

# CRN: East Midlands Quarterly Host Board Report

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**Paper K**

## Executive Summary

### Context

The National Institute for Health Research (NIHR) Clinical Research Network: East Midlands, also known as the Local Clinical Research Network (LCRN) was established in April 2014 and hosted by University Hospitals of Leicester (UHL) NHS Trust. As part of the contract with the Department of Health, UHL takes overall regional responsibility for the monitoring of governance and performance of the network. Within the NIHR CRN Host contract it is important to ensure the Host Trust Board has sight of Network business. This would include both progress against Host contract performance measures and the overall CRN performance indicators. It has been agreed within UHL that this report will be presented quarterly; this paper was prepared in September 2015 for Trust Board review on 1 October 2015. The report is reviewed by LCRN Executive Group, considered by UHL Executive and Performance Board, and then submitted for UHL Board review.

### Questions

1. In order to provide assurance to the Host, what are the major achievements and challenges of the Network, performance at end of July 2015 and what actions are being taken to improve performance?

### Conclusion

1. The narrative style report summarises recent achievements, generic challenges and current performance. Reduced recruitment has been identified as an area of concern so the report provides analysis and contains an action plan to address this. Appended to this written report is a dashboard detailing key performance measures for 2015/16.

### Input Sought

We would welcome Trust Board input to confirm that the report provides sufficient assurance of the performance of the Network.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Not applicable]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Not applicable]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following **governance** initiatives:

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

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

Not Applicable

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

Not Applicable

5. Scheduled date for the **next paper** on this topic: [Trust Board January 2016]

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

7. Papers should not exceed **7 pages**. [My paper does comply: 6 pages plus  
3 pages of appendices]

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**NIHR Clinical Research Network: East Midlands**

**Quarterly Host Board Report: Progress, challenges and performance update**

**1. Background**

- 1.1 The National Institute for Health Research (NIHR) Clinical Research Network: East Midlands, also known as the Local Clinical Research Network (LCRN), was established in April 2014 and hosted by University Hospitals of Leicester (UHL) NHS Trust. The LCRN was formed by a transformation of 11 NIHR clinical research networks hosted in the East Midlands into one network. As part of the contract with the Department of Health, UHL takes overall regional responsibility for the monitoring of governance and performance of the network.
- 1.2 The purpose of this paper is to highlight present major achievements and challenges, and summarise our performance, including any actions being taken.
- 1.3 It has been agreed within UHL that this report will be presented quarterly; this paper was prepared in September for Board review in October. The next report will be prepared in December for Board review in January 2016. The report is reviewed by LCRN Executive Group, chaired by Andrew Furlong (Interim Medical Director and UHL Executive lead for the LCRN), considered by UHL Executive and Performance Board, and then submitted for UHL Board review. Appended to this written report is a dashboard detailing key performance measures for 2015/16.

**2. Recent achievements**

- 2.1 The NIHR wrote to Andrew Furlong as UHL LCRN Executive Lead on July 30, 2015 (see Appendix 1) with feedback on our achievements and performance for 2014-15 as described in our Annual Report. We were complemented on: overachieving on our aspirational patient recruitment target; a comprehensive account of a first year of operation described as “strong and successful”; and financial management.
- 2.2 Other performance highlights for 2014-15 for CRN: East Midlands included:
  - i. We were the top recruiting region in England for primary care research.
  - ii. We have appointed successfully to all major positions within the network.
  - iii. We have established from a low base in the East Midlands a strong and growing infrastructure for the delivery of dementia research.
  - iv. We have significantly reviewed and revised our approach to budget setting with partner trusts to recognise performance and improve our ability to respond to new challenges.

### 3. Generic challenges

3.1 This year we face many significant challenges in order to maintain and build on last year's performance; some of these are reflected in the Dashboard report. The most important are:

- i. Our budget has been reduced significantly (by c£1.1M) between 2014/15 and 2015/16. Despite our emphasis on reducing management costs in favour of frontline research delivery staff, the latter has been affected adversely and this may be having an impact on our present ability to recruit.
- ii. Although we have made much progress, and see this as a priority, we need to improve the nature and quality of our partnership working. We are keen to ensure genuine partnership and create a network not just in name, but through joint actions and achievements.
- iii. Our reporting systems are already fairly strong; however, we are currently implementing a new local portfolio management system. This will aid real time data collection and thus improve the reliability and efficiency of our reporting outputs.
- iv. In order to succeed, we must use our funding more flexibly and efficiently (between partners and specialties); however, at the same time we must not destabilise research delivery in any of our partner organisations. After implementing a new approach to budget setting last year, this will be further refined for 2016/17 to reflect the urgent need for more flexibility and responsiveness.
- v. We have restructured our senior management and support team to improve cost-effectiveness and make efficiency gains. This new streamlined structure is beginning to establish itself with clearer accountability and moves us away from previous silo working.
- vi. The national study approval system is evolving with the current system being wound down as most of this activity will be undertaken nationally by the Health Research Authority. Our challenge is to maintain this service and performance in the interim with a much reduced capacity. Additionally, we have a challenge to establish a new study support service in parallel with existing systems.
- vii. Some of our partners are having specific internal (not related to the network) challenges which are having a significant effect on recruitment.
- viii. We have been given a recruitment target which reflects an extremely challenging national target and builds upon our excellent performance in 2014/15. This is a very challenging target, and one which we may be unable to achieve based on the current studies and those in the pipeline.

