carl Sheppard) | Review and update the East Midlands CRN Governance Framework (including assurance framework and risk management system) | Q1 |
| | | | Submit Governance Framework to Host Trust Board for approval | July 2019 |
| | | | Review and as necessary refresh the Urgent Public Health Research Delivery Plan | Q1 |
| | | | Conduct exercise to test Business Continuity Plan | Q1-Q2 |
| | | | Circulate and make available updated documents to partners and other stakeholders as necessary | Q1-Q2 |
| | | | Review remit and function of CRN EM CI Working Group and Finance Working Group (other key groups have recently been reviewed). Review and update terms of reference for groups accordingly. | Q1-Q2 |
| | | | Undertake review of Information Governance arrangements and implement any recommendations accordingly | Q1-Q2 |
| | | | For information - IG Specialist at Host Organisation: Saiful Choudhury, Head of Privacy, UHL (saiful.choudhury@uhl-tr.nhs.uk) | N/A |
| 1.2. To further 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, B and C contracts, LPMS contractual arrangements, RSI scheme, external software/other service provision etc. | This will ensure compliance with the requirements for governance and management of contracts as set out in the POF. | Chief Operating Officer (Elizabeth Moss) and Project Manager (Carl Sheppard) | Cat A sub-contracts and variations executed in accordance with POF | Q1 |
| | | | Cat B&C sub-contracts including RSI Agreements executed in accordance with POF | Q1 |
| | | | Establish and deploy a framework for contract review, with associated timelines throughout the year | Q1 |
| 1.3. Clarify and if necessary sure up process for appointment of Specialty Lead posts - guidance doc/flow chart for RDMs/Ops Managers, template letters and have clarity of procedures and arrangements with employing trusts and successful SLs/CLs - i.e. host is not to take on employment. | Appropriate arrangements are in place and documented with all SLs/CLs and respective employers | Deputy Chief Operating Officer (Kathryn Fairbrother) and Project Manager (Carl Sheppard) | Produce guidance document with input from COO/DCOO & RDMs | Q1-Q4 |
| | | | Establish new processes from end Q1 | Q1 |
| | | | Undertake review of existing arrangements and update/tighten up where necessary, by end Q2 | Q1-Q2 |

## 2. FINANCE

| Key project | Outcome(s) | Lead | Milestone | Milestone date |
|---|---|---|---|---|
| 2.1. Review our current approach to unmet Service Support Costs in non-Primary Care Organisations. There is some concern that the amount of resource required to identify and agree costs, along with processing of payments, is quite significant against this relatively small budget. An initial review has been discussed through the Finance WG, where it was agreed that this funding stream in relation to secondary care & MH trusts needed to be re-examined further. This funding stream in primary care and for organisations who are fairly new to research, with little or no research infrastructure will not fall into this review. | To have confidence that the approach taken is appropriate to the resource required, and does meet any unmet needs. Also to reduce any delays or bureaucracy that currently exists. | Chief Operating Officer (Elizabeth Moss) and Deputy Chief Operating Officer (Kathryn Fairbrother) Project Support Officer (Rachel Webb) | Scope current resource required to deliver the local management of SSCs | April 2019 |
| | | | Undertake engagement with partner organisations to highlight current processes and discuss potential future approaches | May 2019 |
| | | | Implement a pilot with a small number of partner organisations to test new approach | Q2 End |
| | | | Feedback on pilot and establish process for delivery of unmet SSCs in non primary care organisations. | October 2019 |
| 2.2. Since October 2018, the new process for managing Excess Treatment Costs has been in pilot delivery phase. As we move into 2019/20, we are aware this pilot will continue for a further 12 months. Locally we have implemented steps regarding the management of this new process nested within the Study Support Service and within the Host Finance team. Over the next 12 months we wish to ensure that our local processes mirror that of the national pilot and that our local research teams understand expectations and the LCRN offering in provision to this service. We need to ensure this is sufficiently resourced and well supported. | To enable a robust process to manage Excess Treatment Costs both from an attribution of costs and process of payments within the East Midlands. To ensure this is well communicated externally and resourced internally | Deputy Chief Operating Officer (Kathryn Fairbrother) and SSS Operational Lead (Roz Sorrie-Rae) | Ensure widespread communications regarding new processes and updates are provided for all stakeholders and partners in the region. | April 2019 |
| | | | Clear and transparent processes to be documented regarding the service offering from the LCRN are in place and adhered to | April 2019 |
| | | | To consider throughput of SoECATs and CRN input required, ensuring any additional resource required is sought either through changes to team workload, or appointment. | Q1 |
| | | | Accurate documentation regarding payments to each organisation and ensuring that payments are processed in a timely way via Host Organisation | Each Quarter |
| | | | Review quarterly workload and processes to ensure service offering is being maintained. | Each Quarter |

## 3. HIGH LEVEL OBJECTIVES

| Key project | Outcome(s) | Lead | Milestone | Milestone date |
|---|---|---|---|---|
| 3.1. HLO2 - Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period. Ensure this remains a priority area, especially as this aids HLO1 attainment, and has an impact on regional, and thus partner budgets. | As a minimum, to maintain our regional attainment of 80% of all studies recruiting to time and on target for both HLO 2a & 2b, with a goal to stretch to 85% across both commercial and non-commercial studies | Deputy Chief Operating Officer (Kathryn Fairbrother) and Industry Delivery Manager (Daniel Kumar) | 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. This year, this work will also need to be mindful of the RA integration of LPMS and CPMS and we will ensure good communication with our CIs and study teams | Ongoing |
| | | | 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 will see the full implementation of the improved service offering to the Life Sciences Industry which we will fully support in driving forward the offering for commercial research, to ensure that studies where we are the Lead are set up to succeed. | Ongoing |
| | | | 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 |
| 3.2. HLO6B - Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies (Target: 70%) | The provision of a focused strategy to support organisations that have not recruited into commercial contract studies during 2018-19, and or/had mixed contribution over the past 2-3 years | Industry Delivery Manager (Daniel Kumar) | Complete an analysis of the non-commercial research at organisations that have not recruited into commercial contract research to support identifying the opportunities for participation. | Q1 |
| | | | To introduce an agenda item for the meetings with the Network Senior Team Link to focus on developing a plan for commercial contract research. | Q1 |
| | | | To further target the Study Support Service Site Identification service for commercial studies for these organisations and focus on the opportunity for growth of SMEs across the region. | Q2 |
| 3.3. HLO6C - Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies | To continue with our strong performance against this metric through effective engagement with GPs | Research Delivery Manager (Harpal Ghattoraya) and Operations | Promotion of the RSI scheme to increase the proportion of sites participating in research. For 2019/20 applications, we have seen an increase in 37 new GP practices wishing to join the scheme, we will notify in Q1, and ensure all practices are signed up to the RSI metrics by end Q1 | Q1 |

