

# CRN East Midlands Quarterly Board Report

Author: Prof. David Rowbotham   Sponsor: Mr Andrew Furlong

**Trust Board paper H**

## Executive Summary

### Context

University Hospitals of Leicester (UHL) NHS Trust is the Host Organisation for the National Institute of Health Research (NIHR) Clinical Research Network East Midlands (CRN). UHL is contracted by the Department of Health to take overall responsibility for network performance, with monitoring of appropriate governance arrangements. The purpose of this regular update paper is to summarise our performance, major achievements, challenges and actions. In addition, we require input from the UHL Board to formally approve our Annual Plan 2018-19. 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 March 2018; it has also been reviewed by the CRN Partnership Group, and circulated to all stakeholders (including patient representatives) for comments and feedback. It will be considered by UHL Executive Quality Board, and submitted for UHL Board review in April 2018. Appended to this report is a dashboard displaying year to date performance figures, current risk register, recent Executive Group finance report and Annual Delivery Plan 2018-19.

### Questions

1. In order to provide assurance to the Host, what are the major achievements and challenges of the Network, and performance from 12 December 2017 up to 12 February 2018?
2. 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. We remain on course to achieve our key objectives for overall recruitment as well as recruitment to time & target, and have received good feedback from the NIHR CRN Coordinating Centre following our mid-year review meeting. Some challenges have been identified as we move into 2018-19, and will be clarified and addressed in year. Specifically, these include a potential area of non-compliance in relation to contracting; we will need to make a change to our approach to the management of Partner B contracts. Due to significant staff sickness we currently do not have a Communications Lead in post, we are working to manage this situation, and will ensure we can cover this function and deliver on our Comms plan for the year. We will also work to address the issues highlighted in the Host audit, including delayed payments to our partners.

2. Our Annual Delivery Plan 2018-19 (Appendix 4) sets out the strategic direction for the LCRN within the reporting year, and describes the specific activities to support achievement of the NIHR CRN performance objectives. It seeks to provide assurance to the Host and CRN Coordinating Centre about our approach to delivering and working within the NIHR CRN Performance and Operating Framework (POF) 2018-19. Our plan has been developed in consultation with network partner organisations, relevant local governance groups, public representatives and in agreement with our Partnership Group. The plan will be submitted to the CRNCC by the deadline by of 16th March and requires formal approval by UHL Trust Board; it is agreed that this step can take place after formal submission to the CRNCC.

We have produced our plan in accordance with the national guidelines in respect of structure and content, outlining key projects to ensure compliance with the operating framework indicators, high level objectives and clinical specialty objectives. Within our plans for 2018-19, there is a continued focus on delivery of clinical research to time and target and as a minimum, we aim to maintain our regional attainment of 80% of all studies achieving this objective (HLO 2A & 2B). This will be aided by the integration of our Industry and Study Support Service teams, with development of the service to deliver high quality and consistent support for commercial and non-commercial researchers. The plan has a particular local emphasis on strengthening engagement with partners and the research workforce, including a growing contribution from independent and non-traditional providers. We will work collaboratively with other LCRNs and increase engagement with wider NIHR bodies and local SMEs. There is also an area of focus on developing trainees and embedding research as part of early career development. We are planning a number of key projects to deliver efficiency improvements to financial management processes and we will be establishing an innovation fund to make priority investments across the region. We are planning a range of activities to improve data quality and completeness in our local portfolio management system. This will be essential as we move to the fully integrated NIHR CRN Single Research Intelligence System, which will be used to share research intelligence with our NHS partners and the national Coordinating Centre. We will continue to focus on communications and engagement, with activities to ensure we involve patients in research in meaningful ways, which are clearly linked to the role of the CRN as a regional research delivery champion.

## Input Sought

UHL Trust Board is asked to:

- (i) review and comment on our performance and progress to date, current challenges, risks and mitigating actions
- (ii) consider and approve CRN East Midlands Annual Delivery Plan 2018-19, in its capacity as the Host Organisation on behalf of the Department of Health (contractual requirement). Please could the formal approval be documented in the minutes of the Trust Board meeting.

## 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 as Appendix 2 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

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: 05/07/2018

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)

# CRN East Midlands Quarterly Board Report

## Progress, Challenges and Performance

**DATE:** 2 March 2018

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

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

## **1. INTRODUCTION**

- 1.1 University Hospitals of Leicester (UHL) NHS Trust is the Host Organisation for the National Institute for Health Research (NIHR) Clinical Research Network East Midlands (CRN). UHL is contracted by the Department of Health to take overall responsibility for the monitoring of governance and performance of the Network.
- 1.2 This report provides a summary of 2017-18 year to date performance for CRN East Midlands, an update on current risks and details of our plans for 2018-19. Appended to this written report is a dashboard displaying year to date performance figures, current risk register, recent Finance report (presented to the CRN Executive Group) and Annual Delivery Plan 2018-19.
- 1.3 This report will be taken to the CRN East Midlands Executive Group in March 2018. It will then be considered by the UHL Executive Quality Board and submitted for UHL Trust Board review in April 2018. It should be noted that the performance figures presented in this report do not give an end of year position as the national datacut is at the end of April, and this report is prepared at the beginning of March. Our next Board report, due in July 2018, will include finalised year end performance figures for 2017-18.

## **2. CURRENT PERFORMANCE, PROGRESS AND FORECAST**

- 2.1 Appendix 1 presents data extracted on 12 February 2018 reflecting performance to date. This shows the various NIHR High Level Objectives (HLOs) which the CRN is managed against. Since our previous report, our performance has remained relatively stable and our end of year forecasts are unchanged. We wish to highlight the following key updates for the Board's specific attention:
  - i. Our recruitment rate (HLO1) has improved further and is currently at 114% (previously 111%) of our year to date target with 43,919 participants recruited.
  - ii. For the proportion of commercial studies recruiting to time and target (HLO2A), our performance has decreased slightly; we are currently at 81% (previously 84%) against a target of 80%. Although this is a reduction, we remain in second position out of the 15 regional networks. We had initially forecast to maintain our levels at or above 80% and whilst we are still on course to achieve this, there is a possibility we would dip slightly below 80% if one or two studies close early, and before local targets are met. This would be beyond our control, and we will work hard to increase our buffer such that we can mitigate any impact, if this occurs.
  - iii. For the proportion of GP sites recruiting into NIHR studies (HLO6C), we have now achieved this objective for the year with 42% of sites recruiting against a target of 40%.
- 2.2 Our Mid-Year Performance Review meeting with the NIHR CRN Coordinating Centre took place on 17th January and feedback has since been received. No major concerns or issues were identified which required specific attention. The CRNCC reported it is content with our performance and delivery against our plans for 2017-18. The CRNCC is pleased to see we are performing well against the majority of HLOs and in particular, strong performance in recruiting to time and target (HLO2) has been maintained for commercial and non-commercial

studies. The meeting group noted that we are on track to meet our total annual recruitment target and expect to recruit into all 30 CRN specialties within 2017-18. However, some minor issues were identified: specifically it was noted that further work is required to improve performance in the Cancer and Surgery specialties. Work is ongoing to improve performance in these specialties and a meeting with colleagues from the associated cluster group generated ideas which are being taken forward, with a particular focus on Cancer. CRNCC commended the broad national contribution from many in our region into national initiatives and groups. The meeting also discussed implementation of our Local Portfolio Management System, noting that data quality has improved and work is ongoing to understand data discrepancies. This is a critical area of work in the next 6-12 months and details of key projects to support this are included within our Annual Plan.

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

- 3.1 Risks and issues are formally discussed through the CRN Executive Group chaired by Andrew Furlong. A risk register (Appendix 2) is maintained with risks discussed and mitigating actions agreed; this is shared periodically with the NIHR CRN Coordinating Centre. The format of the risk register has been updated for 2018-19 in line with national guidance.
- 3.2 Risks are recorded on the register as follows:
  - Risk #27 - Inability to meet the vacancy factor in 2017-18 at our Partner Organisations and centrally. This is no longer a risk and has been closed on the register.
  - Risk #29 - Continually falling recruitment in the Primary Care setting. This is no longer a risk and has been closed on the register.
  - Risk #31 - Reduced communications function may affect ability to deliver communications action plan as set out in our annual delivery plan for 2017-18. This remains high risk and will also affect our plans for 2018-19. Remedial actions are being taken to scope additional capacity in this area.
  - Risk #32 - Budget reductions of up to 8% for some Partner organisations will be difficult to manage in 2018-19. We previously reported potential budget reductions of up to 12% based on our estimated budget. In light of our confirmed budget, we have reviewed the partner allocations and are now reporting reductions of no more than 8%.
  - Risk #33 - CRN EM will not deliver against HLO4 target for 2017-18. This has been added as a new risk with a medium score overall (likely with low impact). This is a very challenging metric as the timelines we are measured against do not align well with the timelines our partner NHS trusts are working to. We have a number of mitigating actions and plans in place, especially in relation to working with partners to improve data quality for these time points within our Local Portfolio Management System. This area is something which will be considered nationally, as this is a concern from all CRNs.

- Risk #34 - CRN EM will not deliver against HLO5 targets for 2017-18. This has been added as a new risk with a medium score overall (very likely with low impact). As with HLO4, the timelines which we are measured against do not harmonise well with those of the trusts, additionally many of the contributing activities of this are outside of the scope of influence of the CRN. We will not attain this target this year however, we continue to work with our partners to improve this moving into 2018-19. This area is something which will be considered nationally, as this is a concern from all CRNs. There is no material impact or financial consequence of not meeting HLO4 or 5A/B.
  - Risk #35 - A new risk following national discussions to recognise that not all Partner B contracts have been fully executed, and a need to action this to be fully compliant with the Host contract. This risk has a medium score overall (possible with moderate impact). This presents a significant workload as it will affect up to 300 GP sites, several hundred dental practices, pharmacists and other stakeholders, some in receipt of under £100 pa. Moreover, this poses a reputational risk to the CRN and may deter partners from conducting research in the future, due to the additional bureaucracy. An action plan has been produced to review the work programme and scope additional resource to achieve compliance in this area.
- 3.3 Our latest Finance Report is included as Appendix 3. This provides details of the financial position of CRN East Midlands as of March 2018. As detailed in the report, we have received the final report from the host auditors (PwC), in relation to the audit which was conducted in December 2017. The report was classified as low risk overall, with four findings (one medium and three low risk). This has been submitted to the Host audit committee for review and will be considered through the CRN Executive Group. An action plan will be prepared to address the findings and meet any required recommendations or actions. This report and associated action plan will be shared with the NIHR CRNCC.

