CRN East Midlands Quarterly Board Report

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

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. It has been considered by UHL Executive Performance Board, and is submitted for UHL Board review in July 2018. Moreover, we require input from the UHL Board to formally approve our Annual Delivery Report 2017-18 (Appendix 3) and our updated Governance Framework (Appendix 7). Also appended to the written report is a dashboard displaying 2017-18 year end performance figures, a summary of year end recruitment activity for our partner organisations, Finance update report, feedback letter for our Annual Plan 2018-19 and current risk register.

Questions

1. How has the LCRN performed against the plans for 2017-18 and has the Host Organisation provided the right environment and support to ensure compliance against the Host contract?

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

Conclusion

1. The LCRN experienced another successful year in 2017-18, making a strong contribution to the CRN High Level Objectives. Notably, we reached our highest ever figure for participants recruited into NIHR studies and achieved our key objectives for recruitment to time & target. The majority of areas have been delivered in compliance with the DHSC/LCRN Host Organisation Agreement in 2017-18. Some minor areas of non-compliance are addressed in Section 1 of the Annual Deliver Report.

2. Reduced communications function remains a concern for Q2, the risk around management of partners' budgets is unchanged, work is underway to coordinate the implementation of Partner B & C contracts. Some new risks have been added; these primarily relate to concerns around achieving some the HLOs and progress will be actively managed. Further details and mitigating actions are documented on our risk register.

Input Sought

UHL Trust Board is asked to:

(i) review and comment upon our year end performance for 2017-18 as well as our current reported challenges, risks and mitigating actions.

(ii) consider and approve CRN East Midlands Annual Delivery Report 2017-18, in its capacity as the Host Organisation on behalf of the Department of Health and Social Care.

(iii) review and approve CRN East Midlands Governance Framework (annual update).

The appendices are described as follows:

Appendix Paper Title	Description of paper and input required
1. Dashboard Year End 2017-18	The dashboard presents data extracted on 20 April 2018 reflecting finalised year end figures for 2017-18. This shows the various NIHR High Level Objectives (HLOs) which the CRN is managed against. This is for information and review by the Trust Board.
2. Partner Organisation Activity 2017-18	This report provides information on the total number of participants recruited into NIHR studies at each of our Partner Organisations in 2017-18 and a breakdown of primary care recruitment by county. This is for information and review by the Trust Board.
3. CRN East Midlands Annual Delivery Report 2017-18	This document provides an assessment of delivery against our Annual Plan for 2017-18 and reports our performance against the LCRN Performance Indicators. The Report has been developed in collaboration with local governance groups, partner organisations and other key stakeholders. It has been considered by the CRN East Midlands Partnership Group and was submitted to the NIHR Clinical Research Network Coordinating Centre on 11 May 2018. **This requires formal UHL Trust Board approval.**
4. Finance Update Report	This report provides a summary of 2017-18 closing financial position, 2018-19 financial plan and an update on current finance matters. This is for information and review by the Trust Board.
5. Feedback Letter for Annual Delivery Plan 2018-19	This letter provides feedback from the NIHR CRN Coordinating Centre on our Annual Delivery Plan for 2018-19. The plan has been formally approved and the feedback was very positive overall. This is for the information of the Trust Board.
6. CRN East Midlands Risk Register	This documents risks and mitigating actions. This is for information and review by the Trust Board.
7. CRN East Midlands Governance Framework	This describes the LCRN's scheme of delegation, Board controls and assurances, financial management, assurance framework, risk management system and escalation process for the management of the LCRN. In this annual update, there are

	no fundamental changes to the framework, however, it has been updated with some minor governance and administrative changes. **This requires formal UHL Trust Board approval.**

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 6 of our report. Any significant risks which may relate to the UHL Organisational Risk Register or Board Assurance Framework would initially be discussed and reviewed with Andrew Furlong through our Executive Group.

b. Board Assurance Framework   No

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

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

5. Scheduled date for the **next paper** on this topic: 04/10/2018

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)

NHS
National Institute for
Health Research

CRN East Midlands Quarterly Board Report

Progress, Challenges and Performance

DATE: 28 June 2018

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

EXECUTIVE EDITOR: Professor David Rowbotham - Clinical Director

Delivering research to make patients, and the NHS, better

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 end performance for CRN East Midlands and an update on current risks and challenges. Appended to this written report is a dashboard displaying 2017-18 year end performance figures, a summary of year end recruitment activity for our partner organisations, Annual Delivery Report 2017-18, Finance update report, Annual Plan 2018-19 feedback letter, current risk register and updated Governance Framework.

1.3 This report will be taken to the CRN East Midlands Executive Group in June 2018. It will then be considered by the UHL Executive Quality Board and submitted to UHL Trust Board for review in July 2018.

2. OVERALL PERFORMANCE 2017-18

2.1 Appendix 1 presents data extracted on 20 April 2018 reflecting year end performance for 2017-18. This shows the various NIHR High Level Objectives (HLOs) which the CRN is managed against. We wish to highlight the following for the Board's specific attention:

   i. For HLO1, which measures the total number of participants recruited into NIHR studies, we recruited a total of 56,177 participants against our goal of 46,000 (122%). We finished the year in fourth position out of 15 regional networks in the national league table (also fourth position based on weighted activity, which in part, determines our future funding). Our year end recruitment performance reflects our highest ever total and is also a significant increase on last year's figure of 45,056.

   ii. For the proportion of commercial studies recruiting to time and target (HLO2A), we finished the year at 85%, surpassing the national target of 80%. Furthermore, we were ranked in second place out of the 15 regional networks for the second year running.

   iii. For the proportion of non-commercial studies recruiting to time & target, where the lead site is in the East Midlands (HLO2B), we achieved this objective with 92% against the national target of 80%. This is a 10% improvement on last year and another significant result; once again we have met both non-commercial and commercial targets for HLO2. We are the only region to achieve a green rating in both commercial and non-commercial targets.

   iv. For our objective to reduce the time taken for studies to achieve set up in the NHS (HLO4), we achieved 69% of studies in the required timeframe, against a target of 80%. Whilst the national target has not been achieved, this is an improvement on last year's figure (65%). HLO5A & 5B are objectives to reduce the time taken to recruit the first participant into NIHR CRN studies. For commercial studies (5A) we achieved 33% (11% for studies where we are the lead). For non-commercial studies (5B), we achieved 52% (60% for studies where we are the lead); both are measured against a national target of 80%. We did not achieve these targets owing to a combination of factors, which we have

previously presented to the Board. Detailed commentary on our year end HLO4&5 performance is provided in our Annual Report (Key Projects 3.3.3 and 3.3.4), however, in summary we did not attain these measures due to a conflict between the measurement and targets for this network-level goal and the target which is managed against at trust level. This is being addressed nationally.

    v. For the proportion of primary care sites recruiting into NIHR studies (HLO6C), we achieved this national objective finishing the year on 43% against a target of 40%. However, the final figure represents a decrease on last year where we achieved 60%; this is largely due to a reduction in available studies within primary care at a national level.

    vi. We surpassed our target for recruitment into Dementia and Neurodegenerative studies (HLO7); with 5,527 participants recruited against a target of 1,350 (409%), this relates primarily to one locally led study (IMH, Nottingham) which recruited exceptionally well last year.

    vii. A breakdown of year end recruitment activity for our partners has been included as Appendix 2. This provides information on the total number of participants recruited into NIHR studies at each of our Partner organisations and in primary care (by county) in 2017-18.

2.2   CRN East Midlands Annual Delivery Report 2017-18 is appended to this report as Appendix 3. This document provides an assessment of delivery against our Annual Plan for 2017-18 and reports our contribution against the LCRN Performance Indicators. The Report has been developed in collaboration with local governance groups, partner organisations and other key stakeholders and was submitted to NIHR CRN Coordinating Centre (CRN CC) for review on 11th May 2018. The Board is asked to formally approve this report.

2.3   The Executive Summary on pages 5-6 of the Annual Report captures high level information on our key achievements in 2017-18.

2.4   In relation to our budget, we finished the year with a break-even budget position, reporting no under or overspend. Our Finance update report is included as Appendix 4.

2.5   The NIHR wrote to Mr Andrew Furlong as UHL LCRN Executive Lead on 24 May 2018 with feedback on our Annual Delivery Plan for 2018-19 (Appendix 5). The plan has been formally approved and the feedback was very positive overall. Some minor follow up queries will be addressed at the forthcoming CRN CC/LCRN Annual Performance Review meeting on 11 July 2018.

3. RISK REGISTER & CURRENT CHALLENGES

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

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

3.3   Risks are recorded on the register as follows:

- Risk #31 - Reduced communications function will affect ability to deliver all elements of the communications action plan. This remains a high risk area, and has been realised to some extent, particularly in the last financial year. Actions taken to date have not reduced the overall risk score, however, we are working with the Host HR to seek a swift resolution and aim to re-advertise the Communications Lead post, and another related post. This is of real concern to us, as an effective communications function is a key element of the hosting contract.

- Risk #32 - Budget reductions of up to 8% for some Partner organisations will be difficult to manage in 2018-19. This risk remains unchanged from our previous report and we continue to work closely with our partners.

- Risk #35 - Recognition that not all Partner B & C contracts have been executed, and a need to action this, in order to be fully compliant with the Host contract. Management of contracts will be a significant undertaking due to the volume involved, however, planning is underway to address this and the risk score remains medium.

- Risk #36 - CRN EM will not deliver against HLO1 target for 2018-19 (total number of participants recruited). This has been added as a new risk. Our goal for 2018-19 is 52,000, which is a significant stretch as our portfolio analysis across all specialties and our future pipeline is around 42,000. We thus have a further 10,000, which is as yet un-assigned to any study, specialty or division. This is medium risk at present, however, we will be able to more accurately assess the risk level in Q2 when more data is available.

- Risk #37 - CRN EM will not deliver against HLO4 target for 2018-19. This has been added as a new risk for this year with a high risk score. Failure to achieve the objective will be recorded by the CRN CC as an area of non-compliance with the contract. At present, there is no financial impact linked to this metric.

- Risk #38 - CRN EM will not deliver against HLO5 targets for 2018-19. This has been added as a new risk for this year with a high risk score. Failure to achieve the objective will be recorded by the CRN CC as an area of non-compliance with the contract. At present, there is no financial impact linked to this metric.

- We have outlined activities to contribute to achieving both HLO4 and 5 in our 2018-19 Annual Plan and mitigating actions are documented on the risk register. A recent change from DHSC in relation to the requirement for trusts to report related metrics regarding set-up times is likely to have an impact on these goals. Our intention is to work with partner trusts to support us in delivering these; thus using this change to our advantage.

- Risk #39 - Insufficient level of data quality and completeness in LPMS for primary care research activity. This has been added as a new risk with a relatively low risk score at present and will be addressed primarily through the implementation of our Data Quality Strategy.

4. GOVERNANCE FRAMEWORK

4.1   CRN East Midlands Governance Framework (Appendix 7) describes the LCRN's scheme of delegation, Board controls and assurances, financial management, assurance framework, risk management system and escalation process for the management of the LCRN. This framework is updated on an annual basis in order to reflect any changes in governance, assurance and escalation processes. In this annual update, there are no fundamental changes to the framework, however, it has been updated with some minor governance and administrative changes. This document requires annual review by the UHL Trust Board, and is provided to this Board for approval.

5. SUMMARY

5.1   CRN East Midlands experienced another successful year in 2017-18, making a strong contribution to the CRN High Level Objectives. Notably, we reached our highest ever figure for participants recruited into NIHR studies and achieved our key objectives for recruitment to time & target. Activities and initiatives across our work-streams were delivered as described in our Annual Report.

5.2   In relation to current challenges and risks, reduced communications function remains a concern for Q2, the risk around management of partners' budgets is unchanged, work is underway to coordinate the implementation of Partner B & C contracts. Some new risks have been added; these primarily relate to concerns around achieving some the HLOs and progress will be actively managed.

6. RECOMMENDATIONS

6.1   UHL Trust Board is asked to:

(i) review and comment upon our year end performance for 2017-18 as well as our current reported challenges, risks and mitigating actions.

(ii) consider and approve CRN East Midlands Annual Delivery Report 2017-18, in its capacity as the Host Organisation on behalf of the Department of Health and Social Care.

(iii) review and approve CRN East Midlands Governance Framework (annual update).

Appendix 1 – Dashboard 2017-18 Year End

| HLO Description	Study Type	Target England	Target East Midlands	Progress/Summary Year End	Previous	Trend		Actions / Status	Owner	Year End RAG Rating
1 Number of patients recruited into NIHR studies	All	650,000	46,000	56,177	43,619	↑8%	122% of YE goal (46,000) CRN East Midlands in 4th position out of 15 LCRNs n.b. in 4th position based on weighted recruitment	Target achieved	Chief Operating Officer	Green
2 Proportion of NIHR studies delivering to recruitment target and time	Commercial	80%	80%	85%	81%	↑4%	85% (122) for 143 studies recorded as closed and reported recruitment across all Network supported sites. CRN East Midlands in 2nd position out of 15 LCRNs	Target achieved	Industry Operations Manager	Green
	Non-commercial	80%	80%	92%	91%	↑1%	91% (58) for 63 closed HLO studies CRN East Midlands in XXrd position out of 15 LCRNs	Target achieved	Chief Operating Officer	Green
4 Proportion of eligible studies achieving NHS set up within 40 calendar days	All	80%	80%	68%	64%	↑4%	68% (190) for 279 closed HLO studies (69% for lead studies)	Target not achieved	Deputy Chief Operating Officer	Red
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%	33%	N/A	N/A	33% (15) for 46 qualifying studies (11% for lead studies)	Target not achieved	Deputy Chief Operating Officer	Red
	Non-commercial	80%	80%	52%	29%	↑23%	25% (75) for 144 qualifying studies (60% for lead studies)	Target not achieved	Deputy Chief Operating Officer	Red
6 Proportion of NHS Trusts recruiting into NIHR studies	All	99%	99%	100%	100%	↔	16 out of 16 Trusts reported recruitment	Target achieved	Chief Operating Officer	Green
	Commercial	70%	70%	75%	75%	↔	12 out of 16 Trusts reported commercial recruitment.	Target achieved	Industry Delivery Manager	Green
Proportion of General Medical Practices recruiting into NIHR studies	All	40%	40%	43%	42%	↑1%	252 out of 582 GPs, surgeries & health care sites currently reporting recruitment	Target achieved	Division 5 Research Delivery Manager	Green
7 Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) NIHR studies	All	20,000	1,350	5,527	5,230	↓56%	409% of YE goal.	Target achieved	Division 4 Research Delivery Manager	Green

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

Appendix 2 – CRN East Midlands Partner Organisations Activity Summary 2017-18

Recruitment into NIHR CRN Portfolio studies in 2017-18 - NHS Trusts
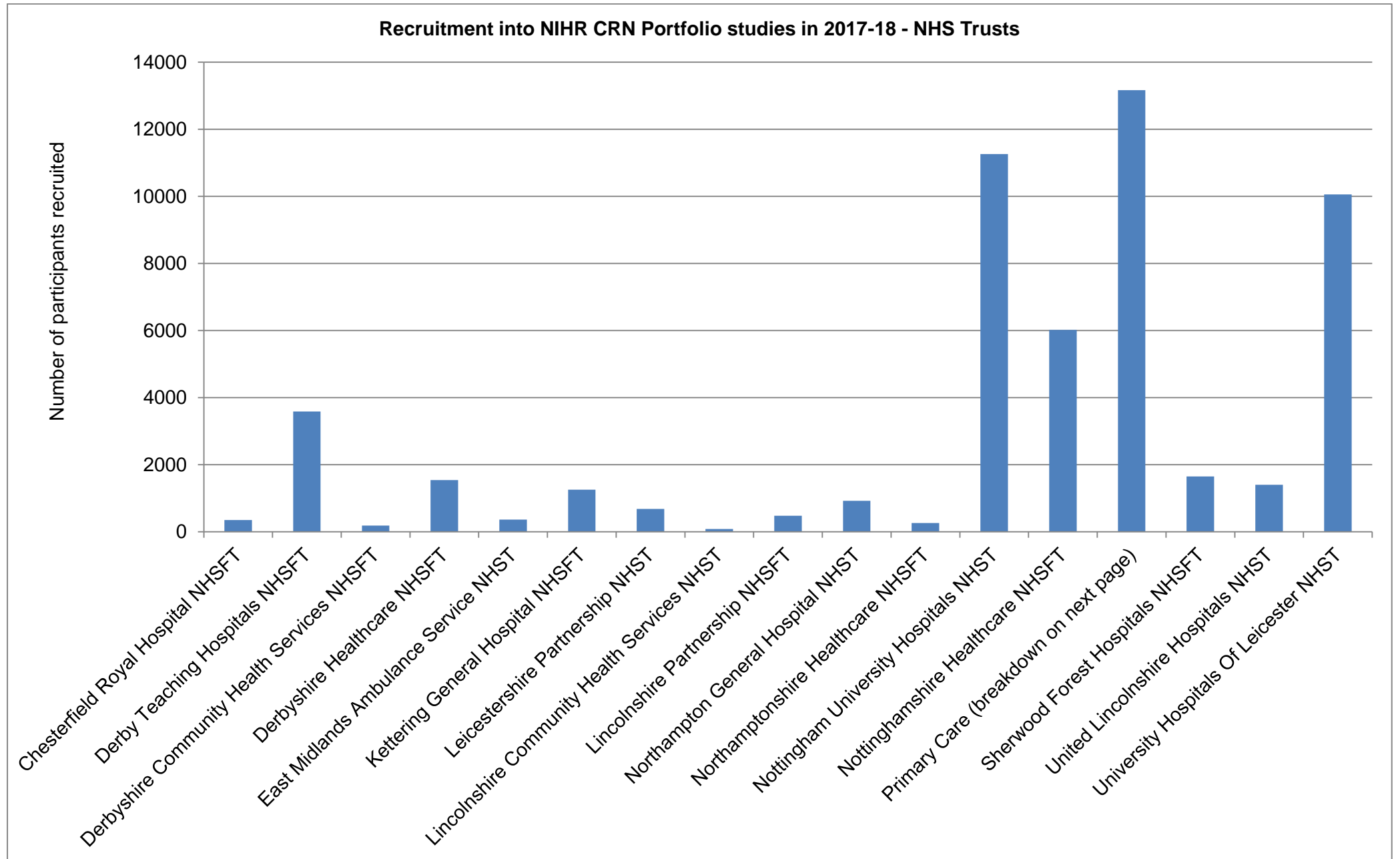
Recruitment into NIHR CRN Portfolio studies in 2017-18 - Primary Care by county
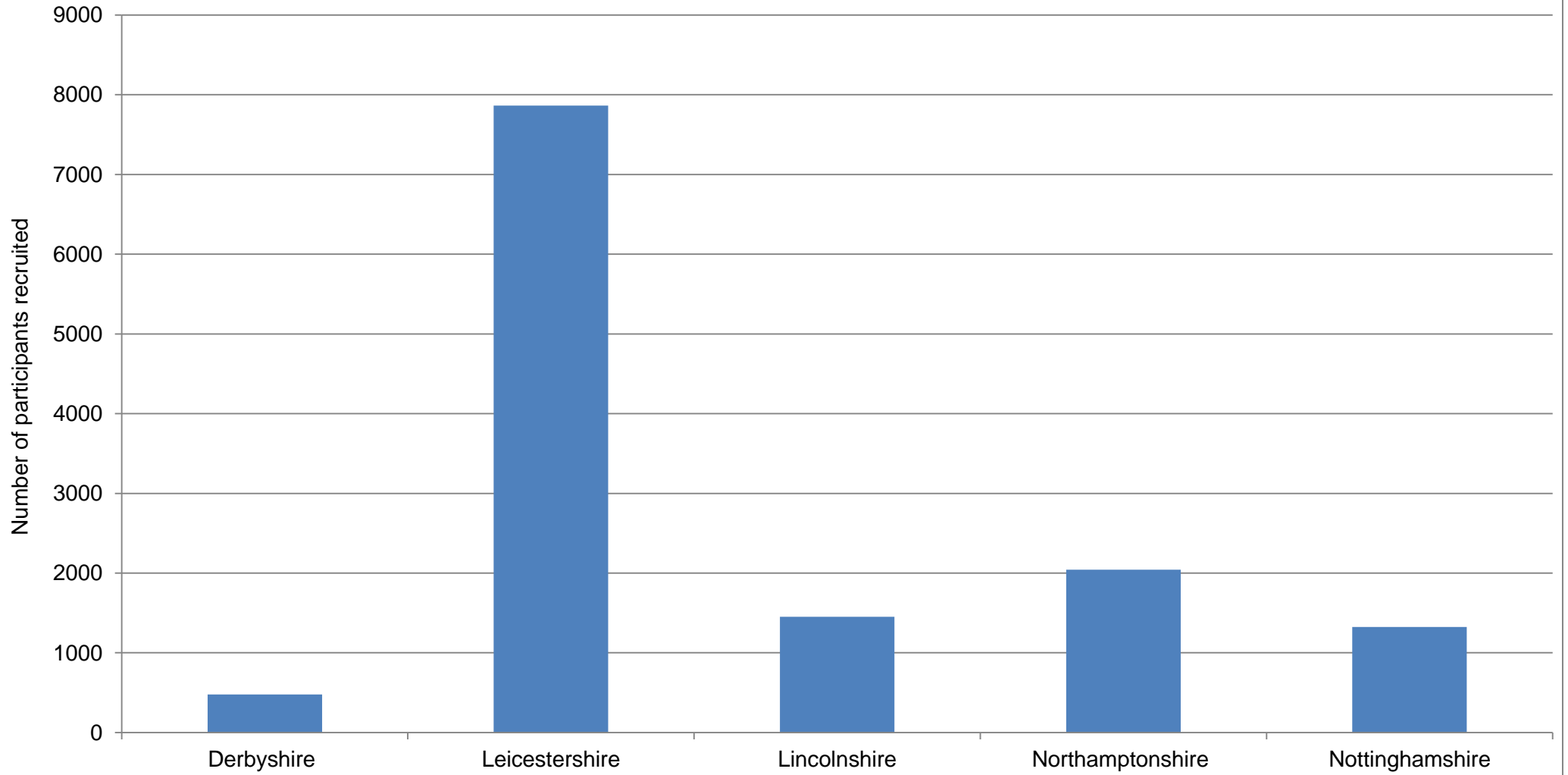
Clinical Research Network
East Midlands

Annual Delivery Report 2017/18

Version: 2.0
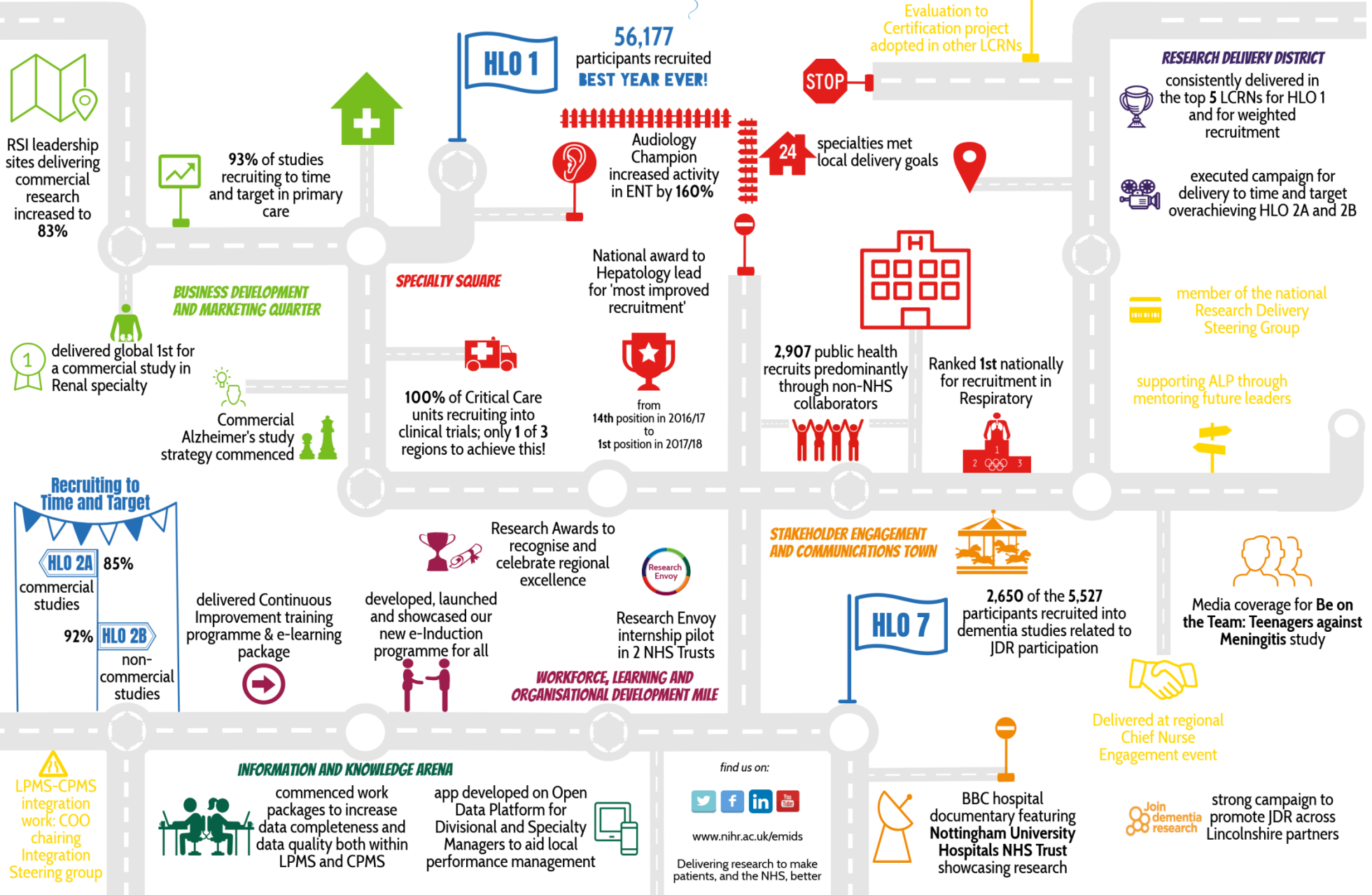Document date: 11.05.2018

Delivering research to make patients, and the NHS, better

Contents

NIHR CRN EAST MIDLANDS 2017-18
THE ROAD LESS TRAVELLED

NHS
National Institute for Health Research

56,177 participants recruited **BEST YEAR EVER!**

HLO 1

Evaluation to Certification project adopted in other LCRNs

STOP

RESEARCH DELIVERY DISTRICT
consistently delivered in the top **5** LCRNs for HLO 1 and for weighted recruitment

executed campaign for delivery to time and target overachieving HLO 2A and 2B

RSI leadership sites delivering commercial research increased to **83%**

93% of studies recruiting to time and target in primary care

Audiology Champion increased activity in ENT by **160%**

24 specialties met local delivery goals

BUSINESS DEVELOPMENT AND MARKETING QUARTER

SPECIALTY SQUARE

National award to Hepatology lead for 'most improved recruitment'

member of the national Research Delivery Steering Group

delivered global 1st for a commercial study in Renal specialty

Commercial Alzheimer's study strategy commenced

100% of Critical Care units recruiting into clinical trials; only **1** of **3** regions to achieve this!

from **14th** position in 2016/17 to **1st** position in 2017/18

2,907 public health recruits predominantly through non-NHS collaborators

Ranked **1st** nationally for recruitment in Respiratory

supporting ALP through mentoring future leaders

Recruiting to Time and Target

HLO 2A 85% commercial studies

92% **HLO 2B** non-commercial studies

delivered Continuous Improvement training programme & e-learning package

Research Awards to recognise and celebrate regional excellence

developed, launched and showcased our new e-Induction programme for all

Research Envoy

Research Envoy internship pilot in 2 NHS Trusts

STAKEHOLDER ENGAGEMENT AND COMMUNICATIONS TOWN

HLO 7

2,650 of the **5,527** participants recruited into dementia studies related to JDR participation