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| | | Manager (Harriet Savage) | Streamlining and digitalisation of processes:<br>-EOI process to make it easier for the GP practices to express interest in studies<br>-Centralised IT searches, to ensure every GP practice is working from the same search criteria and will reduce the amount of time for GP practices to take part in a study as previously they had to create their own searches | Q1 |
| | | | Continuation with 2 large, fairly straightforward studies, Genvasc and MSK wellbeing study, which recruit at GP practices outside of the RSI scheme. Genvasc is promoted to as many sites as possible, this year it will be recruiting in Lincolnshire which is a new county that hasn't previously been involved in the study. Exceed and Fast AAA have now closed to recruitment in primary care, which have previously given good numbers of recruitment from GP practices within and outside the RSI scheme. | Q1, 2, 3, 4 |
| | | | Several studies in the pipeline and in set up, including MSK wellbeing spin off studies, a GP survey study which will be rolled out region wide and will encourage all GPs to take part in, and an RCT looking at different treatment packages for patients with long-term condition and severe health anxiety which will be rolled out region wide. | Q1, 2 , 3, 4 |
| | | | Super practice Lakeside Healthcare Group has 8 practices under their umbrella, and plan to roll out studies across all practices. This may effect the metrics for HLO6C, unless the recruitment is coded at site level which we will be encouraging. We are investing in this super practice in a different way as a pilot and will be monitoring progress closely throughout the year, to potentially share learning within and outside of the region. | Q1, 2, 3, 4 |
| 3.4. HLO6D - Number of non-NHS sites recruiting into NIHR CRN Portfolio studies | To enable portfolio expansion in wider health and social care settings in the East Midlands. The current baseline within the East Midlands is 13 sites that are recruiting to research not associated with a current Partner Organisation. The potential for expansion is large and we have already made some real progress with Hospices across the | Deputy Chief Operating Officer (Kathryn Fairbrother)<br><br>Deputy Chief Operating Officer (Kathryn Fairbrother) | Understanding the current landscape in the East Midlands for provision of research in these settings and scope potential opportunities for expansion utilising lessons already learned from working with IHSPs. | Q1 |
| | | | Develop and implement what the CRN East Midlands service offering is for these organisations. | Q2 |
| | | | Develop a communications strategy in conjunction with the CRN EM Engagement group to encourage organisations not currently involved with the CRN to work with us and expand research opportunities in the region. | Q2 |
| | | | Arrange an event to encourage networking between those organisations that are already established with the CRN i.e. those | Q3 |

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| | region but would like to expand this in other settings and organisations. This links to the work outlined within the Comms/Engagement projects (see project ref 7.1). | | who are part of our hospice research ready programme and those who have not yet established a relationship with the CRN to aid best practice and learning opportunities. | |
| | | | Ensure that internally CRN EM staff have an understanding of what portfolio expansion means and how to work with new potential partners and stakeholders. | Ongoing |
| 3.5. HLO7 - Increase the number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies, details of work to support JDR are also contained within this project/plan. | Through the attainment of this goal, we will ensure we have the opportunity to participate in an increased number of DeNDRON studies, and maximise the opportunity for involvement in studies for our patients. All staff will have the necessary skills and competencies to deliver against all commercial and non commercial studies that come to the region.<br>Dedicated Project Manager time for JDR will support and ensure we deliver on our short, medium and long term initiatives.In relation to JDR milestones, we will increase the number of volunteers signing up to JDR and aim to remain the top recruiting region to JDR.<br><br>Due to the lack of a national pipelines, we intend to reduce our reliance on studies coming into the region, and increase the amount of "home grown" CI's and DeNDRON studies based around the specific needs of our population. | Research Delivery Manager (Karen Pearson) and Operations Manager (Kate Gilmour). Project Manager for JDR element (Andrew Skeggs).<br>DeNDRON SL (Tom Dening) | Ensure sufficient focus on key Rater skills and experience through continued support for the Rater Development Leads Group at a local and national level, and link in with the newly formed National Rater Steering Group. This will ensure we continue to have a credible record of Rater experience and skills to support all potential studies coming to this region. | Q1, 2, 3, 4, |
| | | | Continue to lobby at a national level for more studies to deliver locally. Invest in supporting identified early career researchers with targeted awareness raising events on the support the local NIHR partners (RDS, ARC, and BRC) and the CRN (SSS teams) can provide and signpost accordingly. Collaborative work with CRN West Midlands to scope NIHR funding opportunities that the East and West Midlands researchers could collaborate on to future proof the DeNDRON pipeline. Institute of Mental Health are investing in new academic appointments with Dementia being the focus which in time will help the region to future proof its own dementia study pipeline. | Q1 - 4 |
| | | | Grow the Recruitment into Neuro degeneration Studies<br>1.Review of Neurodegeneration services across the East Midlands and target approach for Trust's to become involved in this research.<br>2. Encourage all Trusts to set up where possible registry/questionnaire and observational studies to start the growth in these areas.<br>3.Work with Hospices to identify and support set up Neurodegeneration studies they could deliver.<br>4. Engage with the MND Association to support the work of potential research collaborations. | Q1- 4 |
| | | | 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 NHS and Non NHS healthcare settings. Specifically to focus our awareness raising activities as follows:<br>1. Engage and link in with UHDB and 2 community trusts to raise awareness of JDR amongst staff to support JDR promotion.<br>2. Reflecting on our local population, we intend to undertake a scoping exercise to establish a baseline number of volunteers from the BAME community and explore different approaches to engage | Q1- 4 |

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| | | | and raise awareness with a long term aim of increasing the number of BAME volunteers signing up to JDR, this will contribute to our programmes of work to ensure we meet local population need (using the 2% contribution).<br>3. Continue to build on the well established Primary care promotional activity within RSI GP practices including PPG groups.<br>4. Continue to link in with local pharmacies across the region to promote and discuss JDR with patients.<br>5. Engage and link in with 2 universities to promote JDR through the student and academic community with the longer term aim to assist and support “home grown” CI/PIs.<br>6. Incorporate JDR into Care Homes research in collaboration with the Enrich workstreams<br>7. Pilot of the Pharmacy RSI scheme to include JDR | |
| | | | JDR focussed Project Manager to actively Champion and support our Join Dementia Research activities across all health and social care sectors. This will include collaboration with researchers, healthcare professionals, members of the public, including JDR Champions ensure all opportunities for promotion are exploited. | Ongoing - Quarterly review |
| | | | Utilising a JDR administrator to assist researchers with more practical aspects of utilising JDR for study delivery. | Ongoing - Quarterly review |
| 3.6. HLO8 - Demonstrate to people taking part in health and social care research studies that their contribution is valued through completion of the Patient Research Experience Survey (PRES) | This will ensure that we grow the PRES across the East Midlands and learn more about how research participants believe we can improve the research experience in the future. We are setting a regional target of 1,000 responses in 2019/20, which equates to c.1.5% | Business Delivery Operations Manager (Goizeder Aspe Juaristi) and Communications & Engagement Lead (Steve Clapperton) | Review 2018/19 PRES experience from NUH and SFHT, and ensure any lessons learnt can be incorporated into 2019/20 | Q1 |
| | | | Implement an action plan to expand participation in PRES from 2 to 8 NHS Trusts in 2019/20, and 1 IHSP site (LOROS), to meet a regional target of 1,000 responses | by year end |
| | | | Work in partnership and provide PRES surveys, a digital live reporting platform and promotional material for participating Trusts and practices 2019/20, and work with partners to embed processes so it becomes part of the research pathway | Q2 |
| | | | Develop and implement an action plan to offer participation in PRES to other NHS partners and explore other potential wider partners | Q2 |
| | | | Engagement with PRES partner organisations to review process and identify opportunities for continuous improvement, barriers and challenges to produce reports and 'You Said, We Did' recommendations | Q1, 2, 3, 4 |
| | | | Collate responses to national mandatory questions and share at a national level | Q1, 2, 3, 4 |
| | | | Produce PRES surveys and promotional material for 2020-21 | Q4 |

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| 3.7. HLO9 - Reduce study site set-up times for NIHR CRN Portfolio studies by 5% | At present we are unclear whether this is to be measured locally or nationally. If locally, our current analysis shows HLO9A (commercial) is median 69 days, thus target is 65.55 days; HLO9b (non-commercial) is 49.5 median, thus target is 47.03 days | SSS Operations Manager (Roz Sorrie-Rae) & Industry Delivery Manager (Dan Kumar) | Work with the National CC to clearly understand the measure and the expectations for delivery | Q1 |
| | | | Map out the various steps along this timeframe and look for any opportunities to truncate the days through working smarter internally first | Q1/2 |
| | | | The attainment of this HLO locally links well to two key projects listed under Research Delivery, and thus not replicated here: 5.1 and 5.2 | Milestones through the year |