#### **4. LCRN ANNUAL DELIVERY PLAN 2018-19**

- 4.1 CRN East Midlands Annual Delivery Plan 2018-19 (Appendix 4) sets out the strategic direction for the LCRN within the reporting year, and describes the specific activities to support achievement of the NIHR CRN performance objectives. It seeks to provide assurance to the Host and CRN Coordinating Centre about our approach to delivering and working within the NIHR CRN Performance and Operating Framework (POF) 2018-19. Our plan has been developed in consultation with network partner organisations, relevant local governance groups, public representatives and in agreement with our Partnership Group. The plan will be submitted to the CRNCC by the deadline by of 16th March and requires formal approval by UHL Trust Board; it is agreed that this step can take place after formal submission to the CRNCC.
- 4.2 We have produced our plan in accordance with the national guidelines in respect of structure and content, outlining key projects to ensure compliance with the operating framework indicators, high level objectives and clinical specialty objectives. Within our plans for 2018-19, there is a continued focus on delivery of clinical research to time and target and as a minimum, we aim to maintain our regional attainment of 80% of all studies achieving this objective (HLO 2A & 2B). This will be aided by the integration of our Industry and Study Support Service teams, with development of the service to deliver high quality and consistent

support for commercial and non-commercial researchers. The plan has a particular local emphasis on strengthening engagement with partners and the research workforce, including a growing contribution from independent and non-traditional providers. We will work collaboratively with other LCRNs and increase engagement with wider NIHR bodies and local SMEs. There is also an area of focus on developing trainees and embedding research as part of early career development. We are planning a number of key projects to deliver efficiency improvements to financial management processes and we will be establishing an innovation fund to make priority investments across the region. We are planning a range of activities to improve data quality and completeness in our local portfolio management system. This will be essential as we move to the fully integrated NIHR CRN Single Research Intelligence System, which will be used to share research intelligence with our NHS partners and the national Coordinating Centre.

We will continue to focus on communications and engagement, with activities to ensure we involve patients in research in meaningful ways, which are clearly linked to the role of the CRN as a regional research delivery champion.

## **5. SUMMARY**

- 5.1 We remain on course to achieve our key objectives for overall recruitment as well as recruitment to time & target, and have received good feedback following our mid-year review meeting.
- 5.2 We have developed our plans and priorities for 2018-19, building on previous success and areas of strategic importance. The key themes within our annual plan are strengthening engagement with our partners and wider stakeholders, performance excellence with a continued focus on delivery of research to time & target, and innovation across our workstreams to ensure the East Midlands is at the forefront of innovative approaches to research delivery.
- 5.3 Some challenges have been identified as we move into 2018-19, and will be clarified and addressed in year. Specifically, these include a potential area of non-compliance in relation to contracting, we will need to make a change to our approach to the management of Partner B contracts. Due to significant staff sickness we currently do not have a Communications Lead in post, we are working to manage this situation, and will ensure we can cover this function and deliver on our Comms plan for the year. We will also work to address the issues highlighted in the Host audit, including delayed payments to our partners.

## **6. RECOMMENDATIONS**

- 6.1 UHL Trust Board is asked to:
  - (i) review and comment on our performance and progress to date, current challenges, risks and mitigating actions
  - (ii) consider and approve CRN East Midlands Annual Delivery Plan 2018-19, in its capacity as the Host Organisation on behalf of the Department of Health

## Appendix 1 – Dashboard 2017/18

Clinical Research Network: East Midlands			Refreshed: 20/02/2018			Network Progress Overview									
HLO Description	Study Type	Target		Progress/Summary						Actions	Status	Owner	Year End RAG Assurance		
		England	East Midlands	Current	Previous	Trend									
1	Number of patients recruited into NIHR studies	All	650,000	46,000	43,619	34,021	↑3%	114% of YTD goal (43,619) CRN East Midlands in 4th position out of 15 LCRNs n.b. in 2nd position based on weighted recruitment			- Actively monitor pipeline of future studies and open new sites - Focus on recruitment to time and target	Ongoing	Chief Operating Officer	Green	
2	Proportion of NIHR studies delivering to recruitment target and time	Commercial	80%	80%	81%	84%	↓3%	81% (79) for 97 studies recorded as closed and reported recruitment across all Network supported sites. CRN East Midlands in 2nd position out of 15 LCRNs			On target	Ongoing	Industry Operations Manager	Green	
		Non-commercial	80%	80%	91%	89%	↑2%	91% (50) for 55 closed HLO studies CRN East Midlands in 3rd position out of 15 LCRNs			On target	Ongoing	Chief Operating Officer	Green	
4	Proportion of eligible studies achieving NHS set up within 40 calendar days	All	80%	80%	64%	59%	↑5%	59% (70) for 109 closed HLO studies			- Focus on Early Contact service and engagement - Work with partners to educate & improve data quality	Ongoing	Business Intelligence Lead	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%	-	-	-	No qualifying sites to date			-	Ongoing	Business Intelligence Lead	TBC	
		Non-commercial	80%	80%	29%	25%	↑4%	25% (28) for 98 qualifying studies			- Continue to work closely with partners & improve data quality	Ongoing	Business Intelligence Lead	Red	
6	Proportion of NHS Trusts recruiting into NIHR studies	All	99%	99%	100%	100%	↔	16 out of 16 Trusts reported recruitment			Target achieved	Complete	Chief Operating Officer	Green	
		Commercial	70%	70%	75%	75%	↔	12 out of 16 Trusts reported commercial recruitment.			Target achieved	Complete	Industry Operations Manager	Green	
	Proportion of General Medical Practices recruiting into NIHR studies	All	35%	40%	42%	37%	↑5%	244 out of 582 GPs, surgeries & health care sites currently reporting recruitment			On target	Complete	Division 5 Research Delivery Manager	Green	
7	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) NIHR studies	All	20,000	1,350	5,230	2,986	↑133%	465% of YTD goal.			Target achieved	Complete	Division 4 Research Delivery Manager	Green	

Sources: Commercial Reporting on ODP 12/02/2018, Portfolio ODP Last update: 12/02/2018, Portfolio ODP 16-17 Annual Cut Last update: 28/04/2017, Portfolio ODP Reporting Last update: 12/02/2018

Network Summary Report 12/02/2018

Provided by: CRN: East Midlands Business Intelligence Team

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

## Appendix 2 – Risk Register

**University Hospitals of Leicester NHS Trust**  
**NIHR Clinical Research Network East Midlands - Risk Register**  
 Owner of Risk Register: Executive Group

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	Risk status (open or closed date)	Trend (since last reviewed)
R031	Services	Jan-18	COO	Reduced capacity of Communications function meaning full comms plan will be impacted on	<b>Cause:</b> Post holder unwell, away from work long-term and not expected to return. Cover arrangements have ceased.	5	3	15	Present and Q1/2 2018-19	Explore capacity of existing comms function to see what level of support can be provided	COO	4	Open	Static
					<b>Effect:</b> Challenge to deliver some comms elements of current Annual Plan to desired level and will affect plans for 2018-19					Explore Host comms department and scope possibility of appointing a secondment post	COO	4		
										Review comms plan and prioritise what can be achieved	COO	4		
R032	Reputational	Jan-18	COO	Budget reductions of up to 8% for some Partner organisations will be difficult to manage	<b>Cause:</b> Relatively poor performance & desire by CRNEM to have stabilised budgets & move towards fair share based on activity.	4	3	12	Q1 2018-19	Work closely with Partners via their STLs	STLs	4	Open	Static
					<b>Effect:</b> Reputational risk to CRN and will present a challenge locally to ensure we are supporting these organisations and populations sufficiently. This could result in local Partners having insufficient funding to fund their workforce, leading to potential redundancies					In some cases, COO & CD to meet with senior staff in these organisations e.g. ULH Medical Director etc.	COO & CD	4		
										Provide support to Partners with managing their budget and prioritising where to invest their CRN funding etc.	COO & DCOO	4		
R033	Performance	Feb-18	COO	CRN EM will not deliver against HLO4 target for 2017-18 (time taken to achieve study set up in the NHS)  Currently 64% (target 80%)	<b>Cause:</b> The timelines we are measured against do not align well with the timelines our Partners are working to. Some elements of the achievement of this are outside of CRN direct control. It is expected that this metric will change from 2019-20	4	2	8	Mar-18	Continue to educate Partners about importance of collecting data for HLO4&5 & restate the relationship and differences of these HLOs with the Trust PID clinical research 70 day benchmark.	IOM & SSSOM	4	Open	New
					<b>Effect:</b> Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. No material impact. This area is something which will be considered nationally, as this is a concern from all CRNs					Work to improve our data quality to ensure where we are achieving this, it is correctly recorded	IOM & SSSOM	4		
										Work with the CRNCC to advise on potential changes to this measure	COO/D COO	1		
R034	Performance	Feb-18	COO	CRN EM will not deliver against HLO5 targets for 2017-18 (time taken to recruit first participant into studies)  Currently HLO5A: no data Currently HLO5B: 29% (target 80%)	<b>Cause:</b> The timelines we are measured against do not align well with the timelines our Partners are working to, and some elements are out of CRN control. Also there is a lack of evidence that attainment of HLO5 is a clear indicator of high performance in research.	5	2	10	Mar-18	Continue to educate Partners about importance of collecting data for HLO4&5 & restate the relationship and differences of these HLOs with the Trust PID clinical research 70 day benchmark.	IOM & SSSOM	4	Open	New
					<b>Effect:</b> Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. No material impact. This area is something which will be considered nationally, as this is a concern from all CRNs					The continued focus on HLO2a/b (though TnT campaign) should drive behaviours to improve HLO5a/b	DCOO/ Comms	4		