Media coverage for **Be on the Team: Teenagers against Meningitis** study

WORKFORCE, LEARNING AND ORGANISATIONAL DEVELOPMENT MILE

Delivered at regional Chief Nurse Engagement event

LPMS-CPMS integration work: COO chairing Integration Steering group

INFORMATION AND KNOWLEDGE ARENA
commenced work packages to increase data completeness and data quality both within LPMS and CPMS

app developed on Open Data Platform for Divisional and Specialty Managers to aid local performance management

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Twitter Facebook LinkedIn YouTube

www.nihr.ac.uk/emids

Delivering research to make patients, and the NHS, better

BBC hospital documentary featuring **Nottingham University Hospitals NHS Trust** showcasing research

Join dementia research

strong campaign to promote JDR across Lincolnshire partners

Host Organisation Approval

Confirmation that this Annual Report has been reviewed and agreed by the LCRN Partnership Group: The Annual Report was circulated to CRN East Midlands Partnership Group by email on 25/04/18 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 20/06/18.	Yes
Date of the LCRN Partnership Group meeting at which this Annual Report was agreed:	20/06/18
Confirmation that this Annual Report has been reviewed and approved by the LCRN Host Organisation Board:	No
Date of the LCRN Host Organisation Board meeting at which this Annual Report was (or will be) approved:	05/07/18
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	

Section 1: Compliance with the Performance and Operating Framework 2017/18

Please confirm that the Host Organisation and all LCRN Partner organisations operated in full compliance with the CRN Performance and Operating Framework 2017/18: If you have answered no, provide a commentary that highlights the specific clauses of non- or partial compliance. Please explain the reasons for non- or partial compliance and the progress of actions taken to address this:		No
Part A: Performance Framework		
1. LCRN Performance Indicators		
1.1 NIHR CRN High Level Objectives (HLOs)	No	HLO4 & HLO5 national targets not met. Further detail is provided in the commentary for key projects 3.3.3 & 3.3.4.
1.2 Clinical Research Specialty Objectives	No	21 out of 30 specialties were compliant. A breakdown of specialties with commentary for reasons for non-compliance can be provided if required.
1.3 CRN Improvement Objectives	Yes	
1.4 LCRN Operating Framework Indicators	Yes	
1.5 Initiating and Delivering Clinical Research Indicators	Yes	
1.6 Satisfaction Survey Indicators	Yes	
1.7 LCRN Patient Experience Indicators	Yes	In the 2017/18 POF there is no section 1.7 in relation to Patient Experience Indicators, therefore it is difficult to speculate on the level of compliance. However please see section 3.6 re. our PPIE contributions
2. Performance Management Processes	Yes	
Part B: Operating Framework		
1. Principles	Yes	
2. Governance and Management (including Financial Management)	No	One Partner A provider remains non-compliant as they are unable to sign the agreement. The particular issues involved have been raised with the CC on several occasions. On one occasion we waited over three months for a response from the CC, and when it came it was after the end of the 2017/18 year, thus we will deal with them differently next year; they are unlikely to be a Partner A next year
2.1 Category B LCRN Partner flow down contracts	No	Number of Partners that have signed a Category B flow down contract which is valid for the year 2017/18: 2 signed contracts returned
3. CRN Specialties	Yes	
4. Research Delivery	Yes	
5. Information and Knowledge	Yes	
6. Stakeholder Engagement and Communications	Yes	
7. Organisational Development	Yes	
8. Business Development and Marketing	Yes	

Section 2: Executive Summary

1. Host Organisation	• Host audit has been undertaken, with low risk findings which will be implemented to agreed action plan timelines
2. Governance and LCRN Management Arrangements	• Evaluation of Strategic Funding to show how a targeted c.3% investment has resulted in direct impacts yielding a 15% return (in HLO1 terms) • Consistent submission of accurate, timely finance returns, with only very minor feedback points representing good compliance with standards and reflecting the strong partnership working with NHS R&D & Finance colleagues at POs • Commenced a programme of partner finance health-checks to provide assurance of partner investments in supporting effective non-commercial research delivery
3. Business Development and Marketing	• Delivered global first for commercial in Renal specialty • 85% for commercial studies recruiting to Time and Target (HLO2A) • Building on the growth in primary care commercial research last year with 92% of studies delivering to Time and Target • Commenced CRN EM Strategy for commercial studies in Alzheimer's Disease
4. Information and Knowledge	• App Development using qlikview for local performance management for Divisional and Specialty Leads and Managers • Commenced a suite of work to increase the data completeness and quality both within LPMS and CPMS across the region
5. Specialty Highlights	• Further built collaborations in public health, looking outside of traditional NHS settings to deliver key research; Derby packed lunch study recruited a further 2,143 participants this year, alongside delivering another 8 studies which contributed a further 764 participants • 24/30 specialties met their local recruitment goals • Hepatology Lead in the East Midlands received a National award for most improved recruitment - moving from 14th position in 2016/17 to 1st in 2017/18. • Metabolic and Endocrine have moved from the bottom of the table Nationally to ninth and have increased recruitment well above the national target of 5% • 100% of Critical Care units in the region are recruiting to clinical trials, only one of three CRN regions to achieve this • Audiology champion has increased activity in ENT specialty by 160%, and has enabled RTT to increase from 40% to 88% across the region. • Respiratory - region is ranked first nationally for recruitment • 19 Trusts regionally supporting delivery of Childrens research portfolio • All Acute Trusts have contributed to Reproductive Health and Childbirth delivery • Dementias and Neurodegeneration have had a spectacular year; recruiting 5,527 participants against a target of 1,350. 2,650 of these recruits can be directly related to JDR participation. • Gastroenterology trainee network has flourished this year and has successfully received grant funding to run a study in bleeding outcomes and involved over 50 trainees

6. Research delivery	- Significantly exceeded our HLO1 target producing the best annual recruitment performance to date with over 56,000 recruits - Consistently delivered in the top 5 LCRNs for HLO1, and in weighted recruitment terms - Developed and executed a targeted campaign to improve research study delivery to time and target overachieving HLO2a&b; this has impacted on our CRN income - performance premium - Exceeded our expectations with particular focus on excellent performance for HLO7: Dementia and Neurodegeneration, recruited to 409% of target
7. Stakeholder Engagement and Communications	- Strong media coverage for Be On The Team: Teenagers Against Meningitis Study, covered on BBC News; Social Media; Local BBC Radio and Local Newspaper - BBC HOSPITAL documentary featuring Partner Organisation, Nottingham University Hospitals NHS Trust showcasing the importance of clinical research - Excellent Partner Engagement at two regional finance events in year - Strong campaign to promote JDR and dementia research across Lincolnshire Partners, with organisations taking on pledges to become Dementia Champions
8. Workforce Learning and Organisational Development	- Developed, launched and showcased our Induction Programme for all researchers across the East Midlands. This comprised an online induction, an induction manual and updated competency framework. - A Research Envoy internship programme for non-medical clinical staff was piloted in two Trusts (acute and community). The impacts of the programme have been far reaching and include a Clinical Academic appointment for an Envoy with no previous research experience, a PhD application, various publications, blogs and social media presence. An abstract has been accepted for presentation at the R&D Forum. - Held another successful Research Awards evening to recognise and celebrate success, and again launched 2017/18 Awards which received around 70 nominations across 6 categories. - Delivered Continuous Improvement training programme, developed and launched an e-learning package for staff
9. National Contributions	- Supported delivery of new Finance Tool including webinars, guidance development and testing - Supported integration of LPMS/CPMS by assisting with all stages of API development including attendance at national workshops - COO role in establishing and Chairing the CPMS-LPMS Integration Steering group to bring together partners and stakeholder to prepare the deliver further systems integration - DCOO supported delivery of Chief Nurse Regional Engagement Event in Birmingham - RDM for Division 1&3 is an active member of the National Research Delivery Steering Group reporting to the CRN Executive Boar 'Evaluation to Certification' project has been Nationally shared and adopted by several LCRNs - training and support provided from Workforce Development team to facilitate this - RDM for Division 1&3 is part of the Advanced Leadership Programme mentoring group; supporting a cohort of 6 future leaders within the CRN

High Level Objectives – Summary 2017/18

HLO	Objective	Measure	National Target	LCRN Actual
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	46,000	56,177
2	Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time	A: Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites	80%	85%
		B: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	92%
4	Reduce the time taken for eligible studies to achieve set up in the NHS	Proportion of eligible studies achieving NHS set up at all sites within 40 calendar days (from "Date Site Selected" to "Date Site Confirmed")	80%	69%
5	Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies	A: Proportion of commercial contract studies achieving first participant recruited within 30 days at confirmed Network	80%	33%
		B: Proportion of non-commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited ")	80%	52%
6	Increase NHS participation in NIHR CRN Portfolio Studies	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	99%	100%
		B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	70%	75%
		C: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	40%	43%
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	1,350	5,527

n.b. HLO3 is not included as this relates to a national objective.
Data cut 20.4.2018.

Section 3: Key Projects

This section provides an update on all projects outlined in our 2017/18 Annual Delivery Plan.

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

1. Governance and Management

Ref	Key project	Milestone	Milestone date	RAG	Commentary
3.1.1	CRN East Midlands Governance Framework - annual review and update	Review & update document	Apr 2017	Complete	Completed
		Submit to Host Trust Board for approval	Apr 2017	Complete	Updated version for 2017/18 was approved by Host Trust Board on 6.4.2017
3.1.2	Host Organisation internal audit (PricewaterhouseCoopers)	Audit fieldwork conducted	Dec 2017	Complete	Completed
		Follow up queries and final audit report issued	Feb 2018	Complete	Auditors queries were addressed and information provided, there was then an opportunity to comment on the draft report, before it was finalised
		Action Plan prepared and submitted to CRNCC	Mar 2018	Complete	Audit Report and Action Plan shared with CRNCC on 20.03.18.

2. Financial Management

Ref	Key project	Milestone	Milestone date	RAG	Commentary
3.2.1	Finance Health Checks in Partner Organisations - following on from the finance health check undertaken by the CRNCC finance team earlier in the year, we have introduced a local process to provide robust assurance of how CRN funding is utilised. We have previously had regular reports from POs but following feedback from the CRNCC team, we believed this could be strengthened. We have discovered through the questionnaires that although there are some areas of improvement/clarification we can be assured that CRN funding is being utilised as per guidance.	Finance Health Check Questionnaires sent to all Partner A Organisations, and received back	Sep 2017	Complete	We had good engagement from Partners and received responses to all the questionnaires sent
		Questionnaires reviewed and risk assessed by COO and DCOO independently. Process allowed us to identify where further information or clarity was required - this identified which organisations would have a health check visit first, in order to provide further assurance.	Oct 2017	Complete	A very mixed response, some areas where more assurance was needed, and thus those organisations we decided to visit first. We also recognised that some of the questions might have been structured better and we will reflect on that for future iterations of the finance health check questionnaire
		Health checks to be undertaken in one PO per quarter, starting in Q3.	Dec 2017	Green	Due to diary constraints centrally and with POs, the initial schedule proved difficult. However, we have undertaken one in March (and another in April 2018), with further planned in Q1 & 2 of 2018/19. This will be an ongoing exercise and therefore have marked as green rather than complete. The implementation of the finance health checks questionnaire is complete.
3.2.2	The Host finance team and CRN Lead for business intelligence have supported the development and implementation of the new finance tool with the NIHR CRN CC Central team. Acting as "critical friend" to this project work, taking part in webinars, teleconferences and testing of the system to ensure that relevant data is captured.	Informing data fields and uses for LCRNs as well as CRNCC	Jan 2018	Complete	As part of the development of the CRNCC Finance Tool, the DCOO has been part of the discussions group to provide advice and expertise on how the LCRNs use the tool - this was through all phases of the tool development. This has assisted in the LCRN knowledge of how the data in the tool will be used by CC and how it can improve reporting on a national scale.
		User Testing and Feedback	Feb 2018	Complete	The Host finance team have been involved in the testing of the new tool prior to its release in March. This consisted of UAT testing as well as feedback on fields, dependencies and ease of use.
3.2.3	Strategic Funding Impact Evaluation - This project was conducted by Carl Sheppard (Project Manager) to evaluate the 2016/17 CRN East Midlands strategic fund, which awarded £532,000 across 29 bids from a range of partner organisations and different care settings. The aims of this	Project planning, scoping and preparatory work	Jun 2017	Complete	This work has demonstrated transparency by informing CRN stakeholders of how NIHR funding has been utilised across the region. It has provided evidence of the impact of funding and return on investment. This showed that in 2016/17, approximately 15% of total HLO1 contribution could be linked to strategic funding awards, which was equivalent to a c.3% investment. The report also summarises recommendations based
		Prepare survey and circulate to stakeholders to capture impact assessment of funding awards and feedback on process	Jul 2017	Complete	
		Conduct semi-structured interviews with Senior team staff/stakeholders to capture feedback on process	Aug 2017	Complete	

					on the findings, which have helped to inform decisions and plan the approach for the 2018/19 innovation fund.
project were to evaluate the overall process associated with managing the strategic funding stream and to evaluate the impact of individual strategic funding awards	Collate feedback, address follow up queries, analyse results and write up report	Sep 2017	Complete		
	Final report - disseminate and present to partners & stakeholders at a range of meetings - Partnership Group, Senior Team meeting, Finance Forum/Engagement event	Nov 2017	Complete		The findings of the report were presented to CRN East Midlands Finance Working Group (Oct 17), Finance Engagement Event (Nov 17) and Partnership Group (Dec 17) for review and comment. In general, this was well received with positive feedback. The final report was circulated to CRN staff and partner organisations.

3. High Level Objectives

Ref	Key project	Milestone	Milestone date	RAG	Commentary
3.3.1	HLO1	HLO 1 target for 2017/18 was amended from initial submission of our annual plan of 44,000, to 46,000 following the annual data cut in 2016/17, where we achieved 45,056	31/03/2018	Complete	HLO1 target achieved with 56,177 participants recruited against a target of 46,000 (122% of target). This has been the best year since the inception of the CRN East Midlands, with this goal exceeding our next best year by over 4,000 (2014/15). This achievement represents work across all specialties with most exceeding locally set targets, along with close working with new and emerging partners. Additionally, we have worked with other elements of regional NIHR infrastructure and supported all relevant studies to ensure patients are increasingly offered a broader range of studies and opportunities for research.
		Maximise working with ISHPs.	Q2-Q4	Green	We have increased the activity in ISHPs and other partners, building on existing and new relationships. As the landscape of the NHS care pathway evolves, and the portfolio criteria expands this will continue to be an important work stream in the future. In 2017/18, we increased research engagement and activity from 27 sites in 2016/17 to 143 in 2017/18.
		Working closely with NIHR Senior Investigators in the region to encourage them to support and develop emerging PIs and CIs	31/03/2018	Green	This is an important area for us, as we have a mixed picture of CIs and academic strength in the region. We are keen to support new talent, indeed one of our important Dementia studies this year which was locally led, benefits from the input of Prof. Martin Orell, Div 4 Clinical Lead and NIHR Senior Investigator. We will continue this work into 2018/19.
3.3.2	HLO2A/B	HLO2A Target local 90% national 80%	31/03/2018	Complete	The Time and Target campaign spanned across HLO2A and HLO2B and we have maintained a strong focus here with further detail in the BDM/Industry section. Although we did not meet our local target of 90%, we did exceed the national target which is set at 80%, ending the year on 85%.
		HLO2B Target local 80% national 80%	31/03/2018	Complete	We have exceeded the national target quite significantly, with year end data of 92%. A lot of hard work has been undertaken to achieve this, not least the targeted Time and Target campaign, which is referred to in the Comms section of this report (3.6.7).

		Local campaign for improving recruitment to time and target across partner organisations.	Q1-Q2	Complete	A local campaign to highlight the importance of recruiting studies to time and target has worked extremely well and is reflected in our HLO figures as well as site level RTT which is 71%, increasing from 55% in 2016/17. The campaign involved the central LCRN team as well as Partner Organisation delivery staff, please refer to the Comms section for more details (3.6.7).
		Improved performance monitoring and management using dedicated resource, integrating systems and aligning processes.	Q1-Q2	Complete	We have established a dedicated performance team, working in health sectors and integrated into the Study Support Service. We have a process and resource for managing non-commercial studies where East Midlands is lead, with a clear escalation process for failing studies involving senior CRN and delivery staff. This has not only assisted in improving overall performance but has assisted with data capture and quality.
		Scope the potential to utilise financial incentives for studies that recruited to time and target locally.	Q2	Complete	In conjunction with the campaign to focus the importance of recruitment to time and target, we scoped the appetite for performance related funding. Partner Organisations were keen to be recognised for their achievements, particularly in smaller organisations, who do always have the ability to recruit large numbers and therefore the ability to be recognised through activity is more limited, whereas they can make a significant contribution to overall research delivery by doing what they said they would. This has had a positive impact, not just on the push for recruiting to time and target but ensuring that robust feasibility is undertaken at the beginning of study start up.
3.3.3	HLO4	HLO4 Target national 80%, local 60% (although encouraged in last year's report feedback to achieve 80%)	31/03/2018	Red	The HLO4 target has been exceeded locally (69%); as predicted, we were not able to meet the national target of 80% although we are encouraged by the progress made for HLO4 over the past 12 months, it should be noted that the median time for HLO4 is in fact 24 days. We did not achieve the 80% national target owing to a combination of factors, some of which are within our control and some not. Variable data quality in Edge has been a key factor and although this has improved markedly over the past year, it requires ongoing monitoring and action. Trust understanding of Edge and the need for timely data capture to demonstrate HLO4 achievement has also improved. The CRN, however, has no direct responsibility for undertaking the assess, arrange and confirm activities in Trusts and can only facilitate and influence organisations and researchers by education and support. We are also aware that the information requirements for HLO4 do not always mirror real-life scenarios in the study life-cycle and vice versa and hence moving forward from 69% to 80% will be a key goal for us in 2018/19. During 2017/18, our focus has been on implementing procedures to improve the quality of data captured in Edge. We have engaged with and worked with our Partner Organisations to ensure that they are educated and informed about the rationale for HLO4 and the requirement for timely and accurate data capture. CRN East Midlands' Minimum Dataset (MDS) project which commenced in year, supports this work and is currently being rolled out across the region. We regularly review data anomalies that are highlighted through the Study Startup ODP

				Red	App and work with Partner Organisations to resolve these. This is based on a collaborative approach between the Information Team and Study Support Service.
3.3.4	HLO5	HLO5A/B: Target local 50% national 80%	31/03/2018	Red	The local and national targets for HLO5A were not achieved in 2017/18 (33% site level and 11% as Lead CRN), owing largely to the relatively low number of studies (n=46) included in this data-set. It is difficult to generalise the reasons for this, particularly as it has been reported that a number of these studies have been difficult to recruit to and struggled at a national level. We feel that the data for HLO5A should be taken alongside HLO2A which is concerned with commercial contract study delivery within time and target. We are still unclear about the correlation of HLO5A with HLO2A, as it does not appear to reliably predict study performance at site level. Although HLO2A has been a major focus for us in 2017/18, we recognise the value of reporting on timely study start-up and envisage that the Study Support Service alignment project will support further work on HLO5A.
			31/03/2018	Red	The local target set for HLO5B was met in 2017/18 (52% at site level and 60% as lead CRN), although the national target of 80% was not achieved. As detailed for HLO4, we are encouraged by the progress made for HLO5B over the past 12 months. Our focus on data quality improvements and close collaboration with Partner Organisations has supported this shift and we will continue to keep the momentum going over the next 12 months.
3.3.5	HLO6	HLO6A National Target 99%	31/03/2018	Complete	HLO6A target exceeded with 100% of NHS Trust recruiting into NIHR studies
		HLO6B Local target 81% National Target 70%	31/03/2018	Complete	HLO6B national target achieved with 75% of NHS Trust recruiting into commercial NIHR studies. One of our Healthcare trusts that previously had a commercial observational study, have been unable to find a suitable study this year, we have an ongoing strategy to develop commercial research within this sector and specifically Alzheimer's studies.
		HLO6C Local target 58% National Target 40%	31/03/2018	Complete	HLO6C national target achieved with 42% of GP sites recruiting into NIHR studies, local target not met.
3.3.6	HLO7	HLO7 Local target 1,350	31/03/2018	Complete	HLO7 target achieved with 5,527 participants recruited against a target of 1,350 (409% of target). Further details are provided in the Dementia & Neurodegeneration specialty section
		Work with local PIs and CIs specifically for this area of work, and look to develop further strength, capitalising on local leadership through Prof. Martin Orrell, Div 4 Clinical Lead and NIHR Senior Investigator	31/03/2018	Complete	The PRIDE (ARUK) study successfully utilised JDR as a recruitment tool. Although it was not possible to link actual recruits from JDR to this study automatically, the PI has estimated that 2,650 out of 3,948 recruits came via the JDR website. This is great news for dementia patients, and for research, and also for the East Midlands.

4. Research Delivery

Ref	Key project	Milestone	Milestone date	RAG	Commentary
3.4.1	CRN East Midlands' Study Support Service - integrating and strengthening our approach to performance management	During 2017/18, the former CRN EM Portfolio Support Team were integrated into the Study Support Service model as part of a planned development to strengthen the performance monitoring and management elements of the Service. This transition to a Performance Team took place in May 2017 and has evolved over the year to ensure that the model is fit for purpose and supports both Core CRN Team activities and external researchers and Partner Organisations.	Ongoing	Green	The Performance Team provide dedicated operational performance monitoring and management based on our health sector approach - Acute, Mental Health & Community Healthcare and Primary Care. This integration has resulted in better oversight of study performance (e.g. in relation to Lead CRN studies, as evidenced by our out-turn for HLO2B). Introducing a more coordinated approach to performance monitoring has supported our efforts in relation to achieving HLO1, as the Performance Team offer day to day advice and support to study teams on recruitment reconciliation and upload. They also support data capture and cleansing activities so that a more accurate picture of research delivery has been achieved during 2017/18. The model will continue to be reviewed as part of the SSS/Industry alignment project during 2018/19.
3.4.2	To review the Study Support Service as it has now been well established, to consider the needs of Researchers across all sectors, along with POs	This work involved visits to each Partner Organisation in receipt of SSS resource to review progress and ensure value for money was being achieved	end Q3	Complete	All visits were conducted; we also used the visits to identify areas of good practice and to address any specific issues that emerged - very much as part of building good relations with organisations. As a result of this review and visits, we have been able to further tailor SSS support to individual Partner Organisations to address specific matters such as supplementing existing staff resource, reviewing capacity and capability processes and providing training to R&I staff. Formal feedback provided, as required.
3.4.3	Key collaborative projects	JDR Champion Organisations: In the region we have identified three organisations who are very keen to become centres of excellence for the delivery of dementia research. Across Lincolnshire, the Acute trust, mental health trust and community trust have all become "JDR Champions". This was initially a concept which was introduced by the CRNCC with an expectation for individuals to become Champions, however due to our very enthused Project Manager, we have worked with these organisations in a more strategic way	Ongoing	Green	Clear commitments have been drawn up for each organisation which integrate JDR into the core work of the Trusts, to achieve clear contributions to Dementia research, including JDR. At the launch event in December 2017, organisations from across health, social care, research, commissioning, higher education, 3rd sector organisations and patient representatives came together to pledge their commitment to collaborate for Lincolnshire to become a JDR Champion County

		HEI sector engagement - particular focus on developing links with the Lincoln Institute for Health (University of Lincoln), and as part of that the evolving work in relation to the Centre for Rural health, an initiative in collaboration also with the local NHS trusts (3)	Ongoing	Green	We have worked with the Institute and delivered sessions delivered on the Study Support Service and AcoRD training. The Institute's Research Governance Manager sits on the Study Support Service Working Group as an academic representative. This is yielding results in terms of increasing numbers of researchers who are approaching the SSS for support.
		Initially through the development of the Study Support Service and importance of involving the RDS with researchers at an early stage, it became apparently that some of the support/training the RDS provide to researchers might also be very useful for members of the CRN team and R&D staff. As such further collaborative work with the East Midlands RDS was undertaken to develop a bespoke 2 hour session ("Some insights into NIHR funding....") that has been tailored for CRN and R&D staff involved in supporting researchers through the pre-application stage during early contact.	Ongoing	Green	This training was delivered with good attendance from both the CRN and R&I staff and positive feedback received. Intend to build on this and other collaboration opportunities with the RDS in 2018/19.
3.4.4	To continue to build a mutually beneficial relationship across our supra-network, covering the East and West Midlands and Eastern LCRNs	Collaborative meeting planned across East and West Midlands for 17 June 2017, to include the respective CDs, COOs, Clinical Divisional Leads, and senior management teams	Jun 2017	Green	This was a very positive introductory meeting. As part of the discussion we were able to identify a number of existing collaborations (Cardiovascular, CI), along with priority areas for each LCRN, where future work would be beneficial. Some of this was about knowledge transfer where work-streams were successful in one region, (e.g. PH in EM; Dentistry in WM) some was about joint priorities where there was an opportunity to develop work together, this included: Chief Investigator development, Developing and growing Dementia research to meet HLO7, Supporting Division 1 to improve performance and understanding the different approaches to SSS delivery.
		Building on the above to develop some specialty specific collaboration work across the East and West Midlands, in both Cardio and Primary care	Ongoing	Green	Building a joint EM/WM collaboration within Cardio, including 2 meetings to date involving specialty leads and RDMs, with good attendance, looking to support WM in future working towards a BRC in the future and the sharing of studies across the patch. Also a Primary Care collaboration, again two meetings held, good exchange of data and models of how primary care works (very differently) in the two areas. This will be ongoing and was very helpful in assisting us to establish our Champions.

		Further focus with West Midlands CRN in relation to WFD	Ongoing	Green	We have met with the WMids WFD Lead (Hannah Reay) and Training Lead (Emily Linehan) to explore opportunities for collaborative working and sharing of resources. We shared our processes for 'Evaluation to Certification' along with other L&D tools and in return they shared some learning material which we have used to create some e-Learning modules. We have also collaborated and shared competency frameworks to ensure we both have a consistent approach. We have collaborated on the ALP selection process, and jointly shortlist candidates for the 2017/18 ALP cohort.
		Eastern LCRN made an approach for support of the Commercial workstream, they did not have a dedicated Industry Operations Manager and it was clear that additional resource was required to improve the situation.	Jul 2017	Complete	Following initial discussions, meetings were arranged with the COO and CD, followed by interviews and information gathering with members of the Industry team, those directly involved and then attendance at a Senior Team meeting and with other members of the senior team. A report was produced in July 2017 that was provided to the COO and CD to support wider discussion with partner organisations and a strategy for improvement.