## 4. SPECIALTY ACTIVITIES

| Key project | Outcome(s) | Lead | Milestone | Milestone date |
|---|---|---|---|---|
| All specialty activities are set out within the Specialty Objectives in Section 5. This outlines a broad range of activities, including projects delivered in collaboration with other LCRNs and other parts of the NIHR. There are no additional projects to add here. | | | | |

## 5. RESEARCH DELIVERY

| Key project | Outcome(s) | Lead | Milestone | Milestone date |
|---|---|---|---|---|
| 5.1. Continued integration of CRN East Midlands commercial and non-commercial Study Support Service teams and aligning their respective procedures and processes to deliver high quality and consistent support for research. | • An integrated team structure for the Study Support Service staff is established which meets the needs of all CRN customers and stakeholders.<br>• Local policies, processes and SOPs for each service are fully aligned, taking into account national CRN CC requirements and steer.<br>• All new posts and appointments to have a clear remit of commercial and non-commercial work<br>• Staff are clear in their roles and have appropriate training across all study types, throughout the study pathway to provide the right advice and support | SSS Operations Manager (Roz Sorrie-Rae) & Industry Delivery Manager (Daniel Kumar) | All documentation in relation to processes for aligned working finalised and implemented in an overarching SOP for the EM Study Support Service. | Q1 |
| | | | Implementation of a single mailbox for the service and appropriate support for the mailbox to provide consistency of approach and cover across commercial and non-commercial workstreams. | Q1 |
| | | | Implementation of the Life Science Improvement plan at a regional level spanning the aligned teams with educational sessions to support understanding of the Life Sciences agenda to upskill the whole workforce. | Q2 |
| 5.2. To undertake a project to review workload and outputs from the SSS, potentially to realign our service to research divisions and/or specialties and link to RDMs. To aim to give a full end to end service to researchers in both commercial and non-commercial studies from early contact to study close down, working closely with key stakeholders including SLs, R&D/I etc | To have confidence that we are delivering a seamless services to researchers across all settings | Project Manager (Goizeder Aspe Juaristi) Project Sponsor: Beth Moss | To complete the review of SSS co-ordinator work and ensure findings are fed into wider SSS review work, and are then implemented | Q1 |
| | | | Project to review current workload across all aspects of SSS, to look to realign service to Divisions, ensuring service is run end to end, and cover both commercial and non-commercial studies through discrete service-led teams | Q1-2 |
| | | | Full integration of performance processes across the Study Support and Research Delivery Management teams | Q2-3 |
| | | | To ensure any changes to service delivery allow us to deliver all aspects of SSS, including Accord support for ETCs and support for new and emerging areas of research delivery due to portfolio expansion. | Q3 |

## 6. INFORMATION & KNOWLEDGE

| Key project | Outcome(s) | Lead | Milestone | Milestone date |
|---|---|---|---|---|
| 6.1. To complete the region-wide preparation work for the further integration between CPMS and LPMS for RA, fully in place by Q1. At a local LCRN level, it is imperative that all partner organisations and stakeholders are working together to ensure a smooth transition to this new way of working. | Performance data for East Midlands is accurate, timely and consistent and stakeholders are updated with key messages, advice and guidance. | Deputy Chief Operating Officer (Kathryn Fairbrother) | Communication of 'Go Live' date, new processes and key messages required to ensure data is transferred between LPMS and CPMS. This element is led by Comms Team. | May 2019 |
| | | | Delivery of training for use of LPMS for new stakeholders such as IHSPs | Q1 |
| | | | Delivery of local training for Chief Investigators and study teams for locally led studies in relation to new confirmation processes. | Q1 and ongoing |
| | | | Maintenance of Minimum Dataset locally within partner organisations, primary care and IHSP organisations until accepted as business as usual | Q4 |
| | | | Working with NIHR CRN CC and West Midlands to ensure site level data within CPMS is correct for both commercial and non-commercial studies. | Q3 |
| 6.2. Working with CRN West Midlands to adopt a shared approach to information provision. Both networks have seen recent changes to the staffing in Business Intelligence and in line with overall changes to information provision, this is an opportune time to look at the current provision and undertake evaluation and where required improvement. | To identify potential ways of working across Networks to streamline services | Deputy Chief Operating Officer (Kathryn Fairbrother) | Joint scoping of current information provision across the two networks and identifying where duplication occurs, scoping potential joint posts or other options for cross network support | Q1/2 |
| 6.3. As the LCRN becomes more advanced from a digital perspective and the information around performance is changing with the integration between LPMS and CPMS, East Midlands requires a new approach to reporting. The current reporting suite provided to partner organisations and stakeholders has been in | To provide a robust mechanism to enable reporting both internal to the LCRN and external for Partner Organisations and stakeholders is fit for purpose and provides as near time real performance data as | Deputy Chief Operating Officer (Kathryn Fairbrother) | Engagement of stakeholders to identify reporting needs and what options are available to provide this information. | Q1 |
| | | | Put together a range of options and discuss within Core team and then with stakeholders | Q1/2 |
| | | | For digital approaches, to review any concerns or blocks at PO level before final decision made | Q1 |
| | | | As above, potential to work also with other LCRNs | Ongoing |

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| place since 2014 and has become rather outdated, we are keen to revise and update our offer, understanding the needs of stakeholders. | possible. | | To develop a new approach and deliver by mid year | End Q2 |
| 6.4. Working with West Midlands and Eastern CRNs to develop processes around capturing primary care recruitment in LPMS. | To scope the potential of having a network wide approach to capturing recruitment at primary care sites in LPMS. | Deputy Chief Operating Officer (Kathryn Fairbrother) and Business Delivery Operations Manager (Goizeder Aspe Juaristi) | Scope with each network current approaches to capture primary care recruitment in real time. | Q1 |
| | | | Provide robust communication with all primary care sites on how to record recruitment | Q1 |
| | | | Scope the potential for using read codes within EMIS/System 1 to identify when research activity is being undertaken and how this can be reported to CRN. | Q3 |

## 7. STAKEHOLDER ENGAGEMENT & COMMUNICATIONS

| Key project | Outcome(s) | Lead | Milestone | Milestone date |
|---|---|---|---|---|
| 7.1. Implement a stakeholder engagement project to explore the expansion of the NIHR portfolio and partner organisations with whom the CRN East Midlands works with in order to deliver research to include more non-traditional settings | An increase in portfolio studies taking place in non-traditional settings across the East Midlands and the development of new relationships with stakeholders in order to grow research delivery further. | Business Delivery Operations Manager (Goizeder Aspe Juaristi) and Communications & Engagement Lead (Steve Clapperton) | Create a task and finish group to undertake a review of existing research activity/contacts and explore new potential relationships in:<br>• Public health research studies outside of NHS settings (such as prisons, schools, community settings)<br>• Social care research studies outside of NHS settings that are funded by the NIHR School for Social Care Research and the NIHR Research for Patient Benefit scheme<br>• Other studies taking place outside of NHS settings (such as hospices, care homes etc.) | Q1 |
| | | | Develop an engagement strategy and implementation plan outlining activity and priorities | Q1 |
| | | | Identify where responsibility for engaging with new audiences and managing relationships should sit | Q2 |
| | | | Develop an engagement platform to support non-traditional settings to grow research delivery further | Q3 |
| 7.2. Establish and embed a new consistent CRN East Midlands brand and undertake activity to implement it locally and across partner organisations | An increased profile for the CRN East Midlands underpinned by an established, consistent brand. | Steve Clapperton (Communications & Engagement Lead) | Produce internal guidance and support colleagues in introducing new NIHR visual identity | Q1 |
| | | | Implement new visual identity across external communications channels and materials | Q1, 2, 3 |
| | | | Develop relationships and increase collaborative working with partner organisations to grow NIHR brand | Q1, 2, 3 |
| | | | Produce the CRN East Midlands at 5 event to celebrate research achievements across the region | Q2 |
| 7.3. Develop and grow the profile of the Patient Research Ambassadors initiative across the East Midlands. | This will ensure that we create a programme that provides support to Patient Research Ambassadors across the East Midlands and enables us to raise the profile of public involvement in research. | Steve Clapperton (Communications & Engagement Lead) | Hold an event with PRAs and potential PRAs to explore the development of the programme in the East Midlands | Q1 |
| | | | Implement structures and processes to enable PRAs to engage with CRN representatives and with each other | Q1, 2 |
| | | | Engage with partner organisations across the East Midlands to refresh information held regarding existing PRAs | Q1, 2 |
| | | | Representation of East Midlands PRA programme at national PRA event | Q2 |
| | | | Work with PRAs to create promotional materials to encourage members of the public to take part in research | Q3 |