R035	Performance	Mar-17	COO	Recognition that not all Partner B contracts have been executed, and a need to action this, in order to be fully compliant with the Host contract, which will be difficult to manage and a significant workload	<p><b>Cause:</b> Host contract requirement to put in place contracts for all Category B Partners (i.e. all organisations in receipt of any level of NIHR funding). This will affect up to 300 GP sites, several hundred dental practices, pharmacists and other stakeholders, some in receipt of under £100 PA.</p> <p><b>Effect:</b> Performance risk due to this being an area of non-compliance presently, also reputational risk to CRN, may deter organisations from conducting research due to additional bureaucracy</p>	3	3	9	Q1/2 2018-19	Review work programme for managing and monitoring contracts in line with POF	COO/ PM	4	Open	New
										Increase resource available to this area of compliance to ensure requirements are met	COO/ PM	1		
										Implement any recommendations/actions associated with review of work programme	COO/ PM	1		
R027	Financial	May-17	COO	Unable to meet vacancy factor in 2017-18 at some Partner organisations and centrally	<p><b>Cause:</b> Compounding factors - Low staff turnover at trusts, vacancy factor set too high at start of year, poor management throughout year, high vacancy factor as a result of budget reduction.</p> <p><b>Effect:</b> Shortfall in staff costs and non-pay, posts not replaced, non-pay spend impacted. Partners may need to look for other income sources to meet staff costs for staff delivering CRN studies. Concerns around engagement with one Partner (ULH), future engagement with LCRN and ability to deliver studies.</p>	2	3	6	Mar-18	Robust financial planning centrally with monthly monitoring and review of spend/plans etc.	COO & BIL	4	Closed 02.03.18	Decreased
										Review Partner returns each month and raise any concerns to Partners via STLs. Raise to COO at end of each quarter if significant concerns	COO, BIL & STLs	4		
										Approach CC regarding any potential additional national underspend, continue to liaise with Partners & CC	COO	4		
R029	Performance	Aug-17	Div 5 RDM	Continually falling recruitment in the Primary Care setting, due to falling study pipeline - despite good capacity and engagement	<p><b>Cause:</b> Recruitment in primary care is assigned to other specialties. Closure of high recruiting studies, more complex studies with lower recruitment numbers.</p> <p><b>Effect:</b> Negative impact on ability to achieve HLO1. Impact on future budget i.e. reduction. Reputational impact for East Midlands slipping down national league tables. If this trend continues the level of engagement of GPs will fall, this will be very difficult to recover. Reduction in studies could allow reallocation of resources/staff to focus in other areas of activity.</p>	3	2	6	Mar-18	Working with RDM/Ops Manager & Specialty Leads to get better information on national pipeline and scope potential studies	RDM 2 & 5	4	Closed 02.03.18	Decreased
										Working closely with practices through CSDOs and SSS team - monitoring performance closely to ensure RTT	RDM 2 & 5	4		
										Balance portfolio in absence of primary care studies, look to fill gaps	RDMs	4		

#### Risks and Issues register 2018/19

##### 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

##### 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

\*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

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** CRN EM EXECUTIVE COMMITTEE

**DATE:** 7th MARCH 2018

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

**SUBJECT:** CRN EM FINANCE UPDATE

**1.1 Purpose**

This report provides an update on the following issues:

- Forecast 17/18 financial position
- 2018/19 financial plan
- Financial Health Checks
- Accounts Payable Update
- Internal Audit Review

**1.2 17/18 Forecast Out Turn and 2018/19 Financial Plan**

The table below summarises the 17/18 out turn and the 2018/19 financial plan.

	2017/18 Outturn £'000	2018/19 Annual Plan £'000	Movement £'000
<b>Income</b>			
NIHR Allocation	20,087.0	20,577.0	490.0
<b>Expenditure</b>			
Network Managed Team	801.0	815.8	14.8
Host Services	325.0	300.0	(25.0)
Core Management Team	689.0	735.1	46.1
Research Mgmt & Governance Team	368.0	388.3	20.3
Research Task Force	364.0	423.1	59.1
Clinical Leads	65.0	95.7	30.7
Research Site Initiative	363.0	330.0	(33.0)
Primary Care Service Support Costs	153.0	170.0	17.0
General Service Support Costs	186.0	170.0	(16.0)
Partner Organisation Infrastructure	16,773.0	16,799.0	26.0
Innovation Fund		350.0	350.0
<b>Total</b>	<b>20,087.0</b>	<b>20,577.0</b>	<b>490.0</b>

The key issues are reported below.

### **1.3 2017/18 Forecast Out Turn**

It is anticipated that the CRN will end the financial year with a break even position. This is the most favourable outcome as it means that all income has been spent, while averting any overspends. All in year financial risks have also been managed.

### **1.4 2018/19 CRN Financial Plan**

The CRN East Midlands 2018/19 budget has now been confirmed as £20,577,174. Since the budget has been confirmed the budget modelling has been revisited, revising the various component totals and making some changes. The majority of the budget approach is maintained, with a summary of changes outlined below:

- Increased the overall infrastructure available to partners, in line with last year's flat position
- Very slightly adjusted the cap and collar % levels, for the new budget
- Increased the performance premium from 3% to 5%, in line with the direction of travel of the national approach, as the funding has a clear emphasis on both HLO2a/b performance as well as HLO1
- Kept service support costs for partners in line with the original plan (£340k, also in line with this year)
- Increased the Network budget to last year's level, and added growth in this budget line to accommodate a number of additional network activities which are required to be delivered to fulfil the revised Performance and Operating Framework which will be operational from 2018/19 and to address a number of current areas of non-compliance which have arisen in part due to progressive, significant cuts to central funding.
- Established an innovation fund, new funding of up to £50,000 per division, and £50,000 cross-network. (see 1.5)

We have confirmed the revised budget envelopes with partner organisations and the Appendix 1 table gives final budget allocations for partner organisations for next year (2018/19).

A final budget allocation paper which sets out the full breakdown of the budget will be circulated to the partner organisations in due course. There is a separate line for organisations whose activity fluctuates significantly each year. Separate discussions will take place with these organisations as to their requirements, as collectively they account for 13% of the fair-share budget, and comprise a growing number of important partners.

### **1.5 Innovation Fund**

The CRN East Midlands local funding approach for 2018-19 will establish an innovation fund, which totals £350,000. The review of the 2016-17 strategic funding stream demonstrated an effective use of this type of targeted investment, which made a significant contribution to research delivery across a wide range of specialties and care delivery settings. CRN analysed high impacts and return on investment within this funding and saw a good correlation between investment and HLO contribution. It was recognised the region would benefit from conducting a similar exercise, building on the success of the strategic fund, with a particular focus on innovative ideas.

This year's innovation fund will be utilised to further improve the delivery of the CRN High Level Objectives and will be clearly linked to the delivery of NIHR portfolio research in the East Midlands. The funding will be split evenly across the six CRN clinical divisions, with £50,000 to be available per division and an additional £50,000 for central/network-wide initiatives. This process will be managed by the CRN Divisional Leadership teams (Divisional Clinical Leads & Research Delivery Managers), with input from Clinical Specialty Leads, Divisional Operations Managers, R&D/I Managers & Leads and members of the wider CRN Senior Team to make targeted investments across the region.

The aims of the funding are to:

- use innovative approaches to contribute to NIHR portfolio research delivery
- support areas of potential growth and development across the region, including any national priority/focus

- improve the quality, speed and co-ordination of NIHR clinical research
- contribute to achievement of NIHR CRN High Level Objectives (HLOs) and Clinical Research Specialty Objectives

Utilising combined intelligence to help identify potential areas for investment, CRN Divisional Leadership teams and Senior Team Link Managers will engage with Researchers, NHS and other R&D/I colleagues. Consideration will be given to investments which deliver across specialties within a division, where this is appropriate and feasible.

CRN is keen to allocate this funding promptly with a scoping and review process to be conducted in March 2018, with a view to confirmation of funding investments in April 2018.

## **2. Financial Health Checks**

CRN East Midlands is contracted by the Department of Health (DoH) to undertake timely and accurate budgetary monitoring and reporting on funds paid directly to Partner Organisations. Additionally, the CRN is required to provide sufficient assurance that NIHR CRN funding is used only on eligible CRN activity, in accordance with DoH funding agreement terms. CRN East Midlands gains this assurance through a range of mechanisms, including this newly introduced Financial Health Check Questionnaire and Partner visits to support this assurance.

The Pre Visit Questionnaire forms the first stage of the Financial Health Check visits. We intend to commence a rolling programme of partner finance health-check visits, commencing in Q4 of 2017/18; we will undertake one visit per quarter with our Partner A contract holders. For clarification, our Partner A contract holders are the organisations we work with who are in receipt of over £50,000 per annum and have an executed Partner A contract.

The Partner Financial Health Check Visit is likely to take half a day and be based at the site of the partner organisation. Returned questionnaires will be reviewed and along with other local intelligence we will undertake a risk profiling exercise to draw up a priority list. We will then contact the first organisation to request further evidence linked to the detail provided in the questionnaire and provide further information regarding the health-check visit.

The first two PO visits have been scheduled for March and April.

## **3. Accounts Payable**

The Network is continuing to experience problems with the prompt payment of invoices from suppliers and partners. The value of invoices outstanding which had breached the 30 day payment target was £242.6k as at 1<sup>st</sup> March. Although there had been an improvement in December unfortunately this has not been sustained into the new year. This issue has also been highlighted as a medium risk finding in the recent Internal Audit Report which is discussed below. Discussions are taking place with the Financial Controller with a view to implementing a permanent solution to this problem. The delivery of this will be monitored by Internal Audit and escalation with the Host as appropriate.

## **3. Internal Audit Review**

As the host organisation, the Trust is responsible for the delivery, governance, and performance of the LCRN along with financial management of the budget. Under the NIHR CRN Performance and Operating Framework 2015-16, the national CRN Coordinating Centre requires LCRN Host organisations to include NIHR funded activities within the scope of their internal audit coverage. The internal audit should be risk based, and take place at least once every three years. PwC reviewed the controls and procedures in place in 2014, shortly after the LCRN became operational. The previous internal audit review resulted in a medium risk report (1 medium risk finding and 5 low risk findings). The medium risk finding was around the lack of monitoring of commercial activity.