5. Information & Knowledge

Ref	Key project	Milestone	Milestone date	RAG	Commentary
3.5.1	All delivery work-streams within the CRN East Midlands to use LPMS to manage the service.	Primary Care Instance of Edge to monitor and manage delivery and performance of studies within all GP practices across the East Midlands.	Sep 2017	Complete	Within the East Midlands, we have a centrally managed instance for Primary Care Activity in LPMS. There has been a significant amount of work by the Information, SSS and Primary Care Delivery Teams to ensure that research activity is captured within primary care sites. As part of this process, we have introduced a dedicated resource to performance manage studies delivering across all sites in the region. This was started slightly later than expected (November), however we are already starting to see an increased understanding of performance across non-RSI sites in particular and studies where we are not the lead. We are more confident of study pipeline as well as being able to manage RSI and leadership schemes using increasingly robust data.
		Industry team to use Edge for oversight of the whole commercial process from Expression of Interest to Time and Target	01/07/2017	Complete	Commercial activity is now managed through Edge from start to finish and although this has now been completed, it was slightly after the milestone date, due to staffing issues within the team and the decision to merge the commercial and non-commercial teams together. The migration to Edge has been successful and processes have been aligned (where the processes are mapped) for all studies regardless of being non-commercial/commercial.
		Study Support Service to use Edge to oversee study activity from concept to dissemination	10/07/2017	Complete	The study support service team have worked extremely hard to ensure that all study activity has been captured in Edge. There are robust local processes in place to ensure we have oversight for study management across the region.
		Explore and work towards ways to manage delivery funding, particularly Service Support Costs, through Edge building upon the trigger payment process implemented in 2016/17	Mar 2018	Green	We have implemented a trigger payment process for primary care and are currently piloting one for secondary care organisations in relation to SSCs. We did initially scope the use of Edge to capture this activity but the process was quite labour intensive. We currently combine reports form ODP and Edge to ensure activity is captured and payments generated. We intend to improve this process throughout the coming year, and look for other opportunities to use Edge to manage payments.
3.5.2	Enable accurate performance monitoring and management of studies, both as Lead and local site.	Dedicated resource for performance monitoring and management of studies from Study Start Up to completion, using Edge and CPMS	May 2017	Complete	Our SSS delivery model is arranged in health sectors; within each sector there is an individual supporting performance management and monitoring along with a dedicated resource for performance managing lead LCRN studies in the East Midlands. This has provided an invaluable picture, not only supporting performance within studies but at feasibility stage too, when new studies are reviewed. The aim of the process is to start performance management from feasibility to close of study. This approach

						supports both central and partner organisation activity.
		Support to RACs across the region, to ensure accurate and timely reporting	Ongoing	Green		We have tightened our process locally for RAC engagement and have 100% of all RACs uploading recruitment where East Midlands is the lead. We have also provided training, support and uploading for other LCRN led studies to ensure recruitment activity is captured in a timely fashion. This is an ongoing work area for us and we will continue to offer workshops and support for RACs
		Design and launch local campaign with Comms function to outline the importance of time to target, see Comms Work-plans	Q2- Q4	Complete		As per comms workstream (project 3.6.7)
		Enable predictive analysis to better understand our pipeline and set appropriate targets for both HLO 1 and individual specialties/divisions.	Ongoing	Green		To achieve this we have begun to use early contact service data to identify up and coming research studies alongside intelligence about current studies and recruitment projection. This has aided us to understand areas that are unlikely to meet local annual targets, and thus put in place steps to address this. This work will remain ongoing.
		Enable local study reporting identifying trends and improving solutions of delivery management	Ongoing	Green		Ongoing process using LPMS as first port of call for recording performance notes at individual sites, sharing best practice and pushing the possibilities for study performance for the region.
3.5.3	Enhance the knowledge of LPMS/CPMS across Partner Organisations, building upon progress made during the implementation programme.	Continue Quarterly updates to avoid duplication and share best practice	Ongoing	Complete		An LPMS newsletter is produced each quarter with updates on the use of Edge as well as National updates on the work to integrate LMPS and CPMS. We have bi-annual face to face meetings to discuss how LPMS is being used across the region as well as national updates.
		Named support for each Partner Organisation	Apr 2017	Complete		Each organisation has a named member of the information team to work with alongside the Senior Team link.
3.5.4	Improve Data Quality in LPMS	Launch formal project in Q1 to address shortcoming in data quality and look for performance improvement with POs into Q2	Q1 – Q2	Complete		A project brief was prepared and agreed: https://drive.google.com/file/d/0B7638KtAqaY1YjFVYXlkd21tRTA/view?usp=sharing The delivery of this project has taken a little longer than anticipated for a range of reasons, including internal staffing changes. We have undertaken targeted work with a number of partners, with some follow up required. The project brief has also since been revised (Feb 2018), to incorporate our future plans in this area, rolling out this work to all POs in 2018/19
		Work with Partner Organisations to ensure a minimum dataset is completed within Edge at site level and study level.	Q1	Complete		This was achieved following two meetings with a range of partners and stakeholders. This step to agree local MDS was critical to the rest of the project proceeding as planned.
		Re-fresh Edge Forum meetings with partners to cover key issues of data quality and accuracy and work	Q1 – Q2	Complete		We have continued these meetings, including one early in the year which incorporated some of the senior R&D colleagues to bring everyone to a similar level of understanding and knowledge.

		together to discuss strategies and best practice to achieve this			This work is ongoing, and this dialogue will aid understanding; additionally the use of Edge data to partly inform budgets for 2018/19 will be a key tool for improving data quality through incentivisation.
		Provide a toolkit for using Edge, to ensure consistency across all instances within East Midlands	Jul 2017	Green	As part of the scoping for this project, we looked at how LPMS was being used in all of our organisations and how we could ensure consistency. Some elements of the MDS project already addressed this and what was actually needed was not a toolkit but rather an understanding of why data wasn't consistent in the first place. We have undertaken a data discrepancy project with one partner organisation where there was a discrepancy of over 1,000 participants between LPMS and CPMS. Working with the Trust data manager, we were able to identify issues that could be easily resolved such as a lack of understanding as to what counted as recruitment by clinical staff i.e. randomisation not consent etc. This has been reviewed and the discrepancy has been reduced to just 30 participants, which we feel is an acceptable amount due to time between National uploads and real time activity. The results from this have been shared and many lessons learned. We have implemented changes to our study start up process, ensuring that sites all know what recruitment is for each study to avoid issues in recording future recruitment. This work has been added to our data quality strategy and will be part of the continuous data quality cycle. As part of the continuation of this project, we are planning some roadshows for clinical staff to show how they can get the best out of LPMS and therefore increase the accuracy and completeness of recruitment activity.
3.5.5	Build upon Self Service Reporting Programme of work	Work with West Midlands to create an East Midlands study application for clinicians to use to keep up to date with studies currently recruiting participants.	Jun 2017	Red	Scoping was undertaken for this using ODP as a source, unfortunately it is not fit for purpose, is not easily accessible for clinicians (numerous logins required) and was too onerous for maintenance locally. We still feel that this tool would be useful for clinicians but are uncertain that a local approach is the right one. In the coming year, we will be speaking to the CRNCC and identifying if there is scope for working on a national scale.
		Expand current pilot work for Divisional and Specialty Self Reporting	Sep 2017	Green	An ODP APP local to the East Midlands has been developed and has been tested by delivery managers. This has had very positive feedback and will replace paper reporting for 2018/19. The project is ongoing.
		Enable users to use CRN reporting on a range of devices, anywhere at the simple touch of a button	Mar 2018	Green	The ODP APP, as described above, has allowed reporting on mobile devices as well as desktops, however this is only one of the reports within the suite produced at East Midlands. Some scoping work has begun in 2017/18, preparing for 2018/19 when we aim to move all internal reports to a digital platform. As part of the pilot for the APP, we utilised Qlikview and this still requires a

				Green	login process. Therefore we are scoping the use of other applications to enable all staff to access performance information, particularly those who do not access ODP on a regular basis. We plan to utilise other resources such as the CRN website to enable reporting. We have also encouraged the use of LPMS inbuilt reporting to provide organisational performance management using training sessions across the region both internal and external to the CRN.
		Work with our partners and stakeholders to ensure reporting is fit for purpose	Jul 2017	Green	We have undertaken a questionnaire at the latter part of 2016/17 to work with partners about the needs of each organisation in terms of reporting. There was very poor uptake of the questionnaire with only 4 responses. We identified some issues and these were resolved and we are currently working with a number of Partner Organisations to ensure that reporting fits the needs of all.
3.5.6	Scope the potential of developing a local volunteer database for the East Midlands.	Identify other systems in use across the LCRNs and evaluate experiences elsewhere, identify associated resources and evaluate if a viable option for increasing recruitment for the East Midlands.	Jun 2017	Complete	During the course of the year, work was undertaken to identify what other LCRNs are doing in terms of volunteer databases. There is also a number of National databases that are running i.e. JDR. As the UKCTG was relaunched, there was a thought that this would link into a volunteer database but this did not materialise. We are aware of the changes that will be implemented to UKCTG and will wait for these.

6. Stakeholder Engagement & Communications (including PPIE)

PPIE Projects

Ref	Key project	Milestone	Milestone date	RAG	Commentary
3.6.1	As part of the Stakeholder Engagement and Communications Directorate both PPIE and Comms will now work closer to deliver the national message of informing patients about research within the LCRN.	We will be 1 of the 10 LCRNs to host 'People are Messy' Initiative in collaboration with other NIHR organisations in the EM, including CLAHRC, RDS, AHSN, REPP.	Sep 2017	Complete	see below, 3.6.6
		Dissemination of the newly created EM PPIE Video and Poster funded in 2016/2017 to Partner Organisations and GP RSI Sites.	Q1-Q2	Complete	see below, 3.6.6
		Continue to meet bi-monthly as a PPIE Working Group and produce reports as necessary to inform partners of outcomes.	Ongoing	Complete	Achieved and ongoing
		Continue to have active Lay member representation on PPIE Working Group, Partnership Group and Divisional Steering Group Meetings as is required.	Ongoing	Complete	Achieved and ongoing
3.6.2	Schedule a Building Research Partnerships (BRP) workshop to roll-out the model, this initiative may also link into the Patient Research Ambassador (PRA) promotion	Review the BRP workshop and attendance following roll-out. Led by Workforce Development	Q1	Complete	In 2017/18 we delivered some training to potential research ambassadors; the aim of this was initially to act as the conduit for these members to link them into local organisations and PPIE groups. Following this, we then further supported this work by delivering further training helping to link PRAs with local R&I Leads/PPIE Leads. We delivered the following sessions to groups of 5 or 6 potential ambassadors Day one - Wednesday 4 October 17 What is Research? What Research isn't? Research methodology and terminology Day two - Wednesday 25 October 17 Equality and diversity The research process Day three - Thursday 9 November 17 Formal meetings The 6 R's of group working Research process (cont.)
		Attend PRA workshop to review format and compare against BRP Workshop	Q1-Q4	Complete	One of the team, Melanie Osbourne, attended a PRA workshop event in Liverpool and a BRP session in Stafford which were

					useful fact finding events and have been able to draw on the experience and material, to tailor our local sessions further, to our attendees
		Identify and map current PRAs in organisations and create contact list (either via org or individuals)	Q1-Q4	Complete	We have developed a contact list and use this to communicate and share key messages with the PRA community and target key mailings, newsletters etc.
		Review organisations that do not have PRAs and see how we can link in and run workshops to help orgs to recruit PRAs across the patch.	Q1-Q4	Red	Not achieved this year, as we have focussed on existing PRAs and supporting those, in collaboration with POs
		Feedback to National PPIE work-stream Lead through regular PPIE meetings and forums	Ongoing	Complete	Completed
3.6.3	Pilot and review outcomes of running the Patient Experience Questionnaire in Host Organisation Research areas	Run pilot and collect data	Q1-Q4	Complete	The pilot of the survey is now complete and all responses have been provided to the Coordinating Centre for review and analysis. Next year we will be rolling this out more widely with our partner organisations. This year as part of the pilot we received 96 responses from 3 organisations.
		Review outcomes and see how this can be refined to run as a standalone questionnaire or incorporated with existing Organisation Patient Surveys.	Q1-Q4	Complete	As a result of this pilot work we have had strong input and collaboration from Leicestershire Partnership NHS Trust and as a result of this collaboration have revised their questionnaire, which will be shared amongst the PPI working group for them to use in their local organisations.
3.6.4	Creation of a network of contacts for all specialities to enable swift two way dissemination and collection of both PPIE and Comms information across the East Midlands	Contact all key stakeholder organisations to identify PPIE group leads at organisational level and speciality level.	Q1-Q4	Complete	Ongoing and continually chased and updated.
		Feedback to National PPIE workstream leads through regular PPIE meetings and forums.	Ongoing	Complete	Completed
		Continue to engage with Public Face as the local newsletter for PPIE.	Ongoing	Complete	Completed. LCRN are still an active member of the local voluntary group REPP (Research for Engaging patients and the public)
3.6.5	Continue to identify locally driven initiatives via the local PPIE Working Group to address local issues around engagement with research.	Actively promote the existence of the CRN East Midlands defined budget for PPIE work, and work with the group to allocate this in a transparent and open manner	Ongoing, managed quarterly	Complete	Working Group Summaries produced for R&D Leads to feedback on progress with open invitation for attendance.
		Promotion of opportunities to bid for funding via business case proposal to the group	Ongoing, managed quarterly	Complete	The pilot of the survey is now complete and all responses have been provided to the Coordinating Centre for review and analysis. Next year we will be rolling this out more widely with our partner organisations. This year as part of the pilot we received 96 responses from 3 organisations.
		Aligning of business cases awarded to the national and local priorities	Ongoing	Complete	Business cases are reviewed by the PPI working group and must demonstrate how they are working towards the national PPI objectives.

Communications and Engagement Projects

Ref	Key project	Milestone	Milestone date	RAG	Commentary
3.6.6	Increase brand awareness of CRN EM with research community within partner organisations (Trusts, CCGs, ISHPs, charities).	As highlighted in the PPIE plans above, we will be 1 of the 10 LCRNs to host 'People are Messy' Initiative in collaboration with other NIHR organisations in the EM, including CLAHRC, RDS, AHSN, REPP.	Sep 2017	Complete	The People are Messy event was held as a regional collaboration on 6 September at the Phoenix Arts Centre in Leicester. We had 102 registrations via Eventbrite (the highest amount of registrations of all events held across the country) with 45 attendees and a further 12 organisers/stall holders. The event was also attended by a number of NIHR CRNCC colleagues, including Imogen Shillito and Gill Hood, who fed back that "The People Are Messy Film Event and Research Fair in Leicester on 6th September demonstrated the strength of partnerships, not only with the various health research networks in East Midlands, but also their collaboration with patient research ambassadors, patient groups and health charities. People attending on the day were able to contribute to a lively debate and sign up afterwards to be more involved in research design, planning and participation which they did with great enthusiasm. The day was an overwhelming success and was driven by local patients and network staff working together".
		As highlighted in the PPIE plans above, we will disseminate the newly created EM Video funded in 2016/2017 to Partner Organisations and GP RSI Sites. We will also develop an accompanying leaflet/ poster for use in places where video is not immediately available, using QR code or similar technology.	Q1 – Q2	Complete	This video has been widely circulated across the region this year, with excellent feedback. It was shown to all senior Partner colleagues at the Partnership Group meeting on 19 April, with agreement that it would be later shared with Trust Comms colleagues. There was a commitment to actively promote to staff, and to be used where possible in patient areas. The video and links to it were also shared widely with all R&D and NHS colleagues, including across primary care in Q1, and then again in Q3 was recirculated.
		Create & distribute CRN EM booklet to explain the constituent parts of the network, with contact details etc.	Q3	Red	This was not achieved in-year, and we are considering whether this would be of value for 2018/19, or whether an alternative approach may be preferable. This area of the plan was not achieved primarily due to staffing/resource constraints. Our substantive Comms Lead went on maternity from August 2016, cover arrangements were in place to December 2017; however due to ill health the substantive post holder has not been able to return to work and the person covering the role, has moved into a new role, outside of the CRN. At present we are very short on Comms resource and are not able to reappoint. We have been in this position since the beginning of Q4 (2017/18), this is on the Host risk register and we are aware of this.

			Scoping of all materials in use by CRN teams when attending meetings, events, conferences both internally and externally, patient and non-patient facing. This is with a view to producing more local information. This will be done for each individual work-stream as well as CRN wide. Our goal was to produce at least three new leaflets in-year, and refresh/retire others as required	Q1- Q2	Complete	During the first half of the year we scoped our current materials, and undertook various updates of content, key contacts, layout, branding etc. As part of this work, we recognised a need for some information on specific areas of business. In-year we produced three new leaflets and have circulated these/used at relevant events. We specifically developed a time and target leaflet to be used as part of the TnT campaign, reviewed and relaunched a previously drafted, but never finalised, information leaflet on our Industry support. Additionally Comms have worked with the WFD team to design and produce a "Z-card" leaflet which folds out to contain a whole range of training information.
			Production of a library of infographics for use on website, in stakeholder communications, internal communications, newsletters, bulletins, campaigns, as office collateral, in press releases, social media	Year end	Complete	During 2017/18 we have continued to develop and use infographics in our communications. We developed specific bespoke infographics for the 2016/17 Annual Report, 2018/19 Annual Plan along with a range of infographics embedded within the new workforce development website relating to the Research Awards: https://crnemwfd.nihr.ac.uk/awards/2016/17
3.6.7	Devise, develop and deliver a local campaign to support the Network to achieve HLO 2b - recruiting studies to time and target. The campaign will be designed to see a rise in studies recruiting to time and target.	Devise the campaign outline in conjunction with the BI Lead Kathryn Fairbrother and create an initial campaign outline document.	Q1	Complete	The campaign brief was prepared by the Comms Lead and BI Lead, in consultation with others, full details can be found here: https://docs.google.com/document/d/1tiO8Z6LYD3qujmgV-0UrBfPU3Cq5oqFXYSpdHswr-74/edit
		Procure materials for use during the campaign	Q1 – Q2	Complete	Materials were designed, proofs provided and items procured. These included: Time and Target lanyards, Pledge cards to aid in the monitoring work, posters - top tips, ticklists postcards - top tips, tri-fold leaflet about time and target
		Measure behaviour, attitudes and understanding in relation to Time and Target before and after the campaign to identify any change in attitude and subsequently behaviour in the target groups for the campaign	By year end	Complete	The campaign was fully delivered through the production of a launch event video and other materials. It was launched at our research Forum Event on 29/11/2017. We have had feedback from delivery staff about their understanding of RTT and how it contributes to patient care. Central staff were asked to pledge their commitment towards enabling RTT although they might not have a delivery role. Staff were reminded of these pledges at 3 months; with many achieving their goals. There were a number of people who hadn't thought they could influence the campaign, but realised that including the campaign in everyday conversation could make a big difference.
		Work with the BI service to gather intelligence around campaign points to identify any shift in studies closing to time and target	Ongoing	Green	We have continuously monitored HLO2b where we are the lead site for a study, with process put in place as described elsewhere in the report. We introduced a performance premium payment for partner organisations when studies have closed to recruitment in year and this has had a very positive effect on delivery in POs. Last year RTT at site level was 55% and this year is 71% demonstrating an impact not only on HLO2b for lead studies, but with POs as site level.

3.6.8	Promotion of comms function within the Network to facilitate better working within Network and to support the delivery of key pieces of work from other work-streams	Produce a presentation on what the Comms function can deliver and assist with, both strategically and tactically	Q1	Complete	This was prepared and initially delivered at the Comms Working Group, and then additionally was delivered at both the South and North CRN team meetings in Leicester and Nottingham. These meetings are attended by all teams in the CRN, including those described as part of this objective
		Deliver presentation to WFD/ SSS/ RST/ Industry/ BI and any other interested parties, with a view to facilitate joint working on projects.	Q2	Complete	
		Develop a Communications 'portal' on CRN EM intranet (Google site) to digitalise and streamline the process to order marketing collateral	Q3	Red	This objective has not been delivered in full. Some scoping work has been undertaken, however due to resourcing issues (described in cell F95, above), this has not been fully achieved.
		Continue to meet bi-monthly as a Communications Working Group and produce reports as necessary to inform partners of outcomes, and feed up to Leadership Team and Host Executive with key priorities and messages.	Ongoing	Complete	The Comms working group has continued to meet with partner representation, and attendance across a range of CRN workstreams. Following each meeting, a formal report goes to the Host Executive Group for discussion; an informal update is provided to the two team meetings and a report is also sent bi-monthly to the R&D Leads meetings. These meetings are attended by the COO/CD and other members of the senior team to also provide clarity/further updates and to discuss issues, as required, across a range of workstreams, not just Communications.
3.6.9	Improve internal communications and engagement	Run lunch and learn sessions to educate central CRN staff on G+ community to help encourage them to foster the idea that the platform is for all to share news, information and ideas and to increase engagement.	Q2 – Q3	Complete	This was prepared and initially delivered at the Comms Working Group, then additionally was delivered at both the South and North CRN team meetings in Leicester and Nottingham. These meetings are attended by all teams in the CRN, including those described as part of this objective
		Ensure all teams have a team video and find appropriate channels to disseminate this. Look to develop this later for further content to develop the website.	Q1 – Q2	Red	Many of the team videos have been produced and shared with all team members, some were really excellent, gave a good account of the various workstreams and services. We would be happy to share these with the NIHR CRNCC, if helpful. There are two outstanding videos which need to be completed in order to achieve this objectives and these will be produced in Q1, 2018/19
		Work with the WFD team on new starter process and feed into the development of a pack, which includes name badge and any other appropriate materials which aid engagement and add to the team culture of the Network.	Ongoing	Complete	This work was ongoing at the start of the year, with work on leaflets and other materials; during the year a decision was made to move the Induction materials online, as outlined in section 3.7.5. The Comms team continue to liaise with WFD and ensure any materials are made available to new starters, such as name badges, lanyards and any other CRN related materials etc.
		Continued support of the CRN EM social newsletter as a 'silent' partner and mentor the production team to aid the delivery of a professional style of newsletter	Ongoing	Complete	The social newsletter was ongoing until mid-year, at that stage it was clear there was no longer a need for this more formal, directive approach as the Insider Google plus community had taken over this function, thus negating the need to a social newsletter, because G+ is such an active online community

3.6.10	Stakeholder Communications and engagement	Website review and refresh across all work-streams.	By mid-year	Complete	The East Midlands microsite of the main NIHR CRN website was updated and further content added around Q2/3. However, this will need further review going into 2018/19. At present we remain somewhat under resourced and are not actively updating the site, but will look into this next year. Currently no training is provided for new staff as to updating the website, and ideally we would like to request this, once the team is back up to full capacity.
		As part of website refresh, undertake scoping of BI access on website, potential to create a website portal for partner organisations to see performance information. The portal will link into the intranet with closed access. This will be a joint project with BI	Year end	Red	This objective has not been fully delivered, some scoping work has been undertaken, including requesting feedback from partners as to information provision to aid our reporting arrangements. A low level of feedback was received (see 3.5.5), however going into 2018/19 we will reassess this objective.
		Total revamp and update of current Newsletter offer - develop a new look newsletter which will be digital using MailChimp. Produce on a quarterly; basis, discuss content and design through Comms WG	New format by end Q1 & quarterly thereafter	Complete	This was prepared and initially delivered at the Comms Working Group, then additionally was delivered at both the South and North CRN team meetings in Leicester and Nottingham. These meetings are attended by all teams in the CRN, including those described as part of this objective
		Explore possibility of introducing a 'bulletin' which will be sent out between quarterly publications and pilot this before March 2018	Q3	Complete	As the new newsletter format was developed we did publish several bulletins, however we soon realised that in fact a formal bulletin was not needed, rather that we can encourage anyone with news to either self publish through the G+ community, or submit stories to the Comms team to be published, such as on the website, as and when the stories arises, without the need to wait for a newsletter.
		Undertake review of CRN Distribution lists more broadly, involving other stakeholders and work-streams; how we use the lists and how maintains etc.	Mid-year	Green	We have undertaken some reviews this year, however this remains an ongoing activity. This year we have focussed on meeting lists and group lists, e.g. R&D Leads/Manager/Directors - different lists for different levels of Comms, Divisional lists etc.
		Review and develop specific distribution list for newsletter, in due course MailChimp will allow us to track trends within MailChimp	By end Q1	Complete	This was undertaken at the start of the year in readiness for our move to MailChimp. Additionally using MailChimp helps us to update the mailing lists with information regarding hard and soft bounce backs etc.
3.6.11	Increase research awareness outside of Network - i.e. with media, healthy population, NHS service users, patients, industry	Building on the above planning with PPIE, ensure a robust plan is put together to disseminate the PPI animation and any other external facing media which is produced in this financial year, to maximise ROI.	Ongoing	Complete	Reflective of actions in PPIE and above in 3.6.1
		Create and send press releases to media to support campaigns and to celebrate groundbreaking results, outputs, and studies, as part of digital media pilot, led by Chelsea Drake at CC	Ongoing	Red	Some work was undertaken on this pilot project by Kiran Dhillon Comms Lead, however as described above she left the CRN at the end of Q3, and thus this was not completed in full. However outside of the pilot work, we were pleased with two aspects of media coverage this year: Men B Study: we worked alongside the media department at the

					University of Nottingham to send out a localised press release on 27 March. This resulted in the following that all took place on 28 March; • BBC East Midlands Today filming a small piece with Dr Turner that was aired on their breakfast show • East Midlands Today also filmed a vaccination session that was aired as a longer segment on the evening news • Nottingham Post ran an article • Dr Turner appeared on BBC Radio Nottingham's Drivetime Show Pipox Study: • Broadcast on East Midlands today on 17/07/17 in the late bulletin • This followed a press release by the University of Nottingham earlier in the month • And an interview with GEM 106 (radio) on 14/07/17 • Linked to this, Nia Jones (Specialty Lead RH&C) has also filmed a piece for the OneShow on BBC1 due to be aired (current for 9th May but this may change).
		Create a catalogue of patient and researcher stories which can be drawn upon for website, social media, local and national campaigns and for marketing collateral	Ongoing throughout year	Complete	We have created new Researcher & Patient Stories this year, which have featured in the newsletter as well as creating posters which are located within our Core office space, and have been shared across other areas of our geography, on request. In addition to these stories we have featured one of our patients as part of the TnT campaign launch video, which we can share if helpful. We have a number of further leads for patient stories which we will continue to investigate into next year, as often it can take time for these stories to develop and we must wait until the patient is ready to commit to this.
		Ensure recognition of First Globals in the region by using all appropriate local channels and creation of a logo/graphic so that First Globals have a recognised emblem to create importance around the need to strive for a First Global	Q1	Complete	We have an agreed process and clear flow chart which details our approach to recognising: first global, first European and first UK participant into a commercial clinical trial. We write formal letters to team involved, cascade throughout team meetings and feature within our quarterly newsletters
3.6.12	Scoping Comms arrangements and staff profiles within other CRNs, with a view to revising our local arrangements	As we became aware the Kiran was intending to leave following the maternity cover (and then extended cover), we needed to review our arrangements for Comms. To contact other CRNs, to review local leadership, to consider existing and any new staff required	Q4	Complete	Hannah Finch (RDM Div 1 & 3) undertook a piece of scoping work and contacted several LCRN to understand their arrangements for Comms, including their staffing structures. She went out to meet with some Comms Leads, and reviewed the Comms requirements within the POF and our local plan. As a result we have decided to combine Comms, PPIE and Engagement more formally within the CRN EM structure and are currently setting out these

						arrangements for 2018/19
3.6.13	Engagement Projects with Partner Organisations	Project to review Clinical Trials Pharmacy function within University Hospitals of Leicester NHS Trust. Full review of staff, process and approach, looked at workload/throughout at all three sites and resource.	26.06.2017 close out meeting for review	Complete	Made recommendations for change through a formal report which was discussed with R&D & Pharmacy senior leadership teams. All recommendations were agreed and are taking place - some slower than others!
		Undertook research review on three key aspects at Derby Teaching Hospital NHS Trust - Research Delivery, Study Support Service and Cancer follow-up. Agreed terms of working and report due end December 2017.	December 2017	Complete	Report was completed and feedback has been given. Initially to the leads in Derby (R&D Dir, Asst Dir & Ass. Dir to the MD), then more broadly to the whole R&D team. All of the findings were considered helpful, and are shaping the approach at DHFT. The trust are also likely to merge with another (smaller) FT next year, so we expect many of the recommendations may be implemented across both sites to strengthen their R&D presence
		Review RSI scheme within primary care: Formal review by Div 5 Leadership team to look at this scheme and consider how we best support research in general practices, RSI scheme and Leadership sites in the East Midlands. Report produced for December 2017	Ongoing	Complete	This report has been very helpful to provide clarity as to expectations of the scheme, both for RSI, levels 1 and 2, but also the Leadership sites. This was a fairly new initiative for the EM and with quite a range of investment levels. As a result of this review we have been able to reassess the requirements, and consider the most effective levels of funding. This has required discussion and engagement with our primary care colleagues, who are essential in delivering research in this sector

7. Workforce Development

Ref	Key project	Milestone	Milestone date	RAG	Commentary
3.7.1	Evolvement of the Workforce Development Working Group	Review the terms of reference of the group to ensure the membership reflects the continually changing environment and needs of the workforce.	Ongoing	Complete	TOR reviewed, along with membership and frequency of meetings adapted to meet the changing environment. We will continue to review this in 2018/19.
		At quarterly meetings review the Action Plan from the Annual Plan and other priorities as they occur	31/03/2018	Complete	Review of the annual plan is a standing agenda item at quarterly meetings. CI has also been added as a regular agenda item.
		To ensure relevant actions are communicated to the Leadership Team, R&D Leads and Partnership Group	Ongoing	Complete	Regular WFD updates and summaries from working group meetings have been shared during the monthly Senior Leadership Team meetings and reports produced for R&I Leads meetings.
3.7.2	Increase the profile of clinical research across the NHS in the East Midlands	Work collaboratively with HEEM to explore ways of engaging with the undergraduate workforce to embed research within their learning pathways	31/03/2018	Green	Work has started to engage with undergraduate workforces and embed research into their training pathways. Members of the working group have made some progress in getting the Improving Healthcare through Clinical Research MOOC included in the undergraduate pathways and attended a Health and Social Care options event to promote a career in clinical research.
		Deliver specific GCP training sessions to Trainees to promote the benefits of becoming involved in portfolio research and introduce a matching scheme that informs the Trainees of relevant portfolio studies running in the hospitals they rotate to and the contact details of the local PI. Inform PIs of the specialty trainees rotating to them who are trained and ready to act as a sub-investigator on a portfolio studies.	Ongoing	Complete	A total of 6 specific GCP sessions were delivered to Trainees as part of the Trainee matching scheme. This was evaluated in 2017/18 when feedback was sought from the Trainees after the initial training and again after 6 months to determine how many had gone on to support portfolio research across the region. A piktochart report was produced and shared with HEEM. This was also presented to the specialty leads. These are the documents: https://drive.google.com/open?id=1IKCOvuehSsWtZTOgKAIjX79TKQg4KyWu https://drive.google.com/open?id=1R41XhUGR8zEIY5QjDv5bC8na0xVyEfVG
		Promote the benefits of Trainees becoming involved in research by sharing the CRN promotional video that was developed with HEEM	Q1 – Q2 & Ongoing, as needed	Complete	This video was published on the CRN East Midlands and HEEM YouTube channels. It is also available on a Trainee section of the CRN East Midlands website.
		Run pilot CRN internship programme in two trusts (UHL & LPT) to develop the role of Research Envoy and evaluate effectiveness	30/04/2018	Green	A pilot CRN Research Envoy Internship programme was run in 2 Partner Organisations (UHL and LPT). This was led by 2 of our ALP candidates, with the support of the WFD Lead. 9 Envoys started the programme and 8 completed it with a celebration event held on 28 Sep 2017. Evaluation has been collated and a final report is expected by end April 2018.