## 8. WORKFORCE AND ORGANISATIONAL DEVELOPMENT

| Key project | Outcome(s) | Lead | Milestone | Milestone date |
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| 8.1. Implementation of workforce plan, as previously submitted (Sept 2018), and reviewed by NIHR CRN CC | - An engaged research workforce equipped to deliver high quality research across the East Midlands<br>- Clinical research seen as an attractive career option<br>- Increased PI/CI capacity across the region<br>- Supra-regional collaboration to deliver common aspects of LCRN workforce plans identified as national WFD priorities | Workforce Development Lead and Well-being Lead (Michele Eve) | Review and update online induction, incorporating the new pan-NIHR Induction | Q1 |
| | | | Learning and development plan for 2019/20 in place to include delivery of national learning programmes and local face to face and e-Learning | Q1 |
| | | | Plan and run a Research Forum for the non-medical research delivery workforce to promote collaborative working and the sharing of best practice. | Q2 |
| | | | Develop 'grab and go' learning packages to support undergraduate research placements | Q3 |
| | | | Representation at careers events for healthcare workforce and potential workforce of the future | Ongoing |
| | | | Evaluate the effectiveness of Research Envoy programmes, adapt programme where necessary and plan to run in at least one further partner organisation. | Q4 |
| | | | Needs of Early Career Researchers identified and event planned to address these needs and support PI/CI development | Q4 |
| | | | Work with Partner Organisations to establish 'Research Insight' visits to provide an insight into research careers for the wider healthcare workforce | Q2 |
| | | | Run regular team leader events to support team leader development and share best practice | Ongoing |
| | | | Collaborate with West Midlands to create a joint community of practice for the Practitioner workforce and share resources for regional events to support the launch of the CRP register | Q4 |
| | | | Collaborate with West Midlands to review regional competency frameworks and agree a common framework aligned to the NIHR IWF (Integrated Workforce Framework) | Q2 |
| | | | Map learning resources to the NIHR IWF and identify opportunities to share resources with West Midlands / align to common learning outcomes | Q2 |
| | | | Collaborate with West Midlands and Eastern LCRNs to support the NIHR ALP (Advanced Leadership Programme) including regional initiatives associated with participant selection, programme completion and alumni activities. | Q2 |

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| 8.2. To continue to embed a culture of positive health & wellbeing into our day to day activities to enable us to create a healthy working environment. | - All staff to know where to access information on wellbeing services within their own organisation and know how to escalate wellbeing concerns.<br>- Reduction in sickness absence rates within the central team | Workforce Development Lead and Well-being Lead (Michele Eve) | Review and update wellbeing section of Workforce Development Google site | Q1 |
| | | | Provide wellbeing training to line managers so that information can be cascaded to all central team members | Q1 |
| | | | Offer a pick and mix selection of wellbeing activities to the central team based on responses from the initial wellbeing survey | Q2 |
| | | | Undertake local wellbeing activities in line with national 12 months of wellbeing themes | Ongoing |
| | | | Train 2 Mental Health First Aiders to support the central team with mental health issues in the workplace | Q3 |
| 8.3. Following the launch of our Digital Maturity Proposition in March 2019, we will commence this programme of work, centrally and across the network, in order to develop the level of digital maturity to support LCRN core business | Benchmark digital maturity level of the network and develop a digital maturity survey and action plans resulting thereof | Project Manager (Angel Christian) | Develop a staff survey to benchmark the existing levels of digital maturity and to scope the digital learning needs of the central team, specialty leads, delivery leads and R&I leads to identify barriers to adopting digital approaches | Q2 |
| | | | Evaluate digital survey and develop a digital maturity action plan to address key themes using a blended learning approach | Q3 |
| | | | Create a community of Digital advocates to support the Digital Maturity Proposition and the associated action plans that will be derived from it | Q3 |
| | | | Include a digital theme in Research Forum for research delivery workforce | Q2 |
| | | | To review and enact all aspects of the Digital Maturity Proposition, with a clear targeted action plan to be established to cover all aspects listed above, along with Digital Leadership, cultivating a digital experiments culture, training & development, understanding/applications of new technologies and cross functional working. Milestone is for completion of plan, workstreams will be delivered against plan. | Q1 |
| 8.4. Continued CI leadership collaboration across our Networks - to identify further leadership projects and opportunities to work together | Further strengthen relationship between the LCRNs, more efficient/streamlined/integrated service delivery for our stakeholders. Sharing good practice of embedding a culture for I&I and driving improvement of HLOs. Record of what's been shared and shared/spread to other LCRNs. | CI Leads: Hannah Finch (East Midlands) Carly Craddock (West Midlands) Sally-Anne Hurford (Eastern) | Continue to hold regular Hangout Meets with CI leaders in CRN Eastern, East Midlands & West Midlands and extend invites to staff from other workstreams/working groups as appropriate (including event attendees) | Ongoing |
| | | | Develop (and all engage with) Kanbanchi Board for collaborative CI leadership/culture projects | Q1 |
| | | | WM to share CI Champion/mentor roles across our regions to provide support to staff with I&I work | Q1 |
| | | | EM to share updated e-learning | Q2 |
| | | | Delivery of joint project as outputs from 2018 showcase event: Sharing of information of key I&I projects, and engagement in LCRN priority | Q4 |

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| | | | projects (EDGE, HLOS, specialty objectives, PRES in ambulance service). | |
| | | | Hold the next collaborative I&I Showcase Event (in Peterborough TBC) | Q3 |
| | | | Continue sharing CI impact stories (minimum of 4) through various comms channels | Q1 - Q4 |
| 8.5. Trialling of, and learning from, adoption and spread of impacts from other LCRNs projects | Identification of one project that Eastern East Midlands and West Midlands LCRN could roll out in their CRN to maximise impact for the CRN. Lessons learned to feed in to Supra network leadership and national CI Leads group. | Hannah Finch (East Midlands) Carly Craddock (West Midlands) Sally-Anne Hurford (Eastern) | Identification of a project that could be rolled out in own LCRN | Q2 |
| | | | Implementation of project locally and ongoing monitoring of impact | Q3 |
| | | | Lessons learned gathered and fed in to supranetwork cluster meetings, LCRN SLTs and national CI Leads. | Q4 |