The scope of the Internal Audit review was agreed with LCRN and UHL, and the review took place in December 2017. The report was issued on 20th February, with the following findings. Overall the report was classified as low risk, which was an

improvement on the medium risk report in 2014/15. There were three low risk findings, and one medium risk. The key findings were as summarised below.

1. Delays in paying LCRN Partner invoices (medium risk)
2. Assurance gathering (low risk)
3. Funding is being used in accordance with NIHR criteria.(low risk)
4. Declaring conflicts of interest (low risk)
5. Reviewing reconciliations (low risk)

Action plans have been agreed with Internal Audit to address all of the issues identified. Progress against these will be monitored to ensure delivery of required improvements.

### **Recommendations**

The CRN Executive Committee is asked to:

- Note the forecast 17/18 financial position
- Note the 18/19 Financial Plan
- Note the Finance Health Check Programme
- Note the current Accounts Payable issue
- Note the current Internal Audit review

## APPENDIX 1 PARTNER BUDGETS 2018/19

Organisation Name	Fair-share budget	Fair-share %	Baseline	Baseline %	Difference between fairshare and baseline	Cap and Collar applied	Performance Premium	2018-19 Indicative budget	for reference % comparison with envelope and 2017/18 baseline
Primary Care	2,067,369.10	13.80%	1,092,947.46	7.65%	6.15	2.00%	99,623.30	1,214,429.71	10.00%
Chesterfield Royal Hospital NHS Foundation Trust	224,744.87	1.50%	431,074.08	2.68%	-1.18	-7.00%	11,385.52	412,284.41	-4.56%
Derby Teaching Hospitals NHS Foundation Trust	985,015.69	6.58%	1,359,371.58	8.52%	-1.95	-7.00%	56,927.60	1,321,143.17	-2.89%
Derbyshire Community Health Services NHS Foundation Trust	24,599.96	0.16%	8,028.04	0.05%	0.11	0.25%	0	8,048.11	0.25%
Derbyshire Healthcare NHS Foundation Trust	234,098.93	1.56%	269,397.00	1.73%	-0.16	-1.50%	19,924.66	285,280.71	5.57%
Kettering General Hospital NHS Foundation Trust	228,841.73	1.53%	419,407.84	2.64%	-1.11	-7.00%	11,385.52	401,434.81	-4.48%
Leicestershire Partnership NHS Trust	286,226.86	1.91%	477,124.12	3.10%	-1.18	-7.00%	17,078.28	460,803.71	-3.54%
Lincolnshire Community Health Services NHS Trust	16,203.41	0.11%	6,621.95	0.04%	0.07	0.25%	0	6,638.50	0.25%
Lincolnshire Partnership NHS Foundation Trust	181,262.95	1.21%	351,617.85	2.19%	-0.98	-1.50%	19,924.66	366,268.24	4.00%
Northampton General Hospital NHS Trust	324,421.71	2.17%	770,728.04	4.80%	-2.64	-12.00%	39,849.32	718,090.00	-7.33%
Northamptonshire Healthcare NHS Foundation Trust	205,564.43	1.37%	250,503.61	1.61%	-0.24	-1.50%	8,539.14	255,285.20	1.87%
Nottingham University Hospitals NHS Trust	2,924,377.19	19.52%	3,521,385.19	22.33%	-2.81	-12.00%	185,014.70	3,283,833.67	-7.23%
Nottinghamshire Healthcare NHS Foundation Trust	427,851.83	2.86%	716,503.72	4.46%	-1.61	-7.00%	31,310.18	697,658.64	-2.70%
Sherwood Forest Hospitals NHS Foundation Trust	409,997.28	2.74%	731,162.36	4.55%	-1.81	-7.00%	34,156.56	714,137.55	-2.38%
United Lincolnshire Hospitals NHS Trust	599,414.02	4.00%	1,087,522.42	6.86%	-2.86	-12.00%	65,466.74	1,022,486.47	-6.36%
University Hospitals of Leicester NHS Trust	3,889,888.83	25.97%	4,097,784.03	25.67%	0.3	0.25%	187,861.08	4,295,889.57	4.61%
Fluctuating organisations, EMAS and Non-NHS Partners (incl Public Health, LOROS, Nuture Fertility, Citycare, others)	1,950,629.41	13.03%	177,779.75	1.12%	11.91	n/a	0	305,243.53	TBC
<b>Total</b>	<b>14,980,508.20</b>	<b>100%</b>	<b>15,768,959.04</b>	<b>100%</b>			<b>788,447.26</b>	<b>15,768,956.00</b>	



## Clinical Research Network East Midlands

# Annual Delivery Plan 2018-19

Version: 1.6

Document date: 16.03.2018

Delivering research to make patients, and the NHS, better

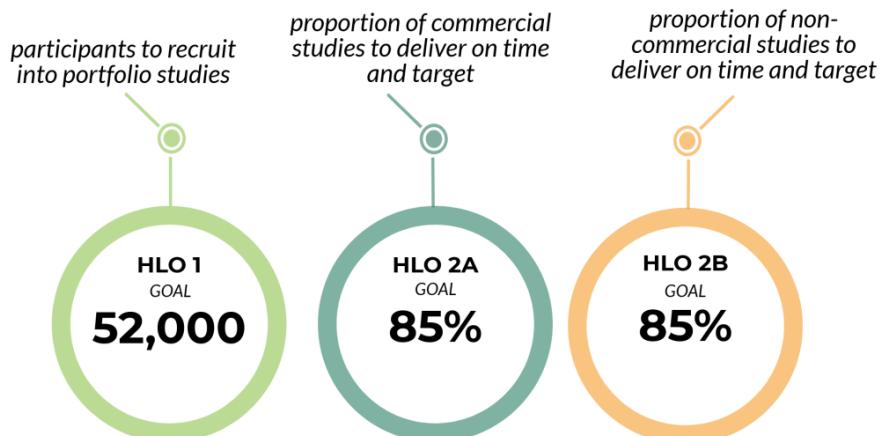
## **Contents**

Infographic:	Looking forward to the future - CRN East Midlands 2018-19.....	2
Introduction:	Key Priorities for 2018-19.....	3
Host Organisation Approval.....		4
Section 1:	Compliance with the Performance and Operating Framework.....	5
Section 2:	Key Projects.....	7
Section 3:	High Level Objectives.....	20
Section 4 :	Clinical Research Specialty Objectives.....	21
Section 5:	Financial Management.....	32

## HIGH LEVEL OBJECTIVES

**LIFE SCIENCES INDUSTRY**

-  improve SME engagement for development of research ideas
-  develop links and collaborate with the wider NIHR infrastructure
-  increase HLO3 through targeted education and support



**RESEARCH DELIVERY**

-  integrate Industry and Study Support Service teams to facilitate a consistent service to all stakeholders
-  integrate Join Dementia Research into clinical pathways
-  create a regional SSS operating manual

## SPECIALTY ACTIVITIES

foster cross boundary collaborations across East and West Midlands

recruit to all 30 clinical specialties

support ongoing collaboration with Health Education East Midlands

explore engagement with undergraduate and trainee workforce to embed research into learning pathways

grow the local pool of potential PIs

share best practice & maximise learning opportunities across specialties

## STAKEHOLDER ENGAGEMENT COMMUNICATIONS AND PPIE

scope and streamline opportunities for working across the region with various partners

work with Patient Research Ambassadors to promote research

deliver a programme of comms activities to support local and national initiatives and campaigns

engage and involve partners through Research Forum, Finance events and Specialty Leads events

growth of contribution from non-traditional providers

provide information for patients to improve research awareness across the region

## BUSINESS INTELLIGENCE

develop the CRN East Midlands staff intranet

contribute to readiness of the Single Research Intelligence System (SRIS)

improve LPMS data integrity, quality and completeness

develop Open Data Platform to improve local performance

innovation fund for priority investment across clinical specialties  
**£350k**

roll out SSC trigger payment process in non-primary care organisations

develop a new tool for requesting Service Support Costs

## ORGANISATIONAL DEVELOPMENT

celebrate impact of innovation across CRN supra-network

reach out to research teams in partner organisations to support improvement and innovation

launch the CRN East Midlands induction package

create a local Practitioners community and identify Champions

**NEW**

develop Research Envoys in 1 Partner Organisation to enhance research culture

find us on:



## **Introduction: Key Priorities for 2018-19**

In line with the requirements of the NIHR CRN Coordinating Centre, the 2018-19 Annual Planning document consists of a series of tables and projects which describe the specific activities to support achievement of the NIHR CRN performance objectives. It seeks to provide assurance to the Host and CRN Coordinating Centre about our approach to delivering and working within the NIHR CRN Performance and Operating Framework (POF) 2018-19.

In addition to this annual project plan, it is important to convey the strategic imperatives for the East Midlands CRN for the year ahead. Building on previous success and areas of strategic importance, our three key themes for 2018-19 can be best described as:

- **Engagement**

Our plan has a particular local emphasis on strengthening engagement with all partners and the research workforce, including a growing contribution from independent/non-traditional providers. We are keen to bring together our functions of Comms, PPIE and engagement under one umbrella, and strengthen these work-streams for effective patient engagement. We will work collaboratively with other LCRNs and increase engagement with wider NIHR bodies and local SMEs across the region. There is also an area of focus on developing trainees and embedding research as part of early career development.

- **Performance excellence**

Within our plans for 2018-19, there is a continued focus on delivery of clinical research to time and target and as a minimum, we aim to maintain our regional attainment of 80% of all studies achieving this objective (HLO 2A & 2B). We also wish to show activity across all 30 specialties, through appropriate and targeted support. This will be aided by the integration of our Industry and Study Support Service teams, with service development to deliver high quality and consistent support for commercial and non-commercial researchers. We are planning a range of activities to improve local data quality & completeness in our local portfolio management system, which will be essential as we move to the fully integrated NIHR CRN single research intelligence system. We are also planning a number of key projects to deliver efficiency improvements in our approach to financial management, including preparedness for the management of Excess Treatment Costs.

- **Innovation**

We are always keen to ensure the East Midlands is at the forefront of innovative approaches to research delivery. This year we will be establishing a targeted Innovation Fund to make priority investments across our clinical specialties, looking at efficient approaches and new ways to increase research output. We have a programme of Continuous Improvement work, this year we will focus on the delivery workforce, providing advice and support for effective CI.