3.7.3	Improve standards of research delivery and practice	Run 1-2 Research Forums for the non-medical delivery workforce to promote collaborative working across the East Midlands, share information, learn from each other and generally to create an opportunity for networking	31/03/2018	Complete	A Research Forum for our non-medical research delivery workforce took place on 29 November 2017. The theme of the forum was 'innovating, improving and inspiring' and was attended by 120 delegates. John Castledine, Head of Learning Development and Design at the CRNCC had an agenda item on the day. We piloted 'Conversation Starter' at the event which provided an excellent platform for networking and engagement.
		Arrange up to 4 meetings a year for delivery team leaders. Set up group to provide information and receive feedback from the local delivery team leaders, to share experiences, identify local blocks to recruitment and problem solve. By having a meeting specifically for the delivery staff team leaders the aim is also to offer them a level of support from both their peers and the Network Senior Nurse.	31/03/2018	Complete	4 meetings were run in year, led by the Network Senior Nurse. These have been attended by around 25 team leaders across the region and have been well received. They have created an environment for peer support, networking and sharing information on studies. They have also included an educational element and LCRN update. Attendees reported that they feel recognised as an important part of the CRN.
		Continue to support delivery of national training programmes utilising the pool of trained Facilitators across the East Midlands	Ongoing	Complete	We continued to engage with and deliver the national training programmes. In year we delivered 23 full day Introduction to GCP workshops, 23 GCP refresher workshops, 8 valid informed consent workshops and 4 Next Steps in Delivery Clinical Research programmes, in addition to our local training programme. We also piloted the PI Essentials training. We have an active and engaged group of GCP Facilitators that support delivery of a number of training programmes. Several of our Facilitators attended the national GCP Facilitator meeting on 13 July 2017 and we also held a local meeting for all our Facilitators on 12 October 2017. We have created a Facilitator Google site and through this Facilitators have access to real time evaluation reports. Following the departure of Emma Lowe from the CC, Michele Eve has supported the national programme being a member of the content advisory group. Victoria Fowler has also supported delivery of the FDP and worked collaboratively with colleagues in TVSM to update the Next Steps material. Our Learning Technologist, Angel Christian, has also supported other LCRNs to set up the 'Evaluation to Certification' project.
		Establish a service delivery model for the Research Support Team to enable a proactive approach to deploying this agile and responsive workforce	By end Q2	Green	The RST Lead Nurse has worked collaboratively with the SSS to identify opportunities for proactive utilisation of RST. However it was felt that a more thorough review of the service was required to ensure the service model continues to support the CRN East Midlands to achieve its objectives in the changing research environment. A review of the RST was undertaken and an initial report produced. Further work is planned on this RST review in 2018/19. Additionally, a CI project was completed to bring all the

				<td style="background:green"></td>	RST management tools into one dashboard and streamline the process for requesting RST support.
3.7.4	Establish better workforce intelligence and support partner organisations with workforce modelling/planning to ensure we continue to have the right people in the right place to deliver portfolio research within a changing NHS landscape	Senior team links to include workforce planning as a regular agenda item when meeting with their linked organisations	Ongoing	Complete	Senior team links now include workforce planning as a regular agenda item when meeting with their linked organisation or bring it into their conversations with partners.
		Learning Technologist to work with Business Intelligence/finance teams to explore ways of building up a better profile of the workforce	31/03/2018	Complete	Our Learning Technologist has been working with the WFD Lead and finance team to create a workforce intelligence dashboard. This has been embedded into the WFD Google site and provides visual representation of the workforce by specialty, division, organisation and NHS pay band. It also includes information on job roles and vacancies.
		Evaluate feedback from training survey sent to the research delivery workforce, which will inform implementation plan	31/07/2018	Complete	Feedback from the training survey was evaluated and informed the training plan for 2017/18 and beyond. A blended approach to learning is being utilised, to ensure that we have a sustainable model to meet the changing needs of the workforce. We were successful in our bid to the small grants scheme, which allowed us to access Adobe Captivate and develop more e-Learning solutions. We have incorporated digital approaches into our learning programmes to enhance the learner experience. A meeting was held with the WFD Lead in the West Midlands to explore ways of sharing training resources and best practice.
		Support national initiatives reviewing workforce intelligence	Ongoing	Red	As the workforce intelligence team at the CC have been working to improve data capture via the finance tool and ESR, no specific input has been required this year.
3.7.5	Develop and promote career pathways in the research workforce	Share induction video and associated induction manual widely with partner organisations and other stakeholders	Q2 - Q3	Complete	An induction package was created that included an online induction, induction manual and updated competency framework. A dedicated induction site was created within the WFD Google site. This was shared with partners as part of the pilot before being launched formally. The induction package was showcased at the national Accelerating Digital event on 28 March 2018 and at local engagement events subsequently.
		Run an event for our non-registered delivery workforce to share national messages, celebrate the work of our practitioner workforce across the East Midlands and start to create a practitioner community	25/04/2017 & ongoing	Complete	A local Practitioner event was held on the 25 April 2017 and this community of Practitioners have been very engaged and supportive of the proposal to professionalise their workforce. A dedicated Practitioner site has been created.
		CRN East Midlands is committed to supporting the NIHR CRN Advanced Leadership programme. The programme will be promoted widely across the East Midlands and a 2-stage selection process comprising application form and interview will be led by the Workforce Development Lead. Successful candidates will be supported throughout the programme and	Ongoing	Complete	The WFD Lead promoted the ALP and supported the regional selection process, shortlisting the applicants. Applications from the East Midlands were disappointing but 3 candidates were successful and started the programme. The WFD Lead met regularly with the ALP cohort to provide ongoing support.

		members of the WFD team will act as mentors for the programme.		Complete	
3.7.6	Recognise and reward workforce achievements and excellence across the region	Run an annual research awards and showcase event	12/05/2017 & Ongoing	Complete	2016/17 awards evening took place on 12 May 2017, recognising excellence across the East Midlands. Nominations for the 2017/18 awards closed 16 February 2018 with around 70 nominations across 6 categories. Shortlisting was completed and the award ceremony is scheduled for 18 May 2018.
		Include a WFD update in quarterly CRN East Midlands newsletter to recognise and reward workforce achievements	Each Qly edition	Complete	WFD update included in newsletter.
3.7.7	Identify approach to workplace wellbeing along with a wellbeing action plan for implementation in 2018/19	Undertake scoping work to identify Wellbeing Leads and services provided within Partner Organisations. Undertake a wellbeing survey of the central team, identify priority areas to inform the implementation plan for 18/19.	31/03/18	Complete	Scoping work undertaken and Wellbeing Leads identified within POs. A wellbeing section has been created on the WFD site which includes links to PO wellbeing sites, curated resources and wellbeing apps. A wellbeing survey was developed and sent to members of the central team. The results have highlighted priority areas which will be addressed in the implementation plan for 2018/19.

8. Business Development & Marketing

Ref	Key project	Milestone	Milestone date	RAG	Commentary
3.8.1	Ensure a single source of information for the Coordinating Centre and all involved LCRNs for each study, for intelligence on study activity, issues and plans as a live data source. This will prevent duplication at a site and LCRN level.	To ensure relevant updates in CPMS are implemented to facilitate the workflow by raising at relevant IOM national forums and offering support where appropriate to drive this forward.	31/03/2018	Complete	Current updates linking data as part of the CPMS/LPMS integration. IOM forum calls in-year highlighted the need for sharing of intelligence in CPMS on study performance, this has vastly improved over the year with some areas of excellence but still a need for consistency across all studies.
		Support guidance on how this is used at a regional and national level for a streamlined approach	31/03/2018	Complete	Discussed at joint IOM/COO meeting on the 04/10/17 and agreed action points to take this forward with a consistent approach. This still needs further work to ensure consistency as detailed above and will be supported through the Improvement Plan for delivery of commercial studies.
3.8.2	Education of regional teams underperforming and new to research on the importance of targets and to support a First Global recruitment drive	Continued roll-out of the commercial study life cycle workshop so that training is available across the region for those interested in commercial research	31/03/2018	Complete	Quarterly workshops booked and delivered over the year with additional sessions being provided for two of the acute trusts and separate bespoke sessions delivered to potential and existing researchers.
		Increased education & discussion around the importance of robust target setting via the quality of the information provided by research teams on the site intelligence and site identification forms. Supported by queries at an appropriate level where confidence is required to ensure the target is achievable	Ongoing	Complete	We continue to query targets and where appropriate include a range of stakeholders: R&D, RDMs and Specialty Leads for further intelligence. The Site Intelligence process changed nationally to streamline some potential duplication, especially for experienced research sites and this has been a positive change.
		Implementation of the newly developed guidance on reasons for non-submission of site identification forms to focus sites on the importance of achieving targets and the implications for future research if they are not addressing quality issues	Ongoing	Complete	Guidance fully implemented. Currently one site where forms are not being submitted as a result of the new process: This has now been resolved and the site is not engaged with research at this current time.
		Continue targeted attendance at research events and other forums across the region to talk about commercial research and the drivers of performance at a site, regional and national level. To target areas of growth, primary care and mental health trusts in particular.	Ongoing	Complete	Existing Commercial Workshops (see workshop section above) and first targeted regional event for Alzheimer's disease with Eli Lilly with follow on meetings with other sponsors planned for next year.
		Include an Industry update in quarterly CRN East Midlands newsletter to recognise and reward achievements	31/03/2018	Complete	Standard slot within CRNEM Newsletter including achievements for First Global Recruits, First in UK and positive sponsor feedback. We have also introduced a section on Biosimilars which is educational and provides a regular update on developments.

3.8.3	Focus on areas not delivering to time and target to ensure future targets can be delivered	Full implementation in LPMS using attributes at a study level, this will allow the recording of reasons studies did not recruit to target, to aid quarterly review. Data to be discussed at the quarterly Industry Working Group and at the Divisional Steering Groups.	Quarterly review	Complete	For year 2016/17 collated summary of reasons for all studies that didn't achieve RTT with the most common reasons in order of prevalence: rare disease/tight inclusion exclusion criteria for study, challenging study across the board, study abandoned at a wider level (not included in metrics), closed to recruitment early, standard of care pathway changed, underperformance at a site level. Data shared and discussed with the Industry Working Group and Divisional Steering Groups where appropriate. We intend to do this analysis on an ongoing basis
		Integration of the local LPMS as a source of performance updates. To focus on aligning data across CRN and Partner Organisations to streamline the flow of data and give increased efficiency	31/03/2018	Complete	Current work on Edge minimum data set and Edge events, ongoing work on wider collaborations including the alignment work across SSS and Industry with step changes in the data shared across the LCRN and Partner Organisations. In particular the sharing of data at the Site Identification and Site Intelligence stage across the LPMS.
		Targeted attendance at relevant site selection and site initiation meetings	Ongoing	Complete	Continue with early engagement and encourage sponsor/CRO to include us at an early stage with attendance at Site Selection meetings in key areas.
		Continued utilisation of the relevant specialty lead to make informed decisions with increased specialist clinical input where uncertainty or conflict exists	Ongoing	Complete	Ongoing in circumstances where clinical expertise and insight is required as part of a standard process (this includes specific feedback on Biosimilars).
3.8.4	To support implementation of a robust mechanism to give feedback on reasons sites are not selected for commercial studies, so that partner organisations can use the feedback to develop services in line with sponsor expectations. To build on the national process already incorporated into the study milestone schedule	To write a paper on Feedback on Non-selected sites process to be taken to the quarterly regional Industry Working Group to detail a plan that compliments and improves the national process to increase the feedback received to research teams nationally and regionally. Implementation dependent on the recommendations of the group.	31/10/2018	Complete	Paper written and reviewed at the Industry Working Group, proposal agreed and followed up on a 2 to 4 weekly basis with productive results that have been fed into the national team on a study by study basis. Nationally the Coordinating Centre will now follow up with Sponsors if no update is provided 3 months after the submission for services is complete.
		To raise at all forums with commercial partners where the Industry team is present	Ongoing	Complete	Standard practice to discuss this in sponsor/CRO interactions.
		To encourage research teams to provide us with feedback where the lack of reasons for non-selection will impact negatively on the research culture	Ongoing	Complete	We have received feedback and have sent this on nationally, followed by engagement at a senior level within the Coordinating Centre and an acknowledgement that work needs to be done to change perceptions regarding feedback.
3.8.5	The national strategy focuses on the ability for the NIHR CRN to be flexible and apply the	To have at least one collaboration on an initiative with Medilink East Midlands to increase the exposure of their members to the offering of the CRN	31/03/2018	Complete	Support for the MedilinkEM collaborative NIHR SME MedTec Roadshow in February 2018. Initial meeting with BioCity and provision of a leaflet for inclusion within packs for new start-ups.

	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	Further development of links through the EMPO (East Midlands Partner Organisations) forum to integrate research within the fabric of initiatives that work across the East Midlands	Ongoing	Complete	EMPO has adopted a structured approach to engagement with STPs. Each member of the group has been appointed an EMPO rep so that every STP in the EM has an EMPO person. Every EMPO member is fully briefed with the work of every EMPO partner so they can represent all EMPO members during engagement and meetings with their designated STP. This works because the busy STP leads only have time and energy to deal with one contact Our relationship with the AHSN has continued to improve because of the frequent contact we have via EMPO. We have done well in public health in terms of developing an infrastructure, appointment of an excellent PH lead and good recruitment. Most of this came out of discussions with the EM Director of PH and others at EMPO meetings. EMPO gives us regular intelligence on the development (or non-development) of all STPs in the East Midlands so that we can be ready for any changes that would affect us. Work is progressing on the establishment of the National Centre for Rural Health in Lincoln which potentially has PH and other recruitment opportunities for us - EMPO is a forum for exchange of info on this and keeps us in the loop. Involvement with EMPO enabled us to get on the Board of the EM Cancer Alliance early - more detail across Division 1 Through EMPO connections we are supporting a CLAHRC-led, initiative to establish a large data project, which will likely come to fruition in 2018/19 within Division 2 / 5	
		Development of the national strategy through the continually evolving East Midlands CRN Industry Working Group	Ongoing	Complete	The Industry Working Groups supports a discussion on this at every meeting, this has included Medilink presenting at the meeting and we have seen presentations and ongoing engagement with Greenphire-Site Payment Solutions (an SCRS contact) and a meeting with a detailed focus on Biosimilars.	
		Measure of engagement with at least 5 SMEs to progress towards at least 2 research studies on the NIHR portfolio	31/03/2018	Red	Our Industry Initiatives Manager has spent significant time supporting SMEs for two multi-site studies delivering across the region, with excellent engagement and feedback. We have input on BRC plans in this area and also commenced linking with NOCRI for areas of expertise that sit outside our region. One collaborative study in the pipeline via Medilink. We have worked with other SMEs but not to a stage of portfolio inclusion with us as the Lead LCRN, this is an area we will focus on with further planning for next year.	
3.8.6	Continued growth in Primary care Ensure a single source of information for the	Building on workshops and visits to GP sites to provide support for sites that are taking on their first commercial studies to ensure they achieve recruitment to target and also invest in	31/03/2018	Complete	We had 9 new GP sites with their first commercial study last year (2016/17), some already engaged with taking on further studies. 2 sites open and recruiting for second study and another site selected, with the sponsor outcome awaited at others. Additionally	

Coordinating Centre and all involved LCRNs for each study, for intelligence on study activity, issues and plans as a live data source. This will prevent duplication at a site and LCRN level.	infrastructure to support the delivery of commercial research. To achieve a minimum of 3 new practices that were selected for their first commercial study getting selected for further commercial studies.				the IOM provided support at a Covance team meeting, providing insight into conducting research within a GP setting for staff more familiar with working across acute trusts only.
	Support leading to an increase in the percentage of RSI Leadership sites that are delivering commercial research	31/03/2018	Complete		We have seen an increase in the percentage of RSI Leadership sites delivering commercial research from 80% to 83%. Attendance at RSI Leadership event and since then further meetings at RSI practices
	Support for new sites from experienced commercially active investigators, through mentorship and other mechanisms	Ongoing	Complete		We reviewed the need for mentorship at new sites following the Dr Blagden mentorship scheme and have utilised the potential of Simon Royal as Specialty Lead for support, currently used on an ad hoc basis.

9. Continuous Improvement & other local initiatives

Ref	Key project	Milestone	Milestone date	RAG	Commentary
3.9.1	Embed a culture of innovation and improvement across the CRN	Establish the Continuous Improvement Working Group	Q1	Complete	This was established and meets regularly with good attendance.
		Develop a 12 month communication and engagement plan beginning with a relaunch of the Continuous Improvement workstream via a showcase event	Q1	Complete	Our CI Lead produced a plan of events to communicate and engage as we relaunched the CI workstream. Much activity overtook the plan, and to follow this, a more simple flow chart was adopted. The work stream was relaunched via training events and through core team communications (newsletter / team meetings) and a more formal event took place at the team away day on 27th September.
		Introduce CI as an agenda item in team meetings	Q2	Complete	This is a regular item on the north and south team meetings, also an item on all Working Group agendas.
		Revamp the CI capture form	Q1	Complete	Revamped form has been agreed by CI Working Group and shared with staff to capture CI projects. Project evaluation section has also been integrated into the form.
		Develop a CI Community of practice as a Google community	Q2-Q3	Complete	Google community established in June 2017 for Working Group members at present. During Q4, roll out to members of CRN core team and a view to opening this more widely to delivery teams in 2018/19.
		Introduce quarterly "Creative Space" sessions/cafes for staff to drop in and take time out to suggest CI ideas	Q3-Q4	Complete	We have commenced these regular sessions which are held at both of our core team locations. This year we have held 4 Drop-in sessions (Nottingham & Leicester) conducted in September, November, January and April 2018.
		Introduce a "reward and recognition" scheme and provide active support to deliver CI ideas and innovations	Q3-Q4	Complete	To develop this scheme, the WG sought input from the CRN core team. A simple questionnaire was circulated, with responses which were reviewed by the Working Group on 14th November. Structure for reward has been agreed at the WG meeting on the 26 Jan. A thank you letter will be sent from the CI Lead and COO for all staff who have submitted CI projects. Following assessment and discussion at the WG, Pin badges will be awarded on a quarterly basis, at a team meeting, for evaluated projects demonstrating "impact" (to be defined in a guidance document in 2018/19).
		Hold a mid-year event to hear the needs of the CRN customers and for the CI Working group to formulate a plan to respond and deliver	Mid-year	Complete	This was conducted at the November CRN EM Research Forum. The CI Lead presented what CI means to the CRN, and table work took place to identify areas of potential projects plus barriers. Follow up actions will take place in 2018/19 (send follow up questionnaire and formulate plan based on feedback).

3.9.2	To develop and continually ensure we have a highly and appropriately trained workforce with respect to CI and Innovation	Identify CI Champions who will have completed the national self directed learning modules	Q2	Complete	Members of the CI WG are identifying as CI Champions in line with a brief role outline. In addition the CI Lead meets with all new core team members on their induction to introduce our CI workstream.
		Develop an identifier for CI champions (lapel badges)	Q3	Complete	CI Champions are identified in a 'Who's Who' document available to all core team members.
		Introduce a CI objective in all CRN core team annual appraisals to measure CI awareness, knowledge and skills	Q3-Q4	Complete	All line managers have been ask to consider setting objectives with a CI theme in staff appraisals. Advice communicated to all line managers in Q4
		Develop a local CI training programme to support training and development via a mixture of self directed learning and facilitated sessions once the national "Bite-size" modules are made available.	31/03/2018	Complete	3 CI training sessions took place on 27 June, 19 July & 15 August with over 60 core team staff in attendance; still 9 staff to train. To support this, an e-learning package has been developed and reviewed by the working group. This has been circulated widely to the team.
3.9.3	Establish a mechanism for cross boundary working and sharing of CI initiatives with neighbouring LCRNs	Set up a bi-monthly meeting with the CI Leads in CRN West Midlands and Eastern to scope and implement any potential for joint working on CI projects	01/06/2017	Complete	Initial face-to-face meeting held on 23 May, follow up T/C meetings, and Google community established for cluster group. There have been some challenges around continuity of CI Leads in the LCRNs, but joint planning for 2018/19 has occurred and efforts will continue to be made.
		Model behaviours of sharing CI initiatives with the wider CRN community	Ongoing	Complete	We have set up a Google+ community between us, Eastern and West Midlands to facilitate the sharing of activities to embed a culture of CI and CI initiatives that have demonstrated impact. We also contribute to the 'Tools for Teams' pilot that was launched by NENC. This work is co-dependent on the work in 3.9.1. and developing the skill set of the team to assess impact, our input into these platforms has been less than we would like. It is our intention that as confidence around assessing impact grows, traffic to these resources will also grow.
3.9.4	Deliver on national programmes and initiatives	Investigate and implement 3 of the accelerating digital initiatives selected by the CI Working Group, as seen at the accelerating digital Showcase event held March 2017	Ongoing	Complete	Portfolio maps app developed, awaiting implementation. Audit tool investigated but not able to implement at this time re social media app: - Notts Healthcare used a social media campaign to help recruit to REBOOT study. They liaised with study team about how to make this work within ethics agreement (landing page etc). Worked with study team to develop agreeable adverts to use on Facebook Notts Healthcare did notice when the recruitment period using social media campaign ie Facebook had expired then recruitment has gone down. Looking to increase the use of this campaign.
		CI Leads will ensure that they attend all national CI meetings to ensure that this CRN is fully aware of the national drivers and ensure that all CI programmes are delivered in a timely manner	Ongoing	Complete	CI Lead is attending national meetings and feeds back through team meetings & WG

Section 4: Clinical Research Specialty Objectives

Specialty	Objective	Measure	Local Target	Local Actual	Local actions to achieve the national objective	Performance against plan
Ageing	Each LCRN to have an Ageing Local Specialty Lead who demonstrates leadership in their region and can provide examples of leadership of initiatives aimed at increasing recruitment and research capacity in their regions	Named Local Specialty Lead in Ageing	300	1,287	North and South appointments now in place.

Initial meetings with academic colleagues interested in ageing research at Universities of Lincoln, Derby and Northampton to discuss portfolio research and how it might work for colleagues at these institutions. Seek opportunities for pan-regional bids and collaborations.

Co-opt an afternoon at a Trent British Geriatrics Society Meeting in late 2017/early 2018 to enable newly appointed academic trainees to share current and proposed research as a way of developing interest more broadly across the region.

Run at least two public forums for EnRiCH in Derbyshire in 2017/18. Collate data on how these contributed to building understanding of, and accruals to, portfolio research. | Meetings with colleagues in Lincoln were held in March 2017 and resulted in ongoing discussions between primary care researchers in Lincoln and diabetes researchers in Derby.

EnRiCH forums were held at the Kingsway Hospital, Derby on 5 May 2017 and at the Lakeside Arts Centre, Nottingham, on 2 October 2017. The topics were the Nutrition in Care Homes and the Arts and Dementia respectively. The Derby event was oversubscribed and the Nottingham one, a full house. Forums are planned for 2018 on 11 May at the Kingsway Hospital Derby and 18 July at the Institute of Mental Health, Nottingham. The topics will be Occupation in Care Homes and "The Care Home for Four Year Olds."

A Trent BGS meeting, co-hosted by the CRN, to raise the profile of portfolio research and encourage early career researchers to participate will be held at City Hospital, Nottingham on 19 June 2018. |
| Anaesthesia, Perioperative Medicine and Pain Management | Establish links with the Royal College of Anaesthetists' Specialist Registrar networks to encourage and support their involvement in recruitment into NIHR CRN Portfolio studies | A: Identification of Specialist Registrar Networks in the LCRN

B: Number of LCRNs where Specialist Registrar Networks are recruiting into NIHR CRN Portfolio studies | 400 | 982 | The MERCAT Network is affiliated with the Research and Audit Federation of Trainees (RAFT) and has successfully taken part in the iHYPE (intra-operative hypotension in the older surgical patient) study. We will continue to work closely with the Trainees and the Deanery, Head of Schools and Training Programme Directors to further facilitate involvement in clinical trials.

Due to the small pipeline of Anaesthesia, POM and PM portfolio studies coming to the region at this time, we need to | 2A: Achieved (EM) 2B: Achieved (EM)

In 2017/18, MERCAT Network participated and recruited to 3 NIHR CRN Portfolio studies (FLO-ELLA, PRISM and PQIPP). Performance against plans: We have worked hard to increase the number of studies coming in for Anaesthesia, POM, and PM, however, the pipeline remains small in areas such as POM and PM. Following a push at a variety of LCRN events this year to increase awareness around the Early Engagement and Early Contact, the SSS team are currently supporting three lead site anaesthetic studies through the various |

| Cancer | Increase patient access to Cancer research studies across the breadth of the Cancer subspecialties | Number of LCRNs achieving on-target recruitment into at least 8 of the 13 Cancer subspecialties, where "on-target" means either improving recruitment by 10% from 2016/17 or meeting the following recruitment targets per 100,000 population served:
a) Neuro: 0.2
b) Breast: 8
c) Colorectal: 3
d) Paediatric: 3
e) Gynae: 3
f) Head & Neck: 1
g) Haematology: 7
h) Lung: 4
i) Sarcoma: 0.1
j) Skin: 0.2
k) Supportive & Palliative Care and Psychosocial Oncology & Survivorship : 3
l) Upper GI: 3
m) Urology: 8 | 2,750 | 3,106 | The CRN East Midlands experienced a sharper than anticipated drop in recruitment from 2014-15 to 2015-16. Our plan in 2016/17 was to halt the reduction in recruitment. We are currently on target to achieve a stable level of recruitment (currently 2,460 end of year target 2,500).