## 9. LIFE SCIENCES / BUSINESS DEVELOPMENT & MARKETING

| Key project | Outcome(s) | Lead | Milestone | Milestone date |
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| 9.1. Contribute to the national strategy to focus for the CRN to be flexible and apply the service and tools appropriately and/or signpost to other areas of expertise, to further engage with 'New' customers e.g. Academic Health Science Networks, Medilink and linking with the growth of the Medical Technology strategy | Improved SME engagement and links to wider NIHR infrastructure. This will support contribution to HLO3 and HLO1B | Industry Delivery Manager (Daniel Kumar) | Building on the collaboration with Medilink East Midlands to further increase the exposure of their members to the offering of the Study Support Service and wider NIHR and regional infrastructure for research. | Ongoing |
| | | | Development of the engagement strategy through the continually evolving Working Group quarterly meeting to ensure Partner Organisations are engaged and contribute to strategies. | Ongoing |
| | | | Improved collaboration with other partners in this field, either as part of the wider NIHR family or as opportunities arise. | Ongoing |
| 9.2. To work collaboratively between the West and East Midlands to drive implementation of a robust mechanism nationally to give quality feedback on site non-selection. Partners can then 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 for the performance review lead. | • A robust national process for feedback to sites on reasons for non-selection leading to improved engagement with research teams. Researchers will receive an improved insight into areas they need to strengthen, to attract future studies, leading over time to an increase in capacity to deliver commercial research across the country.<br>• A reduction in the number of complaints received on lack of feedback from expression of interest/site identification and improved perception of the network - better NHS and partner engagement. | CRN EM Industry Delivery Manager (Daniel Kumar) and WM Industry Operations Manager (Sinead Collinge) | To ensure that where we are the Lead region we support the implementation of the national 'Improvement Plan for delivery of commercial studies', by working in partnership to determine the performance review lead. | Q2 |
| | | | To develop an East and West Midlands project by Q2 to support a non-selected sites process with the aim of leading to increased feedback to research teams nationally and regionally. | Q2 |
| | | | 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. | Ongoing |
| | | | To raise at all forums with commercial partners, Industry Steering and SSS Groups and to push for a wider discussion at the national Roadmap Group or other national fora. | Ongoing |
| 9.3. East and West Midlands to excel in the implementation of the National Improvement for The Life Sciences Industry agenda, going above and beyond the recommendations. | To make East & West Midlands the preferred destination for commercial research delivery | CRN EM Industry Delivery Manager (Daniel Kumar) and WM Industry Operations Manager (Sinead Collinge) | Working cohesively to ensure the Performance Review Lead remains within the East and West Midlands | Q2-Q3 |
| | | | To work collaboratively to develop our offer to the commercial sector through the Effective Study Start-Up and Performance calls. | Ongoing |
| | | | To develop a joint approach (East/West) the reporting for studies where we are Performance Review Lead within our LPMS systems | Q1-Q2 |

## Section 4: High Level Objectives

| HLO | Objective | | Measure | National Target | LCRN Target | Annual Plan Commentary (How target has been determined and supporting rationale) |
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| 1 | Deliver significant levels of participation in NIHR CRN Portfolio studies | A | Number of participants recruited to NIHR CRN Portfolio studies | TBC (A) | 54,000 | This figure includes the HLO1b figure below. Currently from analysing our existing studies and the pipeline we forecast recruitment of c.40,000 for next year. This remains a long way from out 2018/19 attainment, and as such we do wish to demonstrate a stretch against our forecast, but have to realistic that recruiting above 60,000 would be unlikely at this stage. |
| | | B | Number of participants recruited to commercial contract NIHR CRN Portfolio studies | TBC (A) | 1,550 | In reaching this target we have analysed the three previous years commercial activity, considered current open study targets, and pipeline. In 2018/19 we attained c.1,500 and would like to demonstrate an increase, thus have planned for 1,550. Although we have a flat budget, which is in effect a cut, we are keen to demonstrate our commitment to this important new HLO. |
| 2 | Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period | A | Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed CRN sites | 80% | | |
| | | B | Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period | 80% | | |
| 3 | Increase the number of studies delivered for the commercial sector with support from the NIHR Clinical Research Network | A | Number of new commercial contract studies entering the NIHR CRN Portfolio | TBC (B) | | |
| | | B | Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies | 75% | | |
| 4 | | | This objective is no longer included in 2019/20 High Level Objectives. Replaced by new HLO 9. | | | |
| 5 | | | This objective is no longer included in 2019/20 High Level Objectives. Replaced by new HLO 9. | | | |

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| **6** | Widen participation in research by enabling the involvement of a range of health and social care providers | A | Proportion of NHS Trusts recruiting into NIHR CRN Portfolio studies | 99% | | |
| | | B | Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies | 70% | | |
| | | C | Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies | 45% (C) | | |
| | | D | Number of non-NHS sites recruiting into NIHR CRN Portfolio studies | TBC (D) | | |
| **7** | Deliver significant levels of participation in NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies | | Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio, each year | 25,000 | 1,300 | Although this is quite close to our 2018/19 attainment, this was reliant on the Tonic study which is closing soon and contributed 543 recruits. At present there is no local or national pipeline to plug the gap left by this study closure. As such 1,300 target is still a stretch target from last year. |
| **8** | Demonstrate to people taking part in health and social care research studies that their contribution is valued | | Number of NIHR CRN Portfolio study participants responding to the Patient Research Experience Survey, each year | 10,000 (E) | | |
| **9** | Reduce study site set-up times for NIHR CRN Portfolio studies by 5% | A | Average study site set-up time for commercial contract studies, at confirmed Network sites (days) | TBC (F) | | |
| | | B | Average study site set-up time for non-commercial studies (days) | TBC (F) | | |

HLO TABLE NOTES

1 Site set up time defined as “Date Site Selected” to “Date First Participant Recruited”

2 Average site set-up time defined as the median average of all individual site set-up times for all studies in a reporting year

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| (A) | HLO 1A / 1B | The Ambition values will be the mean of the annual values for the 5-year period 2014/15 to 2018/19 |
| (B) | HLO 3A | The Ambition value will be an increase in the 2018/19 annual value |
| (C) | HLO 6C | Reverted to current value of 45%. Note 2017/18 outturn was 32%, and 2018/19 to Q3 is 33% |
| (D) | HLO 6D | The Ambition value will be the 2018/19 annual value plus 5% |
| (E) | HLO 8 | The Ambition value of 10,000 respondents represents an increase of 14% on the 2018/19 outturn of 8,779 respondents |
| (F) | HLO 9A / 9B | The Ambition value will be the 2018/19 annual value less 5% |

## Section 5: Specialty Objectives

| Ref | Objective | Specialties Included | Measure | Target | Local activities to achieve the national objective |
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| 1 | To develop local LCRN schemes/programmes for promoting and improving early career researcher (ECR) involvement in NIHR research | All | A. LCRNs to have at least one named individual who acts as an ECR/Training Lead<br>AND<br>B. LCRNs to demonstrate year on year increases in ECR involvement in at least 50% of specialties (e.g. new PIs or CIs, links with Royal College or other professional organisations, record of ECR staff per specialty and the trials to which they are recruiting – they may not necessarily be LCRN funded) | A. 1 ECR/Training Lead per LCRN<br><br>AND<br>B. 5% Increase in ECR involvement in 50% of all specialties | Leads: Karen Pearson (RDM 4&6) and Kate Gilmour (ROM 4&6): Maintain and build regional work to promote Early Career Researchers. In 2018/19 we established this work, into 2019/20 we will add to our support in this area to ensure we meet this important objective and continue to grow our pool of researchers across the region from all disciplines. Although a number of specific actions are listed here, this is wider than a list of actions, and will form part of our core offering across the East Midlands:<br><br>1. We will hold an annual event for the East Midlands focused on raising awareness of the services and support we provide and to meet the needs of this community; to attract those who have an interest in research, and support them on their research journey.<br><br>2. We will continue to engage and foster closer collaborations with other NIHR partners across the region such as NIHR Research Design Service (RDS), NIHR Applied Health Research and Care (ARC) and the NIHR Biomedical Research Centres to promote and improve all interactions with the ECRs to increase their involvement in NIHR research.<br><br>3. To help us to measure this, we will produce and pilot a template for use at training events, forums etc to identify and register those ECRs interested in becoming involved in NIHR research so as to demonstrate a 5% increase in ECR involvement in 50% of all specialties.<br><br>4. By end Q1 we will produce and disseminate widely a paper outlining a specific set of CRN offerings (such as early opportunity to access ICH GCP training, a Certificate of Recognition, mentorship from experienced researchers around trial development, and a buddy system linking existing PIs with interested ECRs to name a few) that all trainees and ECRs can expect if they participate in the delivery of NIHR Portfolio studies in the region.<br><br>5. We will work in collaboration with the West Midlands on ECR initiatives/ projects/ events and sharing learning of schemes to |