## Host Organisation Approval

<b>Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:</b> The Annual Plan was circulated to CRN East Midlands Partnership Group by email on 27/02/2018 to provide an opportunity for review and comment. Feedback has been incorporated and the final version will be presented at the next Partnership Group meeting on 22/03/2018.	Yes
<b>Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:</b>	22/03/18
<b>Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:</b>	The Annual Plan is scheduled to be reviewed for approval by UHL Trust Board on 12/04/18
<b>Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:</b>	12/04/18
<b>If this plan 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 Plan</b>	

## Section 1: Compliance with the Performance and Operating Framework

<p>Please confirm, at this point in time do you anticipate the Host Organisation and LCRN Partners being able to deliver the LCRN in full compliance with the Performance and Operating Framework 2018-19?</p> <p>If you have answered 'no' to this question, please identify below the specific areas/clauses of the POF which are of concern by selecting the appropriate boxes, provide a brief explanation of the reasons for non-compliance. Any area of non-compliance must be mitigated by the inclusion of a Key Project in Section 2 of this Annual Plan in order to achieve compliance. Include a cross-reference to the Key Project ID.</p>			No		
POF area	Fully compliant?	Commentary			
Part A: Context					
3. Working Principles	Yes				
Part B: Performance Framework					
2. LCRN Performance Indicators					
2.1 High Level Objectives	Yes				
2.2 Specialty Objectives	Yes				
2.3 LCRN Operating Framework Indicators	No	<ul style="list-style-type: none"> <li>• Into 2018-19 to be fully compliant we will need to make a change to our approach to the issue and management of Partner B contracts. We do have some contracts in place, although not for all organisations in receipt of CRN funding. We do intend to address this issue, however at the start of the year are reporting non-compliance.</li> <li>• Additionally due to turn-over, we are losing our ENT Specialty Lead from 1 April, and will not have a new post holder in place at the start of the year; the post however will be replaced and we will notify the CC as soon as this is confirmed.</li> <li>• Due to significant staff sickness we currently do not have a Comms Lead in post, we are working with the Host organisation to manage this situation, and will ensure we can fill this post and deliver on our Comms plan in Q1-2. Interim arrangements have been made to cover this gap.</li> </ul>			
2.4 Initiating and Delivering Clinical Research Indicators	No	Partial non-compliance: Specifically, this relates to primary care partners who would be classified as category A partners as they would be in receipt of greater than £50,000. These organisations are not currently required to submit PID data and do not have systems in place to do this. As such, these organisations are not in a position to sign Partner A contracts, although technically they are required to do so. Some advice has been sought, and this position has been confirmed with the NIHR CRN CC some months ago.			
2.5 LCRN Partner Satisfaction Survey Indicators	Yes				
2.6 LCRN Customer Satisfaction Indicators	Yes				
2.7 LCRN Patient Experience Indicators	Yes				
3. Performance Management Processes	Yes				

Part C: Operating Framework		
2. Governance and Management	Yes	
3. Financial Management	No	Some delays in payment of invoices over 30 days identified in recent host audit, to be addressed through audit findings, however currently this area is not fully compliant
4. CRN Specialties	Yes	
5. Research Delivery	Yes	
6. Information and Knowledge	Yes	
7. Stakeholder Engagement and Communications	Yes	
8. Organisational Development	Yes	
9. Business Development and Marketing	Yes	

## Section 2: Key Projects

### 1. Governance and Management

Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.1.1	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	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 Carl Sheppard (Project Manager)	Review and update the East Midlands CRN Governance Framework (including assurance framework and risk management system) Submit Governance Framework to Host Trust Board for approval Prepare and circulate a clear Escalation process and guidance document Review and as necessary refresh the Urgent Public Health Research Delivery Plan Review and refresh Business Continuity Plan, considering LPMS & CPMS Circulate and make available updated documents to partners and other stakeholders as necessary	Q1 July 2018 Q1 Q1 Q1 Q1-Q2
2.1.2	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.	This will ensure compliance with the requirements for information governance as set out in the POF and Host contract, with associated documentation and processes in place	Chief Operating Officer (Elizabeth Moss) and Carl Sheppard (Project Manager)	Link with Information Governance Specialist at Host organisation (Hannah Rose, Deputy Head of Privacy) to seek advice and discuss requirements. Prepare any new processes necessary to ensure compliance with framework and formalise these with appropriate documentation Circulate new documentation/processes to partners and other stakeholders as necessary	Q1 Q1-Q2 Q1-Q2
2.1.3	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.	This will ensure compliance with the requirements for governance and management of contracts as set out in the POF. Appropriate resource will be in place to manage and coordinate this process	Chief Operating Officer (Elizabeth Moss) and Carl Sheppard (Project Manager)	Review work programme for managing and monitoring contracts in line with POF Review resource available to ensure requirements are met Implement any recommendations/actions associated with review of work programme	Q1 Q1 Q1-Q2

## 2. Financial Management

Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.2.1	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.	Timely and accurate forecasting and payment of service support costs for all studies and organisations, tighter budget control of this local funding stream.	Deputy Chief Operating Officer (Kathryn Fairbrother)	Pilot Phase with 4 Partner Organisations, started in Q3 of 2017-18 and to run for two quarters.	Complete by Q1
				Summary of pilot distributed to partner organisations for feedback and necessary adjustments to the process.	Q1
				All Partner Organisations to be enrolled into the new Process	Q3
				Final process adjustments and part of business as usual process	Q4
2.2.2	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.	More efficient approach to recording and management of paid and forecasted service support costs for all studies	Deputy Chief Operating Officer (Kathryn Fairbrother) and Acute SSS Manager (Kiran Mistry)	Using current templates to develop a new 'Typeform' request by Q1	Q1
				Pilot new form with SSS team internally, using mock studies	Q1
				Identify a PO who will pilot the use of the form for all new requests	Q2
				Process adjustments using Google Suite for recording	Q1
				Linking Edge to Google report	Q2
				Feedback of process with Pilot PO and internal staff	Q3
				Roll out to all Partner Organisations by end of Q3.	Q3
2.2.3	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.	Focussed investment in areas where a good return is expected, aim to use targeted funding to assist the CRN in reaching HLOs	Project Manager (Carl Sheppard)	Launch innovation fund formally	March 2018
			Research Delivery Managers	Complete priority investment exercise, led by RDMs & Divisional Leads, make funding awards	June 2018
			Research Operations Managers	Monitor awards, ensure they remain on-track to achieve objectives	Q2 - Q4
			Project Manager (Carl Sheppard)	Assessment of impact & evaluate	Q1 2019-20
2.2.4	Prepare and rollout, as required, a support process for Excess Treatment Costs (ETCs), dependent on final outcome of consultation exercise	A process to be established in line with the NHS England consultation, to ensure ETCs are not holding up the commencement and execution of funded studies.	TBC, depending on outcome of consultation as to where this best fits in the CRN work-stream	Scope the current blocks or issues with ETCs in the region (commenced 2017-18)	May 2018
				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
				Roll out the process in line with timeframes in the consultation outcome paper, once available	Q1/2

3. High Level Objectives					
Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.3.1	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.	To achieve our HLO1 goal, and as a result to maximise future partner income, and continue to grow research delivery for the region, constantly improving the patient opportunity	Chief Operating Officer (Elizabeth Moss)	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
				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
				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
2.3.2	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.	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.	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 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 CRN.	Q1
				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
2.3.3	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.	We recognise that it is desirable and important to measure study start-up as a means of demonstrating the length of time taken for commercial and non-	Industry Delivery Manager (Daniel Kumar) and SSS Operations Manager (Roz	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

		<p>commercial contract studies to open to recruitment at site level. During 2017-18, we have spent a lot of time educating Partner Organisations about the need to capture the data-points in Edge that satisfy both HLO4 and HLO5 (a and b) in a timely and accurate way. As the numbers of studies that qualify for inclusion under both metrics have increased during the past year, particularly for non-commercial contract studies, our performance output has become more meaningful as it becoming less subject to data skew. We intend to use the knowledge and experience gained from these insights to commercial contract studies, where the focus has primarily been on the attainment of HLO 2a. The data reporting systems that support us in identifying and analysing data gaps and anomalies have also evolved greatly since the LPMS-CPMS link was implemented and we have been using these and other local reports to target issues in discussion and collaboration with Partner Organisations. We intend to build on the work we have undertaken during the past year for 2017-18 as we are committed to improving performance for both HLO 4 and HLO 5 (a and b).</p>	Sorrie-Rae)	<p>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.</p> <p>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.</p> <p>Support implementation and continue to promote the CRN East Midlands' Minimum Dataset (MDS) for Edge with Partner Organisations as the means by which a consistent approach to data management can be achieved.</p> <p>Continue to recognise First Global recruits in the region for commercial contract studies by congratulating research teams via our Newsletter/writing to teams.</p> <p>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.</p>	Ongoing, but with a focus in Q1
2.3.4	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	<ul style="list-style-type: none"> <li>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.</li> <li>All staff will have the necessary</li> </ul>	<p>Research Delivery Manager (Karen Pearson) &amp; Operations Manager (Alison Raynor)</p> <p>Project Manager (Goizeder Aspe)</p>	<p>Ensure sufficient focus on key Rater skills &amp; 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.</p> <p>Renew our investment in targeted Project management support, utilising a very experienced</p>	Ongoing
					Q1

	<p>in high recruitment numbers. We currently do not have a pipeline to follow this which gives planned recruitment at this level.</p>	<p>skills and competencies to deliver against all commercial and non-commercial studies that come to the region.</p> <ul style="list-style-type: none"> <li>Dedicated Project Manager time will support and ensure we deliver on our short, medium and long term initiatives.</li> <li>Overall we intend to reduce our reliance on studies coming in to the region, and increase the amount of "home grown" CIs and DeNDRoN studies based around the specific needs of our population.</li> </ul>	Juaristi)	<p>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.</p>	
			Project Manager (Goizeder Aspe Juaristi)	<p>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:</p> <ol style="list-style-type: none"> <li>Continue to raise awareness of JDR to all healthcare professionals, focussed in at least two of the regions' acute hospital trusts.</li> <li>Continue linking in with GP practices through the RSI contract process to promote JDR.</li> <li>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.</li> <li>Continue to link in and promote JDR through the region's community pharmacies.</li> </ol>	Ongoing
			Research Delivery Manager (Karen Pearson) & Operations Manager (Alison Raynor)	<p>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.</p>	Ongoing, although focus in Q1-2