We will face a significant challenge in the region, as we embark upon trying to increase recruitment activity, in order to achieve the specialty objective. One of our large recruiting Trusts is predicting static recruitment figures in 2017/18. However we plan to achieve an overall recruitment level of 2,750 an increase on 2016/17's target of 10%.

Our baseline against the specialty objective shows we are currently rated green in terms of recruits per 100,000 population served in 7 of the 13 subspecialties. We will plan to maintain the levels of activity in those 7 that are currently achieving the green rating. There are 6 subspecialties not currently meeting the required rate per 100,000 population.

We will analyse the current portfolio across each subspecialty, taking into account the end dates, and making an assumption of recruiting to time and target. Using this data we will work with the subspecialty leads to decide which | We have surpassed our local recruitment target of 2,750, by achieving 3,106, with over 50% of recruitment being into interventional studies (6.77% of the regions total ABF weighting (non-commercial). To achieve this we had a portfolio of 389 Cancer Managed studies open, with 209 contributing recruitment.

The East Midlands ranks in 9th place nationally for Cancer managed HLO1 contribution. It was one of 6 LCRNs that achieved 'on target' recruitment for all 13 disease areas, by meeting the recruitment rate per 100,000 population set by Cluster F.

Recruitment expressed as a % of regional cancer incidence stands at 13.2%, which places the East Midlands in 12th place. This is a concern and we have discussed this with both the local Sub-specialty Leads and the national Cluster office.

The role of Clinical Lead for Division 1 has remained vacant, with the LCRN Clinical Director providing sterling interim support and engaging with the sub-specialty leads. We have refreshed the Clinical Lead role outline, and this will be advertised through NHS Jobs in Q1 2018/19.

The CD and RDM have visited every Sub-specialty Lead (SSL) to scope if the role could be supported more effectively. We found that our SSLs are committed and work hard to |

increase" homegrown" studies, therefore this year we need to continue to raise an awareness through specific LCRN events around the portfolio adoption process, and continue to support upcoming CI's with our robust Early Engagement and Early Contact services delivered by the SSS team.

stages of funding, grant application and the portfolio adoption process. Increasing the number of local CIs in this specialty is a positive step change for the East Midlands.

					areas to target to grow activity in alignment with the target.	engage both with their regional colleagues and the national clinical leadership team. We have received feedback that time pressures in clinic are a significant barrier to encouraging clinicians to undertake research, in addition we areaware the numbers of oncologists (both NHS & academic) in the region are low.

areas to target to grow activity in alignment with the target.

We will centrally monitor and flag any subspecialties at risk at the beginning of the year (based on the final performance figures for 1617), and then every quarter. We will then work with the Subspecialty Leads and appropriate leaders in the partner organisations to address any red rated subspecialties. This will take place during the regular Subspecialty Lead meeting with the Division 1 Operations Manager, the monthly Division 1 teleconference and if appropriate at the ECAG. These are now well established forums.

The Div 1 Research Delivery Manager has identified some areas for continued focus and potential growth this year: -

- SPCPS - Hospice Research Readiness Programme.

During 2016/17 a scoping and engagement exercise was conducted to investigate any appetite to develop and roll out a programme of research readiness in hospice settings. The finding of this exercise are currently being considered by the CRN Leadership team.

2017/18 will see continued focus on this priority area for development. It is hoped that a package of research readiness will be: -
- ● Developed
- ● Delivered to a number of pilot sites across the region.

Once we have a number of hospices with 'research ready' status, the CRN team will support in sourcing suitable studies to be

engage both with their regional colleagues and the national clinical leadership team. We have received feedback that time pressures in clinic are a significant barrier to encouraging clinicians to undertake research, in addition we areaware the numbers of oncologists (both NHS & academic) in the region are low.

Connections have been maintained at ECAGs, although this is likely to change as the scope and focus adjusts under the guidance of the EM Cancer Alliance. In March 2018 the EM Cancer Alliance acknowledged that research was a core function and the Board gave its support to a paper presented by the CRN EM proposing to increase research opportunities for cancer patients, by ensuring that every eligible cancer patient is offered a research study. Although this collaborative vision is very ambitious and will take years to achieve, it will drive a renewed way of working between the CRN and the cancer clinicians, with the delivery of short-medium term plans supporting the collaborative vision. This will include work around the visibility of research opportunities, as recently detailed within our Annual Plan.

In addition to talking to other regions about their approach to research delivery, we welcomed the CRN Cluster office to our host in November 2017. We discussed HLO 1 linked performance, and noted concerns around recruitment rates adjusted by 100,000 population. This meeting has led to development of plans to mitigate against the low levels of active Chief Investigators in the region, by maximising engagement with known Investigators and encouraging research activity.

The Network Lead Nurse has continued to scope with hospices potential interest in becoming 'research ready' and although this has not progressed at the rate we had hoped,

					delivered. - Improved regional clinical engagement Leadership and senior management effort will be invested in further developing connections between the LCRN and the clinical community, specifically through continued work with the Subspecialty Leads, the ECAG & Cancer Network, the East Midlands Cancer Alliance and the local community of Cancer research team leaders. We will commit to working with partners to review visibility of research at MDT meetings, make recommendations and work with Trusts as appropriate. We will work with our team of Subspecialty Leads to scope how we can support them to deliver the role of Subspecialty Lead, with effective engagement across the region and nationally. We will arrange visits to the LCRNs neighbouring the East Midlands to see what lessons we can learn from their operations.	solid relationships are now being built and we are hopeful the foundations are now in place to take this work forward.
Cardiovascular Disease	Improve patient access to Cardiovascular Disease studies on the NIHR CRN Portfolio	Number of Cardiovascular studies on the NIHR CRN Portfolio recruiting from >1 site within that LCRN	1,900	1,476	East Midlands has already established good links via the existing BRU, the aim will be to ensure these are maintained under the BRC. At least one BRC study rolled out to another hospital(s) We will continue with the EM wide networking meetings. Increasing and supporting links with NUH and other sites. Cardiovascular is also one of the	The National Cardiovascular target has been achieved but it has been a challenging year for CV in the region in terms of absolute numbers recruited. The locally set target was not met and it was felt that this is due to having a large number of complex interventional trials running with few large cohort studies in the region. However, CV has made major contributions to the overall regional recruitment with GENVASC recruitment being credited to primary care and DIASTOLIC which is undertaken with and managed by diabetes,

| | | | | | objectives for the EM Sustainability and Transformation Plan and we will continue to link in as necessary.

Establishment of cross speciality working within the Division (Diabetes Writing Group) to work more collaboratively with the aim of rolling studies out EM wide.

At least one study linking with another specialty within division 2 and 1 grant submitted

Maximising cardiovascular prevention study recruitment across DGHs and Primary Care.

Have at least 1 study recruiting in primary and secondary care

Develop links with public health around obesity and cardiovascular risk.

Extend RAPID to at least 1 other EM site | being on target for recruitment.

The collaboration between CV and diabetes continues to strengthen with a successful grant award (Wellcome Trust Seed and BHF CRTF awards) and is the subject of Gerry McCann's NIHR Research Professorship bid (interview June 2018).

Other positives have been an increase in activity in one of the 2 major teaching hospitals (NUH) as a result of a new clinical lead and engagement with the LCRN leadership.

One district general hospital (Kettering) has also performed extremely well and best practice will be shared.

The PREDICT study is recruiting across primary and secondary care with an excellent response rate from patients (~20%).

One major cardiovascular study which has recently started (BRICCS CT) will be rolled out to additional sites and should help recruitment going forward.

Cardiac surgery has 2 sites- one of which is highly active and the other has also supported a major trial led by cardiology (UK TAVI).

The BHF Rapid NSTEMI trial has not yet begun but 3 sites in the region (Lincoln, Kettering and Nottingham) have agreed to support the lead site (Leicester) |
|---|---|---|---|---|---|---|

| Children | Increase NHS participation in Children's studies on the NIHR CRN Portfolio | Proportion of NHS Trusts recruiting into Children's studies on the NIHR CRN Portfolio (Target 90%) | 1,500 | 1,713 | Specialty Lead and RDM/Ops manager will scope with DGH and Community Trust R&D offices and clinicians who would be interested in trying to grow Children's research in their Trust.

3 meetings will be organised and held in the first half of 2017/18, 1 inviting Kettering and Northampton General Hospital; 1 inviting Kings Mill, Derby and Chesterfield, and 1 for Lincolnshire. The purpose of the meetings will be to launch an initiative to engage, establish a community of interested colleagues and to identify blocks and enablers. An output of this meeting will be to plan to address the blocks, and identify studies suitable for delivery in these organisations.

This will be followed up with a second meeting in the second half of the year, to discuss progress.

Throughout the year the Operations Manager will monitor the EOI and other work to bring new studies to the region, and will work to match studies with the breadth of our sites. | Children's Managed studies have recruited 1,713 participants, ranking 9th. We have surpassed our local target of 1,500 recruits into managed studies. When factoring in studies supported by Children's specialty the region recruited 4,871 participants (ranking 8th).

The Specialty Lead has made connections with the DGHs and Community Trusts - there is interest in participating in Children's research, but this growth has been hindered by a lack of suitable studies available to the region. We have had 22 Trusts contributing to the broad Children's portfolio, spanning acute, CCG and Mental Health organisations.

We are rated Amber for the Specialty target set by the cluster office. There are currently 2 East Midlands organisations showing no recruitment to Children's managed or supported studies.

The East Midlands Ambulance service is a site that is 'providing data' to CPMS 35958 BeArH, this study is supported by the Children's specialty, but activity is not attributed to the organisation.

Our genuine non-recruiting Trust is Derbyshire Community Health Services NHS Foundation Trust. Unfortunately we have been unable to deliver a children's managed or supported study at this Trust. This is primarily due to the availability of suitable portfolio studies which would match with the childrens services provided by DCHS. |

Critical Care	Increase intensive care units' participation in NIHR CRN Portfolio studies	Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio (target 80%)	150	395	Encourage a balance of both commercial and non-commercial portfolio studies, as well as looking at the potential of supporting local CI's with developing "homegrown" studies that cater for the needs of our local population. Increase the profile of our Study Support Service to support those clinicians who may wish to consider developing their own research proposals. Equally ensure all clinicians across the region know about the delivery and support that the CRN network can provide at a local site level in conjunction with the trust R&I/D leads Plan to hold a Critical Care stakeholder event at the start of the year in order to raise the research profile of critical care studies and to increase engagement with both the research active and research naive ITU clinicians across the East Midlands.	This target has been achieved nationally. In addition, 100% of the Critical Care Units across the East Midlands are participating in NIHR Portfolio Studies which is a significant increase on previous years. The SSS team this year have supported 2 lead site Critical Care studies through the funding and grant application stages. We have increased the number of local CIs in this area and with the help of the Early Contact and Early Engagement teams in SSS the number of "home grown" studies is set to increase. A successful Critical Care stakeholder event was held in May 2017 to help raise the research profile of critical care studies and to increase engagement with both the research active and research naive ITU clinicians across the East Midlands. As a result, we have now developed links with the Mid Trent Critical Care Network, East Midlands Major Trauma Network, and the East Midlands Spinal Network which has proved a useful forum in which to raise awareness around the portfolio studies that the East Midlands are currently taking part in and potential new studies.
Dementias and Neurodegen-eration	Optimise the use of "Join Dementia Research" to support recruitment into Dementia studies on the NIHR CRN Portfolio	The proportion of people recruited to Dementia studies on the NIHR CRN Portfolio who were identified via "Join Dementia Research" (Target 10%)	1,350	5,527	We have increased the JDR database from 1,161 (Mar-16) to 2,145 (Feb-17). The network continues to be the fastest growing JDR databases and currently lies in second position, with the aim of being the number 1 LCRN by the end of the year. With support from the dedicated Dementia Challenge Project Manager and division 4 teams the initiatives include: ● Linking in with the designated Dementia matrons in our acute trusts across the region to promote JDR. ● Supporting local initiatives for the Dementia Awareness week such	Achieved the local objective, current JDR database is 3,038 . The Network continues to have the fastest growing database and is currently in first position. The PRIDE Intervention Development and Feasibility study (CPMS 20881) successfully utilised JDR as a recruitment tool. Although it was not possible to link actual recruits from JDR to this study automatically, the PI has estimated that 2,650 out of 3,948 recruits came via the JDR website. This is great news for dementia patients, and for research, and also for the East Midlands. The team continues to lobby for more studies

| | | | | | as the upcoming Dementia conference at the DTHFT on May 17th 2017 and LPFT on the 19th of May.
● Continue to promote JDR as a recruitment tool with PIs, especially since its use as a successful recruitment strategy was identified in the PRAISED study.
● Promote JDR champion role in the East Midlands, presently a new JDR Champion national process is being piloted in Lincolnshire.
● Collaborate with Primary care to promote JDR:
(i) 2 GP practices in Derbyshire plan to promote JDR via their text message services.
(ii) Collaborating with East Midlands Clinical Networks and Clinical Senate in promoting JDR via shared learning events.
(iii) Working with memory services to promote JDR and including leaflets in post diagnosis packs. | to deliver locally. The Network continues to support the local Rater Development Leads at a local and national level which ensures we have a credible record of Rater experience and skills to support all potential studies that come in to the region.

With support from the dedicated Dementia Challenge Project Manager we have successfully completed a innovative project to promote JDR via the GP service Text message service. 30 GP practices have taken part and it is estimated that over 200 volunteers registered. We have also supported and continue supporting three Trusts in Lincolnshire that have collectively committed to becoming JDR Champion organisations and thereby a JDR Champion County. Several events were organised to launch, promote and celebrate this very exciting and innovative initiative. People across health, social care, research commissioning, higher education, 3rd sector organisation, East Midlands Clinical Networks and patient representatives came together on these events to pledge their commitment to collaborate for Lincolnshire to become a JDR Champion County.

We have 8 JDR Kiosks, 2 located in Memory Services and 6 in GP Practices. |
| Dermatology | Develop the Dermatology Principal Investigator (PI) workforce | Number of Nurse PIs for new Dermatology studies entering the NIHR CRN Portfolio (Target 1 new Nurse PI per LCRN) | 350 | 531 | Linking in with Circle to embed research into day to day clinical care: particularly income generating industry studies

Develop regular email bulletins for PIs across the EM to aid the networking opportunities in this specialty

Building on the training event in November 2016, we will formally link research nurses across the EM to share best practice and more importantly recruitment strategies | This year we have recruited beyond our local target.

We have identified some potential nurse PIs and have submitted expressions of interest for studies that they could take on, although not selected as a recruiting site as yet. One nurse is acting as co-PI at NUH on the DIPSOC study.

Research continues to take place at the Treatment Centre but this continues to be BADBIR and BSTOP studies, with recruitment led by nurses employed by NUH. No new |

					Investigate opportunity to pre-populate site feasibility forms centrally before sending out to individual departments to minimise delays and barriers to having studies accepted at smaller sites (to include information such as staff, pharmacy contacts, recruitment records etc), may consider rolling this out in other specialties Host research engagement sessions at the monthly SpR training events	studies have been started specifically by Circle, but we will continue to encourage this. A number of these bulletins have been sent out. We have not received any formal feedback about them but we feel this has been a good way to keep local research teams abreast of new developments in the region. A repeat event had been planned for early 2018 but we have had to change the date of this for various reasons. We plan to hold an event later in 2018. A degree of pre-population of forms is done prior to circulation at Derby Teaching Hospitals. This is helpful and we did submit an expression of interest using one of these forms, although we have not been selected as a recruiting site at the moment.
Diabetes	Increase primary care recruitment into Diabetes led and supported studies on the NIHR CRN Portfolio	A: Increase the number of patients recruited by community services into Diabetes led and supported studies on the NIHR CRN Portfolio (Target 10% increase from 2016/17) B: Increase the number of community sites participating in studies relating to the prevention of diabetes and its complications (Target 5% increase from 2016/17)	2,000	3,713	Work with the EM Centre for BME Health to identify hard to reach populations. Link with and pilot the BME Toolkit being devised in Primary Care. Increase recruitment of younger type 2 patients is part of the local priorities for the area and will be a key driver in studies going forward. To achieve this we will continue to build on plans to engage Schools in studies. Continue with the Diabetes Writing Group to look at engaging across the specialities within the Division to identify synergies for studies going forward that address the co-morbidities associated with Diabetes. Mentoring of Primary Care colleagues to undertake commercial studies will continue. 1 GP Practice (Castle Street, Bolsover) has been allocated an Industry Study under this mentorship plan.	The Speciality Lead has built on the well established relationship with the BME Centre for Ethnic health and further worked to support the BAME Toolkit in primary care. A study has been submitted to ethics on lifestyle factors in Long Term Conditions including Diabetes management in a Multi Ethnic population including primary care as a collaboration. The success of the Writing group has led to increased recruitment into CODEC (now open at 3 sites in the LCRN) including foot patients. Additionally, a grant in collaboration with Derby and Leicester to fund a trial in Diabetes management and foot care has been submitted supplied solely by the writing group team, which is a CRN EM initiative. Castle Street Practice was mentored and took on their first industry study, however the lead GP then left for an alternative post and therefore the study was closed.

Ear, Nose and Throat	Develop research infrastructure (including staff capacity) in the NHS to support clinical research	Named audiology champion in each LCRN	260	737	A successful year we have met our Speciality target and have increased the number of Trusts recruiting to ENT studies to 50%; Specialty Lead has proactively managed a small but well balanced portfolio. We continue to build and maintain positive relationships with the life science industry through successful outputs. Specialty Lead has and will continue to strongly support local investigators directly and any pan working collaborations. Named Audiology Champion identified as Krysta Siliris who is CRN funded and based with the NIHR Nottingham BRC Hearing theme. This new appointment will target building and strengthening positive relationships between the NIHR Nottingham BRC Hearing theme and the CRN-EM. The Audiology Champion will work flexibly, supporting across the whole region, with a particular focus on identifying personal contacts and supporting areas with limited infrastructure (e.g. United Lincolnshire Hospitals NHS Trust; Kettering General Hospital and Northampton General Hospital) and using expertise to enhance and drive HLO 2a/b and pivotal in developing research capacity. We will continue to ensure all studies eligible for the portfolio are pursued as standard practice and invest in the support offered through Study Support Service. Home grown research is a fundamental driver as pipeline remains small. Regular dialogue between our academics/clinicians is a prerequisite, and dialogue is likely to continue to be greatest with those CIs and PIs based in the research active centres of BRC, MRC Institute of Hearing Research, and NUH ENT.	Another successful year with local targets not only met but exceeded. There has also been an increase to 62% of Trusts now recruiting to ENT Studies. Commercial activity however, has proved a challenge reflected by the national picture with no studies within region. Nationally we have consistently remained 2nd in the league table and perform well across the balanced portfolio. Named Audiology champion identified within year, a successful appointment who continued to support the SL, local CIs, Audiologists and PIs building key contacts and strengthening established relationships. We compared performance in the first 6 months of the Audiology Champion role compared with the preceding 6 months which demonstrated increased activity by 160% in the number of non-commercial trials and improved performance of proportion of non commercial trials RAG Rated Green, an increase from 40% to 88% Support and investment from SSS has resulted in a strong pool of local grown CIs, regular dialogue has been a key driver with successful outputs. We have closed all ENT CRN EM lead studies time to target contributing significantly to HLO2B.

Gastroentero-logy	Increase the number of patients recruited into Gastroenterology studies on the NIHR CRN Portfolio	Number of participants recruited into Gastroenterolo-gy studies on the NIHR CRN Portfolio	550	1,726	We've had a successful year meeting target and have had, within year 100% of acute Trusts recruiting to Portfolio studies, however we need to continue to maintain this level of activity and achievement with the support of the specialty lead The specialty lead and team will continue to work hard to increase engagement with the smaller DGHs, forging new links with clinicians and trainees with face to face meetings identifying potential challenges and recognising their strengths. We will continue to highlight the simple, observational and database studies such as IBD Bio-resource to the smaller trusts and continue to support these sites to build the portfolio of studies according to their patient populations and demographics. The Specialty Lead and CRN plan to meet with newly appointed Gastroenterology Consultants within a large teaching Trust in May to assess research interests and offer training, support and mentorship. Plan to scope and if viable set up an East and West Midlands joint Gastro CRN speciality meeting for the regions PIs.	Another successful year, having not only met but over achieved local targets. We have additionally achieved the national objective with an increase in recruits and sustained 100% of acute Trusts contributing to metrics. Nationally, we sit consistently as a specialty within the top 4 rankings. Gastroenterology contributed to HLO2B closing our lead site study Time to Target. Commercial activity has remained fairly robust, primarily within our larger acute trusts. Collaborative relationships remain a real strength, the SL is pivotal in ensuring a balanced portfolio is delivered across the region. Meetings planned at both SFH and CRH to ensure regular dialogue and support delivery. The Trainee network GARnet has flourished within year, engaged trainees driving recruitment led by SpR Richard Ingram. Also within year, this group applied and successfully received funding and are to undertake a study on GI bleeding outcomes which has and will involve over 50 trainees. IBD Bio-resource has opened in 90% of Trusts across the EM and Kettering General Hospital were highest recruiting site to the B-ADENOMA Study (654 participants) East meets West event planned as agreed with strong support from both regions and with a multidisciplinary approach of delivery. It is anticipated this will provide additional collaborative working.

Genetics	Increase early career researcher involvement in NIHR CRN Portfolio research	Number of LCRNs that have evidenced increased early career research involvement in NIHR CRN Portfolio research	220	667	Working with the Specialty Lead, CRN Workforce Development Team and Health Education East Midlands, 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 hospital. Once they are trained and matched to a PI / Study, we will support a culture of involvement in research delivery within the department. By regular contact from the Research Operations Manager and the Specialty Lead. The RDM will work with the research leads in each organisation to ensure they are added to the delegation log and are supported in delivering the study. We will also work with the Trusts to ensure we can evidence this activity. We will also scope potential involvement of other healthcare professionals, for example Genetic Counsellors.	Anticipating a difficult year, Genetics managed studies had a target of 220. Unfortunately, both centers experienced unanticipated staffing issues. The decision to adopt the 100,000 Genome project to the portfolio has impacted on recruitment into the specialty, and has meant we have by far surpassed our target. Recruitment stands at 667 participants, ranking us in 10th place nationally. Work has been ongoing to engage all staff involved in genetics and genomics to increase awareness of and proactively support the research portfolio. Notably the team in Leicester implemented cross working between the Genetics and Genomics workforce to keep both portfolios operational, early in year. There have been no Genetics trainees through the scheme to undertake ICH GCP training and be matched to a PI in placement. We decided in Q1 to engage early career professionals, those new to genetics and genomics and those new to research. This 'catch all' approach has meant both of our centres working to offer: - Appropriate research training (ICH GCP and Consent) - Support to take part in studies In addition to this we have 2 'new' Principal Investigators taking a lead on CRN research.

| Haematology | Establish links with the relevant Royal College or national society to encourage and support trainee involvement in NIHR CRN Portfolio studies | Number of LCRNs that have evidenced increased trainee involvement in NIHR CRN Portfolio research | 100 | 14 | In 2016/17 we had a named trainee in the region. During 2017/18 we hope to increase this to a named trainee in the north and the south.

As with Genetics, we will work with the trainees in the region to encourage involvement in research training and delivery.

We will also work with the Cluster office to investigate the opportunities for linking the East Midlands trainee with the national Specialty (for example through an NIHR specialty trainee lead network, or through joining the National Haematology Specialty Group meeting. | We now have 2 named trainees, one in the North and one in the South of the region. They are looking for opportunities to become involved in research, and are linking with our Specialty Lead and Research Operations Manager.

Unfortunately, despite repeated efforts throughout the year, UHL have been unable to recruit to the Haematology Research post. This has been greatly disappointing to the clinical team, who remain keen and research interested. The local manager has now appointed to part of the post and is hopeful the rest will be filled in due course.

The clinical team in Nottingham also remain research interested, but have not managed to elevate their recruitment levels as hoped.

The specialty has not met its target of 100, recruiting only 14 (ranking 15th). |
| Health Services Research | Develop research infrastructure (including staff capacity) in the NHS to support clinical research in Health Services Research | A: Number of LCRNs with a lead for Health Services Research
B: Identification of Health Service Research studies on the NIHR CRN Portfolio where the research has had an impact on clinical service delivery (impact case studies) | 500 | 1,756 | AW is contributing to a national toolkit for researchers in HSR, which will be launched at HSRUK symposium in June 2107. The toolkit will also provide an opportunity to engage HSR researchers in the region with the CRN. | Toolkit launched in June 2017 and promoted at HSRUK conference. It can be accessed at https://sites.google.com/nihr.ac.uk/hsrtoolkit/home

The HSR website includes a regularly updated account of high impact studies: https://www.nihr.ac.uk/nihr-in-your-area/health-services/our-studies.htm |

Hepatology	Increase access for patients to Hepatology studies on the NIHR CRN Portfolio	Number of LCRNs recruiting participants into NIHR CRN Portfolio studies in at least three of the five main subspecialty areas (viral hepatitis, immune-mediated liver disease, transplant, non-alcoholic fatty liver disease, alcohol)	280	985	CRN East Midlands is currently recruiting into studies in 4 of the 5 main subspecialty areas highlighted in the measure, thus achieving this goal, which we will seek to maintain going forwards. The Specialty Lead has been instrumental in helping the RDM to forge stronger relationships with the clinicians in some of our Partner Organisations and this work will continue in the coming year such as: • Ensure all relevant sites have a simple database of patients with HCV/HBV and Autoimmune Hepatitis/ PSC/PSB set up. • Support one of the large acute hospitals in getting their newly appointed hepatology consultants research active with the buy in from the Trust R&D department by providing a small amount of dedicated research infrastructure to increase delivery of portfolio studies in this department.	Goal achieved in that we consistently recruit to 4 of the 5 main sub specialty areas. Regionally we have no transplant service therefore are unable to meet all 5 specified areas. Locally we have over achieved our speciality target by a tremendous margin, reflective of a strong year for Hepatology. SL, RDM and Ops Manager have forged strong links with Partners resulting in 87% of acute Trusts contributing to recruitment at present, with further meetings with newly appointed clinicians agreed across the region. All relevant sites are now contributing to identified database studies, including one of the larger acute Trusts as per plan enthusing the team and additional resource navigated to help grow the specialty. Commercial activity remains robust contributing to strong overall (comm/non-comm) recruitment this year reflected by our national rankings (1st place). Increased activity and success also led to our SL been awarded with an NIHR award, presented at the national meeting in February. A successful regional event took place reaching out to teams, well attended by medics, trainees, nurses and RDM to galvanise support and raise the profile of hepatology and to invest in networking as a region. This included workshops and sessions around clinical/academic pathways, start up of studies, overcoming barriers and developing the workforce.