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| | | | | | support ECRs.<br><br>6. We will use existing relationships within the network, within the Clinical Leads community and our WFD team to strengthen ties with Health Education England East Midlands (HEE EM) to push for clinical research inclusion to be embedded into relevant training programmes.<br><br>7. We will consider how to best support ECRs and the emerging Champion roles sufficiently, potentially with a central post to provide support and co-ordination for this workstream, once further scoping work is undertaken.<br><br>8. Additionally, we will continue to work with EMSAN and the surgery clinicians to promote the National Surgical Specialty Group Associate PI scheme on the 11 nominated studies that have gone through this scheme within the NIHR. At present we will look to get designated Associate PIs on SUNRISE, SUNFLOWER and the ROSSINI 2 study where sites are opening across the region. We are also looking to include MACRO which is run at NUH but under ENT. NUH in particular keen to support this initiative with Div 6. |
| 2 | To increase opportunities for people to participate in health research in less established specialties (<70 open studies on the NIHR CRN Portfolio in April 2018) | ● Ageing<br>● Anaesthesia, Perioperative Medicine and Pain Management<br>● Critical Care<br>● Dermatology<br>● Ear, Nose and Throat<br>● Haematology<br>● Injuries and Emergencies<br>● Oral and Dental Health<br>● Public Health | Each LCRN to increase recruitment in studies or the number of studies open to recruitment within all of these nominated specialties | LCRN demonstrates either 5% increase in recruitment or 5% increase in open studies in ALL nominated specialties | Leads Harpal Ghattoraya (RDM 2&5) and Harriet Savage (ROM 2&5): Our current understanding is that nationally the baseline for this will be defined for all specialities/LCRN-wide, with local decisions around growth. However, if we are required to define locally this can be done, clarity on this would therefore be helpful please. There are some activities which will support across specialties, and then some detail which relates to individual areas.<br><br>1. In specialties across organisations where we have studies open, we will investigate ways to highlight these studies both to patients and clinicians (i.e. relevant posters in out-patients, digital descriptions of studies etc) to maximise recruitment across the current portfolio<br><br>2. We will also further explore the potential for cross-organisation patient referral, if we are aware of studies which are unable to open across all sites. Linked to this is the potential to work with interested patients, and perhaps PRAs to engage with this work |

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| | | | | | 3. To ensure we maximise the opportunity to increase across these specialties we will consider whether a local, super regional or national approach might be considered to scrutinise the national portfolio on a regular basis to make sure we are considering every study available in these 9 specialties<br><br>This section details some specific plans against the required specialties, and are happy to further discuss, as required.<br><br>● Ageing: For this specialty there is a lot of co-badging, such as Dementia (HLO7) or Health Service Research so aim will be to ensure co-badging. We do not wish for this admin/management process to take up a lot of time and influence the way studies are set up and run in the region; we have sufficient interest, access to patients and keen clinical colleagues to grow this area, so would not wish an issue over "badging" to send us off course. For 2019/20 we have one locally lead study about to start, and several others expected, which demonstrates growth, although not large recruitment numbers.<br>● Anaesthesia, POM, PM: Very few local CIs, plan to work with SL and identify any potential interested researchers with targeted NIHR Funding calls. Once identified signpost and support them through the various CRN processes. This is a specialty where it is more likely we increase studies, than recruitment, although that will also be a challenge.<br>● Critical Care: Very small national pipeline. In discussions with Speciality Lead as to how to attract more studies to the region. Focus required on growing the number of ICU sites in the smaller DGH trusts taking part in research. SL/ RDM/ROM to work with these sites to understand capacity and issues and support them undertaking portfolio studies. Pilgrim Hospital already identified one suitable study they are keen to participate in later this year. For this study we will try to increase recruitment as our focus, as opposed to studies.<br>● Dermatology Potential to start recruiting in Northampton with new Registrar based there. Specialty Lead is exploring the option of a follow on to the SCART trial however this may hit later in the year.<br>● ENT: we have very effective collaborations established with the Hearing research strand of the Nottingham BRC, we are already forging a closer working relationship with the BRC Director who is keen to see all eligible studies from the BRC researchers (mostly ECR) adopted into the NIHR portfolio, where appropriate. Locally |

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| | | | | | our SL, regional ENT Trainee and Audiology champion have good links with and support from the RDM and ROM, next year we will focus on raising awareness to the ENT research portfolio to ENT research naive trusts when suitable studies and opportunities arise and help support the sites where capacity issues are identified. We will seek to increase recruitment into this specialty<br>● Haematology: We will be opening a Lead CRN EM study in Q1 that will substantially improve recruitment in 19/20 and are actively opening UKAITPR at sites across the region. SL/ROM working closely with NUH, planning a face to face meeting with the Haematology Team to open more studies and increase recruitment as there is potential for further growth in this Trust. The Trainee has been on secondment but is due back around May and he will also help with recruitment at NUH.<br>● Injuries and Emergencies: Focus required around pre emergency - ambulance studies. Plan with help of SL and EMAS to explore opportunities of increasing the number of local (& supra-regionally) grown studies in collaboration with the West Midlands.<br>● Oral and Dental Health: we do not have a Dentistry school in East Midlands, however have developed close links with Sheffield via a Community Dentist who operates in part of the region. In 2019/20 we are looking to create a community dentistry pilot in Derbyshire to see uptake, similar to the support for community Pharmacists and GP sites. The recently identified Community Dentist has 2 HTA grants funded, which gives us some real scope for growth, without these we remain reliant on studies from outside of the region. Over the last 12-18 months we have seen expansion in O&D activity with an increasing track record on delivery, which puts us in a good position for growth.<br>● Public Health: working in partnership, we plan to create a regional strategy for the promotion of Public Health Studies and generation of home grown studies, this requires some support for Academics and Non NHS partners to be involved. Part of the strategy is to identify quick wins and bids are being canvassed for feasibility studies that could be funded as pilot data for larger grants. Oral and Dental James Lind Alliance PSP has identified Top 10 priorities some of which relate to Public Health and these are being linked in. |