4. LCRN Specialty Activities					
Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.4.1	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.	<ul style="list-style-type: none"> <li>Sharing best practice and maximising learning opportunities</li> <li>Promote joint working to explore future research and delivery opportunities</li> <li>Enhance trainee pathways and boost early career researchers as they move across boundaries</li> <li>Increase the opportunities for us to take part in large national studies as they become available.</li> </ul>	Div 4&6 Research Delivery Manager (Karen Pearson), Operations Manager (Alison Raynor) & Gastro Specialty Lead (Dr John DeCaestecker)	Continue to support and encourage collaborative working between the two Midlands Gastroenterology Trainee Networks.	May 2018
			Div 1&3 Research Delivery Manager (Hannah Finch) & Operations Manager (Penny Millward)	Two key projects in Cancer - Maximising MacMillan involvement and scoping and improving MDTs to promote cancer research to best effect	Ongoing
			Div 1&3 Research Delivery Manager (Hannah Finch) & Operations Manager (Penny Millward)	Planned Genetics event for Q3/4 with West Midlands	Q3-4
2.4.2	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.	<ul style="list-style-type: none"> <li>Aiming to introduce trainees to research early in their career, with a view to embed this into standard practice</li> <li>Will grow the pool of potential PIs locally</li> </ul>	Specialty Leads, Research Delivery Managers & Operations Managers, WFD Team	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
			Research Delivery Managers & Operations Managers	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

5. Research Delivery					
Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.5.1	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.	<ul style="list-style-type: none"> <li>An integrated team structure for Industry and Study Support Service staff is established which meets the needs of all CRN customers and stakeholders.</li> <li>Local policies, processes and SOPs for each service are aligned as far as possible, taking into account national CRN CC requirements and steer.</li> <li>Commercial studies are fully migrated to LPMS (Edge) and study record management processes aligned fully for both commercial and non-commercial studies.</li> <li>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</li> </ul>	SSS Operations Manager (Roz Sorrie-Rae) & Industry Delivery Manager (Dan Kumar) with support from Project Manager (Goizeder Aspe Juaristi)	Integrate existing Industry and Study Support Service teams ensuring appropriate line management arrangements are in place and healthcare sector coverage is maintained.	April 2018
				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
				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
				Review Edge study record management processes to ensure these are aligned for both commercial and non-commercial studies.	Q1
				Develop a CRN East Midlands Industry/Study Support Service Operating Manual to bring together all policies, processes and SOPs.	Q3
2.5.2	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. A local data quality strategy will be implemented across the region to manage this process on an ongoing basis.	Improved data content and quality within LPMS, such that as the RA link with CPMS goes live under the API the East Midlands data is of high quality and provides the required intelligence to the CRNCC, and indeed all partners.	Project Manager (Harriet Savage)	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
				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 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.	Milestones throughout, although focus in Q1 - Q3
			Deputy Chief Operating Officer (Kathryn Fairbrother)	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

## 6. Information & Knowledge

Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.6.1	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.	Renewed contract with system of choice for CRN East Midlands LPMS (Edge), ensuring that the contract can deliver the requirements as set out in the Performance Operating Framework 2018-19 and beyond.	Deputy Chief Operating Officer (Kathryn Fairbrother)	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
				Appropriate engagement with partners/users: process to be determined	Q1
				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
				Renewed Edge Contract for remaining LCRN contract (March 31st 2022)	Q3
				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
2.6.2	The CRN East Midlands Information Team are currently utilising the User Acceptance Testing (UAT) 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.	A suite of ODP applications that are fit for purpose within the East Midlands. Ideally removing the need where possible for production of paper reports. It is hoped this would improve our information provision and result in a smoother process for performance monitoring and management	Deputy Chief Operating Officer (Kathryn Fairbrother)	Identify the needs of our internal and external stakeholders in relation to performance management and the viability of using ODP to address these. Some of this has already occurred internally within the LCRN.	Q1
				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
				Testing of applications	Throughout the year as development occurs
				Release of applications allowing for feedback	Throughout the year as development progresses

2.6.3	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	<p>Provide information relating to CI to the CRN East Midlands central team in one place (including training materials, Information &amp; impact record of all local studies, links to national information etc). It is hoped this will aid diffusion of ideas and impacts, encouraging discussion between team members around specific pieces of work, and make information easily accessible.</p>	Project Manager (Carl Sheppard)	Establish a task & finish group with appropriate representation to deliver project (including technical input and content providers)	April 2018
				Build in I&I specific content and resources with input from CI Lead and Working Group	Q1
				Identify and link in with suitable contacts to provide content for other sections, including comms input, where possible	Q1
				Launch intranet site	Q2
				Ongoing review of content to ensure this is kept up to date throughout the year	Q2-Q4
				If successful, to consider sharing this across our supra-network if it is thought to be helpful for our partner/link LCRNs	Q3-Q4

## 7. Stakeholder Engagement and Communications

Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.7.1	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	<ul style="list-style-type: none"> <li>• Clear Communications Plan, well described and shared with CRN and partners</li> <li>• The right resource/team to deliver this</li> <li>• Focussed local Comms and Engagement priorities agreed</li> </ul>	Currently reviewing Leadership for this function TBC	Review of team/resources aligned to this, to have a consistent approach across the Engagement function, including clarity as to Leadership	Q1
				Comms Plan to be finalised and agreed through Comms working group 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
				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
2.7.2	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	<ul style="list-style-type: none"> <li>• Build on the existing strengths around regional working, especially with NIHR partners and other regional partner organisations</li> <li>• Building stronger relationships with key stakeholders, which ultimately aids in more efficient working arrangements</li> <li>• Improved awareness of research across the region, and promotion of key events throughout the year</li> </ul>	Currently reviewing Leadership for this function TBC	To promote the Massive Open Online Course (MOOC) widely, along with support and champion campaigns around awareness raising such as International Clinical Trials Day (ICTD)	Ongoing, with focus on key activities in the year
				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
				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
				Engagement and involvement with NHS and other stakeholders is critical to the success of the Network, as such we will 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, CLAERC, AHSN, RDS etc.	Ongoing through the year

2.7.3	<p>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.</p>	<ul style="list-style-type: none"> <li>• To work with our pool of Patient Research Ambassadors as well as our stakeholders to create opportunities to empower these Ambassadors to promote research.           <ul style="list-style-type: none"> <li>• To roll out completion of the Patient Research Experience Questionnaire to our stakeholders.</li> <li>• To continue to look for innovative areas for our local small awards scheme.</li> </ul> </li> </ul>	<p>Currently reviewing Leadership for this function TBC</p>	<p>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.</p>	<p>Ongoing through the year</p>
2.7.4	<p>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.</p>	<ul style="list-style-type: none"> <li>• This campaign will support the culture of CI in each of the regions, through visibility and allowing staff to recognise that their CI efforts are valuable.</li> <li>• It is hoped that the sharing of Impact stories will encourage knowledge transfer both within the region and across the whole CRN.</li> <li>• By working together to deliver the showcase event, the relationship between the LCRNs will strengthen and lend itself to improved collaborative working.</li> </ul>	<p>Research Delivery Manager Div 1 &amp; 3 and CI Lead (Hannah Finch)</p>	<p>Identify 1 CI Impact story from each region (plus a joint impact story for the last quarter)</p>	<p>Q1</p>
		<p>Prepare the Impact Story template for each region</p>		<p>Q1</p>	
		<p>Launch 1 story per quarter through agreed channels</p>		<p>Q1, Q2, Q3 &amp; Q4</p>	
		<p>Hold regular teleconferences between us and the CI Leaders in CRN Eastern and CRN West Midlands</p>		<p>Q1, Q2, Q3 &amp; Q4</p>	
		<p>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</p>		<p>Q4</p>	
2.7.5	<p>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.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	<p>Industry Delivery Manager (Daniel Kumar)</p>	<p>To ensure that this is captured and integrated in the national 'Improvement Plan for delivery of commercial studies'.</p>	<p>Q1-Q2</p>
		<p>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.</p>		<p>Q1-Q2</p>	
		<p>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.</p>		<p>Q1-Q4</p>	
		<p>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.</p>		<p>Ongoing, Q1 - Q4</p>	

## 8. Organisational Development

Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.8.1	To integrate health & wellbeing into our day to day activities to enable us to create a positive and healthy working environment.	<ul style="list-style-type: none"> <li>All members of the LCRN central team and the wider workforce funded by the LCRN to have appropriate line management, mentorship and/or supervision arrangements in place.</li> <li>All staff to know where to access information on wellbeing services within their own organisation and know how to escalate wellbeing concerns.</li> </ul>	Workforce Development Lead (Michele Eve)	Create and send out a wellbeing survey to the central team	Q1
				Create a dedicated wellbeing section of WFD Google site to provide useful resources and links to wellbeing information in Host and Partner Organisations.	Q1
				Outline the expectations of Partner Organisations and other employing bodies regarding the wellbeing of CRN funded employees in the CRN Induction.	Q2
				Create wellbeing eLearning package covering key wellbeing issues identified in the survey	Q2
2.8.2	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	<ul style="list-style-type: none"> <li>Increased awareness of clinical research across the wider NHS workforce</li> <li>An engaged research workforce equipped to deliver high quality research across the East Midlands</li> </ul>	Workforce Development Lead (Michele Eve)	Launch the CRN East Midlands Induction package and ensure that it is available to all new staff funded by the LCRN	Q1
				Plan and run a Research Forum for the non-medical research delivery workforce to promote collaborative working and the sharing of best practice.	Q3
				Support the national work to create a Practitioner community, identify local Practitioner champions and hold an event locally to bring this workforce together	Q1
				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
				Include a LCRN leaflet in Host Organisation new starter packs to raise awareness of clinical research across the wider NHS workforce.	Q1
				Embed CRIEF video into Host and Partner Organisation learning management systems to increase awareness of clinical research.	Q3
				Explore opportunities to engage with the undergraduate workforce and promote clinical research as an attractive career option.	Q4
				Support at least one Partner Organisation to enhance NHS research culture by developing Research Envoys who spread the message about research.	Q4
2.8.3	Reach out to the research delivery teams embedded in Partner Organisations, to ensure	Develop an understanding of, and improve: - <ul style="list-style-type: none"> <li>the types of Innovation work being</li> </ul>	Research Delivery Manager Div	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