### 4. Dashboard Report September 2015

4.1 This report (Appendix 2) incorporates data extracted on 7 September, 2015 thus reflecting performance year to date. There is, however, a lag in the reporting of recruitment data of approximately 4-6 weeks. The following is of particular note:

- i. Our recruitment rate, High Level Objective (HLO) 1, has fallen significantly compared with 2014-15, and is well below what would be expected if we are to achieve this year's target. Although recruitment is down across England, the East Midlands CRN has fallen from 5<sup>th</sup> to 6<sup>th</sup> position in the national league table.

- ii. A target which is considered as critical by the NIHR/DH is the proportion of commercial studies recruiting to time and target. During last year and after the transformation of 11 networks with different ways of working and priorities, we were hovering around the bottom of the league table for this measure. After considerable and ongoing work by our commercial team and others on this high level objective, we are presently rated 3<sup>rd</sup> of the 15 regional networks (HLO2a). Additionally, we are close to achieving the target on the proportion of NHS Trusts recruiting to commercial studies in the region (HLO 6b) and, based on current studies in set up, we are confident we will achieve this at year end
- iii. Despite the issues noted above we are achieving the target for time for approving new studies (HLO 4)

## **5. Reduced recruitment: analysis and actions**

- 5.1 We are very concerned about our recruitment performance in 2015/16 YTD which is currently at 69% of our year to date target. We have analysed some of the data and established this is not due to a lack of studies, with the same volume of studies passing through for RM&G approval. The areas of focus therefore need to be in relation to the type of studies and lower recruitment targets, along with relative performance of those studies and recruitment upload. We have established a senior group which is currently: (i) further analysing recruitment patterns in detail; (ii) identifying the generic and local causes; and (iii) developing and delivering an action plan that will ensure that we have responded as effectively as possible to this challenge in the short, medium and long term. Key issues and actions are listed in table 1, over page.

Table 1: Poor recruitment performance: issues & actions

Issue	Action	Owner	Date due	Status
<b>Recruitment data not being uploaded promptly</b>	- Contact all locally based Recruitment Data Contacts (RDCs) to advise and support with upload	BI Lead	Ongoing support, reminder due mid-September	Achieved
	- Contact all RDCs re. Activity based funding deadline, mid-September	BI service – Angel Christian	1 September	Achieved
	- Requirement to reinstate PO reports in order to ensure regular feedback received on recruitment upload lags	BI Lead	1 September	Achieved
	- Review and agree process for chasing recruitment data upload lags reported from either POs or Divisional colleagues	BI service, to be discussed	Mid-September	On track
	- Girls-Active study recently adopted, with potential for good recruitment data prior to ABF deadline	Division 2 RDM to facilitate upload	ABF cut-off, 23 October	On track
<b>Review 2014/15 studies and performance</b>	- ID 14 high recruiting studies, now closed & not been replaced with large number studies	BI Lead	1 September	Achieved
<b>Time &amp; Target review and actions</b>	- Need to review TnT position of existing studies (commercial and non-commercial split)	BI service & IOM	18/09/2015	On track
	- Action required to improve performance of studies not progressing to TnT - contact studies teams and trusts	- RDMs non-commercial - IOM commercial	Ongoing, with push for ABF cut-off	On track
<b>Identifying new studies and sites actions</b>	- Review UKCRN portfolio to identify high recruiting studies in set-up that may accept new sites	Led by RDMs, support by Portfolio Support Managers	30 September	On track
	- Explore options to open new sites for existing studies within the region	Lead by RDMs, support by Portfolio Support Managers	30 September	On track
	- Div 5 RDM to escalate to CD concerns over possibility to open	Div 5 RDM & CD	Mid- September	On track