Infection	Increase participation in Infection studies on the NIHR CRN Portfolio	Number of participants recruited into Infection studies on the NIHR CRN Portfolio	1,420	938	Small pipeline of studies coming to the region, although we do have the capacity to take on more research activity should more Infectious Diseases and Microbiology studies become available. Work closely with the CRN East Midlands Specialty Lead for Infectious Diseases and Microbiology to support EMIDRN. The concept of this group was to encourage regular dialogue and collaboration from Industry, academia and the clinical arena, who all have a specific interest and focus within the field of infection and look at ways of supporting these ideas to eventually becoming potential NIHR portfolio research studies.	Recruitment into Infection studies on the NIHR CRN Portfolio is increasing year on year. Although the pipeline of studies coming to the region remains relatively small, the studies that are opening have the potential to recruit large numbers. SL and RDM continue to support the East Midlands Medical Microbiology Forum (formerly EMIDRN). This forum is extremely productive as it encourages regular dialogue and collaboration from Industry, academia and local clinicians who have a specific interest and focus within the specialty of infection, as well as raising awareness around the NIHR portfolio of studies available to open across the region.
Injuries and Emergencies	Increase participation in pre-hospital studies via Ambulance Trusts	Recruitment via Ambulance Trusts to two or more pre-hospital care studies on the NIHR CRN Portfolio, led by Injuries and Emergencies, in each LCRN	1,000	2,216	Currently EMAS is contributing to the delivery of 2 pre-hospital care NIHR CRN Portfolio studies led by Injuries and Emergencies. In addition they are also supporting the delivery of 1 study led by Stroke and 1 study led by Diabetes. Over 40% of the EMAS workforce are currently involved in delivering research across the region. The LCRN will continue to support and facilitate the ongoing quarterly meetings between EMAS and the Injuries and Emergency research teams. This collaboration has the potential to ensure the pipeline for local Injury and Emergency research studies continues. In addition this year there is a healthy pipeline of pending NIHR funded research proposals being developed by EMAS. If successful, these studies will ensure a CRN infrastructure is maintained within EMAS to help deliver studies to time and target.	This target has been achieved at local and national level. Nationally the region is ranked second and continues to perform well across a balanced portfolio. Currently EMAS is contributing to the delivery of 10 pre-hospital care NIHR CRN Portfolio studies led by Injuries and Emergencies. A significant increase on previous years. The network continues to support and increase the infrastructure within EMAS to ensure they can participate in more pre-hospital care studies as they become available and ensure studies are delivered to time and target. In addition the EMAS collaboration with the Injuries and Emergency research teams is aiding in the increased production of lead site studies. Regional East Midlands Emergency Medicine Conference held in May 2017 was hugely successful, and as such will now become an

					Plan to hold a regional East Midlands Emergency Medicine Conference in May 2017 with keynote speakers attending from across the country to raise research awareness in Adults, Paediatrics and Trauma.	annual event. It provided a platform for emergency physicians of all grades to share best practice, ideas and discuss new innovations.
Mental Health	Increase participation in Mental Health studies involving children and young people	Increase the number of studies recruiting participants aged 16 years or under (Target 5% increase from 2016/17)	2,000	3,394	Plan to hold a "Division 4 Workshop" in June 2017 with a specific focus on CAMHS research with a view to raising awareness, developing and supporting local PIs and increasing the number of CAMHS studies being delivered across our region. Develop strong relationship between the CAMHS service providers and the Department of Child and Adolescent Psychiatry at Nottingham University with a view to develop local CI's and increase study throughput as reliant presently on studies coming in from other regions. Newly appointed Specialty Lead for Mental Health will be in post from March 1st 2017. Utilising his past experience and knowledge of research active clinicians and academia contacts from across this region we aim to promote and increase awareness and opportunities in this specific area across all relevant acute, mental health and community trusts.	This target has been met nationally. Despite a significant drop in national CAMHS studies in the last twelve months available to the East Midlands, locally we have recruited to 15 studies with participants aged 16 years or under (2016/17 baseline was 16). The "Division 4 Workshop" held in June 2017 was well received and with the support of the CAMHS research champion the region is now beginning to see a growth in East Midlands led bids. Currently have 3 CAMHS studies in set up and one progressing through the bidding process. Recruitment in 2017/18 exceeded target, due mostly to a few large observational studies such as MCM, REBOOT and the Anonymous survey of mindfulness, self-compassion, wellbeing and mental health study. SL has created specific links with the nominated sub specialty lead for Parkinson's. Both are keen to raise the profile of research opportunities amongst the trainees and are currently rescheduling the February joint event that was postponed due to bad weather.
Metabolic and Endocrine Disorders	Increase participation in studies on the NIHR CRN Portfolio relating to areas defined to be of national priority	A: Increase the number of participants recruited into studies of rare metabolic/endocrine disease on the NIHR CRN Portfolio (Target 10%	40	207	At present bottom of league table and therefore opportunity for links to be created and support for local studies.	19A: Achieved: Metabolic and Endocrine have moved from the bottom of the table nationally to ninth and have increased recruitment well above the national target of 5% (1725%) with 12 recruits in 16/17 cf. 207 in 17/18 . 19B: Currently STRIVE study, (commercial obesity study) has started recruiting and is well underway.

		increase from 2016/17)				Overall Achievements: Exceeded national target in recruitment as noted above, and currently active recruitment continues for both commercial and non-commercial portfolios.
		B: Increase the number of participants recruited into studies of obesity on the NIHR CRN Portfolio (Target 10%increase from 2016/17)				Specialist trainee participation in NIHR studies - all registrars are encouraged to participate and 100% UHL trainees possess GCP certification with 65% being currently active.
						Good coordination between regional centres to initiate studies. Regional (East Midlands) Endocrine and Obesity meetings' attendances by CRN Lead for networking & attracting potential PIs
						a. EMBI meeting May 9th 2017 –East Midlands Association of Study of Obesity meeting
						b. East Midlands Pituitary day- May 17th 2017
Musculoskel-etal Disorders	Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN Portfolio	A: Named orthopaedic champion identified in each LCRN B: Increase the number of participants recruited into orthopaedic studies on the NIHR CRN Portfolio (Target 10% increase from 2016/17)	600	1,111	Link with Division 6 where Orthopaedics has been separated out in some trusts and ask Orthopaedic Lead to identify champion. Create a database of contacts and areas of interests to target EOIs and Study allocation more proactively. At present this is not as effective as it could be. Regional disease database is being discussed at an EM level which will require resource once agreed.	There has been a recent change to the MSK specialty lead (mid year). The national objectives have been met along with the local recruitment target of 600, which was surpassed with 1,111 participants recruited. Achieved the national objective with 20% increase in number of participants recruited into orthopaedic studies (683 in 16/17 cf. 818 in 17/18) There is now a named regional orthopaedic champion, Alison Armstrong for one trust, UHL. Further local orthopaedic champions have not been identified as yet due to the change in Lead but this will be made target for next year in order to increase orthopaedic input towards MSK research. Discussions for a comprehensive database for the region are still ongoing. Progress hampered by finding appropriate single software that will interface seamlessly with local NHS trusts' systems.

						The local disease database is up and running. Main challenge is no full-time staff to oversee populating the database. Next step would be to increase collaboration with other regions for data collection.
Neurological Disorders	Increase the level of early career researcher involvement in NIHR CRN Portfolio research	Number of LCRNs that have evidenced increased early career research involvement in NIHR CRN Portfolio research	550	326	Ongoing collaboration with the Research Lead at HEEM to explore ways of engaging with the undergraduate workforce to try and embed research into their learning pathways. The workforce development lead and training team will continue to roll out GCP training to the trainee groups in order to facilitate Involvement where possible in delivering portfolio research. These sessions promote the benefits of becoming involved in portfolio research, and once they are GCP trained they are ready to become involved in portfolio study recruitment. To enable them to become proactive the team have introduced a matching scheme that informs the : • Trainees who have attended the training which relevant portfolio studies are running in the hospitals they rotate to and the contact details of the PIs • Local PIs of the specialty trainees rotating to them who are trained and ready to act as sub-investigators on a portfolio study	The CRN East Midlands has seen a slight rise in the numbers of early researchers due to new consultants coming to the region. We continue to support the ongoing collaboration with the Research Lead at HEEM to explore ways of engaging with the undergraduate workforce to try and embed research into their learning pathways. The Workforce Development Lead and training team continue to roll out GCP training to the trainee groups in order to facilitate Involvement where possible in delivering portfolio research. These sessions promote the benefits of becoming involved in portfolio research, and once they are GCP trained they are ready to become involved in portfolio study recruitment. To enable them to become proactive the team have introduced a matching scheme that informs the local PIs of the specialty trainees rotating to them who are trained and ready to act as sub-investigators on portfolio adopted studies. This initiative is very much Network core business, and as such we will continue to support and develop our early researchers within the region. A dedicated SpR has identified himself to facilitate the start up of a neurology trainee network and has linked in with other established network leads in the region. This year we identified a subspecialty lead for Parkinson's who has enthusiastically delivered a host of studies and several commercial trials and he has forged strong links in order to drive the portfolio here in the EM. Local CIs are contributing to lead study activity and within year we closed our lead study time to target for neurology.

Specialty	Objective	Measure	Target	ID	Commentary	Progress
Ophthalmol-ogy	Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio	A: Proportion of acute NHS Trusts that provide eye services recruiting into Ophthalmology studies on the NIHR CRN Portfolio (Target 70%) B: The number of community based sites recruiting to Ophthalmology studies on the NIHR CRN Portfolio (Establish baseline data (to inform 2018/19 objective)	400	662	Currently 5 acute trusts, 1 mental health & community trust and 4 CCGs are recruiting to 16 ophthalmology NIHR CRN Portfolio studies. In addition division 3 are supporting the delivery of a further 3 paediatric ophthalmology studies. Dependent upon the type of studies that are available to open in the region it is hoped we can increase the overall number of sites including where possible more community based sites taking part in research during 2017/18. SL and RDM plan to increase engagement and research awareness within the community based NHS trusts especially at sites who have visiting ophthalmologists currently undertaking OPD clinics as this could increase the potential PIC activity across the region.	22A: This target has been achieved nationally. 22B: Not currently being measured at a national level Currently 4 acute trusts (57%) in the East Midlands have recruited to Ophthalmology studies on the NIHR CRN portfolio. Out of the three Trusts, not currently recruiting, one has a consultant who is research active but has not had suitable studies to open this year. The trust have appointed a second consultant who is keen to undertake research in Glaucoma, the increase in additional PIs will aid delivery to future portfolio studies moving forwards. SL/RDM have engaged with the remaining two smaller DGHs not currently undertaking research, however, due to service constraints and reconfigurations, they can only undertake relatively simple observational studies and these have not been available this year. Our engagement with community based NHS trusts remains a priority.
Oral and dental health	To increase research awareness in the dental community and increase the research-trained workforce	A: LCRNs to work with their Local Postgraduate Dental Deaneries to promote research awareness and training in their postgraduate dental communities B: Increase the uptake of dental practitioners completing the NIHR online Dental GCP training course (Target 10 dental practitioners per LCRN)	10	695	No central teaching hospital / dentist nominated lead within the East Midlands (nearest Sheffield and West Midlands). Opportunities to link with these sites when studies are available are continually investigated.	Although we do not have a Dental School within our region, links have been made with one of the Co-Leads for the Oral and Dental specialty in Yorkshire and Humber who is currently mentoring some students within our region. We will further explore this link into 2018/19 Two studies have been successfully opened in the region (CPMS 36050 Adult Dental Health 2017, and CPMS 34276 Orthodontic Longitudinal Cohort Study)

Primary Care	Increase engagement of GP registrars and First Five GPs with NIHR CRN Portfolio research	LCRNs to identify and fund a minimum of two named individuals in a GP registrar/First Five nurturing role to undertake Research Champion activities	12,500	11,100	Work with Nottingham GP Specialty training programme and RCGP to approve trainees in practice to undertake research. Identification of one GP champion to support GPSTR to up-skill in research skills (e.g. GCP) and support delivery of research. Use this as a pilot to develop model of future delivery. Build outreach activity such as mentorship of other trainees in other roles. Feedback progress at national meetings	Two GP first five research champions have been appointed and are currently familiarising themselves with key NIHR personnel and stakeholders. The impact of these champions will be monitored and used to inform future development. This is in the planning phase at Q4. They attended a national meeting in Q3 and hope to follow this up in the next year.
Public Health	Develop research infrastructure (including staff capacity and working with local authorities) to support research in Public Health	A: Number of LCRNs with a lead for Public Health B: Number of LCRNs recruiting to at least one study on the NIHR CRN Portfolio led by Public Health	2,500	2,907	Recruit a PH CRN manager to raise awareness at pace and scales across the East Midlands Organise and deliver a regional PH research workshop Develop a SpR research network to engage more PH registrars in NIHR related research projects Actively identify research projects in the East Midlands that may be eligible for the portfolio and get them adopted Engage with SSS early to support new bids submitted.	PH Specialty Manager recruited in Jan 2017, Division 5 PH work plan for 2017/18 developed and agreed. Recruitment target of 2,500 was achieved by December 2017 with end of year total of 2,907. Monitoring the CRN database is enabling targeted intervention to support projects in recruitment and connecting the region into national activity. Regional awareness raising events delivered in partnership with PHE in March 2017, and with HEE in Jan 2018 reaching over 200 practitioners. HEIs and Registrars education event in March 2018 showcased academic opportunities for Training Programme research activity and helped to sow the seeds of a regional network. 1:1 discussions throughout the year has started to identify a pipeline for PH portfolio adopted studies & has provided support for studies seeking to recruit in the region. The emerging network of practitioners is providing a more systematic approach to identifying individuals in PH settings who may require SSS.

Renal Disorders	Increase the number of 'new' Principal Investigators (PIs) engaged in commercial Renal Disorders studies on the NIHR CRN Portfolio	Number of LCRNs with at least 2 'New' PIs (defined as researchers who have not engaged as PI in any commercial study in the last 3 years)	1,500	1,884	To enable introduction of new commercial studies in haemodialysis units in Northamptonshire and Lincolnshire (which are not on hospital sites) we will review potential investment in trial pharmacy support and development of SOPs to cover movement of IMP from central pharmacy to trial site. Investigate bespoke GCP training for UHL HD Unit staff based in Northamptonshire and Lincolnshire; this will help to create a new pool of investigators.	Two new PIs have been identified and they are working through approvals for two new commercial studies. We have undertaken scoping work in relation to the Pharmacy need at UHL to deliver increased capacity, there is a bid pending for more support. We now have a number of interventional studies running in Kettering and Northants.
Reproductive Health and Childbirth	Increase the proportion of NHS Trusts recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts, which provide maternity services, recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio (Target 70%)	2,500	3,110	We have strong performance in three of our Trusts (although one is strong primarily because of 1 study). We recognise this objective is encouraging participation from the breadth of hospitals. The Specialty Lead and RDM/Ops manager will scope with R&D offices and clinicians potential interest in trying to grow Reproductive Health & Childbirth research in their Trust. 3 meetings will be organised and held in the first half of 2017/18, 1 inviting Kettering and Northampton General Hospital; 1 inviting Kings Mill, Derby and Chesterfield, and 1 for Lincolnshire. The purpose of the meetings will be to launch an initiative to engage, establish a community of interested colleagues and to identify blocks and enablers. An output of this meeting will be to plan to address the blocks, and identify studies suitable for delivery in these organisations. This will be followed up with a second meeting in the second half of the year, to discuss progress. Throughout the year the Operations	We have surpassed our target of 2,500, recruiting 3,110 into studies managed by this specialty (ranking 8th). All 8 of our acute NHS Trust settings have recruited into the specialty, and in addition we have now started to see recruitment to 2 NIHR adopted studies in a private fertility setting (Nurture Fertility). We held successful meetings with Chesterfield & Kings Mill and with Northampton & Kettering. This allowed us to discuss the portfolio and the pipeline and identify a will in these four organisations to engage more with the specialty. Unfortunately we had been unable to have face to face meetings with Lincoln and Derby - but we have continued a dialogue with the appropriate research teams at these locations. During Quarter 4, the Research Operations Manager and the Reproductive Health and Childbirth Research Champion have established a monthly telephone conference with the sites across the region. The aim was to develop a regional research community of midwives chaired by the Research Champion and attended by the Specialty Lead CRN

					Manager will monitor the EOI and other work to bring new studies to the region, and will work to match studies with the breadth of our sites.	Operations Manager and a representative from each Trust. Having identified that some of the midwives in the smaller trusts were feeling isolated this initiative aimed to bring the group together as a means of support and to discuss the portfolio and pipeline of studies coming through. The Specialty Lead provides feedback from the National Meeting which was well received, and the SL could hear updates from across the region in terms of barriers to recruitment or where there had been successes. Study 20801 (Baby Biome) closed to time and target, with the East Midlands significantly contributing to its success (2018 participants from the East Midlands out of a total of 3366). In 2017/18 the team at the UHL recruited an amazing 842 participants. The team have been nominated for an CRN East Midlands Research award due to their approach to supporting the study, with genuine collaboration between the clinical and research midwifery teams. The East Midlands led and contributed to the success of a study which opened and closed in year (34011 Pregnancy Lifestyles Questionnaire). Two of our Trusts recruited to 34796 SPiRE, which completed within four months, with Sherwood Forest being the fourth highest recruiting Trust.
Respiratory Disorders	Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio	Number of LCRNs recruiting participants into NIHR CRN Portfolio studies in at least three of the four main respiratory disease areas (asthma, COPD, bronchiectasis, rare diseases (e.g. pulmonary	1,250	1,881	Respiratory Disorders have successfully met the target for 16/17. The Specialty Lead and RDM have been instrumental in forging closer links with the respiratory departments/colleagues in the acute trusts across the region and this will be maintained throughout the coming year. The Specialty Lead is currently working on 4 large respiratory disorder study programmes that will be run across the region If they should come to fruition then	Achieved target at both national and local level Recruited participants into 3 out of 4 of the main respiratory disease area. Nationally the East Midlands is ranked first and continues to perform well against the time to target metric. SL and RDM have identified and supported 4 new research naive clinicians with an interest in thoracics and Cystic Fibrosis. They have now successfully opened and are recruiting

		hypertension, cystic fibrosis, lymphangioleomyo matosis, pulmonary alveolar proteinosis)			this will definitely mean a step-up in recruitment and promote cross site working across the East Midlands region. We are currently recruiting participants in three of the four main respiratory disease areas of Asthma, COPD and Bronchiectasis. We need to continue to support and expand the infrastructure to ensure the focused research clinics in these areas are maintained, as these clinics help contribute not only to the commercial activity but also to PI- initiated and University/Trust sponsored portfolio studies.	well to the BASIC study (CPMS 36669). Further studies are planned. Specialty Lead Prof Chris Brightling, in collaboration with the 2 respiratory themed BRCs continues to work closely with Industry partners and has recently secured funding from a major Pharmaceutical company to fund an acute COPD study using the biologic Mepolizumab for the coming year. This will represent the largest acute study of a biologic in respiratory disease ever. This study will definitely provide a step-up in recruitment and promote cross site working across the East Midlands region.
Stroke	CRN recruitment to Stroke RCTs should be at least 8% of the 2016/17 Sentinel Stroke National Audit Programme (SSNAP)- recorded hospital admissions	CRN recruitment as a % of SSNAP- recorded admissions	700	575	Continue to support HSRC objectives Continue to support the sites that are doing well Offer more support/mentorship to the couple of sites that have struggled. Support them with a few more simple studies and ensure they deliver Ensure studies are open at all available local sites Give more support and training to new PI's so they feel supported and able to take on studies. Monthly PI contact and support.	To date, we have enrolled 559 participants out of a target of 642 (87%), this includes 414 RCTs, 14 commercial and 145 observational participants. Our recruitment remains highly driven by complex RCTs. As such we score highly on weighted recruitment. We are 12th (out of 15 networks) for total accruals, but 6th for weighted recruitment. We are first for number of open studies, representing the breadth of studies across the whole stroke pathway. In Nottingham (HSRC) we recruited 41 hyperacute RCT participants, of whom 23 were in complex studies. We have met HSRC objectives. At a national level, the stroke portfolio has shrunk with a number of large portfolio studies closing. As such, the whole of the network has struggled to meet annual targets. There is a need for simple studies that sites can do. Whilst there is a reduction in study availability, especially outside the HSRC, sites are also struggling with other factors such as lack of availability of PIs (Lincoln & N'hants, along

						with a loss of research nurse support, due to retirement; both of which need addressing into 2018/19. Alternate monthly teleconferences have taken place but are limited in value where sites limited staff resource. Annual training day was delivered with good feedback but need to target PIs in future
Surgery	Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties	A: Number of LCRNs recruiting into at least 12 of the 14 surgical subspecialties (breast, cardiac, colorectal, general, head & neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology, vascular) B: Number of LCRNs recruiting at least 1 patient/100,000 population into at least 6 of the 14 surgical subspecialties (see above)	500	635	A. Currently recruiting to 12 out of the 14 surgical subspecialties which we will continue to maintain although this is dependent upon having a pipeline of new studies which has been relatively small this year coming to our region. SL and RDM 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, but also to scope and develop the areas that are currently not supporting portfolio studies dependent of course upon suitable study pipeline open to additional sites there is the required clinician expertise available to support delivery. The next meeting is scheduled for March 2017. B. As a baseline the current estimate is that we are recruiting at least 1 patient/100,000 population into 4 of the 14 subspecialties. Over the coming year the SL, RDM and nominated surgical subspecialty leads will facilitate an increase in recruitment into 6 of the 14 subspecialties by raising awareness of the cross divisional pipeline of surgery studies available to colleagues and support the delivery of said studies as they arise. Meeting the national objective target will be dependent upon having access to a pipeline of available studies coming to this region.	30A: Achieved (EM) Recruited to 12 out of the 14 surgical subspecialties which we will continue to maintain although this is dependent upon having a pipeline of new studies coming to the region. Nationally the region is ranked in 7th position. (Ranked 11th in 2016/17). SL / RDM and Operations Manager hold regular three monthly Surgery / Subspecialty forums / meetings in the North of the region to raise awareness around studies available to open, and discuss and resolve any barriers and issues. This type of forum / meeting is planned for the South of the region over the coming months. Surgical Trainee Network (EMSAN) has successfully been re-launched, and have plans to link in with the Study Support Service (SSS). They are keen to start generating their own projects and have 2 audits ongoing at present, and are also actively seeking portfolio adoption for a new research study. 30B: Achieved (EM) Recruited 1 patient/100,000 population into 10 of the 14 subspecialties.

Section 5: Development and Improvement Objectives 2017/18

5.1	Please describe your activities and impact against the following objective: a) promote equality of access ensuring, wherever possible, that patients have parity of opportunity to participate in research	One way in which this objective is demonstrated, is through our reach across into other sectors. In 2017/18 we have continued with our work with broader organisations such as non-NHS and Independent Providers. This year we supported the recruitment of 2,907 recruits into Public Health studies, which included just over 2,000 in our local schools and are keen to further this in future years. Working across into other sectors will help to increase the equity of opportunity for patients and operating in settings which are more appropriate to our patients

We have continued to support work to develop an Ethnic Health toolkit for researchers, to ensure the populations we work with in research are representative of the populations we serve.

Another initiative has been through developing targeted writing groups (e.g. Diabetes across EM); these allow experts to meet together and plan how research can be written to support our local health needs in the region, and critically to ensure that when delivered they are deployed where the need is greatest. As a result of this work we now have more organisations involved in studies, and a number of grants being written following this collaboration. |
| 5.2 | Please describe your activities and impact against the following objective: b) demonstrate a "one Network" approach to delivery | East Midlands CRN continues to value the importance of operating as one network, through regional/supra-network collaborations, working with other regional NIHR and wider partners, along with contributions at a national level, and both learning from and encouraging further adoption of new ideas. This report contains a wide number of such references; we have tried to bring them together in this section of the report.

One area where collaboration is essential is in relation to supporting SMEs. We have worked with the MedilinkEM collaborative to support the NIHR SME MedTec Roadshow in February 2018, along with other NIHR partners from the CRNCC and NOCRI. We have worked collaboratively at an early stage for SMEs with the RDS East Midlands and have supported the Leicester BRC, along with NOCRI in developing an Industry strategy.

In relation to effective and meaningful involvement of patients and the wider public in research delivery, collaboration is also key, as demonstrated in the successful execution of the People are Messy event. In addition to the CRN, this involved the AHSN, CLAHRC, Involve, RDS, Lay members and other organisations. Without the relationships which have been developed over the past few years, events such as this would have seen lower levels of engagement and support. Detailed in section 3.6.6

Within the Leadership Team of the CRN we have contributed to the ALP Programme through mentorship and wider support (Hannah Finch, Dan Kumar, Michele Eve) and as a member of the Research Delivery Steering Group (Hannah Finch, RDM); also Kathryn Fairbrother (DCOO) presented at one of the regional NIHR CRN Chief Nurse Events to promote the role of the research nurse and how research can and should be part of clinical care; Michele Eve continues to contribute to the WFD/L&D work at the CC and Beth Moss (COO) established and now chairs the CPMS-LPMS Integration Steering Group to aid effective stakeholder engagement.