	<p>we can appropriately support (and capture information about the delivery of) Improvement and Innovation in the Partner Organisations.</p>	<p>undertaken in our delivery workforce</p> <ul style="list-style-type: none"> <li>• the barriers to conducting Improvement and Innovation activities within the Partner Organisations, with a view to understanding and supporting a resolution</li> <li>• identify the natural innovators within the delivery workforce</li> <li>• aid the spread of best practice and knowledge transfer of Innovative CI projects across the delivery workforce</li> </ul>	<p>1&amp;3 and CI Lead (Hannah Finch)</p>	<p>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&amp;I is, and have a presence at already planned Research Forum events, which are for the delivery workforce</p>	Q2
				<p>Continue to deliver quarterly CI capture exercise with core team, and look to expand to delivery teams</p>	Q3 & Q4
				<p>Investigate and deliver methods to share CI project details</p>	Q3 & Q4

## 9. Business Development & Marketing

Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.9.1	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 e.g: Academic Health Science Networks, Medilink and linking with the growth of the Medical Technology strategy	<p>Improved SME engagement and links to wider NIHR infrastructure. This will support contribution to HLO3.</p>	<p>Industry Delivery Manager (Daniel Kumar)</p>	<p>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</p>	Q4
				<p>Development of the engagement strategy through the continually evolving Industry Working Group quarterly meeting to ensure Partner Organisations are engaged and contribute to strategies.</p>	Q1-Q4
				<p>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.</p>	Q4
				<p>Improved collaboration with another partner in this field, either as part of the wider NIHR family or as opportunities arise.</p>	Q4
2.9.2	Work with one or more specific partner organisations or research teams to develop a tailored and targeted commercial strategy	<p>Growth of potential areas leading to an increased focus on commercial activity with outcomes of a tangible increase in the number of Site Identification submissions, increased engagement with a forum for shaping the agenda, increased exposure to industry and delivery of any existing portfolio of commercial studies and where possible an increased volume of sites selected or visited by a sponsor. This will support contribution to HLO3.</p>	<p>Industry Delivery Manager (Daniel Kumar)</p>	<p>Identification of a first research area with the potential drivers for growth</p>	Q1-Q2
				<p>Development of a tailored strategy to support the growth of commercial research with set actions and planned outcomes</p>	Q2-Q3
				<p>Review and ongoing support for strategy and if capacity allows support for additional sites/research teams.</p>	Q3-Q4

### Section 3: High Level Objective Targets

HLO	Objective	Measure	LCRN Target	CRNCC Target
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	TBC following review
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	TBC following review

## Section 4: Clinical Research Specialty Objectives

Ref	Specialty	Objective	Local activities to achieve the national objective
1	Ageing	Increase early career researcher involvement in NIHR CRN Portfolio research	<ul style="list-style-type: none"> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> <li>• We will continue to support and encourage involvement of trainees through the initiatives described under cross divisional trainee support. (Ongoing, Q1-4)</li> </ul>
2	Anaesthesia, Perioperative Medicine and Pain Management	Increase the number of NIHR CRN Portfolio studies led by trainees as Chief Investigator or co-Chief Investigator	<ul style="list-style-type: none"> <li>• The MERCAT Network (which covers anaesthetics &amp; critical care) is affiliated with the Research and Audit Federation of Trainees (RAFT) and has successfully delivered on a small number of Portfolio studies.</li> <li>• 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)</li> <li>• 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, specifically around the NIHR Portfolio adoption process and services available. (Q1)</li> <li>• 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)</li> </ul>

3	Cancer	<p>Increase patient access to Cancer research studies across the breadth of the Cancer subspecialties</p> <ul style="list-style-type: none"> <li>• The CRN will continue to work with the Cancer Alliance (including representation on the Board and the Performance &amp; 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 Q1 and ongoing)</li> <li>• 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. (Q1-4)</li> <li>• Appointing an enthusiastic and effective 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.</li> <li>• Following advice from the CRN Cluster office, we are planning ways to incentivise research activity: <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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)</li> <li>- 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)</li> </ul> </li> <li>• Additionally, we will deliver three projects to increase the visibility of research opportunities: <ul style="list-style-type: none"> <li>- In 2017-18 we have scoped the possibility of developing a CRNEM Study Map supported by ODP, with some 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 2018-19 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.</li> <li>- 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 Operations 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).</li> <li>- 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, Q4)</li> </ul> </li> </ul>
---	--------	--

4	Cardiovascular Disease	Develop the research workforce in cardiovascular surgery	<ul style="list-style-type: none"> <li>The Specialty Lead will engage with the new and established consultant to encourage participation in multicentre trials (April 2018)</li> <li>We will aim to have 2 new surgical studies on the portfolio led by Glenfield (UHL) (June 2018)</li> <li>The goal will be to take on 1 additional multicentre portfolio study that is not being led by Glenfield (UHL) (December 2018)</li> <li>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)</li> <li>Meet with existing Nottingham consultant surgeons to discuss barriers to participation and review existing cardiothoracic surgical studies on the portfolio (Q2)</li> <li>Aim to have 1 new study activated at Nottingham (February 2019)</li> </ul>
5	Children	Increase NHS participation in Children's studies on the NIHR CRN Portfolio	<ul style="list-style-type: none"> <li>The Divisional Management team continues to work with the Specialty Lead to identify studies suitable for delivery in DGH settings, which is one of the challenges of this objective. 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. (Q2-4)</li> <li>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. We plan to arrange a visit to each Trust during 2018-19. (Ongoing)</li> <li>The Specialty Lead has been actively working with HTA &amp; 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 DGHs. (Ongoing)</li> <li>Delivering Children's managed studies continues to be a challenge in Community settings. To address this, the Specialty Lead and Research Operations Manager will be visiting 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. (Q2-4)</li> <li>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. (Q4)</li> </ul>
6	Critical Care	Increase intensive care units' participation in NIHR CRN Portfolio studies	<ul style="list-style-type: none"> <li>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)</li> <li>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)</li> <li>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)</li> </ul>

7	Dementias and Neurodegeneration	Increase early career researcher involvement in NIHR CRN Portfolio research	<ul style="list-style-type: none"> <li>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)</li> <li>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 Engagement and Early Contact services delivered by the Study Support Services (SSS) team.(Q3-4)</li> <li>We are supportive of the Midlands Early Career day planned in Birmingham by Dr Deborah Oliveira, key researcher at Institute of Mental Health (Nottingham) on April 30th 2018</li> </ul>
8	Dermatology	Develop the Dermatology Principal Investigator (PI) workforce	<ul style="list-style-type: none"> <li>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)</li> <li>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)</li> </ul>
9	Diabetes	Improve primary-secondary care collaboration in the delivery of Diabetes research	<ul style="list-style-type: none"> <li>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 Division 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)</li> </ul>
10	Ear, Nose and Throat	Increase trainee involvement in NIHR CRN Portfolio research	<ul style="list-style-type: none"> <li>Our current Specialty Lead will step down following a successful 2 years, therefore recruitment to post is a key driver as we commence 2018-19. (Q1)</li> <li>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 (Ongoing)</li> <li>Continued linkage with our University Hospital Trusts, BRC, MRC Institute of Hearing Research and Trainees to encourage and support recruitment to the portfolio. (Ongoing)</li> <li>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)</li> <li>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 (Ongoing)</li> <li>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)</li> </ul>

11	Gastroenterology	Improve recruitment to NIHR CRN Gastroenterology studies	<ul style="list-style-type: none"> <li>• 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)</li> <li>• 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)</li> <li>• 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. (Ongoing)</li> <li>• 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)</li> </ul>
12	Genetics	Increase early career researcher involvement in NIHR CRN Portfolio research	<ul style="list-style-type: none"> <li>• 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 career researchers.</li> <li>• 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: <ul style="list-style-type: none"> <li>- Consent for gene testing and addition of anonymised data sets to academic databases, particularly for cancer and simplex disease (where no family history)</li> <li>- Leading to consent of patients for gene mapping and functional interpretation assays in the research setting</li> </ul> </li> <li>• We will continue to support and encourage involvement of trainees through the initiatives described under cross divisional trainee support. (Ongoing, Q1-4)</li> <li>• 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)</li> </ul>

13	Haematology	Establish links with the relevant professional organisations to encourage and support trainee involvement in NIHR CRN Portfolio studies	<ul style="list-style-type: none"> <li>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)</li> <li>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)</li> <li>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)</li> <li>Work will be undertaken to support the Specialty Lead in networking colleagues in the north of the region. The Research Operations 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)</li> <li>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)</li> <li>The Research Operations Manager will coordinate more regular meetings between the trainees, the Specialty Lead 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)</li> </ul>
14	Health Services Research	Develop research infrastructure (including staff capacity) in the NHS to support clinical research in Health Services Research	<ul style="list-style-type: none"> <li>As Health Services Research (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)</li> <li>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)</li> </ul>
15	Hepatology	Increase access for patients to Hepatology studies on the NIHR CRN Portfolio	<ul style="list-style-type: none"> <li>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</li> <li>We will forge stronger links with the newly appointed Hepatology consultants in one of the larger acute trusts (UHL). (Q1-2)</li> <li>Specialty Lead, RDM and Operations 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)</li> <li>To review and as necessary adjust the resource requirement to achieve these objectives, within the two larger teaching trusts (Ongoing)</li> </ul>