	GENVASC study in Lincolnshire, CD to investigate overcoming blocks		2015	
	- Explore option to open UK CHIC Study at Nottingham University Hospitals	Div 6 RDM	Mid-September	On track
	- Explore untapped sites for Mental Health Studies in Northampton, e.g. St Andrews, through relevant R&D Lead	Div 4 RDM	30 September	Not yet commenced
	- Big White Wall study – Sheila O’Malley to re-contact team for update; then RDM Div 4/6 to take forward	RM&G Lead Division 4 RDM	Mid-September	Not yet commenced
<b>Increase CRN presence at PO level</b>	- Increase levels of engagement with CRN agenda required in POs, COO Blog to be expanded and shared with Delivery teams	COO & Comms Lead	1 October	On track
	- Ensure Comms approach is enhanced with more presence of CRN in POs – review marketing collateral, materials etc.	COO & Comms Lead	23 September	On track
<b>Review WFD approach, to shift cultural aspects to engagement</b>	- Increase workforce development support to bring people in and educate regarding CRN approach ad expectations – COO/CD will produce blog for new starters, in collaborations with WFD team	T&D Lead	Mid October	On track
	- Review approach to T&D, ensure inclusive and open, course details shared and available across the region	T&D Lead/BIL	Mid October	On track
<b>Network (local) Issues</b>	- COO to raise awareness of low proportion of NIHR adopted studies in some trusts at R&D Leads meeting and promote benefits of taking on more adopted studies	COO	21/09/2015	Not yet commenced
	- RDMs to contact Specialty Leads to request minutes from national meetings and further related actions to ensure pipeline as accurate as possible and existing studies are actively prioritised & managed	RDMs	Mid- September 2015	On track
<b>Network (national) issues</b>	- Need to flag at a national level, concerned that both local & national targets will not be reached due to current pipeline position, also keen to receive feedback	COO & CD	17/09/2015	Not yet commenced
	- COO to raises issue of feedback from national Specialty Leads meetings at forthcoming performance review meeting	COO	17/09/2015	Not yet commenced

## **6. Summary and recommendations**

In 2014/15 the CRN: East Midlands spent considerable time establishing new systems, processes and staffing profile, much of which have resulted in a very productive year, with good feedback. Last year was a challenging year, however excellent progress was made, and our aspiration recruitment target was met, along with other key milestones.

We are now part way into 2015/16 and although further progress is being made, we have recently identified recruitment as an area of concern. We have set in place a comprehensive review and action plan to address our concerns. This will be discussed and reviewed at Host Executive meetings (approx. 6 weekly), Operational Management Group meetings (8 weekly) and Senior Team meetings (monthly).

In addition to local actions, there are a number of areas where feedback to the national co-ordinating centre is required, as some areas – such as study pipeline – are not within local influence. Without an increased number of particularly high recruiting studies available, it may be that the target set for us will not be met. This is mirrored in most other CRN regions, and indeed is reflected in the national data, which overall shows a dip from previous years. We have confidence that all actions identified which will assist in raising our recruitment are being undertaken and through the enactment of these we will see an increase in participant recruitment. We intend to formally report again to the Host Executive in three months' time, when a further update on performance can be provided.



## 7. Additional information

### Appendix 1



**National Institute for  
Health Research**

Clinical Research Network  
Coordinating Centre

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30 July 2015

Dear Andrew,

#### **LCRN Annual Report 2014/15**

Thank you for submitting your LCRN Annual Report (including your year-end financial return) for 2014/15. The timescales for development, sign-off and submission of your Report following release of the guidance were challenging and we would like to thank you for all the hard work that went in to producing the Report, and for providing it within the requested deadline.

LCRN Annual Reports have been extensively reviewed by all Directorates and functions across the whole national Clinical Research Network Coordinating Centre (CRNCC). Given 2014/15 was the first year of operation we anticipated that LCRNs would need to fully develop and embed working arrangements in year, and as such we have decided not to provide a detailed breakdown of RAG ratings in our feedback although this is the approach we will take for Annual Reports for 2015/16.

Your Report was comprehensive, well-written and summarised very effectively, a successful first year of operation by CRN: East Midlands. We appreciate the considerable effort made to establish the new working arrangements and would like to pass on our thanks to the CRN: East Midlands core team, the Host organisation and all Partner organisations and funded staff. We congratulate you all on a successful year, on exceeding your aspirational recruitment goal for HLO 1, and an excellent overall contribution towards CRN's 2014/15 objectives.

There were no significant concerns with any aspect of your Annual Report (non-Finance). There are a few minor aspects which we would like to discuss that we will follow-up with you in year. Overall the standard of Finance Returns across the Network has been high; helped by good engagement between LCRN Finance teams and the CRNCC Finance Team. We thank your Finance Team for their contribution.

Detailed feedback on the Q4 Finance Return has already been sent to Elizabeth Moss and actioned, and we thank the team for their support to meet challenging resubmission deadlines.

*Delivering research to make patients, and the NHS, better*

We have been encouraged that, across the Network, the majority of unavoidable underspends have been identified early in the year and notified to us in a timely fashion – this allows us to engage positively with the Department of Health to make best use of Network funding. We encourage all LCRN Finance Teams to continue to work closely with colleagues in Partner organisations to identify, and wherever possible, reallocate underspends in year.