There are several examples of collaborative working detailed in Section 3.4.3 which outlines our collaboration work across the supra network, specifically with the West Midlands and Eastern. Additionally, within WFD, we have collaborated with CRN TVSM to jointly update the training material for Next Steps in Delivering Clinical Research and Valid Informed Consent. The updated material is then shared with all other LCRNs. We have also seen that since the appointment of our Learning Technologist (Angel Christian) other LCRNs are starting to see the value of this role and some have been appointed. Angel has been working collaboratively with this small (but growing) community, sharing our resources and supporting them to replicate within their LCRNs. He has also been working closely with the team in the CRNCC and we have agreement to share access to various applications/software and expertise.
Please also see section 3.7.3 which details how our digital certification work, which was presented at last year's Digital Innovation Forum, has since been adopted by other LCRNs and was well endorsed by the NIHR CRN Coordinating Centre. |

Section 6. Operating Framework Compliance Indicators

Ref	Indicator	Commentary
1.1	**Domain**: Governance and Management **Indicator**: Internal audit in respect of LCRN funding managed by the LCRN Host Organisation, undertaken at least once every three years and which meets the minimum scope requirements specified by the National CRN Coordinating Centre **Assessment Approach**: Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre	Internal audit conducted in December 2017. The report was classified as low risk overall, with four findings (one medium and three low risk). Audit report and associated action plan was shared with CRNCC on 20.03.2018. All recommendations will be completed by June 2018, and will be managed through the Host Trust Audit committee.
1.2	**Domain**: Governance and Management **Indicator**: Internal audit in respect of LCRN funding managed by each Category A Partner Organisation, undertaken at least once every five years and which meets the minimum scope requirements specified by the National CRN Coordinating Centre **Assessment Approach**: Monitoring of audit reports provided by the LCRN Category A Partners to the National CRN Coordinating Centre	We are not aware of any partner organisations who have undergone an internal audit where R&D funding has been explicitly examined including CRN funding outside of the Host Organisation Audit. One Partner has undergone a CQC inspection, and the R&D Operations Lead was interviewed (not explicitly about research but as a senior manager in the Trust) but there is no evidence of this within the published report. We have undertaken a financial health check questionnaire in all POs and have undertaken a health check visit in one Partner in 2017/18 and have a rolling programme in place.
1.3	**Domain**: Governance and Management **Indicator**: Deliver robust financial management using appropriate tools and guidance **Assessment Approach:** Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%); Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%); Monitoring of financial management via LCRN financial health check	
1.4	**Domain**: Governance and Management **Indicator**: Distribute LCRN funding equitably on the basis of NHS support requirements **Assessment Approach**: Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements	We did not undertake this type of arrangement in 2017/18. We have a range of processes in place to ensure NHS Support requirements are met, through infrastructure funding, the identification and payment of service support costs, and through the range of support services we provide such as early contact, study set-up, supporting with performance, identification of pipeline studies, expertise throughout the Divisional workforce and the Specialty Leads, access to our peripatetic delivery workforce, etc.
1.5	**Domain**: Governance and Management **Indicator**: LCRN Host Organisation and LCRN Category A Partners submit an NHS Information Governance Toolkit annual assessment to NHS Digital and attain Level 2 or Level 3 **Assessment Approach**: Analysis of information on the NHS Digital Information Governance Toolkit website which provides open access to attainment levels for all submitting organisations	Host (UHL) 80% - Satisfactory (attainment of Level 2 or Level 3 for all elements)

1.6	**Domain**: Governance and Management **Indicator**: LCRN provides reports and other documents as requested by the National CRN Coordinating Centre **Assessment Approach:** Monitoring of provision of documents requested by the National CRN Coordinating Centre	
1.7	**Domain**: Governance and Management **Indicator**: LCRN CD and/or COO attend all CC/LCRN Liaison meetings **Assessment Approach:** Attendance registers for CC/LCRN Liaison meetings	All meetings have been attended by at least the CD, COO or DCOO this year and often attendance from both the CD and COO/DCOO
2.1	**Domain**: CRN Specialties **Indicator**: LCRN has an identified Lead for each CRN Specialty **Assessment Approach:** The LCRN Host Organisation shall: (1) Provide the National CRN Coordinating Centre with access to a list of Local CRN Specialty Leads, which includes each individual's start/end dates and contact information (2) Notify the National CRN Coordinating Centre if there are changes within the financial year (3) Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies	During the year, we had a vacancy in Oral and Dental health which was covered by Jaspal Tagger as part of his Primary Care role. During the year we discussed how this might be covered, and now link to a colleague in Sheffield to provide some support and advice. Metabolic and Endocrine was not originally funded as we were uncertain as to interest and potential, however after some pilot work in 2016/17, we then started to fund the post from July 2017.
2.2	**Domain**: CRN Specialties **Indicator**: Each LCRN Local Specialty Lead attends at least 2/3 of National Specialty Group meetings **Assessment Approach:** Attendance registers for National Specialty Group meetings	
2.3	**Domain**: CRN Specialties **Indicator**: Each LCRN provides evidence of support provided to their Local Specialty Leads (LSLs) to enable them to undertake national activities in respect of commercial early feedback and non-commercial adoption **Assessment Approach:** Evidence of support provided in LCRN Annual Plan and Report	The national process for commercial early feedback has been reviewed. We provide the Lifecycle of a Commercial Study workshop to support learning and respond to any individual requests for support. One specific example this year has been in relation to the Clinical Lead for Division 4 Prof. Martin Orrell, who provided support via his SIA experience to the CPMS 35970 (CYP-MH-SAPhE: Mental Health Safety Assessment Psychometric Evaluation study). This is a CAMHS study and important to the East Midlands, as it helped division 4 meet the national objective for young children to have increased access to suitable CAMHS studies.
3.1	**Domain**: Research Delivery **Indicator**: Each LCRN delivers local elements of the Study Support Service as specified by the National CRN Coordinating Centre **Assessment Approach:** Monitor completion rates for study delivery assessment for each study where the LCRN is assigned as the Lead LCRN / Monitor effective set-up through the upload of the study start-up document into CPMS study records for each study where the LCRN is assigned as the Lead LCRN	During 2017/18, a total of 117 Early Contact and Engagement meetings were recorded on Edge for the different health sectors (Acute sector = 77; Mental Health & Community = 25; Primary care = 15). Fifty per cent of grant applications made were to NIHR funding streams and AMRC applications accounted for 19% of the total. From the 117 grant applications, 29 were awarded funding in year. We use Edge as our primary database for recording early contact and engagement activities, thus our activities in this area are not fully reflected on the Study Support Progress Tracker. The point of entry for researchers into the Study Support Service can vary and as we use the Early Contact attribute in Edge for pre-grant application support, it is difficult to demonstrate the full range of support we provide. We generally utilise the combined study start-up and

		NSDA form to share information about the study on CPMS and our processes have been reviewed during 2017/18 to include a Local Study Delivery Assessment and Rating for single centre studies within our region and we are now updating CPMS to ensure that this outcome is recorded as well. During the year from a total of 84 studies where CRN East Midlands is the Lead, 78 have had a study delivery assessment. We are currently reviewing and progress chasing the outstanding studies. As stated in Section 3.4.1, with the Performance Team integration into the Study Support Service, we have been able to begin to address the performance monitoring elements of the Study Support Service during the year and this is evidenced by the increase in Performance Monitoring activities in CPMS.
3.2	**Domain**: Research Delivery **Indicator**: LCRN provides site level set-up data as specified by the National CRN Coordinating Centre **Assessment Approach:** Analysis of percentage of LCRN sites taking longer than 40 days from "date site selected" to "date site confirmed" from LPMS/CPMS held data. (HLO 4)	Of 279 studies included in the 2017/18 HLO4 metric, 69% of these met the 40 day target and this is in line with performance at a national level. The median time however is 24 days. This is an improvement on our performance in 2016/17 where 58% (n=193) of studies were set-up within 40 days and it is also reflected in the set up median times for individual Trusts in this year. Overall, progress is encouraging and reflects the work we have undertaken in relation to improving data quality. This has involved engagement with our Partner Organisations to ensure that they understand the definitions of the data-points associated with HLO4 and how and when these need to be populated in Edge. This work is being underpinned by the Minimum Dataset (MDS) project which began a programme of data quality audits and visits to organisations in 2017/18 and will continue in 2018/19. We continue to contribute to internal and external meetings to ensure that information requirements for HLO4 take account of business processes and vice versa.
4.1	**Domain**: Information and Knowledge **Indicator**: LCRN provides LPMS data points, to timelines, as specified by the National CRN Coordinating Centre **Assessment Approach:** Analysis of percentage of missing data points from each region at the point of annual reporting data cut from CPMS/LPMS held data	
4.2	**Domain**: Information and Knowledge **Indicator**: LCRN provides support for ongoing provision of an LPMS solution **Assessment Approach:** Review of budget line for provision of an LPMS in LCRN annual financial plan	
4.3	**Domain**: Information and Knowledge **Indicator**: Each LCRN has a nominated representative in attendance at all national CRN Virtual Business Intelligence meetings **Assessment Approach:** Attendance registers for national CRN Virtual Business Intelligence meetings	We have two nominated representatives from within the information team, both Business Support and Intelligence Analysts are members of the group and at least one of them attends the national meetings.
5.1	**Domain**: Stakeholder Engagement and Communications **Indicator**: LCRN has an experienced and dedicated communications function	The Comms Lead for the CRN EM is Kerry Todkill, however in 2017/18 she was partly

	Assessment Approach: Individual's name and contact details provided to National CRN Coordinating Centre / Non-pay budget line for communications identified in LCRN Annual Plan	on maternity leave, during this time her cover was Kiran Dhilon. Kerry was due back from maternity around August 2017, however due to a serious illness has not returned to work . Kiran covered this role a little further, to December 2017, however then took up a new post. Presently we do not have a Comms Lead, however are working with the Host as to how we can cover this. In the interim, our very capable Project Support Administrator (Comms & PPIE), Melanie Osborne has been covering some elements of this function, with oversight continuing from the COO, supported by Hannah Finch, RDM Div 1&3. The Comms spend on non-pay was a total of £13,310, which can be broken down into general Comms budget (materials, leaflets, banners, posters etc) £8,764 and Comms contribution to Research Awards £4,546.
5.2	**Domain**: Stakeholder Engagement and Communications **Indicator**: Each LCRN has a defined approach to communications and action plan aligned with the national communications strategy **Assessment Approach:** Review and monitoring of LCRN Annual Plan / Review of outcomes as reported within LCRN Annual Report	This is detailed within section 3.6, and is hopefully sufficiently comprehensive, however should additional information be required, please request this.
5.3	**Domain**: Stakeholder Engagement and Communications **Indicator**: The LCRN has in place a senior leader with experience and identified responsibility for PPIE **Assessment Approach:** Individual's name and contact details provided to National CRN Coordinating Centre	In 2017/18, Harpal Ghattoraya, RDM Div 2 & 5 was the nominated senior Leader for this workstream
5.4	**Domain**: Stakeholder Engagement and Communications **Indicator**: The LCRN records metrics of research opportunities offered to patients **Assessment Approach:** The LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc) / Evidence of local patient evaluation system / Progress discussed at national PPIE meetings and reported in LCRN Annual Report	We do have records as to levels of penetration and reach through social media such as twitter and the use of our dedicated JDR Champions Facebook page. Please also refer to section 3.6, and advise if any further assurance is required.
5.5	**Domain**: Stakeholder Engagement and Communications **Indicator**: The LCRN has collaborative PPIE workplans across CRN and partners with measurable outcomes for delivery of learning resources **Assessment Approach:** LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets / Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan / Progress reported in LCRN Annual Report	This workplan and the outcomes are detailed within 3.6. The non-pay budget for PPIE was £8,293 and was used predominantly to support the Small Business Cases detailed in section 3.6.
5.6	**Domain**: Stakeholder Engagement and Communications **Indicator**: Each LCRN delivers the Patient Research Ambassadors (PRAs) project **Assessment Approach:** Review and monitoring of LCRN Annual Plan / Review of outcomes as reported within LCRN Annual Report	The PRA initiative is supported, this is detailed within section 3.6.

6.1	**Domain**: Workforce, Learning and Organisational Development **Indicator**: The LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff **Assessment Approach:** Individual's name and contact details provided to National CRN Coordinating Centre / Development of an approach to workplace wellbeing aligned with CRNCC, to include a wellbeing framework and action plan	Michele Eve - Workforce Development Lead and Wellbeing Lead. Michele's role as Wellbeing Lead is not to take on the responsibility for the wellbeing of all CRN funded staff, as some of these responsibilities sit with the employing organisations and it would not be appropriate to confer these. Her role is to Champion Wellbeing, to raise awareness, to work with WB Leads in our POs and to signpost relevant services and supporting arrangements in relation to Wellbeing.
6.2	**Domain**: Workforce, Learning and Organisational Development **Indicator**: Each LCRN has an agreed programme of activities that engage the wider workforce to promote clinical research as an integral part of healthcare for all **Assessment Approach:** Evidence of programme of activities provided in LCRN Annual Plan and Report / Monitoring effective approaches shared by Workforce Development Leads at national meetings	Please refer to section 3.7, however should further details be required, please raise these.
6.3	**Domain**: Workforce, Learning and Organisational Development **Indicator**: The LCRN has a defined approach to developing a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics **Assessment Approach:** Evidence of programme of activities provided in LCRN Annual Plan and Report / Monitoring effective approaches shared by Continuous Improvement Leads at national meetings	We have in place a nominated senior Leader for this activity, Hannah Finch, with a range of work detailed within section 3.9, please request further information, if required
7.1	**Domain**: Business Development and Marketing **Indicator**: Each LCRN has a completed business development and marketing Profile using the template provided by the National CRN Coordinating Centre **Assessment Approach:** Profile template submitted as part of LCRN Annual Plan / Contact details provided for assigned LCRN Profile lead in LCRN Annual Plan	
7.2	**Domain**: Business Development and Marketing **Indicator**: The LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy **Assessment Approach:** Review and monitoring of LCRN Annual Plan / Review of outcomes as reported within LCRN Annual Report	We recognise the importance of MedTech and SMEs and for the first time have created links with NOCRI and the RDS through the commercial workstream. Regionally we have continued to develop links with Medilink EM and in addition with BioCity. Section 3.8.5 provides further detail around this specific objective.

NHS

National Institute for Health Research

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **CRN EM EXECUTIVE COMMITTEE**

DATE: **28th JUNE 2018**

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

SUBJECT: **CRN EM FINANCE UPDATE**

1. Purpose

This report provides an update on the following issues:

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

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
Income			
NIHR Allocation	20,087.0	20,577.0	490.0
Expenditure			
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
Total	**20,087.0**	**20,577.0**	**490.0**

The key issues are reported below.

3.   2017/18 Out Turn
CRN ended 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.

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

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.

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.

6.   **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 three PO visits have now taken place. To date no major issues have been identified.

7.   **Accounts Payable**
Following the introduction of a new process the Network is receiving an improved service in respect of the prompt payment of invoices from suppliers and partners. The value of invoices outstanding as at 19th June was £76k which comprised of 11 invoices. This improved performance has been consistent for the past two months, and will continue to be monitored.

8.   **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.

9   Recommendations

The CRN Executive Committee is asked to:

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

NHS

National Institute for Health Research

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24 May 2018

Dear Mr Furlong,

LCRN Annual Plan 2018/19

Thank you for submitting CRN East Midlands' Annual Plan including the Annual Financial Plan for 2018/19. The CRNCC review panel are pleased to confirm that the CRNCC overall is content and that your Plan was approved for 2018/19.

1. Specific feedback on CRN East Midlands Annual Plan

The CRNCC review panel has provided feedback on each section of the Annual plan, as set out below. We would be grateful if you could action accordingly.

Annual Plan Section	CRNCC Feedback	Action required
Host Organisation Approval	Noted as approved	No further action required
Section 1. Compliance with the 2018/19 POF	Three areas of partial/non-compliance noted	We look forward to receiving details in due course of your new Lead for 'Ear, Nose and Throat' Contract compliance will be a standing item at annual LCRN Performance Review meetings in July 2018
Section 2. Key Projects	Good plans overall including PPIE, workforce initiatives and finance Positive to see proactive approach to improvement and innovation	No additional action required
	Good plans for developing Early Career Researchers and PIs, cross-boundary working and work with Health Education England (HEE)	We look forward to an update on how these plans will be driven at specialty level at the network's next Performance Review meeting

Delivering research to make patients, and the NHS, better

	CRNCC has noted plans to recontract with EDGE and to develop multiple ODP applications	Please link-in with Chris King to discuss and agree what support we might offer
	The CRNCC noted some interesting Business Development and Marketing plans, and welcomes plans to link-up with other organisations in the region	Please link-in with the national Business Development and Marketing team who would like to better understand linkage with the Life Sciences Industry Strategy and LCRN Operating Framework Indicators Please consider outputs for the annual regional event and ensure the agenda will achieve these aims
	Thank you for confirming the name and contact details of the individual from your organisation with specialist knowledge of information governance	No further action required
Section 3. CRN High Level Objective Targets	CRNCC content to approve HLO 1 and HLO 7 forecasts	No further action needed unless you wish to advise us of increased targets
Section 4. Specialty Objectives	CRNCC content with the plans for the majority of specialties	No further action required
	The panel noted concern in relation to leadership for 'Cancer'	We look forward to an update at your next Performance Review meeting
Section 5. Financial Management	CRNCC has noted the opinion and findings from the internal audit in December 2017	Please note the general point and ensure compliance with the latest LCRN Minimum Controls *re.* commercial cost recovery
Section 6. Appendices		
6.1. BDM Profile	Excellent level of detail provided	No action required
6.2. Risk /issues log	Staffing risk in relation to Communications delivery, and mitigating actions noted	An update at your Annual Performance Review meeting would be helpful
Section 7. Glossary	Good tailored Glossary including local information such as trust acronyms	No action required
Additional Appendices	Very engaging and informative infographic - thank you	No action required
Additional comments	Thank you for the work which went into production of your plan. The plan overall is clear and the inclusion of the section detailing key priorities is a welcome addition. CRNCC is pleased to see your specialty-wide approach to trainees	No action required
Annual Financial Plan	The quality of the return is good	No action required
	CRNCC has noted the relatively high vacancy factors for some Partner organisations	CRNCC recommend the ongoing careful monitoring of vacant posts to ensure a break-even position. CRNCC Finance will

		monitor progress through the financial quarterly returns.
	Feedback concerning minor reporting queries will be sent via email from the CRNCC Finance Team	CRNCC ask that any issues are addressed for the 2018/19 Q1 financial return

2. General feedback to all LCRNs

The review group would like to share some general points on LCRN Annual Plans:

- The CRNCC requests that all LCRNs outline how the network will contribute to achieving an integrated system populated with complete, quality assured data as part of their presentation for their forthcoming annual performance review meeting.

- We would like to understand more, at your annual performance review meeting, how you plan to respond to the expansion of CRN support into non-NHS settings. For example, how you will identify and engage with Non-NHS partners to support delivery of research in these settings.

- Since the CRNCC issued the requirements for 2018/19 LCRN Annual Plans, further details of the national improvement plan for the delivery of commercial studies have been confirmed. We ask that all LCRNs provide support for this national project.

- The CRNCC will contact you in due course to obtain an update on the progress of executing the Category B and C contracts.

- Please be aware that the LCRN Minimum Financial Controls have been updated for 2018/19. All LCRNs are asked to ensure compliance in relation to updated requirements for commercial cost recovery and audit requirements.

- A number of LCRNs referenced an intention to build or procure a Finance IT system locally for the purpose of financial management. LCRNs are asked to contact Sarah Thorp/Seema Verma to discuss further, prior to initiating the build or procurement of any new system.

- The CRNCC is pleased to see references within LCRN Annual Plans to local work on national initiatives, such as working with SMEs and delivering national communications campaigns. LCRNs are asked to link-in with colleagues in the national teams as relevant, to discuss plans and linkage with national work.

- A number of LCRNs indicated plans to develop a local intranet site. We would encourage you to link with other LCRNs and the national team to share learning and best practice.

3. 2018/19 HLOs

Thank you for providing details of your estimated outturn for HLOs 1 and 7. For the first time the collated outturn estimates for all LCRNs indicate that the national target will be surpassed for HLO 1, as well as HLO 7 (HLO 1 = 655,250, HLO 7 = 25,800).

The CRNCC is content to approve the estimated HLO 1 and HLO 7 targets provided in your Annual Plan, as set out below. However, if you wish to raise your local targets upwards in light of 2017/18 year-end performance figures please advise CRNCC as needed by Monday 18 June 2018.

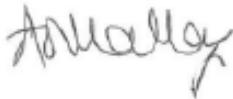- LCRN HLO 1 target: 52,000
- LCRN HLO 7 target: 1,510

The CRNCC will use these LCRN targets in performance reports and for monitoring purposes.

4. Annual Review Meeting

We have already been in contact with Elizabeth Moss to arrange an Annual Review Meeting with you and your senior team during July. We look forward to discussing the achievements and challenges in your area in 2017/18, and progress to date in 2018/19.

We very much look forward to working with you in the coming year to support the implementation of your Plan. Please do not hesitate to escalate any performance issues or areas needing support from the CRN Coordinating Centre as they arise during the year via the CRN Performance Management team (crncc.performance@nihr.ac.uk) or the lead responsible for the relevant function.

Yours sincerely

Amber O'Malley

Head of Performance Management
NIHR Clinical Research Network

cc   David Rowbotham, CRN Clinical Director, CRN East Midlands
        Elizabeth Moss, Chief Operating Officer, CRN East Midlands
        Dr Jonathan P Sheffield, CRN Chief Executive Officer
        John Sitzia, CRN Chief Operating Officer
        Professor Nick Lemoine, CRN Medical Director
        Dr Susan Hamer, CRN Director of Nursing, Learning & Organisational Development
        Dr Matt Cooper, CRN Business Development & Marketing Director/Research Delivery Director
        Imogen Shillito, CRN Stakeholder Engagement & Communications Director
        CRNCC Senior Management Team

Appendix 6 – Risk Register

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

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)
					PRE-RESPONSE (INHERENT)					POST RESPONSE (RESIDUAL)				
R031	Services	Jan-18	COO	Reduced capacity of Communications function meaning full comms plan will be impacted on	**Cause:** Post holder unwell, away from work long-term and not expected to return. Cover arrangements have ceased and we are currently unable to undertake any new work, and are struggling to meet our Comms requirements within the POF. **Effect:** Will affect comms plans for 2018-19, also the further delay to reappointing is extending this problem.	5	3	15	Q1/2 2018-19	Explore capacity of existing comms function to see what level of support can be provided	COO	5	Open	Static
										Have explored Host comms department to scope possibility of appointing a secondment post, this was not possible	COO	5		
										Review comms plan and prioritise what can be achieved - done for 2017/18, with some areas not achieved	COO	5		
										Working with Host HR to seek a swift resolution as post holder has now notified their intent not to return, keen to readvertise asap	COO	2		
R032	Reputational	Jan-18	COO	Budget reductions of up to 8% for some Partner organisations will be difficult to manage	**Cause:** Relatively poor performance & desire by CRNEM to have stabilised budgets & move towards fair share based on activity. **Effect:** 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.	4	3	12	Q1 2018-19	Work closely with Partners via their STLs and consider how to ensure PO R&D colleagues are suitably empowered to act	STLs	4	Open	Static
										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		
										Add item for next Partnership Group meeting to discuss flexible approach to budget management	COO & DCOO	1		
R035	Performance	Mar-18	COO	Recognition that few Partner B & C 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	**Cause:** Host contract requirement to put in place contracts for all Category B & C 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. **Effect:** 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.	3	3	9	Q1/2 2018-19	Review work programme for managing and monitoring contracts in line with POF	COO/ PM	4	Open	Static
										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		
R036	Performance	May-18	COO	CRN EM will not deliver against HLO1 target for 2018-19 (total number of participants recruited) HLO1 target: 52,000	**Cause:** Reduced portfolio pipeline across specialties, current analysis of forecast activity suggests recruitment of 42,000, however target stands at 52,000, need to identify opportunities to bridge this gap. **Effect:** Impact on future budget i.e. reduction in future years also reputational impact for EM slipping down national league tables and appearing less attractive to CIs to place studies if performance drops off.	3	3	9	Mar-19	Work with all specialties to ensure they reach their potential, and look to stretch all specialties/Divisions through the year	COO, RDMs, CLs	4	Open	New
										Seek opportunities to work with new providers, especially across Public Health, Social care and a range of health settings	COO, RDMs	1		
										Continued focus on HLO2 performance to ensure we get maximum efficiency from current portfolio	COO, RDMs	4		
										Further analysis of current portfolio, three months post AP submission to look for any growth in specialties for year ahead	DCOO/ RDMs	1		

ID	Category	Date	Owner	Risk	Cause / Effect	L	I	Score	Target	Action	Action Owner	RAG	Status	New
R037	Performance	May-18	COO	CRN EM will not deliver against HLO4 target for 2018-19 (time taken to achieve study set up in the NHS) HLO4 target: 80%	**Cause:** The timelines for study set up under HLO4 have not, historically, aligned well with the timelines our Partners are working to. Some elements of the achievement of HLO4 (HRA AAC) are outside of CRN direct control; additionally we are reliant on partners for the provision of this data, which creates some delay in the recording of this metric. It is expected that this metric will change from 2019-20. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure, thus non-compliance with the contract. Potential reputational risk with Sponsors/CIs. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.	4	3	12	Mar-19	Continue to educate Partners about importance of collecting data for HLO4&5 with renewed focus now that 70 day reporting is removed from PID, this is a great opportunity	IOM & SSSOM	4	Open	New
										Work to improve our data quality to ensure where we are achieving this, it is correctly recorded	IOM & SSSOM	4		
										Undertake some work with SSSOM to unpick the recording of this and the below data points and look for improvements	DCOO/ SSSOM	1		
										Work with the CRNCC to advise on potential changes to this measure	COO/ DCOO	1		
										Develop a targeted comms plan with clear approach focussing on HLO4	COO/ DCOO	1		
R038	Performance	May-18	COO	CRN EM will not deliver against HLO5 targets for 2018-19 (time taken to recruit first participant into studies) HLO5A target: 80% HLO5B target: 80%	**Cause:** The timelines for HLO5 have not, historically, aligned well with the timelines our Partners are working to. The starting point for this metric (HRA AAC process) is largely outside of CRN direct control and from a trust perspective is only one element of the 70 days process they are managed against. This creates an element of ambiguity in reporting and relative priority at trust and CRN level. It is expected that this metric will change from 2019-20. Also there is a lack of evidence that attainment of HLO5 is a clear indicator of high performance in research. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.	4	3	12	Mar-19	Continue to educate Partners about importance of collecting data for HLO4&5 with renewed focus now that 70 day reporting is removed from PID, this is great opportunity	IOM & SSSOM	4	Open	New
										See above re. working with SSSOM around data points	DCOO/ SSSOM	1		
										The continued focus on HLO2A/B (though TnT campaign) should drive behaviours to improve HLO5A/B	DCOO/ Comms	4		
R039	Information	May-18	DCOO	Insufficient level of data quality and completeness in LPMS for primary care research activity (RA)	**Cause:** Lack of awareness/training, capacity of staff and understanding of a process change. **Effect:** Reduction in accuracy of performance monitoring & reporting. Effect on budget planning & management, could lead to poor decision making or inability to make informed decisions. Also reputational impact if the current primary care RA data does not improve.	2	3	6	Q2/3 2018-19	Implementation of Data Quality Strategy (incl. ongoing MDS project)	COO/ DCOO	4	Open	New
										Focus on primary care data with CRN team, able to influence this, need a tailored approach to primary care	RDM Div 5/Ops Manager	1		
										Working with partners to improve their understanding and will employ a training and communications package to support LPMS users	DCOO/ BI Prog. Manager	1		

SCORING:

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

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

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

Action RAG Status Key:

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

Clinical Research Network
East Midlands

NHS

**National Institute for
Health Research**

NIHR Clinical Research Network East Midlands

GOVERNANCE FRAMEWORK

Host Organisation:

University Hospitals of Leicester NHS Trust

Change Control

Version	Date	Changes made
1.0	01.04.14	Original document – approved by UHL Executive Strategic Board
1.1	08.04.14	More detail on roles of the Clinical Research Divisional Leads and additions to section 7.1.
1.2	22.09.14	Changes to risk management process (section 10)
2.0	13.03.15	Annual review (2015/16) with the addition of Financial Management section (8)
2.1	02.07.15	Update to Executive Director, removal of Business Delivery Manager post
3.0	29.01.16	Annual Review (2016/17) – added reference to Study Support Service (section 5), Clinical Leadership Group included within Operational Management Group (section 5), listed Working Groups (section 6), updated Executive Group details (section 6), updated reporting assurance to quarterly Board Report (section 7), updated staff responsible for operational management of Service Support budget (section 8), updated table for LCRN financial cost codes and delegated authorisation allowances (section 8), updated resolution to audit findings (section 9).
4.0	07.03.17	Annual review (2017/18) – removed historic reference to transition of Network (section 1), updated Executive Leadership Team (section 4), updated LCRN Leadership Team (section 5), Lead RM&G Manager post removed (section 5), clarified Divisional Clinical Research Leads (section 5), defined details of Clinical Leads Group (section 6), updated Governance Structure (section 6), updated details of Working Groups (section 6), added Senior Leadership Team Meeting which fulfils requirements of OMG (section 6), updated frequency of Executive Group to every 3 months (section 6), removed reference to RM&G and included SSS (section 6), updated Finance Support Structure (section 8), updated financial cost codes and delegated authorisation allowances (section 8), updated details to confirm audit due this year (section 9).
5.0	22.06.18	Annual review (2018/19) – added new Co-Clinical Director post (section 4), new Deputy COO post (section 5), added reference to Financial Operating Procedure (section 8) updated responsibility for operational management of the SSC budget (section 8), reported 2017/18 audit findings (section 9) , updated risk scoring matrix in line with national template (section 11).

NIHR CLINICAL RESEARCH NETWORK: EAST MIDLANDS

Governance Framework

C O N T E N T S

NIHR CLINICAL RESEARCH NETWORK EAST MIDLANDS

Governance Framework

1. INTRODUCTION

1.1 The National Institute for Health Research Clinical Research Network (NIHR CRN) is the clinical research delivery arm of the NHS in England. Its purpose is to ensure patients and healthcare professionals from all parts of the country are able to participate in and benefit from clinical research; integrate health research and patient care; improve the quality, speed and co-ordination of clinical research; increase collaboration with industry partners and ensure that the NHS can meet the health research needs of industry.

1.2 Before April 2014, there were over 100 clinical research networks in England hosted by NHS Trusts in adjacent localities. From April 2014, there will be only one research "branch" of the NIHR CRN in each NHS region; these are termed Local Clinical Research Networks (LCRNs). The formal name of the LCRN in the East Midlands is NIHR CRN East Midlands (the LCRN). University Hospitals of Leicester NHS Trust (the Trust) successfully applied to host this network on behalf of the NIHR and partner organisations in the East Midlands (Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire, Rutland and Northamptonshire).

1.3 The Trust is committed to providing safe high quality care and has developed a range of policies, systems and processes which together comprise robust and integrated Financial Management, Assurance and Escalation, and Risk Management Frameworks. The principles of which have informed this document to ensure high-level, informed accountability of the Trust Board for the good governance of the LCRN.

1.4 The LCRN was launched on 1 April 2014. This document describes the processes and controls established by the LCRN to ensure good governance. This document provides governance assurances for delivery of the Department of Health and Social Care (DHSC) issued Contract and NIHR CRN Performance and Operating Framework.