16	Infection	Develop research infrastructure (including staff capacity) in the NHS to support clinical research	<ul style="list-style-type: none"> <li>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.</li> <li>Specialty Lead/RDM/Operations 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)</li> <li>Specialty Lead/RDM to continue to support and collaborate with East Midlands Infectious Disease Research Network SIG (EMIDRN)</li> <li>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)</li> </ul>
17	Injuries and Emergencies	Increase participation in pre-hospital studies via Ambulance Trusts	<ul style="list-style-type: none"> <li>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.</li> <li>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)</li> <li>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)</li> <li>Provide a consistent Study Support Service to aid the Assistant Clinical Director of EMAS in submitting research funding bids to increase locally grown NIHR portfolio studies (Q1-4)</li> <li>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)</li> </ul>
18	Mental Health	Increase participation in Mental Health studies involving children and young people	<ul style="list-style-type: none"> <li>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 PIs to increase the number of CAMHS studies being delivered across this region. (Q1-4)</li> <li>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 &amp; Adolescent Psychiatry at the Nottingham University with a view to supporting local CIs and increasing local study throughput. (Q1-4)</li> <li>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)</li> </ul>
19	Metabolic and Endocrine Disorders	Understand and develop the research workforce that work in Metabolic and Endocrine-led studies	<ul style="list-style-type: none"> <li>Recently appointed M&amp;E Lead (Q3 2017-18) who will engage with colleagues around the region to re-engage on M&amp;E.</li> <li>Steady portfolio of studies both commercial and non-commercial for M&amp;E and Obesity coming through under the M&amp;E speciality.</li> <li>Liaison across LCRN borders with colleagues to identify opportunities for cross collaboration</li> <li>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&amp;E studies as we largely operate a responsive model</li> </ul>

20	Musculoskeletal Disorders	Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN Portfolio	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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)</li> <li>• 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)</li> <li>• Create regional face to face meetings with clinicians to address problems areas and encourage knowledge and activity in research (Ongoing Q1-4)</li> <li>• 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 the Building Research Partnerships programme and incorporate patients. (Ongoing Q1-4)</li> </ul>
21	Neurological Disorders	Increase early career researcher involvement in NIHR CRN Portfolio research	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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)</li> <li>• 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)</li> </ul>
22	Ophthalmology	Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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/Operations Manager plan to target specific department and education meetings to explore research opportunities. (Q1-4)</li> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> </ul>

23	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 Partnership	<ul style="list-style-type: none"> <li>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 mentorship for new researchers located in the EM. We are keen to continue this into 2018-19 (Ongoing)</li> <li>2 studies currently being worked up in region which may come to fruition in Q4 (one led jointly Derby Kingsmill &amp; QMC; the other in Derbyshire)</li> <li>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).</li> <li>Liaison with Chief Investigators of studies to identify the best way to engage and recruit Community Dentists. (Ongoing Q1-4)</li> </ul>
24	Primary Care	Increase engagement of GP registrars and First Five GPs with NIHR CRN Portfolio research	<ul style="list-style-type: none"> <li>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)</li> </ul>
25	Public Health	Develop research infrastructure (including staff capacity and working with local authorities) to support research in Public Health	<ul style="list-style-type: none"> <li>PH Lead and Specialty Manager continuation for 2018-19 in place (Q1)</li> <li>The PH Lead and Specialty Manager will: <ul style="list-style-type: none"> <li>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)</li> <li>Facilitate a number of good quality bids submitted from EM Public Health researchers to NIHR funding streams (Ongoing)</li> <li>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)</li> </ul> </li> </ul>
26	Renal Disorders	Increase the number of 'new' Principal Investigators (PIs) engaged in commercial Renal Disorders studies on the NIHR CRN Portfolio	<ul style="list-style-type: none"> <li>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.</li> </ul>

27	Reproductive Health and Childbirth	Increase the proportion of NHS Trusts recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio	<ul style="list-style-type: none"> <li>• Our NHS Trusts perform well in Reproductive Health &amp; 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 Operations Manager and the Reproductive Health &amp; Childbirth Champion. (Q1, and ongoing)</li> <li>• 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)</li> <li>• 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.</li> <li>• We understand that the Part B objective is exploratory this year with the expectation to establish a baseline. We feel this measure 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.</li> <li>• Our Specialty Lead will fully engage with the National Specialty Lead 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)</li> </ul>
28	Respiratory Disorders	Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio	<ul style="list-style-type: none"> <li>• 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)</li> <li>• 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)</li> <li>• Capitalise and maintain the strengthening relationships with our University Hospital Trusts, and the respiratory themes of the two BRCs within the region (Ongoing)</li> <li>• 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)</li> </ul>
29	Stroke	CRN recruitment to Stroke RCTs should be at least 8% of the 2017/18 Sentinel Stroke National Audit Programme (SSNAP)-recorded hospital admissions	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> </ul>

30	Surgery	<p>Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 divisional surgical studies currently taking place in the region. Focus on the specialties we currently have no access to (H&amp;N, Transplant and Plastics and Hand priority). (Q2-4)</li> <li>• 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)</li> <li>• 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)</li> <li>• 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.</li> </ul>
----	---------	---

## Section 5: Financial Management

5.1	Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2018-19. (For example particular studies that require large investment, concentration on a particular specialty)	We remain committed to supporting and working with our partner organisations, across all settings, and the emerging providers of NHS services. Our approach considers a range of elements, including a degree of stability for partners, recognising activity and performance, along with innovation and supporting emerging partners. This year, specifically we will: <ul style="list-style-type: none"> <li>• Ensure 100,000 Genome project has an agreed approach to delivery, however this is unlikely to be new investment, due to the time constraints.</li> <li>• Maintain and grow investment in primary care, as despite the fact a lot of the recruitment is no longer "badged" as primary care, there remains a lot of activity in this setting and resource is needed, including for PIC activity</li> <li>• Earmark sufficient study specific service support costs for large studies, including a potentially large dental study which commenced in 2017-18 and will end in 2018-19.</li> </ul>
5.2	In respect of the LCRN 2018-19 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.	

Funding Element	Examples	Description of model	% of Total CRN Funding Budget 2018-19 Budget
Host Top sliced element	<i>Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team</i>	This includes LPMS (Edge), Costs for Speciality & Divisional Leads, our Workforce team, costs for 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)	20.01%
Block Allocations	<i>Primary care, Clinical support services (i.e. pharmacy)</i>	The only allocation of this nature we have is in relation to unmet study specific Service Support Costs (SSCs). We set aside an amount for this at the start of the year, and agree the levels due for studies as they arise. Throughout the year we make payments to organisations across the region in arrears based on activity and related costs. Primary Care funding is not a block allocation, it is calculated using the same methodology as Partner Organisations	2%
Activity Based	<i>Recruitment HLO 1, number of studies</i>	Organisations do not receive budget elements which they could draw out and reference as "Activity" or "Historic", however these elements factor into their overall budget envelope. An activity based element is used, considering recruitment overall and complexity, with reference to the ratios used in the national approach. This year we shifted to reflect the same recruitment period as the national model - 2 financial years ending 31 March 2017	53.64%
Historic allocations	<i>PO funding previously agreed</i>	Organisations do not receive budget elements which they could draw out and reference as "Activity" or "Historic", however these elements factor into their overall budget envelope. Our local funding model uses the historic funding as a baseline and overlays activity and performance	19.16%
Performance Based	<i>HLO performance, Green Shoots funding</i>	The Performance Based element is used and based on the recruitment to time and target for Commercial and Non-commercial studies at the site level. This element is added after the cap and collar, which aids in demonstrating the value of recruitment to time and target as an opportunity to income boost	3.83%

Population Based	<i>Adjustments for NHS population needs</i>	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	<i>Study start up</i>	The Project Based element is not used in the local funding model	0%
Contingency / Strategic funds	<i>Funds held centrally to meet emerging priorities during the year</i>	This year we are planning an innovation fund. It has been planned for £50,000 per Division and £50,000 centrally/cross network initiatives	1.70%
Cap and Collar	<i>Please provide your upper and lower limits if applicable</i>	Please be aware that due to the performance premium being added after the cap and collar, the true picture on partner budgets this year, with reference to last year as a baseline, was +10% (primary care) and -7.33%	2% CAP -12% COLLAR
Other funding allocations			0%
Comments		Our budget approach is best described as an activity driven model, rather than an activity based model. We look at organisations' fair share budgets - what they would have received if based on activity alone, make a consideration of historic funding and then adjust with elements including the cap and collar and performance premium. We introduced this model in 2015-16 after wide consultation, we also reviewed it quite extensively for 2016-17. No MFF is applied.	

*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%		
5.3	If the 2018-19 local funding model methodology has changed since 2017-18 please give a brief description of the changes	The proportion of performance premium within our model has increased from last year, to reflect the priority of HLO2a & b, and recognition of performance across the partners; we believe this helps drive our high level of attainment of this HLO in the East Midlands. We use local site level performance data, rather than locally led studies for HLO2b. We have slightly reduced the historic allocation, in line with our drive over time to move more towards a fair-share model. This year, due to a budget uplift, we have introduced an innovation fund, which will be led at a Divisional level, with up to £50,000 per Division. Our cap and collar has slightly shifted, with a view again to moving our funding model more towards a fair share approach	
5.4	Please confirm whether monitoring visits will be taking place over the course of 2018-19. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion of your Partner organisations are being monitored (Category A Partners).	Yes, we commenced a programme of partner assurance, including visits in 2017-18. We intend to have visited 2 partners (Partner A contract holders) by the end of 2017-18, with one further partner visit planned each quarter. As such we intend to visit 4 partners in 2018-19; the end of 2018-19 we will have therefore visited 6/16 = 37.5% of Partner A contract holders.	
5.5	What are the key financial risks and mitigations for 2018-19?	<ul style="list-style-type: none"> <li>• Vacancy factors at central budget and PO level, although manageable, we need to be mindful of these.</li> <li>• Need to ensure any areas recently identified in the host audit are addressed</li> <li>• Need to ensure partner visits are conducted appropriately, findings and good practice is shared, and any areas of concern are addressed</li> </ul>	
5.6	Please provide details of any planned audit of the LCRN Host Organisation in 2018-19	The CRN was subject to an audit in December 2017 undertaken through the internal audit programme by PricewaterhouseCoopers. The final audit report has recently been released and will be considered through the Executive Group, along with the Host Audit Committee, and an action plan will be prepared to address any findings and meet any required recommendations or actions. This report and associated action plan will be shared with the NIHR CRNCC	



**Clinical Research Network  
East Midlands**

First Floor, Knighton Street Outpatients Department  
Leicester Royal Infirmary  
LE1 5WW

**Tel:** 0116 258 6185  
**Web:** [www.nihr.ac.uk/emids](http://www.nihr.ac.uk/emids)