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| 3 | To broaden participation within well-established specialties, particularly in areas or groups who have historically been underrepresented on the NIHR CRN Portfolio | Cancer<br>● Cancer Surgery<br>● Radiotherapy<br>● Rare Cancers<br>● Teenage and Young Adults<br><br>Diabetes<br>● Diabetes managed, Primary Care supporting PLUS Primary Care managed, Diabetes supporting PLUS any specialty managed, if both Diabetes AND Primary Care are supporting<br><br>Hepatology<br>● Nonalcoholic fatty liver disease<br>● Nonalcoholic steatohepatitis<br><br>Gastroenterology<br>● Endoscopy<br><br>Injuries and Emergencies<br>● Pre-hospital care and Trauma<br><br>Infection<br>● Antimicrobial Resistance<br><br>Mental Health<br>● Children and Young People<br><br>Metabolic and | A. Increase recruitment by 5% into at least 50% of the nominated sub-specialties<br><br>B. 2nd year of a two-year objective begun in 2018/19: LCRNs to enact the cardiothoracic surgery workforce plan made as part of the 2018/19 objective | A. 5% increase in recruitment for 50% of the nominated subspecialties<br><br>B. Cardiothoracic surgery workforce plans implemented | Leads Karen Pearson, RDM (4&6) and Kate Gilmour (ROM 4&6): We have some concerns around the planned data collection methodology and reliance on CPMS when LPMS' are the systems used locally, thus we would encourage dialogue with LCRNs and LPMS Providers (via LCRNs) around potential field expansion and use, which will need to consider PO use across the delivery workforce. As such the actual measure collection route remains unclear to us. We have, however listed our approach to stimulating activity across these specialties.<br><br>● Cancer Radiotherapy: Across the East Midlands there is a shortage of radiotherapy consultants, with 4 vacancies in one Trust alone. We are in the process of identifying an individual who will represent the EM at national meetings and represent CRN EM at the regional radiotherapy clinical network. This person will be able to raise the profile of the CRN and research more broadly and provide trial information to the group. TYA There are two principle treatment centres for this age group (NUH & UHL) with five other centres that have service provision and will use the study list of TYA relevant studies from ODP to maximise opportunity for these studies to open at relevant sites. We will maintain links with the TYA Cancer Service Coordinator to ensure that there is a clinical trials update at ECAG meetings.<br>● Diabetes: we have good leadership of Diabetes studies within the region, we will work with these leaders to identify studies that will reach further afield across the region. An app has been created on ODP to monitor these studies. This should be a strong area for the East Midlands, and will require good co-ordination, including ensuring studies are all co-badged appropriately.<br>● Hepatology: Already recruiting well to both Non-alcoholic fatty liver disease and non-alcoholic steatohepatitis in the larger acute trusts. In discussion with Specialty Lead on how we can increase access to these types of studies in our smaller trusts. One way to support this joined up working for hepatology, gastro and in any other areas, is through the submission of a region-wide EoI. Following on from the success of submitting a region wide site identification for the BOPP study and undertaking regional SIV's and study specific training for the CALIBRE study the intention this year will be to continue to utilise this approach. In addition we will be working to firm up the agreement and processes with all our R&D leads around regional referral processes. This will ensure we have a robust method for those hard to recruit / rare studies to have access to the relevant patient population if |

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| | | Endocrine Disorders<br>● Obesity<br><br>Respiratory Disorders<br>● Rare Diseases<br><br>Stroke<br>● Hyperacute AND Acute Care Studies (sum of both)<br><br>Cardiovascular Disease | | | identified at other sites across the East Midlands<br>● Gastroenterology: One known endoscopy study looking for additional sites so working closely with the SL and study coordinator to ensure University Hospitals of Derby and Burton who have a well established endoscopy service, can participate later this year.<br>● Injuries and Emergencies: Focus required around pre emergency - ambulance studies. Plan with help of SL and EMAS to explore opportunities of increasing the number of local grown studies in collaboration with the West Midlands. Working group has been formed to support this.<br>● Infection: Small portfolio of studies in the region. In discussions with newly appointed Speciality Lead as to how to attract further studies; to date a relatively untapped area. Plan to work with SL and identify interested clinicians in AMR research and scope the potential to increase a throughput of local led studies, and what support the CRN could provide to bring this to fruition.<br>● Mental Health (CAMHS): Already established leadership of CAMHS studies within the region, plan to continue to work with the CAMHS Champion and leaders to identify studies that will reach further afield in the region.<br>● Metabolic & Endocrine; small portfolio of studies in the region, only one Obesity study which is led by Diabetes. In discussions with Speciality Lead as to how to attract further studies, as we could deliver these. Also discussed with Cardio who are looking at obesity studies to see how we can work together, the objective has recently changed to led by M&E rather than led and supported and this may create some issues. Asked M&E lead to liaise with Burton who are new to the EM CRN and are really active in M&E to work on this.<br>● Respiratory Disorders: (Rare diseases). We already recruit well into the portfolio studies of respiratory rare diseases. Plan to continue the work with the CRN Respiratory Specialty Lead to identify studies that will reach further afield in the region, especially in our smaller trusts.<br>● Stroke; HSRC in Nottingham, although many of the large studies have now closed on the portfolio there are a few smaller studies coming through including a couple of nurse-led studies which will help with the sites that struggle with medical support. SL working with all sites to identify capacity and issues and underperformance (Leicester). Bi-monthly tcons being set up to support SL work with sites.<br>● Cardiovascular Workforce Plan has been submitted, it will be |

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| | | | | | monitored and reviewed throughout the year. The plan focuses on Cardiac Surgery Resource; already being enacted in UHL (so short term win already) and Nottingham will be longer term as they have Locums covering the post and are unlikely to recruit for another year. Nursing resource has been addressed, with some further work planned to make sure we have wide access to EOIs which is being done via Leads. |
| 4 | To ensure specialty or sub-specialty representation and leadership is embedded in all LCRNs | ● Ear, Nose and Throat - Audiology Champion<br>● Infection - STI Champion<br>● Health Services Research Champion<br>● Oral and Dental Health - Primary Care Dental Champion<br>● Public Health Champion<br>● Renal Disorders - Urology Champion | All nominated specialties to have a local named Champion | 15 LCRNs | Leads: Hannah Finch (RDM 1&3) and Penny Millward (ROM 1&3): We recognise the importance of clinical leadership for research to function effectively, however there needs to be clarity as to the role to be undertaken, the expectation set and any payment or terms required. There is no value in appointing a lead/Champion without certainty of appointment, clear commitment to role and confidence of delivery. As such, we will scope this further and provide clarity over role, we will seek to appoint to these roles to establish this local leadership.<br>1. We will scope what Champions we already have, and what the expectations are both ways. We will consider what we need/expect from the role, along with the national expectation.<br>2. To then clearly articulate this and work with existing champions to develop a supportive network of local champions, and recruit into any outstanding/other new areas.<br>3. As detailed above in Spec Obj 1, point 7, we will consider how to best support ECRs and the emerging Champion roles sufficiently, potentially with a central post to provide support and co-ordination for this workstream, once further scoping work is undertaken.<br><br>This is a summary of our current position (11 April 2019) across the listed areas (right)<br>● ENT - Audiology Champion - Paige Church recently appointed<br>● Infection - Sexual Health Infection Champion - Dr Sophie Herbert recently appointed.<br>● Health Service Research Champions - this is currently a challenge as we have not yet been able to identify a new Specialty Lead following the retirement of the previous post holder, despite multiple efforts. Once we have appointed the SL, we can review whether champions are needed, and if appropriate could potentially identify these across our community partners.<br>● Oral and Dental Health - Primary Care Dental Champion: We have recently identified a Community Dentist, and are further exploring this with |

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| | | | | | ● Public Health Champion: We do have an effective Public Health Specialty Lead already in post, and an Urgent Public Health Champion already identified. In remains unclear how these further champions will add value.<br>● Renal Disorders - Urology Champions; in discussion with SL for Renal to plan for this during the year. Urology clinician currently attends national urology meeting and could be the Urology Champion, if necessary, TBC |
| 5 | To record the age (or year of birth) of participants recruited into NIHR CRN Portfolio studies in order to assess the extent to which recruitment age profiles match the age demographics of the incidence/prevalence of diseases | ● Ageing<br>● Cancer<br>● Children<br>● Dementias and Neurodegeneration<br>● Mental Health<br>● Neurological Disorders | For the six nominated specialties, 80% of Trusts/Research organisations within each LCRN either to:<br>A. Record age (or year of birth) for NIHR CRN Portfolio study participants from April 2019 so that anonymised data can be extracted from LPMSs directly<br>OR<br>B. Provide the LCRN with a quarterly report of anonymised age data, relating to participants in NIHR CRN Portfolio studies<br>OR<br>C. If neither (A) or (B) above are currently possible within an LCRN, to develop a plan/solution for implementation in 2020/21 that will allow age data to be obtained for participants in NIHR CRN Portfolio studies from 80% of Trusts/Research organisations | For all studies within the six nominated specialties, 80% of Trusts/Research organisations within an LCRN either:<br>A. To record age (or year of birth) in the LPMS<br><br>OR<br><br>B. To provide anonymised age data on participants<br><br>OR<br><br>C. The LCRN to develop a plan that will allow age data to be collected for NIHR CRN Portfolio studies from 80% of Trusts/Research organisations by 2020/21 | At present the East Midlands will be working to C). To develop a plan for this into 2020/21. We are aware that there is a national conversation through the CPMS-LPMS Integrated Steering Group which is taking a view across the LCRNs rather than in one LCRN. As such we are keen to link into that dialogue rather than commence a piece of work which may be overtaken by this national work. Having stated this, we will be raising awareness with our partners, through the Senior Team Link role, as to the intent for this, and discussing options as to how to best achieve this in the region. |