2. PURPOSE

2.1 This framework describes the LCRN's scheme of delegation, Board controls and assurances, financial management, assurance framework, risk management system and escalation process for the management of the LCRN.

2.2 This framework will be reviewed by the LCRN Executive Group and the Trust Board on an annual basis in order to reflect any changes in governance, assurance and escalation processes.

3. GENERAL PRINCIPLES

3.1. The Trust Board is accountable for the good governance of the LCRN. The Board should apply, in a proportionate and appropriate way, the principles of good governance and thereby promote:

- Robust, transparent and accountable LCRN governance;

- Effective and supportive LCRN hosting arrangements;

- Effective and proportionate contracts with Partners and other organisations in receipt of LCRN funding or resources;

- Responsible financial management including budgetary control and the production of financial reports;

- A structure that ensures effective local performance management,

- Partner participation and engagement, research delivery and value for money.

3.2. The Trust, along with the LCRN leadership, are responsible for developing governing structures, systems, terms of reference and local working practices for working for the LCRN. The specific governance requirements required are detailed in this framework and in respect of:

- The Accountable Officer;

- The nominated Executive Director;

- Scheme of delegation and Host Board controls and assurances;

- Financial management

- Assurance framework and risk management system;

- Escalation process;

- LCRN Leadership and Management Groups.

3.3. NHS patients and the public are the key stakeholders in NIHR CRN research, and are to be included in LCRN governance arrangements. Patient or public representatives have been included in the agreed membership of the LCRN Partnership Group.

3.4. LCRN governance arrangements are required to be formally signed off by the Trust Board and by the national CRN Coordinating Centre.

4. EXECUTIVE LEADERSHIP TEAM

4.1 The **LCRN Accountable Officer** is the Trust's Chief Executive Officer, John Adler.

4.2 The Nominated **Executive Director** for the LCRN is the Trust's Medical Director, Mr Andrew Furlong.

4.3 The Trust has appointed Professor David Rowbotham as the **LCRN Clinical Director**. The Clinical Director has local overall responsibility for the LCRN reporting to the Nominated Executive Director and the national CRN Coordinating Centre. The Trust has appointed Professor Stephen Ryder as the **LCRN Co-Clinical Director**. The LCRN Clinical Director and Co-Clinical Director will lead in the engagement of the regional clinical and research community, promoting research and building clinical research capacity.

4.4 The Trust has appointed Elizabeth Moss as **LCRN Chief Operating Officer** who is responsible for the operational delivery of the contract and overall operational management of the network. The Chief Operating Officer reports to the LCRN Clinical Director and the national CRN Coordinating Centre. The Board understands that it is a contractual obligation to ensure that the Chief Operating Officer is a Trust employee.

4.5 The governance responsibilities of the LCRN Executive Leadership Team are to:

- Deliver the core activities of the LCRN, in line with the agreed governance requirements within the Host Contract and Performance and Operating Framework;

- Ensure any activities are carried out as may be necessary for the proper governance of the LCRN;

- Ensure that a proper and auditable process is developed and executed for the fair and effective distribution of LCRN funding;

- Be available for regular meetings as a core Leadership Team;

- Support scrutiny and transparency, for example by providing any information as required for the internal auditors, and attending the audit committee of the Trust as requested;

- Ensure the timely delivery of performance and other reports;

- Support the Trust by adhering to any local governance requirements, such as the local standing financial instructions and all relevant national NHS requirements;

- Convene regular Partnership Group meetings;

- Make freely available to the Trust and all Partner organisations, as requested, any information that is not commercial and/or in confidence and in line with national NHS policies;

- Manage the LCRN so as not to compromise either the Host organisation or Partner organisations through reasons of conflicting issues such as competition law or data protection.

5. LCRN LEADERSHIP TEAM

5.1 The Trust has appointed a LCRN Leadership team consisting of:

- **LCRN Clinical Director** (supported by the **Co-Clinical Director**) has local overall responsibility for the LCRN reporting to the Nominated Executive Director and the national CRN Coordinating Centre.

- **LCRN Chief Operating Officer** who is responsible for the operational delivery of the contract and overall operational management of the network.

- **LCRN Deputy Chief Operating Officer** who is responsible for deputising for the Chief Operating Officer and for monitoring budget expenditure and LCRN overall performance

- **LCRN Divisional Research Delivery Managers** who provide day-to-day operational management of research activity in each of the six operational divisions;

- **Industry Delivery Manager** who is responsible for commercial research within the LCRN;

5.2 The governance responsibilities of the LCRN Leadership team are to:

- Deliver the management and operational (i.e. non-clinical) activities of the LCRNs, in line with any agreed governance requirements;

- Support the LCRN Executive Leadership team to ensure that activities are carried out as may be necessary for the proper governance of the LCRN;

- Ensure delivery of NIHR CRN Portfolio studies, including life sciences industry research, are delivered in accordance with any agreed governance requirements.

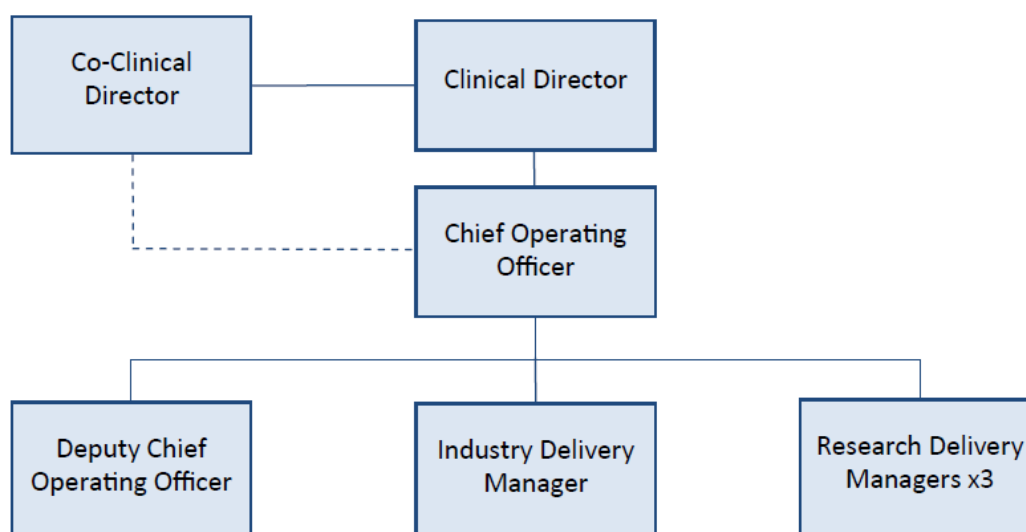5.3 Figure 1, illustrating the LCRN leadership structure, is included below:

Figure 1 - CRN East Midlands Leadership Structure

LCRN Divisional Clinical Research Leads

5.4   The LCRN has appointed six **LCRN Clinical Research Leads**, one for each research delivery division. These clinicians represent the clinical activity interests of all specialties within their research delivery division, liaising closely with the Clinical Research Specialty Leads. They work closely with their Divisional Research Delivery Managers (see below).

5.5   The governance responsibilities of the LCRN Divisional Clinical Research Leads are:

- Address resource allocations and the balance of the LCRN portfolio across specialties, sites, trusts, care settings, patient groups and study composition;

- Provide clinical intelligence and advice to support research delivery within the division, including a view of the clinical implications of national policy locally;

- Support Clinical Research Specialty Leads with the identification and development of research communities within the LCRN area, across all NHS partners.

LCRN Clinical Research Specialties

5.6   The NIHR CRN has adopted a framework of 30 Clinical Research Specialties for the purposes of engagement with clinical research communities and to enable clinical leadership and oversight of the NIHR CRN research portfolio.

5.7   The 30 Clinical Research Specialties are grouped into 6 Divisions for operational management purposes:

- Division 1: Cancer

- Division 2: Cardiovascular disease; Diabetes; Metabolic and endocrine disorders; Renal disorders; Stroke;

- Division 3: Children; Genetics; Haematology; Reproductive health and childbirth;

- Division 4: Dementias and neurodegeneration; Mental health; Neurological disorders;

- Division 5: Ageing; Dermatology; Health services and delivery research; Oral and dental health; Musculoskeletal disorders; Primary care; Public health;

- Division 6: Anaesthesia, perioperative medicine and pain management; Critical care; Ear, nose and throat; Gastroenterology; Hepatology; Infectious diseases and microbiology; Injuries and emergencies; Ophthalmology; Respiratory disorders; Surgery.

5.8   The LCRN has appointed local Clinical Research Specialty Leads for all 30 specialties. The LCRN Clinical Research Specialty Leads report to the LCRN Divisional Clinical Research Lead responsible for that Specialty. Local Clinical Research Specialty Leads will be responsible for the clinical leadership of their research communities within the LCRN area, development of local Clinical Research Specialty Groups and clinical oversight of the performance of the Specialty portfolio of studies.

6.   LCRN GOVERNANCE STRUCTURE

6.1   A diagram of the LCRN governance structure is included as Figure 2.
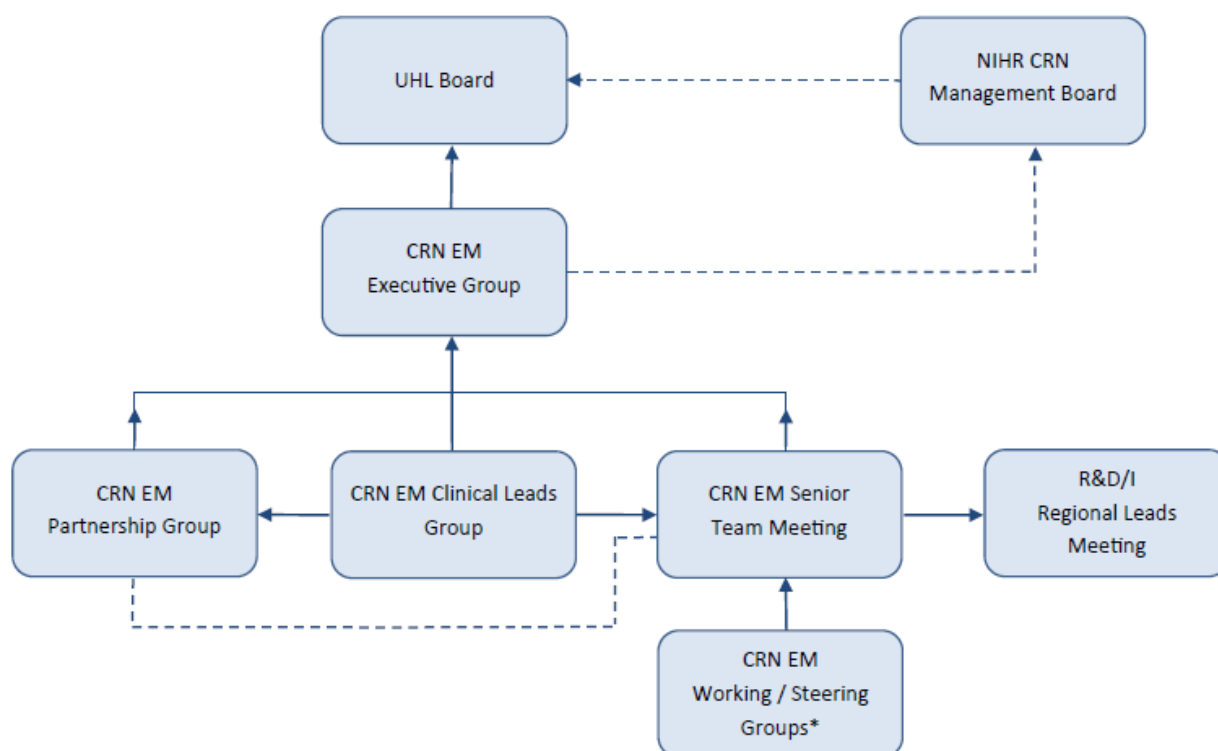

Figure 2 – CRN East Midlands Governance Structure

*Workforce Development Steering Group, Life Sciences Working Group, Communications Working Group, Finance Working Group, Patient and Public Involvement and Engagement Working Group, Study Support Service Working Group, Continuous Improvement Working Group, Combined Dementia Challenge Steering Group & EnRICH Advisory Group

6.2   The Trust has established the **LCRN Partnership Group**. The Group is a formal forum of LCRN partners (those receiving significant funding from the LCRN). Its role is to provide active oversight and constructive mutual challenge on LCRN plans, activities, performance and reports in order to support the LCRN to achieve its objectives and raise the ambitions for clinical research of the LCRN Partners. The Trust has appointed an independent Chair (Peter Miller, Chief Operating Officer, Leicestershire Partnership NHS Trust) and the group will be attended by the Trusts' Nominated Executive Director, LCRN Clinical Director and LCRN Chief Operating Officer. The Group meets four times per year.

6.3   The Trust has established a **LCRN Executive Group** chaired by the Nominated Executive Director reporting to the Trust Board. Membership includes LCRN Clinical Director, LCRN Chief Operating Officer, LCRN Deputy Chief Operating Officer, LCRN Project Manager, LCRN Host Finance Lead, and LCRN Communications Lead. Its purpose is to oversee and deliver good governance of the LCRN as defined by the Host contract and LCRN Operating Framework. The Group will meet every 3 months.

6.4   The Trust has established a **Senior Team Meeting** chaired by the Chief Operating Officer and reporting to the LCRN Executive Group. This group fulfils the expectations of the **LCRN Operational Management Group**. Membership includes Chief Operating Officer, Clinical Director, LCRN Deputy Chief Operating Officer, Research Delivery Managers (3), Industry Delivery Manager, with the next management tier of Operations Managers (4), Workforce Development Lead and Senior Nurse to inform business need. Its purpose is to maintain oversight of overall management of the LCRN and be the forum to address cross-divisional and cross-cutting needs for support and intervention. The Group will liaise with the Clinical Leads Group. The Senior Team will meet formally every 4-6 weeks. In addition, the LCRN Leadership Team will convene a weekly teleconference to discuss ongoing operational matters.

6.5   A report will be submitted to the Regional R&D/I Leads meeting every 8 weeks to provide updates on LCRN business. The Clinical Director or Chief Operating Officer plus a member of the LCRN Senior Team will attend the meeting to discuss LCRN business as required.

6.6   The Trust has appointed a Clinical Leads Group consisting of the Clinical Director, Chief Operating Officer and LCRN Divisional Leads. The Clinical Leadership Group will work closely with the Senior Leadership Team; its role includes providing: (i) advice on clinical implications of national policy at the local level; (ii) intelligence to determine resource allocations and (iii) clinical intelligence and advice to support LCRN research delivery.

7.   HOST BOARD CONTROLS AND ASSURANCES

7.1   The Trust Board will agree to review and/or sign off the following LCRN activities:

- Receipt of the LCRN Annual and Finance Plans, from the Executive Director, for approval;

- Receipt of an LCRN Annual Report, from the Executive Director, for approval;

- Submission of the Annual Plan, Finance Plan and Annual Report to the national CRN Coordinating Centre for approval;

- Provision of the approved Annual Plan and Annual Report to all the members of the LCRN Partnership Group;

- Report to Trust Board quarterly on the work of the LCRN alongside the quarterly report on UHL R&D;

- Inclusion of LCRN key performance indicators in the quarterly Trust Board Report

7.2   The Trust, as the Host organisation, has an obligation to ensure the proper management of the LCRN in terms of compliance with the governance framework and processes of the Host, including human resources, standing financial, audit and standards of business conduct instructions. The Trust shall ensure that internal policies and standing financial instructions, as they affect the LCRN, do not unreasonably diminish the efficient management of the LCRN.

7.3   The Trust, as the Host organisation, shall ensure that the LCRN is run in accordance with relevant laws and regulatory requirements, relevant national NHS policies and requirements, and the NHS Constitution.

8.   FINANCIAL MANAGEMENT

8.1   The Trust, as Host Organisation, receives, manages and distributes the allocated funding with the LCRN via the Department of Health and Social Care (DHSC) approved standard template sub-contracts, or other forms of agreement with DHSC approved text.

8.2   The Trust, as Host Organisation, has an obligation to use the funding solely for development and delivery of LCRN activities as set out in the contract between DHSC and the Trust. Measures will be developed to provide assurance that LCRN funding provided to partner organisations is used solely for these purposes.

8.3   The Trust, as Host organisation, through the LCRN Executive Group, will draw up an annual financial plan for the LCRN, as part of the LCRN Annual Plan. This plan will be reviewed by the LCRN Partnership Group prior to submission. The plan will be approved by the Trust Board and then submitted for approval to the national CRN Coordinating Centre.

8.4   The Trust, as Host Organisation, reports to the National CRN Coordinating Centre on financial expenditure including forecast outturn for the financial year, via the NIHR CRN Finance Tool, on a quarterly basis.

8.5   The Trust, as Host Organisation, is required to submit an end-of-year financial return to the National CRN Coordinating Centre in respect of LCRN funding received. The financial return reports on all LCRN funding and expenditure, for all organisations in receipt of that funding and agrees the year-end figures for respective Partner Organisations.

8.6   The Trust, as Host Organisation has produced a Financial Operating Procedure, which provides guidance to budget holders on the best practice for budget setting and monitoring. This helps to ensure that the Clinical Research Network East Midlands (CRN EM) financial matters are managed to the highest professional standards and in accordance with NHS accounting standards.

Financial Scheme of Delegation

8.7   The Trust, as Host Organisation, has appointed Martin Maynes as **LCRN Host Finance Lead** who is responsible for the financial accountability of the network on behalf of the Trust. Martin produces LCRN financial reports for review by the LCRN Executive Group and LCRN Partnership Group.

8.8   Elizabeth Moss, **LCRN Chief Operating Officer**, is responsible for overall LCRN budget oversight and strategic decision making.

8.9   The Trust, as Host Organisation, has appointed Kathryn Fairbrother as **LCRN Deputy Chief Operating Officer** who is responsible for operational management for the infrastructure and central budgets with accountability shared with the LCRN Host Finance Lead. Kathryn provides oversight of the Service Support Costs budget.

8.10   Marie Warrington and Andrew Skeggs (covering Catherine Ashman-Lee's Maternity Leave until December 2018), Catherine Ashman-Lee, Kiran Mistry and Chris Siewierksi (**Study Support Service Managers**), Roz Sorrie (**SSS Operations Manager**) and Kathryn Fairbrother (**Deputy Chief Operating Officer**) are responsible for the operational management of the Service Support Costs budget.

8.11   The Trust has appointed a qualified and experienced finance team to monitor the

budget on a day to day basis. The finance team work closely with research finance staff within partner organisations. All members of the finance team are line managed by the LCRN Host Finance Lead.

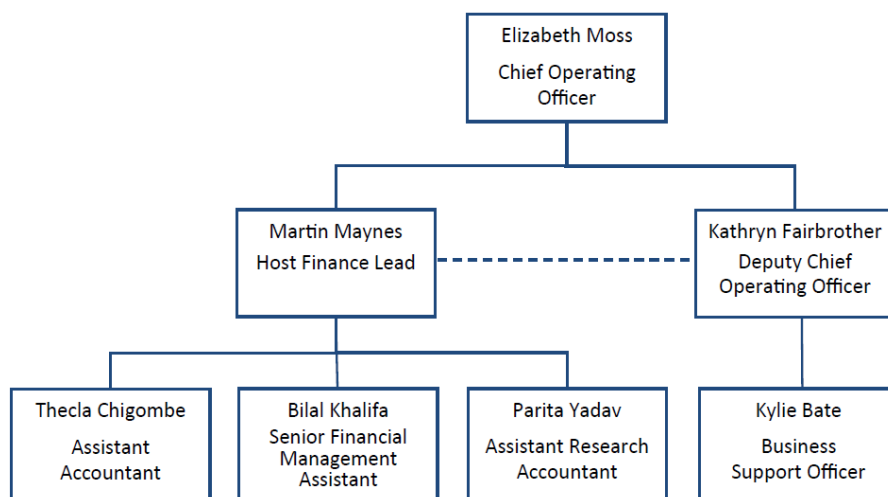8.12 Figure 3, which presents the structure of the finance team, is set out below:

Figure 3 – CRN East Midlands Finance Support Structure

8.13 The table below provides the LCRN financial cost codes and delegated authorisation allowances.

Table 1

Cost Code	Description	Authorisers				
		LCRN Chief Operating Officer	LCRN Deputy Chief Operating Officer	Workforce Development Lead	RST Team Leader	Administrator (NUH)
		Up to £600,000	Up to £100,000	Up to £5,000	Up to £5,000	Up to £5,000
O11	CRN EM Non-Primary Care Service Support Costs	Y	Y	N	N	N
S18	CRN EM RSI	Y	Y	N	N	N
S19	CRN EM Clinical and Specialty Leads	Y	Y	N	N	N
S89	CRN EM Primary Care Service Support Costs	Y	Y	N	N	N
S90	CRN EM General Infrastructure	Y	Y	N	N	N
S97	CRN EM UHL Infrastructure	Y	Y	N	N	N
S98	CRN EM LPMS	Y	Y	N	N	N
U08	CRN EM RST	Y	Y	Y	Y	N
U14	CRN EM SSS	Y	Y		N	N
U89	CRN EM Management Team	Y	Y	N	N	N
U96	CRN EM Host Services	Y	Y	N	N	N
U97	CRN EM Network Wider Team	Y	Y	Y	N	N
COR014	Central Network Funding (NUH)	Y	Y	N	N	Y

9   ASSURANCE FRAMEWORK

9.1   The LCRN is committed to supporting safe high quality research and has developed a range of policies, systems and processes to clarify how issues or concerns which may detrimentally impact upon the LCRN are escalated throughout the organisation.

9.2   This section describes the structure and systems through which the LCRN Leadership and Management Groups, and the Trust board receive assurance.

9.3   The assurance framework describes how the LCRN is able to identify, monitor, escalate and manage issues in a timely fashion and at an appropriate level.

Issue Management and Control

9.4   An issue is defined as a relevant event that has happened, was not planned, and requires management action.

9.5   The LCRN has an open and learning culture encouraging monitoring and comments and concerns to be communicated relating to issues that impact on LCRN delivery. The table below provides examples of both internal and external sources of identify issues.

Table 2

Internal Sources	External Sources
Staff and management	Patients, carers and the public
Staff surveys	External audit
Risk register	CRN Coordinating Centre
Executive Group	Partner feedback and complaints
Partnership Group	Partner and public surveys
Operational Management Group	

9.6   It is important that the LCRN has the capability to respond to issues or concerns in a timely fashion. In practice the response required varies considerably according to the nature of the issue or concern. In some cases, immediate action may be required. In other cases, and particularly with more complex or longstanding issues, the commissioning of a full report may be an appropriate response. However, the response must always be:

- timely

- proportionate

- comprehensive

- inclusive

- effective.

9.7   The LCRN will follow a five step procedure for issue management and control (table 3). This procedure will be followed by the LCRN Senior Management who comprises the Operational Management Group.

Table 3

Procedure	Description	Delegation
1. Capture	Determine severity/ priority	
2. Examine	Assess impact on LCRN strategic and operational objectives	Request for advice (Executive or Partnership Groups)
3. Propose	Identify options Evaluate options Create recommended options	
4. Decide	Escalate (if beyond delegated authority) Approve, reject or defer recommended option	Request for advice (Executive or Partnership Groups)
5. Implement	Take corrective action or Continue to monitor	

Internal and External Sources of Assurance

9.8   Internal and external sources of assessment/assurance cover the range of the LCRN's activities and include:

Table 4

Internal Sources of Assurance	External Sources of Assurance
Performance review meetings	Patients, carers and the public
Performance reports – Summary, Partner, Division/Specialty, CCG	UHL Audit Programme
Internal audit (review of internal systems and processes)	CRN Coordinating Centre
Executive Group	Partner feedback and engagement
Partnership Group	Partner and public survey results
Senior Team Meeting	
Staff surveys and exit interviews	
UHL Board feedback	
Executive Performance Board reporting	
LCRN Performance Dashboard	

LCRN Host Organisation Annual Review

9.9   The Trust may be requested, on an annual basis, to review its role in discharging the Department of Health and Social Care contract for hosting the LCRN and provide a report on this within the LCRN Annual Report. This report must be shared with the LCRN Partnership Group.

LCRN Auditing Arrangements

9.10   The Trust is obliged to ensure that LCRN activity is included in the local internal audit programme of work. The LCRN should be audited at least once every three years. The LCRN Clinical Director has instigated these arrangements with the Trust's Interim Director of Finance and PwC UK.

9.11   The LCRN was audited in December 2017 and was provided a low risk rating. There were four findings (3 minor, 1 medium) and the LCRN have implemented an action plan to ensure all findings will be resolved. The next audit will be due in 2020/21.

10 BUSINESS CONTINUITY ARRANGEMENTS

10.1 The Trust has a responsibility to ensure that robust local business continuity arrangements are in place for the LCRN, to ensure continuity of service in the event of an emergency.

10.2 The LCRN has developed a Business Continuity plan. This is to enable the LCRN to respond to a disruptive incident, including a public health outbreak e.g. pandemic or other related event, maintain the delivery of critical activities/services and return to "business as usual". Business continuity arrangements have been developed in line with the guidance set out by the national CRN Coordinating Centre.

10.3 The LCRN has developed an Urgent Public Health Research plan to enable the Trust and the LCRN to support the rapid delivery of urgent public health research, which may be in a pandemic or related situation. The Urgent Public Health Research plan will be immediately activated in the event that the Department of Health requests expedited urgent public health research.

11 RISK MANAGEMENT PROCESS

11.1 The Trust operates within a clear risk management framework which sets out how risk is identified, assimilated into the risk register, reported, monitored and escalated through the Trust's governance structures. The framework is set out in the Risk Management Policy and is supported by relevant policies, including the Risk Assessment Policy and Policy for reporting and management of incidents including the investigation of Serious Untoward incidents.

11.2 The LCRN has implemented a risk management framework, which includes a risk register. The risk register is updated regularly and reviewed every 3 months by the LCRN Executive Group.

11.3 Both strategic and operational risks are captured within the LCRN risk register. Each risk is assigned a risk owner and a score based on the likelihood of occurrence and the impact to the LCRN. Risk scores take into consideration any mitigating actions and are reviewed regularly. The risk matrix is shown below:

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

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

*Only risks with an Inherent Risk of 6 or above are recorded on this Risk Register

*Risks with a scoring of 12 and above should be monitored and escalated

12 ESCALATION PROCESS

12.1 This process describes the escalation route of issues or concerns or risks which could threaten the delivery of the Trust's obligations with regards to the delivery of the Department of Health contract and Performance and Operating Framework.

12.2 There are identified points of contact within LCRN management, the Host organisation, and the national CRN Coordinating Centre for concerns and issues to be escalated. Agreed escalation routes and levels are:

1. LCRN Clinical Director – Professor David Rowbotham or LCRN Co-Clinical Director – Professor Stephen Ryder

2. Nominated Executive Director – Mr Andrew Furlong

3. The Trust Chief Executive Officer – John Adler

4. National CRN Coordinating Centre

12.3 The level of the organisation at which an issue should be addressed also varies considerably. The principle of subsidiarity is generally followed i.e. the lowest level consistent with providing an effective response. If one level finds that it cannot provide an effective response, it is has a duty to escalate to the next level. However, escalation should not be used simply to pass on a problem.

13 MONITORING OF ACTION PLANS

13.1 The Trust has developed a common action plan template. Action plans developed by the LCRN that are to be monitored by the LCRN Executive Group are in accordance with this model.

13.2 The LCRN Executive Group will continue to monitor any new action plans created in 2018/19 that develop from the Annual Plan or are required as routine or extraordinary plans throughout the year.

14 REVIEW

14.1 The Governance Framework will be subject to further development as the Trust hosting requirements and LCRN arrangements become embedded.

14.2 The Governance Framework will be reviewed on an annual basis by the LCRN Executive Group and by the Trust Board.

David Rowbotham
Clinical Director, CRN East Midlands