We are pleased to confirm approval of your Report, and will in due course be publishing a copy (excluding your finance report), on CRN Central.

We have recently been in touch to arrange a Performance Review Meeting with you and your senior team for September/October 2015, and look forward to reflecting on and discussing the achievements and challenges in your area in 2014/15 as well as progress in the implementation of your 2015/16 Annual Plan. We will be in contact nearer the time with a draft agenda for the meeting, and a request for any items you wish to discuss.

We very much look forward to working with you in the coming year to support you in building on your strong and successful performance in 2014/15.

Yours sincerely,



Dr Jonathan Sheffield  
OBE, MBChB, FRCPath

Chief Executive  
NIHR Clinical Research Network

cc Professor David Rowbotham, Clinical Director, CRN: East Midlands  
Elizabeth Moss, Chief Operating Officer, CRN: East Midlands  
John Sitzia, CRN Chief Operating Officer  
Nick Lemoine, CRN Medical Director  
Dr Clare Morgan, CRN Research Delivery Director  
Amber O'Malley, CRN Head of Performance Management  
Tara Bhogal, CRN Head of Finance

Appendix 2

Clinical Research Network: East Midlands

Refreshed: 11/09/2015

(Previous: 20/07/2015)

Network Progress Overview

HLO Description	Study Type	Target		Progress/Summary			Actions	Status	Owner	Year End RAG Assurance		
		England	East Midlands	Curr YTD	Previous	Trend						
1	Number of patients recruited into NIHR studies	All	650,000	56,688	14,964	9,870	↓5%	69% of Year to Date goal (21,803) (previously 74%)	-Review time & target of existing studies -Review UKCRN database for potential studies and open new sites -Detailed action plan in place	Ongoing	Chief Operating Officer	Amber
2	Proportion of NIHR studies delivering to recruitment target and time	Commercial	80%	80%	63%	74%	↓11%	37 studies recorded as closed and reported recruitment. CRN: East Midlands in 3rd position out of 15 LCRNs.	-Monthly performance meetings -Robust target setting process -Attendance at Site Selection Visits in areas of poor performance -Workshops & teleconferences in Primary Care to embed performance management culture	Ongoing	Industry Operations Manager	Amber
		Non-commercial	80%	80%	79%	62%	↑17%	79% (11) for 14 closed HLO studies	-BI analysis of time & target position of existing studies -Contact study teams & Trusts for underperforming studies	Ongoing	Chief Operating Officer	Amber
4	Proportion of eligible NIHR studies obtaining NHS permission within 30 calendar days of valid research application	All	80%	80%	94%	92%	↑2%	Implementation of the HRA approval system will affect the CRN's control over this HLO.		Ongoing	Lead RM&G Manager	Green
5	Proportion of NIHR studies to recruit first participant within 70 days of valid research application	Commercial	80%	80%				As part of RM&G alignment this data will become available across the East Midlands.	Data collection in progress. To be completed by 23.10.15		Industry Operations Manager	
		Non-commercial	80%	80%				As part of RM&G alignment this data will become available across the East Midlands.	Data collection in progress. To be completed by 23.10.15		Chief Operating Officer	
6	Proportion of NHS Trusts recruiting into NIHR studies	All	99%	99%	100%	94%	↑6%	16 out of 16 Trusts reporting recruitment.	Target achieved.	Complete	Chief Operating Officer	Green
		Commercial	70%	70%	56%	56%	↔	9 out of 16 Trusts currently reporting commercial recruitment. Need 12 out of 16 to achieve target.	-Studies currently in set-up at NHCFT, DHCFT & LPT, LPFT -Working with EMAS, DCHS & LCHS to develop potential	Ongoing	Industry Operations Manager	Amber
	Proportion of General Medical Practices recruiting into NIHR studies	All	25%	25%	29%	29%	↔	175 out of 600 GPs, Surgeries & Health care sites currently reporting recruitment	Target achieved.	Complete	Division 5 Research Delivery Manager	Green
7	Number of participants recruited into Dementias and Neurodegeneration (DeNDroN) NIHR studies	All	13,500	1,250	454	348	↓17%	94% of Year to Date goal (481) (previously 111%) Require 24 recruits per week.	-Increase number of studies by actively searching NIHR portfolio -Build relationships with universities to ensure studies are adopted onto NIHR portfolio where possible	Ongoing	Division 4 Research Delivery Manager	Amber

Sources: Commercial Activity Report 11/09/2015, Portfolio ODP Last update: 07/09/2015, Portfolio ODP 1415 Annual Cut Last update: 28/05/2015, CSP Reporting on ODP Last update: 07/09/2015

Network Summary Report 10/08/2015, Commercial Team update: 11/09/2015

Provided by: CRN: East Midlands Business Intelligence Team

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

CRN: East Midlands Executive Paper D