## Section 6: Financial Management

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| 8.1 | Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2019/20. (For example particular studies that require large investment, concentration on a particular Specialty) | Our funding is allocated as per the funding model outlined below. Funding is allocated to partner organisations, and then jointly allocated and managed with the CRN. We have the flexibility to alter allocations in-year if large studies come along, and to flex our centrally managed resource, such as the Research Support Team. One area of growth which might be a challenge this year is the portfolio expansion. Our plans for this are detailed within the key projects section, 7.1, and as yet it is unclear what the resource requirement might be. We are also looking to grow Oral and Dental research, and as detailed in Sp Objectve 2, we are planning to run a community dentistry pilot; if successful we may need to add additional resource here. |
| 8.2 | In respect of the LCRN 2019/20 **local** funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to the model please describe what this is for and the proportion of funding allocated to this | |
| *Notes | 1. It is assumed that the Local Funding Model is net of any National Top Slice as these are pass through costs | |
| | 2. If the funding element category is not applicable to your Local Funding Model, please enter 0% | |
| | 3. The percentages (%) entered in the table should equate to 100% | |

| **Funding Element** | **Examples** | **Description of model** | **% of Total CRN Funding Budget 2019/20 Budget (Please note that these should total 100%)** |
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| Host Top sliced element | Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team | As reported in 2018/19, this includes the cost of our LPMS (Edge), Costs for Speciality & Divisional Clinical leads, our Workforce Development team, costs for the delivery of SSS (incl commercial), Leadership & Management, Host supporting costs, Comms/Engagement and PPIE, Information Management and our Research Support Team (flexible workforce of delivery staff). We can split across these different groups, if helpful. | 20.37% |
| Block Allocations | Primary care, Clinical support services (i.e. pharmacy) | We don't really have this type of element within our model, the closest to this descriptor would be an allocation for unmet study specific Service Support Costs (SSCs). We set aside an amount for this at the start of the year, and agree funding required for studies as they arise, and reflecting on other investment in each organisation. Throughout the year we make payments to organisations across the region in arrears based on activity and related costs; this applies to all settings, including primary care, which is calculated using the same methodology. | 0% |
| Activity Based | Recruitment HLO 1, number of studies | Organisations do not receive budget elements which they could draw out and reference as "Activity" or "Historic", however these elements factor into the overall budget envelope for each PO. An activity based element is used, considering recruitment overall and complexity, a paper detailing the approach can be provided, if helpful. When reflecting on the activity based element we reference the 2 preceding financial years, ending 31 March 2018 | 56.43% |
| Historic allocations | PO funding previously agreed | Organisations do not received budget elements which they could draw out and reference as "Activity" or "Historic", however these elements factor into the overall | 18.93% |

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| | | budget envelope for each PO. Our local funding model uses the historic funding as a baseline and overlays activity and performance | |
| Performance Based | HLO performance, Green Shoots funding | Our model does use a Performance Based element, this year it was adjusted to include both HLO2 (recruitment to time and target for commercial and non-commercial studies at the site level) and HLO4 (set up times within the 80% target), at a ratio of 2:1. This element is added after the cap and collar, which aids in demonstrating the value of HLO attainment, outside of the main HLO1 target. | 2.27% |
| Population Based | Adjustments for NHS population needs | There are no population elements in our local funding model, due to the problem of which organisation "owns" which catchment population and the fact there is overlap across and within the organisations, and across to other organisations outside of the East Midlands. | 0% |
| Project Based | Study start up | The Project Based element is not used in the local funding model. We do support a wide range of projects and have some focussed resource, however this is very much BAU for the business of the CRN, costs are included within the Host top slice above | 0% |
| Contingency / Strategic funds | Funds held centrally to meet emerging priorities during the year | The majority of this is held as a centrally managed fund, with allocation to be planned during the year, however some will be linked to already planned work which fits the criteria to ensure we address local population needs, as per 8.5 below | 2.00% |
| Other funding allocations | none | none | 0% |
| **Total** | | | 100.00% |
| Cap and Collar | Please provide your upper and lower limits if applicable | Our local funding model does incorporate a cap and collar at PO level, to act as a leveller and reduce significant fluctuations. Within the model the cap/collar are listed at +3.5% and -10%, however, as the performance premium is added after the cap and collar, the true picture on partner budgets this year, with reference to last year as a baseline, was +3.92% and -8.39% | 3.5% CAP<br>-10% COLLAR |
| Comments | | | |

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| 8.3 | If the 2019/20 local funding model methodology has changed since 2018/19, please give a brief description of the changes | The main change is that the performance premium incorporates both HLO2 and HLO4 data, to give a more balanced opportunity for partners to demonstrate attainment, and show HLO1 is not the only driver |
| 8.4 | Please confirm whether monitoring visits will be taking place over the course of 2019/20. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion (by spend) of your Category A Partner organisations are being monitored | As last year, we intend to monitor one PO per quarter, thus four in total. At this stage we have not set the full schedule of visits or all of the organisations, although do expect this to include Northamptonshire Healthcare NHS Foundation Trust and University Hospitals of Leicester NHS Trust (in its partner, not hosting role). We will consider which other organisations to monitor based on the completion and subsequent assessment of our financial healthcheck questionnaire, which has recently been updated. |
| 8.5 | Please confirm how much is being spent on addressing disease prevalence; a minimum of 2% of budget is required. This should be | As above |

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| | highlighted as 'strategic funding' in the CRN Finance Tool | |
| 8.6 | What are the key financial risks and mitigations for 2019/20? | RISK: The reduction in our regional delivery workforce due to budget constraints and pay rise pressures, could well have an impact on the ability to deliver a broad and balanced portfolio.<br>MITIGATION: We will continue to work with our partners to understand local pressures, and discuss alternative skill mix/posts in teams. We have recently re-structured our peripatetic workforce - Research Support Team (RST) into regional hub and will support studies through this resource in a more pro-active manner.<br><br>RISK: More partners are operating with higher vacancy factors this year, which will be a challenge to meet in this financial climate; although the financial risk sits with the partner, this does impact upon our relationships, and upon the delivery workforce.<br>MITIGATION: We will continue to work closely with partners to assist them to meet vacancy factors during the year, looking at replacing roles through attrition with alternative posts. We hope there will not be any necessary redundancy, however it is currently too early to predict this.<br><br>RISK: As above, we have some uncertainty regarding expanding into new organisations to support the portfolio expansion, as significant investment will be required if we want to see significant return.<br>MITIGATION: Currently we are planning to further scope this market, to understand which sectors or groups to focus on and how to offer the right support to develop these emerging areas. |
| 8.7 | In which financial year did your previous internal audit take place?<br>Have all of the auditor's recommendations been implemented and, if not, when will they be implemented? | Our last CRN audit took place in December 2017, through the internal audit programme by PricewaterhouseCoopers. The final audit report was released and an action plan was prepared to address findings and meet recommendations. The plan was shared with NIHR CRNCC in 2018/19, and we subsequently confirmed all actions had been completed and the audit was formally closed by PwC. |
| 8.8 | If the next internal audit is due in 2019/20, please give the estimated date of the audit | not due in 2019/20 |


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